

NORTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

RISK MANAGEMENT ANNUAL REPORT 2007 - 2008

INTRODUCTION

This report covers both clinical and organisational risk management for the year 2007-2008. This has a productive year and one of consolidation for the Risk Management team. The major achievement was the being the first mental health Trust to satisfy the new Level II NHSLA Risk Management standards.

ORGANISATIONAL RISK MANAGEMENT

The key achievements also include health and safety initiatives that are listed separately in this report.

- The continued development of the Trust's risk management strategy and risk register on behalf of the Risk and Governance Executive along with a substantial overhaul to reflect business strategic aims and objectives for Foundation Trust application.
- Development of Local risk registers for CAMHS and Older Peoples services including patient safety culture work utilising the Manchester Patient safety Framework tool developed on behalf of the National Patient Safety Agency.
- The Continued joint working arrangements with the standards for Better Healthcare team to ensure efficient use of resources and comprehensive assessment and the adoption of a common evidence system CIRIS.
- Training of a replacement for one of the two Local Security Management specialist to progress the agenda for the protection of Trust staff from violence and aggression. See Section on LSMS annual report.
- The promotion of the incident reporting process through training in all areas continues and is part of the induction for all new staff.
- Delivery of investigation training to managers in line with Root cause analysis to improve the quality of investigative reports.
- Service continuity plans for all buildings in the Trust have been reviewed and the Trust Major incident Plan has been revised
- Patient safety audits of all inpatient units are conducted on an annual basis
- Review of 21 key policies during the year included – , Claims Management, Infrared Alarm system protocol, Refrigeration policy, Smoke Free Policy, Policy and Procedure writing policy, Service user information policy, children visiting policy as part of the safeguarding children policy, CCTV policy, Confidentiality and Information sharing protocol, Consent to Treatment, verification of death, In patient leave Procedure and policy, Medical devices policy and strategy, assessment of Mental capacity policy, Policy on the implementation of Nice Guidance, Palliative care , Physical Healthcare policy, Seclusion Procedure, Supervision policy, Tissue viability, and Unified Written health and social care record policy.
- New 6 policies on Admission Procedure, De-escalation and Physical intervention policy, Dual Diagnosis care pathway, Prevention and Management of Falls, Fitness rooms and fitness activities in inpatient units and Translation and interpreting Policy
- Lone working risk assessment for all teams

CLINICAL RISK MANAGEMENT

Key Achievements

- Trust volunteered as a pilot site for the new standards and achieved NHSLA Risk Management Level II standards – new Mental Health Standards.
- The continued development of a use of medicines policy and procedures handbook – along with the establishment of the medicines procedure review group.
- Physical healthcare training particularly in relation to physical healthcare monitoring and Rapid Tranquillisation training
- The continued delivery of combined CPA and risk assessment / management training.
- The continued development of medical devices and subsequent training programmes to improve patient safety including Track and Trigger training.

HEALTH AND SAFETY

KEY ACTIVITIES

Audits

Over the last year we have conducted 46 inspections of workplaces in the Trust. We attach the table as Appendix 1.

Each site is issued with a report that is scored 0-5 and these scores are interpreted as follows;

0= N/applicable
1= unacceptable
2= Poor
3=acceptable
4= Good
5= excellent

This details the scoring against Trust/ national/ statutory standards. The table includes all Trust premises and these total 85 team bases. All bases have a score included in the table – those highlighted with * are scores relating to inspections this year. Other scores relate to last inspection conducted in year 2006- 2007

54% of team bases were inspected this year .The inspections continue to be conducted on a priority basis namely In –patient and day facilities followed by community team bases and administrative offices.

Only 5 of the 45 audits resulted in a score below 3. These teams, administration (Derwent centre, 32 Thorogood Rd, Rannoch Lodge, Regent Rd and Spectrum services at the Chelmsford and Essex centre will be visited within 6 months to ensure that this score is raised above 3. 40 audits results in a score above 3.

59 out of 84 team bases have a score of 3 or above. This means that 70% of the team bases are performing at good to excellent. The teams who require specific mention for the high standards achieved are

White Lodge CFCS
Eaglehurst
Mayfield Chambers
Wych Elm CFCS*
Latton Bush
Stort ward*

* outstanding performance for two years

Key issues raised from the Audits

There are three areas that require significant improvement and remain unchanged from last year.

- **Manual Mandatory Training attendance and recording**
Low level of nominations/ attendance for mandatory training –. Part of each audit examines for systems that indicate that an area is on top of its mandatory training for staff. Most areas do not have a robust system for recording the training despite encouragement to log training in the health and safety manual.
- **Handling assessment and link trainers for manual handling**
- **Display Screen assessments**
Assessments need to be undertaken and adjustments made where issues are identified.

Specialist audits

There has been the following specialist audits conducted:-

Clinic room audits including medical equipment on behalf of the Trust pharmacist – this is included in the general health and safety audits.

Patient Safety audit of all in patient facilities – this is being conducted on an annual basis so that it keeps in line with any safety alerts that are issued during the year along with patient safety environmental standards

Training

65% of staff have received some form of health and safety training during the year. This does not include fire training 50% of existing staff and induction training in health and safety for new employees. It does include incident reporting, ethical care, control and restraint/breakaway techniques, manual handling, root cause analysis, Risk management skills training.

