

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST**BOARD OF DIRECTORS****SECURITY REPORT 2016/17****JULY 2017****EXECUTIVE SUMMARY**

Throughout 2016/2017, security has again remained a high profile issue in the National Health Service, with particular focus on the NHS Protect's standards on the effective management of security issues.

Nationally, NHS Protect continue to build up its portfolio and the Trust is actively working with them to enhance our existing services, ensuring an environment that is safe and secure so that the highest standards of clinical care can be made available to patients. Violence and abuse against NHS staff impacts directly on patient care. From harming recruitment and retention of staff, to damaging the morale of hardworking professionals, attacks on staff must be treated with the utmost seriousness. Protecting staff and professionals working in or providing services to patients using the NHS is essential, ensuring the risk of physical and non-physical violence is effectively managed and controlled.

City Hospitals has continued with a programme of investment and activity to further develop the Security infrastructure. It has also continued to try and reduce the risk of violence against NHS staff and encourage staff to adopt a lower tolerance of anti-social and violent behaviour displayed by visitors and patients. It is encouraging that staff continue to be proactive in the development and implementation of our Security policies in particular the Procedure for Care of Violent Patients.

There has been a significant reduction in the report of thefts to the security team. This may reflect the number of continued campaigns of crime prevention awareness to staff, by the Trust Security Group, advising staff to ensure all valuables should be kept safe and secure.

This year we have seen a reported 28% increase in violence across both physical and non-physical incidents. We can conclude from the incident data, the greatest risk of violence to staff continues to be in Emergency Medicine with nursing staff being the most likely victims. Physical incidents, attributable to clinical condition, are most prevalent in Rehab and Elderly. Non-physical violence is mainly due to intentional or reckless behaviour which is mostly reported in Emergency Medicine.

There continues to be low auto crime incidents reported to our security team, with the overall trends of all our security incidents showing a decrease. Requests for patient assistance have slightly increased from the previous year.

The continued use of our management of individuals who are violent and abusive policy gives a positive message to both staff and patients of how the Trust pro-actively supports measures which manage violent and aggressive behaviour.

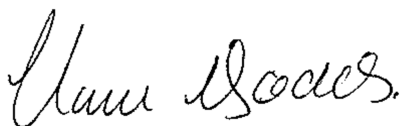
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NHS Protect will no longer be tasked with the security management remit with the primary responsibility for security management remaining with the Trust. The existing NHS Security Management Standards remain in place, in the interim, as a requirement of the current NHS standard contract. Following discussions at the Security Group it is considered to be prudent to continue to use the current Security Management Standards as the Trusts overall security management compliance tool.

The group wish to record their appreciation for the support received from Northumbria Police and also our Security Management Specialist and Security Team, whose actions are so key in keeping track of the progress of some of our violence issues through the legal process.

RECOMMENDATIONS

Directors are asked to accept the Security Report for 2016/17 and support the continued development of our organisational work plan based on the outcome of the Security Management Standards Self Review Tool.



Claire Dodds
Hotel Services Manager



Alan Clark
Principal Safety Advisor & LSMS

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

SECURITY REPORT 2016/17

JULY 2017

INTRODUCTION

Throughout 2016/2017, security has again remained a high profile issue in the National Health Service, with particular focus NHS Protects standards on the effective management of security issues.

Nationally, NHS Protect continue to build up its portfolio and the Trust is actively working with them to enhance our existing services, ensuring an environment that is safe and secure so that the highest standards of clinical care can be made available to patients. Violence and abuse against NHS staff impacts directly on patient care. From harming recruitment and retention of staff to damaging the morale of hardworking professionals, attacks on staff must be treated with the utmost seriousness. Protecting staff and professionals working in or providing services to patients using the NHS is essential, ensuring the risk of physical and non-physical violence is effectively managed and controlled.

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KEY ACTIVITIES

Our security arrangements have been tested on several occasions over the year and we continue to make changes to improve on these, both by way of risk assessments and post incident investigation. The following changes have been noted:

- Total number of criminal incidents reported 30 (61) (**Appendix 1**)
- Auto Crime 0 (0) (**Appendix 2**)
- Non-auto crime, burglary/theft/criminal damage 29 (37) (**Appendix 3**)
- Patient Assistance 1058 (1055) (**Appendix 4**)
- Police Assistance has been sought on 191 occasions (463)
- Incidents in A&E 329 (617)
- Reported Security breaches 1 (0)
- New National Security Alerts received 11 (13)
- Physical Assaults 192 (150) (**Appendix5**)

- Non- physical Assaults 289 (227) (**Appendix 5**)

SECURITY PROFILE

1. NHS Protect Security Management Standards and Self Review Tool

From April 2013 we were required to complete an organisational crime profile and apply the NHS Protect Security Management Standards as part of our NHS standard contract. Our overall crime risk profile based on the self-review tool is high, in line with all other large NHS acute trusts.

The Security Management Standards have been developed as part of a national strategy for NHS providers to incorporate a risk based approach to both providing a safe and secure environment for patients, staff and visitors and to protecting NHS property and assets. The standards are designed to assist providers in implementing key aspects of security management, identifying areas for improvement and developing their own plans for improvement.

2016/17 Security Management Standards

Our formal submission against the updated 2016/17 Security Management Standards was submitted before 30 November 2016 via the online Self Review Tool (SRT) which reports our progress against the standards. The online web portal allows us to save drafts at different stages before submission and allows us to print off a PDF copy at any time. Our current status is included in the attached (**Appendix 6**) Security Management Work Plan.

2016/17 Self Review Tool Process Summary

Our current Self Review Tool work plan shows that we have:

Strategic Governance	GREEN
Greens	4
Ambers	1
Reds	0
Inform and Involve	GREEN
Greens	6 (2.6 pilot only)
Ambers	
Reds	
Prevent and Deter	AMBER
Greens	10
Ambers	6
Reds	0
Hold to Account	GREEN
Greens	3
Ambers	1
Reds	0

Out of these 31 standards we have 23 greens, 8 ambers.

A meeting was held on the 16th November 2016 with the Head of Facilities, the LSMS, the Hotel Services Manager and the NHS Protect auditor to give us some informal guidance and feedback with regard to our current status and proposed SRT submission. The NHS Protect auditor was able to give some clarification of the evidence that they will be looking for to

provide compliance against the standards. Following the discussion process it was considered that we had enough substantive evidence to consider changing 1.3 from amber to a green. Clear advice and direction was also given on how to best progress with maintaining the areas currently assessed has been Green as well as progressing the Ambers to Green.

NEXT STEPS

We were informed in February 2017 that following a review of NHS Protects functions and services by the Department of Health it was agreed that NHS Protect would, from the 1st of April, no longer be tasked with the security management remit. The primary responsibility for security management work will remain with the boards of local NHS organisations.

The existing NHS security management standards for providers and commissioners will remain in place, as the standards are part of the requirements of the current NHS Standard Contract. Quality and Compliance work for security management functions will no longer be undertaken by NHS Protect.

Following discussions at the Security Group it is considered to be prudent to continue to use the current Security Management Standards as the Trust's overall security management compliance tool.

2. Risk Minimisation through Investment in Security Infrastructure

- 2.1 Permanently manning of the control room and provide mobile security teams 24 hours/day (minimum 2 Patrol Officers).
- 2.2 Provide 24/7 Supervisory cover for both Security and Portering Services.
- 2.3 Provide dedicated police presence in Emergency Department Friday and Saturday evenings with support from security.
- 2.4 Continue to use and extend CCTV system to monitor all hospital sites in line with funding. The CCTV system and camera coverage all digitally recorded. The security team have been provided with a state of the art modern control room to offer improved monitoring across the site.
- 2.5 The Emergency Department has had 46 CCTV cameras installed.
- 2.6 Provide across site staff escort service, responded to 1668 (1003) requests throughout the year
- 2.7 ID Badge Access control system is now widely in operation throughout the Trust, with 619 (549) active points. We continue with a programme, in-line with funding and identified risk, to roll this out to additional areas.
- 2.8 Staff Attack System is provided in 29 (35) locations at Sunderland Royal Hospital and 3 locations at Sunderland Eye Infirmary. The reduction in systems are decommissioned from areas that are vacant or have been removed. The Emergency Department has implemented a voice communications system. This system incorporates communication between staff and the security team to alert for assistance in potentially violent/violent situations. All systems are linked back to the main Security Control Room

- 2.9 A total of 207 (188) Lone worker devices were used by staff in 2016/17 (**Appendix 7**)
- 2.10 The Trust continued to be actively involved and give support to NHS Protect initiatives, for example, uploading of security data to the Security Incident Reporting System (SIRS) database.
- 2.11 We continue to develop incident investigation arrangements with the aim to learn from experience, reported at monthly Trust Security Group.
- 2.12 Work with Northumbria Police to co-ordinate follow-up investigation of incidents
- 2.13 Continued activities of Security Services include;
- | | |
|---------------------------------------|----------------------------|
| Security Patrols | Car Parking/ Permit System |
| Manning of Control Room | Security Presence on Ward |
| Emergency Response Procedures | Missing Patient Process |
| Issuing of Keys | Escorts |
| Secondary Assistance | Locking up and Access |
| Information and Awareness | Security Assessments |
| Assisting with Police investigations | Review of CCTV and SAS |
| Monitoring of Car Parks and enquiries | |

3. Security/Conflict Resolution Training

In line with the NHS target for all high risk staff to attend conflict resolution training, we can confirm our overall compliance levels have increased from 85% to 88% from last year. Details of each Directorate's compliance are detailed in (**Appendix 8**). Most significantly there is a relatively high level of compliance in Emergency Medicine and Rehab and Elderly which are the highest risk areas for violence and aggression. Adequate places have been allocated for 100% compliance of all high risk, front line staff to attend in 2016/17.

A programme of Breakaway and Disengagement training has continued this year, for front line staff, out of 10 sessions provided **26** staff attended.

An enhanced programme of Control & Restraint Training remains in place aimed initially at front line Security staff with all **19** security staff fully trained and compliant.

Prior to the transfer of the Security Team to CHoICE Facilities Services, it was confirmed the security officers and management team would require the relevant Security Industry Authority Licences. Training has now been complete and the team are awaiting licences before being transferred to CHoICE Facilities Services.

