



Ambulance Headquarters

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The Rt Hon Robert Buckland QC MP
Lord Chancellor & Secretary of State
Ministry of Justice

Friday 07 August 2020

Tel: 0191 430 2000
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Dear Robert,

Re: Assaults on emergency workers consultation

Thank you for the opportunity to comment on the consultation on doubling the maximum penalty for assaulting an emergency worker. The Home Secretary's announcement of this consultation on 13 July was timely as we issued a media statement on the same day relating to an unprecedented three separate physical attacks on our ambulance crews on that weekend. You can read about these assaults on our [website here](#). The violence and frequency of these assaults has left us gravely concerned and our crews anxious for their own safety.

And as I write this to you today, we have experienced seven physical assaults against our staff over 14 days; one involving a newly qualified paramedic being chased by an assailant armed with a 9-inch kitchen knife and another where a paramedic was punched in the stomach and was unable to continue her shift.

On behalf of my Board of Directors, I am writing to express our deep concern at the increase in the severity of assaults since the beginning of July, which we have not experienced before.

A recent report to our Executive Management Group has shown that the Assaults on Emergency Workers (Offences) Act 2018 has not had any deterrent effect:

April-May (quarter one)	Assaults against NEAS staff
2018/19	155
2019/20	141
2020/21	149

Violence, aggression and assaults remain a consistent and persistent risk to our staff. We experience on average 12 assaults per week; two of which will involve physical violence against our staff.

Despite our most recent experiences of violent attacks, the evidence shows that verbal abuse is the most prevalent form of common assault (n=73); followed by intimidating behaviour (n=52) and non-injury physical assault (n=31). The numbers relate to reported incidents between 01 January 2020 and 30 June 2020.

While we recognise that the sentencing by courts will take account of the severity of the crime, our experience is that the verbal abuse and intimidating behaviour can have as long-lasting impact on

individuals as some physical violence. Sadly, we have lost excellent paramedic staff from the service who have resigned after suffering from an assault. Some have felt they've had no option but leave the service for their own mental health and I am aware of at least two people whose marriages have been broken by the consequences of an assault and the devastating impact of that on their partners, their children and their family circle. It really saddens me to know of individuals who have not been able to hold down a job after leaving us and have become isolated in their homes following an assault.

Beyond the impact to the individual, which is significant, there is a wider cost to the NHS in recruiting and training qualified clinical staff to replace experienced staff. The greater cost to society and taxpayer of this impact often seems to be as forgotten by the courts as the cost to the individual who has been affected. On reviewing just 41 cases between April 2017 and October 2019, I can report that we lost 411 days to staff sickness at a cost of £141,824 in overtime costs to cover missed shifts while our crews were recuperating after an assault. In addition, there are the costs to recruit and train replacements for those staff who have left, as I mentioned previously; which ranges between £20,000 and £30,000 per person depending on the role and clinical skills needed in the post.

There are also costs to repairs to our vehicles, which are often damaged as well. The cost of repairing the two vehicles damaged during assaults against our staff last month was in excess of £1,000. Both were off the road in our workshops for nearly three weeks being repaired, which removed a valuable and much needed public resources from service.

I have attached an organisational impact statement which we have prepared for court cases for those occasions when the assailant is convicted for assaults against our staff.

Over the two most recent quarters of 2020, alcohol (22%) is the single largest contributory factor to assaults against our staff; followed by mental health (17%) and drug misuse (15%). These three issues alone contribute to more than half the factors behind the assaults on our staff. We have seen weapons used against our staff on 11 occasions over this same time period. This represents a worrying 4% of incidents out of the 280 common assaults our crews and call handlers have experienced so far this year. Thankfully, the outcome of these 11 incidents in all but one case has been recorded as no harm, low harm or near miss.

We recognise that these problems – alcohol, drug abuse, mental health-related illness and use of weapons – are part of much broader societal issues that will not be addressed in this consultation alone. However, it does highlight the need for action to be taken to tackle these problems early on to prevent emergency workers – and others - becoming victims of an assault.

The day or time of the week does not appear to be a factor in assaults against our staff. Our data shows that our staff are as likely to be attacked on a Tuesday (16.4%) as they are on a Saturday (16%); when looking at all assaults that occurred between 01 January 2020 and 30 June 2020.

Over the last three years, we have seen 171 incidents of assaults reported to the police. This number is worryingly low compared with the volume of incidents (approximately 600 a year) we know occur. Anecdotally, our staff tell us they have suffered assaults for so long that it becomes part of what they expect to face in their daily jobs. Many tell us that don't bother to pursue an assault case with the police because they don't believe anything will be achieved. And my own risk officer tells me that she can more easily report a hate crime to the police, which is then followed up with an investigation, than she can report an assault without the consent of the victim. This must change to allow us to pursue assailants on behalf of our staff.

Where our staff have reported cases to the police in these 171 incidents, we are still waiting for an update on sanctions or convictions for 85 of these cases (13 of these go back to 2017) and only 40 cases resulted in criminal convictions.

None were imprisoned.

Just to give you a flavour: one of these cases involves a clinical care assistant who was punched in the face and spat upon in a public place in September last year. The defendant pleaded guilty to assaulting an emergency worker and was fined just £80. In another example, a double-paramedic crew were assaulted in the patient's home. The defendant initially denied the charge, but pleaded guilty in crown court and was fined just £380.

It is apparent that while the courts already have the power to imprison a defendant for up to 12 months, they are not using them. My Board believes that the courts need to use their full powers. There should be an expectation that if you commit such an offence, the most likely outcome is prison.

Sentences should also act as a deterrent as well as a punishment. If we are serious about sending a message of support to our emergency workers, and a message of toughness to those who commit offences against them, increasing maximum sentences is not the way. Imposing maximum sentences in the first place is.

Kind regards

Peter Strachan
Chairman

Helen Ray
Chief Executive