

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>20 January 2022</b>	<b>Agenda item</b>	<b>Bo.1.22.29</b>

## ANNUAL SECURITY BOARD REPORT 1 APRIL 2020 – 31 MARCH 2021

<b>Presented by</b>	Mark Holloway, Director of Estates & Facilities		
<b>Authors</b>	William Hall – Security Manager / Local Security Management Specialist Karon Snape – Head of Facilities		
<b>Lead Director</b>	Mark Holloway, Director of Estates & Facilities		
<b>Purpose of the paper</b>	<p>The report sets out the Trust's management of security and demonstrates the anti-crime work undertaken to address current crime trends at Bradford Royal Infirmary and St Luke's Hospital sites.</p> <p>The report provides assurance that adequate measures are in place to tackle and reduce opportunities for crime to occur.</p>		
<b>Key control</b>	Health & Safety Benchmarking		
<b>Action required</b>	To note		
<b>Previously discussed at/ informed by</b>	N/A		
<b>Previously approved at:</b>	<b>Academy/Group</b>	<b>Date</b>	
	Security Steering Group	Virtual September 2021	
	Facilities Risk Management Working Group	Virtual September 2021	
	Estates & Facilities Compliance Risk Assurance Group	28 September 2021	

### Key Options, Issues and Risks

This report is presented to the Executive Management Team for noting and provides assurance in relation to the management of security within the Trust during 2020/2021.

The report also provides information relating to the key risks and how they are currently managed and mitigated.

It should be noted that the NHS Protect Security Management Standards for Providers (SMSP 2016/17) are no longer a requirement of the NHS Standard Contract 2021/2022 and have been replaced by the Violence Prevention and Reduction Standard.

A desk top review of the SMSP was undertaken for 2020/2021 and there have been no changes to the standards since the 2019/2020 self-assessment, which was presented at the Quality Academy in March 2021.

During 2020/2021 a significant amount of security work and resource has been dedicated to reacting to the world-wide COVID pandemic and responding with appropriate security measures including lockdown and the 'policing' of the main entrances at BRI, SLH and Maternity.

During this protracted period reactive security has taken priority over the proactive security work that would routinely take place.

The in-house security team has been supplemented by contracted security and agency to manage the security response to the pandemic.

Security teams have been utilised to support the management of the increased number of patients with underlying mental health and associated behavioural issues at ward level.

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### Analysis

The report provides details on the work that has been undertaken during 2020/2021 to proactively and reactively manage security within the Trust through the following key work stream areas:

- Security Standards for Providers desk top review 2020/2021
- Improving staff engagement
- Management of violence and aggression, including physical assault
- Theft/Criminal Damage
- Anti-crime work
- Risk assessments
- Analysis of crime patterns
- Policy review

### Recommendation

The Executive Management Team is asked to note and accept the content of the report, specifically:

- The 2020/2021 desk top self-assessment of Trust performance against the NHS Protect Security Management Standards as the final self-assessment due to the withdrawal of these from the NHS Standard Contract for 2021/2022. There have been no changes to the previously reported 2019/2020 assessment or changes in compliance during the reporting period.
- The number of reported incidents remains a concern specifically in relation to clinically related challenging behaviour, physical assault and violence and aggression, as well as significant under reporting across the Trust.
- A continued need to focus on engaging staff to improve reporting, intervening and de-escalating behaviours at the earliest opportunity to reduce the incidence of violence and aggression and to reduce opportunities for criminality such as theft of personal property and Trust assets to occur.
- There is conclusive evidence that crime increases when there are more opportunities to offend and falls when the numbers of opportunities are reduced. It is important therefore, that Divisions and in particular, high reporting areas continue to improve their reporting and engagement with the security management team in order to further reduce the opportunities presented for criminality and violence to continue.

### Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		

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To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low	Moderate	High	Significant	Risk (*)	
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input checked="" type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Safe</b>
<b>Care Quality Commission Fundamental Standard: Safety</b>
<b>NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates &amp; Facilities</b>
<b>Other (please state):</b>

<b>Relevance to other Board of Director's academies: (please select all that apply)</b>			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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## ANNUAL SECURITY BOARD REPORT 1 APRIL 2020 – 31 MARCH 2021

### 1 PURPOSE/ AIM

This report is presented to provide assurance that BTHFT is committed to having appropriate security management arrangements in place within their organisation to protect staff, patients and visitors and to ensure that NHS assets are kept safe and secure.

NHS England have removed service condition 24 relating specifically relating to Security Management Standards for Providers from the 2021/2022 NHS Standard Contract and have replaced it with the newly published Violence Prevention and Reduction Standard.

This decision has been determined due to the dissolvent of NHS Protect in 2017 and the legal status of the Security Management Standards, which were previously developed, updated and owned by NHS Protect.

Therefore this report will no longer include Trust performance against the Security Management Standards. The previous 2019/2020 performance against those standards has not changed in the 2020/2021 desk top review.

Greater staff engagement will ensure a good security culture where the security controls in place are robustly and consistently enforced across the organisation, making it much harder for criminals to operate in the hospital environment. In particular, ward staff find managing the number of visitors and managing access difficult. Inconsistent messages to visitors and their families are a particular trigger for violence and aggression and the security management team are working with specific wards to empower staff to challenge visitors (where safe to do so).

It is important that the Trust continues to work towards a pro-security culture which is integral to security management and is one where the responsibility for security is accepted by all and whose actions minimise the risks from injury, loss of assets, information and reputation. This leads to improved detection, diversion, escalation and investigation of security related incidents with positive outcomes such as; reduced incidences of violence and aggression, theft, damage and improves the potential to identify trends and highlight security weaknesses in the future.

### 2 PROPOSAL

This report provides continued assurance that effective security management arrangements are in place at BTHFT.

### 3 BENCHMARKING IMPLICATIONS

The 2019/2020 and desk top review undertaken in 2020/2021 of the Security Management Standards for Providers performance reported that of the 29 Security standards for providers which include Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account, the Trust achieved full compliance to 25 standards, 4 achieved partial compliance.

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As the Trust has achieved full compliance to the majority of standards the overall rating remains 'GREEN' for this reporting period.

The 2019/2020 outstanding Action Plan is attached for reference and work will continue to complete the action plan where possible.

The newly published Violence Prevention and Reduction standard has been developed in partnership with the social partnership forum and its subgroups including trade unions and the workforce issues violence reduction groups. It was endorsed by the social partnership forum on 15 December 2020 and is incorporated into the 2021/22 NHS Standard Contract.

The standard delivers a risk based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

The new standard is currently under review and will be implemented through the Associate Director of Quality as a work stream as part of the Trusts wider response to the staff survey. The Local Security Management Specialist (LSMS) will be a member of the working group supporting the implementation of identified actions. The Trust operating under the NHS Standard Contract should have regard to the Violence Prevention and Reduction Standard and are required to review their status against it and provide Board assurance that they have met it twice a year and this will be monitored through both the Quality Academy and the People Academy.

There will be no further self-assessment against the Security Management Standards for Providers in the future.

#### **4 RISK ASSESSMENT**

There are two active security related risks on the Estates and Facilities Risk Register:

- Non-compliance to the Physical Intervention Policy, specifically there are no nominated clinical Physical Intervention Coordinators as required within the policy.

A paper was presented to the Executive Management Team (EMT) in January 2021 where it was agreed to pilot the use of the Clinical Site Team/Safeguarding Adult Team to support and supervise whilst assisting Security Officers with restraint, ensuring that any techniques and methods deployed to restrict a patient are proportionate to the risk and seriousness of harm, are the least restrictive option to achieve outcome and are used no longer than necessary. The pilot is due to be evaluated at the end of September by the Adult Safeguarding Lead Nurse.

In addition work with the acute assessment areas, safeguarding, clinical team and education supporting the management of those patients with underlying mental health, alcohol and drug withdrawal problems continues including the appropriate management and care of a patient in a state of distress, looking at crisis management, restraint and enhanced supervision and training for clinical and security staff.

