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| **Title** | **Annual Security Report 2014 - 2015** |
| **Meeting** | **Board of Directors** |
| **Date** | **28 January 2016** |

**Executive Summary**

The report reflects the work carried out to comply with NHS Protect Security Management Standards during 2014/2015. It highlights data collected on security incidents reported through datix, what we are doing to help support lone workers, security training compliance, work undertaken in security risk assessment and feedback on how the contracted service MITIE (security provider) is performing within the Trust.

Appendix 1 provides the 2015/2016 annual security work plan and progress made to date. The work plan is generated from a self-assessment, so until NHS Protect Quality Assurance department audits the Trust and reviews the evidence, we do not know where we sit in relation to compliance. At present we have declared 2 ambers in the Prevent and Deter section and 1 red in the Hold to Account, resulting in an overall self-assessment of Green.

**Recommendation**

The Board is asked:

To note the content of this report and the progress made in the Management of Security during 2014/2015 and self-assessment progress to date against the 2015/16 work plan.

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| **Report Author** | Mr G Mattinson, Mr A Kane, Local Security Management Specialists | | | |
| **Executive Director/ Sponsor** | Mr Ian Frame, Executive Director of Personnel & Development | | | |
| **Purpose of paper** | **Information** | x | **Discussion** | |
| | **Decision** | | **Assurance** | x |
| | **Specific action** | | | |
| **Recommended to Executive Board following approval at:** | | | | |
| **Implications** | **Staffing** | | | |
| | **Finance** | | | |
| | **Legal** | | | |
| | **Public engagement** | | | |
| | **Partnership** | | | |
| | **Communication** | | | |
| | **Equality & Diversity** | | | |
| | **Clinical** | | | |

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|---|---|
| **Risk assessment and mitigation (include risk register reference if appropriate)** | |
| **Link to STFT Business Plan** | |
| **Link to CQC standard** | Outcome 1, 7, 9, 10, 14, 16 |
| **Link to Board Assurance Framework** | |
| **Link to Strategic Risk Register** | |

Encl. No.:

# Annual Security Report 2014/2015 and Work Plan 2015-2016

## TABLE OF CONTENTS

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## 1. Introduction

All Health Bodies  are required under the Standard Commissioning Contracts for providers 2014/15 to undertake work in support of the National NHS Security Management Strategy published by NHS Protect. NHS Protect have established that there are four key principles that underpin NHS Protect's strategy and each Trust must report on their work carried out to assist in meeting the requirements of the Standards. The four key principles are:

- strategic governance;
- inform and involve;
- prevent & deter;
- hold to account.

This report informs the Board of Directors of the progress made in relation to these key principles in 2014/2015 and highlights the 2015-2016 work plan, against which a self-assessment was submitted to NHS Protect in November 2015.

## 2. Roles & Responsibilities

Each NHS Trust is required under the Standard Commissioning Contracts for providers 2014/15 to have security management systems in place and these are identified in General Conditions. One of the four key principles that make up the current standards is Strategic Governance and one of the standards in that section states that an Executive Director must be responsible for Security Management (SMD) and the organisation should employ or commission in a qualified Local Security Management Specialist (LSMS) to undertake the full range of security management work. Ian Frame, Executive Director for Personnel & Development is responsible for security management matters. The Trust also designates a lead within the non-executive team to promote security management and Pat Harle, Non-Executive Director (NED) has that role. The Trust's LSMS's are Andy Kane and Glenn Mattinson.

The NHS Protect Security Management Standards were introduced in May 2013. The Local Security Management Specialist (LSMS), Executive and Non-Executive Directors for security are required to produce an Annual Security Report, which should be signed off by the Trust Board. Furthermore, a Self-Review Tool (SRT) should be approved by the Executive Director responsible for security management and submitted to NHS Protect by the end of November 2015. The completed SRT covers the new standards for 2015/2016. Once the SRT is complete it will populate a work plan for 2015/2016. The work plan for 2015/2016 and progress made on the plan to date is attached at Appendix 1.

The Trust is also required to submit an Organisation Crime Profile to NHS Protect who will review the information provided and award a category of 1, 2 or 3. This will relate to the scale and activity a provider should be undertaking in order to combat crime against it and safeguard patients, staff, funds and other assets. The Trust was again awarded category 1 by NHS Protect for 2015/2016.

## 3. Security Polices

The LSMS's have throughout the year reviewed and update security policies as required and communicated their existence to staff via email, risk assessments and Trust Intranet.

## 4. Security Management Standards

NHS Protect requires organisations to provide an annual statement of assurance against the Security Management Standards. This statement of assurance is provided through completion of the Self-Review Tool (SRT). The SRT has been devised by NHS Protect to enable organisations to produce a summary of the security management work it conducted over the previous financial year. Organisations are required to complete the SRT annually and return to NHS Protect by the end of November 2015. The SRT when populated will create the Trust's work plan in security management for the following year.

