

Annual Security Report

2010-11

Putting
Patients
First

Honesty
and
Integrity

Being a
Clinically-Led
Organisation

Working and
Collaborating
Together

Encouraging
Individual
Ability and
Creativity

Taking Pride in
our Work
and our
Organisation

Foreword

The Shrewsbury & Telford Hospital NHS Trust remains committed to the delivery of a secure environment for those who use or work in the Trust so that the highest possible standard of care can be delivered; to this end security remains a key priority within the development and delivery of health services. All of those working within the Trust have a responsibility to assist in preventing security related incidents or losses. This approach underpins and directly links to the Trust's values (see Appendix 1) and the Trust's objectives of enhancing patient experience, safety and effectiveness and supporting and developing our workforce in a learning organisation and working in partnership as the partner of choice.

The Director of Compliance & Risk Management, has been designated to take personal responsibility for security management matters, including tackling violence against NHS staff, as required in the Secretary of State's Directions of 2004.

Barry Simms is the non-executive Director with special responsibility for security management.

Jon Simpson is the Trust Security Manager and Local Security Management Specialist (LSMS).

During the reporting period there has been further development, investment and improvement in security services and infrastructure across the Trust which is detailed in this report and this reflects the Trust's commitment to deliver a safe and secure environment.

Julia Clarke

April 2011

Director Compliance & Risk

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INTRODUCTION

The NHS Security Management Service remains responsible for the security of staff and property. This includes:

- Protecting NHS staff from violence and abuse
- Taking appropriate action against those who abuse, or attempt to abuse, NHS staff
- Helping to ensure the security of property, facilities, equipment and resources.

The Director of Compliance & Risk Management is the nominated director with responsibility for security management and ensures that security issues are considered at the highest level and where necessary brought to the attention of the Board. The Non-executive Director responsible for security is Barry Simms.

Day to day security management is undertaken by Jon Simpson, the Trust Security Manager and accredited Local Security Management Specialist (LSMS). The LSMS is directly responsible for translating guidance, policies and initiatives into good practice locally and works closely with staff at all levels and on a range of matters including security risk advice, improvements to security infrastructure and procedure, undertaking incident investigation and supporting staff who have been victim to adverse incident as well supporting partner agencies undertaking criminal proceedings on behalf of the Trust.

This report summarises work undertaken in the last year to address key security issues including violence and aggression and the protection of property and assets. The Board is clear that the starting point for sound security arrangements is a robust strategic approach, to provide clear goals and a clear business process and framework for all staff. This is reflected in this annual report which considers policy development, which supports and underpins incident reporting to protect our staff, patients, visitors and assets. All of this is underpinned by training to raise awareness and ensure that the Trust is a safe place for all.

1 Policy Development

A sound policy framework is essential in ensuring a consistent approach to security issues across the Trust.

- 1.1 During 2010-11, a Lock Down policy was approved by the Trust Health, Safety & Security Committee and is now published on the Trust Intranet. This policy was developed in accordance with NHSLA requirements and its development included incorporating guidance provided by the NHS SMS who were also consulted over the content of the document. This policy addresses safely controlling movement of staff and the public on the hospital sites in the case of a major incident or terrorist situation.
- 1.2 The period also saw a review and amendment of the Trust Security Management Policy to see introduce an annual security risk assessment requirement for managers; the procedures and documentation to meet this requirement were developed in consultation with relevant internal stake holders and NHSLA risk advisors. Similarly the Trust Violence and Aggression policy was also updated and amended to include new initiatives to protect staff and ensure vulnerable patients get proper and appropriate care by way of an enhanced patient support pathway management tool, developed with the support of Lead Nurse staff.
- 1.3 Counter Terrorist procedures, designed to provide staff with guidance and support should they be involved in reacting to or managing a terrorist incident were also published. To link with this publication, work has already commenced on raising staff awareness on threats from terrorism through the national counter terrorist awareness training program, Project Argus (see section 5).

