

TRUST BOARD

Date of Meeting: 10/05/2010		Enclosure: 12	
		Agenda Item No: 11.1	
Title of Report: Security Management Service Annual Report			
Aims: This paper provides The Trust Board with a summary of the security activities for the year 2010/11 and the details of the security work plan for 2011/12.			
Summary: The Trust takes the security of its staff, patients and visitors most seriously. This report summarises the activities undertaken during the year 2010/11 in order to continue the significant development of security awareness and action across the Trust. The Security Management Group oversees the ongoing improvement in security management and the raising of awareness for all Trust staff. Full details of the 2011/12 work plan are included within this report.			
Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):			
Financial	To support the cost of training (including release of staff where appropriate) and the increased physical security infrastructure.		
Workforce	The ability to release staff for essential training events.		
Other	To ensure compliance with national SMS requirements.		
Recommendations: The Trust Board is asked to note the content of the report and to approve the work plan for the year 2011/12.			
Document previously approved by: Not applicable. Report directly to the Trust Board.			
Prepared by: Alan Davidson Director of Estates and Facilities Management John Mitchell Health, Safety and Security Manager (and LSMS)		Presented by: Kevin Clarkson Chief Operating Officer/Deputy Chief Executive	

**TRUST BOARD
SECURITY MANAGEMENT SERVICE
ANNUAL REPORT
MAY 2011**

1. INTRODUCTION

The framework of the Security Work Plan for 2010/11 was based on the recommendations of an internal audit report and the national agenda outlined in the Security Management Service strategy “*A Professional Approach to Managing Security in the NHS*”. Seven key activities and four specific work areas were identified. These were:-

Key activities:-

- Creating a pro-security culture
- Deterrence
- Prevention
- Detection
- Investigation
- Sanctions
- Redress

Key work areas:-

- Tackling violence and aggression against NHS staff
- Protecting NHS property and assets
- Securing drugs, prescription forms and hazardous materials
- Protecting maternity and paediatric units

These key activities and specific areas of action were adopted by the Security Management Group (SMG) and were included in the group’s Terms of Reference. This report summarises the progress that has been made over the financial year 2010/11 and it also provides details of the work plan for the year 2011/12.

1.1 Security Management Triangulation Group and the Security Management Group

The Security Management Group (SMG) met five times over the financial the year. SMG membership consists of Staff Representatives, Senior Nurse Management, the Head Porter at WCH, the Interserve Manager responsible for Porters and car park security services at CIC, the Police Community Services Officers for both hospital sites, the IT Security Manager, HR Management Representatives, Risk Management Representatives, Local Security Management Specialist (LSMS) and the Director of Estates & Facilities (Chair). The purpose of the group is to support the operational implementation of policy across the Trust, to ensure that appropriate

help and information is available and to embed good security practice throughout the organisation.

