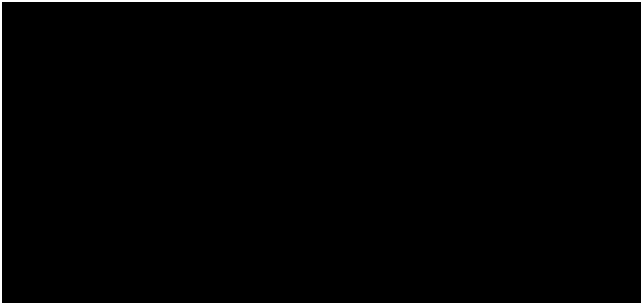


7 August 2018



**Re Official Information Request – Workplace violence and aggression**

I refer to your official information request dated 10 July 2018 for information about workplace violence and aggression statistics and workplace violence prevention.

You asked for the following information:

1. **The number of workplace violent incidents reported by staff month by month, since January 2017 until most recent.**
2. **Details of all workplace violence and aggression incidents reported this year, names excluded.**
3. **The amount of money Auckland DHB has allocated for workplace violence prevention in its 2018/19 Budget. Also how much was allocated in last years financial Budget.**

On 6 August 2018 we issued our original response to you supported by data indicating that a total of 2 'staff to patient' incidents had been reported.

On further analysis and interrogation of this data, we identified that these events may have been potentially miscoded in our Incident Reporting System. In light of this, we undertook a review of both the data and the information recorded in the reporting system against these events. Our review confirms that these were not 'staff to patient' assaults; they were 'patient to staff' assaults.

On 7 August 2018 Sarah McMahon, Communications Manager – Media and External contacted you to advise of this action, and seek your agreement to reissue the response to you.

We have updated the information you requested in response to Questions 1 and 2 and this is enclosed in the attached Excel spreadsheet entitled '20180710-132 Violence and aggression V2.xlsx'.

We have sourced this information by applying the following Auckland DHB's official definitions:

**Violence** – This is defined as "Any incident in which an employee has been abused, threatened or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, wellbeing or health. (Managing the Risk of Workplace Violence, Department of labour 2006).

This can incorporate some behaviours identified as harassment and bullying, for example verbal violence.

**Physical Assault** - The intentional use of force by one person against another, without lawful justification, resulting in physical injury or personal discomfort

**Non-Physical Assault** - The use of inappropriate words or behaviour causing distress and/or constituting harassment. Examples include:

- Offensive language
- Unwanted or abusive remarks
- Racially aggravated remarks
- Intimidation and any other non-physical words or actions which cause distress or constitute harassment (or are likely or intended to do so)

**Aggression** - An act or gesture, verbal or physical, which suggests that an act of violence may occur

The list is not exhaustive and it is a subjective test as to whether a person feels threatened, alarmed, harassed or distressed.

In order to provide you with further context in terms of the information you have requested, please note that:

- The safety and wellbeing of our staff, patients and visitors on our premises is a priority for us under all circumstances and we are constantly working to ensure this.
- Risk minimisation is of high importance to Auckland DHB. Our systems are managed for the benefit and safety of patients, whānau, staff, and visitors.
- Our volumes of patient service are high, with for example, 108,132 emergency department attendances and 726,000 outpatient attendances (as detailed in our Annual Plan 2017/18).
- Some of the specialised services we provide involve caring for vulnerable patients with sometimes challenging behaviours. Caution is needed in comparing raw event data numbers between different DHBs unless it is clear the clinical caseload is of similar complexity.
- Auckland DHB has introduced a new safety management system to record incidents, including incidents of workplace violence and aggression. Since April 2017 staff related incidents have been reported on our new safety management system. The improved system and subsequent training and education associated with the implementation programme has led to an increase in reporting, which we have actively encouraged. This is reflected in the higher incident count in 2017.
- Some incidents may have been recorded twice. This means there may be duplication in the total count of incidents recorded for 2017. To analyse and reconcile this would require substantive research and collation and we therefore have not undertaken this activity. Section 18(f) applies to this part of your request – the information cannot be made available without substantive time involved, and resources and personnel would need to be deferred from patient care and safety priorities to process complete this task.

