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| Meeting Title | Trust Board | | |
| Date | 22 nd September 2022 | Agenda item | Bo.9.22.25 |

ANNUAL SECURITY BOARD REPORT

1 APRIL 2021 – 31 MARCH 2022

| | | | |
|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
| Presented by | Mark Holloway, Director of Estates & Facilities | | |
| Authors | Karon Snape – Head of Facilities | | |
| Lead Director | Mark Holloway, Director of Estates & Facilities | | |
| Purpose of the paper | The report sets out the Trust's progress in the management of security and demonstrates the work undertaken to address current crime trends at Bradford Royal Infirmary and St Luke's Hospital sites during 2021/2022. | | |
| Key control | Health & Safety Benchmarking | | |
| Action required | To note | | |
| Previously discussed at/informed by | N/A | | |
| Previously approved at: | Academy/Group | Date | |
| | Trust Board (interim board assurance report/verbal update) | May 2022 | |
| | Estates & Facilities Compliance Risk Assurance Group | 25 August 2022 | |

Key Options, Issues and Risks

This report is presented to the Board for noting and provides assurance in relation to the management of security within the Trust during 2021/2022.

During 2021/2022 a significant amount of security work and resource has been dedicated to reacting to the COVID pandemic and responding with appropriate security measures including partial lockdown and the requirement for Security Officers to 'police' nominated entrances at BRI, SLH and the Women's and Children's Unit to support hospital safety and manage visitor access and egress.

In May 2022 the Director of Estates and Facilities gave a verbal update on site wide security to the Trust Board, assuring the continuing reactive management of security, despite the operational challenges in both resource pressures, including the long term absence of the Operational Security Manager/LSMS and managing the sites under very difficult conditions.

Whilst security services remained fully operational, the proactive element of security management had to be refocussed to provide a reactive only service to deal with the ongoing challenges posed in response to the Covid pressures on site.

The in-house security team was supplemented by contracted security, including 24 hour supervision (December to March) as well as agency staff to support the security response to violence and aggression and physical assaults which has remained a priority focus. The security team has worked alongside the safeguarding and clinical teams to support the management of the number of patients with underlying mental health and associated behavioural issues at ward level and within the Emergency Department.

There is an ongoing review of the security service and the development of an option appraisal of the future security model required to provide continued assurance that BTHFT has appropriate security management arrangements in place to protect staff, patients and visitors and to ensure that NHS property and assets are kept safe and secure.

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The significant under reporting of violence and aggression and the reluctance of staff to provide statements to the police to support prosecution remains a Trust-wide concern.

Clinically related challenging behaviour in relation to physical assaults, absconding from wards and verbal violence and aggression remains a priority focus.

The Trust has been targeted for car crime in the reporting period, specifically catalytic converter and integrated satellite navigation system thefts.

Analysis

The report provides details on the work that has been undertaken during 2021/2022 to reactively manage security within the Trust through the following key work stream areas:

- Risk Assessments
- Management of violence and aggression, including physical assault
- Theft/Criminal Damage
- Anti-Crime work undertaken

Recommendation

The Board is asked to note and accept the content of the report, specifically:

- The reactive security model in place in the last year focussing on the day-to-day operational management which has taken precedent over proactive work plans.
- The number of reported incidents remaining 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.
- The review of the security service and the development of an option appraisal of the future security model required to provide continued assurance that BTHFT has appropriate security management arrangements in place to protect staff, patients and visitors and to ensure that NHS property and assets are kept safe and secure in the future.
- The LSMS will assume responsibility for the Violence Prevention and Reduction Standard and progress on this work will be monitored through both the Quality Academy and the People Academy and reported through the 2022/23 Annual Security Board report.

| Risk assessment | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------|----------|------|------|--------|
| Strategic Objective | Appetite (G) | | | | | |
| | Avoid | Minimal | Cautious | Open | Seek | Mature |
| To provide outstanding care for patients, delivered with kindness | | | g | | | |
| To deliver our financial plan and key performance targets | | | g | | | |
| To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion | | | | | g | |

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| To be a continually learning organisation and recognised as leaders in research, education and innovation | | | | g | | |
| To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals | | | | | 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) | | | | | | |

| Risk Implications (see section 5 for details) | Yes | No |
|---------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 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"/> |

| |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Regulation, Legislation and Compliance relevance |
| NHS Improvement: (please tick those that are relevant) <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 |
| Care Quality Commission Domain: Safe |
| Care Quality Commission Fundamental Standard: Safety |
| NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities |
| Other (please state): |

| Relevance to other Board of Director's academies: (please select all that apply) | | | |
|-----------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 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 2021 – 31 MARCH 2022

1 PURPOSE/ AIM

The report sets out the Trust's progress in the management of security and demonstrates the work undertaken to address current crime trends at Bradford Royal Infirmary and St Luke's Hospital sites during 2021/2022.