4. Public Partnership

The Trust has continued to develop and enhance our interface with key public organisations:

- Northumbria Police Liaison
- Northumbria Police Millfield Neighbourhood Policing Team
- Northumbria Police Missing Person Liaison Team
- Joint Security Presence with police in Emergency Department
- NaCTSP0-National Counter Terrorism Security Office

- Established partnership with NHS Protect
- HMP Service - Durham and Frankland
- Multi Agency Public Protection Agency.

The Security Group has again collaborated with the Millfield Neighbourhood Policing Team to co-ordinate the investigation of violent incidents, security breaches, thefts criminal damage, violence to staff and anti-social behaviour and this continues to prove invaluable.

The formal agreement continues between ourselves and our local Police Inspector that all assaults against NHS staff should not to be disposed of via a simple caution, unless this is agreed by the victim and the Trust. Therefore most cases of intentional or reckless physical assault, against staff, will be tried in a court of law.

5. Security Awareness

Full utilisation of the email electronic messaging is used to ensure prompt delivery of information regarding security issues, which includes cascading of National Security Alerts. 11 alerts were received this year: **(Appendix 9)**

Security Officers continue to carry out 'Be Seen Inspections' with particular emphasis on vulnerable areas, offering advice and support in addressing Security issues. Northumbria police are also involved in offering advice. In addition to this Northumbria Community Police Officers have continued with regular internal and external patrols.

All thefts/crimes reported are followed up with crime prevention and awareness information, by the security team and where appropriate the police.

The Trust Security Group continues to work together with Northumbria Police on Security Issues.

6. Review and Audit of Security Procedures and Protocols

Work has continued with our ward and department managers and Northumbria Police to help apply the Missing Patients Procedure to ensure safety of vulnerable, high risk patients remains a priority.

7. Local Security Management Specialist (LSMS) and NHS Protect

Alan Clark our accredited LSMS has continued to develop his role, in liaison with NHS Protect.

As detailed above NHS Protect has undergone a review of its functions and services. The review concluded that the primary responsibility for all local anti-crime work (covering both economic and non-economic crime) should remain with the boards of local NHS organisations.

Security management standards for providers and commissioners

The existing NHS security management standards for providers and commissioners will remain in place, as the standards are part of the requirements of the current NHS Standard Contract. Quality and Compliance work for security management functions will no longer be undertaken by NHS Protect beyond the current round of assessments and will not be part of the remit of the NHSCFA.

Security Incident Reporting System (SIRS)

Management of the central reporting of security incidents will not be part of the remit of the NHSCFA. The central collation and analysis function of reports made to SIRS will be decommissioned and the SIRS system will no longer be accessible to users.

Security management manual and other security management guidance

Existing security management guidance and the NHS security management manual will temporarily remain on the NHS Protect extranet or the NHSBSA website. From April to 1 July 2017 we will arrange migration of this content to a public web archive so it is still accessible for reference in the future. The management, development and updating of security management guidance and the security management manual will not be part of the remit of the NHSCFA.

National security alerts

National security alerts will no longer be issued by NHS Protect. Existing alerts contain either contact details of the originating NHS body and LSMS or details of the police officer involved in the case. Enquiries or information relating to existing alerts should be directed to those identified as contacts and not NHS Protect, who will no longer have resources in place to circulate and manage the information. The issue of national and regional alerts for security management matters will not be part of the remit of the NHSCFA.

Security Management Director (SMD) and Local Security Management Specialist (LSMS) nominations

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

8. Management of individuals who are violent and abusive policy

The Management of individuals who are violent and abusive policy, commonly referred to as the red and yellow card policy, was ratified in January 2016 and continues to be actively used within the Trust to:

- Flag patient's records who are known to present a risk of violent and aggression from incidents reported on the Trust's incident system; from known MAPPA patients and those individuals reported to us from other reliable sources
- Support managers and staff in making a safe environment to treat known risk patients
- Support the criminal justice system in taking appropriate action against those individuals who continue to present with violent and aggressive behaviour towards our staff

In 2016/17 we have issued **72** yellow cards and **16** red cards. 1 Red Card Plus (**Appendix 10 and 11**) As a result of the review process 42 yellow and 6 red cards were removed.

In 2016/17 we have had 48 violence risk markers (VRM) from notifications/information received, 14 alerts via the multi-agency public protection arrangements (MAPPA) process and

34 from other external NHS/Agency sources. An addition to this we had 19 requests for information from the MAPPA risk management panel.

Emergency Medicine have a well-established violence and aggression group, which meets on a monthly basis to investigate and review all reported violent incidents, within the emergency medicine directorate. Red and Yellow cards are issued and reviewed within this group.

Staff in all Directorates are encouraged to support the use of the Management of individuals who are violent and abusive policy, which aims to have a positive impact not just on their safety but also on the safety of the aggressor and any other patient/visitor in the immediate environment of a particular incident.

9. Reported Violent incidents

This year we have seen a reported 28% increase in violence across both physical and non-physical incidents. As with previous years the majority of physical violence is attributed to clinical condition (90%) reported mostly in Rehab and Elderly Medicine. Emergency Medicine reported the majority of intentional physical violence with alcohol and drugs being the common contributing factor.

10. Prosecutions

Criminal action has been taken on 5 occasions following violent and aggressive behaviour against CHS staff attack during 2016/17 (**Appendix 12**)

11. Police Data

Northumbria Police provide us with data from their Police Crime, Arrest and Incident Recording Systems indicating reported crime, detected crime and offender outcome (**Appendix 13**), which shows the number of crimes recorded at Sunderland Royal Hospital over the last seven years.

This includes crimes where the address is recorded simply as Sunderland Royal Hospital along with offences at specific premises within the hospital and its grounds, e.g. the car park and the RVS shop.

12. Lessons Learnt from Incidents

Ward B26 Violent Incidents

Potentially violent and violent incidents on B26 Gastro Ward were becoming a regular occurrence, with the security team being called to attend on numerous occasions to assist the nursing and clinical teams. Following analysis of these incidents an arrangement was set up for the security team to call into Ward B26 on their daily patrols to create a visual presence to attempt to prevent violent incidents developing. Feedback from the ward manager has been very positive, with a much improved environment for both patients and staff.

Security Response

Following an incident where a patient assaulted a HealthCare assistant whilst being transferred from ED to radiology and the security team was unable to respond due to carrying out off site patrols. An agreement was made by the Trust Security Group that external offsite patrols would not take place out of hours and the buildings would be monitored on CCTV.

Theft of Medical Gases (national alert)

Following a national alert highlighting a number of thefts of gas cylinders from various healthcare premises a security risk assessment was carried out on City Hospitals Sunderland's medical gas stores. An action plan was developed and measure put in place to reduce the risk of theft.

Theft of Personal Belongings/ Money

We continue to have a number of thefts of personal belongings/money from staff only areas within the Trust. Although thefts have been reported, no prosecutions have taken place. The Trust have arranged for Northumbria Police Liaison Officer to visit the departments to provide a visible presence. Staff are also reminded via the internal Trust security alerts of the importance of securing all valuables in the work place and reporting any thefts or suspicious activity to the Security Team and also the police.

SUMMARY

Police assistance has been sought by the security team on 191 occasions (463). This significant decrease is considered to be mostly due to security not having to contact the police for missing patients, as this is now carried out by the ward or department. Security mainly request for police support in dealing with violent or potentially violent incidents or for criminal activity on site.

Our security arrangements have been tested on several occasions over the year and we continue to make changes to improve on these, both by way of risk assessments and post incident investigation. The effective management of Security at City Hospitals Sunderland continues to remain a high priority

Appendix 1 (Total Crimes/Incidents)

This year we have seen a significant decrease in the total number of reported crimes/incidents (Excluding violence) from 61 to 30

Appendix 2 (Auto Crime)

There was one attempted theft of a vehicle this year.

Appendix 3 (Non-Auto Crime)

Appendix 3 illustrates the trend of Non-Auto Crime from which it can be seen that our levels of theft have continued to decrease from 42 to 13.

Appendix 4 (Patient Assistance)

Appendix 4 demonstrates the continuing high and increasing demand for Security Staff to provide support for our staff in handling potential violent patients as well as support with missing patients, 1058 (1055). Extended assistance requests remains low.

Appendix 5 (Violence)

This shows the reported violence incidents against staff over the last 5 years.

Appendix 6 (NHS Protect Security Standards and Work Plan)

NHS Protect Security Management Standards which we are required to apply as part of our NHS standard contract for 2016/17.

Appendix 7 (Lone Working Devices Issued 2016/17)

Appendix 7 shows that the number of individual and pooled lone working devices in use in 2016/17.

Appendix 8 (Conflict Resolution Training – Violence and Aggression)

This graph demonstrates the percentage of front line staff who has attended Conflict Resolution Training by each Directorate.

Appendix 9 (Security Alerts 2016/17)

Appendix 9 shows the National and local security alerts issued in 2016/17.

Appendix 10 (Management of individuals who are violent and abusive policy)

In 2016/17 year we have issued 72 yellow cards, 16 red cards and 1 red card plus.

Appendix 11 ((Red and Yellow Cards and other VRM's Issued 2016/17)

Detail of 72 yellow cards and 16 red cards issued in 2015/16. This shows the vast majority of red and yellow cards are issued from the Emergency Medicine Directorate and identifies the reason for the issue of the card.

Appendix 12 (Police Action Taken Against Individuals 2016/17)

A summary of offences committed against NHS and CHS staff which has resulted in police and/or court action been taken against the perpetrators.

Appendix 13 (Police crime data 2016/16)

Appendix 13 contains Data from Northumbria Police Crime, Arrest and Incident Recording Systems for the Sunderland Royal Hospital site.

CONCLUSION

There has been a significant reduction in the report of thefts to the security team. This may reflect the number of continued campaigns of crime prevention awareness to staff, by the Trust Security Group, advising staff to ensure all valuables should be kept safe and secure.

This year we have seen a reported 28% increase in violence across both physical and non-physical incidents. We can conclude from the incident data, the greatest risk of violence to staff continues to be in Emergency Medicine with nursing staff being the most likely victims. Physical incidents, attributable to clinical condition, are most prevalent in Rehab and Elderly. Non-physical violence is mainly due to intentional or reckless behaviour which is mostly reported in Emergency Medicine.

