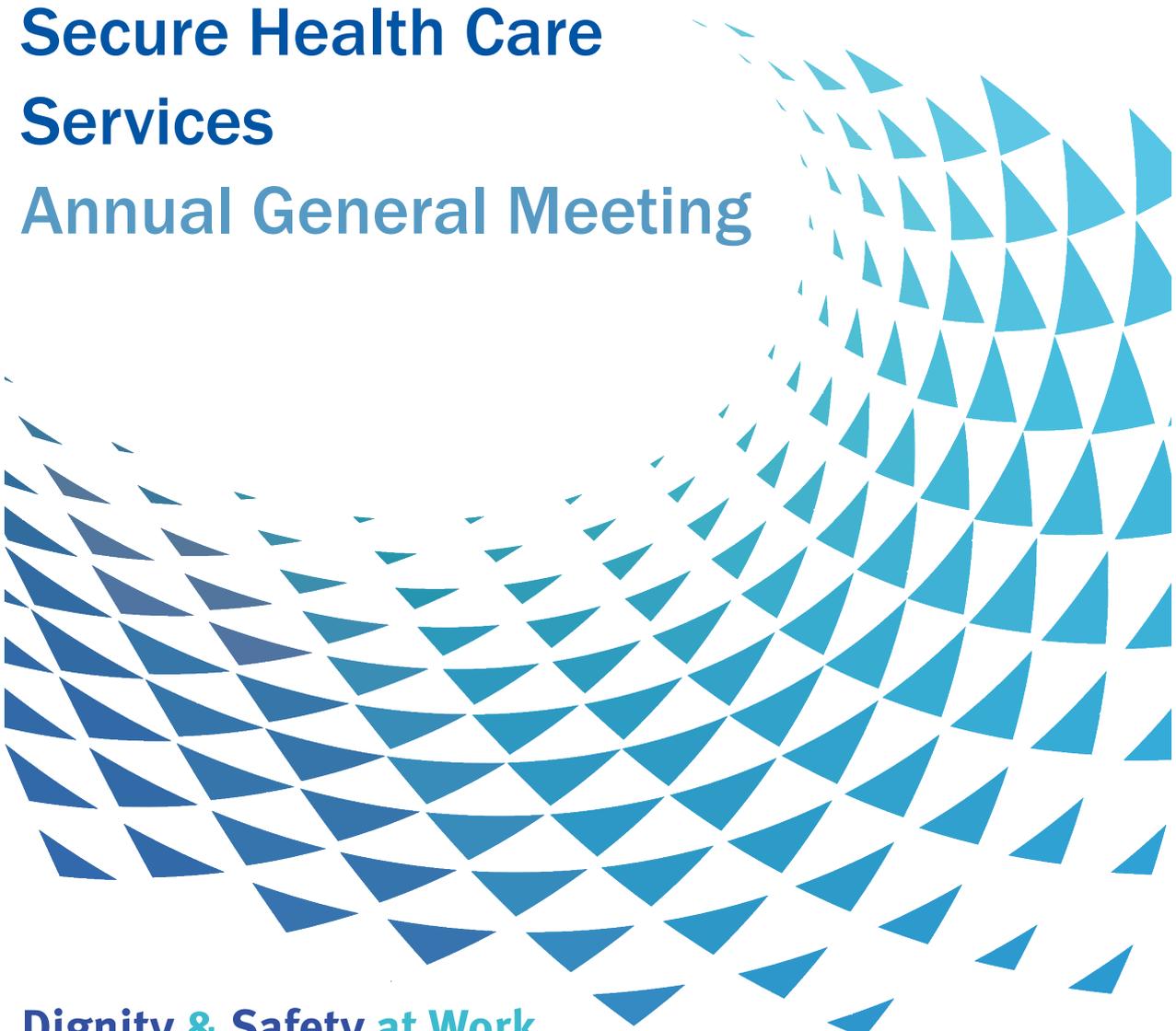




# POA Annual Conference 2019 - 80<sup>th</sup> Anniversary

**Secure Health Care  
Services  
Annual General Meeting**

**Dignity & Safety at Work**





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**NATIONAL COMMITTEE FOR SECURE HEALTH CARE SERVICES (POA)**

## **ANNUAL GENERAL MEETING**

**WEDNESDAY 15TH MAY 2019**

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**Duncan Keys**  
**Secretary to the National Committee for Secure Health Care Services**

## **FOREWORD**

As in previous years, 2018 has proven to be a very busy year for the POA Secure Health Care Services Committee.

