

21 December 2022



Tēnā koe [redacted]

Official information request HN20007480

Thank you for your Official Information Act 1982 (the Act) request of 23 November for information relating to security at North Shore and Waitakere hospitals.

In response to your request, we are able to provide the following information:

I have a few questions about security at EDs and the hospitals in general. The categories I mention below are the ones that used to be publicly available in your agendas.

- 1. Can you please tell me how many aggression incidents there have been were in the two Waitematā EDs since July?***
- 2. Can you please break down by hospital?***
- 3. Within that, can you please break that down by: physical assault – body only; physical assault - projectile object; physical assault – spit; and physical assault - hand held weapon?***

We are providing a combined response to questions 1 to 3.

The hospitals' emergency departments assess and treat more than 100,000 individual patients each year.

Each month, around 94% to 98% of aggression incidents are deemed to be without intent, i.e. the aggressor is unaware of their actions, or the consequence of those actions, at the time of the incident. Hospitals can be challenging environments, where patients are sometimes cognitively impaired, impacted by some form of substance or alcohol abuse, or coping with the initial impact of an acute injury. This can often affect their judgment and demeanour, resulting in unpredictable behaviour.

We cannot prevent all of these issues from occurring but have robust processes in place to manage them – minimising the risk of harm to staff and preventing further escalation. For this reason, we have focussed our control measures on reducing the consequences by, for example, providing staff with personal alarms and appropriate training.

The number of reported incidents fluctuates and is usually driven by high-acuity patients causing multiple events over short periods of time.

Please note that 'projectile object' refers to anything that is thrown, not a firearm. 'Handheld weapon' also excludes firearms because 'firearm' is a separate category.

To ensure that our categorisation is clear, we have provided the following definitions:

- physical assault – body only: the aggressor used only their body during the incident - usually their hands and/or feet
- physical assault – handheld weapon: the aggressor held an object in their hand and used it as a weapon. This generally relates to everyday objects, rather than specific weapons, that were picked up and used at the time of the event
- physical assault – projectile object: the aggressor threw an object during the assault. As with ‘handheld weapon’, this generally relates to everyday objects, rather than anything that may have carried in for that purpose, that were picked up and thrown at the time of the event.

Number of aggression incidents in North Shore and Waitakere hospitals EDs from 1 July to 24 November 2022		
Hospital ED	Nature of event	Number
Waitakere	Physical assault - body only	5
North Shore	Physical assault - body only	9
	Physical assault – handheld weapon	1
	Physical assault - projectile object	1

4. Can you please provide any reports written about aggression incidents anywhere in the hospital since July? I accept that names may need to be redacted to protect privacy.

We are providing collated information from incident reports filed by individual employees from 1 July to 24 November 2022. These are part of each employee’s confidential employment record, so we are withholding the full reports under section 9(2)(a) of the Official Information Act, to protect the privacy of individuals. However, summaries of each incident are provided in **Attachment 1**.

The organisation provides various practical and pastoral supports to staff impacted by behaviour of this nature. Staff members are also offered support through our employee assistance programme, provided by RAISE. For further information about RAISE, see: <https://eapaa.org.au/site/providers/new-zealand/eap-works/>

5. Can you please give me any reports written about security at the two hospitals this year?

A human resources investigation was undertaken and completed this year to review the culture and leadership within the security team. This was undertaken in collaboration with the PSA, the trade union representing security staff.

Staff were invited to take part in one-on-one interviews, on the understanding that their comments would remain anonymous and confidential.

While no security staff are named in the report, certain staff members are identifiable because of their roles and, due to the sensitivity of the issues discussed, the full report has not been made available to the full team.

Therefore, the report is withheld under section 9(2)(ba) of the Official Information Act to protect information which is subject to an obligation of confidence where the making available of the information would be likely to prejudice the supply of similar information, or information from the same source, and it is in the public interest that such information should continue to be supplied and it would be likely otherwise to damage the public interest.

Providing the full report to you would be likely to prejudice the supply of similar information by security team members in the future. It is in the public interest that team members should continue

to provide information because security serves a vital function in keeping staff, patients and visitors safe. The ongoing positive culture within the team is key to its members' ability to perform their duties. In addition, it is in the public interest that we maintain the trust of the security team, in order to be able to review the service's culture and functioning in the future, so that we can continue to keep people safe in our hospitals.

We do not consider that the public interest in providing the report outweighs the need to protect this information and the supply of similar information in the future.

However, I can advise that Te Whatu Ora – Health New Zealand has agreed with the PSA the security teams at Waitakere and North Shore hospitals can be better supported to strengthen the culture of the department towards one that is inclusive, respectful, strong, and aligned in its values and purpose in the delivery of security services.

Approximately 35 members of staff were interviewed and the key recommendations were made around vision and strategy; training, recruitment and leadership, procedures, resourcing and wellbeing support and leveraging the change to Te Whatu Ora to align more closely with regional and national practices.

Our HR service has actively engaged with the team and the PSA through a number of meetings to discuss the report's findings and to encourage the team's participation in implementing the recommendations. HR will continue to work with the service and outcomes to date include:

- implementation of team huddles and post incident debriefings
- development of a framework to put the recommendations in place, with the involvement of the security team and the PSA
- consideration of alternative rostering arrangements.