2 PROPOSAL

The report provides assurance to the Board with regard to the effective management of security at BTHFT.

The report also provides details on the work that has been undertaken in year to reactively manage security through the following key work stream areas:

- Risk Assessments
- Management of violence and aggression, including physical assault
- Theft/Criminal Damage
- Anti-Crime work undertaken.

3 BENCHMARKING IMPLICATIONS

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 was previously included as a work stream as part of the Trusts wider response to the staff survey under the Associate Director of Quality. However, it is likely that in the 2022/2023 security work plan the responsibility for this standard will be reflected in the Local Security Management Specialist portfolio as the nominated Violence Prevention and Reduction Lead.

Progress on this work will be monitored through both the Quality Academy and the People Academy and reported through the 2022/23 Annual Security Board report.

4 RISK ASSESSMENT

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

- Lack of operational security management/LSMS and operational resilience

This relates to the Deputy Security Manager vacancy and the long term absence of the Security Manager/LSMS significantly impacting on the ability to proactively manage security and impacting on routine security management support.

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- CCTV camera upgrade

Successful continuation of capital investment in CCTV has continued as part of the estate backlog maintenance programme with more comprehensive internal CCTV installations successfully concluded. The next steps for consideration and as identified in the Facilities risk register is the upgrades and additions to external CCTV.

In addition, 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.

| Date | Assessment | Outcomes/Themes |
|-------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 09/08/21 | Violence & Aggression Assessment (AMU1) | These assessments relate to the highest reporting areas of violence and aggression highlighted in the 2020/21 period. 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. Increased Security Officer and PCSO visibility in place |
| 09/08/21 | Violence & Aggression Assessment (AMU 4) | |
| 20/07/21 | Violence & Aggression Assessment (Ward 27) | |
| 29/07/21 | Violence & Aggression Assessment (Ward 28) | |
| 13/09/21 | Violence & Aggression Assessment (AED) | |
| 13/05/21 | AED Access control and lockdown risk assessment – Area assessment for access, staff safety and lockdown. | Discussed layout and use of areas and rooms, staff management of patients and escalation process, staff responsibilities and quotes obtained for the additional access control, cctv and panic alarm system additions required as part of the recommendations. |
| 16/04/21 | Biochemistry roof – Unauthorised access | Joint assessment with the Estates risk manager, remedial action taken and upgrades made at a later date to reduce the risk of anyone circumventing the |

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| | | meshing used as a control measure. |
| 17/12/21 | Ward 2 & 5 refurbishment risk assessment. | Review of security measures; recommend IT hub room doors be upgraded to swipe access and the large link corridor windows be check and assessed by the estates team as there could be a potential for a patient to smash and cause injury to themselves and or others. |

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| 5 | RECOMMENDATIONS |
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The Board is asked to note and accept the content of the report, specifically:

- The reactive security model in place in the last year focussing on the day-to-day operational management which has taken precedent over proactive work plans.
- The number of reported incidents remaining 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.
- The review of the security service and the development of an option appraisal of the future security model required to provide continued assurance that BTHFT has appropriate security management arrangements in place to protect staff, patients and visitors and to ensure that NHS property and assets are kept safe and secure in the future.
- The LSMS will assume responsibility for the Violence Prevention and Reduction Standard and progress on this work will be monitored through both the Quality Academy and the People Academy and reported through the 2022/23 Annual Security Board report.

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| 6 | Appendices |
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Annual Security Board Report 1 April 2021 – 31 March 2022

