Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 25 May 2016

Title and Author of Paper: Security Management – Annual Report 2015/16
Tony Gray - Head of Safety & Security
Craig Newby - Patient Safety Manager

Executive Lead: Gary O'Hare – Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information

Key Points to Note:

- 8th annual report on Security Management.
- NTW still showing as low risk – green as part of quality assurance standards from NHS Protect. We have not been contacted by NHS Protect throughout 2015 /16 to carry out an assessment of our arrangements which should be seen as a positive assurance.
- Risk Assessment information included of sites who have been covered in 2015/ 16.
- 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 1,619 devices.
- 7,482 incidents reported into SIRS (Security Incident Reporting System), and increase of 861 incidents on the previous year.

Risks Highlighted to Board: None to report.

Does this affect any Board Assurance Framework/Corporate Risks?
No

Equal Opportunities, Legal and Other Implications:

Outcome Required: Minuted by Board of Directors

Link to Policies and Strategies: Security Management Strategy / Security Management Policy – NTW (O)21

Security Management Report
April 2015 – March 2016

Shining a light on the future

Index

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 eighth 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 NHS Protect. NHS Protect have 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

This is now part of the standard NHS Contract for all providers to comply, and the Trust has been complaint since the outset of this agreement.

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 – Executive Director of Nursing and Operations.

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 Security, Craig Newby – Patient Safety Manager.

1. Strategic Governance

The Trust has a Security Management Strategy that was approved at the Board of Directors in January 2016, 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 intranet / internet.

The Trust have been working towards NHS Protect Quality Assurance standards since their inception.

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.

This was submitted to NHS Protect and shared with CCG's in June 2015, we have now been informed that we no longer need to submit a Crime Risk Profile moving forward.

In addition to this the Trust are required to submit an Annual Workplan for 2016-17 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 around radios
- Alnwood – Escape Vulnerability assessment
- Monkwearmouth – Site based assessment regarding night workers

- St Georges Park – In relation to specific ward based security operation.
- Bamburgh Clinic – Physical Security Assessment.
- Kenneth Day Unit – Physical Security Assessment.
- Elm House – Relating to staff attack system and CCTV provision.
- Redburn and Redburn ICU.
- Garden Lodge.
- Mitford – New autism unit.
- St Nicholas Hospital – St Nicholas House reception – provision of CCTV.
- Mill Cottage – Capital scheme review of security and CCTV provision.

The Local Security Management Specialists have been heavily involved in new build projects such as Mitford 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 National Police Chiefs Council (Previously ACPO), 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.

- **Clinical Police Liaison Lead**

Positive working relations continue to develop between the Trust and Northumbria Police and this has further developed by Claire Andre, in her Clinical Police Liaison Lead, 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. As a Mental health Nurse she is able to offer advice and support to Police officers and Clinical staff around both sides of the activity, and support Police investigations. There has been significant work carried out relating to the new missing person guidance produced jointly with Northumbria Police, and has developed joint guidance on Police investigation and emergency attendance on wards and the development of multi-agency simulation training to further enhance knowledge within clinical and operational services.

Claire also attends all Police Liaison meetings, which now take place regularly covering the following areas:

Police Liaison Update
There are 4 Local Police Liaison meetings, and a Senior Police & Partners meeting 3 monthly.
Local meetings are chaired by Service Mangers and membership includes NTW in-patient & community staff from relevant teams, Approved Mental Health Professionals (AMHP) leads from Local Authority, acute trust representation, police senior and local leads.
The senior meeting is chaired by the Executive Director for Nursing & Operations. Membership is senior representation from Local Authorities, NTW, Acute Trusts, Police, British Transport & Northumbria Police, North East Ambulance Service, Link from Courts, CCGs & NHS England.

