



**Emma Best AM**

**Chairman of the Health Committee**

Rt Hon Wes Streeting MP

Secretary of State for Health and Social Care

(Sent by email)

26 March 2026

Dear Secretary of State,

I am writing as Chairman of the London Assembly Health Committee regarding violence and abuse against healthcare staff in London. We held an evidence-gathering session on this topic on 4 March 2026 and heard from representatives of the NHS and its staff. We heard evidence on the impacts of violence and abuse on healthcare staff, reporting of incidents, the perpetrators of violence and abuse, the need for training and resourcing for security staff and the impact of Right Care, Right Person.

Impacts of violence and abuse on healthcare staff

The Committee heard very powerful stories from NHS staff about violence and abuse they have received. Lisa Elliott, Director for London, Royal College of Nursing, told us that one member of A&E staff had been punched in the face, rendering her unconscious.<sup>1</sup> She then developed post-traumatic stress disorder and had to take months off work.<sup>2</sup> Chris Akaluka, Branch Secretary, UNISON, told us

---

<sup>1</sup> Lisa Elliott, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.13)

<sup>2</sup> Lisa Elliott, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.13)

he had been physically assaulted seven times in his career in the NHS.<sup>3</sup> Emily Jackson, Paramedic, London Ambulance Service, provided a shocking example of an incident she faced when dealing with an patient who had become unconscious in a pub:

“We were called to him because he was unconscious, having taken some drugs and alcohol. He was in a pub. We got to him very quickly. We were concerned about him. He was not breathing particularly well when we got there. The drugs started to wear off after a few minutes, he regained consciousness, and at first, he was fine and everything was calm, but after a few minutes he got really angry. He stood up. He was swearing at us, threatening us, and making sexual remarks to myself. He started trying to fight people in the pub, he was throwing punches, and I got struck just below my eye. Then he eventually left the pub, came back after a few minutes, sat down, started drinking again, and then basically threatened to rape me and dump my body in an alleyway.”<sup>4</sup>

**Incidents such as these are very serious and have lasting impacts on staff who are victims of violence and abuse. We stress the importance that further support needs to be given to staff who are victims of this appalling abuse.**

### Reporting of incidents

The Committee heard that there is under-reporting of incidents of violence and abuse. Andie Johnson, Programme Manager for Health and Wellbeing, NHS England (London) told us that under-reporting is potentially a cultural issue in the NHS, historically, and that “We have also not had the reporting lines available and the avenues available to staff to be able to report in the right way.”<sup>5</sup> Chris Akaluka told us that staff may feel discouraged from reporting if the perpetrator is deemed to be under the influence of substances or to lack mental capacity, due to the perception that action will not be taken as a result.<sup>6</sup>

Lisa Elliott told us that staff feel as though incidents of violence and abuse are not acted upon:

“What nurses are seeing and what we are being told is there is a perception of a lack of action when those incidents are reported. It feels like it goes into a black hole and is never seen again. There is something about how these incidents are reported in a way that nurses can then see that action is being taken.”<sup>7</sup>

We also heard that there is a lack of oversight for NHS trusts of how they record incidents of violence and abuse against staff. Lisa Elliot explained that:

“there is no national oversight of this. There is no way of being able to see, at a national level, how trusts are dealing with those incidents that are reported. We do not have that reporting structure there to be able to see those incidents that are being reported. [...] We

---

<sup>3</sup> Chris Akaluka, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 2 (p.8). Mr Akaluka is a Security Supervisor at Newham University Hospital

<sup>4</sup> Emily Jackson, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.3), In this case, Ms Jackson confirmed that the individual was subsequently prosecuted over the incident.

<sup>5</sup> Andie Johnson, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 2 (p.3)

<sup>6</sup> Chris Akaluka, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 2 (pp. 3-4)

<sup>7</sup> Lisa Elliott, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.8).

need to build a level of trust in so that nurses know that when it happens, it is going to be taken seriously, and it is going to be acted upon.”<sup>8</sup>

**It is important that staff have the confidence to report violence and abuse, and more needs to be done to ensure this happens. Reporting procedures need to be strengthened, and action needs to be taken against perpetrators swiftly and appropriately. Further oversight of NHS trusts needs to be in place to ensure that they are accountable for the levels of violence reported and recorded.**

### Perpetrators of violence

We heard that there is a lack of data on those who perpetrate violence or abuse against NHS staff. Jason Killens KAM, Chief Executive Officer, London Ambulance Service stated that “it can come from anyone, anywhere at any time.”<sup>9</sup> He went on to say that existing data suggests that violence is more likely to be committed by men who are under the influence of drugs or alcohol.<sup>10</sup> Zebina Ratansi, retired nurse, stated that “we do not have the data but, from a hospital experience, verbal abuse is likely to come from women and physical abuse is more likely to come from men.”<sup>11</sup> While NHS staff clearly have insights into this area, our guests were in agreement that existing data is insufficient to make more detailed insights about perpetrators.