1 Management of Violence and Aggression including Physical Assault on Staff

- 1.1** 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 escalating situations.
- 1.2** The Education and Training department continue to deliver Conflict Resolution Training (CRT) in line with national guidelines (refresher training is provided 3 yearly). The Education Department report that:
- 92.53% of staff are compliant
 - 248 staff are due refresher training (the education team are actively pursuing out of date staff)
 - All scheduled full CRT sessions scheduled were delivered at Trust Induction
 - All refresher training is delivered via eLearning package.
- 1.3** Worryingly over the last year, evidence supports that staff have increasingly become reluctant to report incidents on the Trust Datix Incident Reporting System as well as a reluctance to provide victim statements to the Police after an incident. Therefore, a significant number of cases that would have resulted in prosecution have to be filed by the Police as ‘complainant declines to prosecute’ and often the aggressor will re-attend BTHFT and reoffend and thus our incidents of violence and aggression are unlikely to reduce unless we are able to address this apathy.
- 1.4** This is demonstrated in the 119 crimes reported to the police between February 2021 and February 2022, where 57% of those reports were filed ‘complainant declines to prosecute’, as a result only 15% of crimes resulted in a positive outcome, i.e. the suspect being charged, given a caution or community resolution. This is despite the suspect’s identity being known in almost all cases.
- 1.5** With such low reporting confidence, it is likely that a significant number of violence and aggression related offences are going completely unreported to the Police and the Trust and therefore the annual statistics do not provide a realistic view of the levels of risk in relation to violence and aggression and physical assault.
- 1.6** The table below details the number of Datix reported physical assaults on NHS staff by patients, visitors and public during the reporting period 1 April 2021 and 31 March 2022 compared with the previous 7 years. Whilst there is a reduction in the number of reported

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assaults within the reporting period, it is likely this is a reflection of the lack of reporting as opposed to the actual number of assaults reducing.

| Year | Total assaults | Involving medical factors | Not involving medical factors | Criminal sanctions | Civil and administrative sanctions |
|---------|----------------|---------------------------|-------------------------------|--------------------|------------------------------------|
| 2014/15 | 156 | 148 | 8 | 2 | 0 |
| 2015/16 | 126 | 114 | 12 | 1 | 7 |
| 2016/17 | 124 | 117 | 7 | 2 | 4 |
| 2017/18 | 132 | 121 | 11 | 3 | 3 |
| 2018/19 | 139 | 139 | 0 | 0 | 2 |
| 2019/20 | 168 | 160 | 8 | 8 | 2 |
| 2020/21 | 174 | 155 | 19 | 14 | 1 |
| 2021/22 | 151 | 132 | 19 | 4 | 4 |

1.7 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.

1.8 Of the 19 physical assaults that were not clinically related, therefore categorised as ‘intentional’ 4 received criminal sanctions.

- 1 patient received Community service of 150 hours, £200 compensation, £85 to CPS and £95 to victim services
- 1 patient was remanded to custody
- 1 patient had to pay £100 compensation, curfew for 21 days with electronic monitoring, £85 to CPS, victim services £95
- 1 patient was sentenced to 22 weeks in prison, £150 compensation.

1.9 The table below shows the Datix reported violence and aggression (threatening behaviour/verbal abuse) figures for the reporting period 1 April 2021 and 31 March 2022 compared with previous years. The numbers reported have reduced in year but in light of the reluctance of staff to report it is likely due to under reporting than the number of incidents actually reducing.

| V&A | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|--------------|---------|---------|---------|---------|---------|---------|---------|
| Total | 380 | 315 | 456 | 341 | 304 | 298 | 273 |

1.10 The table below highlights the 5 highest reporting areas for violence and aggression during the reporting period. Under business as usual the LSMS would undertake focussed risk assessments in the specific areas, however, due to operational and resource limitations none of the assessments have been undertaken in the reporting period. These will be undertaken on the return of the LSMS.

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| Area 2021/22 | Physical Assault | Threatening Behaviour | Verbal Abuse | Total |
|--------------|------------------|-----------------------|--------------|------------|
| A&E | 26 | 14 | 33 | 73 |
| AMU 1 | 22 | 6 | 4 | 32 |
| AMU 4 | 18 | 13 | 2 | 33 |
| Ward 31 | 4 | 14 | 5 | 23 |
| Ward 6 | 15 | 3 | 3 | 21 |
| Total | 85 | 50 | 47 | 182 |