These standards once completed will provide participating organisations, NHS England and DH with assurance that the organisation has assessed itself against the Security Management Standards in line with its contractual obligations.

The SRT covers 4 key principles outlined in the standards and, upon completion it provides a red, amber or green (RAG) rating for each of the key areas and an overall RAG rating.

Since the implementation of the Security Management Standards in 2013, NHS Protect has briefed Trust LSMS's on weaknesses found during annual audits of those Trusts that have received audits from the NHS Protect Quality Assurance department. Trusts are learning from each other, and given that we have not previously received an audit, we need more security management evidence to ensure standards previously assessed as green remain at green.

The Trust has self-assessed against the standards for 2015-2016 and reports the current position:

- Strategic Governance overall rating = Green
- Inform and Involve overall rating = Green
- Prevent and Deter overall rating = Green
- Hold to Account overall rating = Amber

Additional work is required in the area of hold to account as shown at Appendix 1.

## 5. Security Reported Incidents

All data identified in table 1 below has been retrieved from the DATIX risk management reporting system used for reporting incidents throughout the Trust. The data reflects incidents reported in 2014/2015.

Table 1

| | Qtr 1 14/15 | Qtr 2 14/15 | Qtr 3 14/15 | Qtr 4 14/15 | Annual Totals |
|---|---|---|---|---|---|
| Intruders, Break-ins, Trespassers, Intruder alarms | 0 | 0 | 1 | 0 | 1 |
| Other breach of security or public order | 7 | 7 | 7 | 11 | 32 |
| Physical abuse, assault or violence (including use of a weapon) | 45 | 28 | 42 | 37 | 152 |
| Proven, alleged or suspected theft | 10 | 11 | 11 | 7 | 39 |
| Racial | 1 | 1 | 2 | 2 | 6 |
| Sexual | 3 | 1 | 4 | 1 | 9 |
| Verbal abuse or disruption | 46 | 32 | 54 | 43 | 175 |
| Monthly Incident Totals | 112 | 80 | 121 | 101 | |

All of the incidents recorded in table 1 were investigated by the LSMS responsible for the area and in some cases statements and CCTV imagery were obtained as evidence. All incidents involving crime were passed onto the Police and a number of successful civil and Trust administrative sanctions were issued.

## 6. Lone Worker Support

The Trust has invested in and implemented a lone worker support service. This is provided by Reliance UK and monitored and reviewed by the LSMSs. Reports on device utilisation and compliance are provided regularly to managers and users of the device.

It is evident that there remains an internal underutilisation of lone worker devices. This is illustrated by the number of devices showing nil activation on the monthly review. This has previously been communicated to managers to pick up with staff groups using the device and progress is reported via the quarterly Health and Safety Committee. This underutilisation continues to be recorded on the Trust corporate risk register with remedial work included within the annual security work plan. A band 4 Compliance Officer has been employed with the remit of updating, monitoring and maintaining the Trust lone worker system, This includes a full review of escalation and data profiles. .

There is a work programme in place to upgrade the existing devices to the Series 8 Identicom device. This has an enhanced GPS and telecommunications aspect allowing two way verbal communication between staff member and the Reliance Alarm Receiving Centre directly from the device.

This will also provide opportunity to remap the management structures within the escalation process and improve data sharing on device utilisation.

## 7. Conflict Resolution Training (CRT)

59% of staff were compliant against Conflict Resolution Training as at 31st March 2015. The data in table 2 reflects those staff groups still holding a valid certificate of attendance between 1st April 2012 – 31 March 2015. The Trust has a policy that requires all staff to attend CRT.

Table 2

| **Area** | **Possible** | **Actual Completed** | **Remaining** | **% Completed** |
|---|---|---|---|---|
| 155 Acute and Urgent Care | 300 | 189 | 111 | **63%** |
| 155 Acute Medicine and Intermediate Care | 764 | 498 | 266 | **65%** |
| 155 Corporate Services Serv inc | 593 | 290 | 303 | **49%** |
| 155 Elderly, End of Life and Palliative Care | 501 | 269 | 232 | **54%** |
| *155 Nursing AHP and Patient Safety Serv* | 201 | 131 | 70 | **65%** |
| 155 Learning Disabilities, Mental Health and Substance Misuse | 219 | 171 | 48 | **78%** |
| 155 Estates & Facilities Serv | 474 | 313 | 161 | **66%** |
| 155 Planned Care | 1009 | 472 | 537 | **47%** |
| 155 Women, Children and Families | 705 | 478 | 227 | **68%** |
| **Grand Total** | **4776** | **2817** | **1959** | **59%** |

To supplement the CRT training the Trust are now providing level 2 training in assault avoidance. This training is especially designed for those staff who provide a service in a more high risk environment, such as A&E, elderly care and for those working with patients that may have leaning difficulties etc. Four trainers including an LSMS have successfully attained train the trainer status and between August 2014 – March 2015 a total of 59 staff were trained.

