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# Health, Safety & Security

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## Annual Report 2018 – 19

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## **Executive Summary**

The safety of the Trust's patients, staff and visitors is paramount and therefore CCC continues to encourage a proactive approach to health and safety to ensure the Trust complies with health and safety legislation.

All staff groups have access to our specialist training including health and safety, moving and handling, fire safety, emergency preparedness, resilience and response, security and conflict resolution. In addition, advice is available from radiation protection, infection control and occupational health staff.

A comprehensive fire training programme continues to be implemented which includes fire marshal training, evacuation chair use for non-ambulant persons, and ward evacuations, both horizontal and vertical, being delivered. All activated fire alarm responses, including false alarms, are reported and assessed.

To support staff with knowledge and information for health and safety, fire, security and manual handling training sessions are provided annually, bi-annually or 3 yearly, as appropriate, for all staff groups. Workbooks are also used as an alternative form of learning alongside face to face and e-learning.

The Trust delivered in-house Management of Actual or Potential Aggression training (MAPA). This is a one day course for staff teaching disengagement and holding skills. Following review of this training in partnership with the safeguarding team it was deemed inappropriate and has now ceased. The trust continues to provide conflict resolution training to staff.

Staff incidents in 2018/19 are categorised as follows: Slip, Trip & Fall, Violence & Aggression, Equipment/Medical Devices, Inoculation, Infection Control, Information Governance, Security, IT, Staff Radiation Badge, Manual Handling and 'Other' causes.

The Health and Safety Committee reviewed the following health and safety policies during 2018/2019:

- First Aid Policy
- Latex & Dermatitis Policy
- Control of Substances Hazardous to Health
- Inoculation Injury – Prevention & Management of Blood Borne Viruses Policy
- Control of Legionellosis Policy
- Prevention of Slips, Trips and Falls Policy
- Restraint Policy

- Committee Terms of Reference

A number of areas were formally audited, including:

- Security
- Inoculation
- Violence & Aggression
- Falls
- Lone working
- CCTV
- Property & Assets

Regular reports on all accidents, dangerous occurrences and ill health are presented to the Health and Safety Committee Meeting and action plans are agreed and implemented.

The Health and Safety Committee Meeting reviews all CAS Alerts and Estates & Facilities Alerts received throughout the year.

The Health and Safety Committee receives Triple A Reports from the Radiation Protection Forum, Fire Safety Sub-committee and the Moving & Handling/Falls Committee as agenda items for discussion. From April 2019 the committee will receive reports from Emergency planning and Propcare performance meeting

In April 2017 NHS PROTECT ceased to exist for security and continued for Fraud under the name of the NHS Counter Fraud Authority. Under the NHS contract, applicable until April 2019, the Trust has to adhere to the existing requirements, in particular having the following roles in place:

- Security Management Director (SMD)
- Non-Executive Director for Security (NED)
- Local Security Management Specialist (LSMS)

## **Introduction**

The Clatterbridge Cancer Centre NHS Foundation Trust is a Specialist Hospital with over 1200 employees. The safety of patients, staff and visitors is paramount and therefore the Trust continues to encourage a pro-active approach to health and safety to ensure we comply with existing and new health and safety legislation.

All staff groups have access to our specialist team with expertise in health and safety, moving and handling, fire, security and Emergency Preparedness, Resilience & Response. In addition, advice is available from radiation protection, infection control and occupational health via other specialist teams.

As part of our pro-active approach, risk assessments are completed by all departments to identify any potential risks and to put controls in place to prevent, where possible, any injuries, ill health or damage to patients, staff, visitors and property. These risk assessments are reviewed as part of the annual environmental risk assessment.

Regular reports on all accidents, dangerous occurrences and ill health are presented to quarterly health and safety committee and any action plans agreed for implementation. The purpose of this committee is to assist the Trust Board in the effective discharge of its responsibilities for health, safety and environmental governance management and internal control.

The Health & Safety at Work Act sets out employer's duties, Section 2(1) states:

*"It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees".*

Within the Trust, health and safety responsibilities lie with the Executive Team, via the Director of Nursing & Quality. The Health and Safety agenda is ultimately overseen by the Health & Safety Advisers and the Health & Safety Committee.

The Health and Safety Advisers have a split role, with Local Security Management Specialist (LSMS) and Emergency Preparedness Officer (EPO) duties encompassed into the roles.

## **Health & Safety Policy & Auditing**

During the course of the year, a number of Policies were updated and submitted to the Health & Safety Committee for approval prior to going to Integrated Governance Committee. These Policies were:

- First Aid Policy
- Latex & Dermatitis Policy
- Control of Substances Hazardous to Health

- Inoculation Injury – Prevention & Management of Blood Borne Viruses Policy
- Control of Legionellosis Policy
- Prevention of Slips, Trips and Falls Policy
- Restraint Policy
- Committee Terms of Reference

A number of areas were formally audited, these were:

- Security
- Inoculation
- Violence & Aggression
- Falls
- Lone working

Security, lone working and violence and aggression were audited as part of the Environmental Risk Assessment, which is discussed elsewhere in this report.