The risk management department with the customer care department conduct root cause analysis training as part of the mandatory training prospectus. This is part of a wider provision of health and safety training and includes, COSHH assessor training, Hand washing training, Health and safety training for team leaders.

Key Achievements

- Achievement of Level Two NHSLA Risk Management Standards – Trust piloted the new standards for the NHSLA in November 2007.
- Review of Fire Risk Assessments for all premises – completed annual review
- Manual Handling policy reviewed and distributed including a revision of the risk assessments to comply with the revised regulations.
- Local risk register workshops for CAMHS and Older Peoples services.
- Training of another local security management specialist
- Key Policies were developed in line with the NHSLA standards. 29 clinical policies and 3 health and safety policies – Fire Safety, Infrared alarm system operational procedure and Smoke Free policy.

2. Incidents

There were 4760 incidents reported in the Trust in the Trust in the year 2007-2008 there were 48 reportable incidents to the Health and Safety Executive.

Social Care staff incidents (seconded)

There were 13 incidents reported that involved social care staff. Two were personal accidents and five violence and aggression incidents. No incidents involved physical assault. Three incidents involved vehicles and a stress related incident.

RIDDOR Incidents (Regulations for Incidents, Diseases and Dangerous Occurrences Reporting) to Health and Safety Executive (HSE)

There has been a slight increase in staff RIDDOR reportable incidents from 19 to 20.

There has been exactly the same number of patient RIDDOR reportable incidents from of 28. The mix of incidents is different to last year as there were 20 fractures however these are no longer all on older peoples wards.

Period - 1 April 2007 to 31 March 2008

	Number	Reason
Staff	21	(Redacted Information) 20 Other injuries (More than three days sickness absence) (4 manual handling and 12 assaults)
Patients	27	(Redacted Information) 20 x fractures (only 9 in older peoples services) one in Longview, two in Cam, three in Severalls House, three Linden centre and one in Peter Bruff 6x unconsciousness

Violent incidents to staff See Appendix 2 for detailed analysis and details of Local Security Management Specialist annual report

Total number of incidents of violence reported between 1 st April 2007 and 31 st March 2008	A total of 1647 incidents of Violence, Abuse and Aggression were reported of which a total of 206 incidents involved staff and a physical assault. A low number of these incidents were reported to the police. This is an overall reduction of 306 incidents.
Total number of these assaults reported to the Police	23 were reported – this is 11% 3 resulted in criminal sanctions

Violence and aggression incidents includes all staff and patient reported incidents including verbal assaults.

3. Routine day to day health and safety activities

- Investigation of incidents, RIDDOR, fire and security incidents.
- Reporting separately to Security Management Service of Staff Violence, abuse and harassment incidents.
- Reporting to National Patient Safety Agency – all clinical incidents
- Issuing of ID photos for all staff
- Follow up on inspection reports and actions
- Risk assessments – lone working, fire and security issues
- Consultation through the Health and safety Committee in relation to new policies
- Attendance at external committees representing the Trust at other Trust's committees where the Trust share sites or where we represent the Trust for seconded staff at Essex County Council for health and safety purposes and emergency planning

Progress against last year's annual objectives

	<u>Action</u>	<u>Comments</u>
1	Develop local risk registers across the Trust to an agreed programme utilising the MAPSAF patient safety culture tool	Programme in place to roll out local risk registers – Older peoples and CAMHS workshops have already taken place. Local risk registers developed.
2	Train Local Security Management Specialist – develop their role in the Trust and implement SMS action plan	Replacement LSMS recruited..
3	Review all Health and Safety Section 7 – to improve local arrangements	Complete – this is now an annual routine process

4	Review Risk Management Strategy in line with new structure	Strategy reviewed and recirculated.
5	Develop and begin implementation of NHSLA Level III action plan – this was later replaced with Level II New standards action plan.	New NHSLA Risk Management standards were implemented and Trust volunteered to be a pilot for the new standards. Level II achieved.
6	Tighten up follow up on Health and Safety inspections and merge audit tool for clinic rooms into relevant audits	Health and safety inspections now followed up by the adviser after 6 weeks. Inspections of inpatient units includes audit of clinical rooms.
7	Major incident plan testing	Three tests conducted during the year.
8	Ligature audit and implementation of capital allocation	Ligature audit conducted on an annual basis and broadened out to cover patient safety standards..
9	Continued the review of current policies including the policy on policies in line with FT status.	Policy development and review system in place and subject to audit
16	Deliver De-escalation workshops and a physical intervention policy for the Trust	Ethical Care control and restraint Training Co-ordinator developed this workshop, close liaison with team manager to assist in risk assessment of individual prior to the course. De-escalation and Physical intervention policy was ratified in November 2007.

