

Meeting Title	Board of Directors		
Date	13 th July 2023	Agenda item	Bo.7.23.23

ANNUAL SECURITY BOARD REPORT

1 APRIL 2022 – 31 MARCH 2023

Presented by	Mark Holloway, Director of Estates & Facilities		
Authors	William Hall – Violence Prevention & Reduction Lead / Local Security Management Specialist 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 2022/2023.		
Key control	Health & Safety Benchmarking		
Action required	For assurance		
Previously discussed at/ informed by	N/A		
Previously approved at:	Academy/Group	Date	
	Estates & Facilities Compliance Risk Assurance Group	30.05.23	
	Executive Team Meeting	03.07.23	

Key Options, Issues and Risks

This report is presented to the Open Board and provides assurance in relation to the management of security within the Trust during 2022/2023.

Following the 2021/2022 security board report, security of the external public entrance doors has returned to a business as usual model with the exception of the Women's and Children's Unit, this continued coverage is to support safety of the unit and manage visitor access and egress.

In January 2021 NHS England and Improvement published the new national Violence Prevention and Reduction (VPR) standards which have been designed to complement existing health and safety legislation and provide a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

From 2022/23 all NHS organisations operating under the NHS Standard Contract must have regard to the violence prevention and reduction standard (General Condition 5). In order to meet this obligation and deliver the standards aims and objectives, BTHFT has appointed a lead for VPR as well as taking the roles of Local Security Management Specialist (LSMS). The operational security management role is currently vacant.

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 and staffing arrangements in place to protect staff, patients and visitors and to ensure that NHS property and assets are kept safe and secure. The option appraisal has been presented at the inaugural VPR task and delivery group meeting and members, who have been chosen to represent all areas across BTHFT, have been asked for their input and preferred option as key stakeholders. The option appraisal will be presented to the Executive Team following the stakeholder consultation.

Current and continued concerns are the significant under reporting of violence and aggression and the reluctance of

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staff to provide statements to the police to support prosecution. In addition there is a priority focus on supporting clinicians with 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 integrated satellite navigation system & Catalytic converter thefts, there have been a small number of vehicle thefts which coincides with the Nationally targeted vehicles (Land Rovers) being stolen by organised gangs. It has also been targeted for motorbike and cycle crime in the reporting period; with 2 cycles stolen and 3 motorbikes.

The Security Steering Group was stood down during the Pandemic and is currently superseded by the VPR Task & Delivery Group which will manage and deliver the organisations obligations in relation to violence prevention and reduction and security management.

Analysis

The report provides details on the work that has been undertaken during 2022/2023 to proactively 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
- Anti-social behaviour reduction working in partnership with WYP
- Reduction in the number of homeless people using ED for refuge in partnership with the homeless team

Recommendation

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

- The number of reported incidents remain 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 and the lack of staff wishing to provide statements to the police to ensure that appropriate sanctions are gained where appropriate.
- 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 has assumed the VPR Lead role for the Violence Prevention and Reduction Standard and progress on this work will be monitored through both the Health And Safety Committee and the People Academy and reported through the 2023/24 Annual Security Board report.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our 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	
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)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level 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"/>
Equality Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS England: (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 England 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 & Patient Safety	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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1	PURPOSE/ AIM
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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 2022/2023.

2	PROPOSAL
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The report provides assurance to the Executive Team 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
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The newly published Violence Prevention and Reduction (VPR) 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 2022/23 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, the responsibility for this standard has been 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 Health and Safety Committee and the People Academy and reported through the 2023/24 Annual Security Board report.

4	RISK ASSESSMENT
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There is one active security related risk on the Estates and Facilities Risk Register:

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- The lack of security resilience and assurance due to the operational management vacancy, lack of Supervision and low staffing levels with a reliance on temporary bank and agency staff cover.

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
11/01/23	Violence & Aggression Assessment (AED)	These assessments relate to the highest reporting areas of violence and aggression highlighted in the 2021/22 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. Increased Security Officer and PCSO visibility in place.
16/01/23	Violence & Aggression Assessment (Ward 6)	
18/01/23	Violence & Aggression Assessment (Ward 31)	
16/01/23	Women's & Newborn unit temporary toilets risk assessment	Locking/unlocking procedure, CCTV coverage, patrols and response to fire alarm activation out of hours.
21/11/22	AED V&A risk assessment	Discussion on management plans, communication, process and evidence required for issuing unacceptable behaviour warning letters, withdrawal of treatment letters, supporting the police with prosecution and support for staff that have been a victim of violence and aggression.
17/01/2023	St Luke's Hospital – New Day Care Unit review	Review of security requirements for the proposed new day care unit at SLH, access control, intruder alarm, CCTV and fire escape alarm monitoring
31/01/2023	Women's and Children's Unit, Gynaecology clinic level 3 review	Review of security requirements for the proposed new gynaecology clinic level 3 maternity, access control, intruder

