NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 27 May 2015

Title and Author of Paper:
Security Management – Annual Report 2014 / 15.
Craig Newby - Patient Safety Manager
Tony Gray - Head of Safety / Patient Experience.

Paper for Debate, Decision or Information: Information and Debate

Key Points to Note:

- 6th Annual report on Security Management.
- As part of the development work the Safety Team of the Trust was shortlisted by NHS Protect in October 2014 and subsequently won the Suzy Lamplugh Trust Personal Safety Award for contributing to Lone Worker Protection, Jill Telford – Lone Working Co-ordinator was shortlisted and recognised for her personal contribution.
- The Safety Team was then shortlisted for the Health Business Awards in November 2014 and was commended for their lone working systems.
- NTW still showing as low risk – green as part of quality assurance standards from NHS Protect.
- Risk Assessment information included of sites who have been covered in 2014/ 15.
- Increase in size of Trust's CCTV system and roll out as part of new capital schemes.
- Increase in Trust's Lone Working system to include 1,049 devices.
- 6,621 incidents reported into SIRS (Security Incident Reporting System)
- Local Security Management Specialists, actively involved in national pilot work, and acknowledged by NHS Protect.

Outcome required:
Minuted by Board of Directors.
Report to be shared with NHS Protect as part of national requirements.

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Security Management Report

April 2014 – March 2015

Shining a light on the future

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Introduction

Northumberland, Tyne & Wear NHS Trust is committed to the delivery of an environment for those who use or work in the Trust that is properly secure so that the highest possible standard of clinical care can be made available to patients. Security affects everyone who works within the NHS. The security of staff, patients, carers and assets is a priority of the Board within the development and delivery of health services.

All of those working within the Trust also have a responsibility to be aware of these issues and to assist in preventing security related incidents or losses. Reductions in losses and incidents relating to violence, theft or damage will lead to more resources being freed up for the delivery of patient care and contribute to creating and maintaining an environment where all staff, patients and visitors feel safe and secure.

The purpose of this report is to inform the Trust Board of the controls currently in place to create a pro-security culture across the organisation, as well as informing the Trust Board of the work currently being carried out across the organisation to improve security arrangements.

This is the sixth Annual Security Report for Northumberland Tyne & Wear NHS Foundation Trust which is a requirement under the Secretary of States Directions (2004) and will be sent to NHS Protect.

This report also includes our annual work-plan which is the responsibility of the two Local Security Management Specialists and needs to be signed by the Security Management Director before a copy is sent to NHS Protect. This is attached at appendix 1.

Background

All Health Bodies have a requirement under the Secretary of State's Directions issued in March 2004 to undertake work in support of the National NHS Security Management Strategy published by the NHS Protect. NHS Protect have recently formulated a Quality Assurance process established to provide assurance that Trusts across England meet, or are working towards, which are split into 4 areas, these being:

· Strategic Governance
· Inform and Involve
· Prevent and Deter
· Hold to Account

Within the standards there are specific requirements to have a corporate structure in place for the effective management of the NHS Protect agenda, to meet this requirement the Trust have in place the following structure:

A Board lead for Security Management as Security Management Director, this post is carried out by Gary O'Hare – Director of Nursing.

A Non-Executive Director to oversee the local Security arrangements, this post is carried out by Hugh Morgan-Williams – Chair of the Trust.

A Local Security Management Specialist, the Trust currently has two nationally accredited Local Security Management Specialists, these are Tony Gray – Head of Safety and Patient Experience, Craig Newby – Patient Safety Manager.

1. Strategic Governance

The Trust has a single Security Management Policy, which is supported by Practice Guidance Notes which will be continually developed as needs arise. These are all accessible to managers and staff through the printed operational policy folders as well as on the intranet / internet.

The Trust are now working towards NHS Protect Quality Assurance standards. These standards were formulated as a pilot and involving a range of Trusts across England. NTW were part of the pilot and as such were audited in 2013/14 on the 'Strategic Governance' element of the pilot standards. This resulted in a 'Low' risk status. More recently the Trust have undertaken a comprehensive self review, which again has given the Trust a 'Low' risk outcome.
All areas were RAG rated as green other than sections 3.8 and 3.9 under Prevent and Deter, which were rated amber.

3.8	The organisation operates a corporate asset register for assets worth £5,000 or more.	AMBER	The Trust has in place a corporate asset register worth £5,000 or more, and the LSMS has access to it, in order to assess security risk. This information should be freely available to each LSMS and provide information from which security risk assessments can be based.
3.9	The organisation has in place departmental asset registers and records for assets worth less than £5,000.	AMBER	The Trust has in place local asset registers, that catalogue the location of all PC's , Laptops, Mobile Phones and other Communication devices. These are not held by each ward or department , but the central function which oversees their maintenance, supply and receipt from the contractor. This would not cover every asset across the Trust valued under £5000

Another requirement of the Trust is to submit an organisational Crime Risk Profile to respective CCG's and NHS Protect. This profile gives an overview of the Trust as well as basic levels of violence and aggression (over a 12 month period) and key figures around security preparedness, criminal damage / theft risk, bribery, corruption and fraud risk. Each healthcare provider across England will be expected to complete the Crime Risk Profile and quality assurance programme as part of the NHS contract, thus ensuring a consistent approach to security management and allowing a level playing field via any tendering process.
In addition to this the Trust are required to submit an Annual Workplan for 2015-16 to NHS Protect. This maps out the work that will be undertaken by the two Trust LSMS's and further details can be found in Appendix 1.