Overall it has been a successful year against these objectives however there have been increased demands on resources for reporting Security management services incidents. The internal audit conducted again concluded substantial assurance in the area of Risk Management

4. ANNUAL OBJECTIVES for 2008-2009

	<u>Action</u>	<u>Target Date</u>	<u>Responsibility</u>
1	Local Risk Register Programme for Drug and Alcohol teams and acute admissions	March 2009	Associate Director of Risk Management and Patient Safety and Risk/Claims adviser
2	Train new Local Security Management Specialist – develop their role in the Trust and implement SMS action plan	May 2008	Fire and Security Adviser
3	Review all Health and Safety	October 2008	Team leaders in

	Section 7 team plans – to improve local arrangements and Refocus Health and safety inspections includes more targeted audit of specific policy standards		conjunction with Risk Management Team Health and safety Adviser
4	Review Risk Management Strategy in line with new structure	December 2008.	Associate Director of Risk Management and Patient Safety and Risk and Governance Executive
5	Review Major incident plan and continue testing	January 2009	Associate Director of Risk Management and Patient Safety and Support Services Manager – leads for emergency planning
6	Follow up security and Fire audits and develop action plan	October 2007 – December 2008	Fire and Security Adviser
7	Develop Medical Gas Training element for the fire safety for relevant units. Develop a medical gas policy for the Trust	March 2009	Fire and Security Adviser
8	Medical Device database development – utilising the CIRIS Database	February 2009	Risk Management Administrator in conjunction with Associate Director of Risk Management and Patient Safety
9	Improve reporting and feedback on incidents to Risk and Governance Executive /Associate Directors and Team leaders	July 2008	Associate Director of Risk Management and Patient Safety in conjunction with database administrator
10	Review health and safety policies such DSE policy	May 2008	Risk and Claims adviser/ Associate Director of Risk Management and Patient Safety
11	Continue review of current policies including Prevention	March 2009	Clinical Risk Manager/ Associate

	and management of Violence policy/lone working, Searching Policies,		Director of Risk Management and Patient Safety and members of the Practice Policy group
12	Develop e-learning packages for DSE, Fire and Manual handling	March 2009	Risk Management Team
13	Revise Security Policy and implement necessary training including CCTV	March 2009	Fire and Security adviser
14	Develop Trust Medical Gas policy	June 2009.	Fire and Security adviser
15	Review health and safety policies such DSE policy	June 2009	Risk/Claims Adviser
16	Promotion of LSMS role and the security awareness month project.	November 2008	LSMSs
17	Develop and deliver search training to relevant staff	October 2008	Ethical Care, Control and Restraint Co-ordinator
18	Review and improve Root Cause analysis training	December 2008	Risk and Claims adviser/ Associate Director of Risk Management and Patient Safety

Michelle Appleby
Associate Director of Risk Management and Patient Safety
August 2008

Location and Address	Documentation	Incident Reporting	Personal Safety/Security	Manual Handling	COSHH	Fire Safety	Food Preparation	Electrical Safety	First Aid	Infection Control	DSE	Emergency Planning	Total	Average
BRAINTREE														
* The Gables 17 Bocking End CO7 9AE	4	4	2	2	4	4	1	4	4	4	2	4	39	3.25
* Tabor House 5 Coggeshall Road CM7 6DB	3	4	3	1	4	3	4	4	4	4	4	4	42	3.50
* White Lodge 21 Coggeshall Road CM7 6DB	5	4	4	4	4	4	4	4	4	4	3	4	48	4.00
CHELMSFORD														
* Drake House	3	4	4	2	2	4	4	2	4	4	4	4	41	3.41
* Spectrum	1	4	2	1	2	4	4	4	4	3	4	2	35	2.91
Changes Navigation Rd	3	4	4	2	3	3	4	4	4	4	3	4	42	3.50
Stapleford House	1	1	3	1	1	4	4	4	3	3	2	2	29	2.41
* Rannoch Lodge 146 Broomfield Road CM1 1RN	3	4	2	3	1	3	1	4	4	4	1		34	2.83
* Chelmsford & Essex Centre New London Rd CM2 0QH	2	4	4	1	2	4	4	4	4	3	4	4	40	3.33
The Linden Centre Woodlands Way CM1 5 LF														
- Administration Unit	4	3	4	1	1	4	3	4	4	3	1	1	33	2.75
* - Christopher Unit	3	4	3	1	4	4	4	2	4	4	4	4	41	3.41
* - Finchingfield Ward	4	1	4	3	4	3	4	4	4	4	2	4	41	3.41
* - Galleywood Ward	4	4	4	4	4	4	4	4	4	4	1	4	45	3.75
* - Tillingham Ward	3	4	3	1	1	4	4	4	4	4	2	4	38	3.16
HMP Chelmsford Inreach	3	2	4	1	3	1	4	4	4	3	1	2	32	2.66

* = **Updated 2007/08**

VF/11.08.08

Location and Address	Documentati on	Incident Reporting	Personal Safety/Securi ty	Manual Handling	COSHH	Fire Safety	Food Preparation	Electrical Safety	First Aid	Infection Control	DSE	Emergency Planning	Total	Average
St Johns Hospital Wood St. CM2 9BG														
* - J6 Ward	4	4	4	2	4	3	4	2	4	2	2	3	38	3.16
* - Redwoods	4	4	4	4	2	4	4	2	4	4	4	4	44	3.66
CLACTON														
* Eaglehurst 6 Valley Road CO 15 4AR	5	5	3	5	4	4	4	4	4	4	2	4	48	4.00
* Mayfield Chambers Resource Centre	2	4	1	1	2	4	4	4	4	4	2	4	36	3.00
* Mayfield Chambers 93 Station Road CO15 1TX CMHT	5	4	4	4	5	4	4	4	4	4	4	3	49	4.08
* 32 Throughgood Road CO15 6DD	2	4	2	2	4	2	2	4	4	4	1	4	35	2.91
* 25 West Avenue CO15 1EU	2	3	4	2	1	4	4	2	4	3	2	4	35	2.91
Clacton Hospital Tower St CO15 1LH														
* - Freeland Court Day Centre	3	4	4	2	4	3	4	4	4	4	4	3	43	3.58
* - Martello Court	2	4	3	2	4	4	4	2	4	4	4	4	41	3.41
* - McIntyre Ward	3	4	4	4	4	2	4	4	4	4	2	4	43	3.58
* - Peter Bruff Ward	4	2	3	2	4	3	4	4	4	4	2	4	40	3.33
* - Tower Ward	3	4	4	3	4	2	4	4	4	4	1	4	41	3.41
COLCHESTER														
Severalls House, Avondene, Lodge and Oak - 2 Boxted Road CO4 5HG	3	2	2	1	4	3	4	2	4	3	4	3	35	2.91
Birchwood Offices 2 Boxted Road CO4 5HG														
439 Ipswich Road CO4 4HF	3	4	3	3	4	4	4	2	3	3	2	2	36	3.00
Estates Dept 16/17 Clough Road CO4 4QS														
Herrick House 8 St Helens Lane CO1 1ST	3	2	1	1	3	4	3	2	3	3	1	3	29	2.41
Holmer Court Essex Street CO3 3BT														
1 Hospital Road, Colchester														