Area/Meeting	March 16	Feb 16	Jan 16	Dec 15	Nov 15	Oct 15	Sept 15	Aug 15	July 15	June 15	May 15	April 15
Newcastle	√	√	√	√	√	√	C	√	√	√	√	√
Gateshead	√	√	√	√	√	√	√	C	√	√	√	√
Northumberland & North Tyneside (Joint Meeting)	√	C	√	C	√	√	√	C	√	√	√	√
Sunderland & South Tyneside (Joint Meeting)	√	√	√	√	√	√	√	C	√	√	√	√
Senior Police & Partners meeting				√				√				

Meeting attendance has varied, but is currently being reviewed and the meetings are becoming established in their new working, with further involvement from community teams to raise and encourage partnership working with Police.
Key issues identified:
- Management of Crime's on Mental Health wards – improved with appointed liaison officers
- Police emergency response to incidents on Mental Health wards
- Multi agency reviews of incidents occurring in community services
- Conveyance – and issues with NEAS as providers
- Delays in MHA assessments with AMHPs and access to Section 12 doctors.

Police awareness sessions have been completed with some individual teams – Community Mental health teams (CMHT) in Newcastle, Older Person & Adult CMHT Team Hexham, CMHT in North Tyneside, and Sunderland CMHT in Houghton Day Unit. Sessions have also been done within medical education, and LD Community team with further training planned. There has also been generic sessions put on sites for staff to turn up to, with various degrees of attendance.
- 3 Sessions have been put on at St Nicholas Hospital – with good attendance from wards and CMHTs.
- 3 Sessions at Hopewood Park – with limited attendance mostly from CMHT's, but limited attendance from in-patient services.
- 1 Session at North gate – with excellent attendance from all wards on site.
- 1 session at Ferndene – with excellent attendance from all wards
- 1 session at St Georges Park – with good attendance from wards and CMHTs.

These sessions have received excellent feedback from those who attended, and have since been told by some it has changed their practice of working with Police.

Other areas of work completed:
- Targeted Mental health briefings to officers on 24/7 shifts in areas of conflict – Whickham & Hexham to good effect;
- Student officers having Mental Health input and placements in NTW.
- Missing Person Policy – joint working
- Improved partnership working around risk in community, with CPLL as signposting and point of contact between Neighbourhood Policing teams and community teams
- Links with College of Policing and nationally to raise the excellent work occurring in North East via Conference/ meetings etc.
- Co-ordinated approach to Crisis Care Concordat work – with big improvements in our region.
- Meeting between senior leads in organisations – NTW & Northumbria Police – which was positive.

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

The Trust continue to report into the NHS Protect Security Incident Reporting System (SIRS) and in 2015 / 16 reported the following number of incidents:

The clinical directorates report the highest number of security incidents, and the majority of these are violence and aggression on in-patient wards, the Trust's Positive and Safe Strategy, will be reviewing in detail all the activity to learn from and will where possible reduce this activity.

All SIRS reportable Incidents

Year	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
Chief Executive	0	0	0	2	0	0	0	0	1	0	0	0
Community Services	11	9	15	16	9	16	15	14	13	14	18	6
Deputy Chief Executive	2	2	4	3	0	3	0	0	0	0	2	1
In-Patient Care Group	274	312	282	238	186	283	274	281	232	235	222	226
Medical	0	0	0	0	0	2	0	0	0	0	0	0
Nursing	0	1	0	0	1	0	0	2	0	2	2	1
Performance & Assurance	0	0	0	0	0	0	1	0	0	0	1	0
Specialist Care	352	308	289	302	306	265	425	471	401	444	353	331
Workforce And Organisational Development	0	0	0	0	0	1	0	0	0	0	0	0
Sum	639	632	590	561	502	570	715	768	647	695	598	565

