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Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

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Security and Management of Violence Strategy 2018 - 2021

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Mission Statement:

To ensure that there is a secure environment that protects patients, staff, and visitors and their property, and the physical assets of the Health Board.

1. Introduction

Cwm Taf University Health Board (CTUHB) is committed to providing a safe and secure environment for staff, patients and visitors, framed by National and European Health and Safety Legislation, by Health Policy, by the common law duty of care and in maintaining compliance with Health and Care Standards in Wales in particular; 2.0 Safe Care: 1 - Environment, Risk, Safety and Security.

- 1.1 Patients, staff and visitors should be secure in the knowledge that they are in a safe environment, where a high priority is placed upon their wellbeing and security. Although responsibility for security management in NHS organisations rests with senior management, all stakeholders have a part to play in reducing the security risks. In order to develop effective policies and procedures it is therefore essential to have the support of all concerned and establish a culture that aims to prevent criminal activity and promote a secure environment.
- 1.2 Security involves all staff at all levels, and to be effective it is important to establish at the outset the support of everyone in the Health Board.
- 1.3 In order to develop appropriate policies and procedures regarding security cooperation and collaboration with other parties is essential (i.e. South Wales Police, Crown Prosecution Service, Victim Support, Trade Unions, wards, departments staff, Community Health Council, patients, visitors, and other organisations who may use the hospital sites; ambulance services, volunteers etc.).
- 1.4 This Strategy is designed for management, staff, patients, visitors, police and community safety partners to provide a clear understanding of the roles and responsibilities in respect of security and the management of violence, and the mechanisms by which CTUHB will manage the identified risks. It is not exhaustive and it will respond to meet the current and future requirements of the organisation in particular any associated requirements outlined within the UHB's 3 year Integrated Medium Term Plan (IMTP).
- 1.5 The Strategy aims to reduce security and crime related risks and make improvements in the management of clinically challenging behaviour at identified hot spot areas and also reduce the fear of crime.
- 1.6 Sensible and cost-effective security management initiatives can be taken to reduce risks and the financial impact resulting from damage to or loss

of assets, sickness absence and personal injury claims as a direct consequence of violence against staff.

2. Background

- 2.1 CTUHB is responsible for the provision of healthcare services to over 325,000 people, principally covering the Merthyr Tydfil and Rhondda Cynon Taf Local Authority areas. It also employs over 8,000 staff.
- 2.2 The Crime and Disorder Act 1998 placed a joint statutory duty on both the local authority and the Police (in conjunction with other partners) to reduce crime. CTUHB is one of these partners and has an input into the County Borough of Merthyr Tydfil and Rhondda Cynon Taf, Community Safety groups.
- 2.3 To help tackle these problems the Crime and Disorder Act 1998 requires the Police and local authorities – together with police authorities, health authorities and probation authorities to work together in partnership with other agencies, to develop and implement a strategy for reducing crime and disorder in each unitary local authority area in England and Wales.
- 2.4 Crime and its consequences have a negative effect on health and health services. It is, therefore, imperative that we work closely with partner agencies in order to:
 - contribute legally and effectively to the collection and sharing of information with partners;
 - promote operational initiatives within the Health Board that will ensure patients, staff and visitors feel, and are indeed, safe during their visits;
 - reduce crime (and the fear and perception of) on Health Board sites and through its work within communities across the organisations catchment area.
- 2.5 The following four Strategic Aims have been included in its Security and Management of Violence Strategy to maintain and improve upon these commitments:
 - **Strategic Aim 1 – Policy**
 - **Strategic Aim 2 – Organisation - Secure control**
 - **Strategic Aim 3 – Planning and Implementation**
 - **Strategic Aim 4 – Measure, Audit and Review Performance**

3. Principles

- 3.1 The basic principles of the security and management of violence process are:

- creating a **pro-security culture** amongst staff, professionals and the public - to engender a culture where the responsibility for security is accepted by all and the actions of the minority who offend are not tolerated;
- **detering** those who may be minded to breach security or display violent behaviour – using publicity to raise awareness of what the consequences of their intended actions could be, both personally and to the NHS;
- **preventing** security incidents or violent incidents from occurring, wherever possible, or minimising the risk of them occurring by learning from operational experience about previous incidents (lessons learnt); carrying out risks assessments and safe systems of work and using technology wisely and sharing best practice;
- **detecting** security incidents or the potential escalation of violent behaviour and ensuring these are reported in a simple, consistent manner across the NHS so that trends and risks can be analysed. This data will assist in the development of preventative measures and the revision of policies and procedures;
- **respond** effectively to tackle security and violence and aggressive behaviour with workable counter-measures;
- **investigating** security and violence related incidents and breaches in a fair, objective and professional manner, to ensure those responsible for such incidents are held to account for their actions, and that the causes of such incidents or breaches are fully examined and fed into prevention work to minimise the risk of them occurring again;
- applying a wide range of **sanctions** against those responsible for security incidents and incidents of violence, involving a combination of procedural, disciplinary, civil and criminal action as appropriate;
- seeking **redress** through the criminal and civil justice systems against those whose actions lead to loss of NHS resources, through security breaches or incidents, and ensuring that those who are the victims of violence within the NHS environment are supported to seek appropriate compensation from offenders for loss of earnings or for the effects of injuries sustained;
- **review** incident data security and evaluate the effectiveness of counter measures after every incident. Use key performance indicators to measure performance.

- 3.2 From a police perspective the current policy is understandably to catch and convict but also to prevent and deter, rehabilitate and resettle offenders so that they do not continue to offend.

4. Responsibilities

- 4.1 The Director of Corporate Services & Governance / Board Secretary will ensure that violence and aggression risk is given a sufficiently high profile to maintain a culture which encourages effective violence and aggression management.
- 4.2 The Head of Facilities, has a responsibility through the Director of Corporate Services & Governance / Board Secretary as the Security Advisor to CTUHB and for security management. Their role is to help develop the Security Strategy and Security Policy and procedures and lead on the risk assessment criteria required by the Health and Care Standards.
- 4.3 The Head of Health, Safety and Fire has a responsibility to ensure that measures are taken to reduce the hazard from acts of violence and aggression and that they compliment those taken to reduce the hazards from security related incidents.
- 4.4 The Personal Safety Advisor has a responsibility for developing and reviewing, through the Health Board Security Group, the Violence and Aggression Management procedures, training strategy and associated, guidelines.
- 4.5 The Violence and Aggression Case Manager has responsibility for supporting staff and assisting in the prosecution of the perpetrators and works closely with the Police and Crown Prosecution Service (CPS) to tackle violence and aggression against staff. Acting as a single point of contact liaising with victims, Police and the CPS in respect of victim support, assisting with investigations and prosecution of violence and aggression incidents.

5. Rationale and Risk

- 5.1 Security risks are managed in accordance with the Cwm Taf Risk Management Policy.
- 5.2 Many personal injury claims can arise from the failure to provide a secure environment. Patients, staff and visitors should be secure in the knowledge that they are in a safe environment that places a high priority upon security management.

- 5.3 The key areas of risk will be tackled using a risk management scorecard approach and scrutinised by the Facilities Governance and Risk Management Board. This approach is summarised as follows:
- identify the key areas of security and violence risks against staff and to the organisation;
 - identify the gaps at the specific environmental areas where the highest risks requiring control are;
 - identify the existing level of control;
 - provide a target level of control;
 - specify the action that is required and any resource implications;
 - produce a delivery plan;
 - identify responsible leads;
 - provide target dates for progress.
- 5.4 Fraud, property crime against the NHS and its premises: burglary, theft, arson and criminal damage result in financial loss to the organisation and this can divert funds away from direct patient care.
- 5.5 Violent crime, abuse and harassment, sometimes sexual or racial, crime against the possessions of staff in the work place can be traumatic and have an effect on retaining staff employed in the health service nationally and locally. Recognising the impact of crime can be a powerful influence on attitudes towards preventive action. Some of the ways in which individuals, staff, patients, visitors or the organisation may be affected are through:
- distress, injury, financial loss, disruption;
 - low morale, bad publicity, staff loss, anxiety.
- 5.6 It stands to reason that a safe living and working environment, and one where crime prevention and security issues are taken seriously, will encourage health service workers to stay with the Health Board or migrate from other areas.
- 5.7 Incident analysis has revealed over the past three years that 75% of the physical assaults perpetrated against staff are clinically related challenging behaviour and its often violence consequences, this is mainly due to the patients mental and/or physical condition. As a direct result a Personal Safety Advisor has introduced a training programme to specific clinical areas to reduce the effects of clinically related challenging behaviour and to provide skills to allow staff to manage clinically challenging behaviours.
- 5.8 The data indicates that the following Directorates that report the majority of verbal and physical violent incidents, these are:
- Mental Health;
 - Acute Medicine and Accident and Emergency (A&E);
 - Child and Adolescent Mental Health Services (CAMHS)
 - Localities North and South;
 - General Surgery, Trauma & Orthopedics and Urology Directorate.