* = Updated 2007/08

VF/11.08.08

Location and Address	Documentati on	Incident Reporting	Personal Safety/Secu rity	Manual Handling	COSHH	Fire Safety	Food Preparation	Electrical Safety	First Aid	Infection Control	DSE	Emergency Planning	Total	Average
Kings Wood Centre Turner Road CO4 5JL														
- Administration Unit														
- Rehabilitation	3	3	1	4	4	4	4	2	4	4	1	2	36	3.00
- Defoe Day Centre	3	3	3	1	3	4	4	2	4	3	2	4	36	3.00
- Bernard Ward	5	3	3	4	4	4	4	2	3	3	3	4	40	3.33
- Henneage Ward	5	3	3	3	3	4	4	2	4	3	3	3	40	3.33
- Lucas Ward	3	3	1	3	4	4	4	1	4	3	1	4	34	2.83
The Lakes Admin Turner Road CO4 5JL														
- Administration Unit	2	3	2	2	4	4	3	2	4	5	2	3	36	3.00
- Ardleigh Ward	3	3	3	1	3	4	4	2	4	3	1	2	33	2.75
- Gosfield Ward	2	3	2	1	3	4	4	2	4	3	1	3	31	2.58
- Abberton Day Centre														
Longview 216 Turner Road CO4 5JR	2	3	3	3	4	4	4	2	4	4	4	4	41	3.41
Northgate Centre North Station Road CO1 1RB	2	3	3	2	2	4	4	2	3	3	2	3	33	2.75
5-7 Oxford Road CO3 3HN	4	4	3	2	4	3	4	3	3	1	4	4	39	3.25
Oyster Court St Helens Lane CO1 1ST														
Rivendell 2 Boxted Road CO4 5HG														
Rowan Offices														
Willow House , Maple Ward	2	3	3	1	3	4	4	4	4	4	1	2	35	2.91
Willow House , Cedar Ward	2	3	3	1	3	2	4	2	2	2	1	2	28	2.33
EPPING														
- Admin St Margaret's Hospital	4	4	4	4	2	3	3	2	3	3	2	4	38	3.16
- Kitwood	2	4	3	4	4	4	4	4	4	4	4	3	44	3.66
- Roding Ward	3	4	4	1	3	4	4	4	4	4	2	4	41	3.41
- River Lea House	4	3	4	4	1	4	4	4	3	4	3	4	42	3.50
* Regent Rd	3	3	4	1	1	4	3	2	3	3	1	4	32	2.66
GREAT DUNMOW														
Unit 2-2a Twyford Court High Street CM6 1QX	2	4	4	3	4	3	3	1	4	3	2	2	35	2.91

* = Updated 2007/08

Location and Address	Documentati on	Incident Reporting	Personal Safety/Secu rity	Manual Handling	COSHH	Fire Safety	Food Preparation	Electrical Safety	First Aid	Infection Control	DSE	Emergency Planning	Total	Average
HALSTEAD														
* C.M.H.T. Coach House Trinity Street CO9 1JD	4	4	4	3	3	4	4	2	4	4	2	4	42	3.50
HARLOW														
Harlow Work Skills Development Centre	4	4	4	2	4	2	4	2	3	3	4	4	40	3.33
Derwent Centre Princess Alexander Hosp Hamstel Road														
* - Stort Ward	4	4	4	4	4	4	4	4	4	3	4	4	47	3.91
* - Cam Ward	4	4	4	3	4	4	4	4	4	4	2	2	43	3.58
- Avon Ward	4	4	4	4	1	4	4	2	4	4	1	2	38	3.16
- Chelmer Ward	4	4	4	2	4	2	2	2	2	3	2	4	37	3.08
* - Shannon House	4	4	4	2	4	4	5	1	4	3	3	4	42	3.50
* - Eden Suite	4	4	4	4	1	4	3	4	4	4	4	4	44	3.66
- 1st Floor Admin	2	3	1	3	4	3	3	2	3	3	5	3	35	2.91
* - Occupational Therapy Department	4	4	4	3	4	4	4	4	4	3	2	4	44	3.66
* C.M.H.T. Harlow Acute Latton Bush Centre Way	4	4	4	4	4	4	4	4	3	4	4	4	47	3.91
* Derwent Psychology	3	4	4	4	2	4	4	3	4	3	4	4	43	3.58
* CDAT - Aylmer House	4	3	4	4	4	4	3	4	3	4	4	4	45	3.75
* Aylmer House - 3rd floor	4	4	4	2	4	4	4	4	4	3	4	3	44	3.66
* Sydenham House Brian Roycroft Unit - C.F.C.S. Wych Elm House Hamstel Road 1QR	4	4	4	4	4	4	4	4	4	4	4	4	47	3.91
* Taymar suite	4	4	4	2	4	4	3	4	4	4	4	4	45	3.75
HARWICH														
* C.M.H.T. All Saints 413 Main Road CO12 4ET	4	4	2	4	4	4	4	4	4	4	4	4	46	3.83
LOUGHTON														
* 8-10 High Beech Road IG10 4BL	3	4	4	4	1	4	3	1	4	3	1	4	36	3.00
* Rectory Lane Day Unit Rectory Lane IG10 3RU	3	4	3	3	3	4	4	4	4	3	1	4	40	3.33
* C.F.C.S. Whitehills Road IG10 1TS	3	4	4	4	4	4	4	4	3	2	3	4	43	3.58