2. Inform and Involve

- **Risk Assessment**

The LSMS function regularly undertake security based risk assessments on behalf of the organisation. These assessments cover a range of subjects including:

- Trust staff and patients
- Security of premises
- Protecting property and assets
- Security preparedness and resilience

The results of security risk assessments and associated recommendations are shared with key stakeholders. Security risk assessments, which have taken place over the previous 12 months include:

- Northgate Hospital - Site based assessment
- Hadrian Clinic
- Alnwood – Escape Vulnerability Assessment
- Hopewood Park
- Monkwearmouth – Site based assessment
- St Georges Park – Site based assessment
- Bamburgh Clinic – Physical Security Assessment
- Kenneth Day Unit – Physical Security Assessment
- Tweed – Physical Security Assessment
- Longhirst - Physical Security Assessment
- Bede Ward - Physical Security Assessment
- Garden Lodge – Security Assessment

The Local Security Management Specialists have been heavily involved in new build projects such as Hopewood Park, Autism new build and Mill Cottage. Involvement at an early stage of these projects has been vital in ensuring new build projects meet the required security management standards.

- **Working with Others**

The Trust security management arrangements operate under the umbrella of a memorandum of understanding with the Association of Chief Police Officers, NHS Protect and the Crown Prosecution Service. This helps the Trust to work proactively with partner agencies to ensure, where possible, we protect staff, patients, premises, property and assets.

The Trust has a number of key stakeholders and is determined to ensure important information is shared, where possible, and deter those who may be minded to breach security – using publicity to raise awareness of the likely consequences, both personally and to the NHS. The Local Security Management Specialists remit is described at the Safety Induction for all new employees, during mandatory Prevention and Management of Violence and Aggression (PMVA) training as well as the refresher Safety training for staff through the Statutory and Mandatory training programme.

Signage has been erected on all main hospital sites that benefit from the CCTV systems.

Positive working relations continue to develop between the Trust and Northumbria Police and this has been greatly enhanced this year with the introduction of Claire Andre, Clinical Police Liaison Lead, to the team. Claire works very closely with a network of officers from Northumbria Police as well as forging crucial links with other stakeholders such as British Transport Police, the Crown Prosecution Service, Crown and Magistrate Courts and local authorities. Claire's role is varied but she is essentially the single point of contact for operational police liaison issues as well as developing guidance and partnership collaboration by leading on key initiatives such as the Crisis Care Concordats. Claire also attends all Police Liaison meetings, which now take place regularly covering the following areas:

- Newcastle
- Northumberland
- Sunderland
- South Tyneside
- Gateshead
- Campus for Aging and Vitality (former NGH)
- Ferndene

During the past year discussion within these groups has included:

- Working closely to establish a point of contact from the Crown Prosecution Service.
- Reduction of AWOLS and Abscontions
- Tackling illicit drug use on hospital sites.
- Operational issues regarding the use of Section 136
- Patient Conveyance
- Crime prevention measures for hotspot areas.
- Ensuring appropriate sanctions are brought against those that assault staff and damage hospital property.

Development of these groups has been fundamental in progressing further initiatives such as the pro-active use of drug dog searches in some in-patient areas. Claire is currently developing and delivering MH and LD awareness session to Neighbourhood Beat teams across the force area and it's encouraging to see new police recruits undertaking week long MH / LD trust based placements.

- **Security Incident Reporting System (SIRS)**

The Trust continue to report into the NHS Protect Security Incident Reporting System (SIRS) and in 2014/15 reported the following number of incidents:

Deputy Chief Executive	38
Medical	6
Planned Care	113
Specialist Care	3028
Urgent Care	3432
Nursing	2
Performance and Assurance	2

Grand Total :	**6621**

This includes a range of incidents including, all violence and aggression towards staff, property theft, nuisance / malicious calls, property damage, etc.
The Trust continues to lead the way in terms of reporting and NHS Protect intend to use our SIRS data to undertake the annual audit of Violence Against Staff, which historically has meant scrutiny of a random selection of IR1 forms on site.

3. Prevent and Deter

Preventing security incidents or breaches from occurring, or minimising the risk of them occurring by learning from operational experience about previous incidents, using technology and sharing best practice is a key element of the LSMS role.

Where appropriate, security risks are included on the Department and Corporate Risk Register to enable security risks to be managed in accordance with the Trust's Risk Management Strategy.

Our contract with Securitas has recently been extended and this is performance managed on a quarterly basis. Any issues regarding service delivery and key performance indicators have been discussed and resolved, where necessary.
The security provision gives out of hours manned security presence on all main hospital sites as well as comprehensive CCTV monitoring over the same period. In 2014/15 we extended the security presence to include both CAV and Tranwell sites, following concerns from staff.

- **CCTV**

During 2014/15 the Trust have invested in CCTV in a number of areas. The Trust clearly sees CCTV as a valuable security management tool in terms or deterring and detecting criminal activity. On many occasions this year footage from cameras has been used to investigate assaults on staff. This proves invaluable in ensuring appropriate sanctions are brought against those who have the capacity to understand their actions.
Recent new build initiatives and a number of existing refurbishments have been provided with CCTV and the feedback from both staff and patients has been positive. During the last year we have added CCTV to the following areas:

- Bede Ward
- Visiting areas of Bamburgh Clinic, KDU and Longhirst

Our CCTV systems benefit from routine 6 monthly maintenance inspections, which forms part of a comprehensive maintenance contract with 20/20 Vision. This contract has been extended for a further year. All of the Trusts CCTV systems comply with the Information Commissioners CCTV Code of Practice. As part of this development 20/20 vision now provide 24 hour, 365 day cover to access and burn off images to support Police investigations, allegations of staff abuse or other security related activity. The costs associated from this activity come from a central budget which is overseen by the Trust's LSMS function.

- **Lone Working**

Health care workers have long been identified as a high risk group when considering lone working. Issues identified in high profile incidents emphasise the scale of the risk faced by mental health care staff on a daily basis.
Lone Workers also face particular problems when it comes to assaults, such as verbal abuse or harassment. Very often, these assaults take place in one to one situations with no other evidence available to support taking action against alleged offenders. This can result in the reluctance by Lone Workers to report incidents that occur, leading to a feeling that nothing can be done to protect them or deal with the problems they face. Lone workers, by the nature of their work, can feel isolated or unsupported, simply by the very fact that they do not work in an environment surrounded by their colleagues or others.

