Northern Ireland Ambulance Service
Health and Social Care Trust

Title:	**Violence Prevention & Reduction Strategy**		
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EXECUTIVE SUMMARY
VIOLENCE PREVENTION & REDUCTION STRATEGY

With regards to violence prevention and reduction, it is the *vision* of the Northern Ireland Ambulance Service to STOP THE ABUSE NOW:

With regards to violence prevention and reduction, it is the *mission* of the Northern Ireland Ambulance Service to:

Strategic aims:

- Identify and respond to incidents better, so that staff feel that reporting is worthwhile.
- Ensure victims are central to the process, and ensure adequate support for those engaging with the criminal justice system.
- Gain Trust Board level support and oversight for violence prevention and reduction.
- Raise the public's awareness of the issues, along with the action that will be taken.
- Review policies, procedures and resources with the Strategy in mind.
- Ensure each and every member of staff has fit for purpose training.
- Ensure effective communication within the Trust, including the identification of single points of contact (SPoCs) to simplify communication routes.
- Ensure effective communication with partners such as PSNI and Public Prosecution Services, including the identification of single points of contact (SPoCs) to simplify communication routes.

1.0 INTRODUCTION:

Violence and aggression towards any member of ambulance service staff should never be tolerated; it is simply not 'part of the job'.

1.1 Background:

1.1.1 The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) provides high quality urgent and emergency care and treatment, as well as scheduled non-emergency patient transport services for Northern Ireland; circa 1.9m people, 24 hours a day, 365 days a year.

In 2018/19 NIAS received 218, 000 calls of which 195, 000 resulted in an ambulance arriving on scene; 59, 000 calls were for immediately life threatening conditions (Category A), 89, 000 calls were for serious but not immediately life threatening conditions (Category B) and 47, 000 calls were for not immediately life threatening or serious conditions (Category C). NIAS made 200, 000 non-emergency journeys, taking people to and from hospital appointments and / or for routine treatment. NIAS currently has circa 1, 400 staff supported by 250 volunteer first responders and almost 100 volunteer car service drivers. The Trust has 116 frontline double crewed emergency ambulances coordinated by two Emergency Ambulance Control Rooms and one Non-Emergency Ambulance Control room, across five operating divisions and out of 59 ambulance stations and deployment points. NIAS has an annual operating budget of circa £80m. Values that form the foundations for the culture and ethos of the organisation are as follows:

1.1.2 **NIAS staff are regularly subjected to violence and threats**, which all too often result in injury. Whilst the severity of such attacks changes, the impact does not. It is never acceptable to assume that assaults upon ambulance service staff should be tolerated; it is not simply 'part of the job'. While it is clear that the nature of pre hospital care requires staff to handle difficult and hostile situations, assaults upon them are serious and completely unacceptable.

1.1.3 On average in Northern Ireland there are around **9 acts of aggression against ambulance staff per week (2019/20)**. These assaults result in members of the organisation being absent through sickness every day of the year, which clearly affects the community as it limits the service that can be provided (Appendix 1 for further data).

1.1.4 There are many ways in which assaults against ambulance staff impact upon both society and the organisation. Each time a member of staff is assaulted there are potential sickness absences, these absences acutely affect resourcing, and the ability of the service to deliver care. They also place additional strain on other members of

the organisation due to the transfer of work to others, which can have significant impact on the wellbeing of staff.

Ambulance staff suffer not just physical injuries, but also the psychological effects. Many find the return to work after being assaulted, especially challenging or traumatic. Any form of harassment and violence against workers, whether committed by co-workers, managers or third-parties, is unacceptable. It breaches ethical standards, as well as affecting the physical and psychological health of those affected. On a wider scale, morale is significantly impacted when staff see their friends and colleagues being assaulted and abused which, in turn, can damage the ability of the service to recruit new people into the organisation.

1.1.5 **All staff have the right to feel safe from the threat of violence and aggression**. The Health & Safety Executive (HSE) defines work-related violence as:

'Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work'.

NIAS is required to ensure the safety of its staff under the Health and Safety at Work (Northern Ireland) Order 1978 and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000. NIAS is required to assess risks to staff and ensure that adequate control measures are in place. A regular review of the corporate risk assessment with regards to violence and aggression is carried out by the Managing of Aggression Group, and the associated action plan is regularly updated. This Strategy forms part of the current action plan. Further information on legal requirements can be found in Appendix 2.

1.1.6 Finally and most importantly, it should be remembered that ambulance staff are people; they are fathers, mothers, sons and daughters. When they are attacked, they become victims just like any other, but victims who have been attacked while trying to care for others.