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		alarm, CCTV and fire escape alarm monitoring
21/02/2023	Women's and Children's Unit V&A risk assessment	Discussion on management plans, communication, process and evidence required for issuing unacceptable behaviour warning letters, withdrawal of treatment letters, supporting the police with prosecution and support for staff that have been a victim of violence and aggression.
14/03/2023	Sewing room risk assessment	Review of security requirements for the proposed new sewing room (Portacabin) at gate 7, access control, intruder alarm, CCTV
18/04/2023	BIHR main entrance design review	Review of security requirements for the proposed new BIHR main entrance design, access control, intruder alarm, CCTV and fire escape alarm monitoring
28/04/2023	Emergency Department review of proposed lockdown additions	Review of proposed lockdown additions to obtain an up to date quote

It is important to note that due to patient acuity and availability of assessors the assessments for AMU 1 & 4 were cancelled in January 2023 and not rescheduled. The security management and safeguarding teams have however proactively responded to patients displaying clinically related challenging behaviour throughout the reporting period and there has been a reduction in the number of incidents reported with AMU1 not featuring on this year's top 5 reporting areas.

Baby, infant and child abduction testing table 2022-23		
Date	Assessment	Outcomes/Themes
22/09/2022	Women's and Newborn Unit baby abduction system test	Full system test as a result of upgraded access control throughout the unit. <ul style="list-style-type: none"> Door locking mechanism operations were checked during all aspects of the test, i.e. abduction activation, break glass activation and fire alarm activation.
12/10/2022	Children's and Young Persons wards infant/child abduction test	<ul style="list-style-type: none"> Ward staff had managed the drill

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		<p>with confidence and competence.</p> <ul style="list-style-type: none"> • All staff responded quickly to the alarm and guarded the entrances to all exits within their departments • The sister on the ward was responsive, delegated tasks and provided clear instruction • Switchboard were proactive in following their actions and logging of contemporaneous notes • Relevant personnel were informed and the correct procedures within the abduction policy were followed • Security staff arrived 9 minutes after the activation • Door locking mechanism operations were checked during all aspects of the test, i.e. abduction activation, break glass activation and fire alarm activation. <p>Learning points which have been reviewed and addressed:</p> <ul style="list-style-type: none"> • The abduction alarm cannot be clearly heard within the fire escape stairwells • Staff were unable to exit the unit in the event that an abductor has left the building due to swipe access permissions and the number of new staff working on the wards • A lot of newly qualified staff on the ward who were not fully aware of the process (1st shift on
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		<p>the Ward). Practice educator team on the ward will include this as part of training.</p> <ul style="list-style-type: none"> • Security controller did not recognise the words abduction action card, however was aware of the actions to take. • There was a faulty relay on the rear fire escape door on ward 32 which meant the door did not remain locked during fire activation. • Estates staff did not have lockdown access on the swipe cards • Abduction plan and action cards to be reviewed and simplified where possible so that contact with nominated staff is clearer • Command Centre not aware of the child lockdown procedure
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5	RECOMMENDATIONS
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The Executive Management Team is asked to note and accept the content of the report, specifically:

- 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 and staffing 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 VPR Lead/LSMS has assumed responsibility for the Violence Prevention and Reduction Standard and progress on this work will be monitored through both the Health and Safety committee and the People Academy and reported through the 2023/24 Annual Security Board report.

6	Appendices
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Annual Security Board Report 1 April 2022 – 31 March 2023

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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) face to face in line with national guidelines (refresher training is provided 3 yearly via eLearning). The Education Department report that:

94.10% of staff are compliant

198 staff are due refresher training (the education team are actively pursuing out of date staff)