Members of the committee have continued to attend meetings of the Joint Negotiating Committee for National Health Service Working Conditions as “observers” and continue to gain support from other Trade Unions in the quest to gain full membership status.

This aspiration is fully supported by the General Secretary, who continues to press this matter on behalf of the committee at a senior level.

Restructuring within the four Hospital Trusts, which contain the four High Secure Hospitals, continues to cause significant extra work and pressure among the affected POA committees. This could have potentially created some difficulties for them in ensuring that normal responsibilities to their members were met, and it is a great tribute to the commitment of all of the committees that they have managed to absorb the extra work.

The NHS pay awards have been accepted by the workforce by an overwhelming majority in England, Scotland and Wales.

To all of those who constitute the membership of the Secure Health Care Services Committee, I wish to place on record my personal thanks for the extremely hard work that you carry out on behalf of your members. You provide a vital service for both the Union as well as its members in your branches.

Once again, my sincere thanks go to Helen Whitaker for her dedication to ensuring that the secretarial support provided to both the committee and myself are second to none. Thanks very much Helen!

# **PROTOCOL FOR SECURE HEALTH CARE STAFF**

- 1. SAFETY OF THE PUBLIC**
- 2. ENSURE QUALITY OF LIFE FOR PATIENTS AND STAFF**
- 3. PROMOTE RESEARCH AND TRAINING IN FORENSIC PSYCHIATRY**
- 4. PROMOTE CARE WITH RESPONSIBILITY**
- 5. ENSURE VALUE FOR MONEY**

# NATIONAL COMMITTEE FOR SECURE HEALTH CARE SERVICES

## POLICY RESOLUTIONS

### **Resolution 76/16**

*“That conference accept the need for members to be supported during any trades dispute and authorise a monthly levy of 30 pence per month for 12 months starting in June 2016. This money to be ring fenced and its sole purpose will be to assist POA members who suffer financial hardships and seek support from the union. The NEC will consider each case on its merits and authorise a fixed sum from the levy fund”.*

### **Resolution 73/15**

*“That Conference and the NEC recognise and congratulate the POA members working in the Special Hospitals for their continuing professionalism, whilst taking industrial action as part of their hard fought battle against fair pay”.*

### **Resolution 74/15**

*“That Conference condemns the Government for their failure to provide an appropriate and fair pay award for NHS workers and prison staff”.*

### **Resolution 65/13**

*“Given the unacceptable increase in violence within secure hospitals and prisons and the increasingly inadequate avenues of recompense for staff who have been assaulted, Conference mandate the NEC to commence a full review of assaults in our workplace.*

*Moreover, following the outcome of this review the POA commence a campaign to raise public awareness of the risk we face when serving society”.*

### **Resolution 65a/13**

*“Conference applauds the work of the NEC and other unions in achieving a seat on the NHS Staff Side Council as observer status. However, Conference directs the NEC to pursue this matter with vigour until the POA are granted full seat status”.*

### **Resolution 29/11**

*“That Conference commends Nottinghamshire Healthcare NHS Trust working in partnership with Nottinghamshire Police and the NHS local security management specialist in their successful record of protecting assailants of POA members”.*

### **Resolution 122/11**

*“That Conference debates the way in which assaults by patients upon POA members are dealt with within the High Secure Hospitals”.*

### **Resolution 129a/10**

*“That Annual Conference debate the recent proposals for NHS QUIPP (Quality, Innovation, Productivity & Prevention) and urge all correctional and secure psychiatric members to resist all changes which would result in the loss of front line staff”.*

