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SOMERSET PARTNERSHIP NHS FOUNDATION TRUST

SECURITY MANAGEMENT ANNUAL REPORT
2015-2016

Report to the Trust Board – 28 June 2016

Sponsoring Director:	Director of Strategy and Corporate Affairs.
Author:	Head of Corporate Business.
Purpose of the report:	The attached report sets out activity and performance undertaken in the Trust in relation to security management during 2015/16.
Key Issues and Recommendations:	The report sets out activities particularly in relation to: • reporting of violence and aggression; • loneworking; • estates development; • achievement of NHS Protect Security Management standards. The report meets the requirements of the NHS Protect standards and supports the development of the Trust's refreshed Security Strategy and annual workplan also being presented to the Board today.
Actions required by the Board:	The Board is asked to note the annual Security Management report.

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ANNUAL SECURITY MANAGEMENT REPORT

1 April 2015 - 31 March 2016

1. INTRODUCTION

1.1 The purpose of the Security Management Annual Report 2015/16 is to provide the Board with details of the work of the Local Security Management Specialist (LSMS) and other Trust staff who have security management responsibilities for the period 1 April 2015 – 31 March 2016. The report outlines the achievements which have occurred during this period.

1.2 The new security management standards for providers 2016-17 were published in March 2016. Relevant providers, including the Trust, as defined in Service Condition 24.2 of the NHS Standard Contract 2016/17, are required to comply with these standards. The security management clauses in the NHS Standard Contract have been amended for 2016/17. The contract no longer requires providers to complete an organisation crime profile. The standards for providers are available at: http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Standards_for_providers_2016-2017_Security_management.pdf.

1.3 These standards require an annual security management report to be presented to its Board for their consideration.

1.4 The overriding principle for security management is to support the Trust to provide high quality healthcare in safe and secure environments which protects patients, staff and visitors, their property and the physical assets of the organisation. To achieve this security management must be managed effectively, efficiently and proportionately.

2. DUTIES

Security Management Director

2.1 The Security Management Director (SMD) is the Director of Governance and Corporate Development who chairs the Health, Safety and Security Management Group.

Senior Management

2.2 Senior management support is given by the Head of Corporate Business who provides quarterly reports to the Health, Safety and Security Management Group.

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Non-Executive with responsibility for Security

2.3 The Non-Executive Director (NED) with responsibility is Barbara Clift.

Local Security Management Specialist (LSMS)

2.4 Tracey Edwards is the Trust's 1.0 wte Band 6 LSMS who is accredited with NHS Protect.

Local Security Monitors

2.5 The Local Health and Safety Monitors in all operational and corporate areas have received training in additional responsibilities to provide day-to-day generic security support for colleagues. These local staff monitor local security issues and promote a proactive approach to preventing security breaches using the "You're Nicked" campaign.

All Directors, Managers and Staff

2.6 Everyone in the organisation has clear responsibilities to take reasonable steps to prevent crime from taking place and to report incidents, near misses and risks to the Trust.

3. SECURITY MANAGEMENT GOVERNANCE STRUCTURE

3.1 The broad governance structure is set out below.

THE TRUST BOARD

INTEGRATED GOVERNANCE COMMITTEE

Regulation Governance Group

Health, Safety and Security Management Group

Police Liaison Meetings • Taunton • Yeovil • Wells • Bridgwater	SMD/ NED/ LSMS Meeting	Operational Managers Meeting	Executive Management Meetings	LSMS Supervision and Appraisal	NHS Protect Area Meetings
All managers and staff			Local Security Monitors		

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4. SECURITY MANAGEMENT POLICY FRAMEWORK

4.1 The broad policy framework for security management is set out below, although security can be seen to closely link with a wide range of policy documents.

SECURITY MANAGEMENT								
Physical Security			Incident Response		Staff Protection		Staff Security	
Security Policy	CCTV Policy	Patient Property Policy	Lockdown Policy	Incident Response Policy	Lone Working Policy	PMVA Policy	Staff Appraisal and Management Supervision Policy	DBS Policy
FP10 Policy	Searching Patients Policy	Controlled Drugs Policy					Leavers Policy	Volunteers Policy

4.2 A new CCTV Policy was ratified in early August 2015. This included a new RIPA form for covert surveillance and the policy was set against the new CQC Regulation standards.

4.3 A new Security Policy was ratified in March 2016.

4.4 A new Lockdown Policy, which is an important component of both security management and emergency planning arrangements, has been approved and includes a simplified template to help prepare revised lockdown plans for inpatient services.