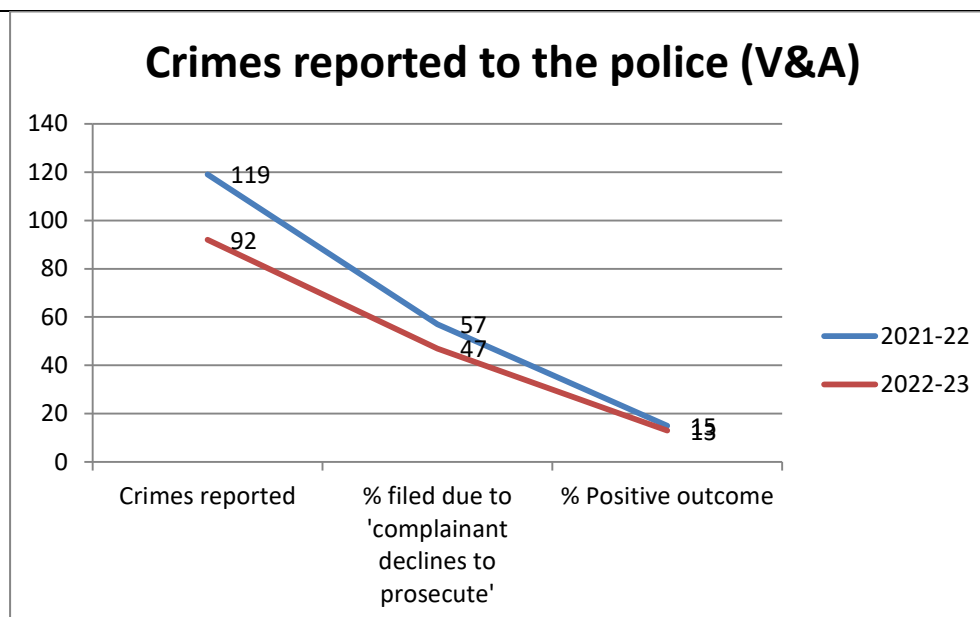
All scheduled full CRT sessions scheduled were delivered at Trust Induction

All refresher training is delivered via eLearning package.

1.3 A continuing trend of staff being 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 remains a significant concern. 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 92 crimes reported to the police between April 2022 and March 2023, where 47% of those reports were filed 'complainant declines to prosecute', as a result only 13% 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. See data chart below for last year's comparative figures.

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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 2022 and 31 March 2023 compared with the previous 7 years. Whilst there is a slight reduction in the number of reported 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
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	10
2022/23	149	138	11	7	20

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.

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1.8 Of the 11 physical assaults that were not clinically related, therefore categorised as ‘intentional’ 2 received adult cautions, 2 received criminal sanctions and 3 have been charged and pending court outcome.

- 1 patient received a Community Resolution
- 1 patient had to pay £114 to the victim, £85 to the CPS, £200 compensation and curfew for 10 weeks with electronic monitoring.
- 2 patients received adult cautions
- 3 patients have been charged and are pending court dates, one of which has been remanded in custody.

1.9 The table below shows the Datix reported violence and aggression (threatening behaviour/verbal abuse) figures for the reporting period 1 April 2022 and 31 March 2023 compared with previous years. The numbers reported have increased slightly (7) in year but in light of the reluctance of staff to report it is likely the number of incidents actually recorded is not a true reflection of actual instances of threatening behaviour and or verbal abuse.

V&A	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Total	315	456	341	304	298	273	280

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

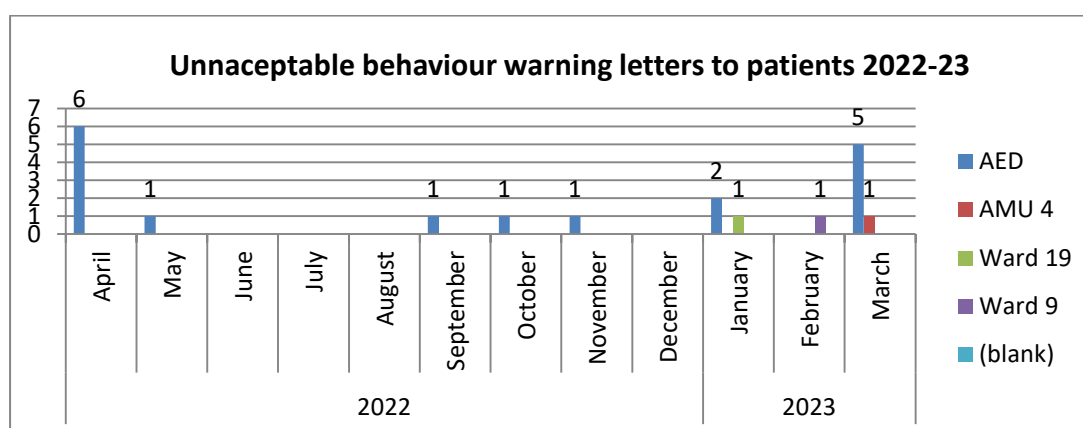
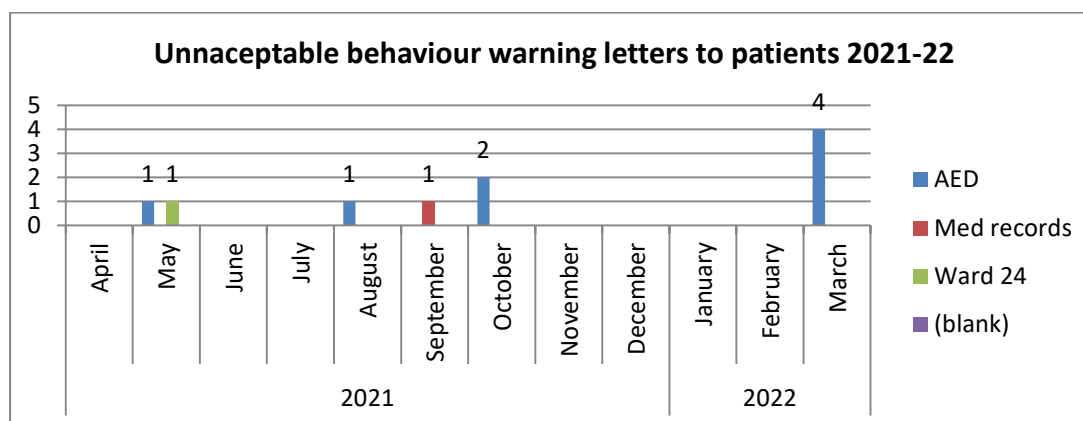
Area 2022/23	Physical Assault	Threatening Behaviour	Verbal Abuse	Total
A&E	31	37	56	124
Ward 28	8	10	19	37
Ward 27	15	6	1	22
AMU 4	11	8	0	19
Ward 31	6	3	3	12
Total	71	64	79	214