# **ASHWORTH HOSPITAL**

## ASHWORTH HOSPITAL AND THE POA.....A SHORT HISTORY

There has been a hospital at Maghull since 1872 when Moss Side House, built in the 1830s as a private home for a wealthy family, was sold to the Liverpool Select Vestry and run as a convalescent home for children from Liverpool's workhouses. By 1878 plans were drawn up to convert it to accommodate 60 men and 120 women described as "the epileptic and harmless lunatic type". It cared for some tuberculosis and epileptic patients, but it was not until 30 years later that plans for a new 300-patient hospital were finalised.

In 1914, the Lunacy Board of Control bought the estate with its unfinished hospital, but its proposals had to be put on hold due to the First World War. The hospital was hastily adapted to care for soldiers with nervous disorders and after that 20 shell-shocked soldiers arrived at the renamed Military Red Cross Hospital, Moss Side – the first of 3,500 to be treated there during the war.

Moss Side, along with its sister institutions of Broadmoor and Rampton, became hospitals in 1948 with the creation of the NHS, although the country's special hospitals continued to be managed by the Board of Control until further changes took place due to the Mental Health Act of 1959.

By the early 1970s Broadmoor Hospital was overcrowded and plans were agreed to build a new special hospital on land adjacent to Moss Side, to be known as Park Lane. In 1974 Park Lane's first two wards were opened and within 10 years the hospital was completed.

Although the POA was prominent at this time as a formidable voice this also resulted in two branches of the POA within the one site. Then emerged some very formidable voices within the Committee who, in our opinion, were the foundation and platform that we still work towards this day.

Although the list seems to be endless and too many to mention, we must take this opportunity to mention these individuals who we feel created a legacy that we now as a committee, 80 years on, aspire to be. They are as follows:

- \* Mr Bridson
- \* Mr Ron Lawton from Moss Side Hospital
- \* Mr Mick Taylor
- \* Mr Jim Singleton
- \* Mr Joe Brown

Also, last, but by no means least, Mr Dave Preece. As most of you will know he was the Chairman of the POA here at Ashworth and he was presented with the Cronin Clasp for his service to the POA. He retired in 2004 after being the Branch Chairman for 26 years. His legacy still lives on here at Ashworth as he even had a house named after him, and we are the bricks on the foundation that he laid.

We as a committee with the help of all our NEC nationally will support and help those whoever feel the need to contact us for any help that we may be able to give.

We try to emulate the work that our predecessors have done, who we as a serving committee wish to thank.

In 1989, the Special Hospital Service Authority took control of the special hospitals and a year later the previously separate Moss Side and Park Lane hospitals were merged into one named Ashworth Hospital, the result of a ballot for a new name among patients and staff.

In 1995, there were again changes to the management of special hospitals. The SHSA was replaced by High Security Psychiatric Services Commissioning Board and it was then that both Hospitals were renamed as Ashworth.

This was a time that all concerned felt there was a need for the two branches of the POA to become one, making the POA here at Ashworth one of the biggest branches in the whole of the British Isles at that particular time.

It is only on reflection and research that as a committee member you become more aware as to what we and our forerunners have actually achieved. At this time, it would be negligent of me not to mention the work that the POA Union Learning Zone here at Ashworth has done. It is now at the forefront of learning in the whole country, which is to the credit of the dedicated staff at the centre which again is and has always been supported by the POA as a Union. This has also acted as a catalyst to increase our membership out in the wider Trust as we know it today.

This membership I refer as out in the wider Trust has now and is still in the process of setting up satellite links and holding monthly surgeries at our members' place of work.

What we are trying to say is that sometimes it's nice just to see a face and ask HOW'S IT GOING?

It is now 2019 and yes things do change but we here at Ashworth, as I referred to earlier, have not forgotten our roots and where we came from and that was from people who cared, but we are here today to say that yes, we are still here and we STILL CARE.