## **Fire**

A comprehensive program of fire drills is undertaken via PropCare to ensure that the Trust is compliant with Fire legislation and is run on a rolling basis. All fire drills and unwanted fire alarms are recorded by PropCare and any actions raised are addressed at departmental level and through the Fire Safety Sub Committee to the Health and Safety Committee as a standing item on the agenda.

Further Fire Marshal training sessions have been arranged during the report period, these have been delivered by an external training provider. Further training is planned throughout 2019/2020 and all fire marshals complete a monthly checklist within their area. The Trust also has a trained Trainer for the Evac+ Chairs which are positioned on main stairways. Half day sessions for staff training are conducted on a regular basis throughout the year.

Fire Safety training is provided to all staff as part of new starter Induction and face to face training is repeated bi-annually, with e-learning sessions required during the interim years as part of Core Skills Training. Along with other subjects, sessions have been aligned to North West and National Core Skills Standards to ensure training delivered is consistent with other Trusts.

Fire evacuation equipment training has continued to take place over the last year including training using Albac Mats and Bed Straps for vertical evacuation of patients. This training is also being extended to Radiotherapy Services to allow drills in the removal of an unconscious patient from a diagnostic or treatment machine. Wards and departments are able to book trainers into their areas to suit their own staffing levels.

## **Environmental Risk Assessment Tool**

This documentation is completed on an annual rolling basis by all departments through the calendar year. The purpose of this documentation is to act as a guide for all areas to help identify any shortfalls in compliance with relevant Health and Safety Legislation.

The document is divided into different sections and if hazards are identified, a full Risk Assessment must be completed under the Trust Risk Management Policy. Following completion, compliance is audited by the Health & Safety Advisers with the department head and an action plan is developed to ensure that any risks are controlled. A follow up visit is agreed to check on Action Plan progress.

Areas covered by the Environmental Risk Assessment are:

- Environment
- Work Equipment
- Waste Arrangements
- Substances hazardous to health
- Fire Precautions
- Manual handling
- First Aid
- Infection Control
- Display Screen Equipment
- Latex
- Security
- Radiation
- Chemotherapy
- Legionella (Water System Management)
- Slips, Trips & Falls
- Medical devices
- Safer Sharps
- Emergency Preparedness
- Medicine Security

From the 20 initial departments/directorates assessed within the period, there were 0 Red and 0 Amber ratings. Departments/Directorates are audited initially and given a RAG rating for all of the areas, they are then given an agreed review date to correct any shortfalls and eliminate any Red or Amber score and ensure compliance.

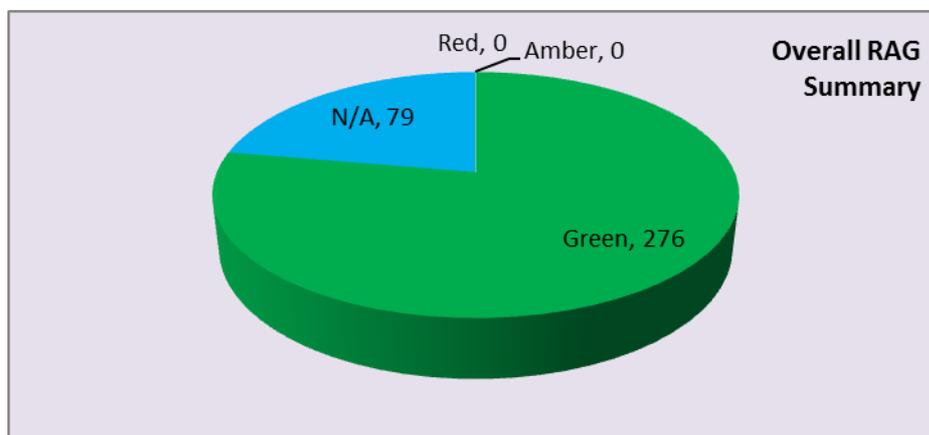
Changes to the process during this report year are to allow centralisation of the assessments and QPulse is being set up to house all risk assessments. This will reduce the number of duplicated assessments and increase shared learning across the departments. As a result, future reporting of the annual

process will switch to December with the finalized report going to the March Health and Safety Committee meeting for approval and subsequent addition to future annual reports.

Following this process, Chart 1, shows the overall ratings for those 20 departments with total scores of:

Red	0
Amber	0
Green	276
Not Applicable	79

**Chart 1 – Overall RAG Summary**



The audit has confirmed whether departments had completed risk assessments as part of the annual risk assessment process, and where completed whether these assessments were up to date and suitable and sufficient as required by the Management of Health & Safety at Work Regulations 1999.

Areas have once again identified the areas where they would like additional training support available and this is being factored into the 2019/20 year and will be provided by a mix of in house and external trainers.

Following the H&S audits completed so far, the training listed below will be provided during 2019-2020. With the move planned to CC-Liverpool in spring 2020, there will be an emphasis on training for staff in the new site.