5.9 Security and violence incident data and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) hot spot area trends can be found in Appendices A and B.

6. Where Are We Now?

6.1 Site security vulnerability assessments were carried out in 2013. This highlighted some key areas of risk at CTUHB sites, particularly the older building areas of the estate that were vulnerable to crime, although these risks are being effectively risk managed and the number of incidents are low.

6.2 Over the last 3 years CTUHB has taken forward the policy strategic aims and also invested in the use of technology to tackle security vulnerabilities and management of violence concerns around the estate. Evidence to support the organisation’s commitment to best practice in security management and tackling violence and aggression is well documented.

6.3 An analysis of the security management Key Performance Indicator (KPI) data and trends has been undertaken as to where the organisation is in relation to the key criteria contained within the Policy Statement in order to inform the goals and key actions needed to implement the Strategy. The following is an overview of progress so far:

SECURITY RISK MANAGEMENT OVERVIEW	CURRENT POSITION		
	Little or no change needed	Some change needed	Significant change needed
Strategic Aim 1 – Policy			
Develop a security strategy, policy and relevant procedures.			
Take forward and embed the basic principles of the University Health Board Security Policy to protect people, property and assets: Pro-security culture – deter – deny – detect – investigate – respond – sanction – redress – review.			
Strategic Aim 2 – Organisation - Secure control			
Encourage cooperation and effective communication.			
Ensure the personal safety at all times of staff, patients and visitors as well as other employers and contractors.			
The protection of NHS property against malicious acts, terrorism, damage and trespass.			
The prevention of loss of NHS assets as the result of crime.			
Strategic Aim 3 – Planning and Implementation			
Ensure competence and compliance with training, incident reporting and risk assessments.			
Develop prevention and reduction strategies.			

SECURITY RISK MANAGEMENT OVERVIEW	CURRENT POSITION		
	Little or no change needed	Some change needed	Significant change needed
Implement violence and aggression case management, sanctions and prosecution.	Green	White	White
Support staff.	Green	White	White
Introduce and monitor a lone worker policy.	Green	White	White
Develop robust security management across the organisation.	White	Orange	White
Incorporate the principles of 'Secure by Design' and effective use of new technology in any new or refurbishment building project and at areas of risk.	Green	White	White
Strategic Aim 4 – Measure, Audit and Review Performance	Green	White	White
Develop KPI's.	Green	White	White
Develop and implement a security and violent crime audit tool.	White	Orange	White
Review and report on KPI's and associated risks.	Green	White	White
Carry out security vulnerability assessments and perception of crime surveys.	Green	White	White

6.4 The organisation has made significant progress in security management and tackling violence and aggression at its premises and against its staff. Partnership working with the Police, the Crown Prosecution Service and the case management of violence and aggression against staff is now embedded in the organisation and has resulted in sanctions and prosecutions against offenders.

7. Where Do We Want To Be?

7.1 This section describes where the CUHB intends to be as a result of implementing the Strategy. Account has been taken of the University Health Board's strategic objectives available within the Integrated Medium Term Plan.

7.2 Through data analysis of security and crime incidents, security and health and safety risks have been identified and more work needs to be done at certain high risk areas in the organisation to reduce RIDDOR reportable incidents, in particular non-gratuitous violence against staff or others due to the patients mental or physical condition.

7.3 Volume crime e.g. theft, auto crime, against the organisation, its staff, patients and visitors has reduced considerably over the last 5 years and given the population and daily footfall at each site, crime incident figures are currently low.

This is also a UK wide trend; however there is a view by the CTUHB`s Security and Violence Operational Group (SVOG) that given the ongoing austerity measures and current economic pressures on citizens in the UK, this could result in a rise in crime figures.

- 7.4 To be prepared and reduce this risk, work is needed to raise awareness of crime and crime prevention, improve upon target hardening, access control and the organisations security contingency, control, communication and lock down measures and response against the threat of terrorism or major incident.
- 7.5 Consistent trends of reported crime related incidents at Appendix A have been recognised by the Security Group and community partners as being of main concern to the Health Board, its staff and the local community.
- 7.6 Security and violence incident data hot spot areas that will be tackled can be found in Appendix C.

8. How Do We Get There?

This stage of the process involves developing the means by which the goals referred to are delivered. To enable this to be done four key points will need to be addressed as follows:

- using the incident data analysis and key performance indicators (KPI's), a set of goals has been produced to be taken forward using a delivery plan;
- an example of the agreed key actions can be found in the delivery plan in Appendix D;
- the Director of Corporate Services & Governance / Board Secretary will have ultimate responsibility for the development, coordination and implementation of the security and management of violence delivery plan. The identified managers of the clinical areas will have responsibility for the monitoring and implementation of the specific goals set out in Appendix D.

9. Implementation

A managed approach will be needed to coordinate the implementation of the Strategy. A key element of this programme is the delivery plan. This plan will provide the detail in relation to the key action points that are required to be taken forward. An example of the delivery plan is given in appendix D. The Delivery plan progress will be updated on a quarterly basis. Progress will be reported to the SVOG, and the Quality, Safety and Risk Committee (QSRC).

10. Legislative And NHS Requirements

It is the policy of the University Health Board to comply with NHS, UK and EU statutory and other legislative requirements in relation to the management of security and workplace safety and health.

11. Review, Monitoring And Audit Arrangements

11.1 A system is in place for reporting and reviewing security incidents using an electronic reporting system (Datix). Incidents are reviewed by the responsible managers and the Health, Safety and Fire department and reported to the Security and Violence Operational Group (SVOG), which informs reporting to the Board's Quality, Safety & Risk Committee (QSRC).

11.2 Delivery plan targets are reviewed quarterly and on an annual basis by the SVOG and progress is reported quarterly to the QSRC committee. New or amended actions are included in the balanced scorecards and relevant directorate risk registers. The SVOG and QSRC will monitor progress against action plans using the exception reporting system.

12. Conclusion

CTUHB recognises that the embedding of risk management and security management requires a transformation of culture, of ways of working of attitude and of systems. In essence it must become a way of working and a way of thinking. This Strategy recognises that the risk management of security and violence against staff is a key area within the CTUHB strategic agenda and vital to achieving its vision. From incident data analysis the key areas of risk have been identified, a strategic direction for the risk management of security and violence management has been defined and a delivery plan has been drafted.