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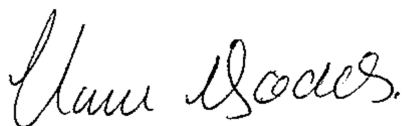
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RECOMMENDATIONS

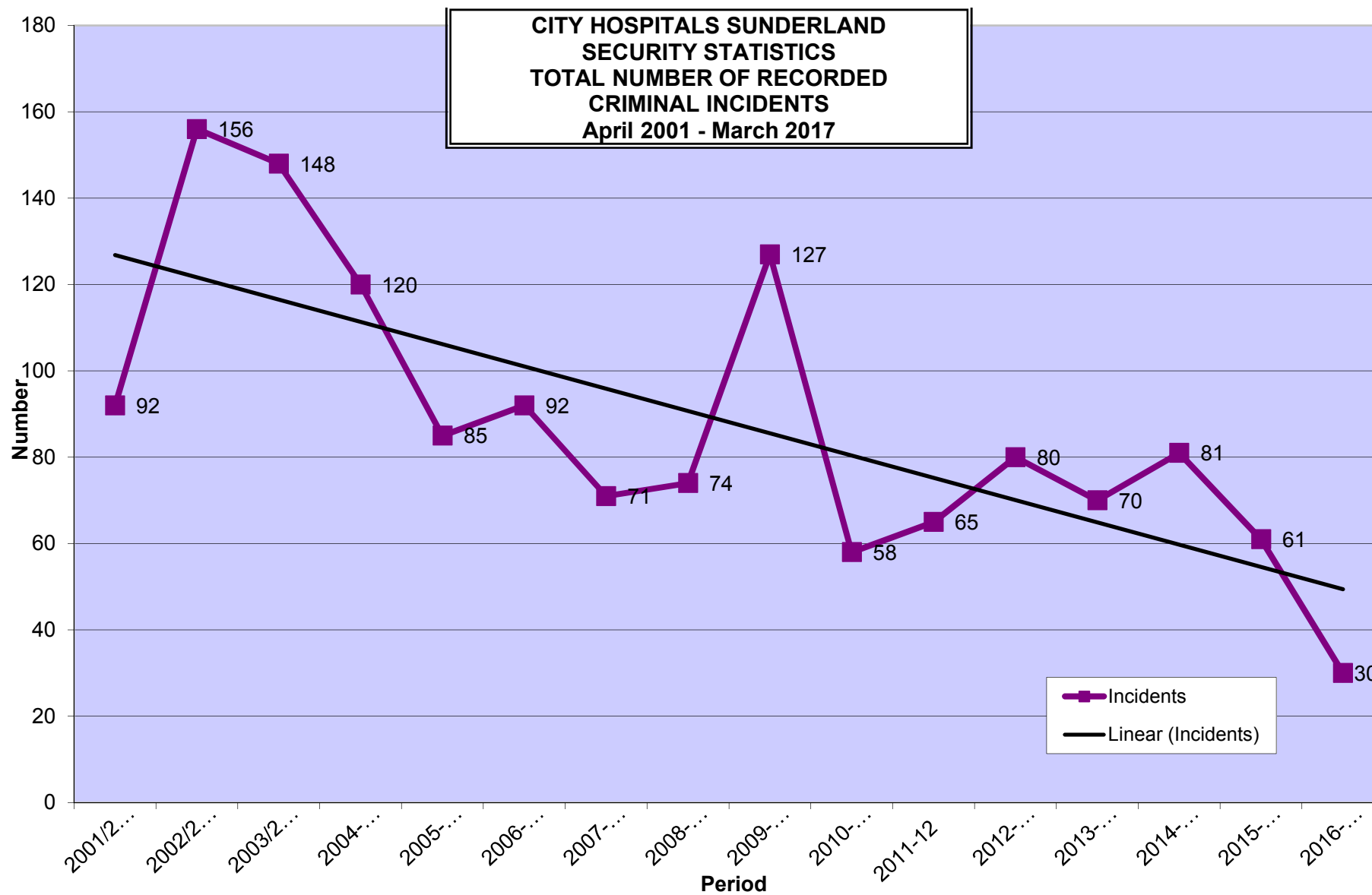
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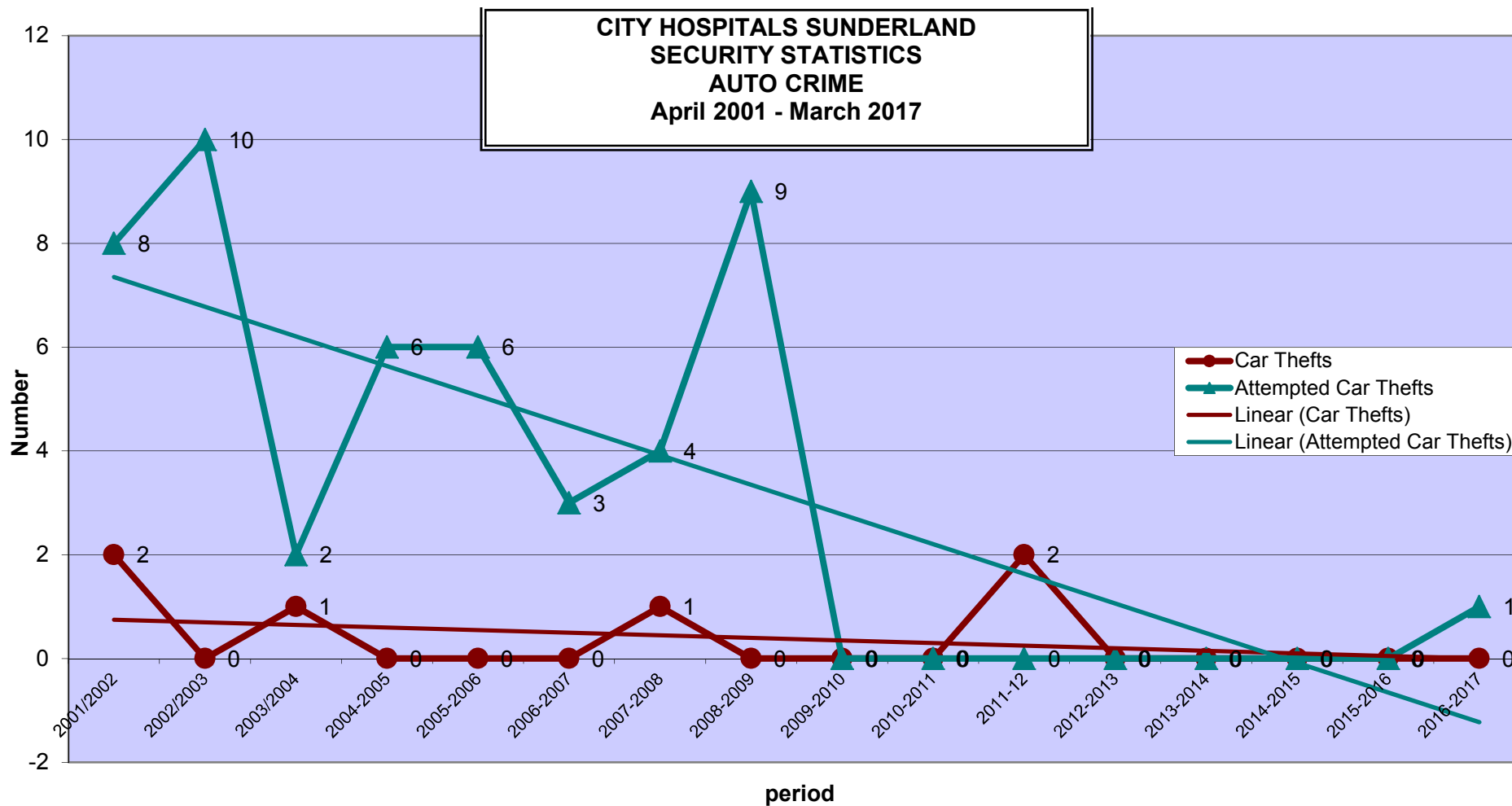