Therefore, we feel by way of co-opting members onto the committee here at Ashworth to give ourselves first-hand knowledge, and immediate support to our membership which sometimes, if we are honest, gets forgotten, this needs to be addressed and this is something we here in Ashworth are working very hard to reconnect.

On the 1<sup>st</sup> April 2002 Ashworth became part of Mersey Care NHS Trust, one of three hospitals nationally that provides care and treatment for people with severe and enduring mental illness and personality disorder in conditions of high security.

Mersey Care provides specialist mental health and learning disability services for adults in Liverpool, Sefton and Kirby. It has a wider role too, offering medium secure services for Merseyside and Cheshire, and high secure services covering England and Wales at Ashworth Hospital.

May we take this opportunity to thank you for taking the time to read this brief history of:

- \* Where we come from
- \* Where we have been
- \* More importantly where we are going here at Ashworth

Also, we wish to thank the communications team here at Ashworth for their help in collating lots of the above information in the brief history of Ashworth and the POA.

# **BROADMOOR HOSPITAL**

# **THE HISTORY OF BROADMOOR HOSPITAL POA BRANCH**

## **'80 YEARS OF UNION (100 YEARS OF UNION STRUGGLE)'**

It is with great pride that the Broadmoor Branch has been asked to look back into its history.

Broadmoor Hospital, or as it was known at the time of its opening, the Broadmoor Criminal Lunatic Asylum, adopted a close link with prison officers and the police and prison officers union in the early 1900s. Historic documents show that following the police and prison officers strikes in 1918 and 1919 the staff at the Broadmoor Criminal Lunatic Asylum played a prominent part in the formation and running of the "underground" Prison Officers Federation. It is an unfortunate fact that during this important part of our history no records could be kept on the activities of Broadmoor members due to threats of immediate dismissal should the authorities become aware of any trades union activity at the asylum. Despite these threats being placed against our brothers and sisters at this time, the Home Secretary Winston Churchill was asked in 1911 to support the withdrawal of the Prison Standing Orders that would have allowed the Prison Officers Federation to become the representative organisation of prison staff and staff working in Broadmoor Criminal Lunatic Asylum. Churchill refused this request in an act of obstinacy and right-wing bigotry, predominantly to deny the workers the right to put forward for decent pay and conditions and to allow his government to run a continual reign of tyranny against our forefathers within the union.

Following years of hard campaigning, numerous disappointments and the imaginative help of the Civil Service Clerical Association leaders Bill Brown and Len White, the right to arbitration on pay bore fruit. On 5<sup>th</sup> April 1938 in the Blue Gliss Hall, Acton, members of the Broadmoor staff attended the inaugural meeting of what was to become the Prison Officers' Association. At this meeting the Broadmoor staff present were party to adopting a firm resolve to have the rights of association granted to them. Scottish prison staff, prison staff in Northern Ireland and members from Broadmoor were hopeful to have their pay scales uprated in line with the Arbitration Board for England and Wales.

By September 1938 it was reported in the Prison Officers' Magazine that the arbitration award had indeed been extended to Scottish prison staff and staff at Broadmoor. Staff in Northern Ireland were fully integrated in 1939. By January 1939 it was reported that "a proposal has been made by the Broadmoor staff that an association should be formed on the same lines as the new Prison Officers' Association...The new regime is not functioning fully at the moment and the Board of Control were rather anxious that Broadmoor should be kept out of any changes that might be agreed for the Prison Service". By the end of March 1939 correspondence shows that they were seeking an extension of Whitley arrangements to Broadmoor and despite "some objections" to this "it is clearly impossible to attempt to exclude Broadmoor from operation of the Home Office proposals".