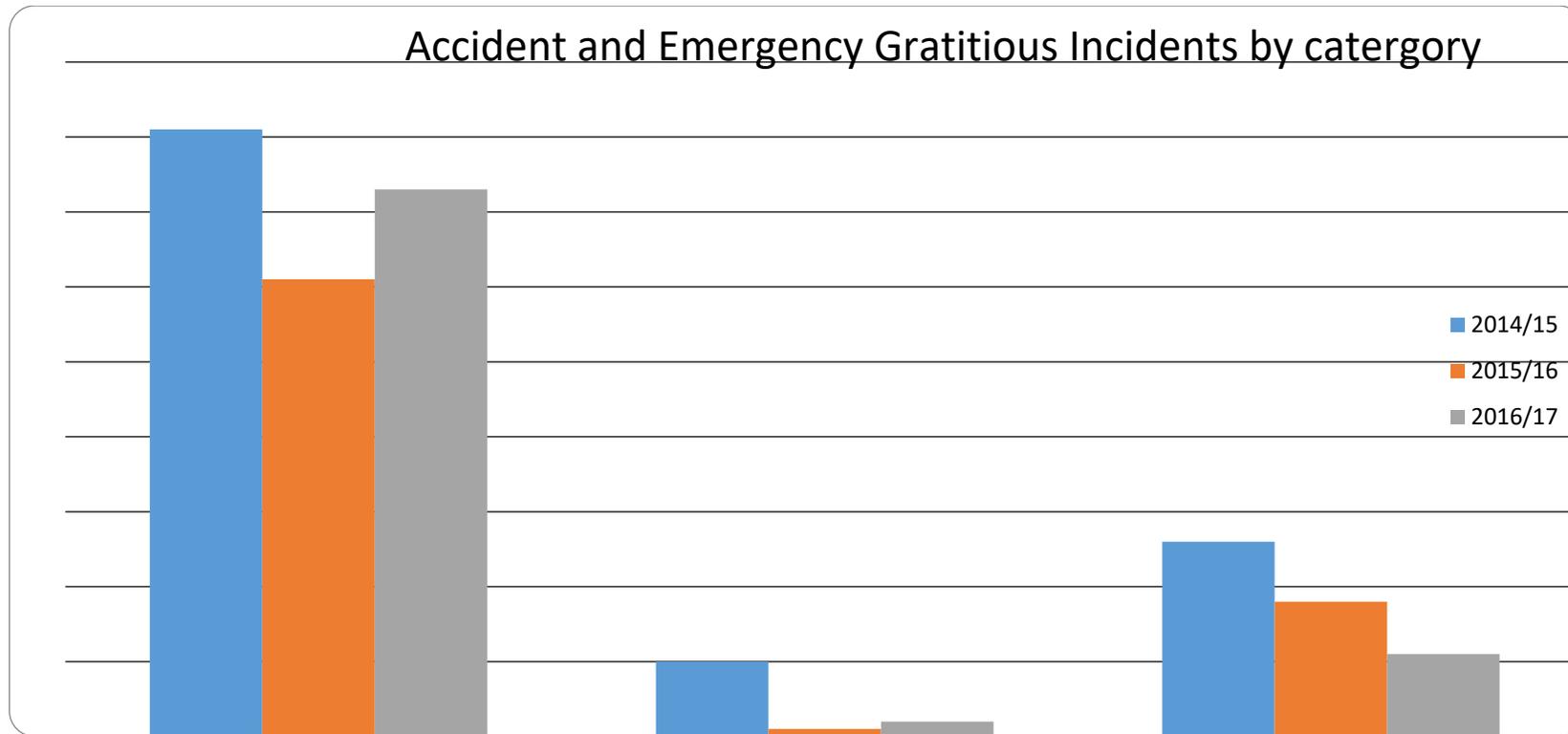
The Health Board's Security and Violence Operational Group (SVOG) and its community partners are committed in their responsibility to reducing the risks from crime and managing violence. The Group recognises that security technology is not a complete solution that everyone has a responsibility for security. Staff and partnership involvement in the security process is essential in the creation of safer hospitals and health services.

13. Equality Impact Assessment

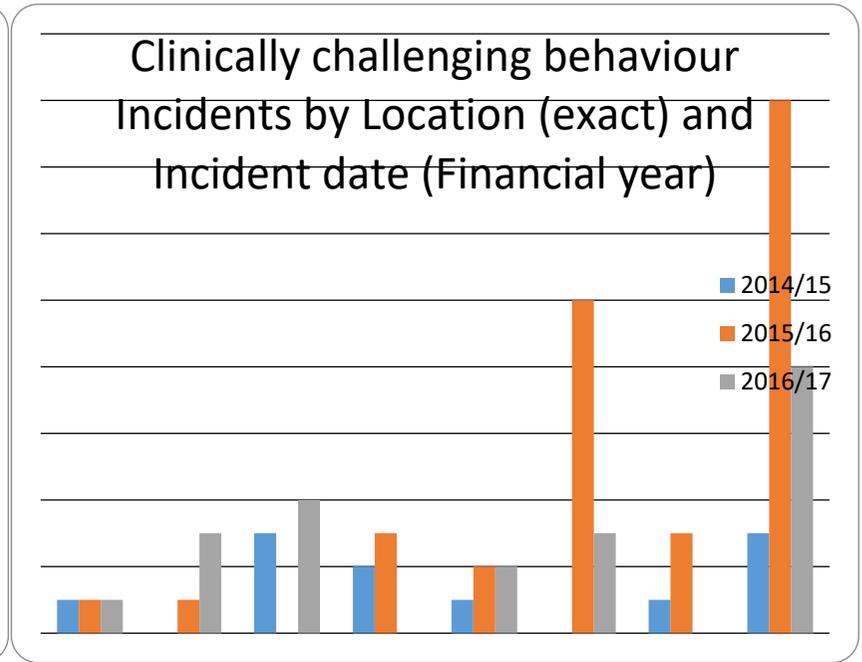
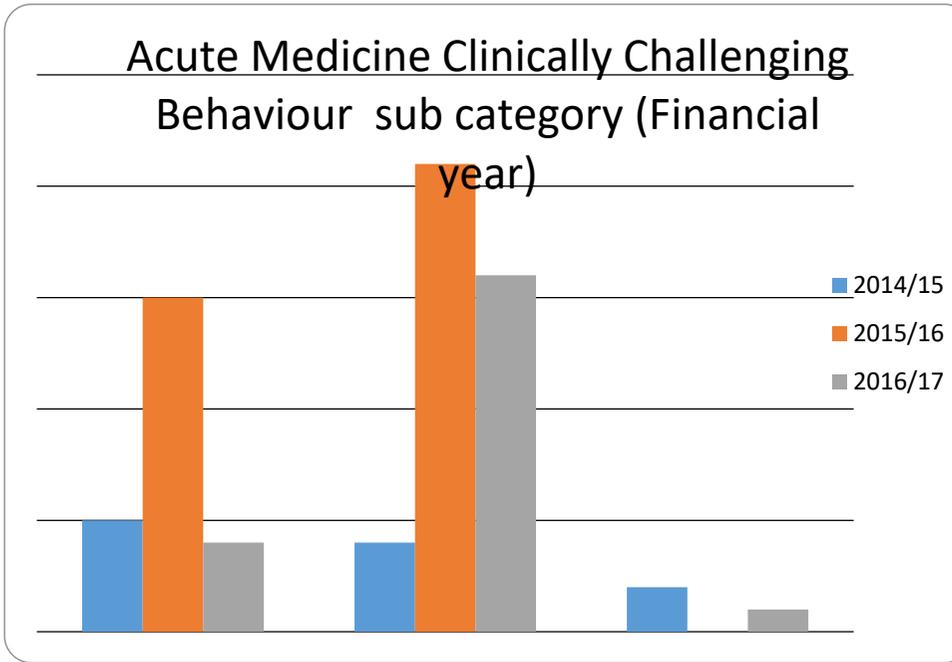
Following assessment, this Strategy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands; gender; race; age, sexual orientation, religion or belief; Welsh language or human rights.

Appendix A - Security and Violence Incident Data Hot Spot Area Trends

To reduce the level of gratuitous aggressive behaviour within both District General Hospital Accident and Emergency Departments by 5% from the total incidents reported from the three previous years ending April 2017

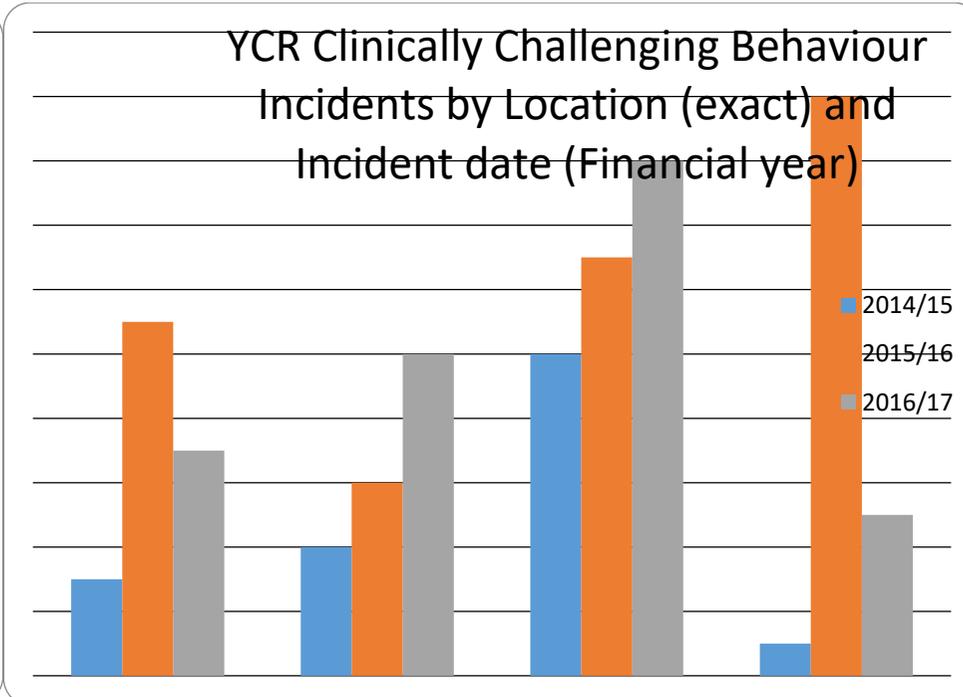
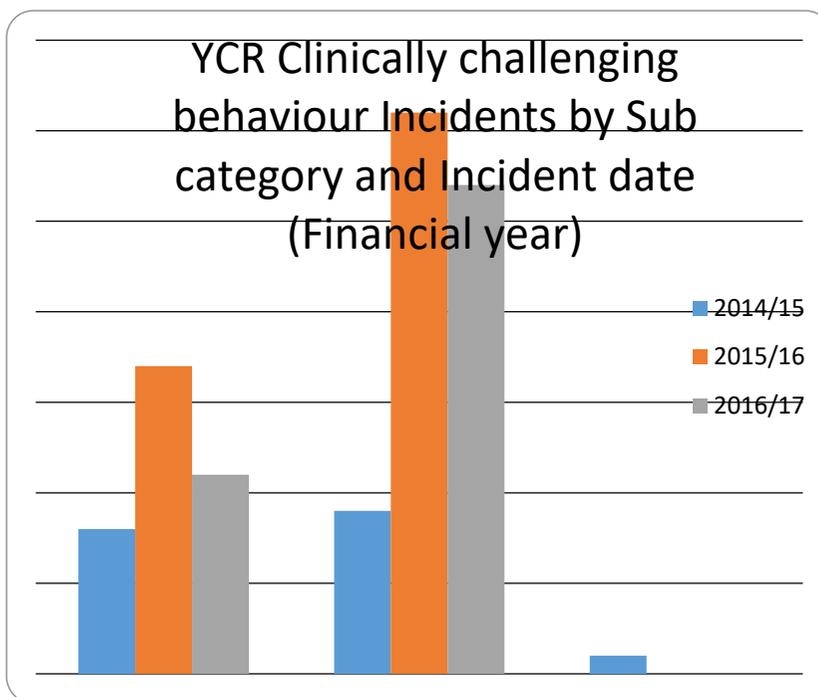