- Upgrade to external CCTV provision at BRI and SLH

Both projects will be reviewed in the 2022/23 financial year due to the capital budget position and will remain on the risk register.

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<b>5</b>	<b>RECOMMENDATIONS</b>
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The Executive Management Team is asked to note and accept the content of the report, specifically:

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- The number of reported incidents remains a concern specifically in relation to clinically related challenging behaviour, physical assault and violence and aggression, as well as significant under reporting across the Trust.
- A continued need to focus on engaging staff to improve reporting, intervening and de-escalating behaviours at the earliest opportunity to reduce the incidence of violence and aggression and to reduce opportunities for criminality such as theft of personal property and trust assets to occur.
- There is conclusive evidence that crime increases when there are more opportunities to offend and falls when the numbers of opportunities are reduced. It is important therefore, that Divisions and in particular, high reporting areas continue to improve their reporting and engagement with the security management team in order to further reduce the opportunities presented for criminality and violence to continue.

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6	Appendices
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## Annual Security Board Report 1 April 2020 – 31 March 2021

### 1. Approach to Security Management

- 1.1 BTHFT is committed to having appropriate security management arrangements in place within their organisation to protect staff, patients and visitors and to ensure NHS assets are kept safe and secure.
- 1.2 In previous years the Trust has self-assessed against the Security Management Standards for Providers as outlined in condition 24 of the NHS Standard Contract, however, this has been removed from the 2021/2022 contract by NHS England and replaced with the newly published Violence Prevention and Reduction Standard.
- 1.3 The impact of this decision means that the Trust is no longer required to report against these standards. A desk top review of the 2019/2020 performance identified no changes for the 2020/2021 review and therefore, as the Trust has achieved full compliance to the majority of standards the overall rating remains 'GREEN' for this final reporting period.
- 1.4 The security management team supported the development of the current Hospital access restrictions both at BRI, Maternity and SLH in response to the pandemic. The security element of the hospital lockdown is managed by the security management team and has been contracted out to G4S, however day to day management of the staff remains the responsibility of the security team. SOP's have been written and reviewed during the pandemic which set out clearly what is expected of the security staff.
- 1.5 The security management team assisted in the review of security measures required for the vaccination centre with a representative from the Trust and West Yorkshire Police, as a result of this review a number of remedial updates to existing building security were implemented i.e. additional CCTV on the delivery entrance and storage area within pharmacy, additional locks on the pharmacy delivery store doors, removal of external shutter override key switches on the pharmacy stores, installation of a panic alarm in the pharmacy stores which sounds locally as well as in the security control room. Key points were identified in the Sovereign Lecture Theatre which were staffed by security personnel and SOP's developed for their roles and responsibilities.

### 2. Improving Staff Engagement

- 2.1 Encouraging staff to pursue police prosecution of significant incidents of assault and threatening behaviour of individuals has been difficult and staff are reluctant to provide statements to the Police. The LSMS will continue to work with the nurse



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leadership team to support and improve formal reporting to reduce these continuing trends of incidents of violence and aggression.

- 2.2 In previous years the security management team have set up quarterly seasonal Security Awareness table top advice sessions, supported by West Yorkshire Police, however, due to the Pandemic these sessions were suspended during 2020/2021. The sessions will be reintroduced as and when appropriate.
- 2.3 The security management team continue to engage with department/ward managers at the earliest opportunity once an incident has been reported, assessing current systems and procedures and making recommendations to prevent and/or deter similar incidents recurring.
- 2.4 Work has continued with ward staff to implement preventative measures to reduce the incidence of crime at ward level. For example work was undertaken with the Matron for ward 23 following alleged thefts of patient property to improve staff awareness in relation to the property and valuables checklists and documentation. Processes were introduced at handover to prevent further incidents. Whilst the perpetrator could not be identified, the deterrent effect of the new procedures including new access control systems on the staff rooms has prevented further internal thefts to date.
- 2.5 A pro-security culture is integral to security management and is one where the responsibility for security is accepted by all and whose actions minimise the risks from injury, loss of assets, information and reputation. This leads to improved detection, diversion, escalation and investigation of security related incidents with positive outcomes such as; reduced incidences of violence and aggression, theft, damage and improves the potential to identify trends and highlight security weaknesses in the future. The LSMS has worked with nursing teams to improve their understanding of the benefits of a pro-security environment within their areas of responsibility.
- 2.6 A number of global emails advising staff of potential security issues have been communicated during the reporting period
- 2.7 Whilst the security management team have presented 'Think Safe, Stay Safe' – Personal Safety and Security' at the back to basics sessions during 2019/2020 further presentations have been suspended during the Pandemic. The presentations will be delivered as and when appropriate in the forthcoming year.