First Aid

Fire Marshall Training

Fire Evacuation training

## **Health and Safety Training**

Health and Safety Training continues to be provided in structured format to enable compliance with H&S legislation.

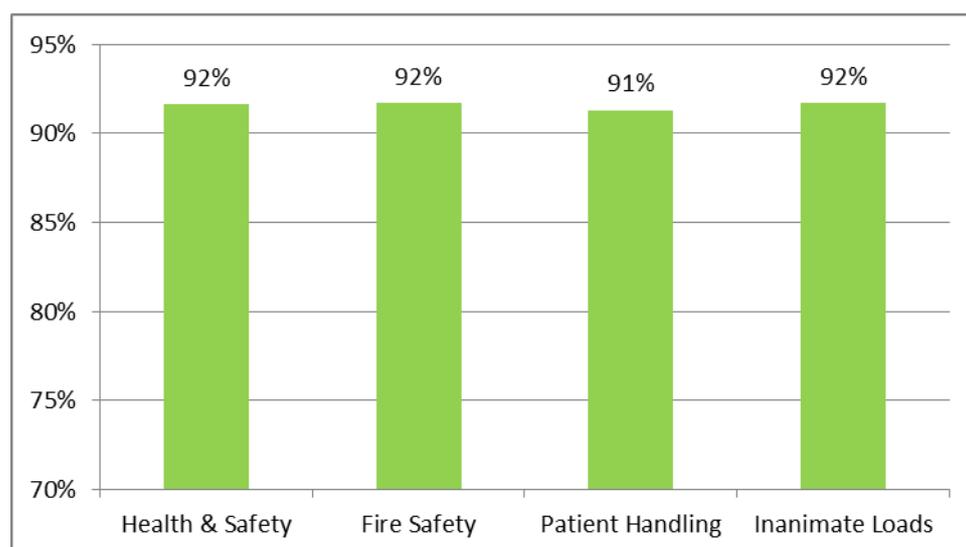
Health & Safety, Risk Management, Fire Safety and Inanimate Load Training is provided to all new staff on Induction with Health & Safety, Fire Safety and Inanimate Load training provided within Core Skills Training on an ongoing basis. Animate Load training is provided to clinical staff at Induction and Core Skills.

The comprehensive package of training for staff at all levels includes:

- On Call training for Senior Managers
- Fit Testing (correct fitting of masks) Extern
- Health & Safety for Managers
- Fire Marshall (provided by an external company)
- First Aid training (provided by an external company and all non-clinical areas have first aiders and equipment to ensure compliance).
- Evac+ Chair Training
- Vertical & horizontal evacuation of patients
- Emergency Planning

These training courses are provided on an ongoing basis with repeat dates throughout the calendar year.

### **Chart 2 – Health & Safety Training Compliance**



Health & Safety Training is provided face to face at Induction and then refreshers via e-learning, compliance is at 92% with any staff member out of date prompted by the Electronic Staff Record system (ESR). This is monitored by department managers.

Fire Safety is currently at 92%, Department of Health require different levels of training for different staff. Fire Safety training is currently delivered 4 times per month for Induction, Mandatory Training, Nurses week and new Doctor Induction.

The Trust Manual Handling Trainer leads on all manual handling training within the classroom and clinical areas. Their role also includes investigating manual handling incidents and reviewing and auditing the policy.

Patient Handling is at 91% which shows a huge increase over the previous years 67%, the small class size that is permitted for this due to its practical nature meaning that a significant number of additional sessions have been required.

Inanimate Loads training is done initially on a face to face basis , followed by e-learning refresher training. The 92% compliance is an increase on the previous year and managers are prompting staff who are out of date when reviewing their performance at their annual PADR.