2 Security Incident Reporting

Security incident reporting remains key to the introduction of a pro-security culture; incident reporting remains high, demonstrating good awareness by staff on how to report incidents and the need for doing so.

- 2.1 Figures for 2010-11 compared to previous years are shown in Table 1.

Table 1

ALL SECURITY INCIDENTS	Year			
	2007/8	2008/9	2009/10	2010/11
First quarter: Apr, May, Jun	88	160	239	195
Second quarter: Jul, Aug, Sep	136	140	219	206
Third quarter: Oct, Nov, Dec	100	247	233	193
Fourth quarter: Jan, Feb, Mar	76	210	222	199
Running Total	400	757	913	793

2.2 Table 1, identifies an encouraging decrease in each quarter for 2010/11, compared to the same quarter in previous year's. Measures have been introduced (outlined in this and previous reports) to address the reported increase in 2008-9. Of the reported 793 incidents in 2010-11, 454 occurred at the Royal Shrewsbury Hospital, 324 occurred at Princess Royal Hospital and 15 occurred at other healthcare/NHS/PCT premises but involved Trust staff, information or assets.

3 Protecting People

Staff working at the Trust and patients and visitors using the Trust have the right to do so in an environment where all feel safe and secure and where the risk of violence is minimised. The Trust adopts a 'zero-tolerance' approach to abuse against its staff and visitors. Perceptions of effective action from employer by staff towards violence and harassment saw no change from 2009-10 with the Trust being rated 'below (worse than) average' in the NHS staff survey for 2010. However the latest comparative data published by the NHS Security Management Service showed that for bringing/ensuring some form of criminal sanction against perpetrators of intentional physical assaults the Trust was ranked (joint) 159th out of 168 acute Trusts, very much at the higher end of the best/top 5% for such activity. For acts of intentional physical aggression the Trust came 109/168 and for non-intentional assaults 148/168¹.

3.1 Violence & Aggression

Figures for all reported violent or aggressive incidents in 2010-11 compared to previous years are shown in Table 2².

Table 2

VIOLENCE & AGGRESSION INCIDENTS	Year			
	2007/8	2008/9	2009/10	2010/11
First quarter: Apr, May, Jun	49	97	146	110
Second quarter: Jul, Aug, Sep	90	81	137	109
Third quarter: Oct, Nov, Dec	66	180	140	124
Fourth quarter: Jan, Feb, Mar	53	129	123	126
Running Total	258	487	546	469

3.2 Table 2, shows that the majority of security incidents relate to violence and aggression, in turn the vast majority of these incidents affected staff (381). A detailed break down is below; incidents were both intentional and non-intentional and ranged from acts of physical violence to abusive phone calls. Excess alcohol and/or drug misuse are not seen as mitigating circumstances for adverse behaviour but rather as aggravating factors.

¹ National Violence against Staff (VAS) audit 2009-10.

² Concerning all staff (Trust and other NHS) patients, visitors and contractors.

Intentional Violence or Aggression (towards staff):

- Physical attacks 23
- Non physical (verbal and threatening behaviour) 144

Table 3

INTENTIONAL VIOLENCE & AGGRESSION INCIDENTS	2008/9	2009/10	2010/11
Physical Attacks	15	25	23
Non Physical Attacks	207	208	144

Non Intentional Violence or Aggression (towards staff):

- Physical attacks 140
- Non physical (verbal and threatening behaviour) 74

3.3 Non intentional incidents are those incidents where the individual lacks capacity and cannot be held responsible for their actions due to their medical condition, treatment or other underlying medical issue.

3.4 Of the reported 381 incidents in 2010-11, 215 occurred at the Royal Shrewsbury Hospital, 164 occurred at Princess Royal Hospital and 2 occurred at other healthcare/NHS/PCT premises but involved Trust staff.