These sessions cover violence and aggression, conflict resolution skills, helping to develop a pro-security culture, ward environment safety, bogus staff and learning outcomes, car crime, cycle crime, police community support officers, security patrols, crime prevention surveys and address the high volume of patients reported as 'missing' to the Police.

- 2.8 Following an incident in October 2020 where a male entered the Accident and Emergency Department (AED) emergency x-ray and threatened staff with a gas powered BB gun whilst demanding an x-ray, the security management team worked in partnership with West Yorkshire Police to provide them with all relevant evidence (CCTV) and supported staff who witnessed the incident in providing statements.



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Support was also provided to the Senior Management Team of AED by the Local Security Management Specialist (LSMS) in the form of an area risk assessment.

The suspect was subsequently arrested and charged. He pleaded guilty at Bradford and Keighley Magistrates Court. The Judge handed him a 14 month custodial sentence, court costs and a victim surcharge.

- 2.9** The security management team continue to work with the AED team to improve relationships and engagement between security and nursing. Improved reporting of incidents has enabled a security presence as and when required and work continues to improve the management of violence and aggression in this specific area of the Trust.
- 2.10** The Deister Guard Tour system which is in place externally at both Bradford Royal Infirmary and St Luke's Hospital sites provides continued assurance that all external areas (hot spots) of the sites are regularly visited by security patrols increasing the deterrent effect for crime to occur due to the increased visibility of patrols and early detection of any potential security breach. The system monitors through check points located in areas such as car parks, perimeters, rear of buildings, fire escapes and medical gas storage areas that these areas are regularly patrolled by the security team.
- 2.11** The LSMS continues to work with the Police and the wards to reduce the number of patients reported missing from the wards (123 in year) of which a significant number are inappropriately reporting as the patient has self-discharged. Further work and engagement with specific wards will continue to reduce this trend.

### **3. Management of Violence and Aggression, including Physical Assault**

- 3.1** Work has continued in year to address the reported incidence of violence and aggression inappropriate/threatening behaviour, and verbal abuse towards staff; however this behaviour remains an issue in all areas of the Trust and may indicate that staff are not identifying inappropriate behaviour at the earliest opportunity to prevent escalation to more serious aggression. Whilst there has been a decrease of 37 reports since the last reporting period the number of reports remains significant. The LSMS works closely with the nursing teams to address and promote early intervention to address potential triggers for violence and aggression to occur.

A common trigger across all areas is the link between poor and inconsistent communication with patients and visitors at ward level, work to further reduce incidence will continue with high reporting areas.

- 3.2** The security management team continue to work with the Adult Safeguarding Team and visit high reporting areas of violence and aggression every Friday. This is to engage with staff and support them in reviewing and addressing inappropriate and often challenging patient behaviour. Sisters/Nurses in charge are encouraged to discuss specific patients and their behaviours so that appropriate management plans can be put in place and to ensure appropriate measures are in place for the weekend period when fewer senior staff are on the ward. The patient is made aware of the

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consequences of not complying with the management plans (where appropriate) and the security management team use this opportunity to provide general security and crime prevention awareness as well using this opportunity for improved engagement with the clinical teams. This measure has significantly reduced the number of times the Security team are contacted over the weekend period.

- 3.3** A key measure to protect NHS staff and those who deliver NHS services from violence is Conflict Resolution Training (CRT) which is mandatory for all frontline staff. CRT provides staff with important de-escalation, communication and calming skills to help them prevent and manage violent situations.

