

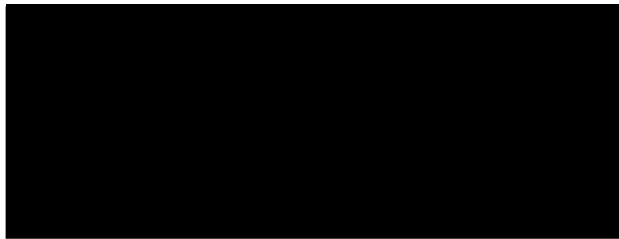


**Waitemata**  
District Health Board  
**Best Care for Everyone**

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4 March 2019



Dear 

**Re: Official Information Act request - Hospital assaults**

Thank you for your Official Information Act request, received 13 February 2019 concerning reported assault incidents in hospitals over the last five years. Upon receipt of your request, Waitematā DHB contacted you to clarify some of the definitions within your questions. In reply, you indicated the intention to capture verbal assaults. Waitematā DHB responded to indicate that while most of your questions could be answered, some would require a significant amount of collation due to the format in which reports are held. Agreement to narrow the scope of the request was ultimately reached on 20 February 2019 and this response is consistent with that agreement.

Before responding to your questions, some contextual information about our population and our services may be useful and assist your understanding of the information provided.

Waitematā DHB serves the largest population of any district health board in New Zealand, currently standing at more than 630,000 people. There is a direct link between the size of our population and the significant scale of services we provide and the opportunity for aggression towards our staff.

Waitematā DHB has a workforce of more than 7500 staff spread across more than 80 sites. In addition to caring for our own population, we are also the metropolitan Auckland provider of forensic psychiatry, child disability services, child community dental services and community alcohol and drug services.

Ultimately, our employees deal with a broad cross-section of the community in their day-to-day work and this often involves reaching out to people when they are at their most vulnerable and anxious, including those with mental health conditions, which can result in unpredictable behaviours. Caution is, therefore, advised in comparing raw event numbers between different district health boards unless it is clear the breadth of service delivery and clinical caseload is of similar complexity.

Caution is further advised in the interpretation of 2018 aggression data provided in this response and in any attempt to compare this information with data provided by other healthcare providers.

This is due to the implementation of a new reporting model at Waitematā DHB from March 2018 which better captures aggression security incidents that have been reported as relating to patients, rather than staff. To the uninitiated, this could incorrectly appear as a significant year-on-year increase in aggression incidents, whereas what it signifies is a greatly improved data capture methodology.

Waitematā DHB encourages the reporting of assault and promotes a policy of ensuring that the safety and security of staff and patients is approached in line with our organisational values as follows:

#### **Everyone Matters**

We have a responsibility to be welcoming and respectful and to listen, while maintaining the personal safety of our staff. We will equip staff with strategies to manage care where behaviour is a concern, whether it is their own or the behaviour of others.

Our approach will be professional and consistent wherever care is delivered, be it in hospital, a community facility or at home.

We all have a responsibility to report risks and incidents and to take care of ourselves and others - to not walk by.

#### **With Compassion**

Safety and security initiatives will protect personal dignity and will be as unobtrusive as possible. If someone's behaviour compromises the safety of others, we will ensure a fair and balanced response. We will be attentive to people's individual circumstances and provide an opportunity for people to modify behaviour before using security measures.

#### **Connected**

All safety and security initiatives will link with our Engagement Strategy to make sure we stay connected to our community and colleagues. We will have clear boundaries for behaviour which are documented in straightforward terms and readily available to staff and the community. Security risks will be clearly communicated across services to enable team work and promote staff safety.

#### **Better, Best, Brilliant**

Security measures contribute to a safe, secure and supportive environment for everybody. We will continue to look for innovative ways to improve services and provide a positive experience for everyone.

Our responses to your questions are provided below.