3.5 *Dealing with Violence and Aggression*

An escalated approach is used to deal with violent and aggressive outbursts as detailed in the Trust policy on such, namely:

Step 1 – Using conflict resolution techniques to diffuse situations.

Step 2 – Enlisting the assistance of hospital security officers.

Step 3 – Enlisting the assistance of the police.

3.5.1 *Conflict Resolution Training*

The effectiveness of each will depend entirely on the individual incident and the perception and handling of it by the affected person. The Trust provides Conflict Resolution Training for all staff by way of foundation and refresher courses. Conflict Resolution Training was delivered to 373 staff during the reporting period.

3.5.2 Hospital Security Staff

In response to levels of increased incident reporting in 2008-9 a full business case was prepared and submitted to the Trust Executive who approved a 50% increase in the numbers of security staff from April 2010 allowing for a two-man presence at each site between 1600 hrs and 0400 hrs daily as well as maintaining the existing presence of a security officer on each site at all other times. At the same time an option was retained to consider further increases to allow 2 officers on duty at each site 24/7, from October 2011 onwards when the contract is due re-tender. Approval to take up this option along with a number of other changes and advancements in the use of security staff, namely for monitoring of CCTV systems (section 5 refers) and out of hours alarm monitoring, is currently under consideration.

The current contract provider, Chubb Security Personnel, continue to display a proactive approach towards recruiting and retaining security guards more appropriate for hospital security work, which is very different to the more traditional security officer roles. Monthly meetings are held between the Trust Security Manager and the Chubb Contract Manager to ensure contract compliance and appropriate engagement. Officers at both sites continue to provide daily occurrence reports recording daily routine security activity as well as specific incident reports for incidents or adverse events attended by or dealt with by them. The role of officers is to provide a general deterrence presence to all manner of threats including violence and aggression, theft, vandalism etc. With violence and aggression where the incidents are seen as non intentional they provide assistance and support to medical staff when requested. Security staff at Shrewsbury remain linked via radio into the local 'Safer Shrewsbury' shop watch / pub watch network, which affords immediate access to local police support and acts as an early warning mechanism should problems be being experienced in the local area. No similar scheme operates in Telford and Wrekin district; however the hospital security staffs are able to communicate with each other via radio.

3.5.3 Police Interventions & Liaison

During 2010-11 there were 153 reported instances where police intervention and/or assistance was requested. The following are example of some of the types of assistance given:

Table 4

Persons arrested/detained/removed under Mental Health Act	4
Persons arrested and/or charged with assault	4
Theft of non-Trust property – undetected no perpetrator identified	4
Persons spoken to regarding behaviour or removed from premises for staff/patient safety/nuisance behaviour	46
Possession of illegal substance/offensive weapon	7
Arrests due to drunk and disorderly/public order/breach of the peace	18
Persons arrested for outraging public decency	1

Liaison with the local policing teams at both sites remains strong. At the Royal Shrewsbury Hospital this is strengthened through the existence gained from our participation in the Safer Shrewsbury shop watch / pub watch scheme. At Telford, personal and direct liaison and communication with officers employed on local anti-social behaviour units has been undertaken and developed.

3.5.4 *Post Incident Action, Sanction & Redress, Feedback*

All reported security incidents are individually assessed, investigated and progressed in an appropriate and timely manner. This includes liaison with staff affected by serious incident and/or their Line Management. The Director of Compliance & Risk Management acknowledges each reported incident of violence and aggression (intentional or not) by writing to the affected members of staff offering support through line management or occupational health and counselling services and advising of the Trust's response to incidents.

Where an assailant's actions were intentional, a warning letter, signed by the Chief Executive is sent to the perpetrator of the adverse behaviour and copied to the victim, advising that non-emergency treatment could be withdrawn if there are any further episodes and support for police action or civil action by the Trust³; 79 of these letters were issued during the reporting period.