1.11 The statistics highlighted identify some important areas to target and suggests significant under reporting, specifically within A&E where they have only reported 124 incidents within a 12 month period (2.5 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 The Security Management Team are working with the A&E Leadership Team to ensure that ‘warning’ letters are issued to patients attending and being verbally abusive to staff in an

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attempt to reduce the numbers of verbal abuse, threatening behaviour and physical assault, As a result of this several unacceptable behaviour warning letters have been issued to patients.



1.13 The security management team continue to support AED by completing Anti-Social 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 (CBO) imposed by both the hospital and West Yorkshire Police (WYP). There are four patients that currently have WYP anti-social behaviour interventions, one with a yellow warning letter and three with final (red) warning letters, one of these patients who was a frequent attender when not in custody has received a three year CBO which expires on 15/02/2026 with the following conditions:

- Not to enter the ground and premises including car parks of the Bradford Teaching Hospital NHS Trust, except when in genuine medical need of immediate assessment, action, or treatment or by pre-arranged appointment.
- Not to remain in any premises when asked to leave by staff.

1.14 There remains a reliance on agency security officers being utilised to support the management of ward inpatients displaying clinically related inappropriate behaviours on

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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. **See appendix 1 and 2.**

1.15 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

1.16 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, outlined in the table below.

Year	Theft of vehicle	Media system Sat-Nav	Catalytic converter	Number plate	Tools	Wing mirror	Total
2021/22	0	9	7	1	1	0	18
2022/23	4	15	2	4	0	1	26

(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
- Adhoc police patrols through the car parks in marked vehicles to act as a deterrent

2.4 Despite all the operational and Covid pressures, in December 2022 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:

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- 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

Cycle and motorbike theft

- 2.5** During the reporting period the Trust cycle storage areas have seen an increase in the level of reported thefts of both cycles and motorbikes, 1 theft of cycle at SLH and 1 cycle and 3 motorbike thefts from BRI.