Claire Dodds
Hotel Service Manager

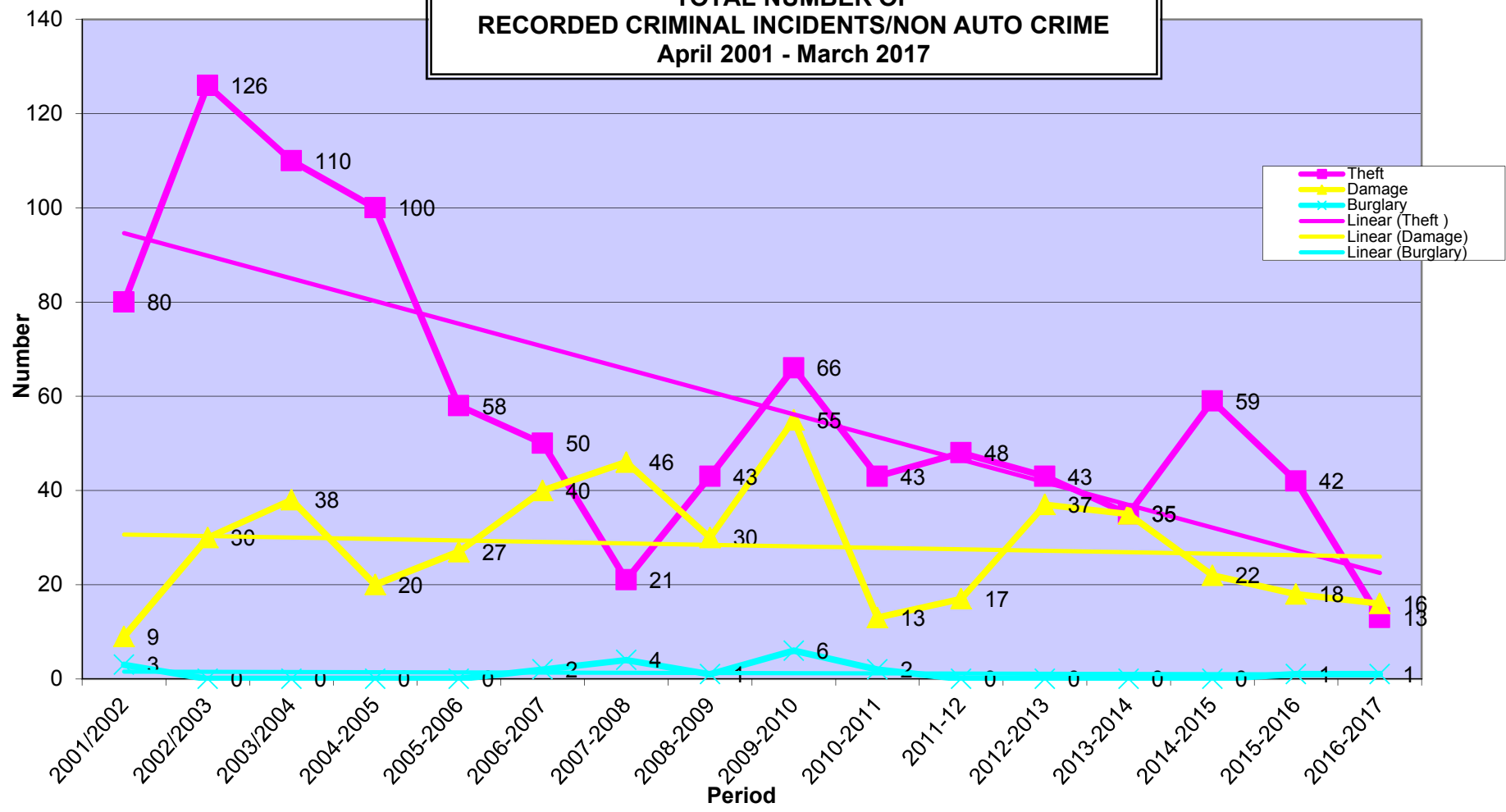


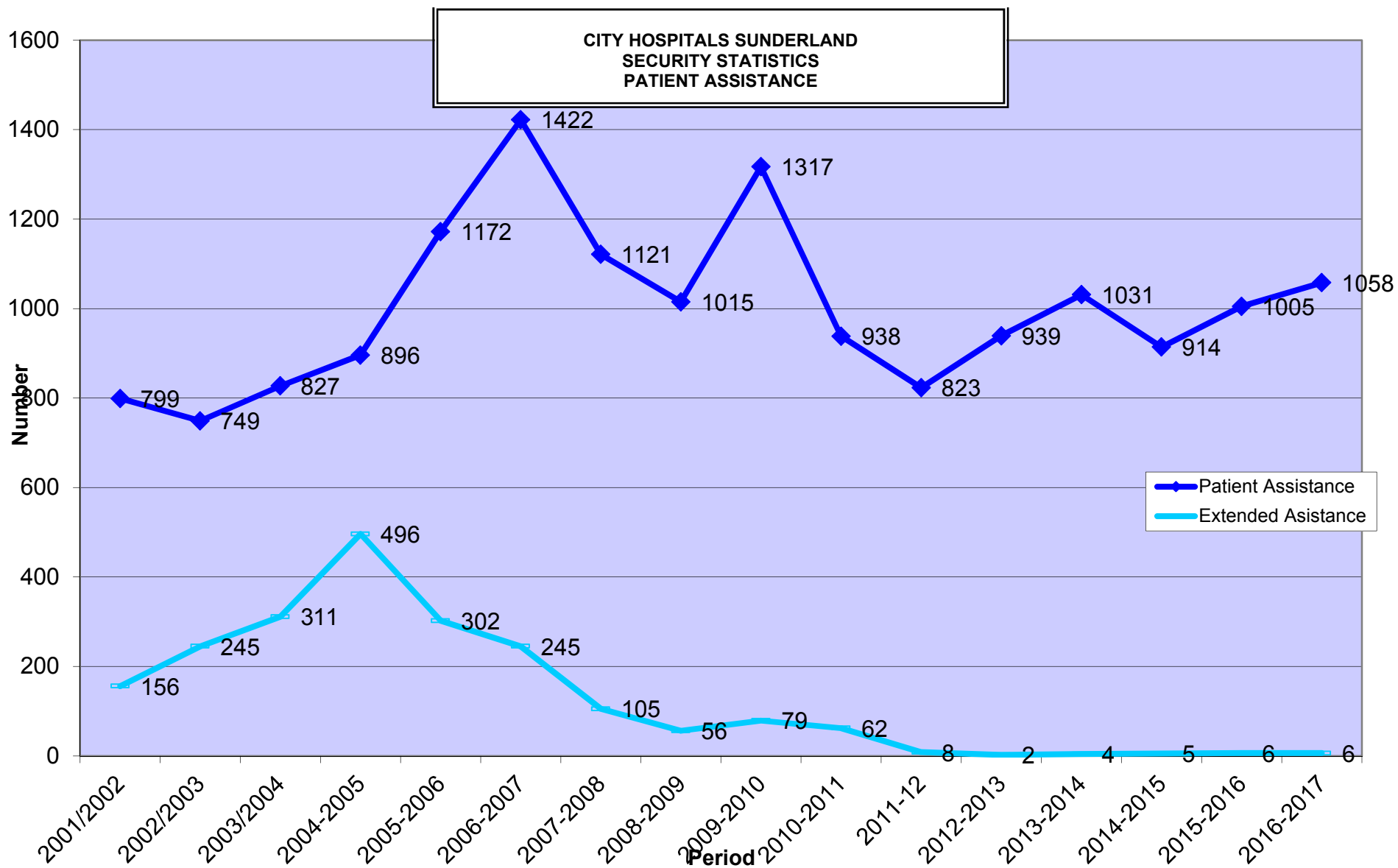
Alan Clark
Principal Safety Advisor & LSMS
May 2017



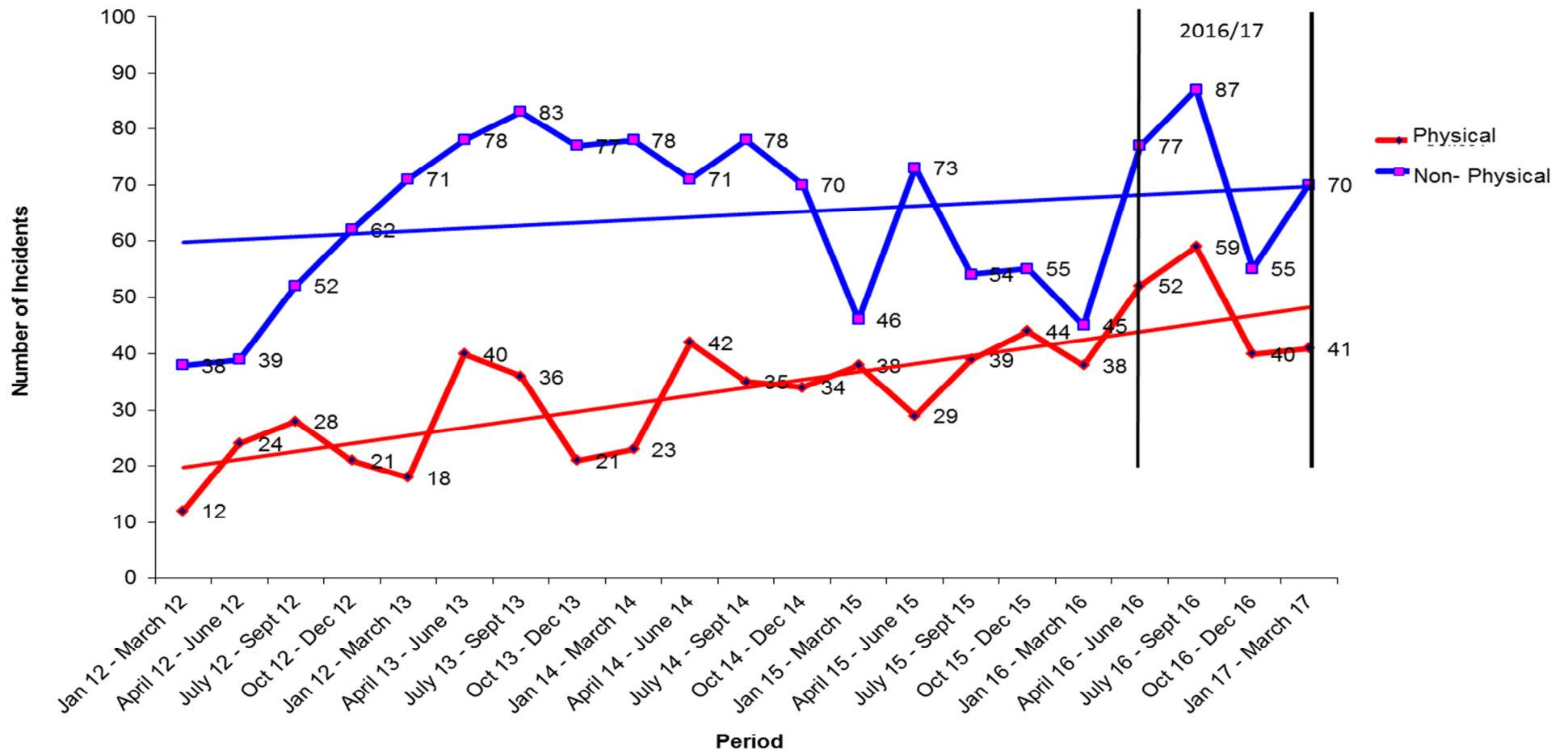


**CITY HOSPITALS SUNDERLAND
SECURITY STATISTICS
TOTAL NUMBER OF
RECORDED CRIMINAL INCIDENTS/NON AUTO CRIME
April 2001 - March 2017**





Violence Against Staff - Physical and Non-Physical April 12 - Mar 17



CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

SECURITY MANAGEMENT STANDARDS UPDATE

November 2017

Introduction

From April 2013 we were required to complete an organisational crime profile and apply the NHS Protect Security Management Standards as part of our NHS standard contract. Our overall crime risk profile based on the self-review tool is high, in line with all other large NHS acute trusts.

The Security Management Standards have been developed as part of a national strategy for NHS providers to incorporate a risk based approach to both providing a safe and secure environment for patients, staff and visitors and to protecting NHS property and assets. The standards are designed to assist providers in implementing key aspects of security management, identifying areas for improvement and developing their own plans for improvement.

2016/17 Security Management Standards

NHS Protect have made the following changes to the 2016/17 standards:

Summary of changes for 2016/17

Standard	Changes
1.1	The standard has been amended to include the requirement that the person responsible is nominated to NHS Protect. The rating descriptors have been amended slightly.
1.2	No change.
1.3	The amber rating descriptor has been slightly amended.
1.4	No change.
1.5	The standard has been amended to include a specific requirement for organisations to align with NHS Protects anti-crime strategy.