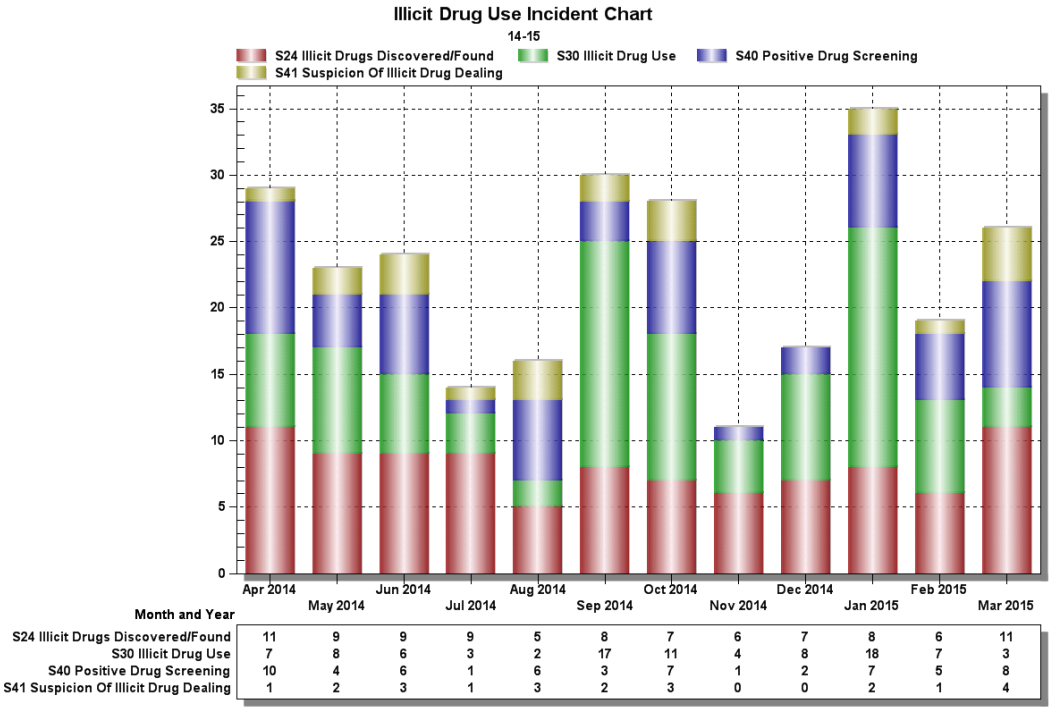
During 2014/15 the total number of operational 'identicom' lone worker devices within the Trust was1049. This includes all new medical students as well as a number of consultants. Over the last year there have been a number of genuine red alerts, which have been dealt with in a speedy and effective manner. In some of these cases the police were required and as a result a speedy response was provided allowing the incident to be managed by the police rather than the member of staff. In one particular case, staff were faced with a highly disturbed service user, in his own home. The use of the device allowed a speedy response by the police who then helped with the re-admission to hospital. The incident was resolved without any injuries.
The Safety Department continue to provide managers across the Trust with up to date usage information, which allows them, in turn, to ensure devices are used effectively by the lone workers they manage.

As part of the development work the Safety Team of the Trust was shortlisted by NHS Protect in October 2014 and subsequently won the Suzy Lamplugh Trust Personal Safety Award for contributing to Lone Worker Protection, Jill Telford – Lone Working Co-ordinator was shortlisted and recognised for her personal contribution.

The Safety Team was then shortlisted for the Health Business Awards in November 2014 and was commended for their lone working systems.

- **Tackling Illicit Drug Use**

The use of illicit drugs and novel psychoactive substances (NPS formerly known as legal highs) continues to be a problem in some inpatient settings:



Month and Year	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
S24 Illicit Drugs Discovered/Found	11	9	9	9	5	8	7	6	7	8	6	11
S30 Illicit Drug Use	7	8	6	3	2	17	11	4	8	18	7	3
S40 Positive Drug Screening	10	4	6	1	6	3	7	1	2	7	5	8
S41 Suspicion Of Illicit Drug Dealing	1	2	3	1	3	2	3	0	0	2	1	4

The impact on services can be huge and the Trust are determined to reduce this as much as possible. Towards the end of 2012/13 the Trust agreed to invest in a drug sniffer dog and handler. This initiative is now well embedded and John Ashworth and Coco have undertaken over 200 searches on in-patient wards. This has lead to a number of successful finds and has helped to act as a deterrent towards this type of behaviour. Over the past 12 months we have noticed a significant increase in the use of Novel Psychoactive Substances (NPS, formerly legal highs). This is starting to have an increasingly negative impact on both inpatient and community services. Discussions nationally have highlighted this is a national problem.

- **Tackling Violence and Aggression**

The prevalence of violence and aggression in mental health / learning disability is far higher than any other healthcare provision. The NHS Zero Tolerance campaign had little impact on violence and aggression levels in these areas and as a result this type of behaviour continues to have a detrimental impact on staffing levels and morale. In addition to this, costs for staff replacement and successful civil claims impact negatively on finances.

The Trust takes violence and aggression seriously and is determined to reduce levels, where possible. In 2012/13 work started to re-assess the organisation against NICE 25 Clinical Guidance ***'Violence: The short-term management of disturbed/violent behaviour in in-patient psychiatric settings and emergency departments***'. This work is now complete and shows a high level of assurance against the standards. The new NICE 25 guidelines are due for release in May 2015 and the Prevention and Management of Violence and Aggression Steering Group will oversee a re-audit in this area

The Trust Board have recently approved the trust-wide Violence Reduction Strategy. This has been developed to provide further assurance around how the trust tackles violence and aggression. In particular, understanding the causal issues and introducing actions to reduce this type of behaviour where possible.