### **Health and Safety Incidents**

**Chart 3: Health & Safety Incidents**

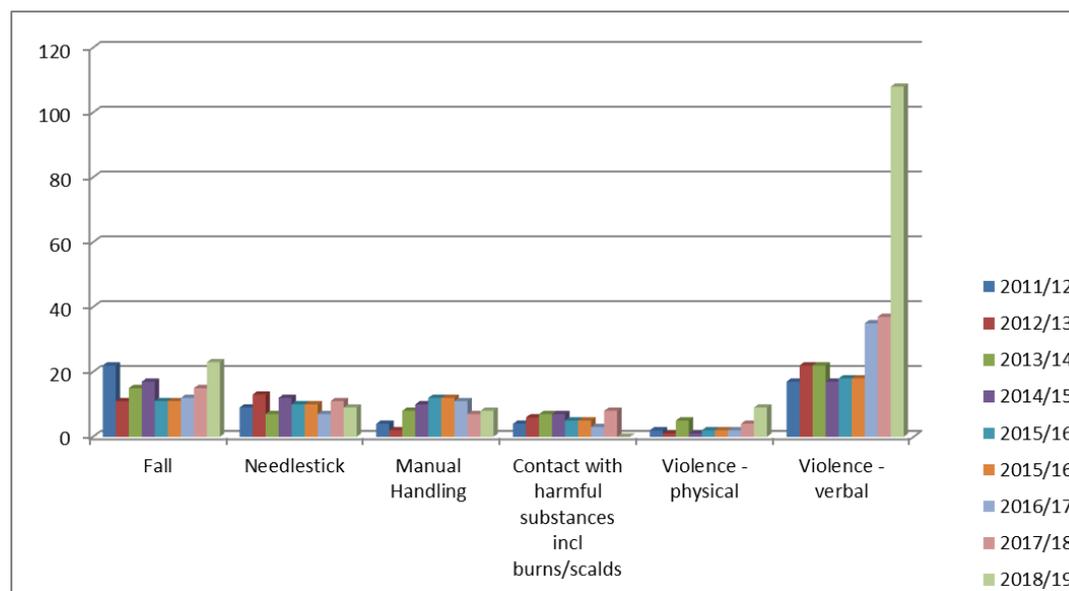


Chart 3 shows a mixture of plus and minus performances over 2017/2018, with various root causes and background, this repeats previous years results.

The number of needlestick injuries sustained has decreased slightly after the previous years increase. Again, most of the incidents could have been avoided with a number attributed to human error. All needlestick injuries reported must have a root- cause analysis completed to identify any issues and if process has been followed. All injuries are monitored through the health and safety committee.

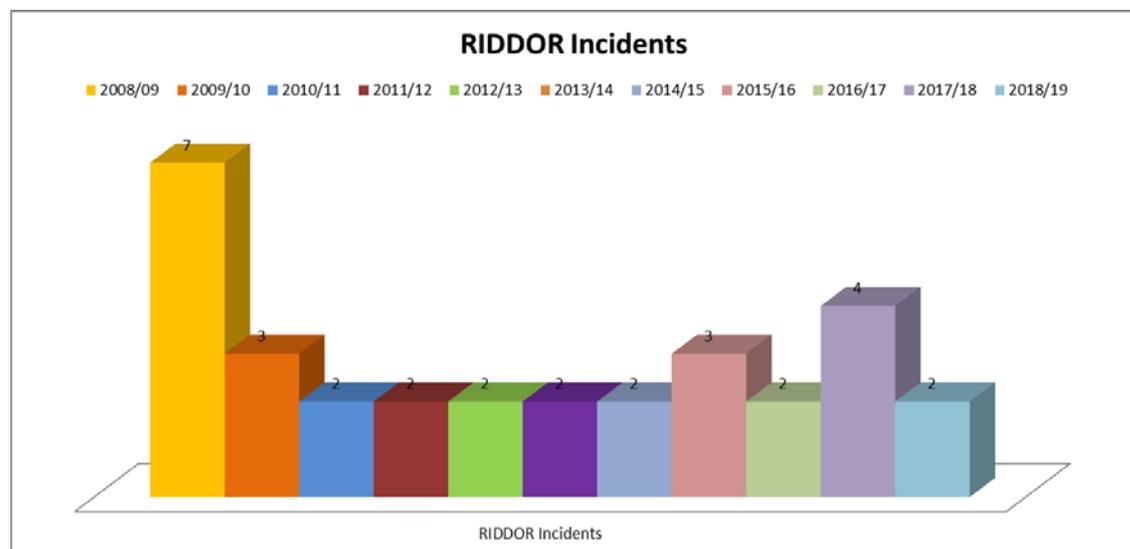
The chart shows that both verbal and physical violence against staff has increased. The increase in verbal violence dramatically so with some of the incidents reported attributed to the patients clinical condition and a couple or repeat offenders identified.

**RIDDOR Incidents**

Under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations there is a requirement to report accidents which result in staff being absent from work for more than seven days.

The chart below shows the number of reported incidents over the last nine years and shows an reduction in 2018/19 following the increase in the year 2017/18. Both of the incidents reported were ‘Lost Time’ incidents ( member of staff was off work for greater than 7 days).

**Chart 4: RIDDOR Incidents**



**Seasonal Flu Campaign**

The 2018/19 Flu Vaccination Campaign resulted in vaccination uptake of 80.41% of frontline staff which meant that the trust surpassed the target set by the Department of Health of 75%. For this campaign, 75% was also set as a CQUIN target which had a figure of in excess of £8,739 attached to it. The

Trust has continued to offer the vaccine while it has stocks, therefore, the Department of Health ImmForm figure was declared at 80.17%

There were a significant number of vaccination sessions throughout the campaign and a mobile team targeting the clinical areas.

The Trust will continue to encourage flu vaccination uptake amongst staff and will launch the next campaign in September 2019, with campaign planning commencing in June.

The 2019/2020 campaign will see two significant changes with the campaign being led by Public Health England rather than NHS Employers and the target being raised by the Department of Health to 80% of clinical staff.

The breakdown below of vaccinated staff is shown by the Department of Health category for staff groups. This shows the areas that had a good uptake and the areas where improvements can be made.