1.2 Strategic Context:

1.2.1 With regards to NIAS Strategy – Caring Today, Planning For Tomorrow – Our Strategy to Transform 2020-2026, NIAS acknowledges and is committed to measures to reduce incidents of violence and aggression as outlined in a number of sections of the Trust Strategy to Transform:

- *The Trust will provide a broad range of support functions to assist staff when they are in need, particularly following an injury, traumatic or adverse event. Our staff are our most important asset and the health and wellbeing of every single employee is a top priority (page 18).*

- *NIAS places a strong emphasis on staff wellbeing and safety. Staff safety is paramount and the Trust takes violence and aggression towards any member of staff whilst they are carrying out their role very seriously (page 26).*

- *We will continue to work with staff to understand the risks, review adverse incidents and revise the measures we take to do all that is reasonably practicable to protect our staff from these kinds of behaviours and actions (page 26).*

- *Strengthening corporate resources to support the management of risk and safety (page 40).*

1.2.2 NIAS Corporate Plan 2020/21 – Key Objective 2.0 – Our Workforce:

We will develop a comprehensive strategy for the management of aggression towards NIAS staff. Key milestones include:

- Conduct risk assessment and needs analysis for physical security measures.
- Assess structure and resource requirements.
- Conduct a staff and public awareness campaign.
- Review Corporate Management of Aggression Policy & Procedures.

1.2.3 NIAS has in place a Management of Aggression Policy which sets out the following:

- The Trust promotes a pro-active approach to the management of aggression.
- The Trust believes that all acts of aggression towards its employees and contractors are unacceptable regardless of the reasons or form they may take.
- The Trust will take all reasonable steps to provide an environment that is safe and secure in order to protect the safety and security of its staff and to minimise the risk of aggression directed towards them.

1.2.4 NIAS has in place a Management of Aggression Procedure which aims to:

- State the Trust's commitment towards staff, who, in the performance of their duties, are the victim of an attack or whose property is damaged as a result of an assault
- Set out how the Trust will deal with circumstances where staff may be at risk of aggression from patients, clients, members of the public or from other persons
- Outline the preventative measures which can be taken to reduce potentially aggressive situations and what should happen if they occur.

1.2 Purpose:

1.2.1 The purpose of this Violence Prevention and Reduction Strategy is to set out a plan for NIAS to address this significant and ever increasing risk to staff from violence and aggression by members of the public. This will support staff to work in a safer and more secure environment, which safeguards against abuse, aggression and violence.

2.0 SCOPE:

2.1 This strategy applies across the Northern Ireland Ambulance Service Health and Social Care Trust, with no exceptions.

3.0 ROLES & RESPONSIBILITIES:

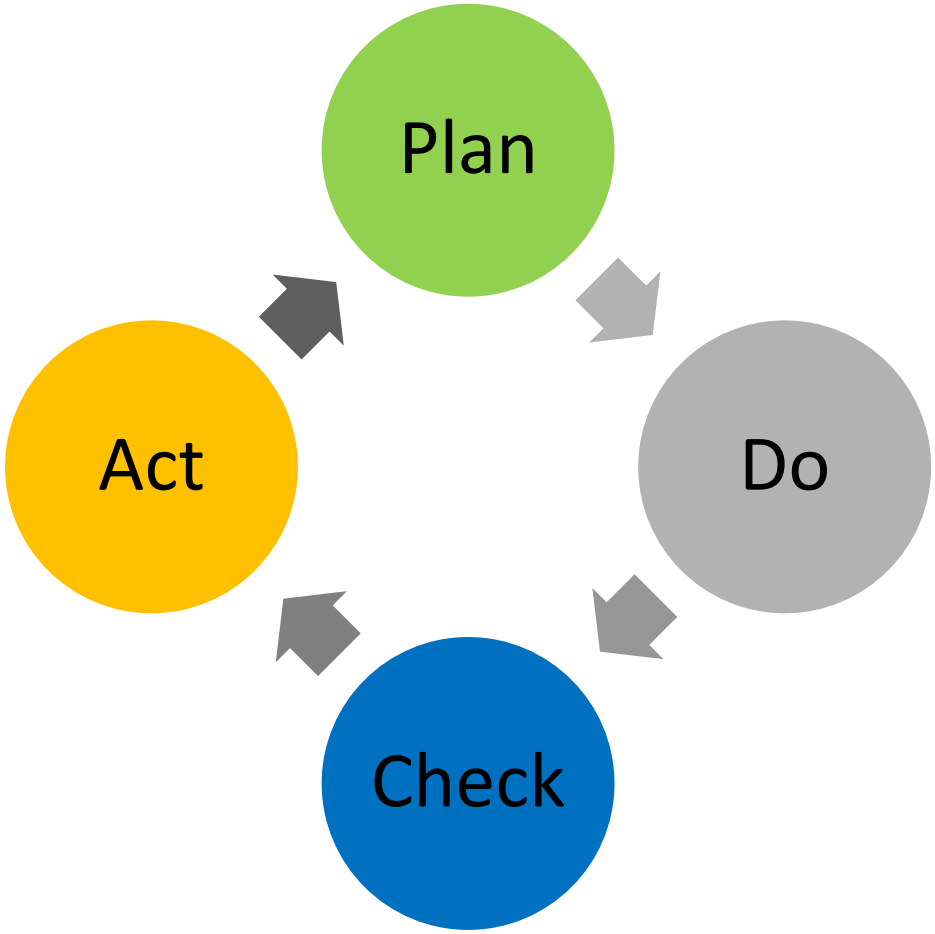
3.1 Trust Board is responsible for ensuring that this strategy is implemented and tracking progress of its delivery.