All SIRS reportable Incidents

Year	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
S01 Theft Of Staff Property At Work	0	2	0	1	1	0	0	0	0	0	0	0
S03 Theft Of Hospital Property	1	1	1	1	0	0	0	0	0	1	0	0
S04 Theft Of Hospital Property - Data/Hardware	0	0	0	0	0	0	0	1	1	1	0	0
S06 Damage Of Personal Property At Work	0	0	1	2	2	2	0	0	1	1	4	3
S07 Damage To Hospital Property - Patient	15	8	13	20	30	28	31	28	42	28	37	31
S08 Damage To Hospital Property - Accidental	1	3	6	2	4	0	1	0	2	1	0	0
S09 Damage To Hospital Property - Other	0	2	1	8	0	4	0	2	1	1	2	1
S17 Alleged Theft	0	0	0	0	0	0	0	0	1	0	0	0
S27 Nuisance / Mallicious Phone Calls	0	0	0	0	2	1	1	0	1	0	0	1
S31 Attempted Vandalism	0	0	0	0	0	0	0	0	0	0	1	1
S46 ERB Used	1	0	0	0	0	0	0	0	0	0	0	0
S48 Theft Of Patient Money	1	0	0	0	0	0	0	0	0	0	0	0
S49 Theft Of Staff Money	0	0	0	0	1	1	1	0	1	0	0	1
S50 Theft Of Trust Money	0	0	0	1	1	0	0	0	0	1	0	0
SH05 Attempted Self Harm	1	0	0	0	0	0	0	0	0	0	0	0
V01 Physical Assault Of Staff By Patient	363	365	311	306	254	275	376	347	301	241	281	247
V02 Physical Assault Of Visitor/Gen.Pub. By Patien	1	0	0	0	0	0	0	0	0	0	0	0
V03 Physical Assault Of Patient By Patient	2	0	1	0	0	1	0	0	0	0	0	0
V04 Threatening Behaviour By Patient To Staff	40	60	70	76	56	113	135	82	101	132	78	80
V07 Physical Assault Of Staff By General Public	0	0	0	0	0	1	0	2	1	0	0	0
V10 Threatening Behaviour By Gen. Pub. To Staff	2	2	1	4	0	2	3	5	4	1	3	1
V20 Racial Abuse By Patient To Staff	6	3	10	5	3	5	1	6	9	8	8	8
V23 Sexual Assault By Patient To Staff	0	0	0	0	0	0	0	0	1	0	1	0
V30 Verbal Abuse Of Staff By Patient	37	41	43	29	30	26	28	35	16	55	35	29
V31 Verbal Abuse Of Staff By Gen. Pub	1	9	2	8	7	1	2	2	3	2	3	1
V36 Aggressive Behaviour To Staff	151	121	116	95	103	100	126	240	147	208	137	152
V37 Threat To Kill Staff	3	3	5	1	4	7	7	13	13	12	7	6
V38 Threatening Behaviour With Weapon To Staff	0	1	3	2	3	2	3	5	0	2	1	3
V39 Aggressive Behaviour To Others	13	11	6	0	1	0	0	0	0	0	0	0
V40 Threat To Kill To Others	0	0	0	0	0	1	0	0	0	0	0	0
V42 Verbal Abuse Of Staff - Non Targeted	0	0	0	0	0	0	0	0	1	0	0	0
Sum	639	632	590	561	502	570	715	768	647	695	598	565

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. The Trust continues to have a significant security presence on hospital sites out of hours to keep staff and patients safe, this will be kept under constant review as transformation continues.

- **CCTV**

During 2015/16 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
- St Nicholas House – Reception
- Elm House

Our CCTV systems benefit from routine 6 monthly maintenance inspections, which forms part of a comprehensive maintenance contract. All of the Trusts CCTV systems comply with the Information Commissioners CCTV Code of Practice. As part of this, the CCTV contractor 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 Head of Safety and Security to give an update to the Security Management Director on the costs associated with this contract.

- **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 2015 / 16 the total number of operational 'identicom' lone worker devices within the Trust was increased to 1619 devices. It is acknowledged that as one of the biggest users of this system nationally, there will always be opportunities for improvement of usage, and the Safety Team in partnership with clinical groups have worked through the year with the national supplier, to improve effectiveness. This included a visit to the national alarm receiving centre in Pontefract, to understand when the alerts occur how they are responded to and why it is important that the right information is available. Work continues in partnership with the clinical teams to improve the monitoring system of the devices and as such the Practice Guidance Note for Identicom will be updated by 30th June 2016 to include further monitoring systems that have been piloted in Community Services, which have seen an increase month on month of usage since November 2015.

Information on increased usage below throughout the year.

Over the last year there have been a number of genuine red alerts, which have been dealt with in an effective and safe manner. In some of these cases the police were required and as a result a response was provided allowing the incident to be managed by the police rather than the member of staff.