The Education and Training department continue to deliver Conflict Resolution Training (CRT) in line with national guidelines (refresher training is provided 3 yearly). At the end of March 2020, 93.73% of Trust staff were up to date with their training.

- Number of staff who are compliant - number as well as percentage 93.73% (3334/3557)
- Number of staff not compliant – never done training. 9
- Number of staff who will need refresher training up to 31st December – compliance will run out. (Reporting has been cancelled for 3 months unable to obtain figures)
- Number of full conflict sessions scheduled – all sessions delivered at induction
- Number of refresher sessions scheduled – refresher training is now eLearning only

- 3.4** Whilst the Trust Education Department delivers the national syllabus for Conflict Resolution Training, there is a gap for staff to receive 'Breakaway training' in line with the Trust Physical Intervention Policy.

- 3.5** The table below shows the reported violence and aggression (threatening behaviour/verbal abuse) figures for the reporting period 1 April 2020 and 31 March 2021 compared with previous years:

<b>Incident Type</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
<b>Total</b>	380	315	456	341	304	298

- 3.6** Whilst the table indicates that violence and aggression (threatening behaviour/verbal abuse) has decreased over the last two years in succession, work continues to engage with staff to encourage formal reporting through the datix system. Work is still on-going with the Risk Management Team and known 'hot spot areas' to support and encourage staff to improve reporting to provide a realistic view of the level of risk as there is still a significant degree of under reporting.

Historically there has been a knee-jerk reliance on agency security staff being requested for an entire shift to support the management of patients inappropriate behaviours on wards where enhanced care or one to one nursing is more appropriate to manage a patients behaviour. This reliance has started to reduce with the

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supporting work from the Safeguarding Adult Team addressing the mental health needs of those individual patients.

- 3.7** The security management team continue to work closely with key workers within the accident and emergency department (AED), supporting staff to report incidents and updating them on the progress of anyone who has been arrested and charged with an offence. Patients have also been issued with unacceptable behaviour letters within the reporting period and these are monitored and reviewed on a 12 monthly basis. There will be a continued focus on managing violence and aggression during the next year.
- 3.8** The security management team has also implemented Criminal Behaviour Diaries within the AED which help staff record the relevant information for both frequent and regular attenders who abuse the services and where appropriate the Trust considers withdrawal of treatment and/or banning, criminal behaviour orders are imposed by both the hospital and West Yorkshire Police. The LSMS attends the frequent attender MDT to support the development of appropriate management plans for these patients.
- 3.9** The security management team works closely with specific wards that often have Intravenous Drug Use (IVDU) patients, alcohol withdrawal patients, those patients presenting with mental health issues and patients who display inappropriate behaviour (not clinically related). They continue to work closely with key staff, safeguarding teams and Police to support the management of this varied group of patients.
- 3.10** The table below details the number of reported physical assaults on NHS staff by patients, visitors and public during the reporting period 1 April 2020 and 31 March 2021 compared with the previous 5 years.

<b>Year</b>	<b>Total assaults</b>	<b>Involving medical factors</b>	<b>Not involving medical factors</b>	<b>Criminal sanctions</b>	<b>Civil and administrative sanctions</b>
<b>2014/15</b>	156	<b>148</b>	8	2	0
<b>2015/16</b>	126	<b>114</b>	12	1	7
<b>2016/17</b>	124	<b>117</b>	7	2	4
<b>2017/18</b>	132	<b>121</b>	11	3	3
<b>2018/19</b>	139	<b>139</b>	0	0	2
<b>2019/20</b>	168	<b>160</b>	8	8	2
<b>2020/21</b>	174	<b>155</b>	19	14	1

- 3.11** Whilst there is a small increase in the overall numbers of assaults (6) reported within the reporting period, the number of assaults 'involving medical factors' i.e. clinically related (where the perpetrator did not know what they were doing, or did not know what they were doing was wrong due to medical illness, mental ill health, severe learning disability or treatment administered) remains a significant factor in this year's reporting on physical assaults.