- The information has been provided for the period 1 January 2018 to 10 July 2018.
- This information should be interpreted with caution. Given the differences in reporting systems, and in size of individual DHBs and services, comparisons between DHBs may be misleading.

In Question 3, you asked what amount of money Auckland DHB has allocated for workplace violence prevention in its 2018/19 Budget, and how much was allocated in last year's financial Budget.

Budget allocation is difficult to quantify as a set spend in the budget as Auckland DHB takes a multi-faceted approach in responding to Workplace Violence and Aggression in our work environment. Workplace Violence and Aggression is an identified risk and as a result is a significant focus area for the Occupational Health and Safety team.

On the front line are our Occupational Health and Safety Advisors who circulate amongst the workforce on a daily basis. These six professionals talk daily to the workforce in all aspects of Health and Safety including Workplace Violence and Aggression. The team also employs a Workplace Violence and Aggression advisor who is currently working on several projects and advises our team on developments and trends in this area.

The Workplace Violence and Aggression Advisor also leads this workstream in the Security for Safety Programme running across the DHB. Key priorities for the workstream are aspects of de-escalation training and the CALM communications training package to ensure that our staff have the tools necessary to try and de-escalate potentially violent situations.

For those staff that are subject to Workplace Violence and Aggression, Auckland DHB also employs a world-class Employee Assistance Programme (EAP) where staff can confidentially speak to trained counsellors, and psychologists to work through any issues they may experience as a result of workplace violence and aggression.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE  
Chief Executive

Encl. 20180710-132-Violence and aggression.xlsx

## Number of workplace violence and aggression incident reports

Year	Month	Number - Kiosk	Number - Datix
2017	Jan	21	
	Feb	12	
	Mar	18	
	Apr	16	67
	May	5	32
	Jun	2	61
	Jul		80
	Aug		56
	Sep		63
	Oct		31
	Nov		34
	Dec		34
2018	Jan		63
	Feb		48
	Mar		51
	Apr		48
	May		77
	Jun		54
	Jul*		17
Total		74	816

\*The data for July 2018 included only those up to 10/07/2018, when the OIA request was received.

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	ED	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	ED	Patient	Physical contact (actual assault)
Jan-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	ED	Patient	Physical contact (actual assault)
Jan-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jan-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jan-18	ED	Patient	Physical contact (actual assault)
Jan-18	Ward	Patient	Physical contact (actual assault)
Jan-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jan-18	ED	Patient	Physical contact (actual assault)
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
Jan-18	ED	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault); Pt to staff
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Ward	Patient	Physical contact (actual assault)
Jan-18	ED	Patient	Physical contact (actual assault)
Jan-18	Ward	Patient	Physical contact (actual assault)
Jan-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	ED	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Ward	Patient	Physical contact (actual assault)
Jan-18	Ward	Patient	Physical contact (actual assault)
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Community	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Ward	Patient	Physical contact (actual assault)
Jan-18	Ward	Patient	Physical contact (actual assault)
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Ward	Patient	Physical contact (actual assault)
Jan-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Unit	Patient	Physical contact (actual assault)
Jan-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Jan-18	Community	Patient	Physical contact (actual assault)
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Patient	Physical contact (actual assault)
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Theatres	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Patient	Physical contact (actual assault)
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Patient	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Patient	Physical contact (actual assault)
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Ward	Patient	Physical contact (actual assault)
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Other	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Other	Employee/Contractor	Physical contact (actual assault): Pt to staff

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Unit	Patient	Physical contact (actual assault)
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Patient	Physical contact (actual assault)
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Patient	Physical contact (actual assault)
Feb-18	Other	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Feb-18	Community	Patient	Physical contact (actual assault)
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Patient	Physical contact (actual assault)
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Public/Visitor	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Patient	Physical contact (actual assault)
Mar-18	Ward	Public/Visitor	Physical contact (actual assault)
Mar-18	Ward	Public/Visitor	Physical contact (actual assault)
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Other	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Public/Visitor	Physical contact (actual assault)