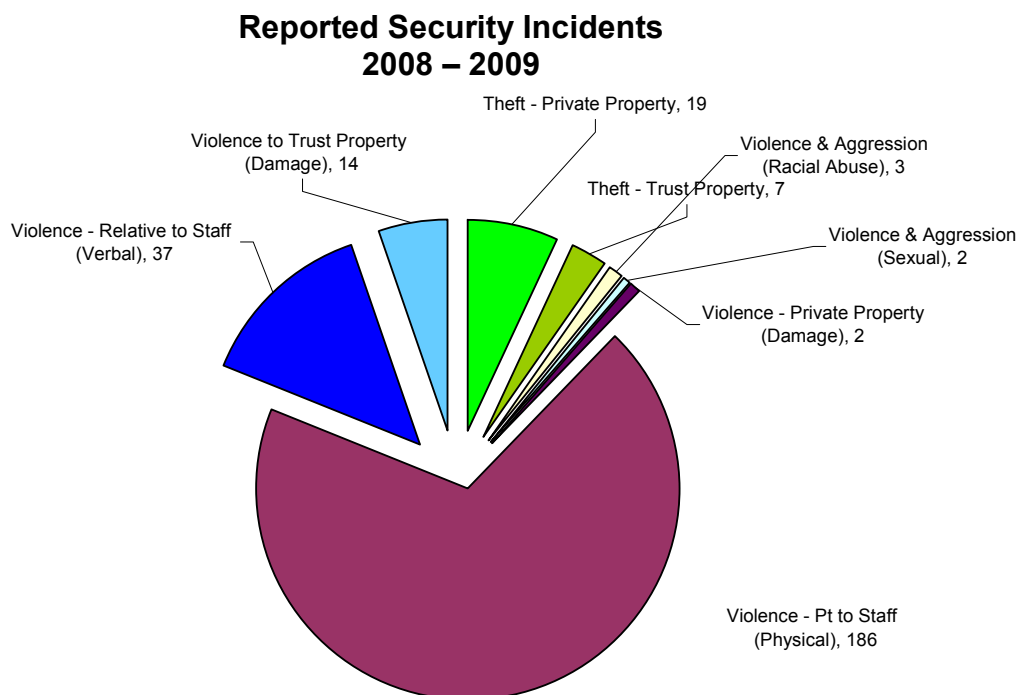
The Security Management Triangulation Group is a Board level executive group which met four times over the financial year. The attendees are Mr K Clarkson - Deputy Chief Executive (and Executive Lead for Security), Mr M Bonner (nominated Non Executive Director lead for Security), Mr A Davidson - Director of Estates and Facilities and Mr J Mitchell - Local Security Management Specialist. The purpose of the group is to have an overview of the security issues across the Trust, on behalf of the Trust Board Work and to give strategic direction to the LSMS and the SMG.

2. SUMMARY OF PROGRESS DURING 2010/11

2.1 Monitoring Violent and Aggressive Incidents

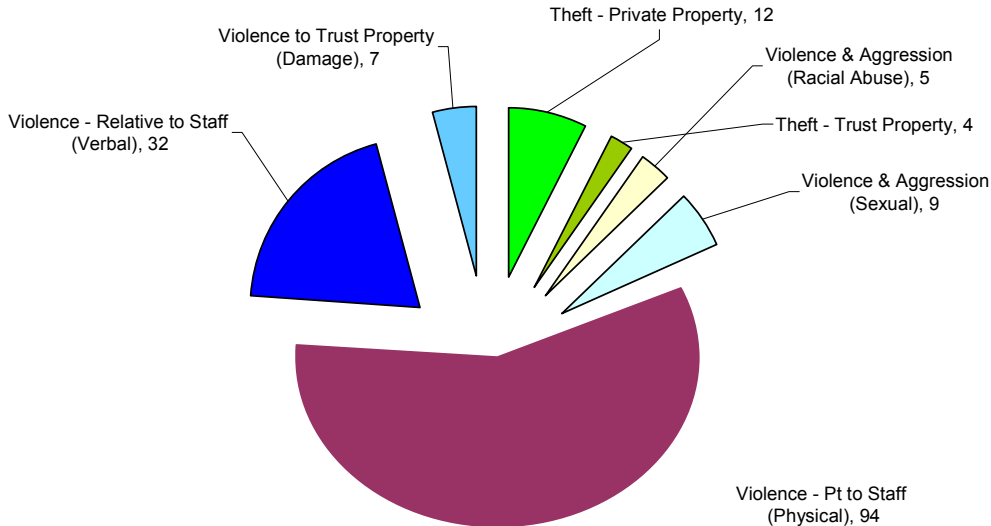
The on-line Incident Reporting System “Ulysses” was implemented in May 2010 and this has proven to be a very helpful tool in enabling the timely reporting of incidents and follow up actions. With the introduction of this new reporting system, categories of incidents were changed. “Physical Assault to staff by patient” and “Physical Assault to staff by relative” have been merged to be “Physical Assault to staff”. “Nuisance behaviour” is now included in the system in order to reflect the requirements of the Criminal Justice Immigration Act 2008. “Threatening Behaviour” was also added. “Racial abuse” is now also included as part of the verbal assault category. Where categories have been merged it is still possible to “drill down” for detail to support incident reviews and investigations.