NHS Protect has policy and operational responsibility for the management of security in the NHS. This includes tackling physical and non-physical assault against staff.

As part of this responsibility there is a requirement to report all physical and non-physical assaults to them on an annual basis. To do this each Trust must check their violent incidents to ensure that they fall into the following definitions:-

Physical Assault – The intentional application of force to the person of another, without lawful justification resulting in physical injury or personal discomfort.

Non-Physical Assault – The use of inappropriate words or behaviour causing distress and / or constituting harassment.

As in previous years NHS Protect have carried out a random sample audit of Trust's to ensure quality of data and that assaults that were reported through risk systems matched the definition above. In 2013 Northumberland, Tyne & Wear NHS Foundation Trust was audited in September 2013, the first time in 5 years, and the audit evidenced 100% compliance against the standards, in essence this means that irrespective of other audit outcomes nationally, our figure this year has not been adjusted down over as in previous years. It has also been confirmed by NHS Protect that the national audits have been completed with a success rate of 99.9%, and as such all other Trusts figures are accurately reported for 2012 / 13.
For this years figures (2013 / 14) the Trust was not audited , but the Trusts that were they were found to be under reporting , as such the national figure has been increased by 2% for all Trusts.

NHS Protect – Published Figures

The table below gives a comparison of the published figures for the last four years.

	2010/ 11	2011/ 12	2012/13	2013/14
Type of Trust	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults
Ambulance	1,566	1,630	1,397	1,868
Acute	13,436	15,536	16,475	17,900
Primary Care	3,507	1,540	0	1,731
MH & LD	**39,321**	**41,038**	**43,699**	**47,184**
Special HAs	0	0	0	0
Total	57,830	59,744	61,571	68,683

Mental Health & Learning Disability Trust specific information

The following table gives a breakdown of the differences in violence against staff over the last 4 years from the highest reporting Trusts. From these figures it can been seen that NTW is the highest reporter of physical assaults on staff within a mental health setting in 2013 / 14.

	2010/11	2011/12	2012/ 13	2013/ 14
Trust	Total Assaults	Total Assaults	Total Assaults	Total Assaults
Northumberland, Tyne & Wear NHS Foundation Trust	2,347	2,198	3,272	3,335
Southern Health NHS Foundation Trust	1,939	1,594	1,930	2,731
Coventry and Warwickshire Partnership NHS Trust	1,316	2,202	1,780	2,540
Tees, Esk & Wear Valleys NHS Foundation Trust	1,783	1,378	1,331	1,548
Lancashire Care NHS Foundation Trust	887	881	1,043	1,446
Nottinghamshire Healthcare NHS Trust	1,417	1,467	1,430	1,363
Leeds Partnership NHS Foundation Trust	813	1,164	1,506	1,275
Central & North West London NHS Foundation Trust	815	1,050	1,267	1,259
Norfolk and Suffolk NHS Foundation Trust	674	912	1,238	1,220
South London and Maudsley NHS Foundation Trust	1,213	1,466	1,230	1,192

The following table indicates the assault rates when assaults per 1000 staff is applied to both the DH total declared staff figures (2) and the Trusts declared total staff (4) as at 31st March 2014.

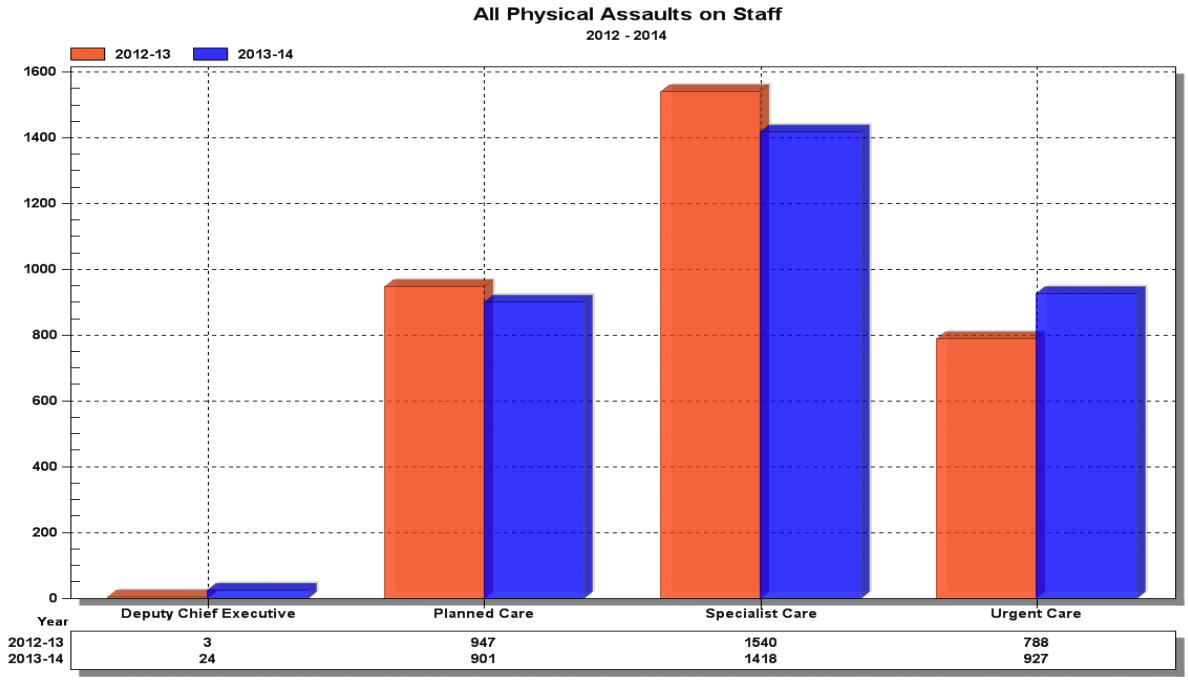
Trust	Total Assaults (1)	DH total staff (2)	Assaults per 1000 staff (3)	Declared total staff (4)	Assaults per 1000 staff(5)	Declared Sanctions (6)
Calderstones Partnership NHS Foundation Trust	1,195	1,635	**731**	1,088	**1,098**	44
Coventry and Warwickshire Partnership NHS Trust	2,540	4,034	**630**	4,916	**517**	1
Northumberland, Tyne & Wear NHS Foundation Trust	3,335	6,020	**554**	6,464	**516**	25
Hertfordshire Partnership NHS Foundation Trust	1,034	2,553	**405**	2,653	**390**	0
Sheffield Health and Social Care NHS Foundation Trust	1,143	2,738	**417**	3,180	**359**	0