Submitted date	Unit / Ward	Incident affecting	Incident type tier three
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Unit	Patient	Physical contact (actual assault)
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Patient	Physical contact (actual assault)
Mar-18	Unit	Patient	Physical contact (actual assault)
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Unit	Patient	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Ward	Patient	Physical contact (actual assault)
Mar-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
Mar-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Apr-18	Community	Patient	Physical contact (actual assault)
Apr-18	Ward	Patient	Physical contact (actual assault)

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Other	Patient	Physical contact (actual assault)
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Patient	Physical contact (actual assault)
Apr-18	Other	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Patient	Physical contact (actual assault)
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Patient	Physical contact (actual assault)
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Patient	Physical contact (actual assault)
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Patient	Physical contact (actual assault)
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Ward	Patient	Physical contact (actual assault)
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Public/Visitor	Physical contact (actual assault)
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
Apr-18	Ward	Patient	Physical contact (actual assault)

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Ward	Patient	Physical contact (actual assault)
Apr-18	ED	Patient	Physical contact (actual assault)
Apr-18	ED	Patient	Physical contact (actual assault)
Apr-18	ED	Employee/Contractor	Physical contact (actual assault): Visitor/whanau to staff
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Apr-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	Unit	Patient	Physical contact (actual assault)
Apr-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
Apr-18	Unit	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Community	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	ED	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	ED	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Patient	Physical contact (actual assault)
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Patient	Physical contact (actual assault)
May-18	ED	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	ED	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Patient	Physical contact (actual assault)
May-18	Ward	Patient	Physical contact (actual assault)
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Unit	Employee/Contractor	Physical contact (actual assault); Pt to staff
May-18	Ward	Patient	Physical contact (actual assault)

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Ward	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	ED	Patient	Physical contact (actual assault)
May-18	ED	Patient	Physical contact (actual assault)
May-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Visitor/whanau to staff
May-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Unit	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	ED	Patient	Physical contact (actual assault)
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
May-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Other	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Patient	Physical contact (actual assault)
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Patient	Physical contact (actual assault)
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	ED	Employee/Contractor	Physical contact (actual assault): Pt to staff

Submitted date	Unit / Ward	Incident affecting	Incident type tier three
Jun-18	Other	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Other	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Patient	Physical contact (actual assault)
Jun-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Patient	Physical contact (actual assault)
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Patient	Physical contact (actual assault)
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Patient	Physical contact (actual assault)
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Patient	Physical contact (actual assault)
Jun-18	Ward	Patient	Physical contact (actual assault)
Jun-18	Ward	Patient	Physical contact (actual assault)
Jun-18	Ward	Patient	Physical contact (actual assault)
Jun-18	Ward	Public/Visitor	Physical contact (actual assault)
Jun-18	Rehab Centre	Patient	Physical contact (actual assault)
Jun-18	Ward	Patient	Physical contact (actual assault)
Jun-18	Other	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Rehab Centre	Patient	Physical contact (actual assault)
Jun-18	Rehab Centre	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Ward	Employee/Contractor	Physical contact (actual assault): Pt to staff
Jun-18	Unit	Patient	Physical contact (actual assault)
Jun-18	Unit	Patient	Physical contact (actual assault)



6 August 2018

Emma Russell  
Health reporter  
New Zealand Herald  
**By email to:** [emma.russell@nzherald.co.nz](mailto:emma.russell@nzherald.co.nz)

Dear Emma

**Re Official Information Request – Workplace violence and aggression**

I refer to your official information request dated 10 July 2018 for information about workplace violence and aggression statistics and workplace violence prevention.

You asked for the following information:

- 1. The number of workplace violent incidents reported by staff month by month, since January 2017 until most recent.**
- 2. Details of all workplace violence and aggression incidents reported this year, names excluded.**
- 3. The amount of money Auckland DHB has allocated for workplace violence prevention in its 2018/19 Budget. Also how much was allocated in last years financial Budget.**

The information you have requested in Questions 1 and 2 is enclosed in the attached Excel spreadsheet entitled '20180710-132 Violence and aggression.xlsx'.

