

NHS Foundation Trust

# Learning Lessons Quarterly Bulletin

#### Newsletter Date December 2013

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## **Focus on Security Management**

Welcome to South Staffordshire and Shropshire Healthcare NHS Foundation Trust's Learning Lessons bulletin.

As a Trust we recognise the benefits that can be had from sharing and cascading learning from incidents and near misses, and know that if this is done effectively it can help to minimise future risk and strengthen the quality of the services we provide.

The Trust is committed to quality improvement, and will continue its strong focus on delivering high quality, safe and effective services. This new quarterly bulletin is an important component of a number of key approaches embraced by the Trust to drive forward the quality agenda.

The ultimate aim of evaluating our services and learning lessons is to improve outcomes for service users. This bulletin is intended to support this aim by communicating and strengthening local and national lessons to be learnt from both positive practice and areas for improvement.

In this issue we have focused on security related incidents and current security management initiatives to ensure the effective management of associated risks.

We hope that you find this bulletin informative and useful and welcome your ideas and input into future issues.

## **Security Management Incident Statistics**

- Currently approximately 40% of all reported adverse incidents in our Trust are related to breaches of security, criminal activity and/or assaults against the person.
- Of these reported incidents approximately 65% are related to physical and non-physical assaults against Trust staff and 19% are patient to patient physical and non-physical assaults.
- For the financial year 2012-2013 there were 659 physical assaults perpetrated against our Trust staff which represented an increase of 9% compared to the previous year.
- During 2013 the following number of security incidents (by type) were reported:
  - \* Theft of Trust or personal property 36
  - \* Burglary from Trust premises 5
  - \* Intruder / Suspicious Person(s) 35
  - \* Vandalism or Property Damage (non patient) 15
- During 2013 125 security related incidents and/or assaults against the person have been reported to the Police

## **Learning Lessons Features**

## **NHS Protect Security Management for Providers**

Following our Trusts successful participation in the national pilot scheme for the development and implementation of security management standards we undertook a self-assessment against the standards during the early part of 2013. This assessment was presented to QERC and Audit Committee to ensure internal governance arrangements were maintained. On acceptance by these committees the self-assessment was submitted to NHS Protect and our principle CCGs in line with our contractual obligations of the national standard contract.

#### Trust Self-Assessment against Security Management Standards for Providers

There are a total of 31 standards set out in four sections covering corporate responsibilities and three key principles for action. These are:

**Strategic Governance** sets out the requirements in relation to the strategic governance arrangements of the organisation to ensure that anti-crime measures are embedded at all levels across the organisation.

**Inform and Involve** sets out the requirements in relation to raising awareness of crime risks against the NHS, and working with NHS staff and the public to publicise the risks and effects of crime against the NHS.

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

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

The findings of the self-assessment show that the Trust is fully compliant with 30 (97%) of the standards and is rated at amber for the other 1. A summary of these findings is as follows:

	Low Risk	Medium Risk	High Risk	N/A
Strategic Governance				
5 Standards	5 (100%)	0 (0%)	0 (0%)	0 (0%)
Inform & Involve				
7 Standards	7 (100%)	0 (0%)	0 (0%)	0 (0%)
Prevent & Deter				
15 Standards	14 (93%)	1 (7%)	0 (0%)	0 (0%)
Hold to Account				
4 Standards	4 (100%)	0 (0%)	0 (0%)	0 (0%)
Overall				
31 Standards	30 (97%)	1 (3%)	0 (0%)	0 (0%)

#### **NHS Protect Full & Focused Assessment against Standards**

In August 2013 our Trust was formally notified by NHS Protect that the information contained within our self-assessment does not indicate any identified risks to warrant a further assessment through their quality compliance arrangements and as such we will not be selected for a full or focused assessment before 30<sup>th</sup> June 2014. However we may be selected for a thematic or triggered assessment should any concerns be identified, and if such an assessment is required we will be formally written to and given 4 weeks notice of these arrangements.

NHS Protect have also confirmed that the information and direction contained within our current self-assessment has been identified as an area of national best practice which is currently being utilised as a teaching aid for other Security Management Specialists across the NHS in England.

#### **Monitoring Progress & Maintaining Compliance**

Work continues to be undertaken by the Security Management Specialist to ensure compliance is maintained in those areas which are deemed to be low risk and to ensure robust control measures are implemented to address the medium risk areas. Evidence of work activity trough the Security Management Specialist's Annual Workplan is now being uploaded and monitored through the Trust's Performance Plus (P+) system. All such activity, including implementation and monitoring of associated policy and procedure, is mapped against all the individual standards and a live evidence database is currently being developed. This process will be fully operational by end of Q3 and will inform all proposed future inspections, both internally and by partner agencies, in relation to compliance with the standards.

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## **Learning Lessons Features**

## **Local Police Liaison Arrangements**

In line with direction issued through NHS Protect's Security Management Standards for Providers the Trust has reviewed its procedures in relation to working in partnership with Police Services. The following information highlights such areas of work undertaken in 2013.

- Revised arrangements have been implemented for local Police Liaison Groups in both Staffordshire and Shropshire. These groups are held bi-monthly where Police Services meet with appropriate Trust staff from all directorates and divisions. The meetings are chaired by the Trust's Security Management
  - Specialist and operate under the following Terms of Reference.