3.3 All staff are responsible for following the associated policies, procedures and risk management arrangements developed or governed by this strategy.

4.0 KEY STRATEGY:

4.1 Strategy Approach:

This Violence Prevention and Reduction Strategy has been developed using the 'plan, do, check, act, approach (PDCA). PDCA is an iterative four-step management method recommended by the Health and Safety Executive as a model for achieving a balance between the systems and behavioural aspects of health and safety management[1]. The model is used extensively across multiple industries and more recently healthcare (note the draft NHS England and NHS Improvement Standard refers to plan, do, study, act / PDSA)[2].



[1] https://www.hse.gov.uk/pubns/priced/hsg65.pdf
[2] https://improvement.nhs.uk/resources/pdsa-cycles/

4.4 Strategic Objectives:

This Violence Prevention & Reduction Strategy will ensure NIAS has the following in place:

PLAN	• A suitable corporate framework for the prevention and reduction of violence and aggression (including violence prevention and reduction strategies, security strategy, policies and projects). • Suitable violence prevention and reduction procedures to ensure that all line managers take an active role in violence prevention and reduction (including a strengthened response to incidents and improved investigations). • Enhanced incident reporting arrangements to encourage reporting. • Clear goals and objectives with regards to improvement, along with agreed arrangements for monitoring and performance. • Improved support mechanisms for staff by ensuring suitable strategic links with Health and Wellbeing and Peer Support. • Plan to improve understanding of, and support for, staff engaging with in judicial processes. • Review of organisational structure and governance arrangements.
DO	• Fully implement policies and procedures to support continuous improvement in relation to reducing the likelihood and severity of incidents on staff health and wellbeing and service delivery. • Develop, implement and maintain a suite of risk assessments relating to all aspects of violence and aggression including clearly documented action plans and associated projects (body armour, body worn video and awareness projects). • Consult, communicate and engage with management, Trade Unions, and staff (across all organisational functions). • Improve use of data to aid decision making and understanding. • Provide adequate resources and competence to deliver this strategy, manage risk, investigate incidents, act as SPoC, and provide management and staff with support. • Document a training needs analysis to ensure fit for purpose preventative training is delivered by qualified & experienced Training Officers, to enhance staff and management knowledge and empower staff to move away from a culture of acceptance, predict high-risk events and withdraw with confidence. • Improve partnership working with external agencies (PSNI, DoJ, Courts Service, PPS, restorative justice etc.). Improve PSNI reporting via 101. • Heighten public awareness using various communication channels. • Review the schools education programme / resources allocated. • Service Impact Statements utilised. • Media informed of all prosecutions and sentencing.
CHECK	• Senior Management Team oversight of the performance of this strategy and the associated policy and procedures (inputs to include incident data, risk assessments, risk registers, governance reports, lessons learned, staff intelligence, HR intelligence and stakeholder engagement). • Adequate governance and assurance structures including arrangements for inspection and audit (revamped Committee). • Processes for ensuring gaps are addressed and corrective action taken. • Deep dives into high impact aggression incidents.
ACT	• Enable the Senior Management Team to direct change in response to lessons learned and data collected. • Clear process to revisit risk management plans, policies and assessments. • Arrangements to ensure key findings are shared with stakeholders.

5.0 IMPLEMENTATION:

5.1 Dissemination:

With regards to dissemination this Strategy will be:

- Issued to all Trust Board Members, Chair, Non-Executive Directors, Chief Executive, Directors and Assistant Directors.
- Disseminated to the required staff by Assistant Directors.
- Made available on the Internet and SharePoint so that all employees and members of the public/stakeholders can easily have access.
- Discussed during Corporate Induction.

5.2 Resources:

TBC with Senior Management Team.

5.3 Exceptions:

There are no staff exempt from this Strategy.

6.0 MONITORING:

It is the responsibility of Trust Board to monitor the implementation of this Strategy.