## 8. Security Risk Assessments

There is an on-going programme of reviewing security risk assessments throughout Trust owned properties. During 2014/15 all risk assessments were reviewed and the programme of inspections is up to date. Action plans are regularly discussed with managers and Estates to continue to reduce or eliminate security risks identified.

Managers assist the risk assessment process by completing their action plans to reduce the security risk within their departments and an on-going annual review will continue throughout 2015/2016.

## 9. Contracted Security Service (MITIE)

Over the past 12 months our contracted security staff (MITIE) based at STDH have continued to integrate their practices to match the organisational policies and procedures. The feedback from staff and patients on their work has been positive. The type of patients entering our services on a more frequent basis include; elderly patients who may often be confused, patients with alcohol and drug dependency issues and those suffering with mental health illnesses. All three patient groups continue to pose different challenges for the security service and potentially threaten the safety of Trust staff and others services users.

Security work predominantly involves assisting staff to de-escalate incidents of violence and aggression and verbal abuse. They can be summoned in a number of ways and their quick response provides peace of mind for staff and helps to ensure the safety of staff, patients, visitors, Trust property and assets.

In 2014/2015 they attended a total of 1962 security related incidents.

## 10. Locality Leased Premises – Security Update

All previous NHS Property Services and independent leased buildings occupied in whole or part by STFT staff had a thorough security and lockdown assessment. The current service development of integrated health and social care teams requires a review of those current and new premises in the coming twelve months.

Key issues have arisen when negotiations to move staff into new premises have not considered keys areas such as suitability of premises, working patterns and general staff security.

## 10. Conclusion

In summary, during 2014/15 the Trust has continued to review its security measures and has made progress in improving the systems in place. Increased numbers of security awareness sessions have been provided to staff across the organisation. The on-going development partnership with Counter Fraud colleagues has enabled a joint approach to the management of security across the Trust.

Risk assessment will continue to be the main tool used to identify security risks to the organisation and opportunities to develop and enhance our security provisions will be taken where the risk dictates it. Staff will continue to be encouraged to be vigilant and take responsibility for both personal security and the security of Trust assets and property.

The LSMSs will increase monitoring, review and evaluation work to ensure the security procedures and systems in place are effective for the needs of the Trust and meet with the requirements of Security Standards.

The aim for 2015/16 is to further embed NHS Protect Security Standards and continue to promote a pro-security culture throughout the organisation. The Trust will also develop a new security management strategy to comply with above standards.

## Security Management Work Plan for South Tyneside NHS Foundation Trust 2015/16

| SRT LEVEL | | Area | Task/Objective | Target Dates | Completed Date | Days/Time Allocated | Responsible Officer |
|---|---|---|---|---|---|---|---|
| | | | **STRATEGIC GOVERNANCE** | | | | |
| Green | 1.1 | A member of the executive board or equivalent is responsible for overseeing and providing strategic management and support for all security management work within the organisation. | LSMS to meet quarterly with SMD or as required. | Quarterly | On-going | 2 days | IHF/GM/ AK |
| | | | Provision of quarterly reports to the H&S Committee to inform SMD of Security Management activity. | Quarterly | On-going | 2 days | GM/AK |
| | | | Continue to update SMD on all security matters through verbal or written communication. | As required | On-going | 2 days | GM/AK |
| | | | SMD to submit an Annual Security Report and Work-Plan to the Board of Directors. | Dec 2015 | | 0.5 day | IHF |
| | | | SMD to sign off Self-Review Tool (SRT). | Nov 2015 | Nov 2015 | 0.5 day | IHF |
| Green | 1.2 | The organisation employs or contracts in a qualified person to undertake and/or oversee the delivery of the full range of security management work. | Trust employs 3 qualified LSMS's of which 2 provide the work in security management. | On-going | On-going | | GM/AK |
| | | | LSMS to attend NHS Protect quarterly meeting and supporting events. | Trust to attend 3 of 4 quarterly meetings each year. | On-target | 4 days | GM/AK |

