Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 28 June 2017

Title and Author of Paper:
Security Management – Annual Report 2016 / 17.
Tony Gray - Head of Safety & Security
Craig Newby - Patient Safety Manager

Executive Lead: Gary O'Hare – Executive Director of Nursing and Chief Operating Officer

Paper for Debate, Decision or Information: Information

Key Points to Note:

- 9th annual report on Security Management.
- Security Management at a national level has been reviewed, and the outcome is that NHS Protect ceased to exist after 31st March 2017, with security management arrangements becoming the responsibility of the Board of Directors under local working arrangements , with external scrutiny from Commissioners
- Increase in Trust's Lone Working system to include a total of 2,000 devices.
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Risks Highlighted to Board : None to report.

Does this affect any Board Assurance Framework/Corporate Risks?
Please state Yes or No - 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

Northumberland, Tyne and Wear NHS
NHS Foundation Trust

Security Management Report

April 2016 – March 2017

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 Board of Directors of the controls currently in place to create a pro-security culture across the organisation, as well as informing the Board of Directors of the work currently being carried out across the organisation to improve security arrangements.

This is the ninth Annual Security Report for Northumberland Tyne & Wear NHS Foundation Trust.

Background

In previous years the responsibility and standard setting for Security Management both locally and nationally was NHS Protect, however as an arms-length body, their remit was reviewed, and national decisions about their future were communicated through to Trust's in 2016. Information was provided that NHS Protect and all their work plan would cease to exist with effect from the 31st March 2017.

The impact of this means that Trust's and Board's of Directors now have a responsibility for oversight of their own security arrangements more so than ever before , without any external scrutiny from national security professionals. This change acknowledged that such external organisations such as the Health & Safety Executive will still have a legal responsibility to oversee and enforce any staff safety issues that are passed to them about the Trust, and the Care Quality Commission would have a view of our safe staffing information as a regulated activity.

The national communications confirmed the following:-

Security management standards for providers and commissioners

The existing NHS security management standards for providers and commissioners will remain in place, as the standards are part of the requirements of the current NHS Standard Contract. Quality and Compliance work for security management functions will no longer be undertaken by NHS Protect beyond the current round of assessments and will not be part of the remit of the NHSCFA.

Security Incident Reporting System (SIRS)

Management of the central reporting of security incidents will not be part of the remit of the NHSCFA. The central collation and analysis function of reports made to SIRS will be decommissioned and the SIRS system will no longer accessible to users.

Security management manual and other security management guidance

Existing security management guidance and the NHS security management manual will temporarily remain on the NHS Protect extranet or the NHSBSA website. From April to 1 July 2017 we will arrange migration of this content to a public web archive so it is still accessible for reference in the future. The management, development and updating of security management guidance and the security management manual will not be part of the remit of the NHSCFA.

National security alerts

National security alerts will no longer be issued by NHS Protect. Existing alerts contain either contact details of the originating NHS body and LSMS or details of the police officer involved in the case. Enquiries or information relating to existing alerts should be directed to those identified as contacts and not NHS Protect, who will no longer have resources in place to circulate and manage the information. The issue of national and regional alerts for security management matters will not be part of the remit of the NHSCFA.

Security Management Director (SMD) and Local Security Management Specialist (LSMS) nominations

Organisations are no longer required to send nominations for the SMD and LSMS roles to NHS Protect. The collection of SMD and LSMS details will not be part of the remit of the NHSCFA. A further circular regarding private-sector training provision for LSMSs will be released shortly.
Please note that as the nominations process will now cease, no new ID cards will be issued to LSMSs by NHS Protect.

Current Position and Review of the Year

The Trust still has 2 Local Security Management Specialists within the Safety Team, there is no requirement to remove these posts, and it is acknowledged that the remit of compliance with the national system was an extremely small part of the activity of the role. They will continue to provide professional safety and security advice and support as part of the team, irrespective of national changes.

It is important that the Board is still sighted on the activity relating to Security now more than ever before.

The following is a review of the work carried out over the last year.

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

- Targeted risks to Trust staff
- Security of premises
- Protecting property and assets
- Security preparedness and resilience
- Use of weapons

The results of security risk assessments and associated recommendations are shared with key stakeholders. Security risk assessments are carried out both reactively and pro-actively and Clinical Environmental Risk Assessments include aspects of security management when they are carried out on in-patient wards.

In advance of the Care Quality Commission Inspection in June 2016, and as part of the planned annual review of all in-patient environments 62 assessments were carried out, this resulted in a number of changes to environments including:-

- Improvements to entry / exit doors to prevent absconds
- Adjustments to windows to prevent drug pass through / absconds.
- Provision of CCTV based on threat or as improvements to existing systems.

