

**TRUST BOARD**

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|--|--|-------------------------|
| <b>Date of Meeting:</b><br>10/07/2012  | <b>Agenda Item No:</b><br>10.1   | <b>Enclosure:</b><br>11 |
| <b>Intended Outcome:</b>   |  |                         |
| <b>For noting</b>  | <b>For information</b><br>✓  | <b>For decision</b>     |
| <b>Title of Report:</b> Security Management Annual Report April 2011 – March 2012  |  |                         |
| <b>Aims:</b><br><br>To provide for information a copy of the Annual Security Report 2011/12 presented to the Governance and Quality Committee on the 29 June 2012.   |  |                         |
| <b>Executive Summary:</b><br><br>The report summaries security events, incidents and information for the financial year 2011/12, measures progress against the original Board approved security work plan for this period and provides details of the 2012/13 security work plan.<br><br>The report details the current management arrangements for security and compares the reported incidents category by category over the last 2 full reporting years.<br><br>Concerns are raised with regard to the failure to achieve staff training for Conflict Resolution. |  |                         |
| <b>Specific implications and links to the Trust's Strategic Aims:</b>  |  |                         |
| Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC   | ✓  |                         |
| Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable  |  |                         |
| Develop a new healthcare facility in West Cumbria that is fit for the 21st century   |  |                         |
| Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions   |  |                         |
| To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust   |  |                         |
| <b>Recommendations:</b><br><br>The Trust Board are asked to receive this report for information.   |  |                         |
| <b>Prepared by:</b><br>John Mitchell<br>Health and Safety Manager  | <b>Presented by:</b><br>Alan Davidson<br>Director of Estates and Facilities Management |                         |

**SECURITY MANAGEMENT  
ANNUAL REPORT  
April 2011- March 2012**

## **1. INTRODUCTION**

The framework of the Security Work Plan for 2011/12 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 as follows:

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 2011/12 and it also provides details of the work plan for the year 2012/13.

### **1.1 Security Management Triangulation Group and the Security Management Group**

The Trust Security Management Group (SMG) meetings are scheduled quarterly, however, this group only met twice formerly over the financial year in June & November. Meetings arranged for October and February were not quorate and the April meeting (to replace February) was cancelled due to the high level of apologies. SMG membership consists of Staff Representatives, Senior Nurse Management, the Head Porter at WCH, the Interserve Manager responsible for Porters and car park 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

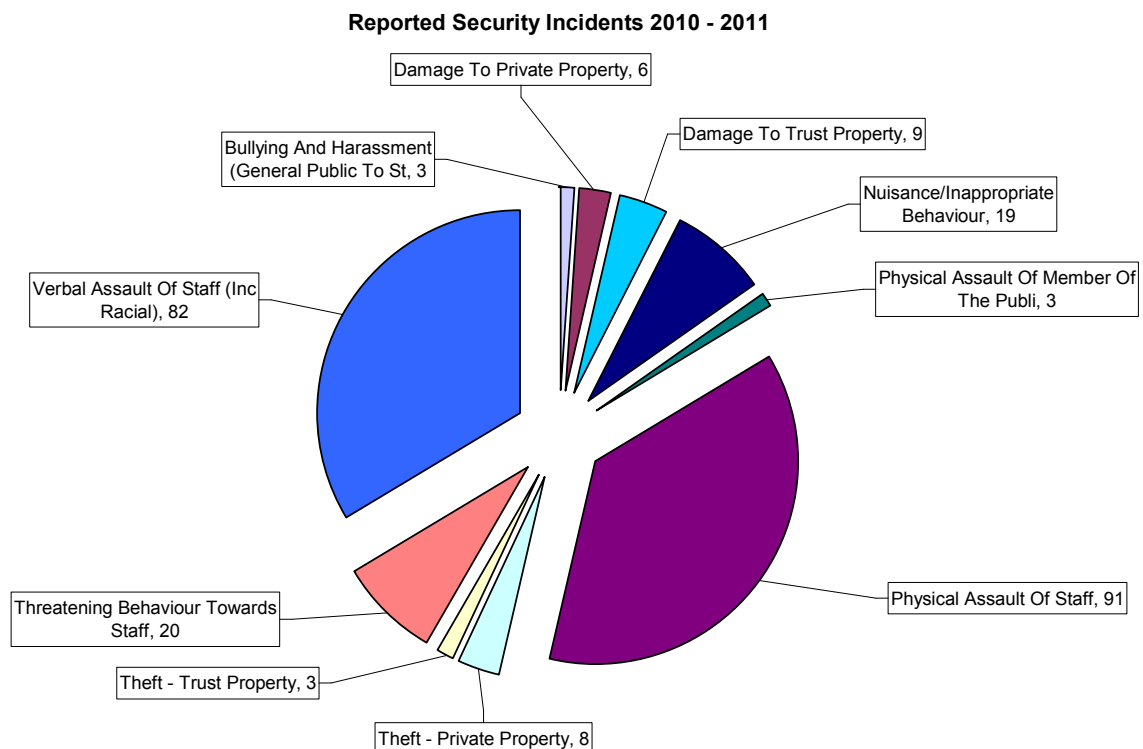
purpose of the group is to support the operational implementation of policy across the Trust, to ensure that appropriate help and information is available and to embed good security practice throughout the organisation.

