GMB

UNION

IN HARM'S WAY

Confronting violence against NHS ambulance staff

KEY FIGURES

14,433

Reported Physical Assaults on GB ambulance workers since 2012/13 (NHS figures)

8.2

Reported attacks on ambulance workers a day in Great Britain in 2016/17

20%

Increase in serious violent assaults on health workers reported to the Health and Safety Executive between 2012/13 and 2016/17 (HSE)

21%

Of ambulance workers have taken sick leave due to violent assaults (GMB survey)

34%

Increase in reported physical assaults recorded by Ambulance Trusts between 2013/14 and 2016/17 (NHS figures)

37%

Of ambulance workers have considered leaving their jobs due to the threat of violent attack (GMB survey)

39%

Of ambulance staff have experienced Post-Traumatic Stress Disorder (GMB survey)

81,669

Days of sick leave taken by ambulance staff in England due to stress, anxiety, depression and related conditions in 2016/17

GMB, incorporating the Ambulance Services Union, is the largest trade union in ambulance trusts.

This report is primarily based on a survey completed by 508 GMB members in ambulance trusts in England, Wales, Scotland, and Northern Ireland; and Freedom of Information Act surveys of ambulance trusts and the Health and Safety Executive. Full results are included in the appendices to this document.

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FOREWORD

Our emergency workers represent the very best of us. Everyone has a friend, a colleague, or a family member who owes their lives to 999 call handlers and ambulance crews.

But the disturbing reality is that ambulance staff are facing a rising tide of violence and abuse from the public they are sworn to protect.

There can be no rest while our members are being hit, bitten, spat at, stabbed, threatened with death, and subjected to sexual and racist abuse. Ambulance staff are not getting the support they need from employers and the courts. No one should be told to treat constant violence as 'a part of the job.'

At the NHS's 70th anniversary, it is a mark of shame that Nye Bevan's creation is today so often failing to care for its own. As one of our members told us: surely the front line should matter, instead of being the last in line when it comes to protection and support?

This report exposes the shocking truth about life on the front line. It is told, as far as possible, through our members' voices. They know better than anyone that services are stretched to breaking point. Many of them relived painful experiences to contribute to this work.

Where NHS statistics are included, it is for the purpose of proving to politicians and managers beyond all reasonable doubt that ambulance staff face a rising tide of violence. After national NHS reporting was shamefully ended, these figures could only be obtained through the Freedom of Information Act. This shows why this vital legislation must be defended. GMB is grateful to all the staff at NHS trusts and the Health and Safety Executive who helped to provide the data used in this report.

MPs have now voted to introduce tougher sentences for those who attack NHS workers. The best intended and crafted words will only bring about change if they are properly enforced. Action at Westminster must be backed up by trusts introducing meaningful zero-tolerance policies, more support to bring prosecutions against offenders, an end to discrimination against staff who have to take sick leave, and a coherent national response to mental health (including Post-Traumatic Stress Disorder) in ambulance services.

This report represents the most detailed investigation undertaken into violence against ambulance staff across the UK as a whole. Politicians, trust leaders and managers must all listen to GMB's members.

Things can, and must, change.

Steve Rice
GMB National Ambulance Committee Chair

Kevin Brandstatter
GMB NHS National Officer

EXECUTIVE SUMMARY

80 per cent of ambulance staff have been attacked on duty, leaving lasting mental and physical scars that can impact their lives both at work and at home. More than a fifth of ambulance staff have had to take sick leave due to attacks, and nearly four in ten have considered leaving their job due to the threat of violence (Impact on services and workers' health).

Cuts to social services and care in the community provision have increased demand for ambulance services, including in cases relating to drink and alcohol consumption, and where patients have mental health conditions. Police services no longer routinely attend incidents until violence has actually occurred. Ambulance funding has not kept pace with rising demand which has caused delays and triggered violence from some patients (Why are the number of attacks rising?).

Reports of against ambulance workers are increasing at the same time that national reporting of the number of attacks against NHS staff has been scrapped. Offender flagging procedures are insufficient and open to abuse (Monitoring violence against NHS workers).

Reports of sexual assaults against ambulance workers are increasing, but NHS employers are failing to offer adequate support to staff, and management in some trusts discourage reporting. The extent of the problem of sexual assaults against ambulance staff must be recognised at a national and trust level.

Too many employers place undue pressure on staff to complete shifts after they have been assaulted, and our members report that they have been put under undue pressure to return to work too soon after attacks. Attitudes that 'it's just part of the job' are outdated and should no longer be tolerated. All staff should have a right to refuse to attend to dangerous patients until police support can be secured (Employer support).

GMB members identify low prosecution rates as contributing factor to the rising number of assaults. Many staff have little faith in the system which turn discourages further reporting. Trusts often offer little support help bring prosecutions against offenders (Sanctions and enforcement).

Ambulance staff face one of the highest risks of developing Post-Traumatic Stress Disorder (PTSD) of any profession. Violence is not the only cause of PTSD but it is a significant risk factor. GMB's survey suggests that two in five ambulance workers have experienced PTSD during their service. Too many trusts are failing in their duty of care to support ambulance staff who are diagnosed with PTSD and other mental health conditions (Post-Traumatic Stress Disorder).

GMB supports the Emergency Workers (Offences) legislation that introduces a new offence of assaulting an emergency worker and make the physical assault of ambulance staff an aggravating factor for sentencing purposes. If passed, this bill will only be an effective deterrent if it is well publicised and fully enforced (Assaults on Emergency Workers (Offences) Bill and next steps).

LIST OF RECOMMENDATIONS

CHAPTER ONE – IMPACT ON SERVICES AND WORKERS' HEALTH

1. The NHS should commission research on the financial costs of violence to the public purse to help build the business case for increasing general health funding and to help meet the costs of implementing the changes recommended in this report.

CHAPTER TWO – WHY ARE THE NUMBER OF ATTACKS INCREASING?

2. Where venues are associated with alcohol-linked violence, a duty should be placed on licencing authorities and police forces to share data with the NHS. NHS trusts should play a more active role in opposing licencing applications when they believe that new premises or extended opening hours could pose a risk to ambulance staff

3. Trusts and Ministers must reverse cuts to mental health funding.

4. The NHS, the Department of Health, the Association of Chief Police Officers and the Crown Prosecution Service should issue updated guidelines on procedures that trusts and police forces should follow in response to attacks from mental health patients. Ambulance staff should always be entitled to knowing that effective action will be taken in response to attacks on them.

CHAPTER THREE – MONITORING VIOLENCE AGAINST NHS WORKERS

5. National reporting of assaults against ambulance staff and other NHS workers must be reinstated at the earliest opportunity.

6. The Department of Health and the NHS must engage with trade unions as part of its review of data collection for incidents of violence and abuse against NHS staff.

7. NHS employers must work with trade unions and the Department for Health to upgrade risk flagging systems to include a greater range of indicators, including names and phone numbers. Central Government should provide additional funding should it be required to upgrade IT systems.

8. Emergency services should collaborate to share data on known violent offenders in consultation with sponsor government departments and trade unions. The Department of Health (and other departments) should issue clear guidance and provide legal support as required in order to facilitate this.

9. Lone working presents an unnecessarily elevated risk to ambulance works and the practice should be discontinued. Until this can be achieved, lone workers should not be called out to known violent offenders under any circumstances.

LIST OF RECOMMENDATIONS CONT.

CHAPTER FOUR – SEXUAL ASSAULTS

10. The Scottish Ambulance Service should collect and publish information on the number of sexual assaults recorded against staff, alongside other categories of assaults with aggravating factors such as racist abuse.

11. NHS employers must train managers on supporting staff subject to sexual assaults and disciplinary proceedings should be initiated against managers who mishandle complaints.

12. A new national reporting system should include a standardised approach to reporting information on the number of sexual assaults in each trust area, and other aggravating factors such as racist abuse, including details of sanctions issued against offenders. The NHS in each of the nations of the UK should work together to establish common reporting standards and procedures.

13. It is unacceptable to treat sexual attacks as a lesser offence than other categories of physical assault, and it is clear that some ambulance workers have been targeted because they are emergency service workers. The provisions in the Assaults on Emergency Workers (Offences) legislation which make sexual assaults against ambulance workers an aggravating factor for sentencing purposes must be publicised and enforced.

CHAPTER FIVE– EMPLOYER SUPPORT

14. Ambulance workers should not be compelled to finish shifts if they have been assaulted and assessments should be always completed as soon as is practicable

15. Where staff have to take time off work following assaults, trusts should categorise this time separately to standard sick leave and continue to pay staff in line with their previous total average earnings during the period recommended by occupational health or their GP.

16. All ambulance staff should have a clear and unambiguous right to refuse to attend to incidents where there is a reasonable risk of violence from patients or bystanders until substantial police support can be obtained.