4.5 A new Inpatient Property Management Policy was ratified in August 2015.

4.6 A new Searching of Patients, Visitors and Property Policy was ratified in August 2015.

4.7 New Lockdown and Volunteers' Policies have been drafted and are currently in the final approval process.

5. LONE WORKING

5.1 In response to a Health and Safety Self-Assessment of the Trust in 2015 and the findings of the CQC Inspection carried out in September of that year, the Head of Corporate Business was asked to lead a new project to look at lone working practices across the Trust in light of IP2 and in particular the adoption of Agile Working.

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5.2 As a result of the completion of this project a number of recommendations were identified and have been approved by the Executive Management Team:

- due to limited network coverage, a reliable technological solution across all services is not possible and therefore a system based on good interpersonal communication and a “buddy” system is needed;
- a new Trust wide policy an procedure is required but which allows for local service variations;
- all services must complete a lone working risk assessment (uploaded to the local risk register) and a local procedure which must be kept under regular review;
- lone working must feature on team meeting agendas and form part of supervision and appraisal;
- all lone workers must provide a standardised set of information in case needed and this information should be held securely and be available centrally in case of need;
- a home visiting risk assessment, for patients who are considered risky, must be completed and shared with colleagues;
- issues related to lone working must be raised at every opportunity across the organisation.

6. VIOLENCE AND AGGRESSION

6.1 NHS Protect published the annual Violence Against Staff (VAS) statistics. The following definition used has not changed since 2003:

> *The intended application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort.*

6.2 Aggravating factors include evidence of intention, recklessness, racially or religious behaviour. Mitigation includes no intent, for instance, state of mind, health and clinical and medical prognosis. The majority of violent incidents in the Trust have mitigation from clinical state of mind conditions,

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6.3 While the majority of assaults are reported from MH inpatient services, the number of incidents reported from community hospitals remains up to 20% lower than in previous years and no incidents were reported by Minor Injury Units July 2014-July 2015. While perhaps due in part to restricted LSMS time to encourage reporting and to follow up all incidents, managers and matrons must ensure staff report incidents including those by patients with cognitive impairments.

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TRUST REPORTED PHYSICAL ASSAULTS BRIEF REPORT

	Total Assaults	Assaults Involving Medical factors	Assaults NOT Involving Medical Factors	NHS Workforce Total Staff (a)	Assaults per 1000 Staff (based on (a))	Declared Total Staff (b)	Assaults per 1000 Staff (based on (b))	Declared Sanctions	Declared Civil and Administrative Sanctions
2011-2012	434	378	56	1236	351	3735	116	1	
2012-2013	536	445	91	3730	144	4343	123	5	
2014-2015 (latest figures available)	512	386	126			4401	116	26 (15th highest in England)	12

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6.4 The Trust will always be at risk of violence and aggression for a wide variety of reasons, ranging from post-operative trauma and recovery, to pain, fear and disappointment to mental health in which the patient has lost full capacity to make a rationale decision. The principal objective must always be to reduce the risk of assault.

7. ESTATES

7.1 The principles of Crime Prevention Through Environmental Design (CPTED) are applied to Trust capital projects. The LSMS continued to contribute to the reconfiguration of Trust buildings by providing security advice to designers and architects.

7.2 Following episodes of repeated antisocial behaviour at Parkgate House a new CCTV system has been installed to the exterior of the building together with a security side gate to prevent access.

7.3 A long term parking/security issue at Southwood House DAC has been successfully resolved and a new security firm has been appointed to oversee arrangements on site.

7.4 Detailed security visits to the Dorset and Isle of Wight dental access centres were carried out in October 2015.

7.5 A parking/security issue at Mallard Court was successfully resolved and a new offsite parking facilities became available.

7.6 Detailed security advice was provided as part of the Willow Ward works to reprovide improved bedroom areas.

7.7 Security management advice has also been given in support of the IP2 Estates Strategy, including in support of the adoption of agile working by the organisation.

7.8 A number of recent incidents have drawn into question the reliability, proliferation and organisation of different CCTV systems across the Trust. This has been reported to have led to consequent mistrust in them by some staff. The LSMS has been asked to prepare a brief scanning report on this for future consideration.

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8. ID BADGES AND TRUST MOBILE PHONES

8.1 There was a marked increase in demand for new Trust ID badges due to the service changes resulting from the IP2 project. However, during the year 53 badges were reported lost via Datix but 188 requests to replace lost or damaged badges were received at Mallard Court. This strongly suggested lost badges were not being reported through Datix and presents a security risk to the Trust. A revised Trust ID application form requiring a Datix number from staff before their lost badge can be replaced was developed. Two articles were published in *What's On* reminding staff to take greater care of their Trust badges.

8.2 A new Trust process was instigated for when staff report a lost mobile; a new phone will not be ordered until a Datix form has been completed and a copy enclosed with the phone application form. The number of lost phones, however, remained high with 26 phones going missing in the last 12 months, some lost for very genuine reasons but others because staff forgot where they had put them. An article was published in *What's On* reminding staff of their responsibilities to look after Trust property.