The Local Security Management Specialists have been heavily involved in new build projects such as Mitford and Cleadon. 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 have operated 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

The role is firmly embedded within NTW and Northumbria Police, and Claire Andre, in her Clinical Police Liaison Lead, works very closely with a network of officers from Northumbria Police as well as forging crucial links with other stakeholders such as Durham, Cleveland, North Yorkshire, Cumbria & British Transport Police, as well as the Crown Prosecution Service, Crown and Magistrate Courts and local authorities. It has also led to national interest in the work that is undertaken and been mentioned in a few national forums that the work undertaken and relationship between Northumbria Police & NTW is one of the best in the country. It has also led to Claire being part of national Her Majesty Inspectorate of Constabulary (HMIC) reference group looking at how mental health can from part of the Police inspections and what should be looked for.

Claire works closely with Inspector Steve Baker, a dedicated Police Officer, who is the mental health lead Northumbria Police. Some of the areas of work undertaken includes, training of all new recruits in Northumbria Police with a full day they training and then clinical placements within in-patient and community services. A full day training has also been provided to Firearms Support Unit (6 shifts) in relation to armed officers, and the Silver Cadre (Senior Officers who would be on call). This was to ensure they have a good overview of Mental Health, Learning Disability & Autism as well as NTW services and some of the areas where we need to work together. Other areas of training moving forward is to include mental health awareness for police cadets, magistrates and looking at control room navigator course to ensure they have the information to help look at the mental health related work correctly.

Claire also works closely with clinical teams to help advise, support and signpost to any matters relating to Police activity. She provides education to teams around Police and the Criminal justice system, and takes forward policy developments that have included Joint Policy on working with Police & Criminal Justice system, Counter Terrorism Policy that is out for consultation and missing person. As well support joint reviews with Police on incident that have involved both NTW and Northumbria Police to ensure learning and understanding is gained from incidents.

One existing and innovative area of work that has received national attention is that of Respond Multi Agency Simulation training. This is project supported by the Safety team that is leading the way in relation to multi-agency training in mental health. The respond Project Co-ordinator Amy Rafter sits within the Safety team, and works with Claire Andre as her line manager. They lead on this project for NTW alongside Dr Mary Jayne Tacchi. There is a multi-agency steering group who designed, developed and have copyright for the training made up of the following agencies: NTW, TEVW, Northumbria Police, Newcastle Local Authority, North East Ambulance Service, Strategic Clinical network, & Fulfilling Lives Experts by Experience Group.

The training brings together professionals and experts from the relevant agencies across the North East (including Durham & Cleveland areas) – including mental health nurses, doctors, paramedics, approved mental Health professionals (AMHPs), Police Officers and Experts by Experience who work through a real scenario and take on each other's roles throughout. It

is facilitated jointly by the steering group members. It has been evaluated by the Academic Health Science Network (AHSN) and we are in process of writing up an article to be published of the data. The feedback and learning has always been extremely positive with many examples of the impact. It is unique, innovative and delivered and attended alongside those with lived experience which is why it's so unique. We are being visited by the National Police Chief Council (NPCC) Mental Health lead who is eager to see how this works and look at a national bid to run this across the country. We now have two scenarios and have funding until December 2017 to run across North East but to include North Cumbria & parts of North Yorkshire.

Security Incident Reporting System (SIRS)

The Trust acknowledges that the national security reporting system was closed down on the 31st March 2017, however we had continued to report into this system throughout the last year.
The clinical directorates report the highest number of security incidents, and the majority of these are violence and aggression on in-patient wards. The following gives a breakdown of the activity. All this activity is considered and actioned when it occurs and reported to clinical groups on a weekly or monthly basis to consider corrective action.

Directorate	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Chief Executive	0	0	0	0	1	0	0	0	0	0	0	0
Commissioning And Quality Assurance Dire	0	0	0	0	0	0	0	0	0	0	0	0
Community Care Group	20	21	17	26	20	15	18	29	25	30	27	14
Deputy Chief Executive	2	5	0	2	1	1	0	1	0	0	0	0
In-Patient Care Group	222	335	359	358	355	345	420	313	259	255	256	170
Medical Directorate	0	0	0	0	0	0	0	0	0	0	0	1
Nursing & Operations	1	0	3	1	1	0	3	3	2	1	2	4
Specialist Care	431	343	352	330	337	339	325	361	448	537	473	274
Workforce And Organisational Development	0	1	0	0	0	0	0	0	0	0	0	0
Total	676	705	731	717	715	700	766	708	734	823	758	463