CHAPTER SIX – SANCTIONS AND ENFORCEMENT

17. The NHS and the Department of Health must make the improvement of prosecution rates an immediate priority.

18. Trusts should provide staff with support to bring prosecutions at every stage in the process, and a senior trust representative should always offer to be present in court during assault cases. Trusts should build their in-house legal capabilities in order to bring private prosecutions when the CPS is unwilling to take up cases.

19. Existing guidelines and the NHS Protect/ACPO/CPS joint working agreement must be strengthened and updated following the enactment of the Assaults on Emergency Workers (Offences) legislation.

CHAPTER SEVEN – POST-TRAUMATIC STRESS DISORDER (PTSD)

20. The introduction of the TRiM system should be accelerated where it has not already been implemented, and non-ambulance NHS employers should consider funding training in the approach where staff are at risk of being subject to violence or witnessing other traumatic incidents.

21. Managers and leaders in NHS ambulance trusts should receive mandatory training in mental health awareness, including in identifying the symptoms and potential causes of PTSD.

22. No ambulance worker should be forced to return to lone working directly after coming back to work after a period of mental health related sick leave. NHS employers should work with trade unions and outside experts to review existing mental health support for staff.

23. It is likely that proportion of ambulance workers who have developed PTSD is higher than the 22 per cent estimated in 2004. The NHS should commission further research to assess the extent of PTSD in ambulance services.

CHAPTER EIGHT – ASSAULTS ON EMERGENCY WORKERS (OFFENCES) LEGISLATION AND NEXT STEPS

24. The Government should fund a national awareness campaign to promote knowledge of the fact that offenders face the prospect of tougher sanctions if they assault NHS workers and monitor prosecution rates following the introduction of new legislation.

25. Self-defence training should be made available to a high standard for all staff, including refresher training for existing staff.

26. The increased threat of violence highlights the need to lower ambulance workers' retirement age and end the inequality of treatment between the different emergency services.

"I've had a knife pulled on me, verbal threats, numerous physical assaults in the street, home and ambulance."

"Very aggressive drunk bystander being abusive to crew, became violent when challenged."

"Black eyes. Cut lip. Racist abuse."

"I was attacked with a samurai sword repeatedly."

"Someone attempted to run me over."

"I've been punched, kicked, slapped, bitten, spat on, threatened with a knife and a gun. Verbal abuse and threats of sexual violence. Threats to kill me and my family. Threats to rape my children."

"I've been spat on, slapped, kicked, and verbally abused, nothing happens."

"I handle 999 calls and I have had callers deliberately whistle down the phone line to hurt my ear drums."

"Have been kicked at, scratched, pinched and had my face slapped in various incidents. Some have been mental health related but worst incident was fuelled by alcohol."

"[A] mental health patient attempting to pull myself over bridge. Leg and emotional injuries sustained."

"Punched in the lower back by a mental health patient, it exacerbated an ongoing back injury and led me to take sick leave, twice so far since the assault."

"Having to detain a mental health patient in the confined space of an ambulance while police tried to find a bed on a mental health unit the patient became even more aggravated and attacked me."

"On a couple of occasions I have had drunk/intoxicated members of the public try to assault me and my colleague while we tried to help them."

"While transporting a male patient who was under the influence of both alcohol and drugs he attempted to leave the ambulance while in motion. I tried to explain the danger involved [and] he grabbed me and tried to break my thumbs."

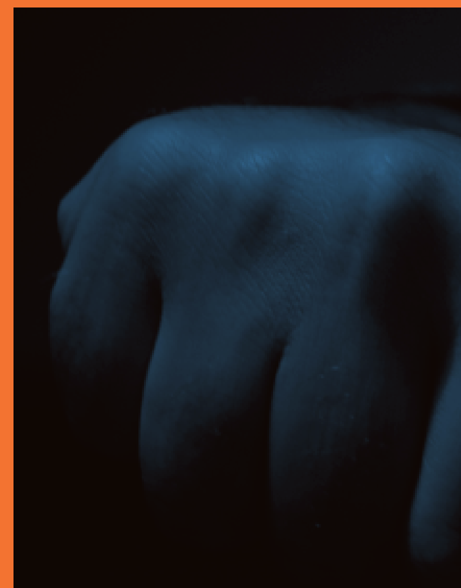
"Whilst trying to stop [intoxicated patient] walking into live lane of traffic I was hit across face twice, spat at twice and kicked in shin. Abrasion and bruising sustained."

"Punched in the face when attempting to check a patient's level of consciousness."

"Alone in [the] back [an] overdosed user ... pulled [a] knife [and] threatened to kill me and my family."

"Attacked by a patient - off work for five weeks with a fracture."

AMBULANCE WO
ATTACK – VOIC
FRONT



"I was assaulted on duty last year. A male who was a known [intravenous] drug user spat in my face. I had to undergo blood tests over a six month period and was told not to have unprotected intercourse during this time. Whilst the ambulance service did offer me the staying well service they did not assist or offer to back me with pursuing a prosecution."

"One incident involved a breakage of ambulance window while crew inside, another involved blood being spat into my face."

"Drunken and aggressive male attacked me in the ambulance. Found out later patient was Hep C positive. Resulting in blood tests for 6 months. The courts gave him a suspended sentence. It was a horrible 6 months for my family and I."

"Locked in a house, verbally and physically assaulted - hair pulled, back kicked and racially abused."

"A known regular caller forced me against a wall with the intention of sexually assaulting me."

"I have been sexually assaulted twice and been punched in the side of my face."

"I was the victim of a sustained incident which began with verbal and sexual abuse and harassment, my assailant indecently exposed himself, made lewd derogatory sexual remarks and gestures, grabbed hold of me and twisted my arm, also kicked out at me and again tried to grab hold of me."

ORKERS UNDER CES FROM THE LINE

"I have been held hostage at knifepoint ... I have been thrown against the side of the ambulance by another crew's patient when they arrived at hospital. A known alcoholic who we wouldn't go buy alcohol for grabbed my arm and broke my wrist."

"I had to lock myself and work mate in the kitchen of a patient's house that had had a cardiac arrest and we were unable to resuscitate him when a large group of family members arrived very drunk and very very upset that we were not bringing him back to life."

"Pinned against a vehicle while drunk patient had me in head lock, managed to break free and walked away to be suddenly jump on from behind with patient landing on me, face planting me into the tarmac floor, assisted by crewmate and members of public to get him off me, sustained concussion, back injury, dislocated shoulder resulting ... [in] 7 1/2 months off work. Having to be seen by orthopaedic surgeon and extensive physio."

"I tried to reason with the patient but he then grabbed my right hand little finger and tried to break it. He bent it at such an acute angle, it has left long lasting damage to my pip joint which after 6 months is still swollen."

"A middle aged man demanded to know what was happening at a job. I refused to give him details and his response was to grab my shirt and insist that I should tell him. I pushed him away. He stood in front of my vehicle and refused to move thereby delaying our journey to hospital with our patient."

IMPACT ON SERVICES AND WORKERS' HEALTH

> "Psychological stress. Apprehensive when a job comes in for an assault and 'in drink/drugs'. Anxiety and stressed."
>
> "It has made me lose my confidence as a health care practitioner and has made me feel vulnerable."

Ambulance services are severely stretched, despite an overall increase in headcount over recent years. As demand continues to rise, the service can only meet the challenge politicians have set for it with a healthy workforce that maintains high levels of morale.

Violence against staff can inflict a heavy personal cost. It also corrodes the ambulance service's operational efficiency. Our survey found that 21 per cent of ambulance staff have had to take sick leave at some point in their career due to attacks, and 37 per cent of ambulance staff have considered leaving their jobs due to the threat of violence.

> "[I am] less confident. Questioning 'what did I do wrong?.' More harsh towards other patients for a few days. Lack of trust of patients and our management."
>
> "I couldn't drive for two weeks, I couldn't manage simple tasks like washing my hair, shaving and I couldn't even make diners or lunches. I became angry at home and frustrated."

Ambulance staff have the highest sickness absence rates of any staff group in the NHS[1], despite pay structures that pressurise them to remain at work and leads to high rates of presenteeism. Previous GMB research found that 12 per cent of ambulance staff had to take sick leave due to stress, depression, anxiety and related conditions in 2016/17, resulting in 81,669 days of sick leave being taken – although presenteeism rates mean that many ambulance staff continue to work when it is not medically appropriate for them to do so.[2]

> "Looking for a new job. My family were scared and worried for me at work."
>
> "I hate being a Paramedic now. If I could find work elsewhere with similar pay I would leave tomorrow."