The Security Management Triangulation Group (SMTG) is a Board level executive group which met twice over the financial year. Following the resignation of the previous Chief Operating Officer in May 2011, the SMTG did not reconvene until November. The membership comprises of Ms. Corinne Siddall - Chief Operating Officer (executive lead for security), the Mr M Bonner (nominated Non Executive Director lead for Security), Mr A Davidson - Director of Estates and Facilities Management 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, representing the Trust Board and to give strategic direction to the LSMS and the Security Management Group ensuring that NHS Protect recommendations and best practice is followed.

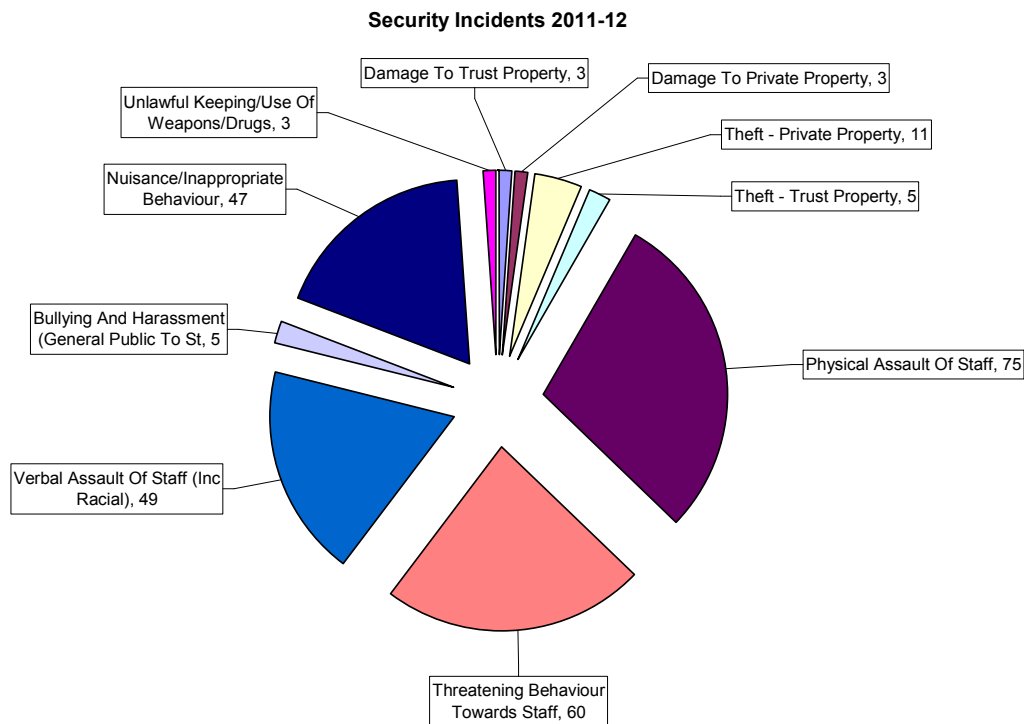
## 2. SUMMARY OF PROGRESS DURING 2010/11

### 2.1 Monitoring Security Incidents

Of the total number of security incidents reported for the previous year the categories of incident are detailed below which is followed by the comparative statistics for the year 2011/12.