* = Updated 2007/08

Location and Address		Documentati on	Incident Reporting	Personal Safety/Secu rity	Manual Handling	COSHH	Fire Safety	Food Preparation	Electrical Safety	First Aid	Infection Control	DSE	Emergency Planning	Total	Average
MALDON															
*	Carmelite House White Horse Lane CM9 7FU	3	4	4	2	4	4	4	4	4	4	2	4	43	3.58
St Peters Hospital 32a Spital Road CM9 6EG															
*	Harkenwell St Peters Hospital Spital Road CM9 6EG	3	4	3	1	4	3	4	4	4	2	2	4	38	3.16
*	Cherry Trees St Peters Hospital Spital Road CM9 6EG	5	4	4	2	3	4	4	2	3	4	4	4	43	3.58
*	Samphire Centre, Villa Two St Peters Hospital Spital Road CM9 6EG	4	4	4	2	4	3	4	4	4	4	4	3	44	3.66
WITHAM															
*	Old Ivy Chimneys Hatfield Road CM8 1EQ	3	4	3	1	3	4	4	4	4	4	4	4	42	3.50
	New Ivy Chimneys Hatfield Road CM8 1EQ	2	3	4	2	4	4	2	2	3	3	4	3	36	3.00
SAFFRON WALDEN															
*	North Uttlesford, Skylark Centre	4	4	4	3	3	4	3	1	4	3	4	4	41	3.41

* = Updated for 2007/08

Local Security Management Specialist annual report 2007/08

FOREWORD

Following a challenging start to the year, the Trust's LSMS function has now returned to full strength. The LSMS function has recovered well and in the last six months of the year has been working with increased momentum and concentrating on more detailed work to achieve good results in many key areas as detailed in the body of this report.

Further comprehensive work is ongoing with particular focus on increasing the security awareness throughout the Trust, managing violence and aggression in the context of mental health services and strengthening security at the disused Severalls Site in Colchester.

With the new Fire & Security Officer & LSMS now having completed his SMS training and accreditation, The LSMS's are currently working on a detailed work plan for the 2008/09 year.



Andrew Geldard

**ACTING CHIEF EXECUTIVE, DIRECTOR OF RESOURCES
AND SECURITY MANAGEMENT**

17 September 2008

EXECUTIVE SUMMARY

This is the first LSMS annual report for the NEPFT to provide feedback on the progress made against the LSMS workplan for 2007/08.

The year has been challenging for the LSMS's. Two accredited LSMS's were in post 1 x 50% (Fire & Security Adviser) wte and 1 x 30% (Risk/Claims Adviser) at the start of the year. Work was impeded when the Fire & Security Adviser left the Trust 4 months into the financial year in July 2007. A new Fire & Security Adviser was recruited in September 2007 but due to training availability issues at SMS, was unable to attain accreditation during the 2007/08 year.

These setbacks had a major impact on the achievements made against the original workplan. Priority was given to ensuring that assaults against staff were reported to SMS and followed up appropriately with the Police.

Other achievements during the year included :-

- Launch of Trust Reporting Procedure for Dealing with Assaults and Staff Physical Assault Initial View
- De-escalation & Physical Intervention Policy developed by the Ethical Care Control & Restraint Co-ordinator (ECC&R) to include information and guidance for staff dealing with violence and aggression
- Input into the review of the Incident Reporting Policy and Procedure to promote the role of the LSMS and support available to staff following assault
- Continued programme of revalidation for ECC&R trainers with plans to recruit further trainers
- Appropriate sanctions achieved for staff assaulted by service users including 3 occasions where service users were cautioned by Police, 1 case awaiting court hearing and 1 case being the subject of complaint against the Police/CPS
- Role of the LSMS incorporated into Trust Training Programmes

- Appointment of new Fire & Security Adviser to undertake SMS accreditation and take up 50%wte LSMS.
- New Fire & Security Training Programme rolled out across Trust
- Regular meetings with Colchester Police
- CCTV Policy issued with continued improvements to existing equipment and further systems installed across the Trust.
- Continued monitoring of security issues at the disused Severalls site. Improved reporting system for contracted in security services.
- Nominated Officers for Security in Place and trained across Trust

INTRODUCTION

NHS Trusts are required to produce an annual report to the Security Management Service detailing work and actions which have been undertaken by the LSMS's in line with the LSMS workplan.