- 1.11** The statistics highlighted identify some important areas to target and suggests significant under reporting, specifically within AED where they have only reported 73 incidents within a 12 month period (1.4 reports a week on average). The Security Management team will continue to support these areas to ensure incidents are appropriately reported, dealt with accordingly and training needs identified.
- 1.12** In addition the Security Management Team, AED Leadership Team and West Yorkshire Police have agreed a partnership approach to tackle the ongoing trend and support the Trust zero tolerance ethos to violence and aggression. A partnership meeting to agree the work plan is scheduled for September 2022.
- 1.13** In the interim the Security Management Team are working with the AED Leadership Team to ensure that 'warning' letters are issued to patients attending and being verbally abusive to staff in an attempt to reduce the numbers of verbal abuse, threatening behaviour and physical assault.
- 1.14** The security management team continue to support AED by completing Criminal Behaviour Diaries 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 imposed by both the hospital and West Yorkshire Police.
- 1.15** There remains a reliance on agency security officers being utilised to support the management of ward inpatients displaying clinically related inappropriate behaviours on wards where enhanced care/one to one nursing is more appropriate to manage the patient behaviours. In line with previous papers and recommendations, the Safeguarding Adult Team is continuing work to address the mental health needs of those individual patients.
- 1.16** The challenges highlighted in the data trends highlight the importance of :
- understanding the reasons why staff are reluctant to report and provide statements in relation to violence and aggression
 - reviewing training requirements for staff caring for patients displaying clinically related challenging behaviour often leading to physical assault
 - measures required to improve the prevention and management of violence and aggression

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- 1.17** The new Violence Prevention and Reduction Standard will be an important factor in the future management, prevention and reduction of violence and aggression across the Trust.

2. Car Crime / Theft

- 2.1** During the reporting period the Trust car parks have seen a slight increase in the level of reported car crime to the previous year, specifically theft of satellite navigation systems (9), catalytic converters (7), number plates (1) and theft/loss/damage of personal property within the car parks (1).

| Area 2021/22 | Media system/SatNav | Catalytic converter | Tools/Number plate | Total |
|--------------------------------|---------------------|---------------------|--------------------|-----------|
| Maternity car park | 0 | 2 | 0 | 2 |
| Smith Lane car park | 0 | 2 | 0 | 2 |
| Specific location not recorded | 9 | 3 | 1 | 13 |
| AED | 0 | 0 | 1 | 1 |
| Total | 9 | 7 | 2 | 18 |

(Information provided by WYP)

- 2.2** Whilst the Trust and WYP would like to eliminate car crime of this nature, it is worth pointing out that car crime within the Trust car parks is exceptionally low, considering the number of site users and geographical span of the car parks and reflects the continued improvement from the past when figures were significantly higher.
- 2.3** 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
- 2.4** Despite all the operational and Covid pressures, in December 2021 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. This 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

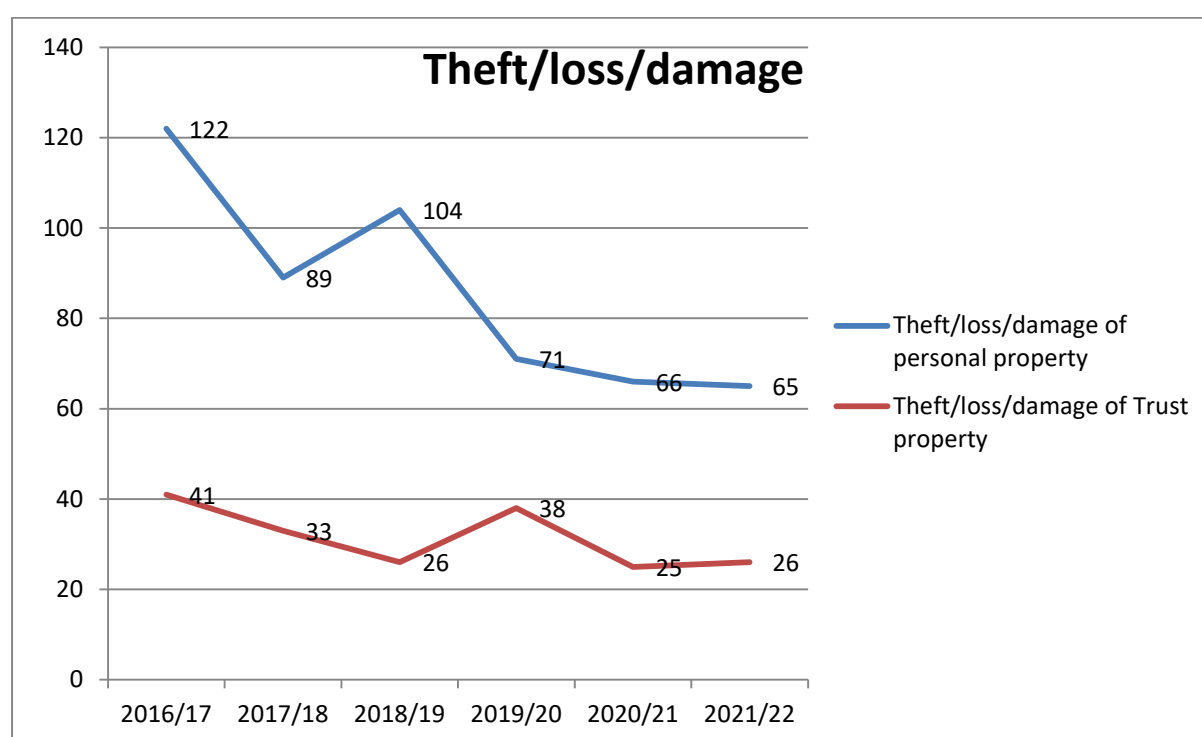
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- 2.5** Unfortunately, the perception of crime is always worse than the experienced level and based on this perception global communications have been sent out throughout the year providing advice to reduce car crime and provide staff reassurance.
- 2.6** The Security Management team have worked closely with WYP who investigated a spike in vehicle crime offending at the BRI in the early summer months of 2021, where offenders were targeting VW vehicles for integrated media units. As a result of enquiries made, further offences away from the Hospital site were identified and led to a prosecution of 2 offenders for multiple vehicle crimes and a conspiracy to commit theft offences.
- 2.7** The PCSO team continue to monitor reported vehicle crime on the Hospital site on a daily basis and work in partnership with the security team to provide a visible deterrence across the site, indeed it was PCSO's "offender knowledge" that led to the identification of one of the suspects in the aforementioned incident.
- 2.8** The Police are of the opinion that persons who commit such crimes are (in the vast majority of cases) drug motivated offenders. Any crime spikes are likely as a result of one (or two at most) local offenders either having been released from prison/moved onto this 'patch'/relapsed on drugs. Currently there are no outstanding suspects linked to the recent reports at the hospital.
- 2.9** 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.
- 2.10** 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.
- 2.11** 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.
- 2.12** 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.