Total Number of Security Incidents 2010/11 = 244



Total Number of Security Incidents 2011/12 = 264

### 3. **SECURITY WORK PLAN**

#### 3.1 **Creating a Pro Security Culture**

- 3.1.1 Security awareness is delivered as part of the H & S presentation in the Trust corporate induction programme for all new staff by the Local Security Management Specialist (LSMS).
- 3.1.2 The aim to produce a monthly bulletin was not achieved. This objective had been included to attempt to improve engagement and raise awareness across the organisation, however, the prioritisation of workload has not allowed the bulletin to continue.
- 3.1.3 The production of reports for the Security Management Group and the Security Management Triangulation Group was achieved.
- 3.1.4 A requirement of the NHSLA Secure Environment Criteria standards 4.1 was for Trusts to have a *Lock down risk profile* has been partially achieved. The draft lock down policy was prepared initially using a template provided by NHS Protect, for which the format was geared primarily towards a major incident. Following review by the Emergency Preparedness Steering Group it was decided that this policy should reflect more of the day to day requirement to lock down and give flexibility to deal with differing situations. The revised policy is with stakeholders for comment. It should be noted that the NHSLA have withdrawn this criteria from standard 4.1 for 2013.

- 3.1.5 Monitoring of the implementation of Security of People and Property Policy has not been achieved. The NHSLA requirement for level 2 re 4.1 Secure Environment and 4.2 Violence and Aggression is to be able to demonstrate that managers have undertaken appropriate risk assessment to address these issues. The Trust H & S Policy requires managers to complete a workbook which includes risk assessment and monitoring processes to support this. This policy was presented to Divisional Management in February/March 2011 and distributed to managers but the planned feedback of completion has not been achieved.
- 3.1.6 Monitoring of Security Incidents -The Local Security Management Specialist (LSMS) receives security incident details as they are entered on-line using the Ulysses report system. This facilitates further intervention and feedback as appropriate.
- 3.1.7 Networking - The LSMS has attended 3 of the 4 regional meetings. Minutes from the Crime & Reduction Partnership for West Cumbria are for information are received but no meetings attended, however, contact is maintained as required when any particular incident arises.

## **3.2 Deterrence**

- 3.2.1 Publicity for Sanctions – A number of incidents involving the Trust and that have progressed to court, have through the communications department received appropriate internal and external coverage.
- 3.2.2 Police Community Support Officers have a regular presence at both hospitals each week. On the last Wednesday of each month there is *Community Engagement* session held in the atrium at Cumberland Infirmary.
- 3.2.3 Crime Reduction Surveys are integral with the implementation of the Security of People and Property see 3.1.5 above.
- 3.2.4 The Park Mark accreditation was maintained and awarded for a further 2 years.
- 3.2.5 CCTV procedures and practices have been reviewed with the Head Porter for the West Cumberland Hospital site and the agreed action completed.
- 3.2.6 CCTV systems reviewed October for both hospital sites verbal report given November Security Management Group. A business plan is to be developed around the recommendations.
- 3.2.7 The monitoring of external security contractors for the CIC site is dealt with via the monthly contract review meetings.

## **3.3 Prevention**

- 3.3.1 The lockdown procedures for the CIC site have been reviewed with the Interserve Security Manager. However, as yet arrangements for entrances to be manned in line with proposed lockdown policy have not been formerly agreed. A HAZMAT exercise was conducted in A&E CIC on July 23<sup>rd</sup> which tested the operational implications of restricting entry and exit of the department.

3.3.2 There was no active Trust promotion relevant to the Respect Campaign, which was a joint campaign between the Trust and Cumbria Police, however, Police Community Support Officers have continued to have a active presence on both sites, there have also been a series of “Secure” posters promoting safety awareness for information, property, vulnerable people and violence to staff undertaken at both hospital sites.

3.3.3 A security awareness presentation is part of the corporate induction programme for all new staff.

### **3.4 Detection**

3.4.1 With regard to formal links with investigation bodies, the police are involved in addressing breaches in security and follow up investigations.

### **3.5 Investigation**

3.5.1 The outcomes of any investigation resulting from security breaches are reported to the Security Management Triangulation Group and lessons learnt are shared with the Security Management Group.

### **3.6 Sanction**

3.6.1 “Pub Watch” and “Night Safe” are initiatives that are run by the police to deter violent behaviour associated with alcohol. These are voluntary schemes for those licensed to sell alcohol are invited to participate. Meetings are held monthly. Whitehaven “Night Watch” minutes are received by the Trust. The LSMS is invited to attend when there is a particular case that needs support.