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This demonstrates that our current prevention and management strategies are having a limited effect in reducing these types of assaults and highlights the importance of reviewing training requirements for staff caring for this group of patients, as well as the measures required to improve the prevention and management of those patients who display clinically related challenging behaviour leading to physical assault.

The new Violence Prevention and Reduction Standard will be an important factor in the future management of violence and aggression

- 3.12** Where assaults occur not involving medical factors i.e. intentional assault, the Security Management Team support the Police in prosecuting offenders.

Of the 19 physical assaults that were not clinically related, therefore categorised as 'intentional' 14 received criminal sanctions and 1 patient received a warning letter. 1 patient is remanded on unconditional bail until the Court Hearing on 12/10/21, 1 patient plead guilty and referred to youth offenders panel for a contract of 12 months.

In addition, 6 Warning Letters have been sent to patients during this reporting period.

- 3.13** The table below highlights the 5 highest reporting areas for violence and aggression during the reporting period:

Area 2020/21	Physical Assault	Threatening Behaviour	Verbal Abuse	Total
A&E	26	21	25	<b>72</b>
AMU 1	16	7	2	<b>25</b>
AMU 4	20	10	3	<b>33</b>
Ward 27	19	6	3	<b>28</b>
Ward 28	12	9	3	<b>24</b>
<b>Total</b>	<b>93</b>	<b>53</b>	<b>36</b>	<b>182</b>

- 3.14** The table indicates significant under reporting, specifically within A&E where they have only reported 72 incidents within a 12 month period. The Security Management team will continue to support these areas to ensure incidents are appropriately reported, dealt with accordingly and training needs identified.

- 3.15** Focussed risk assessments have been undertaken in the areas detailed in the table below:

Top 5 Reporting Areas in 2020/21	Date for focussed V&A Assessment & triggers identified
A&E	06/07/2020 – postponed to be rearranged
AMU 1	13/07/2020 – issues related to patient base and specifically the management of Mental health
AMU 4	14/07/2020 – As above

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Ward 27	20/07/2020 – Same patients attending causing same problems
Ward 28	29/07/2020 – Due to the reconfiguration of wards during the pandemic and the various patient groups it was difficult to identify specific themes.

**3.16** The Security Management team and the dedicated Police Community Support Officers (PCSO) will focus patrols in these areas to provide a visible deterrent, encourage better reporting from staff, as well as supporting staff in dealing consistently with challenging behaviour as well as the development of management plans for individual patients to support a reduction in levels of violence and aggression.

**3.17** As part of the Security work to reduce incidents of violence and aggression (verbal and physical) and to support staff and patients to feel safe and secure whilst on our premises the Trust has supported the purchase of 11 Body Worn Cameras (video) worn by the in-house security team at Bradford Royal Infirmary and St. Luke's Hospital.

The aim of this initiative is to:

- To protect staff, patients and visitors
- To protect Trust premises and Trust assets
- To increase personal safety and reduce the fear of crime
- To reduce incidents of violence and aggression to staff members
- To support the Police in reducing and detecting crime
- To assist in identifying, apprehending and prosecuting offenders
- To provide a deterrent effect and reduce criminal activity.

The use of this equipment to support prosecutions/act as a deterrent to violence and aggression will be evaluated in the next reporting period

#### 4. Car Crime

**4.1** During the reporting period the Trust car parks have seen a similar level of reported car crime to the previous year, specifically theft of satellite navigation systems (1 attempted theft & 2 thefts) and theft/loss/damage of personal property within the car parks (5).

**4.2** Low level car crime is attributed to a number of initiatives which have been undertaken in partnership with West Yorkshire Police to combat these types of car crime, such as:

- Hi-visibility police patrols (PCSO's) and additional hi- visibility security patrols to act as a deterrent
- Additional security staff in March to deter the national target of satellite navigation systems and catalytic converters

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**4.3** In December 2020 the Trust retained the Park Mark Safer Car Parking Award for 'C' Block and Horton Wing Pay and Display Car Parks at SLH and BRI main entrance, accessible entrance, Smith Lane and Maternity Car Parks.