There needs to be appropriate care given towards those who have mental health problems. We heard that one of the ways this has been addressed is through the Right Care, Right Person (RCRP) approach, implemented by the Metropolitan Police Service in November 2023.<sup>12</sup> As you are aware, RCRP is an approach designed to ensure that people of all ages, who have health and social care needs, are responded to by the right person, with the right skills, training, and experience to best meet their needs.<sup>13</sup> While some mental health related incidents may need the police, other services may be more appropriate.<sup>14</sup>

Guests told us that RCRP has presented challenges. Jason Killens KAM told the Committee that, whilst being supportive of the programme, there are “operational challenges for us and an increase in activity” for the London Ambulance Service as a result, with an increase in mental health presentations.<sup>15</sup> Lisa Elliot told us that while she understood the rationale for RCRP, there have been issues arising from its implementation:

“What we are seeing is the problem has not been solved. We have not dealt with the root cause of this issue. The problem has been moved. We are seeing the impact happening. We are seeing it both in community and within [Emergency Departments]. Community nurses are feeling that those welfare checks that used to be done by the police, they are not able to access them, but we do not have the staffing levels, and they have not improved in the

---

<sup>8</sup> Lisa Elliott, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.8).

<sup>9</sup> Jason Killens KAM, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.19)

<sup>10</sup> Jason Killens KAM, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.19)

<sup>11</sup> Zebina Ratansi MBE, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.19)

<sup>12</sup> Metropolitan Police Service, [Introduction of Right Care, Right Person model | Metropolitan Police](#) [accessed 25 February 2026]

<sup>13</sup> UK Government, [National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK](#), 17 April 2024

<sup>14</sup> Police UK, [Right Care, Right Person | Police.uk](#) [accessed 25 February 2026]

<sup>15</sup> Jason Killens KAM, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.3).

community for community nurses to be able to pick that up. We do feel that patients are then falling through the cracks, and we are certainly hearing that from our members.”<sup>16</sup>

**Right Care, Right Person, despite its intent to provide appropriate care to those with mental health issues, has created challenges for healthcare staff that need to be addressed. The Government should conduct a review in 2026 of the impact of Right Care, Right Person and its effect on healthcare services, in order to better implement the programme moving forward.**

#### Training and resourcing

It is imperative that security staff are well trained and resourced to deal with incidents of violence and abuse against staff. However, we heard that, worryingly, these are both in short supply. Thomas Manu, Operational Support Service Officer, Central London Community Healthcare NHS Trust, told us that:

“There is not enough. Depending on what trust you go to throughout the country, it varies. It varies depending on teams and what organisations the trusts are associated with, if security is in-house or out-of-house, if there is conflict resolution training, if there is breakaway training. You talked about trauma-informed care. There is training in regard to that, but it is not consistent. I feel like, if you are security and you are dealing with mental health, do you have some training in regard to that? That is the concern. There is not enough training.”<sup>17</sup>

We heard that the training provided needs to be specific and tailored to the needs of each NHS trust. Andie Johnson, Programme Manager for Health and Wellbeing, NHS England (London), stated that:

“The emphasis really does need to be on prevention, preventative skills and de-escalation skills. Trusts need to think about the training needs for their individual trusts. You cannot have a one-size-fits-all, and so you cannot necessarily bulk buy in some restraint reduction technique training because that may not be appropriate for every trust. It is very important that each trust thinks about its own training needs analysis and focusing on that.”<sup>18</sup>

**Without appropriate training and resourcing, security staff cannot respond appropriately and effectively to incidents of violence and abuse. These need to be tailored and specific to the NHS trust they are operating in.**

#### Prosecution and sentencing

It is vital that those who perpetrate violence and abuse against healthcare staff receive swift and commensurate sentences. Emily Jackson told us of the importance of ensuring “that there will be a prosecution and making people think twice about the fact that, if they assault me, it is a serious offence and not just brushed off.”<sup>19</sup>

---

<sup>16</sup> Lisa Elliott, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.4).

<sup>17</sup> Thomas Manu, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 2 (p.13-14)

<sup>18</sup> Andie Johnson, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 2 (p.15)

<sup>19</sup> Emily Jackson, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.20)

Jason Killens KAM told us that “All too often [...] what we do not see is the full extent of the powers available at sentence being used and it is rare that we see custodial sentences.”<sup>20</sup> He went on to inform the Committee that existing provisions within the Police, Crime, Sentencing and Courts Act 2022 are not leading to appropriate sentencing for those who commit violence and abuse:

“That legislation, as you set out, makes it a specific aggravating feature of a sentencing decision when an emergency service worker is assaulted in the execution of their duty. I appreciate that all of the circumstances of an individual case need to be taken into account. However, when you look at the facts of some of these cases of assault, particularly physical assault and particularly where there are other aggravating features such as race or abuse against other protected characteristics, what we do not see is what I would describe as proportionate sentencing. Certainly, our colleagues, our clinicians, our frontline clinicians do not feel that they are getting the appropriate justice that they deserve.”<sup>21</sup>

**While noting that the specific circumstances of every case needs to be considered carefully when taking action against perpetrators of violence and abuse, it is concerning to the Committee that healthcare staff feel that existing powers are not being used to punish individuals appropriately and deter future instances. The Government should review how perpetrators of violence and abuse against healthcare staff are being prosecuted and sentenced, and consider whether new powers or guidance are required.**

The Committee would be grateful if you could respond to these points by 26 June 2026. We look forward to hearing from you.

Yours sincerely,



**Emma Best AM**  
**Chairman of the Health Committee**

---

<sup>20</sup> Jason Killens KAM, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.11)

<sup>21</sup> Jason Killens KAM, [London Assembly Health Committee meeting](#), 4 March 2026, Panel 1 (p.11)