When considering the physical assaults on staff against staff numbers the above table indicates that NTW NHS FT is 3rd in relation to assaults per 1,000 staff, this is the denominator used by NHS Protect to give a basic form of comparison relating to sizes of organisation.
When looking at the actual activity reported for NTW NHS FT, the following tables breakdown the activity within the Trust by Directorates.

The figures for this graph will differ slightly to the reported figures above, based on 2 factors which are:-

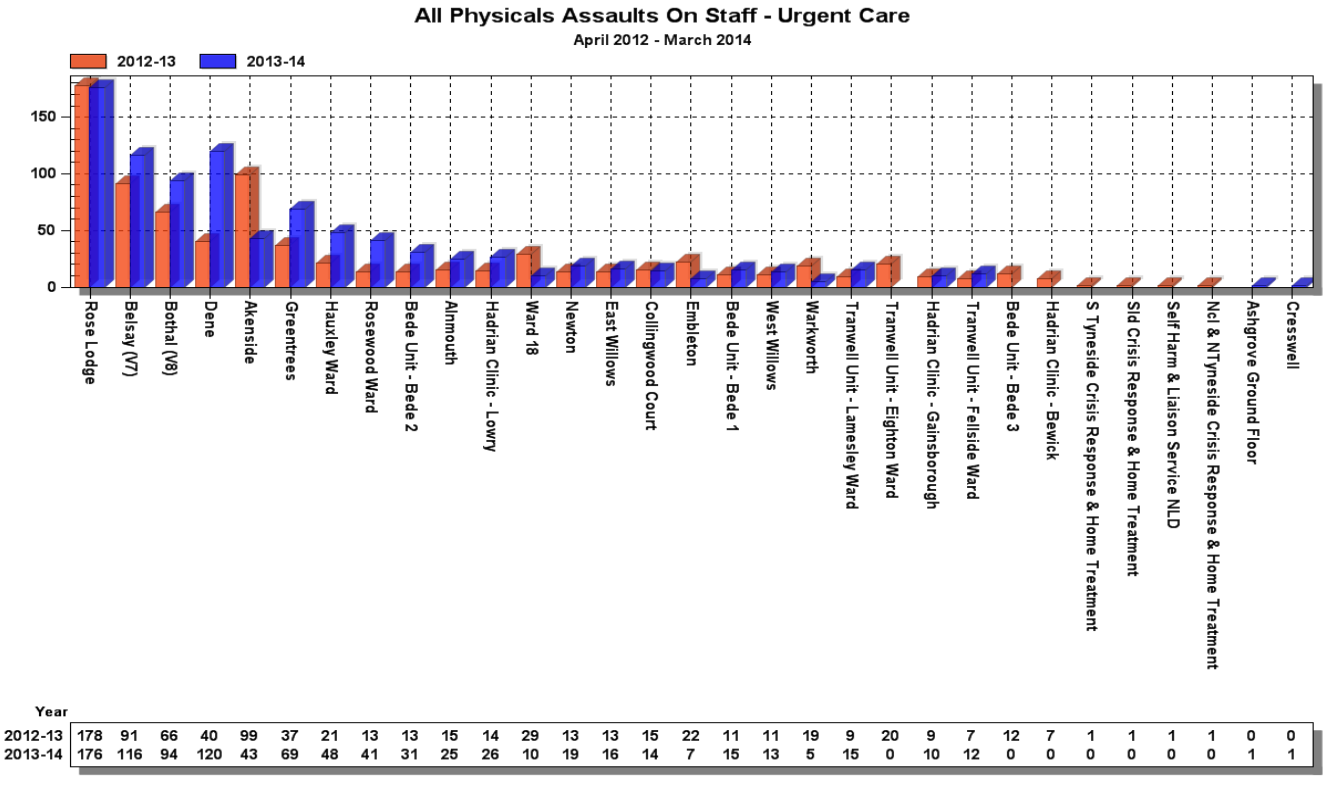
1. The increase in the national figures for previous years due to inaccuracy post audit.
2. Any late reported figures in the Trust, not included in the national data, 0 for 2013/14.