- 2 To reduce the amount and severity of aggressive behaviour and physical violence attributed to clinically related challenging behaviour on the Medical Wards Prince Charles Hospital, 2,5,9,11,12 Royal Glamorgan Hospital 6,12 14, 15, 19 by 10% from the total incidents reported from the last three years by April 2017.



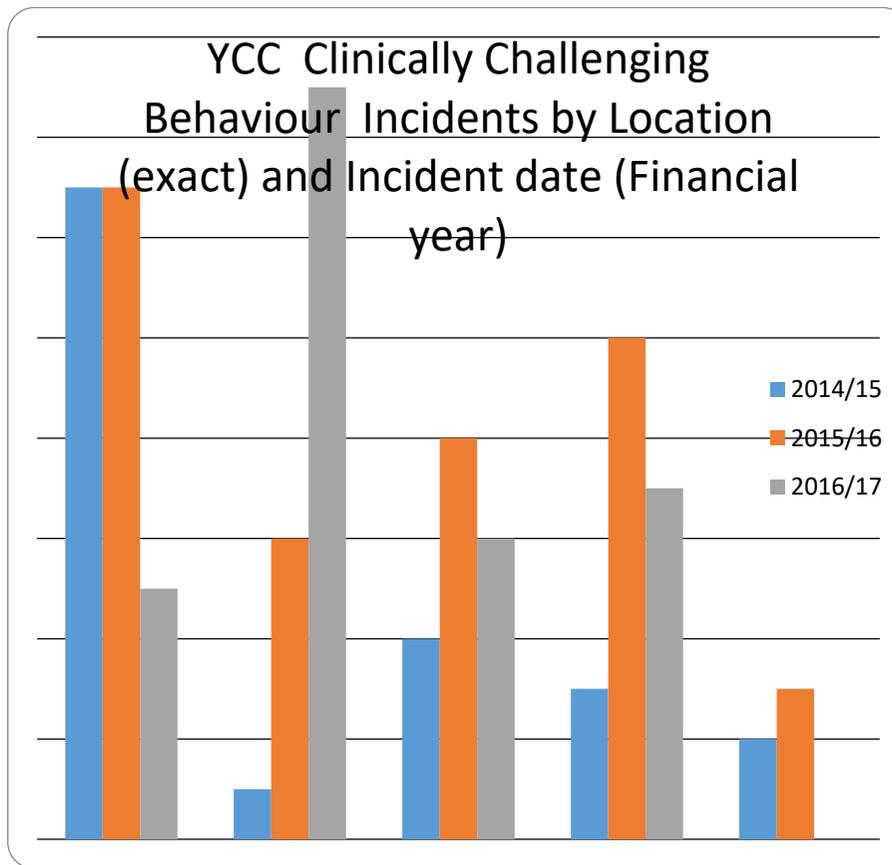
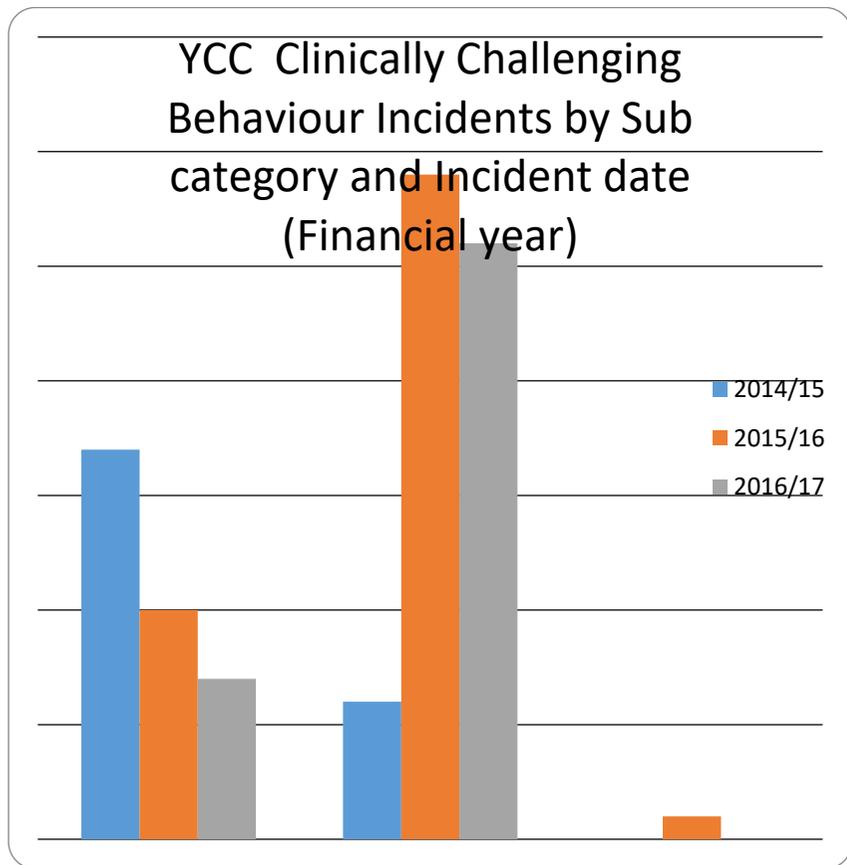
	2014/15	2015/16	2016/17
Ward 02 - Prince Charles Hospital	1	1	1
Ward 09 - Prince Charles Hospital	0	1	3
Ward 11 - Prince Charles Hospital	3	0	4
Ward 12 - Prince Charles Hospital	2	3	0
Ward 12 - Royal Glamorgan Hospital	1	2	2
Ward 14 - Royal Glamorgan Hospital	0	10	3
Ward 15 - Royal Glamorgan Hospital	1	3	0
Ward 19 - Royal Glamorgan Hospital	3	16	8

- 3 To reduce the amount and severity of non-gratuitous physical violence and aggression attributed to clinically challenging behaviour within Localities Community Hospitals at Ysbyty Cwm Cynon wards 1, 2, 3,4 Ysbyty Cwm Rhondda A1, B2, C3, D4 by 10% from the total incidents reported from the last three years ending



	2014/15	2015/16	2016/17
Ysbyty Cwm Rhondda - Ward A1	3	11	7
Ysbyty Cwm Rhondda - Ward B2	4	6	10
Ysbyty Cwm Rhondda - Ward C3	10	13	16
Ysbyty Cwm Rhondda - Ward D4	1	18	5