Serious offences result in police investigation and criminal prosecution. The Trust supports all of these actions, this often includes provision of supporting CCTV⁴ and documentary evidence as well as support to staff required to attend court as witnesses when 'not guilty' pleas are submitted by perpetrators/assailants.

The following are examples of final outcomes to more serious incidents that occurred during the reporting period:

- Following a series of verbal and physically aggressive outbursts one evening in August 2010 towards nursing and security staff at the RSH A&E department, a female patient was arrested and removed from the department by police. She was subsequently 'bound over to keep the peace' by Shrewsbury Magistrates for a period of 12 months or incur an immediate fine of £100 and a further court appearance. She was also ordered to pay £100 costs. This outcome was reached despite a number of attempts to have the case against her dismissed/dropped. The patient was also written to by the Trust regarding her behaviour and warned as to potential future action should there be a recurrence of the behaviour shown.
- On 4 June 2010 a patient on the Medical Admission Ward at the Princess Royal Hospital was physically attacked and beaten by a visiting male relative; the outburst required the rapid intervention of hospital security staff to oversee the relative's removal. Whilst preventing the relatives return a member of the hospital security team was also attacked by the relative, the security officer required treatment in A&E. Following an initial 'not-guilty' plea by the relative to a charge of 'battery of a hospital security officer' which he subsequently changed to guilty, the relative was found guilty by Telford Magistrates Court of the battery charge and awarded a 2

³ It should be noted that it is not always possible or appropriate to issue a warning regarding unacceptable behaviour because a) the individual may not have been identified i.e. a visitor or someone accompanying a patient b) the circumstances of the individual deem it inappropriate c) the victim reports and/or requests immediate support to deal with an incident but wish no follow up action to occur.

⁴ For information on improvements to and use of CCTV see paragraph 4.2

year conditional discharge and ordered to pay £250 compensation to the victim and full Court costs. The relative was also written to by the Trust regarding his behaviour. No complaint was ever made by the patient about the attack on him by his relative.

- Shrewsbury Magistrates accepted a guilty plea from a male person for being drunk and disorderly whilst at the Royal Shrewsbury Hospital A&E department on a day in November 2010. He was fined £100 and ordered to pay £100 costs. On conviction, the matter was brought to the attention of the Safer Shrewsbury Pub-Watch Banning Committee by the Shrewsbury Police Pub-Watch Liaison Officer. On referral, the committee unanimously agreed that person concerned should be the subject of an immediate banning order to all licensed premises involved in the Pub-Watch scheme until 1st January 2012. It is understood his behaviour at the Royal Shrewsbury Hospital followed his attendance at a number of licensed premises in Shrewsbury. The Trust is a member of the Shrewsbury Pub-Watch scheme.
- During January 2011 a very heavily intoxicated member of the public entered the A&E department at the Princess Royal Hospital and began swearing and being abusive to members of the public in the waiting area. As his behaviour escalated a security and police presence was requested; threats of physical violence were then made to both the police and security staff which resulted in the removal of the man by police. At the time of the incident the person of concern was the subject of an Anti-Social Behaviour Order (ASBO) which prohibited him from entering the grounds of the Princess Royal Hospital and using threatening, abusive, offensive or intimidating words or behaviour against any person. He was sentenced the next day by Telford Magistrates to 12 weeks imprisonment, commencing immediately.

Where criminal sanction or prosecution is not possible and to address the adverse behaviour of regular and persistent offenders the Trust can seek support from the NHS SMS Legal Protection Unit (LPU) and has done on a number of occasions in the reporting period to progress protracted situations and work continues on some cases; the following is one example of the work undertaken and the outcome:

- Following a series of incidents involving a patient who had been both verbally abusive and aggressive towards staff in the Endoscopy Department at the Princess Royal Hospital, the Trust with support from the LPU moved to exclude the person of concern from Trust premises (other than for emergency treatment). The police were made aware of the situation and the action taken. Since the exclusion was made no adverse reports have been received regarding the individual.