Graph 1 – Annual National Comparison for 2012 - 2014 for NTW

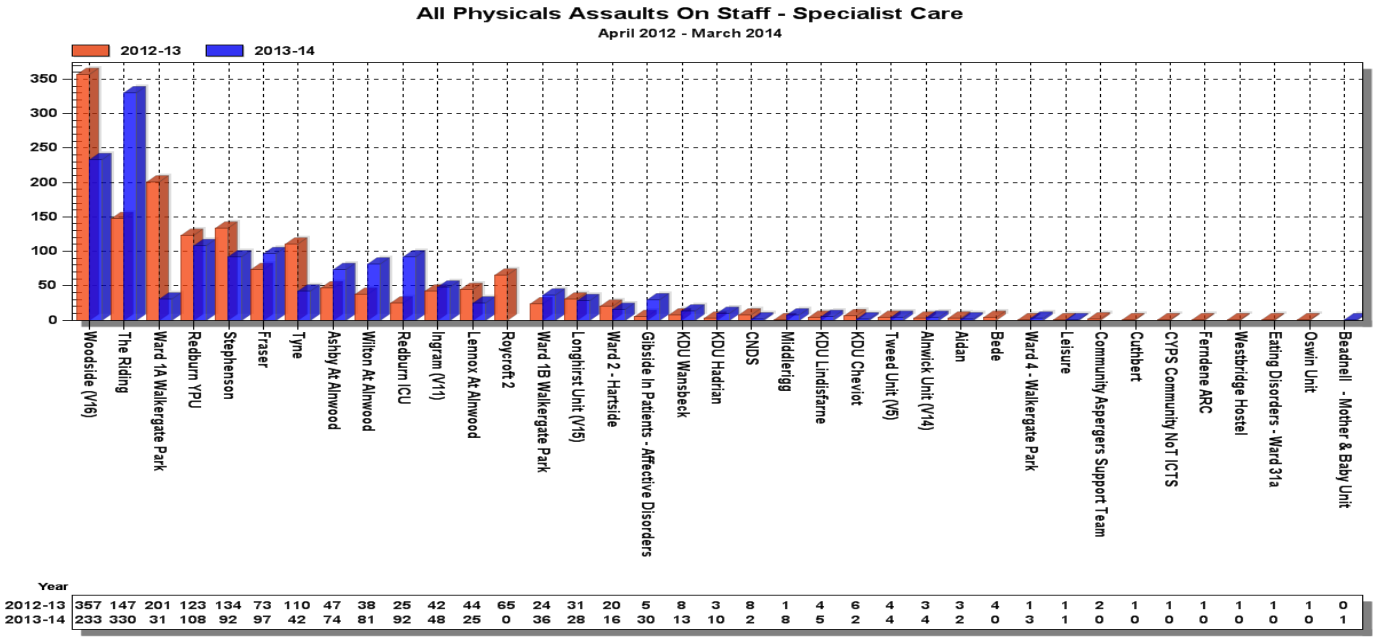


The following graphs give a view of the historical physical assaults and the high reporting areas, but must be viewed with a note of caution, as they are affected by organisational change. i.e. when beds moved from Planned Care to Urgent Care, i.e. this will remove Druridge from Planned Care historic activity, but won't put it into Urgent Care historically. This is the reason why this year, current activity has been included to give a more realistic feel of activity across the Trust.

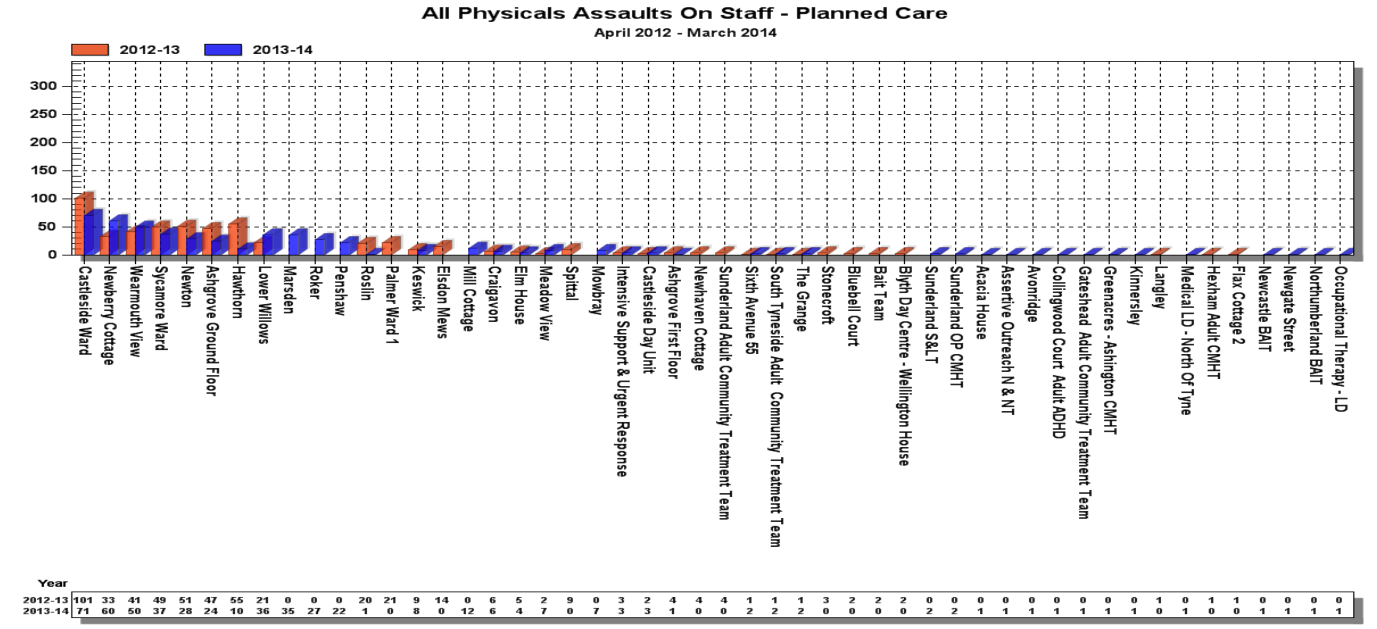
Graph 2 – Annual Comparison for Urgent Care 2012 - 2014



Graph 3 – Annual Comparison for Specialist Care 2012 - 2014



Graph 4 – Annual Comparison for Planned Care 2012 - 2014



Violence Against Staff - Breakdown

- Total 3,272 declared physical assaults on staff (now 3,279 includes 7 late reported incidents).
- 3,279 figure used herein.
- 28.8% in Planned Care, 46.9% in Specialist Care, 24% in Urgent Care.