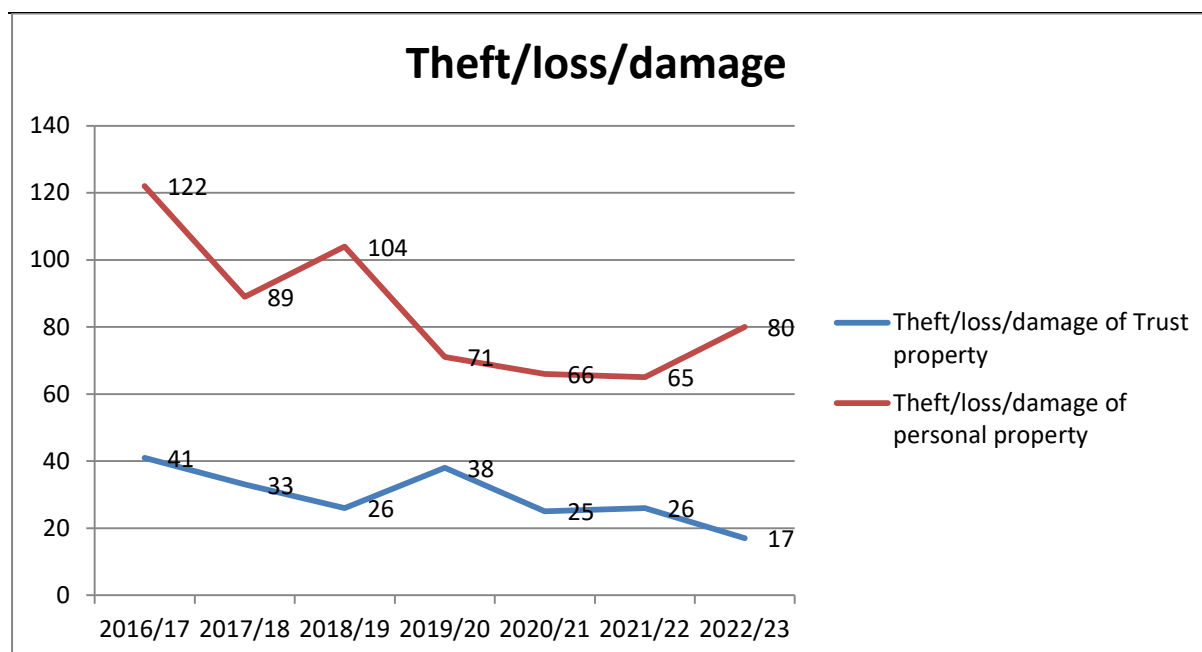
Year	Cycle	Cycle tyre	Motorbike	Total
2021/22	0	0	1	1
2022/23	2	1	3	6

- 2.6** 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.
- 2.7** The Security Management team are working closely with WYP who are investigating the spike in vehicle, motorbike and cycle crime offending at the BRI within the reporting period, this is a wider issue across West Yorkshire and although we have had a spike in thefts the numbers are low in comparison to the wider community.
- 2.8** The PCSO team continue to monitor reported vehicle, motorbike and cycle 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.
- 2.9** 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.
- 2.10** 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.

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- 2.11** 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.
- 2.12** 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.
- 2.13** 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.
- 2.14** 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.
- 2.15** The LSMS is currently supporting the Patient Property Task & Finish Group with reviewing the current systems and processes in place and there are trials in progress with recommended police approved (used by WYP in their detention suite) property bags and a system developed by the Trusts IT department for recording and photographing patient's property that is kept or handed over for safe keeping.
- 2.16** The table below shows comparative data for the previous 7 years in relation to theft/loss/damage. There has been an increase in the overall number of reported incidents of theft/loss/damage of personal property which has increased by 15 from last year. There has been a decrease in the number of theft/loss/damage of Trust Property which has decreased by 9 from the previous year.

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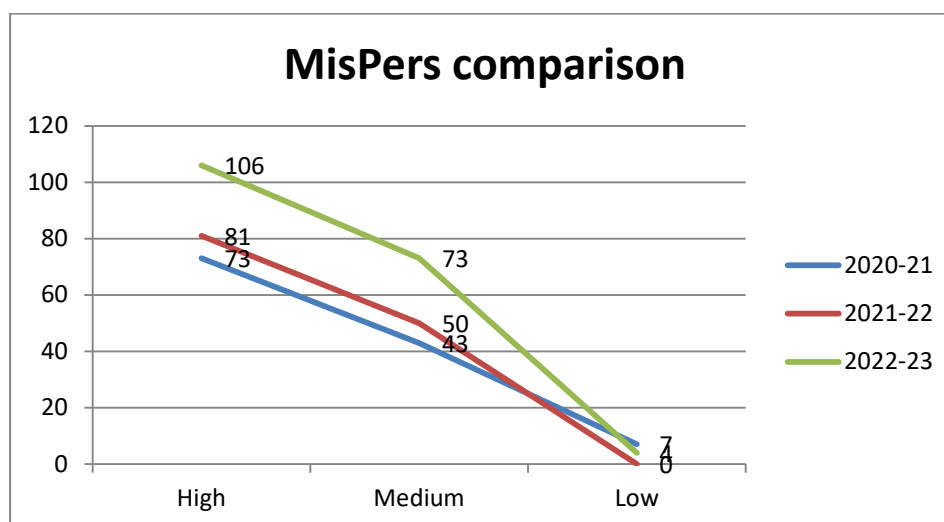
3. Anti-Crime work undertaken to tackle and prevent crime in general

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

- The security management team supported the development of the Women's and Children's Unit abduction lockdown system which has recently been upgraded and is in the process of being integrated in the new fire alarm system.
- Continuing focus and collaboration with wards/departments to ensure there are management plans in place for patients who exhibit signs of violence and aggression to minimise the risk of staff being assaulted whilst carrying out their duties.
- 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.
- Adhoc security consultation and recommendations for access control, CCTV and intruder alarm installations within refurbished wards and new build projects to deter or detect criminal activity specifically in relation to theft.
- Working with the homeless Team to reduce the number of homeless patients using the hospital as a place of refuge.
- Working with WYP ASB team to actively monitor, target and reduce the number of patients exhibiting anti-social behaviour within the organisation.