**4.4** The Safer Parking Scheme is managed by the British Parking Association with the aim of the scheme to:

- Reduce crime and the fear of crime within parking facilities
- Provide guidance on how to establish and maintain a safe and secure environment through the introduction of proven management processes, physical measures and site security systems
- Raise awareness to those who use the car parking facilities that the operator has considered and where appropriate taken action to reduce crime within the parking facility that they have chosen to use

## **5. Theft**

The Trust continues to create opportunities for theft to occur by leaving windows open, doors wedged open, allowing tailgating and leaving assets insecure and in view, allowing opportunist thieves to enter staff/authorised areas and remove personal property and Trust assets.

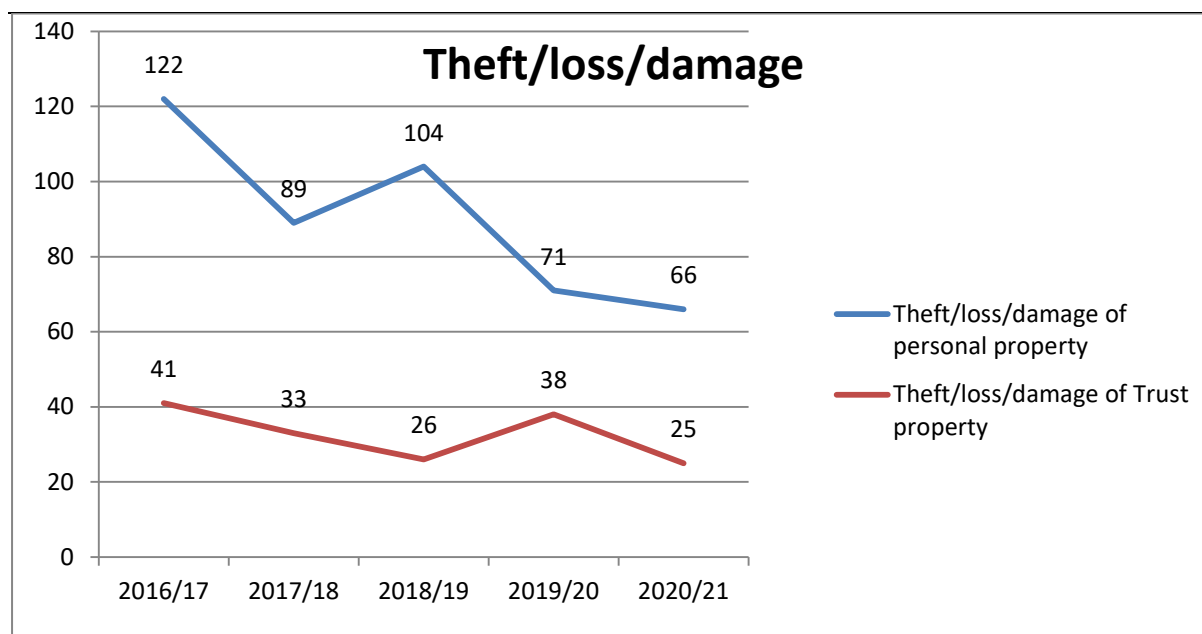
**5.1** Theft of patient property features regularly and staff are reminded to encourage patients to leave valuables at home or request for family to take home for safe keeping. The Security Management team continue to work with those areas where crime reporting is higher. The Police Community Support Officers patrol all areas in an attempt to deter criminal activity and highlight to the clinical teams the opportunities they present to thieves.

**5.2** Safe and secure storage at ward level remains an issue as the Trust actively encourages patients to bring in electronic items such as phones and laptops by providing free Wi-Fi, however, the patient has nowhere to safely secure these items as they leave the ward for tests.

**5.3** The Patients Property and Valuables procedure is not always adhered to by clinical staff when either admitting or transferring a patient or after a patient has deceased, this impacts on investigations when allegations are made in relation to missing items of property and the Trust often compensates patients or relatives for missing items.

**5.4** The table below shows comparative data for the previous five years in relation to theft/loss/damage. There has been a decrease in the overall number of reported incidents of theft/loss/damage of personal property which has decreased by 5 from last year. There has also been a decrease in the number of theft/loss/damage of Trust Property which has decreased by 13 from the previous year.