### **3.7 Redress**

3.7.1 Redress through the courts is sought whenever appropriate. As the courts deal directly with injured parties statistics for sanctions are obtained annually in retrospect from Cumbria Police.

3.7.2 Where injured parties require additional legal support outside the Crown Prosecution Service, the LSMS liaises with the NHS Protect Legal Protection Unit on their behalf. Counselling for any injured members of Trust staff is provided through the occupational health department.

### **3.8 Assets and Property**

3.8.1 The LSMS has been part of the design planning process for the hospital redevelopment at WCH. The draft operational policy for security is currently being developed.

### **3.9 Protection of Drugs and Hazardous Materials**

3.9.1 There were no security breaches reported regards protection of hazardous materials.

3.9.2 Environmental Permitting Regulations 2010 - The Environmental Agency undertook a routine radioactive substances inspection in Medical Physics at WCH on 05-09-2011. No non-compliances were identified. The EA undertook a routine radioactive substances

inspection in Medical Physics CIC on 28-09-2011. No Non-compliances were identified. One minor recommendation suggested the writing of a standard operating procedure to cover the ordering of radioactive materials was made and this has been completed and issued at both sites.

### 3.10 Violence and Aggression

3.10.1 Training statistics for conflict resolution and breakaway skills are shown in Table 1. The objective for the year was to target 1/3<sup>rd</sup> of frontline staff particularly in the high risk areas such as A & E and Emergency Assessment Units. Managers of those areas were invited to a review of training organised by the training and development department as it had been reported that it was not possible to send staff on a 1 day course. The Partnership Trust as the then provider of the training could not meet the capacity required and a new provider was sourced commencing in February 2012. The training objective has not been achieved.

Table 1

| Course                      | Trust  | Corporate Services | Estates | Family and Clinical Services | Medical | Surgical |
|-----------------------------|--------|--------------------|---------|------------------------------|---------|----------|
| Conflict Resolution Level 1 | 14.26% | 22.09%             | N/A     | 14.11%                       | 10.03%  | 14.30%   |

#### Mandatory Training Breakdown for Rolling 3 Year 01/02/2009 to 31/01/2012

| Course                 | Trust  | Corporate Services | Estates | Family and Clinical Services | Medical | Surgical |
|------------------------|--------|--------------------|---------|------------------------------|---------|----------|
| Conflict Resolution L2 | 2.23%  | 2.24%              | N/A     | 1.38%                        | 3.46%   | 1.72%    |
| Conflict Resolution L3 | 63.64% | N/A                | 87.50%  | 0.00%                        | 0.00%   | 0.00%    |

3.10.2 The guidance received from the NHS Protect for recording episodes of violence on electronic and paper records has been sent to the Trust's Information Governance Officer and PAS Manager for impact review on existing policies

### 3.11 Maternity and Paediatrics

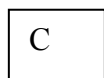
3.11.1 The use of the baby security tagging system on both sites has improved over the year, operationally the system has stabilised although there has been a significant number of tags that have gone missing from WCH. Systems have now been introduced to check that tags have been retrieved on discharge of the baby.

3.11.2 Signage detailing contact information for support has been updated and displayed by each ward monitor. Arrangements have been made for a spare PC "Client" to be stored with the server unit at both sites as back up..