#### **Chart 5 – Flu Vaccination Uptake**

<b>All Stats</b>	
Doctor Uptake	72.95%
Nurse Uptake	81.14%
Prof Qual Uptake	80.19%
Support Staff Uptake	83.47%
<b>Total Clinical Uptake</b>	<b>80.41%</b>

## Security

### Policies

The following policy are reviewed and updated and submitted to the Health and Safety committee 2018/2019

- Restraint Policy

All departments have completed risk assessments in the above areas which were checked as part of the Environmental Risk Assessment by the Health & Safety Adviser & Local Security Management Specialist (LSMS). Any shortfalls were then followed up by further checks.

The Trust has upgraded the CCTV system and new server was installed and a review of cameras throughout the Trust was completed. The Trust has also continued to develop a positive relationship with Merseyside Police to ensure access for advice and information.

The Trust adheres to the annual standards set by NHS Protect

The standards are below:-

### Strategic Governance

This section sets out the standards in relation to the organisations strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.

### Inform and Involve

This section sets out the requirements in relation to raising awareness of crime risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of crime against the NHS.

### Prevent and Deter

This section sets out the requirements in relation to discouraging individuals who may be tempted to commit crimes against the NHS and ensuring that opportunities for crime to occur are minimised.

### Hold to Account

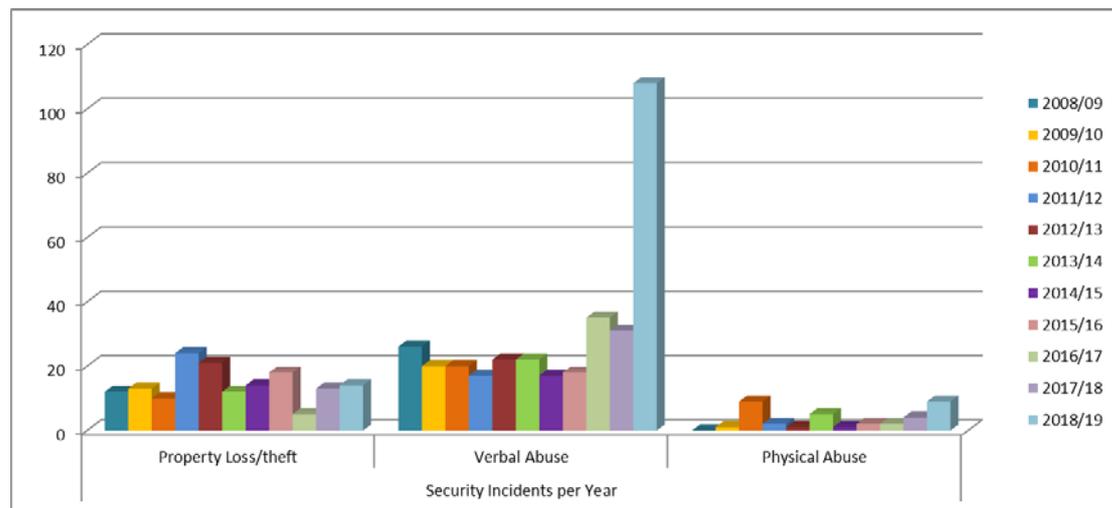
This section sets out the requirements in relation to detecting and investigating crime, prosecuting those who have committed crimes and seeking redress.

The annual action plan is included within this report and identifies areas that need to be worked on and the report is also divided into the four categories.

The Trust completed, in line with the nationally agreed security management principles, a site security risk assessment and an action plan which is continuously reviewed and monitored through the Health and Safety committee.

The role of the Security Management Director and Local Security Management Specialist. is still a requirement under the annual security standards (Strategic Governance) which have to be completed to comply with the NHS Standard contract until April 2019.

**Chart 6: Security Incidents**



The comparison does show an increase in security incidents last year compared to previous years. There is a large increase in verbal abuse and increase slightly in physical assaults without any particular trends. However some of the incidents do include serial offenders. The possible rise could also be due to more staff reporting incidents as reinforced by security and conflict resolution training. Property Loss & Thefts has increased due to a number of thefts involving staff possessions.

The following areas were identified as high risk and extra CCTV swipe access has been installed.

- Cash handling departments
- Server rooms
- Switch gear rooms
- Areas that store drugs.

Panic buttons have also been installed in areas that handle money and are public facing and the main reception desk.

The Trust continues to work hard to reduce the risk of security incidents by a combination of preventative measures, increased training, investigation and raising awareness of the role of the LSMS.

Organisations are no longer required to send nominations for SMD and LSMS roles to NHS protect. The collection of SMD and LSMS details will not be part of the remit of NHSCFA.

The training of LSMS will now be provided by the private sector.