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- Working with WYP to reduce the number of patients reported as 'missing' (183 in the reporting period compared to 131 in the previous year). 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, the number has increased this year in his absence.



- Working with the clinical teams on wards/departments that have been targeted for theft/loss/damage of personal and Trust property
- The Trust continues to work in partnership with West Yorkshire Police and the LSMS will work with them to develop a 2023/2024 hospital policing plan based on the crime trends of 2022/2023.

4. Violence Prevention and Reduction Standards

- 4.1 In January 2021 NHS England and Improvement published the new national violence prevention and reduction standard which compliments existing health and safety legislation.
- 4.2 NHS England makes it clear that employers have a general duty of care to protect staff from threats of violence at work.
- 4.3 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.
- 4.4 From 2022/23 all NHS organisations operating under the NHS Standard Contract must have regard to the violence prevention and reduction standard (General Condition 5).
- 4.5 Twice yearly organisations are required to self-assess their status against it and provide board assurance that they have met the standard.

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4.6 Commissioners are also expected to undertake compliance assessments as part of their regular contract reviews, twice a year as a minimum, or quarterly if significant concerns are identified.

4.8 The violence prevention and reduction standard employs the Plan, Do Check, Act (PDCA) approach, an iterative four-step management method to validate, control and achieve continuous improvement of processes.

4.9 There are a number of indicators within each of the PDCA sections that need to be achieved to enable the organisation to be fully compliant against the standard.

4.10 The table below shows the Trusts current benchmark position in relation to the VPR standards.

<u>Section</u>	<u>Indicators</u>	<u>Compliant</u>	<u>Non compliant</u>	<u>Section rating</u>
Plan	14	5	9	Partially compliant
Do	11	7	4	Partially compliant
Check	12	5	7	Partially compliant
Act	6	1	5	Partially compliant
Total	43	18	25	
			Overall rating:	Partially compliant

4.11 The VPR Standards overview and Lead role presentation has been delivered to the following groups:

- EFM Management Board 25 Jan 2023
- Executive Management Board 30 Jan 2023
- Health & Safety Committee 10 Feb 2023
- VPR Task & Delivery Group 19 Apr 2023

4.12 The VPR Task and Delivery Group held its inaugural meeting on 19 April 2023 and attendees were presented with an overview of the standards and the Lead role.

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4.13 The next step is for this group to familiarise themselves with the NHS VPR guidance notes and review the VPR standard benchmark results.

4.14 The group will develop and agree a work plan to review the compliant indicators for improvement and address the non-compliant indicators to enable full compliance of the VPR Standard.

4.15 It is acknowledged that there is significant under reporting within the organisation both internally and to the police

4.16 The data gaps need to be addressed so that we focus efforts in the priority areas.

4.17 The group will report to the Health and Safety Committee and will develop six-monthly board assurance reports.

4.18 From a governance perspective the group will report to the Health and Safety Committee who in turn will report to the Peoples Committee.

4.19 The VPR Lead has attended the following recent network meetings:

- NHS England PVAS Network meeting 29 March 2023
- Yorkshire & Humber LSMS Network meeting 5 April 2023.
- NPAG Violence Reduction & Security Management Network meeting 27 April 2023.

BTHFT is on par with most organisations in relation to the progression and implementation of the standards with some Trusts only recently employing a VPR Lead.

4.20 Where are we now?

- VPR T&D Group membership agreed
- Terms of Reference out for comment
- Benchmarking and VPR standard shared with the group membership
- Inaugural meeting held on 19 April 2023 and VPR Standard presented
- A sub group meeting has been arranged to evaluate the Security Service Remodelling option appraisal and agree a preferred option, which will subsequently be developed into a business case. (It is important that the model supports delivery of the VPR Standard)
- Monthly VPR T&D Group meetings diarised up to 29 December 2023

4.21 How do we achieve the standards?

- Have in place a VPR Lead to oversee all work streams
- Data validation (make the most effective use of data to target resource and reduce incidents)
- Simplify incident reporting for staff
- Develop a workplan
- Collaborative engagement and effective communication.