	The rationale has been slightly amended.
2.1	Previously standard 2.2, otherwise no change.
2.2	Previously standard 2.3, otherwise no change.
2.3	Previously standard 2.4, otherwise no change.
2.4	Previously standard 2.5, otherwise no change.
2.5	Previously standard 2.6, otherwise no change.
2.6	(Pilot, second year) Previously standard 2.7, otherwise no change.
3.1	The standard has been amended slightly. The rating descriptors have all been slightly amended.
3.2	The standard (including the rationale and rating descriptors) is new.
3.3	Previously standard 3.2, otherwise no change.
3.4	Previously standard 3.3, otherwise no change.
3.5	Previously standard 3.4, otherwise no change.
3.6	Previously standard 3.5, otherwise no change.
3.7	Previously standard 3.6. The amber rating has been amended slightly.
3.8	Previously standard 3.7, otherwise no change.
3.9	Previously standard 3.8. The amber and green ratings have been amended slightly.
3.10	The standard (including the rationale and rating descriptors) is new.
3.11	Previously standard 3.9, otherwise no change.
3.12	Previously standard 3.10, otherwise no change.
3.13	Previously standard 3.11, otherwise no change.
3.14	Previously standard 3.12. The amber rating has been amended slightly.

3.15	Previously standard 3.13, otherwise no change.
3.16	Previously standard 3.14, otherwise no change.
4.1	Previously standard 4.2. The amber rating has been amended slightly.
4.2	Previously standard 4.1, otherwise no change.
4.3	The wording of the standard has been amended slightly, otherwise no change.
4.4	No change.

2016/17 Security Self Review Tool (SRT) Process Summary

Our current security management work plan, which is used to complete the SRT, (**enclosure 1**) shows that we have:

Strategic Governance	GREEN
Greens	4
Ambers	1
Reds	0
Inform and Involve	GREEN
Greens	6 (2.6 pilot only)
Ambers	
Reds	
Prevent and Deter	AMBER
Greens	10
Ambers	6
Reds	0
Hold to Account	GREEN
Greens	3
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Out of these 31 standards we have 24 greens, 7 ambers.

A meeting was held on the 16th November 2016 with the Head of Facilities, the LSMS, the Hotel Services Manager and the NHS Protect auditor to give us some informal guidance and feedback with regard to our current status and proposed SRT submission. The NHS Protect auditor was able to give some clarification of the evidence that they will be looking for to provide compliance against the standards. Following the discussion process it was considered that we had enough substantive evidence to consider changing 1.3 from amber to a green. Clear advice and

direction was also given on how to best progress with maintaining the areas currently assessed has been Green as well as progressing the Ambers to Green.

Next Steps

1. Submit the attached paper to Corporate Governance Steering Group for final approval and formal Trust sign off with the approval of the Executive Director of Finance by the 30th November 2016.
2. Continue to update and review the Security Management Work Plan taking into account progress made in preparation for a potential formal audit by NHS Protect between January and March 2016.

Larry Stores
Head of Facilities

Claire Dodds
Hotel Services Manager

Alan Clark
Principal Safety Advisor and LSMS

Security Management Work Plan 2016/17 (March 2017 update)

	Area	Comments for SRT	Further Actions Required	Target Dates	Completed Date
SRT LEVEL	STRATEGIC GOVERNANCE (GREEN)				
Green	1.1	A member of the executive board is responsible for overseeing and providing strategic management and support for all security management work within the organisation.	Executive Director of Finance is the Trusts executive board lead for security. Minutes of Security Group presented monthly at Corporate Governance Steering Group, chaired by Executive Director of Finance, and annual Security Report presented at CGSG.	None (JP)	N/A
Green	1.2	The organisation employs or contracts in a qualified person to undertake the full range of security management work.	Accredited LSMS (Principal Safety Advisor) and Hotel Services Manager (Operations) report to and attend monthly Security Group. Security Group review and evaluate progress with security management standards.	None (AC & LS)	N/A
Green	1.3	The organisation allocates resources and investment to security management in line with its identified risks.	All known outstanding security risks are detailed in Security annual report. This report details actions taken (resources and investment) and actions required to progress identified risks. Trust risk register process facilitates the reporting and ongoing management of any identified security risks.		N/A

			Evidence available to demonstrate changes made in line with identified security risks.			
Green	1.4	The organisation reports annually to its executive board, or equivalent body, on how it has met the standards set by NHS Protect in relation to security management, and its local priorities as identified in its work plan.	Annual end of year report taken to all governance groups, the Executive Board and Board of Directors. Outcomes and corrective actions clearly documented in annual Security Report and the Security Management Work Plan.	Updated Security Standards Work plan to confirm compliance (AC/CD/Security Group)	May 2016	May 2016
Green	1.5	The organisation has a security management strategy aligned to NHS Protect's strategy. The strategy has been approved by the executive body or senior management team and is reviewed, evaluated and updated as required.	The Trust's approved annual Security Report is set out to report and record the Trust's security strategy and actions to manage its security risks in-line with NHS Protects strategy.	None (Security Group)	NFA	
INFORM & INVOLVE						
Green	2.1	The organisation develops and maintains effective relationships and partnerships with local and regional anti-crime groups and agencies to help protect NHS staff, premises, property and assets.	Formal liaison with Police integrated into the Security Groups monthly meetings and agenda, with regular attendance by our Local Police Beat Manager. Representative from CPS and other bodies can be invited as required. Formal police contract in place to provide police presence A&E for 2 nights per week. All criminal prosecutions monitored, tracked and formally reported in end of	None (Security Group)	N/A	

			<p>year Security Report. Criminal incidents investigated in close liaison with the police. Formal protocol developed with the police with regard to bomb threats and the prison service with regard to prisoner under custody attendances. Formal contract review annually and adjusted as appropriate. Reviewed and reported annually in Security Report.</p>			
Green	2.2	<p>The organisation has an ongoing programme of work to raise awareness of security measures and security management in order to create a pro-security culture among all staff. As part of this, the organisation participates in all national and local publicity initiatives, as required by NHS Protect, to improve security awareness. This programme of work will be reviewed, evaluated and updated as appropriate to ensure that it is effective.</p>	<p>Monthly security meeting 'lessons learnt' are published in the Trust's Grapevine. All national and local security alerts disseminated as appropriate.</p>	None (Security Group)	N/A	

Green	2.3	The organisation ensures that security is a key criterion in any new build projects, or in the modification and alteration (e.g. refurbishment or refitting) of existing premises. The organisation demonstrates effective communication between risk management, capital projects management, estates, security management and external stakeholders to discuss security weaknesses and to agree a response.	Capital project meetings discuss and manage any security related issues as part of the capital project management programme and include stakeholder (cross organisational) involvement. Annual security report identifies any known weaknesses. Security weaknesses can also be brought to Security Group for discussion. Examples being the new ED build provision of access control, CCTV and Vocera comms system	None (Estates)		
Green	2.4	All staff know how to report a violent incident, theft, criminal damage or security breach. Their knowledge and understanding in this area is regularly checked and improvements in staff training are made where necessary.	Risk management regularly reinforce the need to report all incidents through awareness initiatives. Included on Induction and CRT Training. Crime book requires incident form to be completed as part of the reporting process. All violent, theft etc. crime reported monthly to Security Group. Annual NHS Staff survey reports on staff awareness of how to report and whether they have reported violence, harassment and bullying. Incidents analysis from Trust's RM system reported to Security Group and included in annual report. Staff security survey and NHS staff survey.	None (Risk Management)		

Green	2.5	All staff who have been a victim of a violent incident have access to support services should they require it.	Victims of significant violence contacted by H&S and LSMS to enquire on their wellbeing and offer additional support. Support available from Directorate Managers, Matrons, Department Managers, H&S, LSMS, Security and Police. Workforce reports on take-up and use of formal counselling service. Formal violence debrief sessions.	None (AC)		
Green	2.6	The organisation uses the Security Incident Reporting System (SIRS) to record details of physical assaults against staff in a systematic and comprehensive manner. This process is reviewed, evaluated and improvements are made where necessary.	The Trust's RPA in 2015/16 was submitted utilising SIRS for the first time. The Trust uploads all physical assault incidents to SIRS. Local improvements for the reporting of violent incidents to collate more accurate SIRS on-going with the development of a violence reporting web form.	Continued work with LSMS and Risk Management to improve the quality of data input for SIRS reporting (AC & KL)	March 2017 NFA	
PREVENT & DETER (AMBER)						
Green	3.1	The organisation risk assesses job roles and/or undertakes training needs analyses for all employees, contractors and volunteers whose work brings them into contact with NHS patients and members of the public. As a result, the appropriate level of prevention of violence and aggression training is delivered to them in accordance with NHS Protect's guidance on conflict resolution	CRT provided via annual programme. Training needs analysis identifies those staff who are high risk and mandatory to attend using a risk based approach. Formal course evaluations carried out from 2013. CRT extended to include dealing with challenging behaviour from a clinical perspective in 2014. 2016 review of CRT training needs completed with recommendations made for	Implement recommendations from 2016 CRT review (AC & MP)	Dec 2017	

		training and/or the prevention and management of clinically related challenging behaviour. The training is monitored, reviewed and evaluated for effectiveness.	all front line staffs CRT training requirements, including the introduction of an updated 3 yearly refresher programme			
Green	3.2	The organisation ensures that staff whose work brings them into contact with NHS patients are trained in the prevention and management of clinically related challenging behaviour, in accordance with NHS Protect's guidance. Training is monitored, reviewed and evaluated for effectiveness.	CRT extended to include dealing with challenging behaviour from a clinical perspective in 2014. Formal debrief sessions made available in 2016 for all victims of clinically related physical violence. Dementia training is also available via an e-learning package monitored via ESR.	As with 3.1 above		
Green	3.3	The organisation assesses the risks to its lone workers, including the risk of violence. It takes steps to avoid or control the risks and these measures are regularly and soundly monitored, reviewed and evaluated for their effectiveness.	Local lone worker risk assessment and procedures for both on-site and off-site (community) staff. Lone work guidelines included in violence to staff policy. Lone worker risk assessment standards. Provision of lone worker devices, training and monitoring for community lone workers. Police support and advice given to support lone workers. Follow-up support following any reported incidents of concern. E-mail group set up to communicate to all off-site lone workers with lone workers devices for feedback.	2017 review of Lone Work risk assessments and arrangements (AC).	Sept. 2017	