Cause 1	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
S01 Theft Of Staff Property At Work	0	1	0	1	0	0	1	1	0	0	0	0
S03 Theft Of Hospital Property	3	2	0	1	1	1	0	3	1	3	1	0
S04 Theft Of Hospital Property - Data/Hardware	0	1	0	0	0	0	0	0	1	0	0	1
S06 Damage Of Personal Property At Work	2	2	1	0	1	0	0	1	2	0	1	2
S07 Damage To Hospital Property - Patient	26	24	28	35	30	63	39	46	39	28	30	19
S08 Damage To Hospital Property - Accidental	1	3	0	1	0	3	1	1	1	1	0	0

S09 Damage To Hospital Property - Other	2	2	3	1	4	1	1	3	7	2	2	2
S17 Alleged Theft	0	0	0	0	0	0	0	0	0	0	0	0
S23 Weapon Discovered/Found	0	0	0	0	0	0	0	0	1	0	0	0
S27 Nuisance / Malicious Phone Calls	1	0	3	1	3	0	3	1	1	0	1	0
S31 Attempted Vandalism	0	0	0	0	0	0	0	0	0	0	0	0
S33 Room Searched For Contraband	0	0	0	1	0	0	0	0	0	0	0	0
S43 Loss Or Theft Of Lone Working Device	0	0	0	1	0	0	0	0	0	0	0	0
S49 Theft Of Staff Money	0	0	0	0	0	1	0	0	0	0	0	0
S50 Theft Of Trust Money	0	0	0	0	0	0	0	0	0	0	0	0
S61 Bomb Threat	0	0	0	2	0	0	0	0	0	0	0	0
SA20 Injured During MVA	0	0	1	0	0	0	0	0	0	0	0	0
V01 Physical Assault Of Staff By Patient	268	291	304	348	298	309	369	298	313	361	360	187
V02 Physical Assault Of Visitor/Gen.Pub. By Patient	0	1	0	0	0	0	0	0	0	0	0	0
V03 Physical Assault Of Patient By Patient	0	0	1	0	1	0	0	0	0	0	0	0
V04 Threatening Behaviour By Patient To Staff	110	107	113	92	118	101	96	90	92	84	81	55
V07 Physical Assault Of Staff By General Public	0	0	0	0	0	1	0	0	0	1	1	0
V10 Threatening Behaviour By Gen. Pub. To Staff	1	3	4	1	4	4	4	3	7	7	6	1
V20 Racial Abuse By Patient To Staff	10	2	13	17	13	10	10	8	15	13	9	7
V23 Sexual Assault By Patient To Staff	0	0	1	0	0	2	1	1	5	0	1	1
V30 Verbal Abuse Of Staff By Patient	53	83	59	58	57	43	50	65	54	74	45	51
V31 Verbal Abuse Of Staff By Gen. Pub	2	3	1	8	1	7	5	3	2	2	4	4
V36 Aggressive Behaviour To Staff	190	164	186	136	174	142	171	163	174	225	195	126
V37 Threat To Kill Staff	5	11	6	6	6	6	11	16	10	18	16	5
V38 Threatening Behaviour With Weapon To Staff	2	5	6	7	4	3	4	5	9	4	5	2
V39 Aggressive Behaviour To Others	0	0	1	0	0	3	0	0	0	0	0	0
Totals	676	705	731	717	715	700	766	708	734	823	758	463

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.

The Trust's Security Personnel who work out of hours now have access to the Trust's Incident Reporting system, so now report to the Trust's Security Professionals any activity that occurs on hospital sites out of hours, so that actions can be taken to prevent re-occurrence.

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 2016 / 17 the total number of operational 'identicom' lone worker devices within the Trust was increased to 1800 devices with a current pan to increase to 2000 by the end of March 2018. 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. A full report is now scheduled for Board of Directors every February, due to the importance of this and the role the system has to keep staff safe.

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.

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.

In the last annual report there were 13,800 amber alerts being left every month to tell the national alarm receiving centre where staff were and who they were going to visit, the following table gives a breakdown of the activity over the last 12 months, and shows the increase in use.

Month	Amber Alerts	Live Devices
May 17	17641	1781
April 17	15321	1771
March 17	18414	1771
February 17	16715	1770
January 17	18599	1745
December 16	15400	1684
November 16	18898	1520
October 16	18260	1494
September 16	18462	1454
August 16	17476	1445
July 16	15751	1403
June 16	16191	1323