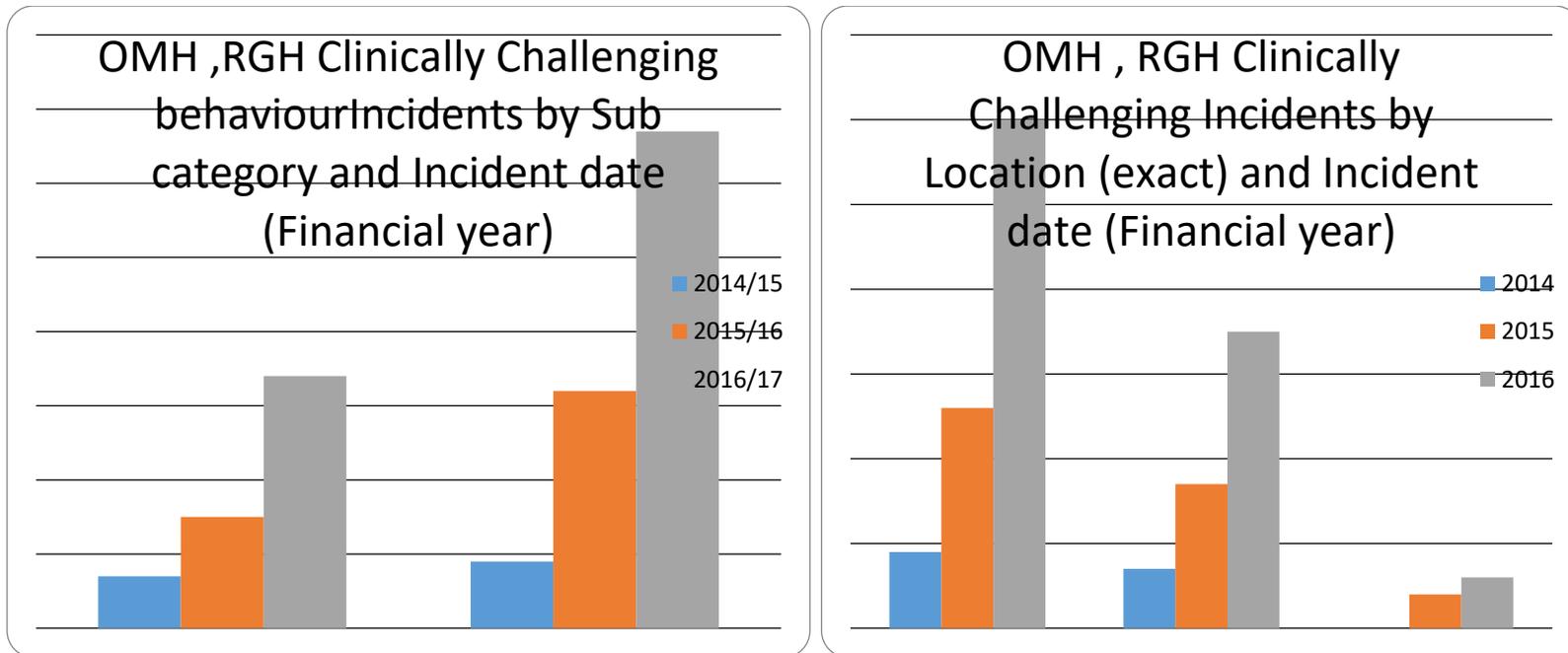
Incidents in Location exact include aggressive behaviour, verbal assault and physical assault attributed to clinically related challenging behaviour



	2014/15	2015/16	2016/17
Ysbyty Cwm Cynon - Ward 1	13	13	5
Ysbyty Cwm Cynon - Ward 2	1	6	15
Ysbyty Cwm Cynon - Ward 3	4	8	6
Ysbyty Cwm Cynon - Ward 4	3	10	7
Ysbyty Cwm Cynon - Ward 6	2	3	0

Incidents in Location exact include aggressive behaviour, verbal assault and physical assault attributed to clinically related challenging behaviour

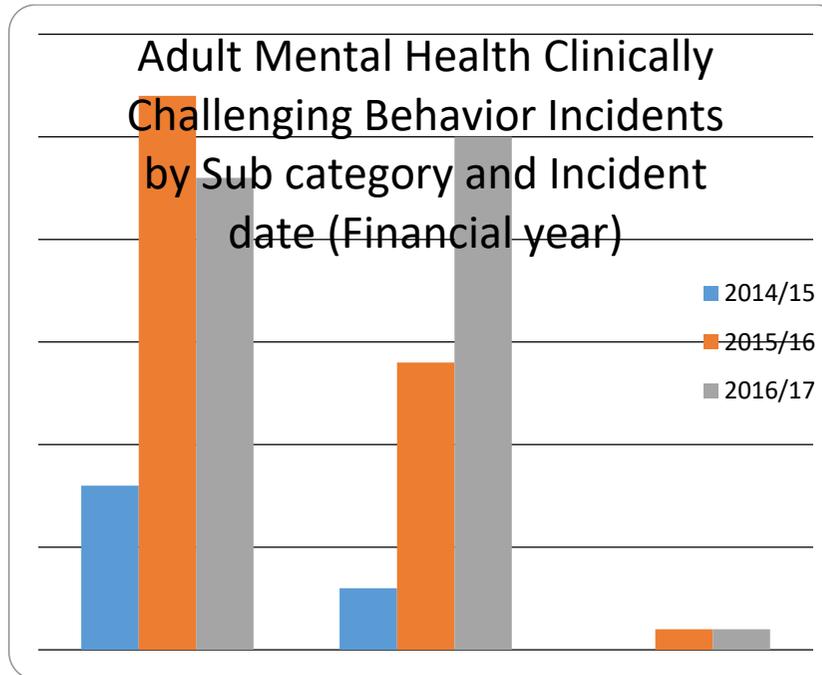
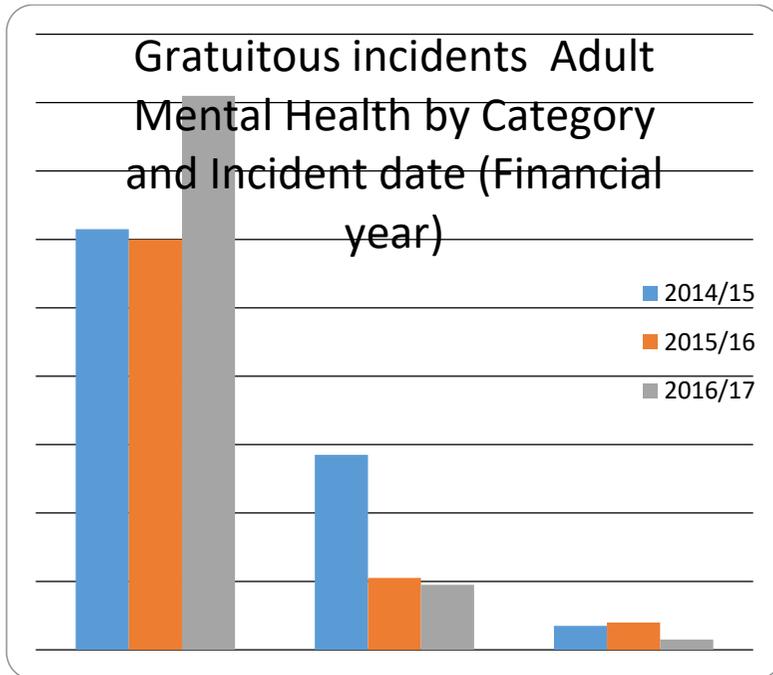
4 To reduce the amount and severity of physical violence and aggression attributed to clinically related challenging behaviour within Older Mental Health, Seren Ward & the Enhanced Care Unit at Royal Glamorgan Hospital, by 10% from the total incidents reported from the last three year by April 2017



	2014	2015	2016
Enhanced Care Unit (Mental Health)	9	26	60
Seren Unit (formerly Dept.of Psychiatry for the older person)	7	17	35
St David's Unit	0	4	6