## APPENDIX 1

### SECURITY MANAGEMENT WORK PLAN FOR APRIL 2011 – MARCH 2012

#### SUMMARY OVERVIEW



= Complete



= in time for planned completion date



= Planned completion date pending



= Past planned completion date

| Core Area: Creating a Pro Security Culture   | Target Date   | Comment   | RAG Rate |
|--|---|---|----------|
| 1.1 Deliver a Security Management presentation at each Corporate Induction event.  | Ongoing - will be delivered at each corporate induction | Delivered twice a month and Corporate induction   | C        |
| 1.4 Introduce a monthly bulletin via the intranet.   | May 2011  | This aim was not maintained following the issue of the first bulletin, attention given to issues of higher priority   | R        |
| 1.3 Prepare regular reports for Security Triangulation & Security Management Group meetings.   | Ongoing   | Scheduled frequency of meetings not achieved due to organisational changes  | C        |
| 1.4 NHSLA Requirement prepare Lock down arrangements (including timescales) for producing a <i>lockdown risk profile</i> for each organisational site or other specific building/area procedure template | Nov 2011  | Revised policy now prepared and ready to go to May TPG. The criteria has been removed from the NHSLA standard 2012/13 but needs to be in place as part of emergency preparedness.   | A        |
| 1.5 Monitor the implementation of the Security of People and Property (incorporating zero tolerance) Policy.   | Ongoing with formal reviews quarterly                   | No inspections of departments to review local arrangements have been undertaken. This is a requirement for NHSLA Level 2. Carried over into 2012/13 when this requirement will be included in the Divisional performance reports. | R        |
| 1.6 Continue to monitor and work with departmental managers and governance facilitators to ensure timely and accurate incident reports.  | As and When   | Reports numbers have increased in the first 2 quarters of the financial year.<br>Annual VAS report released in November shows the Trust reporting in line with the average across the NHS but above average sanctions             | C        |
| 1.7 Maintain networking opportunities with:<br>a) The Crime & Disorder Reduction Partnership<br>b) Regional LSMS – quarterly meetings<br>c) Neighbouring LSMS contacts                                   | In place and Ongoing                                    | a) Receives minutes from Whitehaven Nightsafe<br>b) LSMS attendance 75% at the regional ¼ meetings for NHS Protect  | C        |



| <b>Core Area: Deterrence</b>   | <b>Target Date</b>                    | <b>Comment</b>  | <b>RAG Rate</b> |
|--|---------------------------------------|---|-----------------|
| 2.1 Ensure that maximum publicity is achieved in respect of:<br>a) The strengthened support for prosecution following physical attack<br>b) Successful prosecutions<br>c) Internal sanctions | Ongoing                               | Media notified on case to case basis  | C               |
| 2.2 Maintain PCSO security site surgeries. Meet officers on a regular basis to discuss responses to incidents.   | In place and ongoing                  | The PCSO's attend the hospitals as part of their beat. Formal surgeries at CIC are on a bi weekly basis. At WCH the formal surgeries have been discontinued. Officers are invited to the security management meetings | C               |
| 2.3 To review crime reduction surveys and action as necessary. (see 1.5)   | Ongoing with formal reviews quarterly | No inspections of departments to review local arrangements have been undertaken. This is a requirement for NHSLA Level 2. Carried over into 2012/13   | G               |
| 2.4 Maintain the Park Mark award for all Trust Car Parks.  | April 2011                            | Park Mark awarded Bi Annually April 2011  | C               |
| 2.5 Monitor procedures and practices in respect of CCTV use and data provision.  | June 2011                             | CIC Met with Interserve CCTV Manager and Deputy General Manager in June<br>Met with Head Porter, discussed record keeping in line with training received  | C               |
| 2.6 To review crime reduction surveys and action as necessary - Review CCTV provision on both sites (See 2.3 above)  |                                       | CCTV systems reviewed October verbal report given November Security Management Group  |                 |
| 2.7 Monitor & Review the performance of the FM provider at CIC with regard to security.  | Ongoing                               | Via monthly contract review meetings  | C               |
| <b>Core Area : Prevention</b>  | <b>Target Date</b>                    | <b>Comment</b>  | <b>RAG Rate</b> |
| 3.1 Test lock down procedures at both sites.   | July 2011                             | CIC walked through site with Interserve Security Manager. Central locking controls entrance exits bar entry to link corridor from Admin block (August)  | C               |
|  |                                       | CIC Lock down exercise run in A & E   | C               |
|  |                                       | WCH walked through site with Head Porter.   | C               |
|  |                                       | CIC Hazmat incident exercise July 23 <sup>rd</sup>  | C               |
| 3.2 Continue the "Respect" Campaign and the links with the Local Community Police Officers.  | Ongoing                               | There was no active promotion of the Respect Campaign, which was a joint campaign between the Trust and Cumbria Police. No active promotional work planned for year 2012/13. General                                  | C               |
| 3.3 Continue Security Awareness Presentations to staff. See 1.2  | Ongoing                               | Part of Corporate Induction   | C               |