If you have any questions, you can contact us at h.nzOIA@health.govt.nz.

If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Te Whatu Ora may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release. The released response will be made available on our website.

Nāku iti noa, nā



Stephen Davies
Acting Director People and Culture
Te Whatu Ora - Health New Zealand Waitematā

Summary of aggression incidents at North Shore and Waitakere hospitals from July to 24 November 2022

The information provided below is for incidents at Waitakere Hospital and for North Shore Hospital, which houses the mental health unit for older adults, the Kingsley Mortimer Unit.

Each month, around 94% to 98% of aggression incidents are deemed to be without intent, i.e. the aggressor is unaware of their actions, or the consequence of those actions, at the time of the incident. Hospitals can be challenging environments, where patients are sometimes cognitively impaired, impacted by some form of substance or alcohol abuse, or coping with the initial impact of an acute injury. This can often affect their judgment and demeanour, resulting in unpredictable behaviour.

We cannot prevent all of these issues from occurring but have robust processes in place to manage them – minimising the risk of harm to staff and preventing further escalation. For this reason, we have focussed our control measures on reducing the consequences by, for example, providing staff with personal alarms and appropriate training.

The number of reported incidents fluctuates and is usually driven by high-acuity patients causing multiple events over short periods of time.

Summary of event

Patient punched staff member in stomach.
--

Staff member hit by patient.

Patient smacked staff member's hand when receiving medication.
--

Patient grabbed and held on to staff member.
--

Patient grabbed staff member and scratched forearm/hand.
--

Patient threw punch at staff member which missed but caused minor scratches.
--

Staff member punched in abdomen by patient.

Patient screaming and verbally abusing staff members. Punched a staff member.

Patient assaulted staff member using hands and small handheld weapon.

Patient kicked staff member; hitting and verbally abusive.
--

Threw chair at staff member.

When assisting patient to bed, patient turned to staff member and punched them.

While attending to patient, staff member hit.

Patient assaulted staff. Patient also verbally abusive.

Patient verbally abusive, tried to kick staff member. Discharged and asked to leave; attempted to attack security officer (SO). Guided off site by security.
--

Patient verbally abusive towards staff, tried to push staff member away; twisted finger and swore; attempted to scratch staff member's face.
--

Patient agitated, banging on doors and hospital equipment and non-compliant with staff when redirecting. Staff member tried to redirect patient was aggressive, shouted and pushed staff member before backing off.

Patient grabbed at staff member.

Patient back-handed staff member on the side of the head.

Patient punched staff member.

Patient pushed staff member, wanting to get past, punched and headbutted; verbally abusive.

Patient tried to hit staff, was showing aggression. Patient was not listening and agitated; tried to kick and hit security.

Patient swiped at staff member's abdomen; contact made but not with open fist.
--

Patient assaulted staff member.

Patient struck staff member.

Patient elbowed staff member.

Patient suddenly punched staff member and kicked another staff member.
--

Patient spontaneously punched staff member in the centre of chest.
--

Patient has scratched staff member.

Patient slapped and verbally abused staff member.

Patient assaulted staff member with fists.
--

Patient became angry, threatening and aggressive to staff, kicked staff member.

Patient punched staff member.

Patient punched staff member, aggressive and verbally abusive.
--

Patient grabbing at hair/arm.

Patient tried to twist staff member's arm.
--

Patient punched staff member.

Staff member assaulted by patient whilst asking patient to keep their voice down.

Patient started to become aggressive; tried to bite staff members; grabbed/squeezed hand of one staff member.

Patient aggressive and swearing at staff, combative and hitting staff members.
--

Patient grabbed at staff member. Verbally abusive towards staff.
--

Patient grabbed staff member's arm.

Patient grabbed staff member's arm, shouting and pushing.

Patient walked up behind staff member and pulled their hair, unprovoked.
--

Patient verbally abusive towards staff member and threw body waste.

Patient hit staff member in chest.

Staff members kicked in legs by patient.
--

Patient hit staff member in stomach.

Patient hit staff member in abdomen.

Patient kicking and swinging hand towards staff trying to help.

Unprovoked assault to upper body/neck of staff member.
--

Patient swearing; kicked staff member in arm, knocking them backwards.
--

Patient physically aggressive, struck a staff member in face and punched another in abdomen.
--

Patient hit one staff member on the face and another in chest.
--

Patient grabbing and pulling; pushed staff member.
--

Patient became agitated, kicking staff member in leg.

Patient agitated and hit staff member twice on arm.

Patient slapped staff member; abusive, aggressive and combative towards security.

Patient swearing and abusive; threw container of liquid at staff member, hitting them.
--

Patient screamed and lashed out with her open hand, threw an item, hitting staff member.
--

Patient aggressive, grabbed and staff member and tried to hit them.

Staff member hit by the patient while trying to give medication.
--

Patient was agitated and aggressive, combative during care; grabbed staff member's mask and face and arm, kicked and threw food.
--

Patient grabbed at staff member's hand; squeezed and scratched.

Patient hit and pushed staff.

Patient kicked staff member and threw food at them.

Patient grabbed staff member's hand and dug in fingernails.

Patient pushing and hitting staff.