The role of LSMS is split between the Fire & Security Officer (50% of role) and the Risk/Claims Advisor (30% of role). Until July 2007, there were both roles were filled with staff who had been SMS accredited. In July 2007, however, half way through the 2007/08 year, the Fire & Security Officer left the Trust and was not replaced until September 2007. Due to lack of training availability at SMS, the new Fire & Security Officer was not able to book training until after the end of the 2007/08 year (subsequently being accredited in June 2008).

The Trust, therefore was working with 80% wte LSMS for April-July 2007 and then with only 30% wte LSMS for August 2007 to April 2008. This has had a huge impact on the amount of work which has been completed in line with the workplan.

A decision was taken at Trust level that with only 30% wte LSMS time available, the reporting and managing of assaults should be undertaken by the Risk/Claims Advisor/LSMS as a priority over all other SMS work.

From September 2007, the newly appointed, Fire & Security Officer (50% unaccredited LSMS) began basic security work in the spirit of the SMS requirements.

PRIORITY AREAS OF ACTION

- **VIOLENCE AND AGGRESSION**

1.1 Review & Determine if revisions are required to relevant Trust Policies and Procedures

In January 2007, the Trust issued the Reporting Procedure for Dealing with Assaults and The Staff Physical Assault Internal Initial View form which assists staff to collect the appropriate information when an assault occurs.

A Trust De-escalation and Physical Intervention Policy was developed and launched by the Trust Co-ordinator for ECC&R in November 2007, providing more information and guidance for staff on dealing with situations which have the potential for violence.

The Trust Incident reporting policy and procedure was reviewed during this year to include increased information for staff on what to do if they are assaulted and the role of the LSMS. The new policy was issued at the beginning of April 2008.

1.2 Compile and circulate security management information/guidance/alert bulletins/briefing papers via SABs and other internal systems.

This has been done.

1.3 Develop Sentinel risk management system to comply with CFSS requirements in the reporting of physical and non-physical assaults.

1.4 Ensure ongoing training and guidance for all users of Sentinel

No progress has been possible in these areas during the 2007/08 year.

1.5 Ensure timely and accurate analysis of incidents so that trends and hot-spots etc may be identified.

Incident statistics are collated and provided to the Risk & Governance Executive every month by the Risk Management Department. Trends and hot-spots are identified and communicated to the LSMSs by the Associate Director for Risk & Patient Safety as appropriate. Actions are agreed and if appropriate possible, issues arising are added to the Trust's Risk Register.

1.6 Liaise with the Training Department to ensure that all frontline staff will received PSTS Training before 31 March 2008.

The Trust has the benefit of a dedicated co-ordinator in Ethical Care Control & Restraint (ECC&R) who attends regular SMS PSTS meetings.

The Trust has a rolling mandatory ECC&R training plan for all staff. All staff are trained in De-escalation Techniques. All clinical staff are trained in ECC&R and all non clinical staff are trained in Breakaway Techniques. The Trust experiences issues with releasing staff from ward settings so that they can attend training.

Training has been provided by a Team of 21 The Trust is working on the efficiency of this training and has recruited 6 new trainers to Increase training available to all staff groups. Making a total of 26 trainers who will be operational by May 2008.

1.7 Ensure police are notified of physical and serious non physical assaults where appropriate.

This was the primary area concentrated on during the 2007/08 year. All assaults on Staff were reported to SMS, Clinical incidents on approved spreadsheet and other assaults on PARS system. Assaults were followed up with the Police where appropriate.

1.8 If Police/CPS decide not to prosecute investigate any physical or serious non physical assaults

1.9 If appropriate, proceed to prosecution via CFSMS LPU

Incidents are followed up with the LPU where appropriate. The Trust is currently following up two incidents which have been rejected by the CPS.

1.10 Ensure appropriate counselling and support is available or the victims of assault.

This has been covered in detail in the revised Incident Reporting Policy and Procedures and the Reporting Process for Assaults. LSMS's ensure that they provide the maximum level of support to staff.

• ASSET PROTECTION –

2.1 Review and determine if revisions are required to relevant Trust policies and procedures.

The Trust has developed a policy on Infra Red alarm systems for inpatient units. There is a planned review of the Trust CCTV Policy by the Fire & Security Adviser in 2008/09.

2.2 Co-ordinate, on behalf of the Trust, the environmental security project for inpatient units.

This has not been achieved.

2.3 Review and, if necessary, revise Trust inventories and asset registers for portable equipment

This has not been done due to resources.

2.4 Undertake Crime Reduction Surveys and security risk assessments and compile a Trust security risk register in order to reduce the risk of security breaches occurring.

Risk assessments ongoing by the Fire & Security Adviser and nominated officers for security. No formal crime reduction surveys have been carried out.

The Fire & Security Adviser is involved in project groups for all new builds and refurbishments undertaken by the Trust and attends meetings and advises on security issues.

2.5 Prepare issue and review leaflets on the security of off site assets (e.g. tools, laptops, mobile phones, etc.)

This has not been achieved due to resources.

2.6 Liaise with Information Governance Group and Security Group

No work has been done with the Information Governance Group. The Trust does not currently have a Security Group.