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- Training (ensure training delivered is targeted and risk based).
- Staff engagement (follow up all incidents and support staff, support Zero tolerance)
- Work with stakeholders and partners to reduce episodes of V&A and challenging behaviours
- Engage, communicate and take ownership of violence related issues

5. West Yorkshire Police – Police Community Support Officer report 2021-22

5.1 The Trust currently fund 50% of the equivalent of 2.45 full time Police Community Support Officer (PCSO) posts. The full sum of funding provided is used in ensuring a consistent Policing presence at the Bradford Royal Infirmary. The PCSO team is dedicated to tackling both NHS and Police partnership issues and providing reassurance to patients, staff and visitors to the Hospital site through a highly visible and easily accessible presence. Please refer to the PCSO report for detailed information. **See appendix 3.**

6. 2023/24 Security Workplan

- The Trust continues to work in partnership with West Yorkshire Police and the VPR Lead/LSMS will work with them to develop a 2023/2024 hospital policing plan based on the crime trends of 2022/2023 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.
 - Working with WYP ASB team to actively monitor and target individuals exhibiting anti-social behaviour
 - Undertaking risk assessments in the 5 high reporting areas of violence and aggression
 - Adhoc input in relation to security recommendations for new build and refurbishment projects throughout the organisation
 - Adhoc input at MDT meetings for complex patients exhibiting signs of violence and aggression
 - Baby Abduction Testing (Women's and Children's Unit)
 - Child/infant Abduction Testing (Children & Young person's wards)
 - 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, 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)
 - 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

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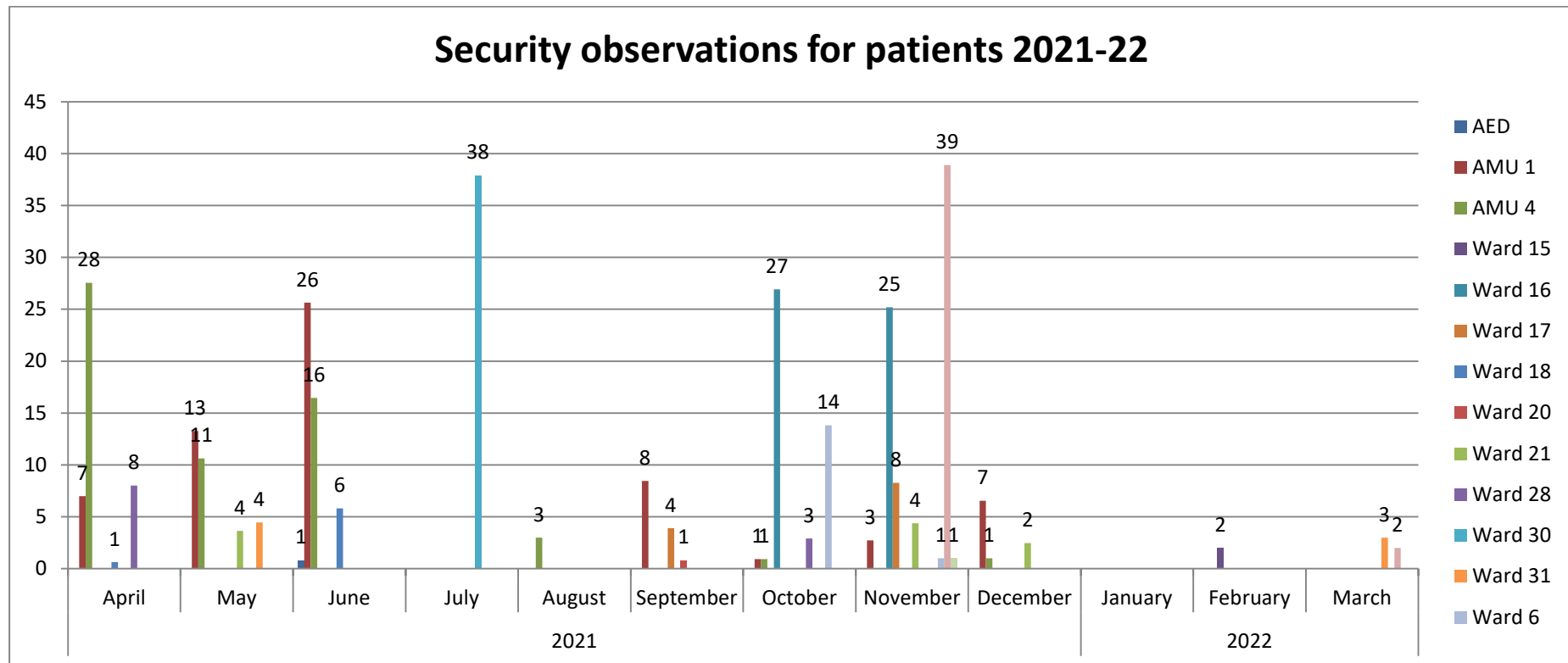
violence and aggression, conflict resolution, developing a pro-security culture, ward environment safety, bogus staff, learning outcomes, car crime, theft of property, PCSO role, security role, missing patients procedure, crime prevention