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| | | | LSMS to submit an Annual Security Report and Work-Plan to the SMD. | Dec 2015 | | 2 days | GM/AK |
| | | | LSMS to submit a Self-Review Tool (SRT) to SMD for sign off. | Nov 2015 | Nov 2015 | 2 days | GM/AK |
| | | | LSMS to review and evaluate the work undertaken in security to ensure the work is effective. | Mar 2016 | | 2 days | GM/AK |
| Green | 1.3 | The organisation allocates resources and investment to security management in line with its identified risks. | Undertake regular security risk assessments to ensure the risks in security are identified and mitigation taken to reduce those risks. | On-going programme of inspection | | 25 days | GM/AK |
| | | | Input security risks onto the department and corporate risk registers | Jul 2015 | Jul 2015 | 2 days | GM/AK |
| | | | Preparation and provision of annual security management work plan and SRT. | Jun 2015 | Jul 2015 | 2 days | GM/AK |
| | | | Continue to monitor the work undertaken by Trust Security Provider (MITIE). Progress meetings and contract meetings to be arranged on a regular basis. | Monthly | | 6 days | GM/AK |

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| | | | Risk Management provides the resource to manage the reporting system (DATIX WEB). LSMS to review all security incidents, liaise with Risk Management where necessary, investigate and feedback on all incidents. | On-going | | 15 days | GM/AK |
| | | | Security reports to the H&S Committee to update them on security management, incident data, actions taken etc. | Quarterly | | 4 days | GM/AK |
| Green | 1.4 | The organisation reports annually to its executive board, or equivalent body, on how it has met the standards set by NHS Protect in relation to security management, and its local priorities as identified in its work plan. | Preparation and submission of annual security 2014-2015 management report and work plan 2015-2016. | Nov 2015 | | 2 days | GM/AK |
| | | | Completion and submission of Security Management Self Review Tool. | Nov 2015 | Nov 2015 | 4 days | GM/AK |
| | | | Review 2015-2016 standards to identify any areas of weaknesses in evidence required to prove the organisation meets the necessary standards in security | Oct 2015 | Oct 2015 | 3 days | GM/AK |
| Green | 1.5 | The organisation has a security management strategy aligned to NHS Protect's strategy. The strategy has been approved by | Development of Trust Security Strategy. | Sept 2015 | Nov 2015 | 1 day | GM/AK |
| | | | Submission of Trust Security Strategy to Board of Directors. | Dec 2015 | | 2 days | IHF/GM/ AK |

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| 🟩 | | the executive body or senior management team and is reviewed, evaluated and updated as required. | Review security policies to ensure all in date.<br>Submit security questions for Staff Security Survey | April 2015<br>April 2015 | May 2015<br>April 2015 | 1 day<br>0.5 day | AK/GM<br>AK/GM |
| INFORM & INVOLVE | | | | | | | |
| Green | 2.1 | The organisation undertakes risk assessments in relation to: a) protecting NHS staff and patients b) security of premises c) protecting property and assets d) security preparedness and resilience. The organisation develops inclusive policies to mitigate identified risks relating to the above (a-d), and can demonstrate implementation of these policies.<br>The policies are monitored, reviewed and communicated across the organisation. | LSMS attends monthly meetings with Community Police Officers to gather security intelligence.<br>LSMS meets quarterly with senior Police officers to review key activity and concerns for high risk areas such as Accident and Emergency.<br>LSMS reviews departmental security risk assessments to complete the annual programme of inspections at:<br>• South Tyneside District Hospital<br>• Palmer Community Hospital<br>• Primrose Hill Hospital<br>• Primrose Admin. Building | On Going<br>Quarterly<br>As planned programme | On-target | 4 days<br>2 Days<br>5 days<br>3 days<br>1.5 days<br>0.5 days | GM/AK<br>GM/AK<br>GM/AK<br>GM<br>GM<br>GM<br>GM<br>GM<br>GM<br>GM |

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| 🟩 | | | - St Benedict's Hospice | March 2016 | | 3 days | GM/AK |
| | | | - Clarendon | | | 0.5 days | |
| | | | - Alexander Lodge | | | 0.5 days | |
| | | | Training and implementation of lockdown protocols for sites identified above. | Quarterly | | 15 days | GM/AK |
| | | | LSMS to liaise quarterly or as required with Trust Emergency Planning Lead via Trust Resilience Forum. | Quarterly | Oct 2015 | 14 days | GM/AK |
| | | | LSMS to liaise quarterly or as required with Risk Manager and Clinical Governance Managers. | Annually | | 2 days | GM/AK |
| | | | LSMS to liaise with the Medicines Management Officer to ensure Trust wide audits are completed and prescription security is reviewed. | On-going | | 2 days. | GM/AK |
| | | | LSMS to ensure all policies are communicated across the Trust through the risk assessment process. | On-going | | 2 days | GM/AK |
| | | | LSMS to monitor the Security | | | 1 day | |