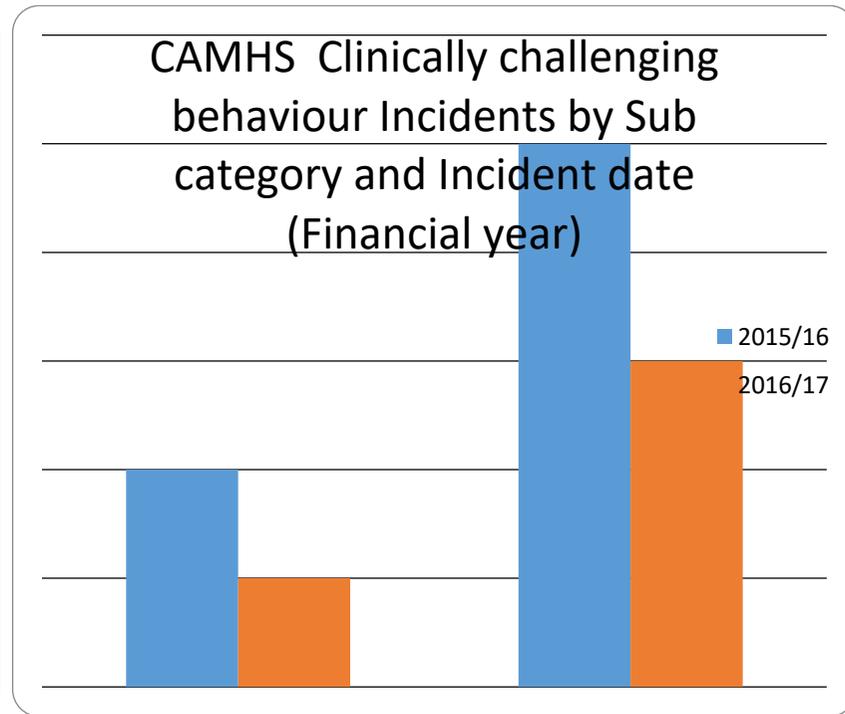
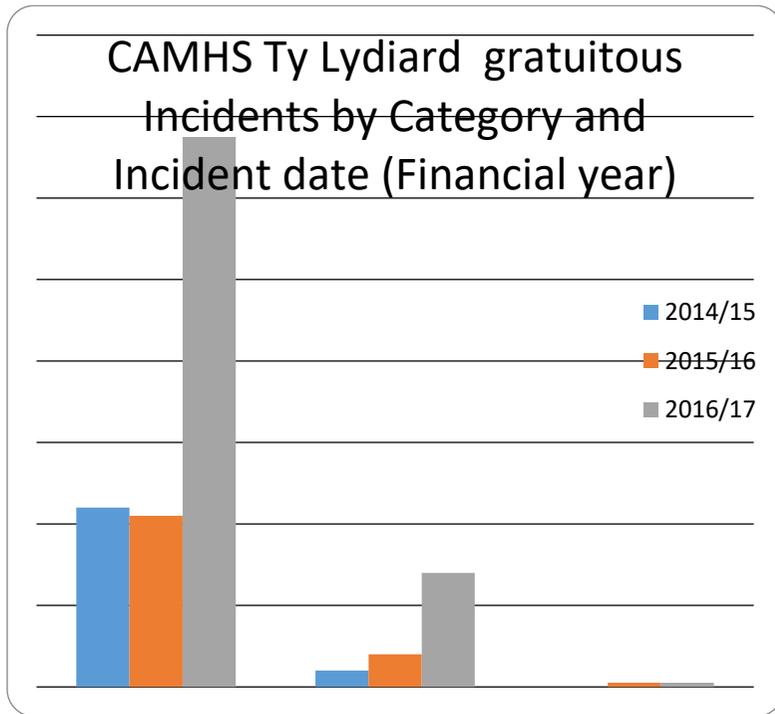
Incidents in location exact include aggressive behaviour, verbal assault and physical assault attributed to clinically related challenging behaviour

- 5 To reduce the amount and severity of gratuitous physical violence and aggression and violence attributed to clinically related challenging behaviour within Acute Mental Health unit Royal Glamorgan Hospital by 5% from the total incidents reported from the last three year by April 2017



	2014/15	2015/16	2016/17		2014/15	2015/16	2016/17
Aggressive/Threatening Behaviour/Abuse	123	120	162	Aggressive Behaviour	8	27	23
Physical Assault	57	21	19	Physical Assault	3	14	25
Verbal Assault	7	8	3	Verbal Abuse	0	1	1

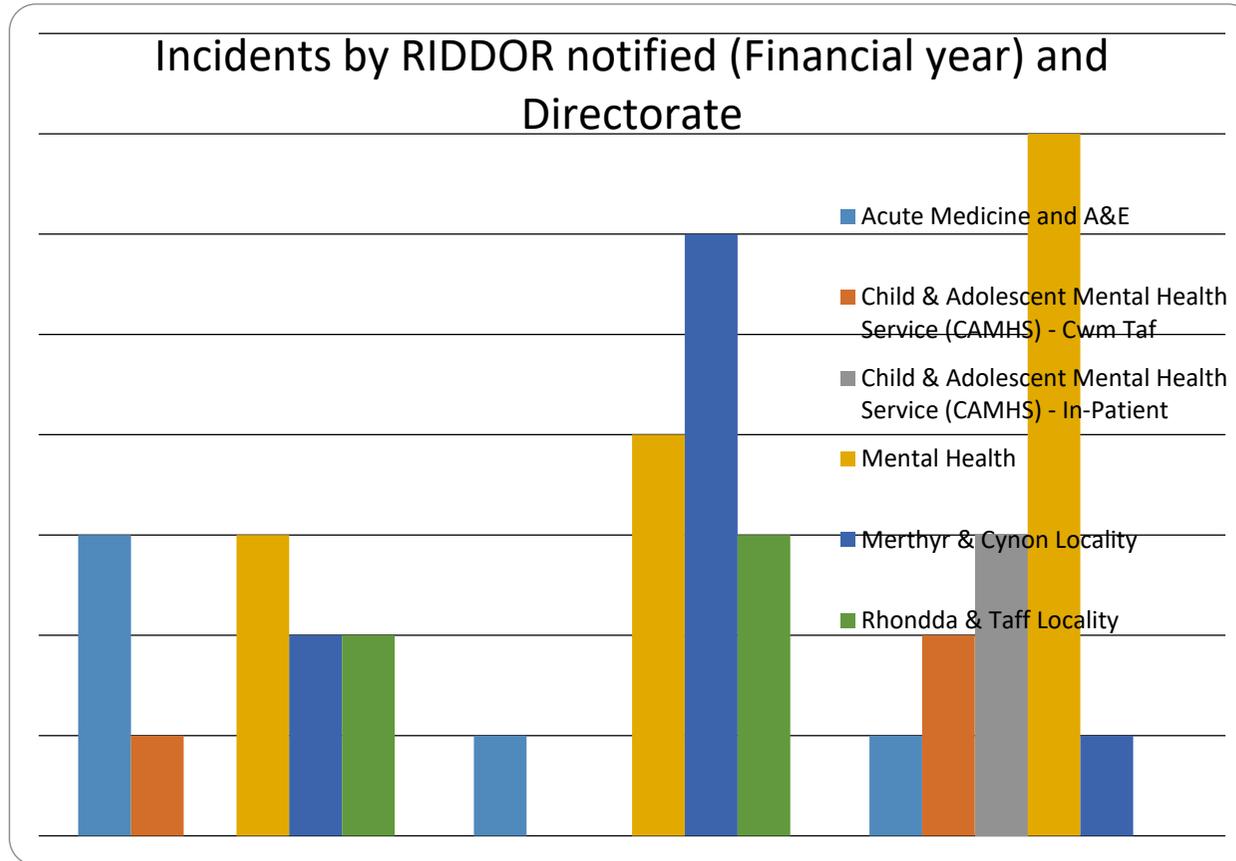
To reduce the amount and severity of physical violence and aggression within CAMHS Ty Lidiard wards at the Princess of Wales Hospital Bridgend by 5% from the total incidents reported from the last three year ending April 2017



	2014/15	2015/16	2016/17
Aggressive/Threatening Behaviour/Abuse	44	42	135
Physical Assault	4	8	28
Verbal Assault	0	1	1