Harley Cronin, the first General Secretary of the POA, commented on the objections by stating "the sort of thinking which, in my view, produced the present flaws in the Broadmoor system goes back to 1938". In a Criminal Justice Bill then proposed, the plan was to shift control of Broadmoor from the Home Office to the Ministry of Health. The POA have always maintained the very special nature of Broadmoor meant that it needed special consideration in political and wider considerations. The 1938 bill was postponed "owing to the international crisis which lead to the outbreak of war", and the change of control to the Ministry of Health was not introduced until 1949. As part of the recommendations of the 1949 Rushcliffe Committee, agreed salary scales for Registered Nurses in England and Wales were drawn up, which for many years were used as the basis of pay awards for the staff working in special hospitals. In August that year Len White criticised the failure to apply these scales to Broadmoor staff. Following the end of the Second World War the Broadmoor branch was embedded into the POA where, it remains to this day. The rise in the amount of mentally ill people being sent to prison in the 1950's meant increased pressure on the Broadmoor staff. The overall increase in the prison population meant a prison service that was under pressure and some notorious escapes caused problems for the Service - none more so than the notorious escape of

John Straffen, who had been committed to Broadmoor after murdering one child, and who murdered another when he escaped in 1951. Commenting on this Harley Cronin said, "It is the staff at Broadmoor that incurs the blast of indignation if there is an escape (however) the opinions of uniformed staff, whose job is security and have years of experience in enforcing it, are ignored".

The Broadmoor Branch continued throughout the 1960s and 70s to be prominent in the work of the POA and in particular protecting and promoting the best interests of all staff working at Broadmoor Hospital. Broadmoor Hospital itself was being completely redeveloped on its existing site beginning in 1984 with completion in 1986. However, with this came attacks on special hospitals staff under the Oliff Report which sought to do nothing other than to remove the POA as a prominent trades union in the NHS. The POA at that time held the seat on the TUC Health Services Committee and were able to affect government policy on secure psychiatric care, something that had been sadly lost to the trade union movement due to the reluctance of the current health service unions to accept the professional knowledge and ability of the POA in this field. The move in recent times of Broadmoor Hospital into West London Mental Health NHS Trust has brought huge pressures on the branch, its administration and its ability to organise. It is clear for the future that the ongoing changes within the NHS will need to be assimilated in the work of the union within the current trust. However, we remain confident that the POA will continue to serve the best interests of its members working with some of the most dangerous, damaged and potentially violent people in our society.

We thank the POA, and its predecessor organisations for allowing Broadmoor to play such a prominent part in our great union. Further, we thank the brave men and women who risked so much to ensure that those charged with the care, security and rehabilitation of severely mentally ill and dangerous individuals can be fully protected and their terms and conditions enhanced.

# **CARSTAIRS HOSPITAL**

## **CARSTAIRS HOSPITAL AND THE POAS - THE HISTORY**

It has long been recognised that people suffering from a mental illness who fell foul of the law needed much more than incarceration, but it was not until the early 1800s that moves were made to offer an alternative to prison.

The Royal Burghs highlighted the problems of mental illness among the local prisoner population to the Secretary of State for Scotland. At this time, the Royal Group of Hospitals were beginning to open and offer care – Montrose 1781, Aberdeen 1800, Edinburgh 1813, Glasgow 1814, Dundee 1820, Perth 1826 and Dumfries 1839.

After much discussion, it was decided that persons requiring treatment should be transferred from local jails to these Royal Hospitals. Initially ten people from local jails were placed in these hospitals. Problems quickly arose, the biggest difficulty being that of finance.

The local parishes found that the majority of persons placed in the hospitals needed the support of parish funds, and this became an unbearable cost which they were no longer willing to undertake.

Due to this and other problems, the experiment floundered, leaving the situation much as before with mentally disordered people being contained in jail. After further petitioning of Parliament and extensive discussion, it was decided to open a specialist facility for 'criminal lunatics'.

In the mid 1800s an area of Perth Prison had been identified as a suitable area to house these mentally disordered people. It was walled off from the main prison. This became the criminal lunatic department; the first step in a long journey creating a therapeutic environment for mentally disordered persons requiring care in a secure environment.

The criminal lunatic department was expanded at the turn of the century, but it was recognised that it was not a suitable place to rehabilitate people.