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| | | | Intranet Page to ensure data is kept up to date. | | | | |
| Green | 2.2 | The organisation develops and maintains effective relationships and partnerships with local and regional anti-crime groups and agencies to help protect NHS staff, premises, property and assets. | LSMS to work with NHS Protect ASMS, Police, other local LSMS's, LCF's, Safeguarding and MAPPA. | On-going | | 5 days | GM/AK |
| | | | Support counter terrorism strategy PREVENT. | Quarterly | | 3 days | GM/AK |
| | | | LSMS to support Local Crime Partnership, to include Domestic Violence Forum and anti-crime policy development. | Quarterly | | 1 day | AK |
| | | | LSMS to liaise six monthly or as required with the Trust Local Counter Fraud Specialist. | 6 monthly | | 8 days | GM/AK |
| | | | LSMS to meet quarterly or as required with Police. | Quarterly | | 2 days | GM/AK |
| | | | LSMS to meet with beat police officers to discuss current security issues and pass on security intelligence. | Monthly | | 3 day | GM/AK |
| | | | LSMS to liaise with NHS Protect Legal Protection Unit. | As required | | | GM/AK |
| Green | 2.3 | The organisation has an on-going programme of work to raise | LSMS to distribute Security Management materials and | As required | | 1 day | GM/AK |

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| 🟩 | | awareness of security measures and security management in order to create a pro-security culture among all staff. As part of this, the organisation participates in all national and local publicity initiatives, as required by NHS Protect, to improve security awareness. This programme of work will be reviewed, evaluated and updated as appropriate to ensure that it is effective. | information. Posters and leaflets issued.<br>LSMS to facilitate security awareness and NHS Protect awareness via TRUST Induction, CRT and Assault Avoidance presentations.<br>LSMS to provide Trust Communications Team with information and articles for inclusion on team brief and newsletter.<br>LSMS and LCFS will undertake an annual staff survey in regards to security awareness.<br>LSMS regularly update the Security Intranet Site.<br>LSMS to evaluate the work undertaken in raising awareness in security to ensure the organisation has a strong pro-security culture. | Monthly<br>Quarterly<br>Jan 2016<br>As required<br>Feb 2016 | | 3 days<br>2 days<br>1 day<br>1 day<br>2 days | GM/AK<br>GM/AK<br>GM/AK/ KW<br>GM/AK<br>GM/AK |
| Green | 2.4 | The organisation ensures that security is a key criterion in any new build projects, or in the | LSMS to liaise with Estates Management, Property Services, Risk Management and staff as required in relation to Trust | Monthly | | 4 days | GM/AK |

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| | | modification and alteration (e.g. refurbishment or refitting) of existing premises. The organisation demonstrates effective communication between risk management, capital projects management, estates, security management and external stakeholders to discuss security weaknesses and to agree a response. | incidents and projects. | | | | |
| | | | The LSMS continues to work as part of the Integrated Care Hub design team. | Monthly | | 4 days | GM/AK |
| | | | LSMS to continue working in partnership with the Police and other agencies such as MAPPA, Domestic Violence etc. | Monthly | | 2 days | GM/AK |
| Green | 2.5 | All staff know how to report a violent incident, theft, criminal damage or security breach. Their knowledge and understanding in this area is regularly checked and improvements in staff training are made where necessary. | Induction training covers the method of reporting security incidents and this is also included in CRT, Assault Avoidance presentations. | As planned programme | | 8 Days | GM/AK |
| | | | Security Risk Assessments refer to reporting of incidents via DATIX and relevant methods of calling for security assistance. | As planned programme | | As planned programme | GM/AK |
| | | | Review of security training packages. | Mar 2016 | | | GM/AK |
| | | | Review the need for extra PC's to have the green staff panic button installed. | Aug 2015 | Aug 2015 | 1 day | GM |
| Green | 2.6 | All staff who have been a victim | LSMS to conduct a review of all reported security related incidents | As required | | 10 days | GM/AK |

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| 🟩 | | of a violent incident have access to support services if required. | notified by means of incident reporting mechanisms. | | | | |
| | | | Acknowledgment or feedback to be provided on all incidents. LSMS to conduct investigations or interventions in response to incident reports. | As required | | 45 days | GM/AK |
| | | | Introduce a question into security staff survey to ascertain feedback on support services provided. | Nov 2015 | | 0.5 days | GM/AK |
| Green | 2.7 | The organisation uses the Security Incident Reporting System (SIRS) to record details of physical assaults against staff in a systematic and comprehensive manner. This process is reviewed, evaluated and improvements are made where necessary. | Security Admin to upload reported security incidents from DATIX to SIRS. | Monthly | | 3 days | DB/HJ |
| | | | SIRS reports are quality checked to ensure sufficient information is available to close the incident report down. | As required | | 20 days | DB/HJ |
| | | | Security Management to liaise with Risk Management to alter certain fields to make them mandatory to ensure sufficient data is captured for SIRS. | As required | | 2 day | GM/AK/ DB |
| | | | The Trust submitted their annual physical assaults data using SIRS. | Jun 2015 | Jun 2015 | 1 day | GM/AK |
| | | | Undertake an evaluation at year | Mar 2016 | | 1 day | GM |