The overall numbers of all security incidents reported across the Trust have increased last year from 163 in 2009/10 to 259 in 2010/11. As can be seen from the charts below this is a return to the levels seen in 2008/09.



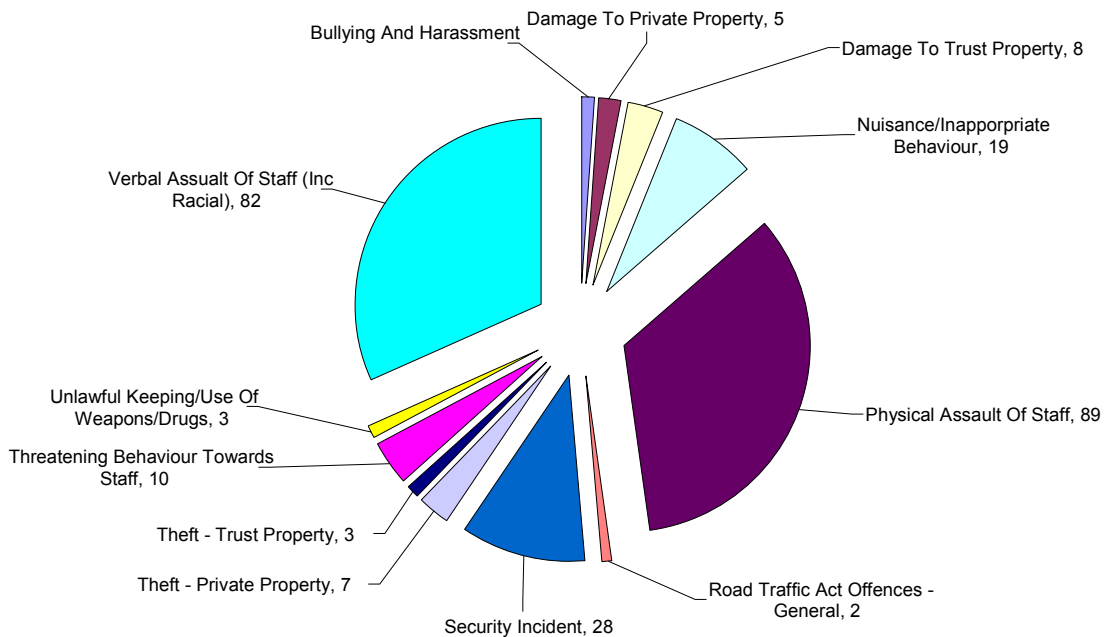
Total Security Incidents Reported in the Financial Year 2008/9 = 270

Reported Security Incidents 2009 - 2010



Total Security Incidents Reported in the Financial Year 2009/10 = 163

Reported Security Incidents 2010 - 2011



Total Security Incidents Reported in the Financial Year 2010/11 = 259

The numbers of physical assault incidents reported have reduced when compared to the last two years but this could be attributed to the additional aggressive incident categories introduced in year of “*nuisance behaviour* and *threatening behaviour*”. However further information from our CQC sponsored Staff Survey (*Key Finding 23: percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months*) would indicate that 10% of staff at the Trust said that they had experienced physical violence from patients, service users, their relatives or other members of the public in the previous 12 months. The Trust's score of 10% was above (worse than) average when compared with Trusts of a similar type. This may suggest that the issue could be under-reported. Comments from the

management and staff working in the Emergency Departments within the Trust suggest that the levels of aggressive behaviour, due to the misuse of alcohol and drugs, have not generally changed over the year and the number of call-outs the Police have made to the department also support this view.