- **DRUGS AND PHARMACY SECURITY HAZARDOUS MATERIALS**

3.1 Review and if necessary revise relevant Trust Policies & Procedures.

This is covered in the Trust's Medicines Policy Handbook, which is scheduled for review in 2008/09. An Associate Director of Pharmacy was appointed in early 2008 to take the lead on Trust pharmacy arrangements and drug concerns.

3.2 Review Security Arrangements to ensure the safe and secure environments relating to these items and to ensure that control measures are in place to prevent loss and/or damage of drugs, prescription forms and hazardous materials.

The Trust has introduced a new system for disposing of pharmaceutical waste, which has been rolled out to all areas and is working efficiently.

3.2 Ensure that all new clinical staff are trained in the requirements necessary to maintain security of prescription pads and forms.

This will be further looked at during the review of the Trust's Medicines Policy Handbook

- **MATERNITY AND PAEDIATRICS –**

The Trust has one mother and baby unit. This has been the subject of a previous security review. No further work has been carried out in this area during 2007/8.

GENERIC AREAS OF ACTION

- **PRO-SECURITY CULTURE –**

1. Prepare and deliver security awareness sessions at Corporate Induction –
The Fire & Security Adviser has a section on the Corporate Induction. The role of the LSMS and security issues, reporting etc is covered in this session. The Associate Director for Risk Management and Patient Safety also has a section which includes further information on incident reporting, the role of the LSMS and support available to staff who have been assaulted.

2. Prepare and deliver reporting of violence and aggression as part of incident reporting sessions on health & safety training for managers –

3. Prepare and deliver incident reporting and violence and aggression as part of risk management element of management skills training -

During this year, the reporting of violence and aggression and role of the LSMS has been incorporated into ECC&R & breakaway techniques training, fire & security training, corporate induction, Incident form training, root cause analysis, health & safety for managers and management skills training.

4. Continue to undertake local security and fire training sessions –

This has been carried out on an ongoing basis. In September when the new Fire & Security Adviser/LSMS was appointed, the training was reviewed and completely rewritten to enhance its relevance to all groups of staff. This is now being rolled out across the Trust.

5. Develop i-connect and manage security web page –

The previous Fire & Security Adviser set up the web page before leaving the Trust. Little work has been done on this since due to resource issues, workload and training curve for new Fire & Security Adviser.

6. Run Refresher nominated officer for security training (NOS) to take into account persons who did not attend previous courses –

This has not been completed due to Fire & Security Adviser Leaving. The new Fire & Security Officer is currently reviewing the list of NOS's and a revised and upgraded training programme is planned during 2008/09.

7. Develop and maintain partnerships with Crime & Disorder Reduction Partnerships by attending a significant number of meetings. Expected 7 partnerships across Trust regions –

This has not been achieved LSMS's did attend a Police Inspectors regional meeting for Essex in mid 2007 and gave a presentation outlining the work that was being done, which was well received but little liaison work with CDRPs has been done since then.

The LSMS's and other key staff have regular meetings with the Colchester Police Inspector, covering 136 issues, assaults, challenging patients and all aspects of police liaison.

The LSMSs are in regular contact with Police in Colchester in connection with security issues, particularly issues relating to the disused Severalls Hospital site.

8. Develop Police Liaison Policy –

This piece of work has not been completed due to resource issues and will be reviewed during 2008/09.

9. Attend Regional Security Management Meetings –

One or both LSMS's attend meetings regularly.

10. Distribute SMS National/Regional Security Alerts to Managers/NOS's –

This is done on an ongoing basis.

11. Undertake specific actions as part of the national security awareness month –
Due to staffing and resource issues, SAM did not get much exposure during the 2007/08 year. LSMSs are looking at planning activities for SAM during 2008/09.

- **DETERRENCE –**

- 1. Review 3rd party security company arrangements –**

This is being done on an ongoing basis. The Fire & Security Officer/LSMS is in regular contact with the 3rd party security companies used by the Trust to review and refine arrangements.

- 2. Complete and Implement the new Trust CCTV policy –**

This was completed and implemented in May 2007. The Trust has increased its portfolio of CCTV cameras and monitoring. The Fire & Security Adviser is now trained in CCTV use and provides support to all units.

- 3. Visitors Charter to be implemented in all wards and units –** This was implemented during 2007 and is displayed at all wards and units.

- 4. Arrange for Neighbourhood Police Officer from Colchester to speak to adolescent inpatients at Longview about crime and disorder –**

This is picked up on a regular basis at the Police Liaison meeting with Colchester Police Inspector. Police are involved with looking at ways of managing challenging adolescent inpatients.

- **PREVENTION –**

- 1. Ensure NOS's undertake a general security risk assessment of premises -**
Security risk Assessments are done annually. This was monitored by the Fire & Security Adviser before he left the Trust and has been picked up by the new Fire & Security Adviser across the final quarter of 2007/08 and into 2008/09.

- 2. Initial tabletop review of risk assessments - giving written feedback advice. Visit areas of concern for further advice -**

This was interrupted when the Fire & Security Officer left. The new Fire & Security officer plans to pick this up during 2008/09 following accreditation.

- 3. Work with Risk Management to ensure all staff received mandatory Ethical Care Control & Restraint/Breakaway Training -**

This is covered in 1.6 of the section on Violence and Aggression above.

- 4. Develop Sentinel Risk Management System to directly meet the SMS reporting requirements -**

No work was been achieved in this area in 2007/08. The system is provided by an external provider and the Trust is limited on further developments.