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## 6. Anti-Crime work undertaken to tackle and prevent crime in general

**6.1** A significant amount of work has been undertaken in year and some of this is highlighted below:

- Upgrade of access control, intruder alarms and CCTV surveillance systems which benefits the organisation by providing the security team with the most up to date tools to carry out their duties, minimising the amount of time taken to proactively monitor alarm events in real-time and use smart search features to help find missing patients in a timely manner.
- Security Control Room improvements increasing the ability to monitor CCTV footage and provide evidential quality footage to the police for improved detection of crime.
- CCTV installations within refurbished wards and new builds to deter or detect criminal activity specifically in relation to theft.
- Baby Abduction Lockdown testing of systems and procedures and improvements to alarm/alert systems during the reporting period:
  - A review of the SLH abduction protocol was conducted 30 October 2020 including a site walkthrough by the LSMS, Emergency Planning Manager and site Matron.
  - A test of the Women's and Children's unit baby abduction system was requested by the LSMS on 30 October 2020 after an electrical fault and power outage, no issues identified during the test.
  - A number of infant/child abduction system improvements have been made on wards 30/32 throughout the reporting period and the LSMS liaised with clinical staff, fire manager and estates operations manager in relation to the physical security requirements and operational processes.



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- The Trust continues to work in partnership with West Yorkshire Police and the LSMS will work with them to develop a 2021/2022 hospital policing plan based on the crime trends of 2020/2021.

## 7. Security related risk assessments

**7.1** During the reporting period a number of security related risk assessments have been undertaken by the Security Management Team. These are monitored through the Trust Security Steering Group which would normally meet quarterly, but due to the pandemic has not met during the reporting period.

**7.2** The following assessments have been undertaken in year:

Date	Assessment	Outcomes/Themes
09/07/20	Violence & Aggression Assessment (AED)	These assessments relate to the highest reporting areas of violence and aggression. The assessments identified the need for clinical teams to ensure early intervention at the first sign of challenging behaviour. Conflict Resolution Training requires putting in to practice more frequently to ensure low level behaviour is managed without escalation.  The development of individual management plans reduces the recurrence of inappropriate behaviour and empowers staff.
16/07/20	Violence & Aggression Assessment (AMU 4)	
23/07/20	Violence & Aggression Assessment (Ward 6)	
24/07/20	Violence & Aggression Assessment (Ward 9)	
30/07/20	Violence & Aggression Assessment (Ward 20)	
03/08/20	SDEC – Area assessment for confused and agitated patients.	Increased Security Officer and PCSO visibility in place
11/12/20	Vaccination centre assessment of security measures and storage of the vaccine.	Discussed layout and use of rooms, staff management of patients and escalation process.
16/12/20	Medical gas storage risk assessment.	Recommendations made to the delivery and storage areas within pharmacy, alarms in the sovereign lecture theatre and key control measures.
11/02/21	Ward 18 fire escape.	Review of gas stores and security measures; recommend SLH store relocated to level 0 Horton Wing.
		Recommended access control and fire

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		door alarm that sounds locally and on the nurse's station.
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## 8. Policy reviews and updates

The security management team have reviewed the policies listed below in 2020/2021:

- Directed Surveillance – minor changes
- Photographic Identification Badges – currently under review
- Physical Intervention Policy – 12 month extension approved with identified risks
- Security – currently under review
- Prevention and management of Violence and Aggression – 12 month extension approved due to the implementation of the new Violence Prevention and Reduction Standard.

## 9. Crime Patterns 2019/20

- 9.1 The crime patterns of the last year will form the basis of the focus for the security management team in 2021/2022. Assault, theft and public order (violence and aggression) remain a significant concern. In addition, in the last year patients attending under the influence of illicit drugs and displaying challenging behaviour through mental health have become a significant problem for AED as well as admitting wards. Behaviour attributed to drugs is significantly under reported within the Trust and efforts will be made to improve reporting and manage behaviour during the remainder of the year