**Please provide any statistics or data about the number and nature of violent incidents in hospitals within your DHB within the last five years. If possible, please provide a breakdown by:**

- 1. annual number of incidents**
- 2. type or nature of incident**
- 3. the type of service they occur in (e.g. emergency departments, mental health units, other wards).**

## Physical assault

Division	2014	2015	2016	2017
CORPORATE	0	0	0	0
ACUTE and EMERGENCY MEDICINE	54	63	88	96
CHILD WOMEN and FAMILY	5	8	3	2
HOSPITAL OPERATIONS	3	2	3	6
HOSPITAL SERVICES (Patient Care and Access)	0	0	0	0
SPECIALTY MEDICINE and HEALTH OF OLDER PEOPLE	125	97	60	108
SPECIALIST MENTAL HEALTH and ADDICTION	288	250	226	248
SURGICAL and AMBULATORY	7	13	6	13
<b>Total</b>	<b>482</b>	<b>433</b>	<b>386</b>	<b>473</b>

A new reporting system was implemented in 2018. Data from the new system cannot be compared with data from past years. The number of physical assaults under the new system in 2018 was 866. This is made up of Corporate Services (3), Acute and Emergency Medicine Services (270), Child Women and Family Services (15), Hospital Operations (31), Hospital Services (2), Specialty Medicine and Health of Older People Services (237), Specialist Mental Health and Addiction Services (271) and Surgical and Ambulatory Services (37).

## Verbal Assault

DIVISION	2014	2015	2016	2017
CORPORATE	0	0	0	0
ACUTE and EMERGENCY MEDICINE	54	73	68	103
CHILD WOMEN and FAMILY	11	18	22	32
HOSPITAL OPERATIONS	5	4	5	7
HOSPITAL SERVICES (Patient Care and Access)	0	0	0	3
SPECIALTY MEDICINE and HEALTH OF OLDER PEOPLE	56	40	41	54
SPECIALIST MENTAL HEALTH and ADDICTION	187	216	258	184
SURGICAL and AMBULATORY	14	15	17	12
<b>Total</b>	<b>327</b>	<b>366</b>	<b>411</b>	<b>395</b>

A new reporting system was implemented in 2018. Data from the new system cannot be compared with data from past years. The number of verbal assaults under the new system in 2018 was 846. This is made up of Corporate Services (3), Acute and Emergency Medicine Services (262), Child Women and Family Services (74), Hospital Operations (53), Hospital Services (3), Specialty Medicine and Health of Older People Services (116), Specialist Mental Health and Addiction Services (281) and Surgical and Ambulatory Services (54).

### 4. Who was the victim (patient, staff, visitor, etc) and who perpetrated the violence.

Information on who perpetrated and who was affected by physical or verbal assault has been systematically collected since March 2018 and is outlined below. Prior to this date, assault information contained on risk incident forms may or may not contain information on the perpetrator/s or person/s affected and each form would need to be manually reviewed. As per our agreement of 20 February 2019, March to December 2018 data is provided below.

**Physical assaults on staff by service (including: contractors, observers, students and volunteers)**

Division	March to December 2018	Visitor	Patient	Staff
Acute and Emergency Medicine	251	1	246	4
Child, Women and Family	12	4	8	0
Corporate Services	2	0	2	0
Hospital Operations	30	3	25	2
Hospital Services	2	0	2	0
Specialist Mental Health and Addiction Services	235	3	229	3
Speciality Medicine and Health of Older People	228	0	227	1
Surgical and Ambulatory	31	0	31	0
<b>Total</b>	<b>791</b>	<b>11</b>	<b>770</b>	<b>10*</b>

*\*Please note that in the context of the size of our workforce and the scale of our services, allegations of wrongdoing by our staff are rare. Any such allegations are treated seriously and are robustly investigated by the DHB's managers in accordance with formal HR processes. In those instances where the complaint is determined to be upheld, disciplinary action is initiated and can range from a verbal warning through to dismissal. Performance management can usually accompany most disciplinary processes. Details of disciplinary action are noted on the individual's employee file.*