Case Vignette

"A red alert was activated by a community worker, who was supporting a patient whilst out shopping, the patient became unwell and in the supermarket indicated he had a knife, the alarm receiving centre accelerated this for immediate Police response and the situation was de-escalated , the patient and the staff were supported following the incident and no harm occurred"
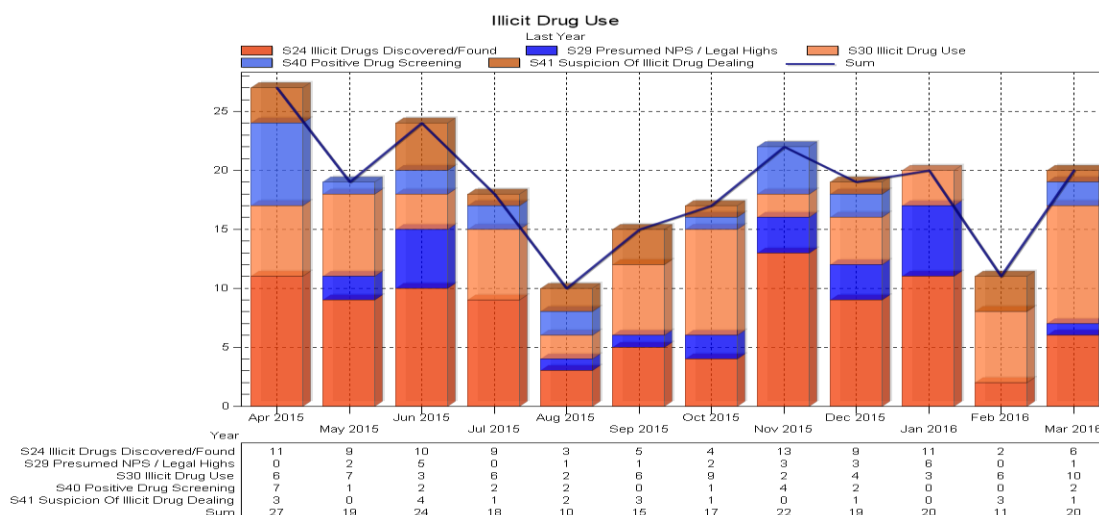
The Safety Team continue to provide managers across the Trust with up to date usage information, which allows them, in turn, to ensure devices are used effectively by the lone workers they manage.

This is the breakdown of device usage over the last year, whilst we have increased devices by 601 or 38% we have increased amber alerts by over 200%, work will continue to improve usage, and roll out devices that are requested.

Month	Amber Alerts	Live Devices
March 16	13816	1569
February 16	10847	1478
January 16	9421	1452
December 15	8886	1445
November 15	10127	1348
October 15	8035	1061
September 15	7481	1032
August 15	6130	1025
July 15	7130	986
June 15	7290	980
May 15	6705	974
April 15	6586	968

- **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:

Illicit Drug Use
Last Year

Year	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016
S24 Illicit Drugs Discovered/Found	11	9	10	9	3	5	4	13	9	11	2	6
S29 Presumed NPS / Legal Highs	0	2	5	0	1	1	2	3	3	6	0	1
S30 Illicit Drug Use	6	7	3	6	2	6	9	2	4	3	6	10
S40 Positive Drug Screening	7	1	2	2	2	0	1	4	2	0	0	2
S41 Suspicion Of Illicit Drug Dealing	3	0	4	1	2	3	1	0	1	0	3	1
Sum	27	19	24	18	10	15	17	22	19	20	11	20

The impact on services can be huge and the Trust are determined to reduce this as much as possible. The Trust Search Dog Handler and Coco, continue to be active and work in partnership with clinical teams and Northumbria Police to reduce this activity down to a safe level. The use of NPS (New Psychoactive Substances / legal highs) is now captured as a separate incident, due to its increasing impact in services and impacts nationally. The Psychoactive Substances Act (PSA) comes into force on the 26th May 2016, more

information is available here, and the Trust is currently working with Northumbria Police to assess the implications for the Trust of this change.

- **Tackling Violence and Aggression**

The prevalence of violence and aggression in mental health / learning disability is far higher than any other healthcare provision.

The Board of Directors have received previous information relating to the Positive and Safe Strategy, and the Local Security Management Specialists have supported this work throughout the past year.

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.

This information has previously been reported to Board of Directors in January 2016, but is referenced here, so it is understood how this forms part of the Trust's Security agenda and compliance.