A significant minority of members said that they employed coping strategies which reduced their empathy with patients, and which also led in some cases to problems at home. Some spoke of a generalised loss of trust in other people. Others said they were no longer to enjoy social settings, such as going to the pub for a drink with friends, due to raised anxiety levels around people who had consumed alcohol.

> "It honestly makes you start to think 'is it worth it?', consider leaving the job, family become stressed and concerned, heightens my levels of stress and anxiety whilst at work.
>
> "Feel not supported or looked after well because info not coming down to crews so hyper vigilant. Jumpy at times and feel removed or disassociated in some events."

Alongside anxiety, depression, and other psychological problems associated with attacks, many of our members have also suffered life changing physical injuries. One of our members told us that they lost the ability to have children following injuries and treatment sustained after an attack.

> "I have had to have a hysterectomy because of injuries sustained. ... I have now returned to work but the impact on my life has been immense. I now cannot have children and will have ongoing problems for the rest of my life."

A number of our members have been assaulted by intravenous drug users in incidents which involved a potential transfer of bodily fluids (such as being spat at), triggering months of anxiety at home and at work while they are assessed for possible HIV infection. Alongside the stress caused by this uncertainty, in some case the side effects of prophylaxis drugs (known as PEP) – which can cause severe headaches, nausea, and vomiting – had an adverse impact on their ability to carry on doing their jobs.

As discussed later in this report (Employer support), the loss of overtime and shift payments to ambulance staff during periods of sick leave also had a serious impact on a number of the respondents to GMB's survey.

Violence against ambulance staff is, to some extent, both a symptom and a cause of operational inefficiency within the NHS. Violence can have a serious, and in some cases severe, impact on our members' quality of life at both home and work.

The NHS should commission research on the financial costs of violence to the public purse to help build the business case for increase general health funding and to help meet the costs of implementing the changes recommended in this report.

WHY ARE THE NUMBER OF ATTACKS INCREASING?

Rising violence may have multiple and complex causes, but some clear trends can be observed.

Drink and drug use were by far the most commonly cited factors by our members when they were asked why attack rates were rising. This should not be surprising: 'aggravating factors,' of which the majority were drink and drug use, were recorded in approximately half of attacks on ambulance staff between 2010 and 2015[3], and the Government has identified drink and drugs as two of the six main 'drivers of crime.' The perpetrators of half of all violent crimes are believed by their victims to be under the influence of alcohol[4] and 52 per cent of ambulance workers report that they have been the victim of intoxicated sexual harassment or assault.[5]

> "Mental health calls have increased. Calls to intoxicated people have increased."

According to national statistics, the average amount of alcohol consumed has fallen slightly in recent years, but our members report that drink-related calls are imposing a rising burden on the NHS. This is likely to reflect, at least in part, cuts to community services and support groups. A number of our members said that extended pub and club opening hours were contributing factors.

Where venues are associated with alcohol-linked violence, a duty should be placed on licencing authorities and police forces to share data with the NHS. NHS trusts should play a more active role in opposing licencing applications when they believe that new premises or extended opening hours could pose a risk to ambulance staff.

An increase in call-outs from patients with mental health conditions was the second most quoted factor. Dementia patients were also frequently cited as a potential risk. The majority of mental health patients are not violent or abusive, but NHS staff should be entitled to protection and resources when this is the case. An increase in violent incidents reflects the declining scope of NHS mental health provision, which has been significantly eroded in recent years. The number of available mental health beds in England fell by 22 per cent between 2010/11 and 2017/18, and over three thousand specialist mental health nursing posts have been lost since 2010.[6]

There is widespread frustration that police forces and the Crown Prosecution Service can be reluctant to initiate proceedings against assailants with a mental health condition when, due to cutbacks, there is often no alternative provision within the NHS. This means that action is not always taken against violent individuals who continue to represent a recurring danger for ambulance crews. One representative comment was that *"people with mental health problems can seemingly attack us all they want."*

A number of our members argued that prosecutions should be initiated in all cases – including where mental health is a factor, although others expressed concerns about the fate of these patients within the criminal justice system. A mental health condition does not automatically mean that a patient lacks capacity and culpability for violent actions.

An official reluctance to investigate cases where mental health may be a factor does however mean that diminished responsibility is often assumed, even when this may not be the case.

It is unacceptable that multiple public agencies are failing to take action in response to violence where mental health is believed to be a contributing factor. This abdication of responsibility threatens the safety of both ambulance workers and patients.

Trusts and Ministers must reverse cuts to mental health funding. The NHS, the Department of Health, the Association of Chief Police Officers and the Crown Prosecution Service should issue updated guidelines on procedures that trusts and police forces should follow in response to attacks from mental health patients. Ambulance staff should always be entitled to know that effective action will be taken in response to attacks on them.

> "We deal with a greater number of mental health patients than before who can be unpredictably violent towards you. We also have to enter crowded bars and nightclubs, sometimes as a solo responder, and as a consequence we are more vulnerable."

It is true that some of the causes of violence are beyond the immediate control of the Department of Health and the NHS, and that there are others that have emerged as new challenges within the last five years. Many GMB members said that there had been a general decline in respect for uniformed services in recent years, and a corresponding rise in patients who believe they can ignore medical instructions because *"I pay your wages."* Others cited the violent effects that synthetic cannabinoids, sometimes known as spice, are believed to have on some users[7] as another new factor which helps to explain an overall increase in assaults.

> "People are more dependent on the service and tempers are raised due to waiting times. I shouldn't have to apologise for doing my job to the best of my abilities, when staff shortages and short-sightedness of the government not providing appropriate resources is the main factor in delays."

Although it might be claimed that the number of attacks is liable to rise in line with an incremental increase in the total number of calls, this would not raise the risk of attacks if resources had also risen to this same degree. However, according to the National Audit Office, ambulance funding increased by 16 per cent between 2011/12 and 2015/16 but demand rose by 30 per cent over the same period.[8] The national target for responding to 75 per cent of Red 1 calls - where patients' lives are in the most critical danger - within eight minutes has not been met since 2013/14.[9]

The ambulance service is under enormous political and media pressure to reverse falls in performance as demand continues to rise. Our members report that an increasingly target driven culture is impairing triaging, as 999 call handlers are given less time than before in which to make an assessment of need. This pressure raises the risk that respondents will be called out to incidents without adequate information (including on any risk flags placed against addresses), and frustrations with delays were cited by a number of our members as a potential trigger for assaults (especially when drink or drugs were involved).

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3. NHS Protect, A five year analysis of physical assaults against NHS staff in the ambulance sector in England, Figure 5, page 16 http://www.nahs.org.uk/images/NHS_Reports/NHSP-five-year-analysis-of-physical-assaults-on-NHS-Ambulance-staff-2010-15.pdf
4. Home Office, Modern Crime Prevention Strategy: March 2016, page 32 https://assets.publishing

> **"People's expectation of the ambulance service is one that is far greater that what is actually deliverable and when those expectations are not met people's reactions are to lash out."**

Cuts to other services and continued financial austerity also increase demand on ambulance services. The loss of care in the community provision and reduced access to GPs does not eliminate health problems – it simply exacerbates their severity and transfers the eventual demand to ambulance services and A&E departments.

Reductions in police support has been especially damaging to ambulance workers (the number of police officers in front-line roles fell by 14 per cent between 2010 and 2017[10]). Calls that would previously receive a joint response are now routinely attended by ambulance staff alone. Our members in several trusts reported told us that, in contrast to procedures in the past, police now only attend incidents after violence has occurred.

> **"Police are not attending the scene until an assault has happened, whereas they used to come as soon as we asked/felt unsafe."**

A number of members said that patients are aware that they are unlikely to face prosecution or other meaningful sanctions, and this emboldened them to commit offences. This view is borne out by figures obtained by GMB which show that low rates of sanctions are applied in response to offences, although the picture varies by trust. It is clear that the current law and its enforcement in practice does not represent an effective deterrent.

As people enter into more interactions with ambulance services, their knowledge of internal systems will invariably grow (the NHS in England recorded over 7 million contacts from 'regular callers' in 2016/17[11]). This raises the risk that a relatively small number of offenders are knowingly exploiting weaknesses in offender flagging systems. Based on our members' responses, the correlation between regular callers and systematic exploitation of the system's weaknesses seems to be particularly acute in the case of sexual assaults.

> **"People know they can get away with it."**

MONITORING VIOLENCE AGAINST NHS WORKERS

Violent attacks on ambulance workers are increasing sharply but it has become harder to monitor those trends after the NHS in England stopped collecting figures on the number of assaults recorded against NHS workers on a national basis in 2017.

National figures were previously published by NHS Protect, which was abolished in November 2017. The statistics it produced demonstrated that ambulance staff face the second highest risk of violence after mental health workers.

