



GUIDANCE FOR NHS TRADE UNION STAFF SIDES ON RACE RIOTS

The NHS workforce is more diverse than it ever has been and this is something to be celebrated. The violence, racism and islamophobia that we saw last week is a disgrace and as NHS trade unions we stand together as part of a movement that opposes racism in all its forms in workplaces and wider society.

That NHS staff in the UK were attacked and afraid to go to work must be addressed without delay. Trade union representatives play a vital role in both working with employers to ensure staff are safe and supported at work and in working with their branches to support members. Many will also be involved in their own trade union's anti racism activity.

NHS staff must feel confident to report incidents or raise concerns and know that they will be listened to and their concerns acted on. It should also be noted that some staff who are not on secure contracts due to immigration status may have additional fears and this needs to be taken into account when support programmes and communication plans are put in place. This is important in order to ensure the confidence of internationally recruited staff to work and stay in the NHS.

This guidance has been developed following last weeks events to provide NHS trade union representatives with a reminder of information and questions that can be raised through local staff-sides, health and safety committees and more widely.

NHS employers should work in partnership with trade unions to ensure a zero-tolerance approach to racism.

WORKING WITH STAFF NETWORKS

In many organisations there will be global majority staff networks which often focus on the experience of staff at work, offer peer support and are a safe place to raise concerns. Staff-side chairs could consider contacting network chairs to discuss working together. The NHS Staff Council Equality, Diversity and Inclusion Group has developed guidance on [partnership working with staff networks](#) that you might find helpful.

COMMUNICATIONS

Staff communications should be clear and accessible. Not all NHS staff have access to a computer in the workplace or at home so a variety of methods of communication should be used. Staff should also be signposted to their trade union and other relevant forms of support.

POLICIES AND PROCEDURES

All policies and procedures related to violence, racism or discrimination against staff must be subject to an equality assessment which should be a live document with monitoring (that includes in addition to protected characteristics, staff groups and work locations) and agreed review periods. This guidance focuses on violence and racism perpetrated by the public, NHS organisations should have policies and procedures in place in order to take swift and appropriate action to address this internally as well.

- **Does your organisation have policies in place to address violence, racism and discrimination at work? Are these policies fully implemented?**
- **Are policies up to date and have a time frame for review?**
- **Has your organisation implemented national guidance on work related violence (see links below)?**

In some cases, it may be justified to refuse to treat an individual who is racist or abusive. **Are policies clear on what steps staff need to take where they feel their safety, or the safety of others is at risk whilst at work?**

Members of regulated professions should be encouraged to read guidance and seek advice from their professional bodies on refusal to treat or withdrawal of care.

EMERGENCY SITUATIONS

Regulation 8 of the Management of Health & Safety at Work Regulations requires employers to establish procedures to be followed in any emergency and in serious and imminent danger and to appoint competent people to implement them.

What procedures does your employer have in place for dealing with emergency situations or situations of serious or imminent danger? Are staff given information and training on procedures?

- **Are trade union health and safety reps consulted on the planning and implementation of emergency procedures?**
- **Have they appointed a competent person to implement procedures?**
- **Are procedures tested e.g. lockdown of buildings, testing and maintenance of emergency/panic alarms?**

Section 44 of the Employment Rights Act 1996 says that no employee should suffer detriment or be dismissed for leaving or refusing to return to work in circumstances of serious or imminent danger, or for taking steps to protect themselves. Reps should be aware of their union's advice on the use of section 44 and seek guidance where necessary

RISK ASSESSMENTS

Under the Management of Health and Safety at Work Regulations, employers have a duty to assess the risk of violence at work. There should already be established risk assessments in place identifying the risk of violence and employers should be reviewing risks in consultation with trade union health and safety reps in light of the increased likelihood of incidents. *Best practice on what your employer's risk assessments should cover is provided in the [NHS Staff Council's Workplace H&S Standards](#).*

Lone workers, including those working in the community will be at increased risk, particularly those from the global majority. Lone worker risk assessments should be carried out and reviewed where there are potential risks in the environment where staff are working or due to protected characteristics such as race or religion and pregnancy.

Dependent on the level of risk, examples of measures an employer can take include doubling up for community staff, temporarily moving care to a health care building (as opposed to a home environment) or where possible suspend lone working, ensuring access to and use of lone worker alarm devices, body worn cameras, buddying systems, increased security patrols, visible CCTV and training in dynamic risk assessment.

Health and safety reps should check with members and associated documentation for assurances on whether risk assessments are being carried out and reviewed, escalate any concerns to senior managers and follow their union's reporting/escalation mechanisms.

