

# tiaa SECURITY FOCUS

HELPING TO PROTECT NHS PATIENTS, STAFF, PROPERTY AND ASSETS

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# Welcome

## Welcome to TIAA's Security and Risk Management Service newsletter.

Security management includes violence and aggression, anti-social behaviour, theft, burglary, criminal damage, harassment, counter terrorism or suspicious behaviour you may wish to report.

There has been significant change in our working patterns since the pandemic, with different ways of working meaning that we should remain vigilant and don't allow ourselves or our organisation to fall victim to criminal activity.

Inflationary rises and widespread unrest about living standards are, unfortunately, moments when organisations and people are most distracted or volatile. Over the last 2 years we've seen rising crime levels and increased levels of violence and aggression.

The overwhelming majority of people, companies and professionals remain respectful and courteous and do not resort to threats or violence. Most would not dream of committing acts of abuse, violence or theft. However, a small minority of patients, suppliers and health service staff do just that. Every time this happens, patient care suffers. Violence and aggression can take different forms – verbal abuse, physical violence. Thefts can often range from relatively low value to extremely valuable items committed by skilled criminals.

Doing nothing when suspecting criminal activity can undermine the reputation, integrity and professionalism of services and perceptions about the quality of the services provided, which could lead to a loss in public confidence. Success in combating crime depends on the co-operation and involvement of staff at all levels across the whole organisation.

The NHS has published the national Violence Prevention Reduction Standard (VPRS), which complements existing health and safety legislation. Employers have a general duty of care to protect staff from threats and violence at work.

**Report Your Concerns** and please don't be afraid to raise any security related concerns that you may have. You can report your concerns via your organisations incident reporting system and contact us for advice and support using these contact details.

[security@tiaa.co.uk](mailto:security@tiaa.co.uk)

# Your security and risk management team

Our security and risk management team at TIAA have been developing ideas and solutions to reduce the opportunity of staff being victims of aggressive behavior. These include looking at innovative ways of redesigning office space, working environments and public spaces. TIAA also design and deliver courses that not only provide staff with a tool kit to deal with aggression, but the training to deal with the public to reduce a threat before it becomes an issue.

## WHAT IS SECURITY MANAGEMENT?

- Engendering a pro-security approach.
- Deterring security incidents and breaches.
- Preventing security incidents and breaches.
- Detecting security incidents and breaches.
- Investigating detected security incidents and breaches.



**JONATHAN GLADWIN**  
(PCIFA, PC.DP, ACFM, ACFS, ASMS)  
**DIRECTOR - DATA PROTECTION, SECURITY AND RISK MANAGEMENT**

Jonathan is one of TIAA's Directors of Audit having joined the company in 2006. Jonathan has extensive service with the British Army and has over three decades of experience in the field of intelligence, risk management and data protection.

At TIAA, he is responsible for oversight on all aspects of the service, including developing strategic and annual plans, presenting to audit committees, devising, monitoring and reviewing individual audit assignments and strengthening assurance at every client. Jonathan has the knowledge and experience to undertake complex investigations to identify fraud and improve security at our clients.

## WHAT DOES SECURITY MANAGEMENT COVER?

- Anyone working, receiving treatment or visiting your premises has a right to feel safe and secure from violence and abuse, both verbal and physical.
- Funds and assets belonging to the NHS or used to provide NHS care should be kept safe and secure at all times.



**DANIEL HIGGS**  
**LOCAL SECURITY MANAGEMENT SPECIALIST (LSMS)**

Daniel is TIAA's Local Security Management Specialist with TIAA and has been working for TIAA for almost two years.

With a wealth of experience in security management, Daniel has gained much of his knowledge from being a police officer for almost twenty years. As a police officer he attended every conceivable incident – from a murder to suicide, shoplifting to fatal road traffic collisions.

Since joining TIAA he has also gained an accreditation and become an accredited counter fraud specialist and completed his Door Supervisor course to become a member of the SIA door supervisor profession.



**CARVER TEDSTONE**  
(BA.HONS, PC.DP, ASMS, ACFS)  
**ANTI-CRIME SPECIALIST**

Carver is your Anti-Crime Specialist. A former Police Officer experienced in serious crime investigations, in 2006 he became an NHS Accredited Security Management Specialist. Since joining TIAA he has also gained accreditation as a Counter Fraud Specialist and as a qualified Data Protection Practitioner.

Carver's role is to create and maintain a pro-security culture to protect staff, assets and property from crime, in order to ensure the highest levels of care can be provided.