3.6 *Lone Working*

The Trust has adopted a two track strategy, one for off-site lone workers or those out in the community and one for those on site.

3.6.1 *Off-Site Strategy*

276 Trust employees working in the community have now been trained and have use of personal issue mobile lone worker devices as part of the national lone worker initiative overseen by the NHS SMS. The device includes a panic alarm that can be discreetly activated and which opens a line of communication to a control point, thereby allowing

situation assessment and suitable response to be raised as well as recording of evidence. An automated panic alarm also activates if the device is subject to forced removal from the user or the user experiences a sharp fall.

The device is supplied, maintained and operated under a framework agreement between the Trust, the NHS Security Management Service (SMS) and Reliance Security who run a 24/7 monitoring centre (national focal point) where activations are received, assessed and processed. The scheme was announced as a winner of The National Personal Safety Awards 2010 at a ceremony last November. The awards, which are run by the Suzy Lamplugh Trust, recognise those who have helped people stay safe from violence and aggression and demonstrated best practice in the field.

Regular contract meetings are held with Reliance to ensure efficient service delivery and contract compliance; opportunity is also taken to discuss and review device usage. Usage reports for Feb-Mar 2011 have shown encouraging increases in the levels of device usage, this followed a number of communications to device users about the need for device usage and raising awareness on personal security through issue of newsletters and personal letters to all staff. The device is not seen as a risk eliminator but as a risk reducer designed to work with and complement other safe systems of work and as such represents a significant improvement on what has been previously available to staff.

3.6.2 *On-Site Strategy*

In this system upgraded hospital pagers allow a lone worker to send a discreet alert to security staff pagers e.g. 'pathology – lone worker'. The message delivery is instantaneous, allowing for an immediate response and investigation by appropriate staff. Even in the most isolated and heavily constructed areas hospital pagers have a strong and reliable signal as opposed to mobile phones. An automated panic alarm also activates if the device is subject to forced removal from the user or the user experiences a sharp fall. The following departments are example of some of those now using the system:

- Microbiology (both sites)
- Pathology (both sites)
- PALS & Bereavement officers (both sites)
- On-call Estates engineers (RSH)
- A&E (triage nurse) (both sites)
- Cashiers staff (both sites)
- Ward 10 PRH

4 Protecting Property & Assets

All those who work in, use or provide services to the NHS have a collective responsibility to ensure that property and assets relevant to the delivery of NHS healthcare are properly secure. This includes physical buildings, materials and equipment, as well as staff and patients' personal possessions.

4.1 Access Control

A business case outlining proposals and options for improvements to and expansion of card operated access control systems, at both sites submitted in January 2011 resulted in funding approval of £50k pa for four years commencing in the financial year 2011-12. Work will start in the next reporting period to improve and expand higher grade access control facilities at both sites.

In September 2010 the Trust approved £28k of emergency funding to see the timely replacement of the existing and somewhat aged card access management console which is responsible for running and controlling access to a number of sensitive areas and departments at the Royal Shrewsbury Hospital; the funding also included required works to see the plugging of some existing historical gaps in access control arrangements in the Royal Shrewsbury Maternity building. Enabling works for both aspects of this work were completed in March 2011; work is now underway to see the transfer of card users from the old management system to the new one.

A number of minor improvements by way of changes to procedure or new security infrastructure were also made during the reporting period. Typical example of this type of improvement was the installation of electronic key pads and electro-magnetic locks on doors leading into Day Surgery theatres at the Princess Royal Hospital and replacement of aged doors at the (basement) loading and unloading delivery point at the Royal Shrewsbury Hospital Maternity building, as well as installation of a key pad code system on the lift in the Maternity building.