- **DETECTION –**

- 1. Review incident reports for necessary investigation action. Review risk registers for trends and significant issues and advise on preventative measures -**

The Associate Director for Risk and Patient Safety sees all incident forms. These are forwarded to LSMSs as relevant.

LSMS/s read all incident forms concerning incidents of violence. These are reported to the SMS and appropriate action taken. Actions undertaken by LSMS are written on the form in red.

Risk Issues are discussed at Risk & Governance Executive (RG&E). Issues can be fed up to RG&E by the LSMSs or fed down to LSMSs, for further investigation, by RG&E. The Security Management Director is a member of RG&E

Risk Issues are also discussed at Risk Management Departmental Meetings, between the team, trends and significant issues will be analysed and actions agreed.

2. Complete the Infra Red Alarm system and Policy and Procedures -

This was completed and implemented across the Trust in November 2007 as planned.

• INVESTIGATION–

1. Where assailant is a service user of the Trust, ensure that appropriate capacity assessments are undertaken promptly so that effective appropriate investigation can proceed –

As this Trust is a mental health trust, capacity assessments are carried out in line with the Mental Capacity Act 2005 for all cases of assault on staff by service users which are reported to the Police. This is done by clinicians as soon as possible after an assault. The LSMSs support staff as necessary.

Where capacity is already known to be absent i.e. service users suffering from dementia, cognitive impairment or psychotic episode, the assault is reported to as a clinical incident and no capacity assessment is required.

2. Work and support the Police as investigations develop Provide liaison between Trust staff and police, particularly in investigations of assault on staff. Prepare and maintain crime management files –

This work is done on an ongoing basis. The departure of the Fire & Security Adviser in July 2007 had a major impact on the Trust's ability to keep up to date with this work. The appointment of the new Fire & Security Adviser in September 2007 improved the situation which expected to return to normal now he has received SMS accreditation.

3. Reactive Security Management Work and dealing with day to day security issues –

Both LSMSs are key members of the Risk Management Team dealing with security issues trust wide on a daily basis as these occur. The appointment of the new Fire & Security Adviser/LSMS meant that this work is now returning to a normal level following the departure of his predecessor.

• SANCTIONS –

1. Develop and explore a range of appropriate sanctions –

Resource issues have meant that no work has been done in this area.

2. Ensure any sanctions are adequate (by working closely with the unit) and accurate records are kept –

There have been 3 cautions achieved during the 2007/08 financial year. These were considered appropriate. One case of assault has yet to come to court (planned for

September 2008). One case was dropped by the CPS and is under investigation. A further case from November 2007 is currently the subject of a complaint by the Trust against the Police and the CPS. This has been done on the advice of the LPU.

3. Liaise with HR in relation to the use of parallel sanctions –

No work has been done in this area due to resource issues.

4. Meet with Crown Prosecution Lead (CPS) regarding criminal sanctions and the Memorandum of Understanding between the CPS and the NHS –

No work has been done in this area due to resource issues.

- REDRESS –

1. Explore and seek to implement other means of redress against of offenders –

Little work has been done in this area due to resource issues. Consideration is given to recouping costs of criminal damage by service users; this is to be discussed at RG&E but has not yet been implemented.

- OTHER AREAS

Other work areas on the workplan which are completed on an ongoing basis.

- Answer ad hoc enquiries from staff and assist as necessary
- Attend mandatory SMS meetings etc.
- Prepare Annual Report against the work plan
- Create and maintain strong working relationship with Neighbourhood Police
- Consider and deliver on national security policy/procedures as issued by the SMS
- Provide advice to Practice Policy Group as part of development of policies
- Attendance on RG&E as required

Other work areas on the workplan which have not yet been completed

- Review Prevention & Management of Violence and Aggression Policy and Procedures
- Prepare 2008/09 Work Plan
- Publish successful outcomes and successful prosecutions

- RECOMMENDATIONS –

1. The Disused Severalls Site

The LSMSs have raised concerns on a number of occasions relating to the disused Severalls Hospital site. This site is a target for local children, teenagers and people wishing to explore. Thieves have trespassed on the site on a number of occasions and salvage items have been stolen. Several incidents of arson have been experienced.

The site is protected by a fence and regular security patrols.

This issue has been raised at RG&E by LSMSs. Regular meetings are held to discuss ongoing issues.

2. CCTV

There are insufficient trained persons for the use of monitoring CCTV footage. There is potential for abuse of the CCTV systems/footage if this is not addressed.

The recommendation is for the Fire & Security Adviser to implement an effective system to control the use of the Trust's CCTV systems by way of designating and training authorised persons to be responsible for their systems.

CONCLUSION

The 2007/08 year started well but was quickly impeded by the departure of the Fire & Security Adviser in July 2007. For several months the Trust had only one 30% wte LSMS and work was limited to reporting assaults. With the appointment of the new Fire & Security Adviser (50%wte LSMS) in September 2007, this situation slowly began to improve, although there was a steep learning curve. Problems at the SMS meant that training was not available until May 2008 and although this has now been completed, it will take some considerable time before the benefits are fully experienced.

Further work is planned for 2008/09 to consolidate what has been done in 2007/08. The Trust now has 80% wte LSMSs again and is starting to recover and catch up with some of the SMS requirements.

(Redacted Information)
**RISK/CLAIMS ADVISER
& LSMS**

(Redacted Information)
**FIRE & SECURITY ADVISER
&LSMS**

29 July 2008