- **Are risk assessments being carried out and reviewed, especially for lone workers?**
- **Are health and safety reps consulted on risk assessments?**



INCIDENT REPORTING AND DATA

- **Does the employer have clear policies and procedures in place for reporting violence and racist abuse and do all staff know how and when to report incidents?**

As a staff side, encourage members to report all incidents formally through their reporting systems and managers and check to see what actions managers have taken as a result of incidents. Recognise that some staff, may be anxious about reporting, especially if it is staff on staff abuse, so there may need to be other mechanisms in place to allow them to report in confidence e.g. Freedom to Speak up Guardians.

Ensure the employer makes staff aware of what constitutes a hate crime and an assault on an emergency worker and supports them to report such cases to the police.

Incident data should be shared with trade unions and action planning should be done in partnership with trade unions.

- **Is the employer proactively encouraging staff to report incidents including making them aware of how and when to report?**
- **Are health and safety reps following up incidents to check what actions the employer has taken in response to the incident?**
- **Are you encouraging members to report concerns to their union rep?**
- **Is there mental health and line management support available for staff who have experienced violence or racist abuse?**

TRAVEL TO AND FROM WORK

Members may experience difficulties in accessing public transport to and from work when roads and areas have been shut off due to demonstrations. There may also be a heightened risk to staff from the global majority of being abused when travelling to and from work, particularly those who are finishing shifts late at night.

Whilst travel to and from work is outside the scope of employer legal duties under the Health and Safety at Work Act/Health and Safety at Work Order, we would still expect employers to be sympathetic to these issues and concerns and provide support for staff. Examples include providing transportation, extra security in and around hospital sites including areas off site where staff park cars, changing working patterns, allowing you to work from home, changing your workplace temporarily, providing overnight accommodation at the hospital site, organising car-pooling for affected staff so staff are not travelling alone and liaison with local police.



In 2022, the UK Government ratified the [International Labour Organisations Convention 190, on reducing violence and harassment at work](#). Although not legally binding on individual employers, the convention covers the commute to and from work and could be used in bargaining discussions.

- **Has the employer put extra measures in place to account for challenges travelling to and from work?** If not, staff sides can negotiate these changes on behalf of members.

MENTAL HEALTH SUPPORT

The employer should recognise that stress and anxiety about personal safety, the underlying threat of violence and the safety of family and friends and exposure to microaggressions can have a negative impact on the mental health of staff.

- **Has the employer made staff aware of what mental health support is available to them?**

We would expect employers to be proactively signposting staff to appropriate sources of support including Employer Assistance Programmes, mental health first aiders, peer support via race and equality networks and external sources of support such as those suggested by [MIND](#). Counselling support should be culturally appropriate and accessible for all staff.

Union branch meetings can also provide a safe space for staff to discuss concerns or issues and help foster solidarity and allyship.

FURTHER INFORMATION

NHS Staff Council Guidance

[Improving the personal safety of lone workers | NHS Employers](#)

[Workplace Health and Safety Standards](#) See sections G Violence and Aggression & H Lone working

[The importance of partnership working on health, safety and wellbeing | NHS Employers](#)

[Improving staff equality networks through partnership working | NHS Employers](#)

Health and Safety Executive Guidance

[Violence and aggression at work - Overview - HSE](#)

[Lone working - HSE](#)

[Emergency procedures - HSE](#)



[Employment protection \(hse.gov.uk\)](https://www.hse.gov.uk)

Health and Safety Executive Northern Ireland

[Lone working | Health and Safety Executive for Northern Ireland \(hseni.gov.uk\)](https://www.hseni.gov.uk)

[Protecting your workers from violence and aggression | Health and Safety Executive for Northern Ireland \(hseni.gov.uk\)](https://www.hseni.gov.uk)

England

[NHS England » Violence prevention and reduction standard](https://www.england.nhs.uk)

<https://www.england.nhs.uk/long-read/nhs-response-to-2024-riots/>

Northern Ireland

[Microsoft Word - Violence and Aggression in the Workplace HSC Framework \(health-ni.gov.uk\)](https://www.health-ni.gov.uk)

[A statement from the PHA regarding recent violence and intimidation | HSC Public Health Agency \(hscni.net\)](https://www.hscni.net)

Scotland

[Guideline 6 Protecting against violence and aggression at work - Managing Health at Work Partnership Information Network \(PIN\) Guideline - gov.scot \(www.gov.scot\)](https://www.gov.scot)

Wales

[Anti-Violence Collaborative Wales - NHS Wales Shared Services Partnership](https://www.nhs.uk)