### Lone Worker Devices

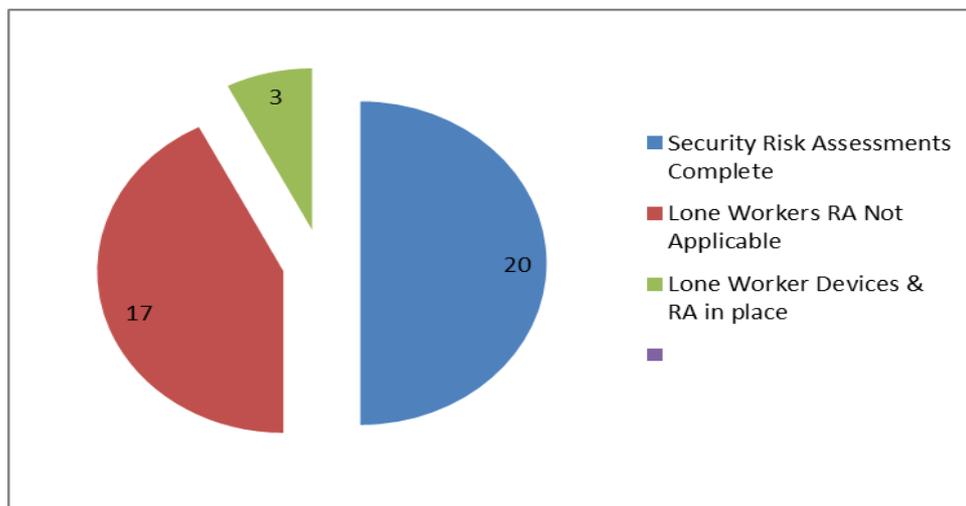
This system enables staff to discreetly call for assistance in a potentially dangerous situation and has the ability to quickly and accurately locate the whereabouts and movements of lone workers when an alert is activated.

The Trust continues to provide lone worker devices where a lone worker risk has been identified. The appropriate training and escalation information is provided to Reliance.

The LSMS receives monthly reports from Reliance, the device monitoring company to indicate usage and alerts and this is reported to the health and safety committee.

The report below shows that usage of the lone worker devices has improved slowly, some of the low recordings is usually due to change of staff and the device is not being used as staff do not visit patient homes on a regular basis. The planned policy update has included a standard operating procedure to include weekly testing of device even if not in continuous use.

**Chart 7 – Lone Worker Risk Assessments & Devices**



The chart demonstrates compliance with the lone worker risk assessments being completed and risk identified. Where the risk has been deemed high a lone worker device has been provided for staff that are away from the Trust premises and working in patients homes or isolated locations.

The chart also shows that although lone working staff have been identified they are working within the Trust premises and behind swipe access, and other controls have been put in place as documented in the departmental risk assessment.

**Chart 8 - Lone Working Devices – Monitoring April 18- March 19**

4 Devices Crest.

**Red Alerts 0**

Month	Amber Alerts	False Alarms	Genuine Closed Safely	Escalated to Emergency Services	Status Checks of Signal Strength	User Total	Low battery
April 18	11	0	0	0	0	4	7
May 18	0	0	0	0	0	4	1
June 18	3	0	0	0	0	4	0
July 18	15	0	0	0	11	4	0
Aug 18	4	0	0	0	5	4	0
Sept 18	7	0	0	0	7	4	0
Oct 18	6	0	0	0	5	5	0
Nov 18	3	0	0	0	2	5	0
Dec 18	11	0	0	0	0	4	7
Jan 19	0	0	0	0	1	4	0
Feb19	8	0	0	0	15	4	0
Mar 19	5	0	0	0	4	4	0

4 Devices plus 1 Pooled

DELAMERE/CHARITY OFFICE

Month	Amber Alerts	False Alarms	Genuine Closed Safely	Escalated to Emergency Services	Status Checks of Signal Strength	User Total	Low battery
April 18	94	0	0	0	19	8	0
May 18	151	0	0	0	13	8	0
June 18	66	1	0	0	15	8	0
July 18	143	1	0	0	25	8	0
Aug18	115	0	0	0	8	8	0
Sept 18	101	1	0	0	9	8	0
Oct 18	80	1	0	0	7	8	0
Nov 18	50	1	0	0	17	8	0
Dec 18	33	0	0	0	9	8	0
Jan 19	127	0	0	0	8	8	0
Feb 19	120	1	0	0	18	8	0
Mar 19	61	1	0	0	3	8	0

Review highlighted ongoing issues re usage of devices.

Actions taken following review of report with Reliance:

- Users advised again re low battery and false alarms.
- Users again advised to ensure status checks are completed

All reports will continue to be sent to managers each month to review and action

## **Security Training**

### **Conflict Resolution Training**

To reduce the incidence of verbal and physical abuse against staff, Conflict Resolution Training (CRT) is mandatory for all frontline staff that comes into contact with members of the public.

The training is 4 hours and is delivered on induction to new staff and all staff has to complete an e-learning refresher training course every 3 years.

### **Management of Actual or Potential Aggression (MAPA)**

This training is designed to enhance the understanding and management of disruptive, aggressive, and /or violent behavior and ensures that all staff who may be involved in such behavior can maintain the care, welfare, safety and security of all involved.

The aim of the training to ensure that staff develop the skills and confidence to prevent, decelerate and de-escalate crisis situations so that restrictive practices can be avoided.