We have sourced this information by applying the following Auckland DHB's official definitions:

**Violence** – This is defined as “Any incident in which an employee has been abused, threatened or assaulted in circumstances related to their work, involving explicit or implicit challenge to their safety, wellbeing or health. (Managing the Risk of Workplace Violence, Department of labour 2006). This can incorporate some behaviours identified as harassment and bullying, for example verbal violence.

**Physical Assault** - The intentional use of force by one person against another, without lawful justification, resulting in physical injury or personal discomfort



**Non-Physical Assault** - The use of inappropriate words or behaviour causing distress and/or constituting harassment. Examples include:

- Offensive language
- Unwanted or abusive remarks
- Racially aggravated remarks
- Intimidation and any other non-physical words or actions which cause distress or constitute harassment (or are likely or intended to do so)

**Aggression** - An act or gesture, verbal or physical, which suggests that an act of violence may occur

The list is not exhaustive and it is a subjective test as to whether a person feels threatened, alarmed, harassed or distressed.

In order to provide you with further context in terms of the information you have requested, please note that:

- The safety and wellbeing of our staff, patients and visitors on our premises is a priority for us under all circumstances and we are constantly working to ensure this.
- Risk minimisation is of high importance to Auckland DHB. Our systems are managed for the benefit and safety of patients, whānau, staff, and visitors.
- Our volumes of patient service are high, with for example, 108,132 emergency department attendances and 726,000 outpatient attendances (as detailed in our Annual Plan 2017/18).
- Some of the specialised services we provide involve caring for vulnerable patients with sometimes challenging behaviours. Caution is needed in comparing raw event data numbers between different DHBs unless it is clear the clinical caseload is of similar complexity.
- Auckland DHB has introduced a new safety management system to record incidents, including incidents of workplace violence and aggression. Since April 2017 staff related incidents have been reported on our new safety management system. The improved system and subsequent training and education associated with the implementation programme has led to an increase in reporting, which we have actively encouraged. This is reflected in the higher incident count in 2017.
- Some incidents may have been recorded twice. This means there may be duplication in the total count of incidents recorded for 2017. To analyse and reconcile this would require substantive research and collation and we therefore have not undertaken this activity. Section 18(f) applies to this part of your request – the information cannot be made available without substantive time involved, and resources and personnel would need to be deferred from patient care and safety priorities to process complete this task.
- The information has been provided for the period 1 January 2018 to 10 July 2018.
- This information should be interpreted with caution. Given the differences in reporting systems, and in size of individual DHBs and services, comparisons between DHBs may be misleading.

In Question 3, you asked what amount of money Auckland DHB has allocated for workplace violence prevention in its 2018/19 Budget, and how much was allocated in last year's financial Budget.

Budget allocation is difficult to quantify as a set spend in the budget as Auckland DHB takes a multi-faceted approach in responding to Workplace Violence and Aggression in our work environment. Workplace Violence and Aggression is an identified risk and as a result is a significant focus area for the Occupational Health and Safety team.

On the front line are our Occupational Health and Safety Advisors who circulate amongst the workforce on a daily basis. These six professionals talk daily to the workforce in all aspects of Health and Safety including Workplace Violence and Aggression. The team also employs a Workplace Violence and Aggression advisor who is currently working on several projects and advises our team on developments and trends in this area.

The Workplace Violence and Aggression Advisor also leads this workstream in the Security for Safety Programme running across the DHB. Key priorities for the workstream are aspects of de-escalation training and the CALM communications training package to ensure that our staff have the tools necessary to try and de-escalate potentially violent situations.

For those staff that are subject to Workplace Violence and Aggression, Auckland DHB also employs a world-class Employee Assistance Programme (EAP) where staff can confidentially speak to trained counsellors, and psychologists to work through any issues they may experience as a result of workplace violence and aggression.

I trust this information answers your questions.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE  
Chief Executive

Encl. 20180710-132-Violence and aggression.xlsx