9. INCIDENT REPORTING AND MULTI AGENCY WORKING

9.1 The new SIRS reporting system was trialled in March 2016 and if this proves successful monthly reports will be produced thereafter to NHS Protect.

9.2 The Trust security email account received large numbers of Datix incident reports each week; a significant number of these could not be investigated by the LSMS, for instance when related to self-harm episodes or where the person lacks capacity. In order to streamline this process, Datix investigators will in future be asked to email security management within seven days of the incident requesting LSMS involvement. By this means it is hoped the process can be streamlined next year and will provide a more prompt LSMS response. This will help the LSMS to concentrate only on high profile cases and improve engagement with the police before evidence is lost.

9.3 Some Trust managers started to report crime, in the first instance, on the Police *Reporting a Crime* website at https://www.avonandsomerset.police.uk/contact-us/report-a-crime-or-incident/. This aligns with current considerations by Home Office, police and police and crime commissioners for victims to report non-999 calls onto websites, i.e. it is a digital 101 service. This approach will be extended next year so that reporters will enter the Crime Number given onto DATIX. *Reporting a Crime* is simple, easy to use and saves time.

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9.4 There was continued need to monitor progress of criminal investigations and this at times proved problematic for the organisation. The Trust was encouraged to use the police complaints procedure to formally raise its concerns with police colleagues.

9.5 Police liaison meetings continue to be held in Mendip, Taunton, Bridgwater and South Somerset areas to help communications with the police and the Trust hosted a visit from an LSMS from Essex as this work is considered to be an example of best practice.

9.6 The LSMS continued to support clinical management and staff by attending professional meetings, giving advice, recommending and sending letters and seeing patients.

9.7 Ongoing investigations continued where the LSMS is working with police colleagues in relation to harassment, assaults on staff and damage to Trust property.

9.8 The Trust was invited to join the new national Community Safety Accreditation Scheme to reduce crime in the community but has been informed Avon and Somerset Constabulary is not currently a signatory to this.

10. SECURITY MANAGEMENT REPORTING

10.1 Security management is audited nationally by NHS Protect is joined with other organisations such as the Care Quality Commission (CQC). As part of its strategy of sharing information with other regulators, NHS Protect has supplied the following information to the CQC:

- Violence Against Staff (VAS) annual returns;
- LSMS attendance at Security Management Services quarterly meetings.

10.2 During 2016 the Trust will be starting to report through the Security Incident Reporting System (SIRS) which is the national reporting and learning system and will allow the Trust and NHS Protect to analyse and benchmark reporting levels.

10.3 The Annual Standards Self-Review Tool was satisfactory with an overall **GREEN** rating. The Trust will be subject to an assurance review by NHS Protect in 2016/17 to validate the self-assessment.

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11. NEW SECURITY STRATEGY AND WORKPLAN 2016-2019

11.1 This new strategy will define the approach taken by the Trust for all aspects of its security management and for its compliance with NHS Protect's Security Management Standards.

11.2 This document will outline the overarching strategy for tackling crime within the Trust and reflects the national strategy published by NHS Protect. Details of priority areas (organisational and local) for action will be outlined in an annual Security Action Plan.

11.3 The overriding principle for security management is to support the Trust to provide high quality healthcare in safe and secure environments which protects patients, staff and visitors, their property and the physical assets of the organisation.

11.4 The strategy will be wide-ranging and considers threats to all Trust processes and will enable security management to be aligned to Trust corporate objectives, values, and priorities. These applications are underpinned by Trust strategic objectives and financial risk management processes as detailed within the strategy.

11.5 This strategy will underpin the Security Policy which is available electronically at http://www.sompar.nhs.uk/media/2905/security-policy-v4mar-2016.pdf.

12. RECOMMENDATIONS

12.1 The Trust Board is asked to note this annual Security Management Report for 2015/16.

DIRECTOR OF STRATEGY AND CORPORATE AFFAIRS

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Links to Strategic Themes:	

Quality and Safety	X	Innovation	
Viability and Growth		Integration	
Service Delivery		Culture and People	X

Links to the Assurance Framework:	None at present
Links to the NHS Constitution and Trust Values:	

Working together for patients	X	Compassion	
Respect and dignity	X	Improving lives	
Commitment to quality of care		Everyone counts	X

Links to CQC Domains:	

Is it safe?	X	Is it caring?	
Is it well-led?	X	Is it effective?	
Is it responsive to people's needs?			

Equality:	The annual report has not been impact assessed. However, consideration needs to be given to analysing security incidents to determine if any protected characteristic group is materially affected more than others

Age	Disability
Gender re-assignment	Marriage and Civil Partnership
Pregnancy and maternity	Race
Religion or Belief	Sex
Sexual Orientation	Learning Disabilities