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| 🟩 | | | end of the data collection for SIRS to ensure the data provided will assist the Trust in submitting their annual physical assaults data for 2015-2016. | | | | |

| PREVENT & DETER | | | | | | | |
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| Green | 3.1 | The organisation risk assesses job roles and/or undertakes training needs analyses for all employees, contractors and volunteers whose work brings them into contact with NHS patients and members of the public. As a result, the appropriate level of prevention of violence and aggression training is delivered to them in accordance with NHS Protects guidance on conflict resolution training and/or the prevention and management of clinically related challenging behaviour. The training is monitored, reviewed and evaluated for effectiveness. | LSMS to assist in annual review of CRT training.<br>Attend and provide updates at training seminars as required.<br>LSMS to assist in the delivery of CRT training.<br>LSMS to assist in the delivery of assault avoidance training.<br>LSMS delivers lone worker awareness sessions for 3rd year student nurses and 5th year medical students undertaking final placements.<br>LSMS to monitor review and evaluate the training provided to staff in the management of violence and aggression. | April 2015<br>As required<br>Monthly<br>Monthly<br>As per programme<br>Mar 2016 | | 1 day<br>2 days<br>12 days<br>12 days<br>2 days<br>1 day | GM/AK<br>GM/AK<br>AK<br>AK<br>AK<br>AK |

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| Green | 3.2 | The organisation assesses the risks to its lone workers, including the risk of violence. It takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed and evaluated for their effectiveness. | LSMS to attends Management Incident Review Groups if the incident involves any aspect of security. | As required | | 1 day | GM/AK |
| | | | Raise awareness of lone working through department security risk assessments. | On-going | | | GM/AK |
| | | | Audit of community lone worker risk assessments to be undertaken in 2016. | Mar 2016 | | 7 days | AK |
| | | | Roll out of series 8 lone worker devices to those identified through risk assessment process. | Mar 2016 | | 20 days | GM/AK |
| | | | Feedback to the Health and Safety Committee on levels of incident reporting, identify trends and any actions taken to mitigate the risk to lone workers. | Quarterly | | 2 days | GM/AK |
| | | | Evaluate the steps taken to mitigate the risk to lone workers. | Jan 2016 | | 1 day | GM |
| | | | Make the necessary improvements from the findings of the evaluation to ensure lone workers are protected throughout the organisation. | Jan 2016 | | 1 day | DB/HJ |

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| Green | 3.3 | The organisation distributes national and regional NHS Protect alerts to relevant staff and action is taken to raise awareness of security risks and incidents. The process is controlled, monitored, reviewed and evaluated. | LSMS manages the escalation process of all NHS Protect Alerts. The LSMS will review the content, risk assesses the threat to the Trust and disseminates to the relevant staff. | As required | | 2 days | GM/AK |
| | | | LSMS manages the escalation process of all other local alerts throughout the Trust. Examples would be Police, MAPPA etc. | As required | | 0.5 day | GM/AK |
| | | | Records are maintained of distribution and what actions are expected of the staff. | As required | | 0.5 day | GM/AK |
| | | | LSMS to undertake an audit to establish the staff awareness of NHS Protect Alerts and check to ensure relevant alerts have been withdrawn as requested. | Feb 2016 | | 0.5 day | GM |
| 🟩 | 3.4 | The organisation has arrangements in place to manage access and control the movement of people within its premises, buildings and any associated grounds. | The security administration department to continue issuing Trust ID Badges in line with Policy. | Daily | | | GM/AK |
| | | | NET 2 is regularly reviewed to ensure all leavers are removed from the system. | Monthly | | 6 days | GM/AK |
| | | | Security administration manage user profiles in accordance with | Daily | | 50 days | GM/AK |

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| 🟩 | | | job roles to ensure staff are given adequate profiles to access various areas throughout the Trust. | | | | |
| | | | The Security Policy refers to policy and operational use of access control. | On-going | | | GM/AK |
| | | | 15 additional access control doors have been added to the NET 2 system in 2015/2016 to date. | On-going | | 3 days | GM/AK |
| | | | The LSMS has a weekly input to the operational aspect of NET 2 to ensure the system runs smoothly. | Weekly | | 5days | GM |
| | | | LSMS to evaluate the work undertaken in the management of NET 2 door access system to ensure the effectiveness of managing the movement of people around Trust premises. | Mar 2016 | | 2 days | GM |
| Green | 3.5 | The organisation has systems in place to protect all its assets from the point of procurement to the point of decommissioning or disposal. | LSMS to provide advice on asset management and controls as required. | As required | | 2 days | GM/AK |
| | | | LSMS to provide input into any relevant finance and supplies policies provide guidance on asset management. | As required | | 2 days | GM/AK |