4.2 Closed Circuit Television (CCTV)

A business case for expansion of CCTV facilities at both sites submitted in January 2011 resulted in funding approval of £74k for the financial year 2011-12. Proposed works include centralisation of all existing CCTV facilities at each site to allow a monitored CCTV operation by licensed security staff as well as installation of additional cameras at the Royal Shrewsbury Hospital to see a comparable service and coverage as that currently undertaken at the Princess Royal Hospital.

Annual maintenance at both sites as well as repair to existing infrastructure has been carried out throughout the reporting period by an approved contractor.

No disclosures or releases of footage were requested by or made to the public during the reporting period.

The Trust assisted and provided footage to the police on 17 occasions during the reporting period.

The planned worked and continued maintenance and use of CCTV helps strengthen the Trust's position for dealing with both daily and / or major incident as well as strengthening our reputation amongst both the community and partner agencies as being an organisation that is both capable and well placed to meet current and future security needs. Example of the positive outcomes, made from having CCTV facilities and being able to use recorded footage is demonstrated thus:

- Following a violent outburst in the Royal Shrewsbury Hospital A&E department a defendant was subsequently found guilty at Shrewsbury Magistrates Court of Common Assault on two female members of nursing staff and a Public Order offence of using threatening words and behaviour towards a hospital security officer. The defendant was ordered to carry out over 450 hours unpaid work/community service and pay compensation to each victim. He was also ordered to pay £775 Court Costs and incurred very considerable financial hardship from his defence costs. CCTV footage of the incident was key to his prosecution.
- On the 4 November 2010 a Poppy Appeal charity collection box containing a significant sum of money was stolen from the League of Friends shop at the Princess Royal Hospital. The perpetrator of this (distraction) crime was identified from Trust CCTV images. He was subsequently arrested and admitted to the theft and a series of other thefts in the local area. He was subsequently jailed for 8 months.

5 Communication, Awareness & Training

Efforts continue to raise staff awareness on security matters and encourage a proactive security culture and the numbers of reported incidents is some way reflective of this.

5.1 Staff Induction

During the period 638 staffs were given security awareness briefings and training at monthly Corporate Induction briefings for new employees at both sites.

Security induction briefings and training were given to trainee medical staff in August and September at both sites.

Security input has been made to proposed and/or updated staff handbooks and junior doctor induction CD presentations.

5.2 Police Surgeries

A successful pilot run of police community surgeries at the Princess Royal Hospital during 2009-10 continued through 2010-11 with further surgeries held by the local policing team for Leegomery and Hadley in the hospital main reception area.

5.3 Security Awareness Month (SAM)

November 2010 saw the publication of a specific staff update security special⁵ which contained news and information on a number of issues ranging from tips on how to

⁵ Issue 2010/127 November 2010

handle abusive telephone calls to safeguarding personal possessions as well as updates on recently published security policies.

5.4 *Fraud Awareness Month*

During June 2010 Local Counter Fraud Specialist colleagues hosted drop in road-shows at the staff restaurants on both hospital sites as well as publishing two newsletters describing handy hints for avoiding ATM fraud and timesheet fraud as well as providing update on outcomes of recent counter-fraud cases and prosecutions in the NHS.

5.5 *Other Features, Articles & Alerts*

Regular articles and security related information have been submitted and published in various Trust circulars and publications including Team Briefs, Staff News and Trust Quality bulletins.

When appropriate, global e-mail alerts and warnings have been sent out to all recipients in the Trust. Specific information received from the NHS SMS on persons of concern who have gained attention for adverse behaviour at national level are distributed on receipt to security teams and staff at admission points at both hospital sites.

5.6 *Conflict Resolution Training*

The Trust provides Conflict Resolution Training for all staff by way of foundation and refresher courses. This is accredited by the NHS Security Management Service (SMS). Training was delivered to 373 staff during the reporting period.

5.7 *Project Argus Counter Terrorist Awareness Training*

Project Argus is a counter terrorist awareness training package developed by the National Counter Terrorism Office (NaCTSO) under the direction of the Cabinet Office. It is being delivered across a number of UK sectors including Health. In this instance local police forces are linking in with Trusts to deliver the training, which explores the possible consequences for the health sector in the aftermath of a terrorist attack and the risks the NHS itself may face.