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2.13 Staff are being reminded to encourage patients to leave valuables at home or request family to take home for safe keeping. The PCSO's patrol the 'hot spot' wards to help deter criminal activity and also educate and highlight crime prevention to the clinical teams.

2.14 The table below shows comparative data for the previous 5 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 1 from last year. There has been a small increase in the number of theft/loss/damage of Trust Property which has increased by 1 from the previous year.



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

3.1 As reported much of the proactive security work has been on hold due to the operational issues and response to the pandemic, however, work continued in the highlighted areas below:

- The security management team supported the development of the current Hospital access restrictions both at BRI, Maternity and SLH in response to the pandemic.
- SOP's have been written and reviewed during the pandemic which set out clearly what is expected of the security staff.

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- Continuing progress on the planned upgrades in relation to 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.
- CCTV installations within refurbished wards and new builds to deter or detect criminal activity specifically in relation to theft.
- Working with WYP to reduce the number of patients reported as 'missing' (131 in the reporting period). The LSMS works with specific ward staff identified as inappropriately reporting/not following the protocol to re-educate and reduce inappropriate reporting to the police.



4. 2022/23 Security Workplan

- The Trust continues to work in partnership with West Yorkshire Police and the LSMS will work with them to develop a 2022/2023 hospital policing plan based on the crime trends of 2021/2022 as identified in the tables within the report, this will include:
 - Addressing the proactive element of security in year specifically working with the Police to reduce violence and aggression and theft.
 - Undertaking risk assessments in the 5 high reporting areas of violence and aggression
 - Baby Abduction Testing
 - Progression of the Security Model options project
 - Supporting the Safeguarding Adult Team to address the gaps in relation to the management of clinically related challenging behaviour, specifically in relation to the acute assessment areas, clinical teams and education to support the appropriate management of those patients with underlying mental health,

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alcohol and drug related problems, including the appropriate management and care of a patient in a state of distress, looking at crisis management, restraint and enhanced supervision for clinical and security staff (as outlined in the paper presented to the Executive Management Team in January 2021)

- Re-introduce the quarterly seasonal security awareness table top advice sessions, supported by WYP
- Deliver the 'Think Safe, Stay Safe – Personal Safety and Security' presentations. These sessions cover prevention and management of violence and aggression, conflict resolution, developing a pro-security culture, ward environment safety, bogus staff, learning outcomes, car crime, theft of property, PCSO role, security role, missing patients procedure, crime prevention
- Reinstate the Security Steering Group meetings
- Complete the AED reducing violence and aggression project
- Review the Trust status against the Violence Prevention and Reduction Standard