| <b>Core Area: Detection</b>   | <b>Target Date</b>                                    | <b>Comment</b>  | <b>RAG Rate</b> |
|---|---|---|-----------------|
| 4.1 Continue formal links with other external investigating bodies such as the Police.  | Ongoing   | Excellent working relationship with good communication  | C               |
| <b>Core Area: Investigation</b>   | <b>Target Date</b>                                    | <b>Comment</b>  | <b>RAG Rate</b> |
| 5.1 Ensure full investigation of all security breaches/incidents. Implement control measures and record details on a case by case basis.                    | Ongoing   | See Security Incident Reports for Security Management Group   | C               |
| <b>Core Area: Sanction</b>  | <b>Target Date</b>                                    | <b>Comment</b>  | <b>RAG Rate</b> |
| 6.1 Continue with the "Pub Watch" & "Night Safe" initiatives.   | Ongoing   | Minutes received from the monthly meetings of Night Safe Whitehaven. Attendance required on invitation only   | C               |
| <b>Core Area: Redress</b>   | <b>Target Date</b>                                    | <b>Comment</b>  | <b>RAG Rate</b> |
| 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. | Ongoing   | Articles in local media resulting from working closely with the communications team   | C               |
| 7.2 Take action to ensure that the victims of violence and aggression within the Trust are fully supported.   | Ongoing   | Incidents are referred to the Legal Protection Unit of NHS Protect if the CPS decided not to follow sanctions with a view encouraging reconsideration | C               |
| <b>Core Area: Assets and Property</b>   | <b>Target Date</b>                                    | <b>Comment</b>  | <b>RAG Rate</b> |
| 8.1 Develop a draft security operational policy for West Cumberland Hospital redevelopment following the principles of "Secure by Design".                  | May 2011  | Remains under development as a result of the stoppage in the scheme programme.  | C               |
| <b>Core Area: Protection of Drugs and Hazardous Materials</b>   | <b>Target Date</b>                                    | <b>Comment</b>  | <b>RAG Rate</b> |
| 9.1 Ensure that all security breaches and incidents are investigated and recorded on a case by case basis.  | Ongoing   | In place  | C               |
| 9.2 Ensure that Medical Physics security arrangements comply with regulatory requirements.  | Annual Inspection by Environmental Agency and Police. | In Place external agency reports submitted to the Radiation Safety Committee 05-09-2011 WCH & B 28/09/2011CIC   | C               |

| <b>Core Area: Violence and Aggression</b>  | <b>Target Date</b>  | <b>Comment</b>  | <b>RAG Rate</b> |
|--|---|---|-----------------|
| 10.1 Ensure compliance with Conflict Resolution Training across the financial year. Target 1/3 <sup>rd</sup> of frontline staff. High priority areas include A & E, Trauma patients and caring for the elderly and confused. | March 2012  | The training Department in June undertook a review of training provided as managers reported they could not release staff for a day. Poor uptake of training overall. New providers sourced and a program of courses in place for 2012/13 | <b>R</b>        |
| 10.2 Review policy following publication of guidance from SMS regarding how to record episodes of violence on electronic and paper records.  | March 2012  | Information forwarded to the Trust Information Governance Officer and PAS Manager for comment on impact to existing policies  | <b>C</b>        |
| <b>Core Area: Maternity and Paediatrics</b>  | <b>Target Date</b>  | <b>Comment</b>  | <b>RAG Rate</b> |
| 11.1 Monitor the use of security system.   | Ongoing   | The system is not being used to it's full potential.<br>Daily Log introduced  | <b>C</b>        |
| 11.2 Ensure effective escalation plans are in place to address any technical or human/workforce issues.  | Ongoing<br>Firm has been contacted site visit W/C 12 December | April 2012 CIC Maternity Manager reports that system is being used and unwanted alarms not being reported   | <b>C</b>        |

### **SECURITY MANAGEMENT WORK PLAN FOR APRIL 2012 – MARCH 2013**

All tasks in this work plan will be overseen by the Local Security Management Specialist (LSMS) with support from the Director of Estates and Facilities Management. Progress against this plan will be monitored by the Security Management Group.

| <b>Core Area:</b> | <b>Creating a Pro Security Culture</b>   | <b>Target Date</b>                                      | <b>Comment</b>  |
|-------------------|--|---|---|
| 1.1               | Deliver a Security Management presentation at each Corporate Induction event.  | Ongoing - will be delivered at each corporate induction | Delivered twice a month and Corporate induction   |
| 1.3               | Prepare regular reports for Security Triangulation & Security Management Group meetings.   | Ongoing   |   |
| 1.4               | Prepare Lock down Policy to support emergency preparedness planning (former NHSLA requirement)   | June 2012   | Carried over from 2011/12. Draft Policy has been to the March Emergency Steering Group. To go to May TPG. The complete date has been amended to reflect this. |
| 1.5               | Monitor the implementation of the Trust approved Security of People and Property Policy.   | Re-launch of H&S Policy<br>31 Sept 2012                 | Carried over from last year. Re-launch of Health & Safety Policy which requires wards and departments to complete H&S Workbook. Essential for NHSLA Level 2   |
| 1.6               | Continue to monitor and work with departmental managers and governance facilitators to ensure timely and accurate incident reports.                              | Ongoing   | Agreement reached with the Director of Operations to include security/ risk/ conflict resolution training to the Divisional performance targets.              |
| 1.7               | Maintain networking opportunities with:<br>a) The Crime and Disorder Reduction Partnership<br>b) Area LSMS – quarterly meetings<br>c) Neighbouring LSMS contacts | Ongoing   |   |