Green	3.4	The organisation distributes national and regional NHS Protect alerts to relevant staff and action is taken to raise awareness of security risks and incidents. The process is controlled, monitored, reviewed and evaluated.	All alerts issued to relevant staff, managed by LSMS and Management Support. All national reports issued reported in Security annual report. All evaluated and reported on via annual Security Report. New patient record created for any non-patients who we are informed of by external agencies presents a risk to CHS staff.	None (Security Group)		
Green	3.5	The organisation has arrangements in place to manage access and control the movement of people within its premises, buildings and any associated grounds.	Extensive electronic access control installed throughout the Trust. Use of mechanical locks/keypads where electronic access control not suitable or available. Monitored and reviewed through local security risk assessments and organisationally via the Security Group annual report. HR and Estates manage the badge access system. Formal security audit carried out in 2015.	None (HR & AB)		
Green	3.6	The organisation has systems in place to protect its assets from the point of procurement to the point of decommissioning or disposal.	Formal internal and external audit contained in ISA260 (Audit Report), no significant financial risks identified as part of this process. Financial Procedure Note covers management of fixed assets. Standard Financial Instruction's (SFI) also include asset management under sections 23 and 25	None (PR)		

Green	3.7	The organisation operates a corporate asset register for assets worth £5,000 or more.	Financial Procedure Note 1 covers procedure for the management of fixed assets. Standard Financial Instructions include section 23 and 25 covering asset register and security of assets.	None (PR)		
Amber	3.8	The organisation has departmental asset registers and records for business critical assets worth less than £5,000.	As above apart from assets purchased under revenue code may not be entered on capital asset register. All Electronic Bio-medical Medical Equipment (EBME) managed medical devices under £5000 entered on asset register.	Need to confirm and ensure that all procured critical assets are asset registered and bar coded from arrival to disposal including an annual review. All assets under £5000 should be captured by the department leads or equipment Co-ordinators. (PR)	Ongoing	
Green	3.9	The organisation has clear policies and procedures in place for the security of medicines and controlled drugs (CDs).	Principal Pharmacist confirmed policies and procedures in place.	None (DM)		
Amber	3.10	The organisation has policies and procedures in place to ensure prescription forms are protected against theft and misuse. These policies and procedures are reviewed, evaluated and updated as required.	Basic policies and procedures are in place which are currently under review covering both internal and external arrangements.	Further assurance may be required (DM)	TBC	
Green	3.11	Staff and patients have access to safe and secure facilities for the storage of their personal property.	Patient property procedure developed and implemented. Staff lockers provided centrally and in ward. Review of incidents	None (Security Group)		

			and action taken via security group. Reviewed in annual Security Report.			
Green	3.12	The organisation records all security related incidents affecting staff, property and assets in a comprehensive and systematic manner. Records made inform security management priorities and the development of security policies.	All security incidents reviewed monthly by security group. Significant incident and lessons learnt with action taken, included in end of year Security report. Key Security policies reviewed and updated as required. Security Policy, Missing Patients, Patient Property, MVIP, Violence to staff and lone working. Updated crime log book meets financial audit and SIRS data requirements, linking all theft and criminal damage incidents to incident reports recorded in Ulysses. Updated Security Policy ratified	None (Security Group)		
Amber	3.13	The organisation takes a risk-based approach to identifying and protecting its critical assets and infrastructure. This is embedded in policy and can be evidenced.	Trust overarching business continuity plan (BCP) and draft resilience policy available. 80 plus departmental BCP's complete to-date. Key critical assets included in process supported by Trust asset register. Table top exercises carried out. Draft BCP's need formal approval locally and Trust wide.	Draft BCP's need formal approval locally and Trust wide. (CB)	Sept 2017	

Amber	3.14	In the event of an increased security threat level, the organisation is able to increase its security resources and responses.	Trust overarching business continuity plan and draft resilience policy available. 80 plus departmental Business Continuity Plans (BCP) complete to-date. Included in Facilities/Security BCP.	Further review and evaluation required, table top exercises required. (CB & CD)	Sept 2017	
Amber	3.15	The organisation has in place suitable lockdown arrangements (critical assets) for each of its sites, or for other specific buildings/areas of priority.	Lock down plans developed for A&E high risk critical area. Child and Paed areas, ICCU, Pathology. Pharmacy fully locked down at all times. Table top exercise completed in 2015 based around A&E public disturbance scenario.	Need to firm up regular evaluation of lockdown arrangement which lead to improved arrangements (CB, CD & AC)	Sept 2017	
Amber	3.16	Where applicable, the organisation has clear policies and procedures in place in relation to preventing a potential child or infant abduction, and these are regularly tested, monitored and reviewed.	Security arrangement in place covering all paediatric and maternity areas. Annual review of security risk assessments carried out. Improvements made following reviews and challenge testing carried out. Updated missing patients procedure, maternity child abduction procedure and paediatric child abduction procedures now in place covering all child protection risks. All maternity and Paediatric areas have full restricted access arrangements in place. Updated Security Policy ratified.	Audit and test child and infant procedure in place and working (Maternity and Paediatric BM)	Dec 2017	

HOLD TO ACCOUNT (AMBER)						
Green	4.1	The organisation has arrangements in place to ensure that allegations of violence, theft and criminal damage are investigated in a timely and proportionate manner and these arrangements are monitored, reviewed and evaluated.	LSMS documentation and EYR. Liaison with staff and police provided by LSMS management support. Log of all communication between police and outcomes recorded and evaluated by LSMS.	None (AC & CD)		
Green	4.2	The organisation is committed to applying all appropriate sanctions against those responsible for acts of violence, security breaches, theft and criminal damage.	All published in EYR. Correspondence between victims and police seeking feedback. Monthly Intranet update from Security Group. Meeting with police confirmed prosecution strategy for dealing with physical assaults against staff. Liaison with staff and police provided by LSMS management support.	None (AC & CD)		
Green	4.3	Where appropriate, the organisation publicises sanctions successfully applied following security related incidents.	All successful prosecutions are publicised in annual Security Report. Monthly report of all crime reported to Security Group and included in Group minutes. Monthly summary of all successful prosecutions published in the Grapevine. Physical assaults reviewed case-by-case subject to clinical factors. Evaluated via annual staff surveys and monthly Security Group and annual Security Report.	None (Security Group)		

Amber	4.4	The organisation has a clear policy on the recovery of financial losses incurred due to theft of, or criminal damage to, its assets and can demonstrate its effectiveness.	A financial recovery cost process agreed by Security Group included in updated Security Policy.	Provide evidence that recovery of financial losses arrangements is in place and working. (Security Group	Sept 2017	
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2016-2017

Active Individual Lone Worker Devices 8 Series

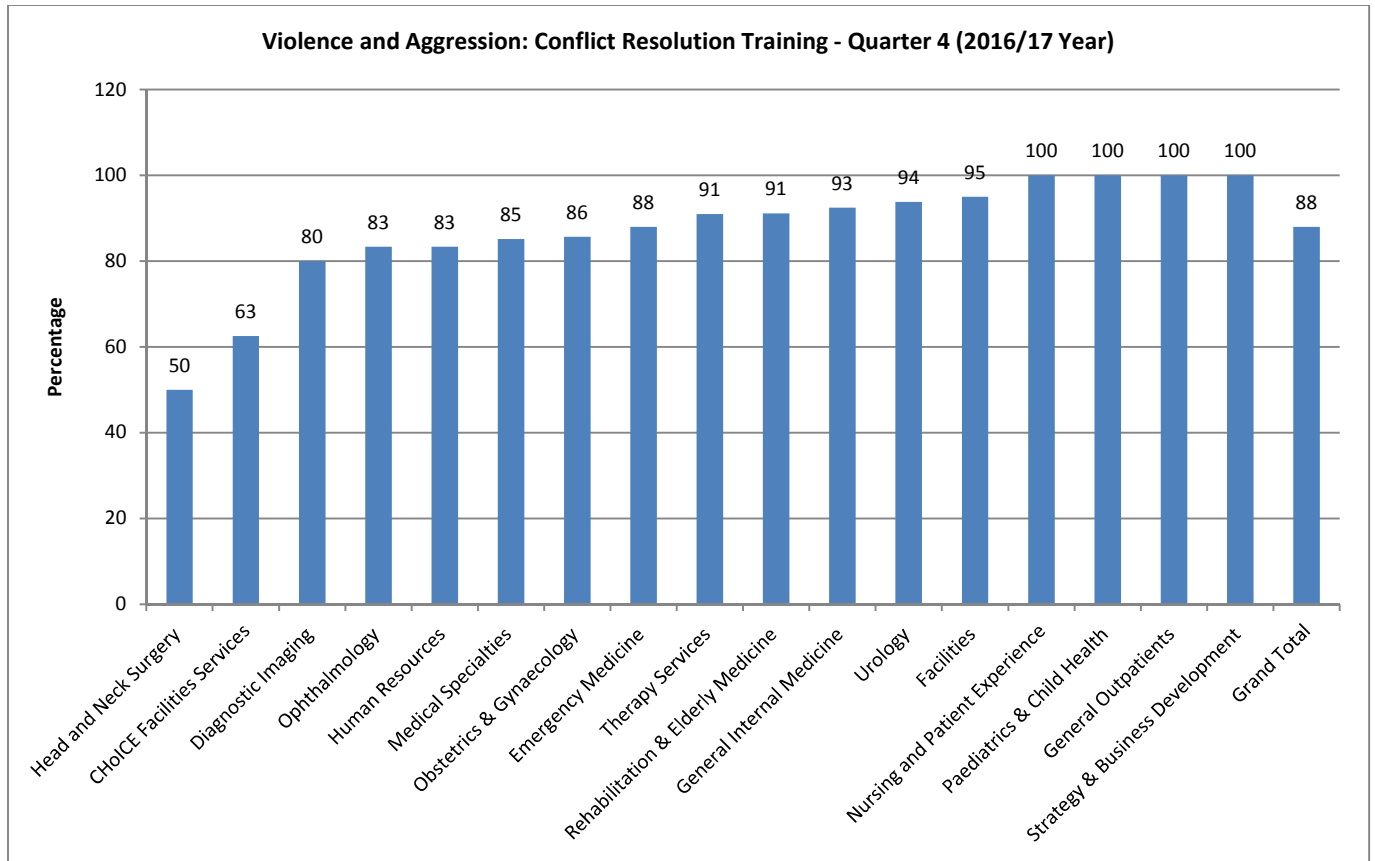
TOTAL 184

SALT	3
Paediatrics	16
Occupational Therapy	15
Pharmacy	10
Podiatry	24
Rehab & Elderly	1
Dietetics	1
Med Specialities	1
General Surgery	3
Physiotherapy	18
CSRT	11
GIM	1
Head and Neck	5
Cancer Services	1
Maternity	74