At the time, Ministers said that NHS Protect's reporting functions were not going to be replaced:

"The figures previously published by NHS Protect were a collation of the numbers of reported assaults provided by individual health bodies. Employers in the NHS are responsible for assessing the circumstances of these reported assaults and addressing the risks identified and this work will continue at a local level where it is best delivered."[12]

The last published NHS Protect report covered the year 2015/16.[13] Despite Ministers' insistence that trusts would step into the gap, only one trust – West Midlands Ambulance Services – now proactively publishes figures on assaults

National reporting of assaults against ambulance staff and other NHS workers must be reinstated at the earliest opportunity.

The Department of Health quietly reversed its position in March 2018, when it said in Parliament that:

"The Department is working with the NHS on a new data collection for violence against and abuse of NHS staff which should be introduced from 2019."[14]

Trade unions have not yet been consulted on these changes.

The Department of Health and the NHS must engage with trade unions as part of its review of data collection for incidents of violence and abuse against NHS staff.

Due to the demise of NHS Protect, national data is no longer readily available for 2016/17 and 2017/18. GMB has undertaken its own survey and issued Freedom of Information Act requests to help fill this gap.

GMB SURVEY

Fourth-fifths (80 per cent) of respondents to GMB's recent survey of staff employed by ambulance trusts said that the risk of violent assault had increased during the last five years, and only 3 per cent disagreed.

72 per cent of staff reported being attacked during their time working in ambulance services, and an overwhelming majority – 94per cent – had witnessed an attack on colleagues or were aware of such attacks. Full results are presented in the appendices to this report.

HSE FIGURES

Figures obtained by the GMB from the Health and Safety Executive (HSE) show that the number of reported violent incidents against health workers (not including those employed in social care) increased by 20 per cent between 2012/13 and 2016/17.

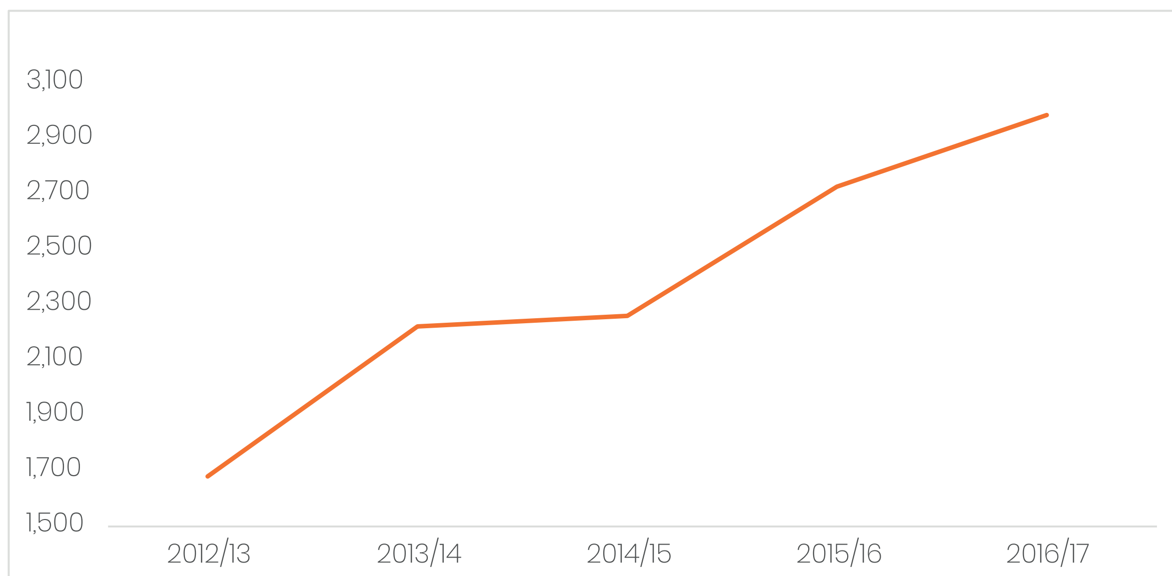
The HSE tracks only the most serious categories of physical assaults reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) regime. RIDDOR requires the reporting of injuries that result in either more than seven days taken off work, or a 'specified' injury which may include: fractures, amputation, loss of sight, brain damage, loss of consciousness and asphyxiation.[15]

34 per cent of all reports for health workers under RIDDOR were as a result of violent attacks in 2016/17 – compared to an average of 7 per cent for all workers.[16] Two health workers suffered fatal injuries due to acts of violence at work during the last five years.

TRUST RECORDED FIGURES

GMB conducted a Freedom of Information Act survey of ambulance employers in order to gain an understanding of how reporting levels had changed since NHS Protect ceased publishing statistics. The main outcome was that the number of reports has increased in each year, and that an increase of **34 per cent** was recorded between 2013/14 (when figures are available for all trusts) to 2016/17.

UK reported physical assaults against ambulance workers



Full tables (including figures for the year 2017/18 up to mid-January 2018) are available in the appendices to this report. We believe that this is the first time that physical assault rates against ambulance workers have been assessed across the UK as a whole.

Looking at these figures on the basis of the UK as a whole raises questions that have not been considered before. For example, it is difficult to understand why the reported figures for Northern Ireland are so much lower than they are in any other service (just 22 physical assaults were recorded in five and a half years).

This rate of reported assaults is dramatically lower than it is for other services, to the extent that it cannot be explained by Northern Ireland Ambulance Service being the smallest ambulance employer.

The figures obtained by GMB show that there has already been some divergence in reporting standards since the NHS Protect regime was ended: in one case (North East Ambulance Services) the statistics provided by the trust to GMB could not be reconciled with previous published reports. More work would need to be undertaken to understand why this is the case, although if it can be assumed that the figures published here are internally consistent then it is clear that the overall rate of reported attacks continues to rise.

OTHER SOURCES

The annual NHS Staff Survey, which asks whether staff have been assaulted in the last 12 months, is another source of information. The latest available survey (for 2017) shows that ambulance staff face some of the highest risks of assault in the NHS. **59 per cent** of ambulance technicians reported that they had been attacked by patients in the last year, compared to an average for all NHS staff of 15 per cent. 8 per cent of technicians said that they had been attacked more than ten times.

OFFENDER FLAGGING

Many ambulance workers surveyed by GMB raised concerns that known offenders "slip through the net" because they are not appropriately flagged by control and dispatch systems. This is essential information if an assessment of risk is to be made. Ambulance workers cannot take precautionary action if they do not know that patients have a history of violence. One member gave an example of a patient who threatened staff with a knife, and who remained a regular caller who subsequently committed other violent acts against ambulance staff.

Markers can be placed on records in response to violent incidents – the East of England Ambulance Service had 2,065 such flags in place in 2016[17] - but markers are only placed against postal addresses, rather than other factors such as telephone numbers or names. This means that markers do not offer crews protection when calls are not made from home addresses (or when an offender is of no fixed abode).

A GMB survey of ambulance employers suggests that there are currently at least 7,352 active (non-expired) risk flags in place that may relate to violence. It is likely that the true number is higher as not all employers provided information. It should be noted that methodologies differ between trusts and that there was a marked variation in the number of risk flags applied between employers (for more information see the appendices to the report.

In the case of one trust, which provided GMB with anonymised Datix[18] reports of incidents, it appears that in up to half of all reported cases a risk flag may have already been placed against a patient's address. Even where addresses may be reasonably linked to potential threats – such as bail hostels – they are often not flagged.

NHS employers must work with trade unions and the Department for Health to upgrade risk flagging systems to include a greater range of indicators, including names and phone numbers. Central Government should provide additional funding should it be required to upgrade IT systems.

Despite some employers having policies in place which state that staff should be informed if they are being called out to a known violent offender[19], our members report that this does not always happen in practice.

> "Alerts [are] on addresses and not on people. Alerts [are] not flagged to staff or dangerous situations. No joined up working between NHS 24 and Control."
>
> "Ambulance trusts tend to have warnings placed on the system for addresses and not individuals. This is unsafe as it puts staff at further risk."

Our members told us that information sharing between the emergency services was also poor, and that ambulance staff sometimes only discovered that a patient had a violent history when police officers arrived at the scene. Lone workers sometimes found out that they were attending to a patient with a known history of violence upon arrival, placing them in more acute danger than if they were a part of a crew.

> "I was a lone worker on nights [with] no radio. [I] was attacked by 2 males wanting drugs (I don't carry them)."

Public bodies commonly cite uncertainty over the legalities of data sharing as a principal barrier to disclosure. The Department of Health and other departments that sponsor emergency services have a clear role to play in breaking down these barriers.[20]

GMB - working to improve data flagging

Trusts are aware that their risk flagging procedures are inadequate.

This issue came to a head in Yorkshire after a GMB member was assaulted by a known sexual predator.

As the initial call-out did not take place from a patient's home address, no risk warning was given.