Additionally the training ensures that the staff have the necessary skills to manage risk behavior when it does occur using a range of physical interventions that aim to minimise risk and harm.

As part of their decision making to use physical interventions staff are taught that it's always a last resort, must be reasonable, proportionate and least restrictive.

The training is delivered in- house and there are 2 MAPA trainers within the Trust, the program started in November 2017 and to date 104 staff have been trained with a 1 day session being provided monthly until December 2018. Following review with the safeguarding team, this training has now ceased as it is not appropriate, given the limited incidents recorded and the requirement for staff to maintain competence. Therefore conflict resolution training remains the key mandated training going forward.

### **Security Awareness**

As part of Security awareness for staff, a training presentation is delivered to all new and existing staff as part of Induction and Core Skills. This covers physical and non-physical assaults including verbal, the importance of incident reporting to help identify trends and the potential risk of unauthorised people 'tailgating' staff into access controlled areas. The training advocates a Pro-security culture for all staff.

## Counter Terrorism Security Training

Additional training with Merseyside Police CTSA (Counter Terrorism Security Advisor) was delivered in September and December 2018 and all general and line managers were invited. The training lasted for 2 hours and identified the threat of terrorism and cyber terrorism.

Previously the Trust has had exercise Griffin and Argos delivered by CTSA, this training is now replaced with ACT Awareness (Action Counters Terrorism).

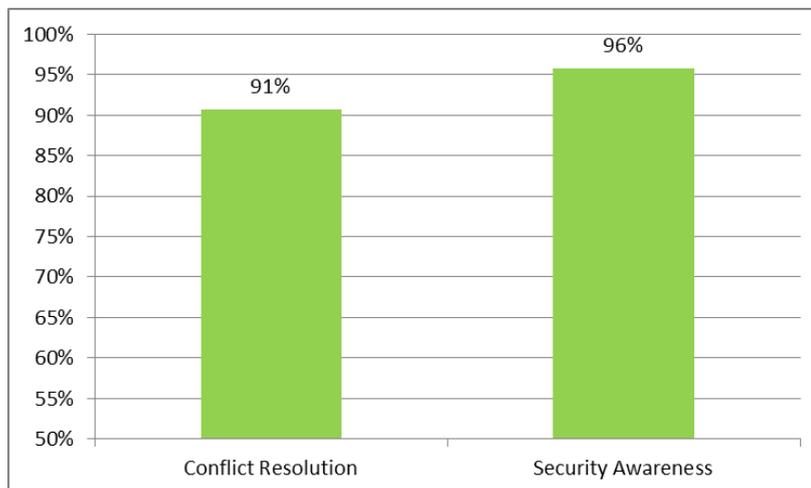
## Security Training Compliance

Chart 9, below shows the security training compliance over the last twelve months and is delivered face to face on induction and then e-learning for refreshers.

Conflict resolution training is at 91% with the preferred target of 100% any staff member out of date are prompted by the Electronic Staff Record system (ESR). This is monitored by department managers.

Security awareness training is at 96% and is now only delivered on induction as a once only training requirement.

**Chart 9 – Security Training Compliance**



## Security Management Work Plan for:

### The Clatterbridge Cancer Centre NHS Foundation Trust

				November 2018-Nov 19		
	Area	Task/Objective	Target Dates	Completed Date	Days/Time Allocated	Actual Days
<b>SRT LEVEL</b>	<b>STRATEGIC GOVERNANCE</b>					
Green	1.1	A member of the executive board or equivalent body is responsible for overseeing and providing strategic management and support for all security management work within the organisation.		Completed Director of Nursing /NED are responsible persons		
Green	1.2	The organisation employs or contracts in a qualified person to undertake and/or oversee the delivery of the full range of security management work.		Completed LSMS in post since 2009	30 days	
Green	1.3	The organisation allocates resources and investment to security management in line with its identified risks.		Completed Continuous monitoring and resources provided as required.		
Green	1.4	The organisation reports annually to its executive board, or equivalent body, on how it has met the standards set by NHS Protect in relation to security management, and its local priorities as identified in its work plan.	30/06/19	Completed	2-3 days	
Green	1.5	The organisation has a security management strategy. The strategy has been approved by the executive body or senior management team and is reviewed, evaluated		Completed		

		and updated as required.				
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<b>INFORM &amp; INVOLVE</b>						
Green	2.1	The organisation undertakes risk assessments in relation to: a) protecting NHS staff and patients b) security of premises c) protecting property and assets d) security preparedness and resilience. The organisation uses its identified risks to develop inclusive policies in respect of the above (a-d) and can demonstrate implementation of these policies. The policies are monitored, reviewed and communicated across the organisation.	Nov 19	Annual assessments reviewed and audited as a rolling program	4 days	
Green	2.2	The organisation develops and maintains effective relationships and partnerships with local and regional anti-crime groups and agencies to help protect NHS staff, premises, property and assets.	Nov19	Continuous Monitoring of security incidents	4 days	
Green	2.3	The organisation demonstrates effective communication between risk management, capital projects management, estates, security management and external agencies to discuss security weaknesses and to agree a response.	Nov 19	2 year Development plan New build	12 days	