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| 🟩 | | | LSMS to evaluate the work undertaken in managing Trust assets from the point of procurement to decommissioning or disposal. | Feb 2016 | | 2 days | GM/AK |

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| 🟩 | 3.6 | The organisation operates a corporate asset register for assets worth £5,000 or more. | The Trust operates an asset register for goods worth £5,000 or more.<br>The LSMS will investigate any thefts of equipment noted within the asset register and provide data when this is reviewed as part of the Trust annual accounting system.<br>The LSMS'S will continue to report any losses or thefts in-line with the Security Policy to finance..<br>Finance undertake an audit of the asset register and a report is provided by internal audit on the management of corporate assets. | On-going<br>As required<br>Quarterly<br>Annually | | 0.5 days<br>1 day<br>2 days | GM/AK<br>GM/AK<br>GM/AK<br>CP |
| Green | 3.7 | The organisation has departmental asset registers and records for business critical | The organisation does have departmental asset registers; these predominately are for medical devices and IT equipment, both of | On-going | | 2 days | CP |

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| 🟩 | | assets worth less than £5,000. | which have assets registers available. The asset register for £5000 and above has record of many items of £5000 and below.<br>The LSMS'S will continue to report any losses or thefts in-line with the Security Policy.<br>Get assurance from Finance that assets worth less than £5k, which are considered business critical are recorded on an asset register. | <br>Quarterly<br>Dec 2015 | | <br>2 days<br>0.5 day | <br>GM/AK<br>GM/AK |
| Green | 3.8 | The organisation has clear policies and procedures in place for the security of medicines and controlled drugs (CDs). | Check with Medicines Management Lead to ensure the Trust has clear and concise policies and procedures for the security of medications and controlled drugs. This includes storage, transportation and disposal.<br>Liaise with Medicines Management Lead to ensure the Trust has representation in the Local Information Network for controlled drugs; this involves Commissioners, Providers and the Police to review incidents and | As required<br>On-going | | 1 day<br>0.5 day | GM/AK<br>GM/AK/ CB |

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| 🟩 | | | trends around controlled drugs. | | | | |
| | | | Liaise with Medicines Management Lead to ensure CQC Toolkits are used and drug checks are undertaken by Departmental Managers in line with Trust Policy. | Oct 2015 | Oct 2015 | 0.5 day | GM/CB |
| | | | Liaise with Medicines Management Lead to ensure CD drug audits are undertaken in line with SOP for Monitoring, Audit and Review of Controlled Drugs. | Oct 2015 | Oct 2015 | 0.5 day | GM/CB |
| | | | Evaluate the work undertaken in the management of CD's | Jan 2016 | | 1 day | GM/CB |
| Amber | 3.9 | Staff and patients have access to safe and secure facilities for the storage of their personal property. | The LSMS to meet with the facilities manager and executive leads to review the progress made on the provision of patient lockers that were identified in a previous PEAT inspection. | Oct 2015 | Oct 2015 | | GM/KM/ SJ/LB |
| | | | Review the facilities for the safe keeping of patient property including lost property. | Oct 2015 | | | GM |
| | | | High value storage is available to | On-going | | | GM/AK |

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| 🟧 | | | patients via the Patient Welfare Policy, this gives guidance on storage and security and this facility is based in the Trust General Office.<br>The LSMS's provide advice and guidance on the safe storage on the staff Induction presentation. Staff are advised to bring minimal personal belonging to work. The security risk assessment for each area reflects the safe storage of staff and patients property where applicable. During refurbishment schemes a small number of wards have been fitted with personal lockers for the storage of valuables.<br>All reports of thefts are logged on the DATIX incident reporting system and the LSMS and the managers involved are required to investigate all reports of theft. | As required<br>On-going | | | GM/AK<br>GM/AK |
| Green | 3.10 | The organisation records all security related incidents affecting staff, property and assets in a | The LSMS to continue investigating all security DATIX incidents reported through the Trust incident | Quarterly | | 20 days | GM/AK |

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| | | comprehensive and systematic manner. Records made inform security management priorities and the development of security policies. | reporting system. This provides the LSMS with data that can be analysed to ensure further risk is mitigated and improvements are made to ensure a safe and secure environment. | | | | |
| | | | Quarterly reports should be submitted to the Trust Health and Safety Committee to ensure the Committee is informed of all security related data. | Quarterly | | 2 days | GM/AK |
| | | | Health and Safety Committee Minutes are discussed at the Trust Risk Management Operational Group. | Quarterly | | 1 day | AK |
| | | | LSMS to liaise with Head of Risk Management to ensure the incident reporting system is effective and where necessary weaknesses are improved. | As required | | 1 day | GM |
| Green | 3.11 | The organisation takes a risk-based approach to identifying and protecting its critical assets and infrastructure. This is included in the organisation's policies and | Write a Trust Security Strategy that links in all security related policy including Information Governance and Information Technology. | Sept 15 | Nov 2015 | | GM/AK |