2016-20176 Active Pooled Lone Worker Devices 8 Series

TOTAL 21

Physiotherapy	1
Occupational Therapy	8
Pharmacy	5
SALT	7

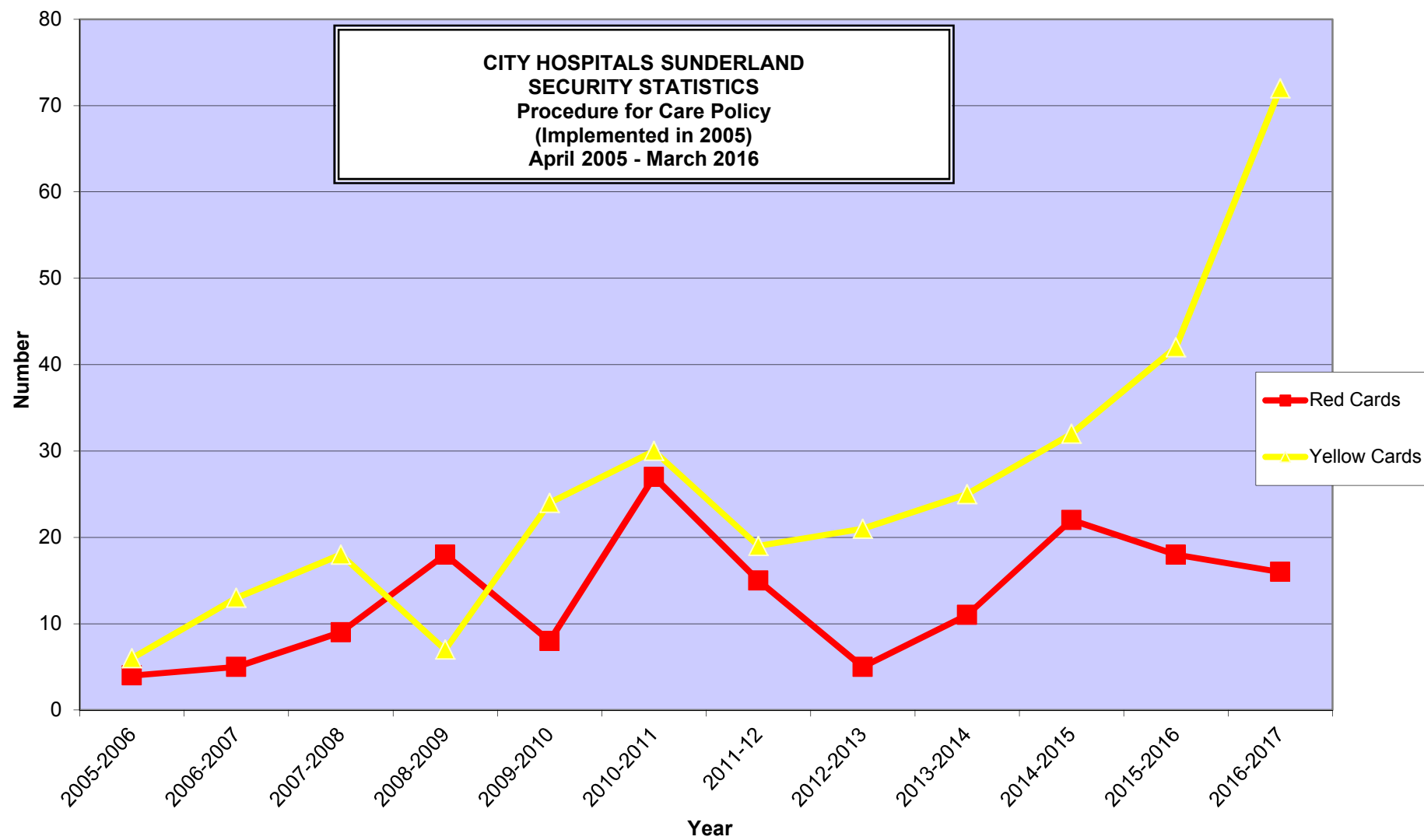


National Security Alerts 2016/2017

Alert Ref	Type of Risk	Alert Type
N/SMS/070709/43F	Gas Cylinder threats from healthcare premises	Update
N/SMS/230616/107	Presents a very high risk of serious harm and violence towards staff	New
N/SMS/021115/102/D	Individual who had been issued with a Criminal Behaviour Order for being abusive towards NHS Staff.	Withdrawal
N/SMS/291113/77	incidents involving sexually inappropriate behaviour/sexual assault on NHS premises and involving female NHS staff and patients	Withdrawal
N/SMS/230616/107	very high risk of serious harm and violence towards staff.	New
N/SMS/151015/101A	notification of an individual who may pose as ambulance crew.	New
N/SMS/240816/111	presents a risk of violence towards staff.	New
N/SMS/230616-107A	very high risk of serious harm and violence towards staff.	Withdrawal
N/SMS/210815/100	poses a high risk of violence towards members of the public and NHS staff.	Withdrawal
N/SMS/050906/17/F	false details of symptoms and conditions in order to obtain admission, care and treatment. Aggressive towards staff, issued with ASBO.	Update
N/SMS/030212/57A	Poses as a very high risk individual and would be a threat to NHS Staff.	Update

Local Security Alerts 2016/2017

<u>Type of Risk</u>	<u>Alert Type</u>
Suspicious Male	New
Missing Patient	New



Red and Yellow Cards Issues 2016/17

CARD ISSUED	DIRECTORATE	REASON
Red Card Plus	Emergency Care	abusive and foul language
Yellow	Emergency Care	verbally abusive language using social media
Yellow	Emergency Care	verbally abusive language towards staff
Yellow	Emergency Care	verbal, aggressive behaviour towards staff
Yellow	Emergency Care	used foul language towards staff
Yellow	Emergency Care	used foul language towards staff
Yellow	Emergency Care	verbally abusive, threatening behaviour towards staff
Yellow	Emergency Care	abusive language towards staff
Yellow	Emergency Care	aggressive, foul language towards staff
Yellow	Emergency Care	verbally aggressive, abusive language towards staff
Yellow	Emergency Care	verbally abusive intimidating behaviour towards staff
Yellow	Emergency Care	used aggressive language towards staff
Yellow	Emergency Care	inappropriate language towards staff
Yellow	Emergency Care	verbally aggressive, abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul threatening behaviour towards staff
Yellow	Emergency Care	threatening behaviour, verbally aggressive behaviour
Yellow	Emergency Care	verbally abusive behaviour towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	aggressive, foul language towards staff
Red	Emergency Care	abusive towards staff and threatened staff
Red	Emergency Care	verbally abusive and attempt to assault staff
Yellow	Emergency Care	used foul language towards staff
Red	Emergency Care	used foul language and verbally racist
Red	Emergency Care	aggressive and foul language towards staff
Red	Emergency Care	threatened staff with offensive weapon
Yellow	Emergency Care	used foul language towards staff
Yellow	Emergency Care	verbally abusive language towards staff
Red	CHOICE FS	Physical assault towards a member of staff
Yellow	Emergency Care	verbally abusive language towards staff
Yellow	Emergency Care	aggressive foul language towards staff
Yellow	Emergency Care	verbally aggressive, abusive language towards staff
Yellow	Emergency Care	aggressive, intimidating behaviour towards staff
Yellow	Emergency Care	verbally aggressive, abusive language towards staff
Yellow	Emergency Care	intimidating behaviour towards staff

Yellow	Emergency Care	abusive behaviour used foul language towards staff
Yellow	Emergency Care	verbally aggressive, abusive language towards staff
Yellow	Emergency Care	threatening behaviour, verbally aggressive behaviour
Yellow	Emergency Care	aggressive behaviour towards staff
Red	GIM	Racial language towards a member of staff
Yellow	Emergency Care	verbally aggressive, abusive language towards staff
Yellow	Emergency Care	verbally aggressive, abusive language towards staff
Yellow	Emergency Care	Racial abusive language towards staff,
Yellow	Emergency Care	verbally abusive, attempt physical assault
Yellow	Emergency Care	verbally aggressive towards staff
Yellow	Emergency Care	verbally aggressive towards staff
Yellow	Emergency Care	verbally aggressive, threatening behaviour
Yellow	Emergency Care	used foul language towards staff
Yellow	Emergency Care	verbally aggressive towards staff
Yellow	Emergency Care	verbally aggressive towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Red	Emergency Care	Physical assault towards a member of staff
Yellow	Ophthalmology	used foul abusive language towards staff
Yellow	GIM	racially abusive behaviour towards staff
Yellow	Emergency Care	contained an illegal substance on hospital ward
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	verbally abusive and threatening behaviour towards staff
Red	Emergency Care	verbally abusive and threatening behaviour towards staff
Red	Emergency Care	Physical assault towards a member of staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	abusive and aggressive behaviour towards staff
Yellow	Emergency Care	violent and aggressive behaviour towards staff
Yellow	Ophthalmology	used foul abusive language towards staff
Yellow	Ophthalmology	abusive behaviour towards staff
Yellow	Ophthalmology	aggressive behaviour towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	aggressive behaviour towards staff
Red	Emergency Care	Racial abusive language towards staff, physical assault towards a member of NEAS staff
Red	Emergency Care	abusive foul language towards staff
Red	Emergency Care	Physical assault towards a member of staff
Yellow	Emergency Care	verbally aggressive racial behaviour towards staff
Yellow	Emergency Care	abusive, aggressive behaviour towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	verbally abusive language towards staff
Yellow	Emergency Care	abusive behaviour towards staff

Yellow	Emergency Care	inappropriate rude language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Yellow	Emergency Care	used foul abusive language towards staff
Red	Emergency Care	verbally aggressive, abusive language towards staff
Red	Emergency Care	racial abusive threatening language towards staff
Red	Emergency Care	racial, aggressive behaviour towards staff
Yellow	Imaging Services	threatening behaviour towards staff

POLICE PROSECUTIONS 2016/17

Date of Incident	Cause Group	Directorate	Police Outcome	Red/Yellow Card
10.03.2016	Violence Racial Physical Intent	Emergency Care	Court hearing - 23.08.2016 - patient given a restraining order and received a community care order with rehabilitation supervision requirements for 18 months.	RED
15.04.2016	Violence Physical Non Intent	Emergency Care	Appeared in court 18.05.2016, charged with POA, pleaded guilty and received a Conditional Discharge and to pay £50.00 compensation.	YELLOW
18.07.2016	Violence Physical Intent	Emergency care	Appeared at court 25.10.2016 - patient was given a fine for £200, £200 compensation, £80 costs and a £20 surcharge to victims services.	RED
13.09.2016	Violence Physical Intent	Emergency Care	Patient attended court 29.11.2016 and pleaded guilty to assaults x 2, staff awarded £200.00 compensation and patient was given a 12 month Conditional discharge.	RED