| <b>Core Area: Deterrence</b>   | <b>Target Date</b> | <b>Comment</b>   |
|--|--------------------|--|
| 2.1 Ensure that maximum publicity is achieved in respect of:<br>a) The strengthened support for prosecution following physical attack<br>b) Successful prosecutions<br>c) Internal sanctions | Ongoing            | Media notified on case to case basis   |
| 2.2 Maintain PCSO security site surgeries CIC. Meet officers on a regular basis to discuss responses to incidents.   | Ongoing            | The PCSO's attend the hospitals on a weekly basis. No Surgeriew at CIC planned       |
| 2.5 Update the Security of People and Property Policy with CCTV documentation  | August 2012        |  |
| 2.6 Monitor & Review the performance of security services in-house WCH & external CIC.   | Ongoing            |  |
| <b>Core Area Prevention</b>  | <b>Target Date</b> | <b>Comment</b>   |
| 3.1 Continue Security Awareness Presentations to staff. See 1.2  | Ongoing            | Part of Corporate Induction  |
| <b>Core Area: Detection</b>  | <b>Target Date</b> | <b>Comment</b>   |
| 4.1 Continue formal links with other external investigating bodies such as the Police.   | Ongoing            |  |
| <b>Core Area: Investigation</b>  | <b>Target Date</b> | <b>Comment</b>   |
| 5.1 Ensure full investigation of all security breaches/ incidents. Implement control measures and record details on a case by case basis.  | Ongoing            |  |
| <b>Core Area: Sanction</b>   | <b>Target Date</b> | <b>Comment</b>   |
| 6.1 Continue with the "Pub Watch" & "Night Safe" initiatives.  | Ongoing            | Meeting arranged with Carlisle Police re A & E response on 31 <sup>st</sup> May 2012 |
| <b>Core Area: Redress</b>  | <b>Target Date</b> | <b>Comment</b>   |
| 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.                                  | Ongoing            |  |
| 7.2 Take action to ensure that the victims of violence and aggression within the Trust are fully supported.  | Ongoing            |  |
| <b>Core Area: Assets and Property</b>  | <b>Target Date</b> | <b>Comment</b>   |
| 8.1 Develop a draft security operational policy for West Cumberland Hospital redevelopment following the principles of "Secure by Design".   | 31 Dec 2012        |  |
| <b>Core Area: Protection of Drugs and Hazardous Materials</b>  | <b>Target Date</b> | <b>Comment</b>   |

|  |                                     |  |
|--|-------------------------------------|--|
| 9.1 Ensure that all security breaches and incidents are investigated and recorded on a case by case basis.   | Ongoing                             |  |
| 9.2 Ensure that Medical Physics security arrangements are assessed externally on an annual basis for ongoing certification.  | Expected Date of inspection<br>July | External agency reports submitted to the Radiation Safety Committee. The department has not been notified as yet of the date due to change of inspectorate personnel |
| <b>Core Area: Violence and Aggression</b>  | <b>Target Date</b>                  | <b>Comment</b>   |
| 10.1 Ensure compliance with Conflict Resolution Training across the financial year. Target 1/3 <sup>rd</sup> of frontline staff. High priority areas include A & E, Trauma patients and caring for the elderly and confused. Medical Division & Community Midwives to complete breakaway training for all department staff . | 31 Dec 2012                         | April 2012 New providers of training since March 2012  |
| <b>Core Area: maternity and Paediatrics</b>  | <b>Target Date</b>                  | <b>Comment</b>   |
| 11.1 Monitor the use of security system.   | Ongoing                             |  |
| 11.3 Reduce the loss of tags from WCH. Review of processes required  | July 2012                           |  |