A comparison of Police and Trust statistics prior to the introduction of the on-line reporting system being introduced also indicated potential internal under reporting. It was hoped that the introduction of the Ulysses system would help reporting to improve, however to-date this does not appear to have been the case. The governance team are working actively to ensure all staff are competent in using the electronic reporting system.

2.2 Security Incident Reporting System (SIRS)

The Security Management Service introduced in April 2010 a new national reporting system called the "Security Incident Report System" (SIRS). This system replaced the Physical Assaults Reporting System (PARS). It is a web-based incident reporting system for physical, non-physical assault, property loss/theft and damage. The integration with risk management data systems used by hospital Trusts was not completed until December 2010. An initial report has been submitted but there remains some functionality issues to be addressed. The objective of the system is to provide a local and national picture of trends, cause and cost.

The Trust's annual PARS submission was audited in August and found to be within tolerance, at 94.7% correctly falling within the definition of physical assault.

2.3 Security of Property

Nationally the "open door" nature of hospitals can be a target area for criminals. "Tail gating" into secure areas remains a common weak link across the NHS. The Trust has not been immune from this criminal activity and in the week when a national alert was circulated about this a member of staff had bank cards stolen from the work place, which were subsequently used.

2.4 Security within Maternity

A baby tagging system was introduced in both Maternity Department during March last year. The system did encounter some early implementation issues, namely technical issues and staff being able to fully use the system and have confidence in its performance. These have now been fully resolved and the use of the system is monitored on a daily basis with escalation plans in place if any issues arise with the system.

2.5 Safer Car Parks

The car park arrangements on both hospital sites have been audited and have retained the "Park Mark" award status. The "Park Mark" award means that the car park has been vetted by the police and have specific measures in place in order to create a safer environment for both members of the public and their vehicles.

2.6 Lockdown

The lockdown arrangements at West Cumberland Hospital were put to the test during the West Cumbria shooting incidents on 2 June 2010 and put effectively into place by the key staff involved. The incident highlighted the difficulty of securing

access and egress to premises with so many points of entry and this has been taken into consideration with the development of the new hospital.

2.7 Police Support

The Police have maintained a regular presence at both hospitals through the Police Community Service Officers. The Officers hold regular public security surgeries at the hospitals and are known to staff. They have provided support to the Trust in dealing with nuisance behaviour and offenders.

In August 2010 the Whitehaven Police chaired a Multiagency Response Group to the misuse of “bath salts”, a legal high which is known as “ivory wave”. This provided a cohesive response across the community to ensure effective arrangements were in place for the management of this issue across all agencies.

2.8 Training

Conflict Resolution Training is required to be taken by all front line staff and refreshed every 3 years. An on-line training module was introduced to cover basic theory, and for practical skills, access to the Cumbria Partnership Trust training modules – “Patient Management of Violence and Aggression (PMVA)”. The work plan for 2010/11 identified an objective of a third of front line staff undertaking this training, which has not been fully achieved. 87 staff have completed the online module and 38 staff have completed PMVA training. The mandatory training requirements for security management, including conflict resolution will be a key priority area for the work plan this year.

2.9 Security of Radioactive Material

Under the Radioactive Substances Act 1993 the Nuclear Medicine Service is inspected annually by the Environment Agency and the Counter Terrorism Security Advisor. The inspection on 17th August 2010 confirmed the Trust compliant with the requirements in relation to security of radioactive material.

3. SECURITY MANAGEMENT WORK PLAN FOR APRIL 2011 – MARCH 2012

All tasks in this work plan will be overseen by Mr John Mitchell (LSMS) with support from Mr Alan Davidson, Director of Estates and Facilities Management. Progress against this plan will be monitored by the Health and Safety Management Committee.