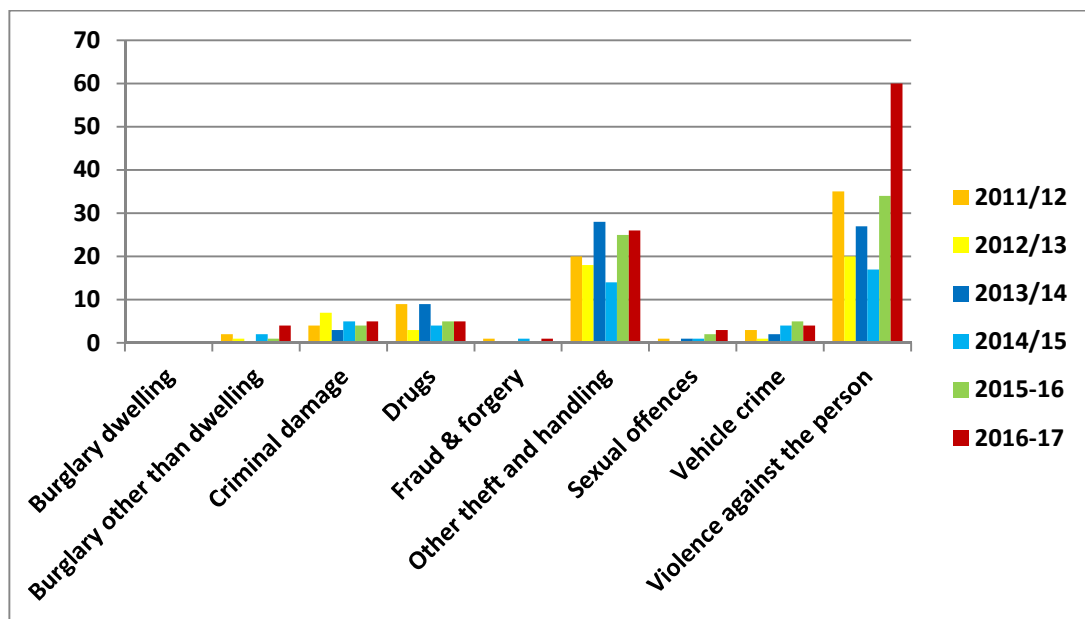
12.02.2017	Violence Racial non Physical Intent	Emergency Care	Charged with drunk and disorderly - court date 03.04.2017 - Given a 6 week's custodial sentence to link with other police matters.	RED
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Crime and detection data for Sunderland Royal Hospital

The following table and chart show the number of crimes recorded at Sunderland Royal Hospital over the last six years.

This includes crimes where the address is recorded simply as Sunderland Royal Hospital along with offences at specific premises within the hospital and its grounds, e.g. the car park, the WRVS shop.

Reported Crimes at SRH



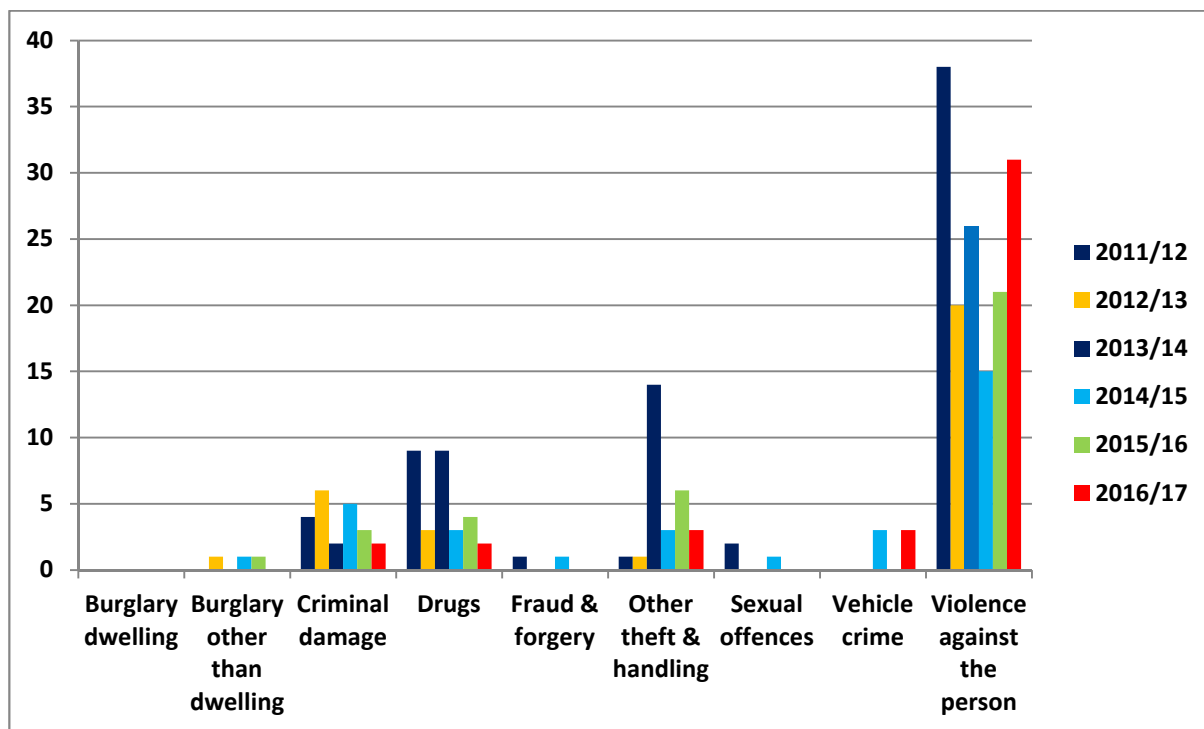
Crime Type

	2011/12	2012/13	2013/14	2014/15	2015-16	2016-17
Burglary dwelling			0	0	0	0
Burglary other than dwelling	2	1	0	2	1	4
Criminal damage	4	7	3	5	4	5
Drugs	9	3	9	4	5	5
Fraud & forgery	1	0	0	1	0	1
Other theft and handling	20	18	28	14	25	26
Sexual offences	1	0	1	1	2	3
Vehicle crime	3	1	2	4	5	4
Violence against the person	35	20	27	17	34	60

The following table and chart show the number of crimes detected at the hospital over the last five years.

NB: These figures include any crime detected in that year, regardless of when the crime was actually committed. The figures do not show the number of crimes that were created and then detected in that year.

Crimes Detected at SRH



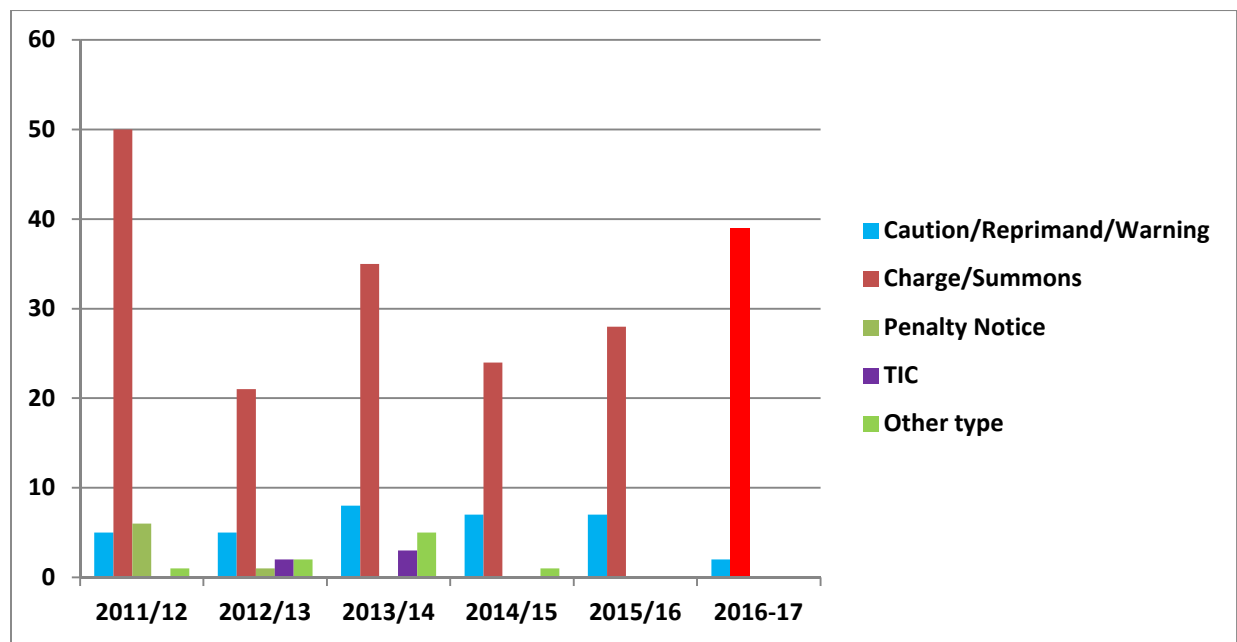
Crime Type Detected

	<i>2011/12</i>	<i>2012/13</i>	<i>2013/14</i>	<i>2014/15</i>	<i>2015/16</i>	<i>2016/17</i>
Burglary dwelling			0	0	0	0
Burglary other than dwelling		1	0	1	1	0
Criminal damage	4	6	2	5	3	2
Drugs	9	3	9	3	4	2
Fraud & forgery	1		0	1	0	0
Other theft & handling	1	1	14	3	6	3
Sexual offences	2		0	1	0	0
Vehicle crime			0	3	0	3
Violence against the person	38	20	26	15	21	31

The following table and chart show the method of disposal for each of the crimes that were detected in that year.

NB: The method of disposal is based on the prime (most 'serious') disposal for the offender/s linked to that crime. If two offenders are arrested with one being charged and the other receiving a caution, then only the charge will be counted (as it is the most 'serious' disposal).

Method of Disposal



Method of disposal

	2011/12	2012/13	2013/14	2014/15	2015/16	2016-17
Caution/Reprimand/Warning	5	5	8	7	7	2
Charge/Summons	50	21	35	24	28	39
Penalty Notice	6	1	0	0	0	0
TIC		2	3	0	0	0
Other type	1	2	5	1	0	0
Total	62	31	51	32	35	41