**INGE DAMIAENS**  
(ASMS, ACRT, ACFS)  
**ANTI-CRIME MANAGER**

Inge has worked for TIAA since 2006, initially as an auditor in the south east. In 2010, she branched out into security management and became a fully fledged Security Management Specialist.

A qualified Conflict Resolution Trainer, and Counter Fraud Specialist, Inge is currently undertaking Counter-Terrorism studies, which is very enjoyable, but challenging.



# 35,000 cases of sexual misconduct or violence in NHS over last five years

A recent BBC “File on 4” report on surveys carried out by the British Medical Journal (BMJ) and The Guardian, indicated that more than 35,000 incidents of sexual misconduct or sexual violence - ranging from derogatory remarks to rape - were recorded on NHS premises in England between 2017 and 2022.

Since the dismantling of NHS Protect in 2017 and the deregulation of security management across the NHS, it is perhaps not surprising that there has been an increase over the last five years.

Rape, sexual assault or being touched without consent accounted for more than one in five cases. Most incidents (58%) involved patients abusing staff.

Freedom of Information request responses were received from 212 NHS trusts in England. The data that came back from these organisations showed at least 20% of incidents involved rape, sexual assault or inappropriate physical contact - including kissing. Other cases included sexual harassment, stalking and abusive or degrading remarks.

An NHS spokesperson has told the BBC that all NHS organisations must have robust measures in place to ensure immediate action is taken in any sexual cases reported to them. But the BMJ and Guardian investigation found that fewer than one in 10 NHS trusts has a dedicated policy to deal with sexual assault and harassment - and that since the removal of NHS Protect, managers are no longer obliged to report abuse of staff to a central database.

The Liberal Democrats’ health spokeswoman Daisy Cooper MP is calling for a new sexual complaints system to protect patients, visitors and staff. “There is not a simple, clearly signposted way for people to make a complaint of a sexual nature and for it to be treated with respect and be treated efficiently.”

More than 20,000 alleged incidents of sexual violence and sexual misconduct by patients on hospital staff were recorded. One former nurse told File on 4 that she had been sexually assaulted by a patient on a hospital ward in 2020. “I was checking the cannula on the back of his hand. When I bent over in front of him, he launched himself at me and grabbed my breasts.” Tracey says the ordeal left her in a state of shock and harmed her mental health.

She reported the incident to her hospital trust, but the trust failed to immediately report it to the police.

Although more than 4,000 NHS staff were accused of rape, sexual assault, harassment, stalking, or abusive remarks towards other staff or patients in 2017-22, the BMJ and Guardian investigation found that only 576 have faced disciplinary action.

In a statement, the Department of Health and Social Care said: “The health and social care secretary is working closely with the NHS and recently convened an urgent meeting with NHS leaders to discuss how to root out this vile behaviour and ensure services are always safe for staff and patients.”

Source: <https://www.bbc.com/news/health-65671018>



# How to Report Incidents

Your Anti-Crime Specialist (ACS) / Local Security Management Specialist (LSMS) can only help with an incident, or suspected incident, if you report it.

## IF I NEED TO REPORT AN INCIDENT, WHAT SHOULD I DO?

Report the incident on your incident reporting system. This will allow appropriate support staff to be notified, in order to follow up on relevant actions.

## WHAT HAPPENS NEXT?

What happens next will depend on the seriousness of the incident. In the first instance, a line manager or relevant expert will identify the most appropriate way forward. In the case of a serious incident, this will then be reported to the appropriate authorities.

- Your organisation's ACS / LSMS
- Health & Safety Executive (if required by law)
- Police
- NHS Protect

Your ACS / LSMS will acknowledge that a report has been received and ensure that the appropriate action is taken promptly.

## WHO WILL INVESTIGATE THE INCIDENT?

The investigation of violent incidents falls primarily with the police. If the police do not take action or the Trust is not satisfied with the outcome, your LSMS will undertake an investigation.

## WHAT WILL THE INVESTIGATION INVOLVE?

You may be required to speak to the police and/or your ACS / LSMS. If appropriate, you and any witnesses would be asked to make a formal statement.

## WHO WILL SUPPORT ME?

Your ACS / LSMS will provide support until any investigation or other action has been concluded and will keep you informed throughout the process.

## WILL I HAVE TO GO TO COURT?

Anyone who makes a statement may be required to go to court, but this is not always necessary. An assailant may plead guilty in the early stages of proceedings and attendance at court would therefore not be required.