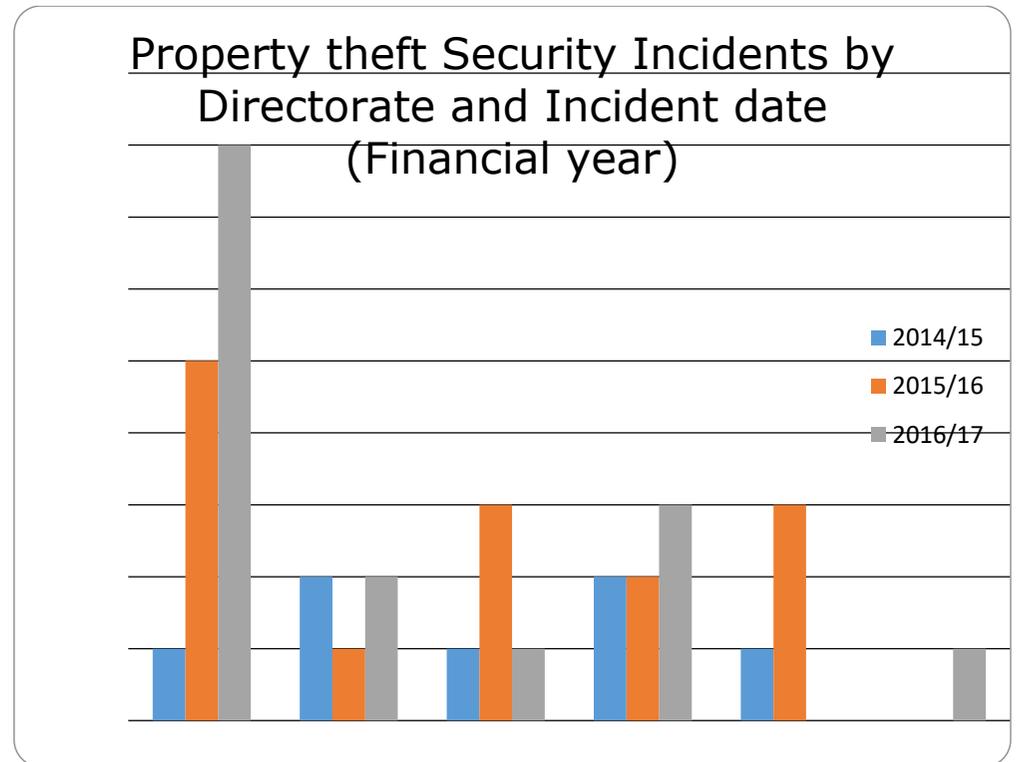
	2015/16	2016/17
Aggressive Behaviour	4	2
Physical Assault	10	6

Appendix B - Security And Violence RIDDOR Incident Data



Appendix C - Security Property Theft

Site Vulnerability and Reduction of Crime
 Reduce **incidents of theft by 15%**



	2014/15	2015/16	2016/17
Acute Medicine and A&E	1	5	8
Facilities	2	1	2
General Surgery, Trauma & Orthopaedics and Urology	1	3	1
Mental Health	2	2	3
Merthyr & Cynon Locality	1	3	0
Rhondda & Taff Locality	0	0	1

Security and Management of Violence Strategic Delivery Plan (Example) 2018-21
To ensure that there is a Secure Environment that Protects Patients, Staff, Visitors and their Property, and the Physical Assets of Cwm Taf University Health Board.

PART A – Cwm Taf UHB – Reducing violence and aggression risk at top priority areas		Project start date / comments	Project Responsible Officer	Project Support Officer	By when
<ul style="list-style-type: none"> • What are we trying to accomplish? • How will we know change is an improvement? • What change can we make that will result in improvement? • What resources are required? 					
Risk					
	1 To reduce the level of gratuitous aggressive behaviour within both District General Hospital Accident and Emergency Departments by 5% from the total incidents reported from the three previous years ending April 2017	ongoing	DM/BS		2021
	<ul style="list-style-type: none"> • Ensure all staff report violent incidents. Training to be offered by Health, Safety and Fire team as and when required 	ongoing	DM/SN	PSA	ongoing
	<ul style="list-style-type: none"> • Ensure case management intervention engages with staff following incidents and offer prescribed support 	ongoing	DM/SN	VCM	ongoing
	<ul style="list-style-type: none"> • Ensure ongoing support from South Wales Police Partners and CPS in accordance with current Memorandum of Understanding 	ongoing	DM/SN	SVOG	ongoing
	<ul style="list-style-type: none"> • Ensure all staff are fully supportive of Zero Tolerance campaign 	ongoing	DM/SN	SVOG	ongoing
	<ul style="list-style-type: none"> • Case Manager to liaise with communications team to ensure regular prosecutions statistics are placed within the public domain 	ongoing	DM/SN	VCM	ongoing
	<ul style="list-style-type: none"> • Ensure security and violence and aggression departmental risk assessments are reviewed and updated on an annual basis 	Annually	DM/SN	PSA	ongoing
	<ul style="list-style-type: none"> • Ensure all staff undertake violence and aggression training Modules A/B Personal Safety and De-escalation and Module C breakaway and undertake refresher training 	2 year	DM/SN	PSA	ongoing
	<ul style="list-style-type: none"> • All areas of risk within the departments are assessed for suitability for CCTV / business plan developed when necessary 	ongoing	DM	SM	2021

	<ul style="list-style-type: none"> Ensure the communications team release sanctions details within the press at regular intervals. The Case Manager intranet site is updated regularly informing staff of the sanctions / prosecutions undertaken 	ongoing	BS	PSA/VCM	ongoing
	<ul style="list-style-type: none"> Prescribed control measures are monitored and audited by the Health, Safety and Fire Team 		BS	PSA	ongoing
	<p>2 To reduce the amount and severity of aggressive behaviour and physical violence attributed to clinically related challenging behaviour on the Medical Wards PCH, 2,5,9,11,12 RGH 6,12 14, 15, 19 by 10% from the total incidents reported from the last three years by April 2017</p> <p>2b To reduce the number of RIDDOR reportable incidents by at least 2 per year</p>	ongoing	DM/BS		2021
	<ul style="list-style-type: none"> Ensure all staff report violent incidents via training to be offered by Corporate Risk team as and when required 	ongoing	DM/SN	PSA	ongoing
	<ul style="list-style-type: none"> Provide prescribed Module A/B Personal Safety and De-escalation training and the Safe Management clinical holding training to all staff 	2017	DM/SN	PSA	ongoing
	<ul style="list-style-type: none"> Ensure security and violence and aggression departmental risk assessments are reviewed and updated on an annual basis 	ongoing	SN/WM	PSA	ongoing
	<ul style="list-style-type: none"> Introduce techniques manual and managers checklist documentation 	2017	SN/WM	PSA	2018
	<ul style="list-style-type: none"> Ensure all Security / porter personnel receive violence and aggression restrictive physical intervention training on an annual basis 	2017	SM	PSA	ongoing
	<ul style="list-style-type: none"> Incidents are reviewed and monitored by the PSA and presented to the Security and Violence Operational Group on a 3 monthly basis 	Quarterly	HHSF	PSA	ongoing
	<ul style="list-style-type: none"> Prescribed control measures are monitored and audited by the Corporate Risk Health and Safety Team. 		HHSF	PSA	ongoing

	<p>3 To reduce the amount and severity of non-gratuitous physical violence and aggression attributed to clinically challenging behaviour within Localities Community Hospitals at YCC wards 1, 2, 3,4 YCR A1, B2, C3, 4 by 10% from the total incidents reported from the last three years ending April 2017</p> <p>3b To reduce the number of RIDDOR reportable incidents by at least 2 per year</p>	ongoing	DM/BS		2021
	<ul style="list-style-type: none"> Ensure all staff report violent incidents via training to be offered by Corporate Risk team as and when required 	2018	SN/WM	CHSF team	ongoing
	<ul style="list-style-type: none"> PSA to provide prescribed Module A/B Personal Safety and De-escalation training and the Safe Management clinical holding training to all staff 	2018	SN/WM	PSA	ongoing
	<ul style="list-style-type: none"> PSA to introduce techniques manual and managers checklist documentation 	2018	SN/WM	PSA	2018
	<ul style="list-style-type: none"> Ensure all Security / porter personnel receive violence and aggression restrictive physical intervention training 	2018	SM	PSA	ongoing
	<ul style="list-style-type: none"> Ensure all staff receive dementia awareness training to address the needs of confused patients 	2018	SN/WM		Ongoing
	<ul style="list-style-type: none"> Prescribed control measures are monitored and audited by the Corporate Risk Health and Safety Team 	2018	SN/WM	PSA	Ongoing
	<p>4 To reduce the amount and severity of physical violence and aggression attributed to clinically related challenging behaviour within Older Mental Health, Seren Ward ECU RGH, by 10% from the total incidents reported from the last three year by April 2017</p> <p>4b To reduce the number of RIDDOR reportable incidents by at least 2 per year</p>	ongoing	DM/BS		2021
	<ul style="list-style-type: none"> Ensure all staff report violent incidents via the training to be offered by Corporate Risk team as and when required 	ongoing	SN/WM	CHSF team	ongoing
	<ul style="list-style-type: none"> Provide prescribed Module A/B Personal Safety and De-escalation training and Restrictive Physical Intervention training updated annually 	ongoing	SN/WM	PSA	ongoing
	<ul style="list-style-type: none"> Introduce techniques manual and managers checklist documentation 	2018	SN/WM	PSA	2019