NHS Protect – Published Figures

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

	2011/ 12	2012/13	2013/14	2014/15
Type of Trust	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults	Number of Physical Assaults
Ambulance	1,630	1,397	1,868	1,861
Acute	15,536	16,475	17,900	19,167
Primary Care	1,540	0	1,731	1,616
MH & LD	**41,038**	**43,699**	**47,184**	**45,220**
Special HAs	0	0	0	0
Total	59,744	61,571	68,683	67,864

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 2014/15 We have seen increasing assaults being recorded at the same time as acuity levels are going up, and we manage more complex patients within our care.

Trust	2011/12 Total Assaults	2012/13 Total Assaults	2013/14 Total Assaults	2014/15 Total Assaults	+ / -
Northumberland, Tyne & Wear NHS Foundation Trust	2,198	3,272	3,335	3,576	+241
Coventry and Warwickshire Partnership NHS Trust	2,202	1,780	2,540	2,903	+363
Southern Health NHS Foundation Trust	1,594	1,930	2,731	1,627	-1,104
Nottinghamshire Healthcare NHS Trust	1,467	1,430	1,363	1,422	+59
Calderstones Partnership NHS Foundation Trust	866	1,176	1,195	1,405	+210
Central & North West London NHS Foundation Trust	1,050	1,267	1,259	1,349	+90
Norfolk and Suffolk NHS Foundation Trust	912	1,238	1,220	1,272	+52
Birmingham and Solihull Mental Health NHS Foundation Trust	1,173	1,192	1,190	1,253	+63
Rotheram, Doncaster and South Humber NHS Foundation Trust	1,074	1,194	1,070	1,250	+180
Leeds Partnership NHS Foundation Trust	1,164	1,506	1,275	1,243	-32

2014 / 15 Information

The following table indicates the assault rates when assaults per 1000 staff is applied to Trusts declared total staff as at 31st March 2015.

Trust	Total Assaults	Declared total staff	Assaults per 1000 staff	Declared Sanctions
Calderstones Partnership NHS Foundation Trust	1,405	1,039	**1,352**	51
Coventry and Warwickshire Partnership NHS Trust	2,903	4,129	**703**	1
Northumberland, Tyne & Wear NHS Foundation Trust	3,576	5,959	**600**	40
Rotheram, Doncaster and South Humber NHS Foundation Trust	1,250	3,653	**342**	2
Bradford District Care Trust	1,002	2,956	**339**	0

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 2014 /15 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 2015/16 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 2015/ 16 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 updated the Trust Policy on the Management of Offences, and this is available to staff to understand what needs to happen for a successful prosecution.

- **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.

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 Security(Local Security Management Specialist 0272)

May 2016

Signed and Agreed by

…………………………………………………..

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

SECURITY MANAGEMENT WORK PLAN FOR 1ST APRIL 2016 TO 31ST MARCH 2017

LSMS Craig Newby 0176, Tony Gray 0272

Area	Target Dates	Days Allocated	Whom
1. Strategic Governance			
Complete annual work plan April 2016 / March 2017	May 16	1 day	TG CN
Complete annual report for April 2015 / March 2016	May 16	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	TG
Develop comprehensive security related Practice Guidance Notes encompassing all strands of security work, which sit under the Security Management Policy.	Ongoing	4 days	TG
Undertake Quality Assurance Self Review Tool and submit to NHS protect	Nov 16	2 Days	TG
Support for Quality Assurance audit by NHS Protect	Ongoing	2 Days	TG
Annual audit of CCTV Policy and its implementation across the Trust	Oct 16	4 Days	TG CN

2. Inform and Involve			
Review and update safety induction to encompass NHS Protect requirements on trust induction programme	Annually	1 hr	TG
Adhoc presentations to Corporate Decisions 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
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 16	3 Days	TG CN
3. Prevent and Deter			
Provide specialist advice to quarterly security contract meetings with Securitas.	Ongoing	2 Days	TG CN
Provide specialist advice to quarterly CCTV Maintenance contract meetings with CCTV Contractor	Ongoing	2 Days	TG 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	TG CN
Produce quarterly security incident data from Trust's risk management system, identify themes and lessons learned	Quarterly	1.5 Days	TG
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	TG CN
4. Hold to Account			
Advise managers on a course of action on a post incident review	Ongoing	3 Days	CN TG
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
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