## WHAT WILL HAPPEN TO THE PERSON WHO ASSAULTED/ABUSED ME?

If the incident is the result of their illness, the case will be reviewed by the clinicians involved in their care. If the incident is investigated, the following sanctions are available.

- Criminal prosecution
- Civil action
- Warning letters
- Restricted access to hospital premises
- Withdrawal of treatment

### Disclaimer:

The content of this document is intended to give general information only. Its contents should not, therefore, be regarded as constituting specific advice, and should not be relied on as such. No specific action should be taken without seeking appropriate professional advice.

## Home and Office Security

It is important to keep your finger on the pulse and consider security of your home and office, make sure you are aware of strengths and weaknesses and look for suitable solutions that make you safer.

- Know who to expect and when
- Ask for ID if the person is unknown to you, and check with the company if you are unsure
- Check who is requesting access before opening the door, video doorbells, and spy holes are great for this
- Are your locks strong enough to withstand a push and engaging properly?
- Have a look at whether your locks are secure and cannot be tampered with
- If at home - Do you have cat flaps or pet access near a door handle, which can be used to reach in and unlock a door? Or is your pet access big enough to perhaps allow a small person to crawl through?
- Lock windows properly, make sure the handles are fully closed and locked
- If you have cameras, check them regularly making sure they are charged, clean of dirt and cobwebs
- When you have electrical security systems installed, such as burglar alarms, CCTV and so on, make sure you change the default factory code. In addition, change it when you have people that knew it and are not supposed to come to your home anymore, such as cleaner, contractor, etc.
- Don't be a habit animal – if possible, leave your home every day at a slightly different time, and return at a slightly different time.
- Make sure you don't share with others that your office or home would be easy to get into, or has valuables, or is often unattended. This includes any information you would share through social media.
- Know who has access to your home or office, and keep track of keys. Ensure keys are returned from people that don't need them anymore.



# Keep Your Staff & Practice Safe



## SECURITY MANAGEMENT TIPS

Have you ever carried out a security risk assessment at your surgery?  
**MAKE SURE YOU INCLUDE:**

- ✓ **Reception and Waiting Areas:** Are staff able to stay safe should an incident occur?
- ✓ **Access Control:** Are staff using digi locks, swipe cards and keys the way they were intended - to secure valuable items or to keep staff safe?
- ✓ **Panic Alarms:** Is the response sufficient/efficient?
- ✓ **Burglar Alarms:** Are all occupied areas covered?
- ✓ **Valuable Items:** Drugs and prescription pads should get specific attention.
- ✓ **Lighting:** Make sure that staff can come and go in well lit areas.
- ✓ **CCTV:** If you have CCTV, is it fit for purpose? Would you be able to identify people featuring in the footage?

### SECURING VULNERABLE AREAS

Reception and waiting areas are generally the most vulnerable and exposed to challenging and unacceptable behavior. Reception desks should provide a first barrier to keep staff safe and should be designed as such.



### PROVIDING EVIDENCE

CCTV can be used to provide evidence. However, this means CCTV cameras need to be aimed at high-risk areas, and the quality need to be sufficient. If it is not, you might need an upgrade.



### BETTER PREPARATION

Imagine scenarios, where your practice is targeted, and check how you would react and protect staff in those different situations. Thinking ahead of possible issues, will allow you to be prepared better.



### AUDIT TRAILS

Ensure a full audit trail of your prescription pads. Report missing or stolen ones.



### RESPONDING TO ALARMS

Panic alarms only work if users know what to expect, and if a well thought out response is carried out.



### CONTROLLED ACCESS

Doors fitted with access controls should not be propped open or disabled.



### LIMITED LONE WORKING

Lone working should be limited, to ensure your staff are not at risk of suffering undetected harm or injury.





# Preventing Violence and Aggression

KEEPING OUR SERVICES SAFE FOR EVERYONE

- ✓ The staff in this Trust have the right to work in a safe and supportive environment
- ✓ Service users have a right to safe and therapeutic care
- ✓ People visiting our services have a right to be safe

IF YOU HAVE ANY SECURITY CONCERNS, PLEASE CONTACT TIAA.

**0845 300 3333**

**VIOLENCE AGAINST OUR STAFF, SERVICE USERS AND VISITORS IS A CRIME. WE WILL TAKE ACTION AGAINST ANYONE WHO BEHAVES IN A VIOLENT OR AGGRESSIVE WAY.**



SCAN CODE TO  
FIND OUT MORE

If you have any security concerns, please contact tiaa.

→ **T: 0845 300 3333** | **E: security@tiaa.co.uk** | **www.tiaa.co.uk**