	<ul style="list-style-type: none"> Ensure all Security / porter personnel receive violence and aggression restrictive physical intervention training 	ongoing	SM	PSA	ongoing
	<ul style="list-style-type: none"> Incidents are reviewed and monitored by the PSA and presented to the Security and Violence Operational Group on a 3 monthly basis 	Quarterly	HHSF	PSA	ongoing
	<ul style="list-style-type: none"> Prescribed control measures are monitored and audited by the Corporate Risk Health and Safety Team 	ongoing	HHSF	PSA	ongoing
	<p>5 To reduce the amount and severity of gratuitous physical violence and aggression and violence attributed to clinically related challenging behaviour within Acute Mental Health unit RGH by 5% from the total incidents reported from the last three year by April 2017</p> <p>5b To reduce the number of RIDDOR reportable incidents by at least 2 per year</p>	ongoing	SN/WM	PSA	2020
	<ul style="list-style-type: none"> Ensure all staff report violent incidents via the training to be offered by Corporate Risk-team as and when required 	ongoing	SN/WM	CHSF team	ongoing
	<ul style="list-style-type: none"> Ensure lesson is learnt from incidents and remedial actions are taken to reduce likelihood of reoccurrence. 	ongoing	SN/WM	PSA	ongoing
	<ul style="list-style-type: none"> Provide prescribed Module A/B Personal Safety and De-escalation training and Restrictive Physical Intervention training updated annually 	ongoing	SN/WM	PSA	ongoing
	<ul style="list-style-type: none"> Ensure security and violence and aggression departmental risk assessments are reviewed and updated on an annual basis 	ongoing	SN/WM	PSA	ongoing
	<ul style="list-style-type: none"> Ensure staff are supported and Case Management actions are taken when deemed appropriate 	ongoing	SN/WM	VCM	ongoing
	<ul style="list-style-type: none"> Prescribed control measures are monitored and audited by the Corporate Risk Health and Safety Team 	ongoing	SN/WM	HSF Team	ongoing
	<p>6 To reduce the amount and severity of physical violence and aggression within CAMHS Ty Lydiard wards POW by 5% from the total incidents reported from the last three years ending April 2017.</p>	ongoing	DM/BS		2020
	<ul style="list-style-type: none"> Ensure all staff report violent incidents via the training to be offered by Corporate Risk-team as and when required 	ongoing	SN/WM	HSF Team	ongoing
	<ul style="list-style-type: none"> Ensure lesson is learnt from incidents and remedial actions are taken to reduce likelihood of reoccurrence. 	ongoing	SN/WM	PSA	ongoing

	<ul style="list-style-type: none"> Provide prescribed Module A/B Personal Safety and De-escalation training and Restrictive Physical Intervention training updated annually 	ongoing	SN/WM	PSA	ongoing
	<ul style="list-style-type: none"> Ensure security and violence and aggression departmental risk assessments are reviewed and updated on an annual basis 	ongoing	SN/WM	HSF Team	ongoing
	<ul style="list-style-type: none"> Ensure staff are supported and Case Management actions are taken when deemed appropriate 	ongoing	SN/WM	VCM	ongoing
	<ul style="list-style-type: none"> Prescribed control measures are monitored and audited by the Corporate Risk Health and Safety Team 	ongoing	SN/WM	HSF Team	ongoing
PART B: Security Management Top 3 priorities for Improvement <ul style="list-style-type: none"> What are we trying to accomplish? How will we know change is an improvement? What change can we make that will result in improvement? What resources are required? 		Project start date/ comments	Project Responsible Officer	Project Support Officer	By when
7. To raise crime reduction awareness at all sites.					
	To raise crime reduction awareness at all sites and the compliance and identification of authorised staff (ID badge recognition) at all sites.	2018	Facilities Management Team	Security Support Team	ongoing
	To develop the Security Control Centre and the Health Board Security Intranet Web site as a focal point for the management of Security Services.	2018	Head of Facilities	Facilities Managers RGH & PCH	ongoing
	Produce monthly security and crime prevention bulletins	2018	Facilities Management Team	Security Support Team	ongoing
	Arrange regular Police crime prevention road shows at key sites	2018	Facilities Management Team	Security Support Team	ongoing
	Develop the security and crime prevention Facilities share point site	2018	Facilities Management Team	Security Support Team	ongoing
	Improve the reporting processes for raising concerns and reporting security and crime incidents using signage/ helpdesk web site etc.	2018	Facilities Management Team	Security Support Team	ongoing

8. Site Vulnerability and Reduction of Crime				
Increase target hardening at all sites based on site vulnerability assessments.	2018	Facilities Management Team	Security Support Team	ongoing
Review and produce a 'suite' of security management standard operating procedures.	2018	Head of Facilities	Facilities Managers	ongoing
Complete site CCTV upgrade surveys at RGH and submit bid for funding.	2018	Facilities Management Team	Security Support Team	ongoing
Complete site CCTV surveys at community and locality sites and submit bid for funding.	2018	Head of Facilities	Chris Barry	ongoing
Reduce incidents of theft by 15%	2018	Facilities Management Team	Security Support Team	ongoing
There is no coordinated key management system or mustering of keys at the majority of Health Board sites, keys are often lost or unavailable. A robust key policy needs to be developed and introduced for all sites.	2018	Facilities Management Team	Security Support Team	ongoing
9. Protection from the Threat of Terrorism				
Improve awareness of 'Project Argus' counter terrorism protective security advice across the organisation operationally and produce and circulate relevant advice and procedures.	2018	UHB Contingency Manager	Security Support Team	ongoing
Utilise Project Griffin to provide key front line clinical and security response staff awareness of how best to reduce and respond to the most likely types of counter terrorism activities.	2018	UHB Contingency Manager	Security Support Team	ongoing
Improve awareness of Anti-Radicalisation, provide training to identified key front line staff.	2018	UHB Contingency Manager	Security Support Team	ongoing
Produce and implement a lock down response plan and standard operating procedure.	2018	Head of Facilities	Facilities Managers All Sites. Security Team	ongoing

Appendix D - Colour Key for 'When' Column

Green	Action completed
Orange	Action at risk of not being completed on time – plan discussion to consider additional work / escalation needed
Red	Deadline for completion of action not met – discussion needed to assess risks & consider additional work / escalation needed

Appendix E - References

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2. Health and Safety Executive, *Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and guidance* L21 HSE Books 2000 ISBN 0-7176 -2488-9.
3. Health and Safety Offences Act 2008.
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5. Health and Safety Offences.
6. Health and Safety Executive, *Safety Representatives and Safety Committees L87 (third Edition)* 1996 HSE Books ISBN 0 7176 1220 1.
7. Health care Standard 2.1.
8. Information Governance – WHC (2006) 083
9. Data Protection Act
10. Freedom of Information Act
11. D4L:Building for Wales
12. Secure by Design
13. Safer Places
14. Design for Improvement
15. Designed to Work
16. AOF – financial balance; efficiency savings; Incentives & Sanctions Framework
17. Statutory Financial Duties
18. Health and Safety Executive, *Successful Health and Safety Management HSG65*, HSE Books 1998 ISBN 0 7176 1276 7.
19. Health and Safety Commission *Management of Health and Safety in The Health Services* 1994, ISBN 0 7176 0844 1.
20. Health and Safety Commission *Securing Health Together* July 2000.
21. *Revitalising Health and Safety Strategy Statement (DETR)* June 2000.
22. Health and Safety Executive, *Health and Safety (Consultation with Employees) Regulations* 1996.
23. *Manual Handling and Violence Passport Schemes*
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25. *Civil Contingencies Act – Major Incident*
26. *CRB / Independent SA*
27. *AS/NZS 4360:1999 Risk management*.
28. *NPSA guidance*
29. *Ministerial Task Force Recommendations of the Management of Violence*
30. *Mental Health Act*
31. *Mental Capacity Act*
32. *Children Act 2004 - Child Protection*
33. *HSC 1999/162. Working Together – securing a quality workforce for the NHS: A framework for managing Human Resources in the NHS.*

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35. HSC 1998/64 – The Management of Health, Safety and Welfare Issues for NHS Staff – NHS Executive (*replaces HSG (94) 51 – Occupational Health Services for NHS staff*).
36. HSG (97) 6 – NHS Health and Safety Issues – NHS Executive (reprinted in HSC 1998/64).
37. IND G 95 (revised) Respiratory Sensitizers and COSHH – Breathe Freely.
38. INDG 304 Understanding Health Surveillance at Work.
39. Health surveillance under COSHH (HSE) ISBN 9 780118 854474.

These references are not exhaustive and may be subject to change and amendment.