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| 🟩 | | procedures. | LSMS to attend and have input into the Trust Resilience Forum, which has an Executive Director lead that meets on a quarterly basis with the specific aim of protecting the infrastructure and business continuity of the Trust. | Quarterly | | | GM/AK |
| | | | LSMS to liaise and link security work into Emergency Planning Policy and a Major Incident Plan ratified at Board Level. | Quarterly | | 1.5 days | GM/AK |
| | | | Business Continuity Plans should be rehearsed via table top exercises. | On-going | | | Manager/ JB |
| | | | All business critical services are required to have a business continuity plan. | Apr 2015 | | 0.5 day | Manager/ JB |
| | | | LSMS to review areas considered mission critical to ensure the assets and infrastructure are properly protected. | Feb 2016 | | 1.5 days | GM/AK |
| Green | 3.12 | In the event of increased security threats, the organisation is able to increase its security resources | LSMS to ensure there is a facility in place via the Major Incident Plan to allocate increased security and | On-going | | 0.5 day | GM/AK |

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| 🟩 | | and responses. | staffing resources through the call out plan. | | | | |
| | | | The Trust has an agreement with the external security provider to increase security officers at short notice to react and respond to incidents of security as and when required. | On-going | | 0.5 day | GM/AK |
| | | | LSMS will review external security support based on request and risk assessment.  Evidence to support this is where additional staff has been requested by a ward to supervise patients with behavioural difficulties and the strategic planning for key events such the annual Great North Run. | As required | | 0.5 day | GM/AK |
| | | | LSMS to provide expert advice and guidance in support of the Trust Resilience Forum and direct support to the Emergency Planning Officer of the Trust. | As required | | 5 days | GM/AK |
| Amber | 3.13 | The organisation has suitable lockdown arrangements for each of its sites, or for specific | There is a lockdown policy and lock down assessments are in place for community premises and business | As per programme | | 25 days | GM/AK |

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| 🟧 | | buildings or areas. | critical departments within the acute setting.<br>LSMS to undertake systematic review of lockdown plans as per the Trust Lockdown Policy. The acute setting will be completed in conjunction with the security assessments. | As per programme | | | GM/AK |
| Green | 3.14 | Where applicable, the organisation has clear policies and procedures to prevent a potential child or infant abduction, and they are regularly tested, monitored and reviewed. | The Trust Baby Abduction procedure to be reviewed and tested to ensure the plan is followed correctly. | Jan 2016 | | 0.5 day | GM/AK |
| HOLD TO ACCOUNT | | | | | | | |
| Green | 4.1 | The organisation is committed to applying all appropriate sanctions against those responsible for acts of violence, security breaches, theft and criminal damage. | LSMS to attend court, case conferences, multi-disciplinary teams and other sanction hearings as required.<br>Assist with police investigations where required.<br>LSMS to prepare reports and evidence for use at court or other | As required<br>As required<br>As required | | 5 days<br>3 days<br>2 days | GM/AK<br>GM/AK<br>GM/AK |

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| | | | sanction hearings.<br>LSMS to chair the Violent Patient Marker Panel and assist in the process implementing the Withdrawal of Treatment Policy (yellow and red card).<br>LSMS to meet with the Police to discuss incidents and outcomes. | Monthly<br>Monthly | | 10 days<br>10 days | GM/AK<br>GM/AK |
| Green | 4.2 | The organisation has arrangements in place to ensure that allegations of violence, theft and criminal damage are investigated in a timely and proportionate manner and these arrangements are monitored, reviewed and evaluated. | Work linked to 2.6 & 2.7<br>LSMS to monitor, review and evaluate the security incident reporting process to ensure its effectiveness. | As required<br>Mar 2016 | | 2 days | GM/AK |
| Red | 4.3 | Where appropriate, the organisation publicises successful prosecutions of cases relating to a) denying unnecessary access to premises b) the consequences of assaulting NHS staff c) breaching the security of NHS premises and property d) acts of theft and criminal damage. | Work linked to 2.3<br>Work to be developed with the communications team to help meet this standard. | As required<br>Feb 2016 | | 1 day | GM/AK<br>AK |
| Green | 4.4 | The organisation has a clear | Financial Practice Notice 20 | As required | | | |

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| 🟩 | | policy on the recovery of financial losses incurred due to theft of, or criminal damage to, its assets and can demonstrate its effectiveness. | (Reporting, Investigating & Recording) | | | | |

**Signature of the Local Security Management Specialist:** **Date:**

**Print Name:** **Date:**

**Signature of the Security Management Director:**

**Print Name:**