Again, after much discussion and planning, the present site at Carstairs, Lanarkshire was identified to be a suitable location for a new institution for the care and treatment of this specialised group.

In 1936 building began on the present site. Initially it was to house 'mental defectives' and became The State Institution for Mental Defectives. The building work was completed in 1939, but as this coincided with the Second World War, it was not handed over for use. Instead the facility was handed to the army and used to treat most military staff requiring treatment as a result of the traumas of war. The army handed back the Hospital in 1948 for civilian use.

It was opened in 1948 as the institution for mental defectives (now known as 'patients with an intellectual disability') and used as such until building was completed on the West wing of the site. In 1957, with building complete, the patients were transferred to the new buildings on the East wing. On the 1<sup>st</sup> October 1957, 90 prisoners identified as suffering from mental illness were transferred from the criminal lunatic department at HMP Perth to the Carstairs site, along with staff. The institution sited on the East and West wing and divided by a local road then became The State Mental Hospital. From its inception, the Scottish POA and later the POA (Scotland) has represented the staff who work in this most challenging of environments. Unfortunately, those who were there at the beginning are not around to describe what it was like in those early days, but the staff who moved from Perth to the local housing estate known as the 'West End' have left a lasting impression on the local community, with their children and now grandchildren following in their pioneering footsteps at the State Hospital, which is still known locally as simply Carstairs or the Penny (Penitentiary).

The Hospital's blackest day came on St Andrew's Day in 1976 when two psychopaths (now known as people suffering from a personality disorder) escaped from the Hospital after elaborate preparations, and in doing so brutally murdered a nurse, a local policeman and a fellow patient. The

Scottish POA supported their members through this horrific time and secured, following negotiations, a public enquiry which ensured that improvements were made to physical security and systems of work.

In 1990, a government-commissioned report was highly critical of patient care, and the pace of change was stepped up. A General Manager was appointed in 1991, a role that is now known as Chief Executive, and in 1994 the Hospital that had been directly managed from the Scottish Office was integrated into the NHS, although it remains a separate entity by virtue of it being a stand alone Special Health Board, that is a national resource for both Scotland and Northern Ireland.

Long gone are the days of 40 to a ward, of patients locked out on grim walkways covered with wire, and the fearsome charge nurses who once ran the wards like barracks have also disappeared. Over time there has been a shift from custody to care, but a number of thankfully small incidents have served to remind us that a balance must be struck between the two, and whilst the Hospital is a place where patients receive treatment there is also a wider responsibility to ensure the public's safety is not compromised.

Amendments in 1994 to the Mental Health (Scotland) Act underlined that the central role of the State Hospital was more about treatment and less about containment. Up until October 1996, the Hospital operated on a split site. Most of the facilities were located on the West wing; a substantial number of patients were housed in wards on the East wing, separated from the main campus by a public road, a railway and two high security fences. Following a partial redevelopment, the East wing was demolished with the Hospital being established on a single site which housed 240 patients.

The implications of the Mental Health (Care and Treatment) (Scotland) Act 2003 has seen the Hospital's role continue to change. The establishment of regional medium/low secure units mean that the hospital is now the High Secure Hub at the centre of a wider forensic network.

There was a further redevelopment of the hospital in 2011, at a cost of approx £70,000,000. The new hospital opened in September 2011 which resulted in the subsequent reduction to 140 beds and improved the staff/patient ratios. The new hospital is made up off 4 hubs, and within each hub there are 3 wards and each ward can accommodate 12 patients. There are also numerous recreational and activity centers within the campus.

On 30<sup>th</sup> November 2011, POAS members within Carstairs took strike action to protest against pension changes. The support was overwhelming and we were thankful for all support.

Within the new hospital the current Clinical Model Principles pertain to integration, patient focused care, individualised care pathways, positive therapeutic milieu, supporting staff, strengthen multi-disciplinary working, violence risk assessment and management, comprehensive mental and physical health care and treatment and finally clinical governance that strengthens and informs care.