- 14.9% no harm, 67.6 low harm (minor injury or discomfort), 17.2% moderate harm, 0.3% major harm.

- 28 RIDDOR reported as over 3 day injury. 3 included hospitalisation.

- 40% no injury, 51% included grazes, bruising, redness, ache /pain etc. 3% included bites. Less than 1% included puncture wounds / fractures / dislocations or other significant injuries.

- 499 patients in total committed assaults (0.06% of those that received care that year). 305 of which committed only 1-2 assaults.

- 77,000 patients received care in 2012/ 13.

- 3 patients accounted for more than 100 assaults each – Pat A – Ward 1A Walkergate Park (CCG South Tees), Pat B – Villa 6 (Scotland – No CCG) Pat C – Redburn YPU (Cumbria CCG) 9 year old child.

- 40 patients had 21-100 assaults.

- 152 committed 3 – 20 assaults.

- (This data relates to prior to creation of CCG's, however for current patients the activity updates in the electronic health record , hence the mention of both CCG and PCT) - 26.3% (1 in 4) assaults by patients from Northumberland CCG and the former Northumberland Care Trust , 19.4% (1 in 5) assaults by patients from Newcastle CCG and the former Newcastle PCT, 13.5% assaults from Sunderland CCG and former Sunderland PCT, 6.6% assaults from Gateshead CCG and former Gateshead PCT, 2.8% assaults for North Tyneside CCG and former North Tyneside PCT, 3.5% assaults for South Tyneside CCG and former South Tyneside PCT. 27.5% (more than 1 in 4) assaults committed by patients with CCG outside our localities (over 25 CCGs in total).

- Planned Care (944 assaults) by CCG – 29 Gateshead, 139 Newcastle, 389 Northumberland, 209 Sunderland, 71 South Tyneside , 38 North Tyneside, 69 other CCG.

- Urgent Care (789 Assaults) by CCG - 40 Gateshead, 222 Newcastle, 170 Northumberland, 209 Sunderland, 43 South Tyneside , 38 North Tyneside, 67 other CCG.

- Specialist Care (1525 Assaults) by CCG - 133 Gateshead, 275 Newcastle, 265 Northumberland, 25 Sunderland, 4 South Tyneside , 17 North Tyneside, 806 other CCG.

2014 / 15 – Update

Although official figures have not been submitted to NHS Protect or audited, there is a high level of confidence in the quality of the data in the system and it shows the following:
The number of assaults on staff during 2014 / 15 has been slightly higher in comparison to the levels noted in 2013 / 14. The data for 2014 / 15 will be subject to scrutiny by NHS

Protect prior to release in November 2015 and will be presented to the Board of Directors in January 2016.
Trends:
Specialist Care: Slight increase of less than 100 incidents on previous year. Slight increases in Autism and Neurological services.
Urgent Care: Increase in comparison to last year; however this follows a realignment of services accounting for a large number of incidents.
Planned Care: Decrease in comparison to last year; however this follows a realignment of services accounting for a large number of incidents.

Overall forecast, before figures have been scrutinised / audited by NHS Protect, show an increase of just over 300 incidents from 2013/14 figures.

4. Hold to Account

Detecting security incidents or breaches and ensuring these are reported in a simple, consistent manner across the Trust is important so that trends and risks can be analysed, allowing the data to properly inform the development of preventative measures or the revision of policies and procedures. It is relatively straightforward to identify a patient who assaults a member of staff, but identifying those individuals who commit other crimes against the Trust can be more problematic.

Sanctions can be applied in a number of ways across the organisation, over the last year a number have been put in place for particular individuals these include:-

- Conditional letters sent to patients who exhibit violent tendencies or who have made threats.
- Community resolution orders.
- Violence against staff reported to the Police, with the necessary follow up, including conditional discharge, fines and restriction orders.

The number of sanctions has continued to improve throughout the year and the Violence Against Staff (VAS) return for 2013 /14 showed us to be one of the highest Trusts in England for sanctions against those that assault staff. The continued engagement with local Police teams has been instrumental in this improvement.

Support for staff who have been assaulted at work is paramount. Not only does this improve the morale and working relationship the staff have with the organisation, it also provides them with essential support should they wish to make a complaint to the police and subsequently have to attend court. On many occasions in 2014/15 support has been provided for staff in this position. Further work has taken place this year to provide staff with speedy access to occupational health and counselling following assaults at work. This initiative has been highlighted by Team Prevent at the Health, Safety and Security Committee.

- **Redress**

It is possible to seek redress through the criminal and civil justice systems against those whose actions cause security breaches or incidents and to obtain compensation from offenders for loss of earning or the effect of injuries sustained. Historically the Trust has not placed any emphasis on redress following an incident. However as all security related

incidents have a financial impact on the Trust, our policy will be to recoup the costs of an incident from the offender, be that a patient, staff, visitor or other member of the public.

Should a member of staff be assaulted and subsequently need time off work the Trust incurs associated costs in replacing that member of staff. During 14-15 work has continued to develop ward based community impact statements, which are presented at court and provide further information around the impact of violence and aggression in that area, including the associated costs.

In 2015/16 the Clinical Police Liaison Lead will be working closely with magistrates and other court officials to provide further awareness around MH/LD issues; particularly in relation to support and development of improved working relationships.

- **Investigation**

Investigating security incidents or breaches in a fair, objective and professional manner to ensure those responsible for such incidents can be held to account for their actions is another important aspect of security management. This is also necessary to ensure that the causes of such incidents or breaches are fully examined and fed into prevention work, thus minimising the risk of them occurring again. Investigation of any criminal activity affecting the Trust is obviously the primary responsibility of the Police.