Case Vignette

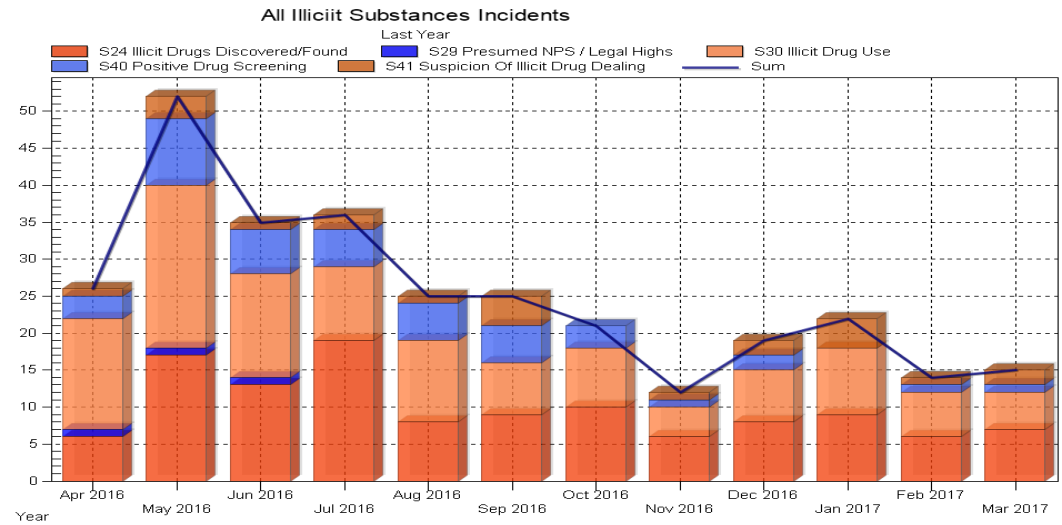
"A red alert was activated by 2 community workers, who were held captive by a patient with a knife whose mental health had deteriorated, urgent Police assistance was gained and the patient was arrested and charged with the offence".

This incident was fully reviewed through the serious incident process with a number of improvements identified, the main one being bringing forward the plan to make all devices GPS enabled by March 2018 to assist with identifying the location of staff, who may not correctly have left an alert to aid with support.

Tackling Illicit Drug Use

The use of illicit drugs and new psychoactive substances (NPS formerly known as legal highs) continues to be a problem in some inpatient settings, in May of last year the law was changed and these substances are no longer legal, and possession and sale is now against the law, however this has not prevented use, and recent media reports have highlighted the problem the North East is facing. The Trust through the Search Dog and Handler works closely with Northumbria Police, to identify trends and report activity , sharing intelligence of vehicles that come onto Hospital sites and known sellers of illicit substances.

The activity in the last year is below this shows an increase from the previous year of 222 incidents up to 302 incidents in the last year. For the 2nd 6 months of the year we have seen a steady decline, but this will be kept under review.



Year	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017
S24 Illicit Drugs Discovered/Found	6	17	13	19	8	9	10	6	8	9	6	7
S29 Presumed NPS / Legal Highs	1	1	1	0	0	0	0	0	0	0	0	0
S30 Illicit Drug Use	15	22	14	10	11	7	8	4	7	9	6	5
S40 Positive Drug Screening	3	9	6	5	5	5	3	1	2	0	1	1
S41 Suspicion Of Illicit Drug Dealing	1	3	1	2	1	4	0	1	2	4	1	2
Sum	26	52	35	36	25	25	21	12	19	22	14	15

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.

The definitions of physical assault have not changed.
The Trust will always continue to report all physical and non-physical assaults. The definitions are:-

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.

The final published figures which have previously been reported to Board as part of the physical assault on staff data are included here, this information will no longer be collected, so the Trust will only be able to compare against itself in future.

Updates on what the organisation is doing in respect to Violence is provided in the separate Positive and Safe Report.

NHS Protect – Published Figures

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

	2011/ 12	2012/13	2013/14	2014/15	2015/16
Type of Trust	Number of Physical Assaults	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	2,300
Acute	15,536	16,475	17,900	19,167	20,018
Primary Care	1,540	0	1,731	1,616	2,130
MH & LD	**41,038**	**43,699**	**47,184**	**45,220**	**46107**
Special HAs	0	0	0	0	0
Total	59,744	61,571	68,683	67,864	70,555

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 2015 /16 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.

The Future Position

Once it became clear that NHS Protect was going to cease to exist, a number of safety and security professionals across the region had conversations, around how they could with diminishing budgets maintain their contacts that had been built up over the years, and once was previously a requirement to attend quarterly meetings. The Head of Safety and Security agreed to host the first of a new regional quarterly meeting taking on the mantle of chair for the meeting in absence of NHS Protect, this has now resulted in future quarterly meetings being planned and committed to by other organisations safety specialists and the meetings are now booked until the summer of 2018, this will maintain the pro-active response to security issues across the region, whilst we await further developments at a national level, to see if there will be a review of specialist security provision.

Report Conclusion

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.