- Violence Prevention and Reduction (VPR) Task and Delivery Group
- Incorporate the AED reducing violence and aggression project in the VPR Task & Finish group workplan
- Continual review (twice annually) of the Trust status against the Violence Prevention and Reduction Standard

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Appendix 1

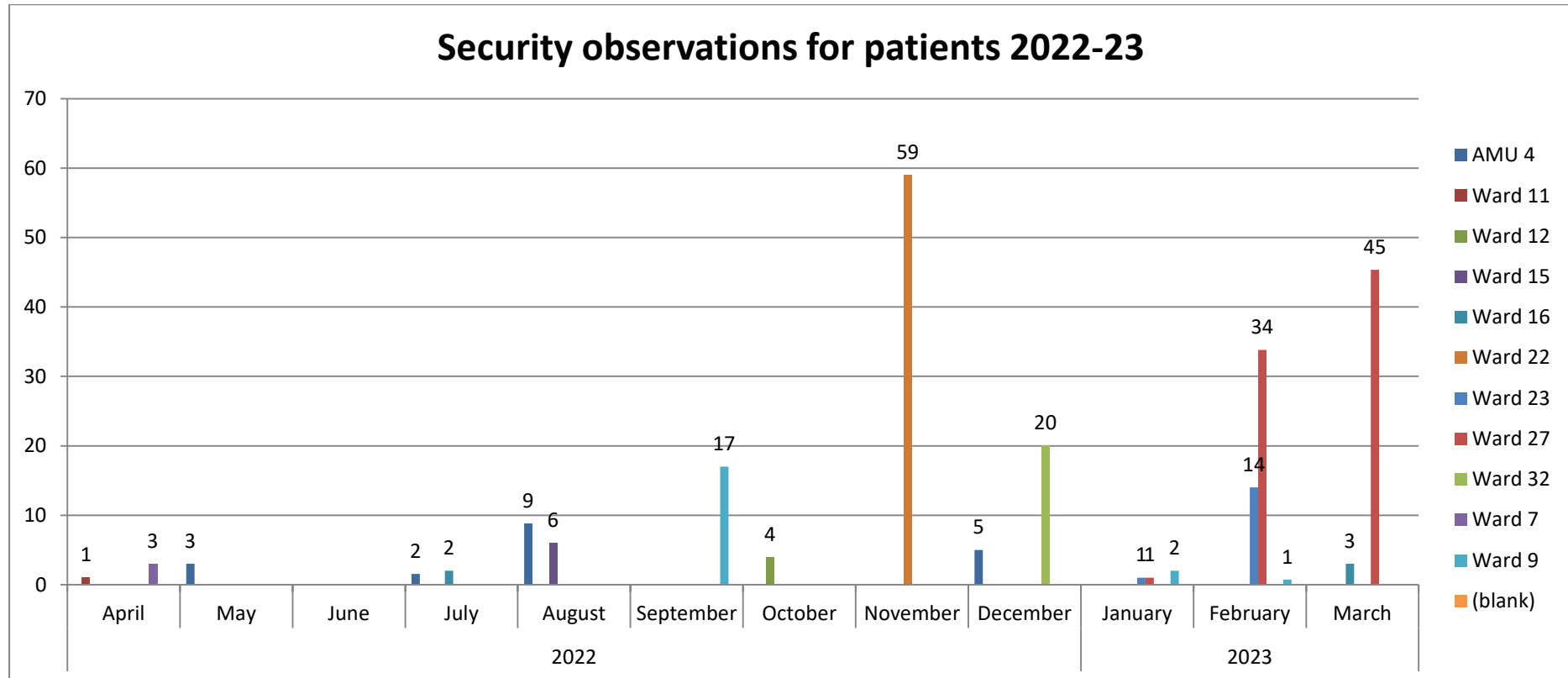
Security observations involves the interaction and monitoring of patients to prevent them from absconding and or causing harm to self or others whilst under a deprivation of liberties, mental health section or presenting with other clinically related challenging behaviours i.e. delirium, dementia, under the influence of drugs or alcohol etc.



Total of 323 11 hours shifts with an additional hour covered for break by the rostered team, this equates to 3876 hours or 161.5 days of security observations cover at ward level for 2021-22.

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Appendix 2



Total of 232 11 hours shifts with an additional hour covered for break by the rostered team, this equates to 2784 hours or 116 days of security observations cover at ward level for 2022-23.

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Appendix 3



BRI Policing Report
2021 - 2022.docx