Core Area: Creating a Pro Security Culture	
Objective	Target Date
1.1 Deliver a Security Management presentation at each Corporate Induction event.	Ongoing - will be delivered at each corporate induction
1.2 Introduce a monthly bulletin via the intranet.	May 2011
1.3 Prepare regular reports for Security Triangulation & Security Management Group meetings.	Ongoing
1.4 Monitor the implementation of the Security of People and Property (incorporating zero tolerance) Policy.	Ongoing with formal reviews quarterly
1.5 Continue to monitor and work with departmental managers and governance facilitators to ensure timely and accurate incident reports.	Ongoing and will be included in the Divisional Quarterly governance reports
1.6 Maintain networking opportunities with: a) The Crime and Disorder Reduction Partnership b) Area LSMS – quarterly meetings c) Neighbouring LSMS contacts	In place and Ongoing

Core Area: Deterrence	
Objective	Target Date
2.1 Ensure that maximum publicity is achieved in respect of: a) The strengthened support for prosecution following physical attack b) Successful prosecutions c) Internal sanctions	In place and ongoing
2.2 Maintain PCSO security site surgeries. Meet officers on a regular basis to discuss responses to incidents.	In place and ongoing
2.3 To review all crime reduction surveys and action as necessary.	In place and ongoing
2.4 Maintain the Park Mark award for all Trust Car Parks.	Complete
2.5 Monitor procedures and practices in respect of CCTV use and data provision.	Ongoing
2.6 Monitor & Review the performance of external security contractors.	Ongoing
Core Area: Prevention	
Objective	Target Date
3.1 Test lock down procedures at both sites.	July 2011
3.2 Continue the "Respect" Campaign and the links with the Local Community Police Officers.	In place an ongoing
3.3 Continue Security Awareness Presentations to staff. See 1.2	In place and ongoing
Core Area: Detection	
Objective	Target Date
4.1 Continue formal links with other external investigating bodies such as the Police.	In place and ongoing

Core Area: Investigation	
Objective	Target Date
5.1 Ensure full investigation of all security breaches/incidents. Implement control measures and record details on a case by case basis.	In place and ongoing
Core Area: Sanction	
Objective	Target Date
6.1 Continue with the “Pub Watch” & “Night Safe” initiatives.	In place and ongoing
Core Area: Redress	
Objective	Target Date
7.1 Actively seek redress through the criminal and civil justice systems against those whose actions lead to the loss of NHS resources or who cause injury.	In place and ongoing
7.2 Take action to ensure that the victims of violence and aggression within the Trust are fully supported.	In place and ongoing. Will be formally reported on through the Health and Safety Committee
Core Area: Assets and Property	
Objective	Target Date
8.1 Develop a draft security operational policy for West Cumberland Hospital redevelopment following the principles of “Secure by Design”.	May 2011

Core Area: Protection of Drugs and Hazardous Materials	
Objective	Target Date
9.1 Ensure that all security breaches and incidents are investigated and recorded on a case by case basis.	In place and will be reported through Divisional quarterly governance report
9.2 Ensure that Medical Physics security arrangements are assessed externally on an annual basis for ongoing certification.	In place and ongoing. Will be formally reported annually.
Core Area: Violence and Aggression	
Objective	Target Date
10.1 Ensure compliance with Conflict Resolution Training across the financial year. Target 1/3 rd of frontline staff. High priority areas include A & E, Trauma patients and caring for the elderly and confused.	Training figures will be monitored quarterly through the year and reported on in the Divisional quarterly governance report to ensure this is achieved.
10.2 Review policy following publication of guidance from SMS regarding how to record episodes of violence on electronic and paper records.	September 2011
Core Area: maternity and Paediatrics	
Objective	Target Date
11.1 Monitor the use of security system.	Ongoing
11.2 Ensure effective escalation plans are in place to address any technical or human/workforce issues.	Ongoing

4. RECOMMENDATION

The Trust Board is asked to note the content of the report and to approve the work plan for the 2011/12 year.

Kevin Clarkson

CHIEF OPERATING OFFICER/DEPUTY CHIEF EXECUTIVE