Report Conclusion

This report has demonstrated that the Trust is discharging its responsibilities in accordance with the statutory requirements of the Secretary of States Directions on Security Management and measures for dealing with violence against staff. The measures the Trust has initiated in the past year have enabled us to set a benchmark in terms of security issues affecting the Trust which should allow us to demonstrate measurable improvements in performance in the four specific areas and provide a positive outcome from the NHS Protect Quality Assurance process.

The Trust continues to work to mitigate the security risks faced by the organisation. As service reviews are undertaken and new ways of working instituted, it is vitally important that the issues surrounding the security of all the Trust's assets, particularly its staff, are taken into account to ensure that maximum benefit is gained from changes to the organisation, its structure and how it delivers services.

In short, security needs to be considered by all staff teams as part of their role and as a key factor in how we deliver services to those we care for.

Appendix 1

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Annual Work Plan

For
Craig Newby – Patient Safety Officer (Local Security Management Specialist 0176)
Tony Gray – Head of Safety and Patient Experience(Local Security Management Specialist 0272)

May 2015

Signed and Agreed by

……..

Gary O'Hare – Executive Director of Nursing and Operations
(Security Management Director)

SECURITY MANAGEMENT WORK PLAN FOR 1ST APRIL 2015 TO 31ST MARCH 2016

LSMS Craig Newby 0176, Tony Gray 0272

Area	Target Dates	Days Allocated	Whom
1. Strategic Governance			
Security Management awareness sessions at Directorate Risk Forums during Security Awareness Month (SAM)	Nov 2015	1 Day	TG CN
Complete annual work plan April 2015 / March 2016	May 15	1 day	TG CN
Complete annual report for April 2014 / March 2015	May 15	2 days	TG CN
Protected Time in order to raise any issues with Security Management Director	Weekly	.5 Day	TG
Provide support to the Lone Worker Device Co-ordinator.	Ongoing	19 Days	CN
Develop comprehensive security related Practice Guidance Notes encompassing all strands of security work, which sit under the Security Management Policy.	Ongoing	4 days	TG CN
Re-assess Organisation Crime Profile via toolkit	June 2015	1.5 days	TG
Undertake Quality Assurance Self Review Tool and submit to NHS protect	Nov 15	2 Days	TG
Support for Quality Assurance audit by NHS Protect	Ongoing	2 Days	TG CN

Annual audit of CCTV Policy and its implementation across the Trust	Oct 15	4 Days	TG CN
2. Inform and Involve			
Develop co-ordinated safety induction to encompass NHS Protect requirements on trust induction programme	Annually	1 hr	CN
Adhoc presentations to Senior Management Team, Group Business Meeting, staff, service users and carers, and other meetings	Ongoing	1 Day	TG CN
Communications input into trust publications	Bi-Monthly	1.5 Days	TG CN
Organise, oversee and chair Trust-wide Health, Safety and Security Management Group, meeting Quarterly	Quarterly	2 Days	TG CN
Liaise closely and on a regular basis with unions regarding safety and security issues	Ongoing	1.5 days	TG
Review Security incident forms and support staff following violent incidents and when staff have been a victim of crime	Ongoing	6 Days	TG CN
Audit and review Reported Physical Assault (RPA) activity and submit to NHS Protect	June 15	3 Days	TG CN
3. Prevent and Deter			
Provide specialist advice to quarterly security contract meetings with Securitas.	Ongoing	2 Days	CN
Provide specialist advice to quarterly CCTV Maintenance contract meetings with 20/20 Vision.	Ongoing	2 Days	CN
Work co-operatively with criminal justice stakeholders regarding liaison issues.	Ongoing	3 Days	TG CN

Complete Security Risk Assessments as required, following reported security incidents	Ongoing	24 Days	CN TG
Work with security contractors to understand and establish best practice in technological advances in the deterrence of criminal activity.	Ongoing	12 Days	CN
Develop crime and disorder partnership links, community safety and police liaison. Including attendance at monthly Police Liaison groups.	Ongoing	30.5 Days	CN
Oversee and chair Police Liaison Groups across the Trust as and when necessary.	Monthly	1 Days	CN
Produce bi-monthly security incident data from Trust's risk management system, identify themes and lessons learned	Bi-Monthly	1.5 Days	TG CN
Meet with design teams and contractors regarding the security features of new developments	Monthly	5 Days	TG CN
Investigate security related incidents as and when appropriate.	Ongoing	4 days	CN
4. Hold to Account			
Work with local Police Single Points of Contact to progress and detect reported crimes	Ongoing	5 Days	CN
Advise managers on a course of action on a post incident review	Ongoing	3 Days	CN TG
Apply sanctions as appropriate against those responsible for security incidents and breaches. Includes follow up and information gathering post incident as well as court visits where necessary.	Ongoing	6.5 Days	CN
Seek redress as appropriate through the criminal and civil justice systems. Develop stronger bonds with Crown Prosecution Service.	Ongoing	3 Days	CN

Work with the Chief Pharmacist to ensure that drugs and prescription forms are stored and handled safely. Support the completion and audit of the Medicine Security – Self Assessment Tool.	Ongoing	2 Days	TG CN
Work with the Service Manager for Specialist Services to ensure safe standards in place within the Mother & Baby Unit at St. Georges Park	Ongoing	.5 Days	CN
Provide support for staff inputting SIRS information into the Safeguard Incident system in line with National SIRS requirements. Including development of electronic reporting.	Ongoing	10 Days	TG CN
Further develop the Safeguard system in line with national SIRS requirements.	Ongoing	3 Days	CN TG
Attend quarterly NHS Protect update meetings	Ongoing	12 Days	TG CN
Preparation and support for SMS security awareness month	Oct 15	2 days	TG CN
Distribute and advise on SMS alerts as appropriate	Ongoing	1 day	TG CN
Research security related issues and solutions via internet.	Weekly	2 days	TG CN
Intranet research and development including email for security. Regular updates to intranet site	Monthly	6.5 Days	TG CN