Yorkshire Ambulance Service NHS Trust has a long-standing Data Flagging Group which reviews flagging procedures.

GMB Yorkshire and North Derbyshire Region has worked with the employer to improve procedures within the current limitations of the system and to identify back-up systems which could provide an alternative means of identifying potential risks.

Emergency services should collaborate to share data on known violent offenders in consultation with sponsor government departments and trade unions. The Department of Health (and other departments) should issue clear guidance and provide legal support as required in order to facilitate this. Lone working presents an unnecessarily elevated risk to ambulance workers and the practice should be discontinued. Until this can be achieved, lone workers should not be called out to known violent offenders under any circumstances.

SEXUAL ASSAULTS

No-one should be sexually harassed at work, but our members tell us that inappropriate sexual comments and behaviour are a daily reality for ambulance staff. The true extent of the problem is difficult to measure due to differing approaches to data collection by trusts and low levels of reporting. It is clear that this issue requires much greater attention from the government and NHS employers.

Repeat offenders are often not flagged to crews, even where they are well known to other emergency services, and a small number of call-outs are made in order to place ambulance workers in vulnerable situations. This represents calculated, predatory behaviour from abusers who know how to exploit the system. As one GMB member, who was assaulted by a known offender, said: "It was a clever game played by someone who had done all this before."[21]

The old NHS Protect reporting regime did not specifically cover sexual assaults, and as a consequence trusts do not collect information on a consistent basis. The Scottish Ambulance Service does not collect information on the number of sexual assaults against staff (such reports are aggregated into a wider 'Dignity at Work' category).[22]

The Scottish Ambulance Service should collect and publish information on the number of sexual assaults recorded against staff, alongside other categories of assaults with aggravating factors such as racist abuse.

Headline statistics may suggest that sexual assaults represent a relatively small proportion of overall physical assaults, but these figures should be interpreted with caution. Our members have made it clear that a significant number of incidents are not reported. Some described a culture which discouraged complaints, including the actions of some managers who suggested that female staff were in some way responsible for assaults by patients.

> **"I was made to feel that I was to blame somewhat for being female and that I should accept that 'these things happen' and that I should just take it.**
>
> **"I have been indecently exposed to twice and the second time I just felt like my boss would think I was to blame and if I had been a male then it wouldn't have happened."**

Victim blaming of any kind is totally unacceptable. NHS employers must train managers on supporting staff subject to sexual assaults and disciplinary proceedings should be initiated against managers who mishandle complaints.

Data on recorded sexual assaults has been provided by some trusts. In the nine services that reported information, reports of sexual assaults and incidents rose by **211 per cent** between 2012/13 and 2016/17 (the last year for which full data was available).

Unfortunately, it is difficult to compare figures between organisations. GMB requested information on the number of recorded sexual assaults. Some trusts provided figures for physical sexual assaults, but the East of England Ambulance Service responded that it records all incidents under a more general 'sexual abuse and assault' category, which include inappropriate sexual verbal comments. It is clear, however, that the number of reported incidents is increasing within almost all the trusts surveyed.

Recorded sexual assaults and/or incidents – GMB Freedom of Information survey of ambulance employers

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18*	Total
East of England Ambulance Service	14	19	44	65	62	34	**238**
London Ambulance Service	20	31	28	23	36	28	**166**
North West Ambulance Service	15	14	19	24	26	35	**133**
Northern Ireland Ambulance Service	1	1	0	3	5	16	**26**
South Central Ambulance Service	~	1	2	1	5	5	**14**
South East Coast Ambulance Service	Data not held			10	9	20	**39**
South Western Ambulance Service	0	1	2	1	1	0	**5**
West Midlands Ambulance Service	3	1	7	12	13	18	**54**
Yorkshire Ambulance Service	0	Fewer than 5	Fewer than 5	Fewer than 5	8	5	**13+**

*Full year figures are not yet available for 2017/18. Most Trust's figures were provided to the end of February 2018.

Some trusts do not specifically monitor criminal and civil sanctions applied in response to sexual offences. For example, London Ambulance Service was unable to provide details of sanctions issued in response to sexual attacks, despite recording 166 assaults by patients against members of its staff between 2012/13 and 2017/18. These problems of data collection prevent a full assessment of trusts' effectiveness at supporting staff and deterring offenders.

A new national reporting system should include a standardised approach to reporting information on the number of sexual assaults in each trust area, and other aggravating factors such as racist abuse, including details of sanctions issued against offenders. The NHS in each of the nations of the UK should work together to establish common reporting standards and procedures.

GMB supports the new Assaults on Emergency Workers (Offences) legislation. The Bill as originally drafted contained a serious deficiency – it did not cover sexual assaults. At the Bill's House of Commons' Report Stage in April 2018, GMB supported and helped secure an amendment to include sexual assaults on the same basis of other categories of physical assaults.

It is unacceptable to treat sexual attacks as a lesser offence than other categories of physical assault, and it is clear that some ambulance workers have been targeted because they are emergency service workers.

The provisions in the Assaults on Emergency Workers (Offences) legislation which make sexual assaults against ambulance workers an aggravating factor for sentencing purposes must be publicised and enforced.

EMPLOYER SUPPORT

> “I have letters that state this is part of the job and we should expect it. It’s only a matter of time before one of my colleagues or I are murdered or very seriously injured.”

It is clear that the quality of support offered to staff varies significantly between trusts, and also within some trusts. A minority of respondents to GMB’s survey stressed that they had found their employer to be highly supportive, and members were particularly enthusiastic about the Trauma Risk Management (TRiM) system where it had been implemented. Others said that they had been able to access good quality support only after bypassing their immediate level of line management.

However, most ambulance staff are disillusioned with their employer’s handling of violent incidents. Almost half (48 per cent) of GMB’s members said that the support offered by their employer to victims of violent assault was ‘inadequate,’ and only 17 per cent described support systems as ‘good.’

> “An attitude of it is 'just part of the job' isn't acceptable anymore. It is not just part of the job and I should not have to come to work fearing I may not go home.”

Two-thirds (68 per cent) of respondents said that they were usually encouraged to report incidents, but only 55 per cent said that serious incidents were usually investigated. A quarter (26 per cent) said that they usually received feedback on the outcomes of investigations. There was a strong view that policies that encourage reporting might exist on paper but they have not yet fundamentally changed trusts’ internal cultures.

Even where trusts and management were supportive, debriefings and assessments after an incident (an important part of identifying potential causes of long-term psychological damage) do not typically take place until after a shift has been completed. This means that most incidents are not evaluated until hours, or even days, after they have occurred.

Ambulance workers should not be compelled to finish shifts if they have been assaulted and assessments should be always completed as soon as is practicable.

> “[We should] have a face to face debrief afterwards instead of just receiving a text asking if you are ok for another job”

A number of our members said that either they, or their colleagues, had been pressurised to return to work too quickly. Some reported a fear of being put on capability proceedings as a reason for returning to work before the time-period recommended by occupational health services, and that time spent on sick leave as a consequence of assaults would be used to build their employer’s case for dismissal. Others cited financial pressures associated with the loss of unsociable hours payments.

> “Rather than quote sickness policy at you [employers should] try and understand why you might not feel able to continue [to] work after assault.”

Overtime and shift payments make up almost a third of ambulance workers' average earnings.[23] The potential loss of earnings from unsociable hours payments represents a powerful disincentive to report conditions and gives trusts an undue amount of power when pressurising staff to return to work.

GMB recommends that, where staff have to take time off work following assaults, trusts should categorise this time separately to standard sick leave and continue to pay staff in line with their previous total average earnings during the period recommended by occupational health or their GP.

> **"[I] could not take sick leave as [my trust] do not pay unsocial payments on sick leave, [I] could not afford to lose the pay. Fearful of lone working and being sent to pubs. Can no longer drive without locking doors and suspect everyone."**

Staff also report that they regularly come under pressure to respond to calls even where they feel under threat, and that they face the risk of disciplinary action if they refuse to attend incidents. In theory, staff in at least some trusts already have the right to refuse to attend an incident. The South Central Ambulance Service's guidance on procedures in such cases states that:

"Operational staff, in conjunction [with] all of the information received from the CCC must undertake an ongoing dynamic risk assessment whilst in attendance at or adjacent to an incident or on standby as instructed by the Clinical Contact Centre (CCC). ***If there is the potential for violence or aggression operational staff may withdraw to a safe position informing the CCC and requesting Police and/or other assistance as required.*** *When doing this, all measures of communication available including use of the mobile telephone emergency call system must be used."*[24] (emphasis in the original)

Our members are skilled and experienced professionals who should have the confidence of the wider NHS when they make an assessment of the balance between patient needs and their own personal safety.

All ambulance staff should have a clear and unambiguous right to refuse to attend to incidents where there is a reasonable risk of violence from patients or bystanders until substantial police support can be obtained.