    \* The Police Liaison Group will ensure that effective working relationships are continually developed and maintained between South Staffordshire & Shropshire Healthcare NHS Foundation Trust & Police Services.
  - \* The review of related reports, policies & procedures and incident analysis and to make recommendations for any appropriate service improvement and/or corrective action in relation to the review of such information.
  - \* Ensuring that Divisions take ownership of respective security management processes and police liaison issues including the development and implementation of Divisional / Directorate risk registers which feed into the Trust Risk Register.
  - \* The development, implementation and review of joint working Strategies and Processes.
- During 2013 the Trust's Security Management Specialist contributed to NHS Protect's national direction in establishing regional partnership agreements with Police Services and the CPS. Local agreements and Policy direction are monitored and reviewed through local Police Liaison Groups (Staffordshire & Shropshire) to ensure effectiveness is maintained.
  - Revised arrangements have been implemented where staff have reported incidents of assault to the Police. This has enabled the Trust's Security Management Specialist to be the identified single point of contact between the Trust and the Police in such cases to ensure that appropriate support is afforded to victims of criminal activity.

## Local memorandums of understanding, concordats and agreements are in place with the police and the Crown Prosecution Service (CPS) to help protect and secure NHS staff, premises, property and assets. This can be evidenced. NHS Protect Security Management Standards for Providers—April

## **Security Alerts**

2013

During 2013 The Trust Security Management Specialist and NHS Protect issued a series of Security Alerts (locally and nationally) in relation to incidents involving the theft of staff property from Healthcare sites where unauthorised individuals have been able to gain access to restricted areas. The following advice was highlighted to Trust staff within these Alerts.

- Ensure that premises are appropriately secured at all times. Do not leave office and other areas unattended without securing access points (including doors and windows)
- Under no circumstances should any visitor and/or any person who is not a member of staff be allowed into restricted areas unless they are escorted at all times.
- ♦ Challenge intruders or suspicious persons where safe to do so
- Do not bring anything of value (including large amounts of cash) to work and ensure all personal property is secured and kept out of sight
- Never give personal or account details to anyone who contacts you unexpectedly
- Be suspicious even if they claim to be from your bank or the Police. Ask for their phone number, check it is genuine, and if it is call them back
- Be aware that a bank will <u>NEVER</u> ask for your PIN number or for a whole security number or password



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## Violence & Aggression Management Strategy De-escalation, Management & Intervention (DMI)



DMI is a holistic model that looks at risk assessing and putting care plans in place to allow for the earliest possible non-physical interventions to take place as well as equipping staff with the skills needed to deal with situations where a physical intervention might be needed. The Trust switched to using in-house training model DMI in February 2013. The approach has had a positive impact in practice and has gained an external reputation having recently been recognised as a Quality Award Centre by the Institute of Conflict Management.

## Why the Trust developed the DMI model

- ♦ Control over all aspects of strategy & model development
- ♦ Adaptability and Flexibility
- ♦ Clinically more responsive
- To make the link between Risk Management/Adverse Event Reporting, Care Planning and Training Needs Analysis more robust
- ♦ To put the quality of care for service users at the core of our training

#### Values behind the DMI model

- ♦ Everyone is a unique individual
- Resolving aggression and violence cannot be achieved unless the service user's underlying needs are met
- The focus of the relationship between the service user and the carer should be an alliance rather than one of 'winners' and 'losers'
- All feelings are valid and must not be dismissed. Carers should help service users to validate their feelings, whilst at the same time actively directing the service users to learn positive alternative and socially valid expressions of emotion
- Service users need to learn to care for themselves and others, understanding that relationships can be positive and rewarding.

#### **Benefits of our Training**

- All of our training is delivered by professional trainers with clinical background
- ♦ We are an Institute of Conflict Management (ICM) Quality Award Centre
- Our training meets all of the criteria for BILD accreditation
- Our training is fully flexible and can be adapted to meet your individual needs.

#### **Typical Course Outlines**

Our courses have been designed to enable frontline staff to recognise different aspects of aggression and violence that they may encounter and to be able to understand how to resolve those situations. The training focuses on physical and non-physical intervention techniques and on managing and de-escalating violent incidents as part of a team and as an individual lone worker.

### **Quality Assurance**

Our model is comprehensive in terms of meeting national guidance provided by the Care Quality Commission (CQC), Mental Health Act Code of Practice (2007) and NICE as well as meeting a range of other related guidelines:

- The standards and recommendations endorsed by NHS Protect (NHS SMS) in their Promoting Safer and Therapeutic Services training module
- ♦ Clinical Practice Guideline 25 (NICE, 2005)
- Positive practice standards set out within the NIMHE Policy Implementation Guide "Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health Inpatient Settings" (NIMHE, 2004).
- ♦ Meets all of the criteria for BILD accreditation
- ♦ Institute of Conflict Management (ICM) Quality Award Centre.



Your Risk Management Team:

Liz Lockett Associate Director Quality & Risk 01785 257888 ext 5575

Sarah Hankey Risk & Claims Manager 01785 257888 ext 5548

Giles Perry Local Security Management Specialist 01785 257888 ext 5723

John Freer Health & Safety Advisor 01785 257888 ext 5313

Alison Turner Risk Management Officer 01785 257888 ext 5454

Nicholas Hulme Quality & Risk Information Analyst 01785 257888 ext

Sheila Kavanagh Team Secretary 01785 257888 ext 5953



This Bulletin is available on the Trust website at :

http:// www.southstaffsandshropshealthcareft. nhs.uk/Default.aspx

Or alternatively

A hard copy can be obtained by contacting the Trust Risk Management Department on 07850 257888 ext 5953

- We welcome your feedback on this Learning Lessons Bulletin to help us to ensure that future editions are helpful and informative
- We would also welcome your ideas for future features or areas of learning you feel are relevant to be cascaded across the Trust

For all enquiries and comments please contact:

Sarah Hankey (Risk & Claims Manager) 01785 221548 Sarah.hankey@sssft.nhs.uk