		LSMS to develop a security profile for the new building project Liverpool.				
Green	2.4	The organisation has an ongoing programme of work to raise awareness of security measures and security management in order to create a pro-security culture among all staff, across all sites. This programme of work will be reviewed, evaluated and updated as appropriate to ensure that it is effective.		Completed Training delivered monthly.	3days	
Green	2.5	All staff know how to report a violent incident, theft, criminal damage or security breach. Their knowledge and understanding in this area is regularly checked and improvements in staff training are made where necessary.		Completed Delivered in monthly Awareness sessions	3 days	
Green	2.6	All staff who have been a victim of a violent incident have access to support services should they require it.		Completed Staff leaflet produced and distributed	2 days	

**PREVENT & DETER**

Amber	3.1	The organisation risk assesses job roles and/or undertakes training needs analyses for all employees, contractors and volunteers whose work brings them into contact with NHS patients and members of the public. As a result, the appropriate level of prevention of violence and aggression training is delivered to them in accordance with NHS Protects guidance on conflict resolution training and/or the prevention and management of clinically related challenging behavior. The training is monitored, reviewed and evaluated for effectiveness	Nov 19	<p>CRT face to face on induction and e-learning As a refresher.</p> <p>Management Actual Potential Aggression Training also delivered to clinical staff until Dec 18</p> <p>LSMS and safeguarding team to review options for different training.</p>	<p>7 days</p> <p>8 days</p> <p>1 day</p>	
Green	3.2	The organisation undertakes an assessment of the risks to its lone workers including the risk of reasonably foreseeable violence. Where appropriate, it takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed and evaluated for their effectiveness.	Nov 19	Risk assessment Reviewed and completed by all departments on an annual rolling program	6-7 days	
Green	3.3	The organisation ensures that the provision of a secure environment is a key criterion for any new build projects, or the modification and alternation (e.g.	Nov 19	LSMS attends new building meetings	5-7days	

		refurbishment or refitting) of existing premises.				
		LSMS to attend monthly meetings for building developments./projects				
Green	3.4	The organisation has arrangements in place to manage access and control the movement of people within its premises, buildings and any associated grounds.		Completed  Swipe access to all unauthorised areas. Access to some areas for staff can only be obtained during specified hours.	2 days	
Green	3.5	The organisation has systems in place to protect its assets from the point of procurement to the point of decommissioning or disposal.		Completed		
Green	3.6	The organisation has clear policies and procedures in place for the security of medicines and controlled drugs (CDs).	Nov 19	LSMS Attends when required drug and therapeutic committee for security of medicines  Participates in security of medicines audit.		
Green	3.7	The organisation operates a corporate asset register for assets worth £5,000 or more.		Completed		
Green	3.8	The organisation has in place departmental asset registers and records for assets worth less than £5,000.		Completed		

Green	3.9	Staff and patients have access to safe and secure facilities for their personal property.	Nov 19	Security risk assessments completed on annual rolling annual program		
Green	3.10	The organisation maintains comprehensive and systematic records of security breaches and incidents, acts of violence and incidents of theft or criminal damage affecting its property and assets and, where appropriate, these inform security management priorities and the development of security policies.	Nov19	Datix system used and trends identified. Reports sent to H&S committee quarterly.	Continuous Monitoring	
Green	3.11	The organisation takes a risk based approach to identifying and protecting its critical assets and infrastructure. This is embedded in policy and can be evidenced.	Nov 19	Annual Review	2 days	
Green	3.12	In the event of an increased security threat level, the organisation is able to increase its security resources and responses. LSMS to attend bi-monthly Emergency planning committee meetings	Nov19	Polices in place  LSMS attends emergency planning committee	4 days	
Green	3.14	The organisation has in place suitable lock down arrangements for each of its sites, or for other specific buildings/areas of priority.	Nov19	Lock Down Policy  Lockdown exercise to be arranged	3-4 days	
<b>HOLD TO ACCOUNT</b>						
Amber	4.1	The organisation is committed to applying all appropriate sanctions against those responsible for acts of violence, security breaches, theft and criminal damage. Cannot achieve green until the Trust has experienced the need to apply a sanction.	Nov 19			

Green	4.2	The organisation has arrangements in place to ensure that allegations of violence, theft and criminal damage are investigated in a timely and proportionate manner and these arrangements are monitored, reviewed and evaluated.	Nov19	Continuous monitoring	8 days	
Green	4.3	Where appropriate, the organisation publicises successful prosecutions of cases relating to a) denying unnecessary access to premises b) the consequences of assaulting NHS staff c) breaching the security of NHS premises and property d) acts of theft and criminal damage.	Nov19	In the event of a successful prosecution the Trusts security policy states that any prosecutions will be publicised		
Green	4.4	The organisation has a clear policy on the recovery of financial losses incurred due to theft of, or criminal damage to, its assets and can demonstrate its effectiveness.	Nov19	Within the Trusts security policy.		