Other important areas where staff look to trusts for support are initiating proceedings against offenders, and mental health support. These issues are explored in more detail in the following sections.

SANCTIONS AND ENFORCEMENT

NHS Employers states that "the NHS has had a 'zero tolerance' attitude towards violence since 1999."[25] Most of our members would not recognise this description.

Zero tolerance policies rarely translate from paper into practice, and our members expressed widespread disillusionment with employer support for bringing criminal proceedings. According to NHS Protect, criminal sanctions were achieved in about a fifth of cases of attacks on ambulance workers between 2010 and 2015.[26] The figures obtained by GMB for some trusts indicates that this overall rate may have fallen in recent years, and that prosecution rates are much lower in some regions than in others.

In Wales, 17 criminal sanctions were applied over the five and a half years for which figures were requested – a rate of 3.4 per cent of all recorded incidents. In Yorkshire, sanctions were applied in 8.6 per cent of cases, but the majority of these were civil or administrative sanctions (which can mean no more than that a letter was sent to the offender). London achieved a 6.3 per cent criminal sanctions rate over this period.

A joint working agreement did exist between NHS Protect, the Association of Chief Police Officers (ACPO), and the Crown Prosecution Service (CPS), although its status is unclear following the demise of NHS Protect.[27] Ambulance workers share common challenges with police officers and staff, and the 'Protect the Protectors' campaign was initiated by the Police Federation. Our members however report an often unsatisfactory relationship between these agencies (including probation services) at a local level, which in many cases have been exacerbated by funding shortfalls. One of our members was told that their local force did not have the resources to investigate an assault as it occurred more than six months previously.

> "Felt extremely let down by my employers and the police for attempting to prosecute and letting person off with caution, nearly finished career."

In one case, a staff member who was sexually assaulted by a patient reported the incident to the police, but the trust's records state that "*we have been unable to establish with the Police/CPS what actions were or have been taken regarding this individual.*" It is clear that working relationships between ambulance trusts, police forces and the CPS could be significantly improved.

Some trusts stressed to GMB that staff did not always wish to make a criminal complaint, and said that they supported criminal prosecutions where that reflected the decisions of employees. Our members' responses suggest that a lack of employer support is however deterring people from choosing to refer cases to the police.

Many respondents said that trusts could do more to publicise successful prosecutions. Others said that they felt abandoned once their case had been referred to the police, which discouraged future criminal complaints. Trusts did not provide legal advice to members or proactively provide them with the materials they needed to help build their case. More than one member said they had to face perpetrators in court without the presence of their employer. Several members called for trusts, rather than individuals, to bring private prosecutions against offenders.

> "Managers [should] 'own' incidents whereby they actively seek answers and updates from courts/police on behalf of their staff. Nothing [is] worse than being assaulted at work and then feeling left on your own to face perpetrators and the courts. It would at least look as if the Service cared about its staff and [was] serious about protecting us if a uniformed officer sat in court with you."

A perception that, after a lengthy process, offenders would receive a light sentence or be 'let off' with a caution, was another inhibitor. This view appears to be supported by figures provided by the South West Ambulance Service.

According to the trust's records, 38 per cent of ambulance staff (or 113 people) said that they wanted police action to be taken following in relation to an assault. Only one clear case of a custodial sentence was held by the trust. In all cases, fines did not exceed £440 and compensation to ambulance staff did not exceed £150. One worker was awarded just £50 compensation after their assailant pled guilty to assault by beating (battery).

South West Ambulance Service* - outcomes of police complaints, 2016/17 and 2017/18**

Total incidents	
Total Reported Physical Assaults	294
¬ of which, reported to the police	193
¬¬ of which, staff member requested police action to be taken	113
¬¬¬ of which, records held on outcomes	80
Breakdown of recorded outcomes	
Police caution	26
Detained under Section 136 of the Mental Health Act	18
Incidents still under investigation or due to go to court	13
Restorative justice schemes	7
Fines and/or compensation imposed (without a Community Order)	5
Community Orders	4
Charged but outcome not yet known or reported by trust to GMB	3
Suspended sentences	2
Custodial sentences	1
Ordered to attend Alcohol and Substances abuse programme	1

* SWAS did not hold comparable records for the period prior to 2016/17.
**Year to January 2018

Current 'zero-tolerance' policies are unworthy of the name. **The NHS and the Department of Health must make the improvement of prosecution rates an immediate priority. Trusts should provide staff with support to bring prosecutions at every stage in the process, and a senior trust represenative should always offer to be present in court during assault cases. Trusts should build their in-house legal capabilities in order to bring private prosecutions when the CPS is unwilling to take up cases. Existing guidelines and the NHS Protect/ACPO/CPS joint working agreement must be strengthened and updated following the enactment of the Assaults on Emergency Workers (Offences) legislation.**

WELSH AMBULANCE SERVICE

In the period 2012/13 to 2017/18, 502 Reported Physical Assaults resulted in 164 arrests. Of the 164 arrests, 15 cautions were issued and only 2 successful prosecutions were recorded.

YORKSHIRE AMBULANCE SERVICE

654 Reported Physical Assaults recorded between 2012/13 and 2016/17 resulted in 56 criminal and civil/administrative sanctions being taken (action taken in 8.6 per cent of incidents). Only 6 examples of criminal sanctions could be positively identified by the Trust during this period (YAS's records do not distinguish between criminal and civil/administrative sanctions for the years 2012/13 and 2013/14).

LONDON AMBULANCE SERVICE

1,343 physical assaults were recorded between 2015/16 and January 2018. Sanctions were issued on 448 occasions (or in response to a third of incidents), but of these only 85 were criminal sanctions (6.3 per cent of all incidents).

The trust was unable to say how many sanctions (civil, administrative, or criminal) were applied in response to the 166 sexual assaults recorded over this period.

NORTH EAST AMBULANCE SERVICE

Criminal sanctions were applied in 183 cases between 2012/13 and January 2018, out of a total of 1,646 recorded physical assaults (a rate of 11 per cent). Civil or administrative sanctions were applied in a further 113 cases (a further 7 per cent of incidents).

SOUTH CENTRAL AMBULANCE SERVICE

South Central Ambulance Service told us that, out of 719 recorded assaults between 2012/13 and January 2018, sanctions were applied in 83 per cent of cases (596 sanctions applied). Of these, 118 were criminal sanctions (16 per cent).

EAST MIDLANDS AMBULANCE SERVICE

The trust told GMB that 753 'intentional assaults' were recorded over the period for which we requested information (see the appendices for notes on the problems of data definitions). EMAS told us that criminal sanctions were achieved in 358 cases, or 48 per cent of the total. 137 civil or administrative sanctions were also applied.

The trust said that 73 incidents are still under police investigation or are awaiting court hearings, including sentencing hearings.

EAST OF ENGLAND AMBULANCE SERVICE

In 2016/17, 255 assaults were recorded. Of these, criminal sanctions were achieved in 52 cases (20 per cent), and civil and administrative sanctions were applied in 61 case (24 per cent) – meaning that sanctions were applied in 44 per cent of cases. The trust said that in 36 per cent of cases 'the medical condition of the assailant was deemed to be a contributing factor in the assault.'

WEST MIDLANDS AMBULANCE SERVICE

WMAS recorded 1,597 physical assaults against ambulance staff between 2012/13 and January 2018. Of these, the trust said that 'police actions' or court hearings took place in 324 cases (20 per cent) – although it is unclear how many sanctions were applied. Civil or administrative sanctions, such as warning letters, were applied in a further 158 cases (10 per cent).

SOUTH EAST COAST AMBULANCE SERVICE

SEACAMB told GMB that – of 234 physical assaults in 2016/17 – 104 sanctions were applied (or 44 per cent of cases). It did not provide a breakdown between criminal and civil/administrative sanctions.

"Current 'zero-tolerance' policies are unworthy of the name. The NHS and the Department of Health must make improvement of prosecution rates an immediate priority."

GMB
UNION

POST-TRAUMATIC STRESS DISORDER (PTSD)

Ambulance workers regularly confront potentially distressing and traumatic scenes which include, but are not limited to, those that involve physical assaults.

Our members discharge their duties to the highest standards of professionalism, but both individual incidents and the cumulative effect of life on the front line can impose serious strains on the mental health of staff. A survey by the mental health charity Mind found that 92 per cent of ambulance workers said they had experienced poor mental health in the service.[28]

Academic studies suggest that paramedics experience some of the highest levels of stress and burnout of any occupation, including other emergency services roles[29], and ambulance workers reportedly face a risk of PTSD that is twice as high as soldiers returning from active service.[30] One of the most troubling results of GMB's survey is that 39 per cent of respondents said that they have experienced Post-Traumatic Stress Disorder (PTSD) while they were employed in the ambulance service.

