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Rt Hon Matt Hancock MP
Secretary of State
Department of Health & Social Care
39 Victoria Street
London
SW1H 0EU

19th February 2019

Dear Secretary of State

Re: GMB Recommendations - NHS Violence Reduction Strategy

The GMB Trade Union campaigned for greater protection for our emergency service workers through the 'Protect the Protectors Bill' with the specific inclusion of sexual assault. This has led to the introduction of new legislation in the form of 'The Assaults on Emergency Workers (Offences) Act'.

As the largest trade union within the Ambulance Service, GMB conducted an in-depth study into the extent of the dangers facing both Ambulance and NHS staff. I have enclosed a copy of the report titled 'In Harm's Way' for your information.

The introduction of 'The Assaults on Emergency Workers (Offences) Act,' as well as the governments commitment to an NHS Violence Reduction Strategy with a zero-tolerance approach is welcomed. However, as the current climate shows, until joint partnership and known risks are communicated by all areas affected, zero-tolerance will not be achieved.

GMB believes that for any NHS Violence Reduction Strategy and for your mission statement to be effective, a holistic approach is required, including that of the Crown Prosecution Service (CPS), Police, Ambulance Trusts and NHS Trusts. A major concern is that throughout any prosecution for an Ambulance Service worker, is the reliance of the case being taken forward by the Police and CPS. The onus is on the victim to communicate with their Trust and we feel this is a get out clause for many Trusts. Many cases are not being questioned and subsequently dropped, and inevitably staff have not been supported. We believe that no Ambulance Trusts have taken out a private prosecution against an assailant. This process needs to change. Incidents of assaults on staff are occurring whilst they are at work and therefore the Trust involved should take responsibility and communicate directly with the CPS and other external agencies such as the probation and prison services. In assault cases in Wales, victims have a case officer who liaises with all parties involved and therefore a greater commitment of care is given. Without any mandate or legislation, Trusts are ultimately out of the loop and are reliant on the victim coming forward with any updated information.

Due to the fact that all Ambulance Trusts currently flag a known risk by using an address and not by a name, all risks are constantly out of date, as opposed to the Police who use the National Police Computer and Visor Register. GMB recognises the commitment that you have given by introducing a Violence Reduction Strategy and also the support identified in your personal mission statement which states:

“But together with more effective prosecution and better data, we also need to improve staff training and staff support. The current training in de-escalation and conflict resolution will be reviewed and revised”

GMB also agrees with the following:

- The NHS working with the Police and CPS to help victims give evidence and get prosecutions in the quickest and most efficient way.
- The Care Quality Commission (CQC) scrutinising violence as a part of their inspection regime and identifying trusts that need further support.
- Improved training for staff to deal with violence, including circumstances involving patients with Dementia or mental illness.
- Prompt mental health support for the staff who have been victims of violence.

However, GMB believes that the following actions are also required to make a difference to staff and for the Violence Reduction Strategy to be successful:

- The NHS, Department of Health, the Association of Police Officers and the CPS to agree and issue updated guidelines for trusts and police forces to follow in response to attacks, ensuring staff know that effective action will be taken in response to attacks on them.
- The NHS, Department of Health and NHS trade unions to work together on upgrading risk flagging systems to include a greater range of indicators, details of offences and the person. Funding to update out of date computer systems and processes within trusts and at a national level.
- Ambulance staff should have a clear and unambiguous right to refuse to attend incidents where there is a reasonable risk of violence until police support can be obtained.
- Consideration of body worn cameras.
- Staff should be supported in all stages of any prosecution, including the attendance at court by a senior trust representative and an organisational impact statement submitted relevant to the case in question. In house legal support should be provided when the CPS is unwilling to pursue the case.
- Mandatory training for all managers on supporting staff subjected to violence, abuse and sexual assaults, with necessary disciplinary procedures being followed if there is a failure to handle complaints.
- Mandatory training for all managers and leaders in mental health awareness, including identifying the symptoms and potential causes of PTSD.
- Staff should not be expected to return to lone working directly after returning to work due to an assault or PTSD. Any sickness taken due to an assault whilst

on duty should be categorised differently to normal sick leave and no triggers for reduction in pay should be implemented.

- Staff should not be compelled to complete their shift after being subjected to an assault.
- A duty to be placed on probation services to highlight higher risk residences such as bail hostels/supported living and on police forces to share venues deemed as a higher risk due to alcohol- linked violence.

To assist in achieving these, GMB also recommend:

- NHS commissioned research into the financial costs and impact on the public purse as a result of violence against NHS staff, including the rates of PTSD for ambulance service workers. Increased funding for the NHS to help meet any costs of implementing the strategy including new technology and IT systems.
- The immediate reinstatement of national reporting of incidents against ambulance and NHS staff. Reviews of this data by the Department of Health should be done in partnership with NHS trade unions.
- Mental health funding and service provision to be increased and made more easily accessible for the public.
- Research to be conducted into the elevated risks of violence on lone workers.
- Prosecutions of violent attackers on NHS staff and ambulance service workers should be an immediate priority.
- An immediate review of mental health support for staff and the introduction of TRIM to all trusts.
- A high-profile campaign on the new legislation and the possible repercussions should they choose to assault NHS staff and Ambulance service workers.
- The increased threat of violence highlights the need to lower ambulance workers' retirement age and the inequality of the treatment between the different emergency services

NHS Wales are already leading the way on addressing the issue of violence against NHS staff and I have enclosed for your consideration their new mandate titled 'NHS Anti Violence Collaborative: Obligatory Responses to Violence in Healthcare'. Both myself and the GMB National Ambulance Committee would welcome the opportunity to discuss the content of this communication with you in further detail.

Yours sincerely



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