*Since the launch of our DHB's organisational values in 2014, significant work has gone into fostering a culture of respect for patients and colleagues through our 'everyone matters' values programme. As a result of this work, our staff are encouraged to stand up for our values and to genuinely live these through their comments, actions or work performance.*

**People affected by physical assaults by service (including: contractors, observers, students and volunteers)**

Division	March to December 2018	Contractor	Employee	Observer	Student	Volunteer
Acute and Emergency Medicine	251	0	248	1	1	1
Child, Women and Family	12	0	12	0	0	0
Corporate Services	2	0	1	0	0	1
Hospital Operations	30	1	29	0	0	0
Hospital Services	2	0	2	0	0	0
Specialist Mental Health and Addiction Services	235	0	235	0	0	0
Speciality Medicine and Health of Older People	228	0	227	0	1	0
Surgical and Ambulatory	31	0	31	0	0	0
<b>Total</b>	<b>791</b>	<b>1</b>	<b>785</b>	<b>1</b>	<b>2</b>	<b>2</b>

**Verbal assaults on staff by service (including: contractors, observers, students and volunteers)**

Division	March to December 2018	Visitor	Patient	Observer	Student	Contractor	Employee
Acute and Emergency Medicine	241	32	181	1	1	0	26
Child, Women and Family	65	40	18	0	1	1	5
Corporate Services	3	0	1	0	0	2	0
Hospital Operations	52	14	26	0	0	0	12

Hospital Services	2	1	1	0	0	0	0
Specialist Mental Health and Addiction Services	251	20	210	2	0	0	19
Speciality Medicine and Health of Older People	105	19	78	0	0	0	8
Surgical and Ambulatory	50	9	27	0	0	0	14
<b>Total</b>	<b>769</b>	<b>135</b>	<b>542</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>84*</b>

*\*Please note that in the context of the size of our workforce and the scale of our services, allegations of wrongdoing by our staff are rare. Any such allegations are treated seriously and are robustly investigated by the DHB's managers in accordance with formal HR processes. In those instances where the complaint is determined to be upheld, disciplinary action is initiated and can range from a verbal warning through to dismissal. Performance management can usually accompany most disciplinary processes. Details of disciplinary action are noted on the individual's employee file.*

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**People affected by verbal assaults on staff by service (including: contractors, observers, students and volunteers)**

Division	March to December 2018	Person Affected Contractor	Person Affected Employee	Person Affected Observer
Acute and Emergency Medicine	241	1	239	1
Child, Women and Family	65	0	65	0
Corporate Services	3	1	2	0
Hospital Operations	52	1	51	0
Hospital Services	2	0	2	0
Specialist Mental Health and Addiction Services	251	0	250	1
Speciality Medicine and Health of Older People	105	0	104	1
Surgical and Ambulatory	50	0	50	0
<b>Total</b>	<b>769</b>	<b>3</b>	<b>763</b>	<b>3</b>

**5. When did the incident happen, and at what point in the hospital experience (e.g., 2pm, Sunday 4 Feb 2017, at the time of admission).**

This question was removed from the request by mutual agreement on 20 February 2019 after Waitemata DHB explained that answering would necessitate manually reviewing individual incident reports.

**6. a) Where the patient was the perpetrator of a violent incident**

Please see response to Question 4. This information has been provided for March-December 2018 only by mutual agreement on 20 February 2019.

**b) how many incidents are reported within 48 hours of that patient being placed in seclusion or restraint.**

This question was removed from the request by mutual agreement on 20 February 2019 after Waitematā DHB explained that answering would necessitate manually reviewing individual incident reports.

**7. Were there any other factors or circumstances that may have contributed to the incident?**

This question was removed from the request by mutual agreement on 20 February 2019 after Waitematā DHB explained that answering would necessitate manually reviewing individual incident reports.

Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

We hope this reply satisfies your request. If you are dissatisfied with this decision, you have the right to make a complaint to the Office of the Ombudsman, whose details are available via [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz).

Yours sincerely



**Fiona McCarthy**  
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**Waitemata District Health Board**