A number of our members said their development of PTSD was linked to violent assaults, while others said that although they may have experienced violence, non-violent incidents had caused the development of the condition. Other trigger factors mentioned by GMB members include witnessing the deaths of patients during treatment and transportation, responding to road traffic collisions and attending violent crime scenes. More than one GMB member said that being present during the death of a baby or child was a contributing factor to their development of PTSD.

> "You never forget the worst jobs. I can remember every one."

Some members said they had received high quality counselling through the NHS (although not all respondents had been able to access the number of sessions they felt they needed.) Others said they had found effective support through colleagues, family and faith groups. Staff were enthusiastic about the Trauma Risk Management (TRiM) system where it had been implemented.

TRiM, a peer support scheme which originated in the Royal Marines, has been introduced at some trusts, although it is not currently available to all ambulance employees. A GMB survey found that at least two trusts – Yorkshire Ambulance Services and North East Ambulance Services – do not fund TRiM, although both employers said that they did support alternative processes.

The introduction of the TRiM system should be accelerated where it has not already been implemented, and non-ambulance NHS employers should consider funding training in the approach where staff are at risk of being subject to violence or witnessing other traumatic incidents.

PTSD can have acute long-term consequences, especially if it is left undiagnosed and untreated. As one of our members said:

> "The effects of post-traumatic stress disorder (PTSD) can be far-reaching. PTSD can be a debilitating disorder and its symptoms can have a negative impact on a number of different areas in a person's life. In particular, the disorder can negatively affect an individual's mental health, physical health, work, and relationships."

What is PTSD?

The NHS says that 'post-traumatic stress disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events.' Events that can cause PTSD include:

- serious road accidents
- violent personal assaults, such as sexual assault, mugging or robbery
- prolonged sexual abuse, violence or severe neglect
- witnessing violent deaths

People with PTSD often involuntarily relive events through nightmares and flash-backs. Other symptoms can include anxiety, depression, insomnia, and feelings of numbness, irritability, and guilt.

PTSD cannot always be linked to a single incident, and the condition can develop months or years after a traumatic incident or incidents.

Some members said that they had received strong support from individual managers. The majority of respondents felt, however, that decision makers within their trusts were not equipped to provide adequate mental health support, or were indifferent about the impact that poor mental health can have on staff. A number of our members said that they had been put under pressure to return to work, even in contravention of occupational health recommendations, and been forced to return immediately to lone working. Some respondents told us that promised support did not materialise.

> "[The] service sent me to counselling – [with] no follow up from any manager from [the] service as to how I was doing. The ambulance service go on about staff welfare - in reality they don't really care about my welfare as long as I turn up to drive the ambulance."
>
> "I was supposed to have weekly check-ups with my line manager but as soon as I was back at work all the support stopped. They ignored my Occupational Health report. I'm now much more wary [of] working solo."
>
> "I felt [there was] very poor quality support ... after an assault at work. Whilst they made an initial show of action they failed to follow through with results and proactive change. When I challenged this, I was made to feel like a trouble maker and like my concerns weren't justified."
>
> "My employer was not interested in my wellbeing and chose to pretend it never happened."
>
> "My service ... treats PTSD as part of the job and its staff as disposable."

NHS ambulance trusts are currently failing in their duty of care towards their staffs' mental health. The finding that 39 per cent of ambulance workers say they have experienced PTSD should be a wake up call.

Managers and leaders in NHS ambulance trusts should receive mandatory training in mental health awareness, including in identifying the symptoms and potential causes of PTSD. No ambulance worker should be forced to return to lone working directly after coming back to work after a period of mental health related sick leave. NHS employers should work with trade unions and outside experts to review existing mental health support for staff.

GMB's finding that 39 per cent of ambulance staff report experiencing PTSD is higher than previous estimates, although there are a number of explanations for why this may be the case.

A 2004 study estimated that there was a PTSD prevalence rate in ambulance services of 22 per cent.[31] A more recent study concluded that – within two years of training - 94 per cent of trainee paramedics had experienced trauma and that 16 per cent met the clinic threshold for a PTSD diagnosis.[32]

Ambulance services are under greater pressure than they were when previous studies were undertaken, which may explain the higher self-reported rate. We did not place a time limit on self-reporting – our members provided responses which covered the full length of their career, which in some cases equates to over thirty years of service. Some of our members also said that they believed they were suffering from PTSD but they had not received a formal diagnosis. The 39 per cent self-identified rate reported by GMB members indicates that the true PTSD prevalence rate may be higher than previously believed.

It is likely that proportion of ambulance workers who have developed PTSD is higher than the 22 per cent estimated in 2004. The NHS should commission further research to assess the extent of PTSD in ambulance services.

ASSAULTS ON EMERGENCY WORKERS (OFFENCES) LEGISLATION AND NEXT STEPS

When our members were asked what changes they would like Ministers and employers to make to reduce the risk of violence, tougher sentences was by some distance the most common response. This view has been echoed by our sister unions for other emergency service workers.

It is already a specific offence to assault police officers, prison officers, and immigration officers under current legislation in England and Wales. It has been a specific offence to assault ambulance workers in Scotland since 2005.

Trade unions have consistently argued that it should be a specific offence to assault front-line public service workers and that the existing law did not represent a strong enough deterrent, not least through the 'Protect the Protectors' campaign initiated by the Police Federation. New legislation was proposed in the form of a Bill proposed by Holly Lynch, the MP for Halifax with the support of GMB. Unfortunately, this Bill was unable to progress beyond its initial Parliamentary stages, but a second Bill was initiated by Rhondda MP Chris Bryant.

The Assaults on Emergency Workers (Offences) Bill (often known as the 'Protect the Protectors Bill'), which has now completed its Parliamentary stages, introduces:

- A new offence of common assault, or battery, against emergency workers punishable by a sentence of up to six months and/or a fine if tried in a magistrates court, or a sentence of up to twelve months and/or a fine if tried in a Crown court; and

- A duty on courts to treat assaults on emergency workers as an aggravating factor when sentencing other offences under the Offences Against the Person Act

For the purposes of the Bill, and in the context of the NHS, an 'emergency worker' is defined as:

"A person employed for the purposes of providing, or engaged to provide— (i) NHS health services, or (ii) services in the support of the provision of NHS health services, and whose general activities in doing so involve face to face interaction with individuals receiving the services or with other members of the public."

An earlier version of this report was published ahead of the Report Stage and Third Reading of the Bill in the House of Commons in in April 2018. GMB worked closely with MPs to demonstrate to Ministers that sexual assaults against ambulance workers is a serious and growing problem. This work secured an amendment to include sexual assaults in the scope of the Bill.

The Assaults on Emergency Workers (Offences) legislation will only be effective if its provisions are widely advertised and fully implemented.

The Government should fund a national awareness campaign to promote knowledge of the fact that offenders face the prospect of tougher sanctions if they assault NHS workers, and monitor prosecution rates following the introduction of the new legislation.

GMB's members also commented on a number of other areas where they believed the Government and trusts could improve the support they offered to staff. Our members said the self-defence training provided was of poor quality and infrequent (one respondent said that they had only received one session in almost twenty years). Others said that when they had successfully employed self-defence techniques, they had often been acquired in different settings such as prior service in the police and armed forces.

Self-defence training should be made available to a high standard for all staff, including refresher training for existing staff.

Despite the physically demanding nature of routine ambulance work, there is a longstanding problem of an inequality of retirement ages between the emergency services. Unlike police officers and firefighters, ambulance staff retire at the state retirement age (although provisions for other emergency services has been eroded in recent years). It is unrealistic and unreasonable to expect ambulance staff to work into their late sixties.

The increased threat of violence highlights the need to lower ambulance workers' retirement age and end the inequality of treatment between the different emergency services.

GMB members were not prompted on whether they supported specific proposals to aid their protection, although they were invited to suggest changes. A number of members proposed a range of measures which would have a significant operational impact. The potential changes in this category included:

- CCTV recording inside vans
- Body cameras
- Provision of stab vests
- Provision of protective devices (such as pepper spray)
- The right to detain violent offenders

Further consultation work would need to be undertaken if proposals to implement these measures were brought forward by employers or Ministers.

TABLES

RESPONSES TO GMB SURVEY

GMB surveyed ambulance workers in England, Wales, Scotland and Northern Ireland during late March and early April 2018. The survey was completed by 508 staff in NHS ambulance employers. Responses to closed questions are summarised below.

In your view, is the risk of suffering violent assault worse that it was five years ago (or since you started working in ambulance services if you have served less than five years)?

Valid responses – 505

Yes	80%
Stayed the same	17%
No	3%

Have you witnessed colleagues being attacked or are you aware of attacks on your colleagues?