Throughout all the ups and downs the POAS has always been there to promote the needs of their members, and to challenge when required to do so. The branch, which currently represents 300 members, owes a debt of gratitude to those who went before us, sometimes in the most difficult of times when it would have been easier to walk away. The POAS at Carstairs continues to develop and continues to try and work in Partnership, which is underpinned by Staff Governance.

It is not always easy and I am sure we will have our struggles ahead. However we will always try our best.

# **RAMPTON HOSPITAL**

## **RAMPTON HOSPITAL AND THE POA “THEN AND NOW”**

Rampton Hospital near Retford, Nottinghamshire was built in 1912 as an overflow hospital for Broadmoor Hospital. It was built on common land called “Rampton Fields”.

Times were hard in the 1950's and 60's and it must be noted that the POA in one Whitley Council meeting were requesting “extra light bulbs” for patient areas as they felt two bulbs were insufficient - but Management denied the request due to the “extra cost”.

The Female Matron also requested that “female staff be given Christmas day off due to their family commitments”. This was also denied by management as it was felt the needs of the service must come first.

At its capacity in the 1970s Rampton housed around 1100 patients and was managed under the Home Office with all staff having to sign the Official Secrets Act.

During the 1970s publicity surrounding the hospital was probably at its worst. There had been several periods of industrial unrest and a number of walkouts around shift patterns. There was also the period when Yorkshire Television made us famous and showed a documentary called “The Secret Hospital” that called for Rampton to be closed. Independent and police inquiries followed. The POA nationally at this time supported us locally with vigor and the branch worked tirelessly for 4 years, which I am sure made us stronger.

During the 1980s and 90s we were managed via a number of authorities such as The Special Hospitals Service Authority followed by the Rampton Hospital Authority. Each of these had varied agendas, the main one we feel at times was to break the POA.

Over the years the hospital has always maintained a branch of the POA. In the early days this consisted of a Male Branch and a Female Branch as the hospital itself worked on similar footing with a Male and a Female side. In the 1980s and with the inception of some cross gender working the POA moved to a single branch and today remains one of the largest branches within the POA.

In 1990 the branch took part in some national industrial action and were all corporately suspended (managers said we were on strike). This lasted 4 days until an agreement was reached between the POA and management. The branch was indebted to its members at that difficult time and for the leadership and support given by the local branch and our then General Secretary. Difficult times were an understatement, it snowed for the first 2 days and the power supply was lost for over 5 days. I wonder how the POA moved in such mysterious ways.

In the late 1990s our Chief Executive went on national television and condemned the hospital and asked for its closure. She also asked for POA support, but I am glad to say she didn't get it.

At the turn of the Millennium in 2001 the same Chief Executive imposed a short shift system upon us which caused industrial unrest for over 2 years culminating in the POA winning an ET and an EAT and eventually returning to more acceptable working practices.

We then became part of the wider NHS and part Nottinghamshire Healthcare NHS Trust which over the years has become one of the largest Mental Health and Learning Disability Trusts within Europe and is clearly recognised worldwide for its excellence. We have signed up to work in partnership with the Trust and have full and proper consultation/negotiation on all issues affecting our members. We have instead of Whitley Meetings our Local and Trust Staff Partnership Forums where we are consulted on things such as the new £25m Learning Disability Unit. I am not sure about how many light bulbs there will be in there, but I think it will be more than two.

Rampton Hospital and the POA is by far greatly involved in the future of the High Secure Hospitals. It is the National Centre for Women in High Secure Services, the National Centre for Deaf Patients, the National Centre for Learning Disability Patients along with vibrant Mental Health and Personality Disorder Directorates.

The POA over the years within Rampton Hospital and now also within the wider Trust has been the one constant, maintaining the safety and security of its members and the public from some of the most dangerous people within our society. We feel the POA can be proud of its developments and achievements and for the way it has worked with the changes sometimes imposed upon us. We have been involved in changes for the good and bad, we have led in disputes for what we believe is right, we have been there, and we will be there for many years to come... Unity is Strength.