Project Argus training and briefings were delivered by Counter Terrorist Search Advisors (CTSA) from West Mercia Police Special Branch to the Trust Executive Director Team in September 2010 and at the October 2010 Management Executive business meeting. Further sessions are to be planned for 2011-12 to see training (which can be tailored to suit the seniority and/or responsibilities of the audience) cascaded down to staff at both sites; this work will link with the previously highlighted publication of counter terrorist procedures and lock-down policy.

5.8 *Lone Workers*

During the period 94 members of staff who work alone in the community (regularly and/or occasionally) were trained during the period on lone worker device usage and personal security. Since December 2009 a total of 275 staff have now received training on Lone Working and been issued with devices as described in 3.6.1.

5.9 Local Security Management Specialist (LSMS) Forum

The Trust Security Manager attends quarterly meetings of the West Midlands area LSMS. This is an important forum and opportunity for briefing and discussion on the latest security issues affecting NHS interests both in the West Midlands area and nationally with a wide range of speakers from across the security industry and health sectors. Each meeting is an important opportunity for networking between LSMS and gaining insight into the experience of other LSMS and Trust's on how security matters can be managed. Each meeting is hosted by different LSMS at their own Trust; the July 2010 meeting was hosted by Trust Security Manager at the Shropshire Education & Conference Centre (SECC), Royal Shrewsbury Hospital and was attended by 25 LSMS from across the West Midlands region.

6 Conclusion

The Board is committed to delivering an environment for those who use or work in the Trust that is properly secure so that the highest possible standard of clinical care can be made available to patients. The consequences of violence on staff working in the NHS are difficult to quantify but in financial terms the National Audit Office estimates this to be at least £69m per annum⁶, with staff having to take time off as a result of being involved in an assault. There is also a human cost in terms of stress and the psychological impact that staff experience from being involved in, or witnessing, an assault. Stolen or damaged equipment also impacts on the ability of staff to deliver care.

- 6.1 The attached work plan shows the area for focus in 2011-12 to deliver the key aims of creating a pro-security culture, deterring those who are minded to breach security, preventing, detecting and investigating security incidents and applying for a range of sanctions against those responsible.
- 6.2 For all these reasons the Board is committed to making this Trust a safe and secure place in which to work and receive treatment. It is simply not acceptable for standards of patient care to be diminished by the actions of an irresponsible and anti-social minority.

7 Recommendations

The Board is asked to:

- a. **NOTE** the progress in relation to matters security across the Trust.
- b. **APPROVE** the proposed 2011-12 work plan (Attachment 1).

⁶ A Safer Place to Work: Protecting NHS Hospital and ambulance staff from Violence and aggression 2005.

<p>Putting Patients First</p>	<p>Security provision is formed by organisational need and priorities, with the core aims of improving patient care and service delivery and enhancing the safety of patients.</p>
<p>Honesty & Integrity</p>	<p>All development activity should be assessed against identified need, and planned to deliver required changes in performance and behaviour.</p>
<p>Being a Clinically Led Organisation</p>	<p>Security is viewed as something critical to being able to allow staff to perform tasks unhindered and allow patients to be treated and recover in a safe and secure environment.</p>
<p>Working & Collaborating Together</p>	<p>We seek to work closely with partner agencies including the police, local authorities and our contracted security company to provide the community with a means of receiving health care in as safe and secure environment as possible.</p>
<p>Encouraging Individual Ability and Creativity</p>	<p>Managers and staff alike have a responsibility for security and ensuring risks and vulnerabilities are identified and solutions highlighted so action can be taken.</p>
<p>Taking Pride in our Work and our Organisation</p>	<p>The role and contribution of managers and staff at all levels is central to maintaining a safe and secure environment.</p>