Valid responses – 503

Yes	94%
No	6%

Have you been physically attacked at any point while you were working in ambulance services?

Valid responses - 504

Yes	72%
No	28%

Did you have to take sick leave as a result of this incident or incidents?

Valid responses – 361

No	79%
Yes	21%

How would you rate the support offered by your employer to staff who have been subject to violent assault?

Valid responses – 503

Inadequate	48%
Adequate	35%
Good	17%

Are you encouraged to report incidents?

Valid responses – 503

Yes	68%
Sometimes	21%
No	11%

Are serious incidents (that cause injury or potential infection) investigated?

Valid responses – 503

Yes	55%
Sometimes	34%
No	11%

Do you receive feedback on the actions taken as a result of reports?

Valid responses – 502

Sometimes	41%
No	33%
Yes	26%

Have you ever considered leaving your job because of the risk of violent assault?

Valid responses – 502

No	63%
Yes	37%

Have you experienced Post Traumatic Stress Disorder while you were employed in ambulance services?

Valid responses – 481

No	61%
Yes	39%

REPORTED PHYSICAL ASSAULTS BY AMBULANCE TRUST OR SERVICE, 2012/13 TO 2017/18

Physical assaults							
Trust name	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**	Total
East Midlands Ambulance Service NHS Trust*	90	131	90	172	133	137	**753**
East of England Ambulance Service NHS Trust**	~	132	170	201	251	228	**982**
London Ambulance Service NHS Trust	395	414	391	456	534	353	**2,543**
North East Ambulance Service NHS Foundation Trust	240	277	246	313	278	292	**1,646**
North West Ambulance Service NHS Trust***	263	314	367	402	413	449	**2,208**
Northern Ireland Ambulance Service Health and Social Care Trust****	4	2	2	1	4	9	**22**
Scottish Ambulance Service	188	185	148	183	169	105	**978**
South Central Ambulance Service NHS Foundation Trust	65	132	111	129	158	124	**719**
South East Coast Ambulance Service NHS Foundation Trust	111	113	126	207	234	163	**954**
South West Ambulance Service NHS Foundation Trust	~	124	126	138	152	146	**686**
Welsh Ambulance Services NHS Trust	79	78	100	113	76	56	**502**
West Midlands Ambulance Service NHS Trust	175	206	231	298	362	325	**1,597**
Yorkshire Ambulance Service NHS Trust	68	110	148	109	219	189	**843**
Total	**1,678**	**2,218**	**2,256**	**2,722**	**2,983**	**2,576*******	**14,433**

* EMAS said that its figures are for 'intentional assaults'
** EEAS provided years for the calendar year 2013 to 2016, and 2017 to November 2017
*** NWAS provided figures for calendar years 2012 to 2017
**** NIAS provided figures on recorded physical assualts following an Information Commissioner's Office instruction, obtained by GMB, to disclose the information replicated in this table
**** 2017/18 figures are for the year to mid-January 2018

Source: GMB Freedom of Information survey of ambulance trusts and services conducted between January and February 2018.

NOTES ON TRUST DATA AND COMPARISON WITH NHS PROTECT REPORTING

The collection and publication of figures relating to ambulance assaults has always presented data quality challenges. Those challenges have only deepened since the end of national reporting in England.

The figures provided to the GMB by trusts varied, in some cases, from those previously published by NHS Protect. NHS Protect's figures for 2012/13 to 2015/16 are reproduced below so they can be compared with more recent Freedom of Information Act returns.

The most significant discrepancy was between the figures the North East Ambulance Service (NEAS) provided to GMB and those it declared to NHS Protect. NEAS listed 1,076 incidents over four years to GMB, compared to 308 incidents published by NHS Protect. In correspondence, NEAS said the higher set of figures did represent physical assaults only and did not cover verbal assaults. More work would need to be done to understand the gap between these two sets of figures.

There are other discrepancies that are require further attention. For example, it is difficult to explain why the figures East Midlands Ambulance Service supplied to GMB for 'intentional assaults' are higher than the total Reported Physical Assaults previously declared to NHS Protect for 2013/14 and 2014/15.

Reported Physical Assaults	2012/13	2013/14	2014/15	2015/16
East Midlands Ambulance Service	90	115	89	194
East of England Ambulance Service	137	188	195	232
London Ambulance Service	395	414	393	456
North East Ambulance Service	55	73	64	116
North West Ambulance Service	239	377	376	393
South Central Ambulance Service	65	132	111	129
South East Coast Ambulance Service	111	113	126	207
South Western Ambulance Service*	70	139	130	160
West Midlands Ambulance Service	167	207	231	304
Yorkshire Ambulance Service**	68	110	148	109

* SWAS figures for 2012/13 include 18 assaults recorded by the Great Western Ambulance Service Trust

** YAS figures for 2012/13 were drawn from the Security Incident Reporting System (SIRS), which captures a smaller number of incidents than the Reported Physical Assaults measure

NHS STAFF SURVEY

	Question 14a: In the last 12 months how many times have you personally experienced physical violence at work from… a) Patients / service users, their relatives or other members of the public					
	Never	1 - 2	3 - 5	6 - 10	More than 10	Base number of respondents
Role	%	%	%	%	%	n
Ambulance Technicians	41	31	17	3	8	2,361
Emergency Care Assistants	55	22	8	9	6	1,156
Emergency Care Practitioners	65	5	18	5	7	38
Paramedics	71	18	10	1	0	6,603
NHS average	85	9	3	1	2	465,558

Source: NHS Staff Survey 2017 (detailed spreadsheets) http://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2017-Results/

HEALTH AND SAFETY EXECUTIVE RIDDOR REPORTS

INCIDENTS REPORTED TO THE HSE UNDER RIDDOR CAUSED BY 'ACTS OF VIOLENCE'

				Number of reported non-fatal injuries to employees			% of non-fatal injuries accounted for by 'acts of violence' within industry group		
Year	Industry Level	SIC 2007 Code (1)	Industry	Total reported non-fatal injury	Of which specified	Of which Over 7 day	Total reported non-fatal injury	Of which specified	Of which Over 7 day
2016/17p	Division	86	Human health activities	1661	216	1445	34%	25%	35%
2015/16	Division	86	Human health activities	1544	180	1364	32%	22%	35%
2014/15	Division	86	Human health activities	1574	183	1391	32%	21%	34%
2013/14	Division	86	Human health activities	1651	214	1437	33%	25%	35%
2012/13	Division	86	Human health activities	1388	147	1241	30%	19%	33%

Source: Health and Safety Executive, Freedom of Information response to GMB, 16 January 2018

ACTIVE VIOLENCE RISK FLAGS

EMPLOYER RESPONSES TO GMB SURVEY

Ambulance Trust	Potential risk of violence	Abusive Patient	Aggressive Patient	Caution	Police Attendance Advised	Police Attendance Mandatory	Location Alert Register entries	Red Flag (highest warning level)	Violent / unsafe flag	Multi-risk	Total
East Midlands Ambulance Service	-	-	-	-	-	-	-	-	29	-	**29**
East of England Ambulance Service	1,576	-	-	-	-	-	-	-	-	1,576	
London Ambulance Service	-	-	-	-	-	-	209	-	-	-	**209**
North East Ambulance Service	-	3	13	1,257	-	-	-	-	-	-	**1,273**
North West Ambulance Service	616	-	-	-	-	-	-	-	-	616	
South East Coast Ambulance Service	-	-	-	-	-	-	-	43	-	-	**43**
South West Ambulance Service	-	-	-	1,026	45	6	-	-	-	1,077	
Welsh Ambulance Service	15	-	-	-	-	-	-	-	-	-	**15**
West Midlands Ambulance Service	508	-	-	1,843	-	-	-	-	-	31	**2,351**
Yorkshire Ambulance Service	163	-	-	-	-	-	-	-	-	-	**163**

GMB asked ambulance employers to provide information on the number of active (non-expired) risk flags that they had in place that related to violence.
The employers that responded provided details of 7,352 active risk flags. However, employers provided information under a range of categories that can be difficult to compare on a like-for-like basis between trusts and services.
The categories reported by respondents are included in the table above.

period.[8] The national target for responding to 75 per cent of Red 1 calls – where patients' lives are in the most critical danger – within eight minutes has not been met since 2013/14.[9]

The ambulance service is under enormous political and media pressure to reverse falls in performance as demand continues to rise. Our members report that an increasingly target driven culture is impairing triaging, as 999 call handlers are given less time than before in which to make an assessment of need. This pressure raises the risk that respondents will be called out to incidents without adequate information (including on any risk flags placed against addresses), and frustrations with delays were cited by a number of our members as a potential trigger for assaults (especially when drink or drugs were involved).

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IN HARM'S WAY
A GMB Union report

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