7.0 EVIDENCE BASE/REFERENCES:

- The Health and Safety at Work (NI) Order 1978.
- The Management of Health and Safety at Work Regulations (NI) 2000.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Northern Ireland 1997.
- The Safety Representatives and Safety Committees Regulations (NI) (SRSCR) 1979.
- The Health and Safety (Consultation with Employees) Regulations (NI) (HSCER) 1996.
- Justice Act (Northern Ireland) 2016 – Offence of assaulting ambulance workers etc.

8.0 CONSULTATION PROCESS:

This Strategy has been developed by the Risk Manager in consultation with the Management of Aggression Working Group which includes Trade Unions and Management (Terms of Reference available). The final content of the document was agreed by SMT before approval by The Health and Safety Committee and Trust Board.

9.0 APPENDICES:

Appendix 1 – Violence & Aggression Data
Appendix 2 – Statutory Compliance
Appendix 3 – National Context
Appendix 4 – Regional Context

10.0 EQUALITY STATEMENT:

10.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.

10.2 The outcome of the equality screening for this procedure undertaken on 15th November 2020 is:

Major impact ☐

Minor impact ☐

No impact. ✓

11.0 SIGNATORIES:

Katrina Keating **Date: 6th May 2021**
Lead Author

Dr Nigel Ruddell **Date: 6th May 2021**
Lead Director

APPENDIX 1 – VIOLENCE & AGGRESSION DATA:

Staff are asked to record any incidents of violence and aggression in the Trusts incident reporting system (DATIX). Within DATIX, incidents can be broken down in a number of categories with the following being those which are most frequently used:

1. Physical Contact / Actual Assault – over the past five years, NIAS staff have been physically assaulted with items including a knuckle-duster, syringe, sledgehammer, glass bottle, stones, ashtray, crowbar, desk fan, snooker cue and balls, 0_2 cylinder, bag of cement, tomahawk hatchet, cups, scissors, fire extinguisher, Stanley knife, razor blades, hammer etc. Further more recent examples are as follows:

Kicked around the legs	Punched around the head / neck
Dug nails into arm until crew members arm bled	Punched in the eye
Kicked and punched in the chest and stomach	Twisting of fingers
Punched whilst wearing visor and bitten	Head-butted
Charged at, pushed down hill, smacked head off path	Claw wounds to arms

Incidents continue to increase and during 2019/20 twelve out of the 23 weapon incidents involved knives, i.e. around 50%.

Year	Total Aggression Incidents	Physical Assaults	Assaults With Weapons	Physical Assaults	
				PCS	A&E
2015/16	343	156	2%	3	152
2016/17	451	192	2%	8	171
2017/18	487	191	5%	13	161
2018/19	455	171	16%	2	160
2019/20	463	152	15%	7	145
2020/21	601	207	7.5%	13	192

2. Physical threat / no contact – examples include staff being held against their will in domestic premises, threatened with sticks, being swung at, attempts to bite, threatened with dogs, threats to kill (including details as to how), squaring up behaviours, pointing in face, lunged at with scissors / knives etc. With regards to firearms, three examples are as follows:

   - Crew attended scene and the patient had a handgun sitting on his lap (subsequently found to fire ball bearings).
   - Patient armed and PSNI made the scene safe.
   - Crew disarmed a member of the public who forced their way into a property.

3. Psychological abuse – Examples in this area include those of a very personal nature suggesting that the perpetrator knows where the person lives, threats to their family, insinuations, threats to kill and sectarian comments. Also, during the COVID-19 pandemic (March 2020 forward) some service users have been spitting at staff with a view to deliberately causing harm by intentionally spreading the disease. This is an extremely worrying trend and these events have a lasting psychological impact on those involved, see links to media reports[3],[4].

[3] https://www.itv.com/news/utv/2020-06-08/35-attacks-on-ni-ambulance-crews-in-just-one-week/
[4] https://www.bbc.co.uk/news/uk-northern-ireland-52995752

4. Sexual – staff have been sexually assaulted repeatedly whilst caring for patients, for example hands inappropriately placed on staff, suggestive comments, inappropriate exposures and unwanted touching. Please note that both male and female crew members are being targeted equally in this area.

5. Verbal abuse – of a grossly offensive and extreme nature, shouting close to the face, threats of a sectarian nature, threats to kill etc.

6. Verbal abuse with racial content – use of grossly offensive verbal abuse of a racial nature.

7. Biological Agents / COVID-19 assaults (also see 3 above).

The following incidents have been recorded:

- Squeezed bicep to squirt blood around deliberately (HIV positive).
- Deliberate spreading of blood onto crew during COVID-19.
- Instances of COVID-19 assaults, i.e. members of the public / service users deliberately spitting or coughing at ambulance crews during the pandemic in an attempt to infect them with or cause them alarm / impact on their mental health impact. Ambulance staff also witnessed PSNI being spat at.

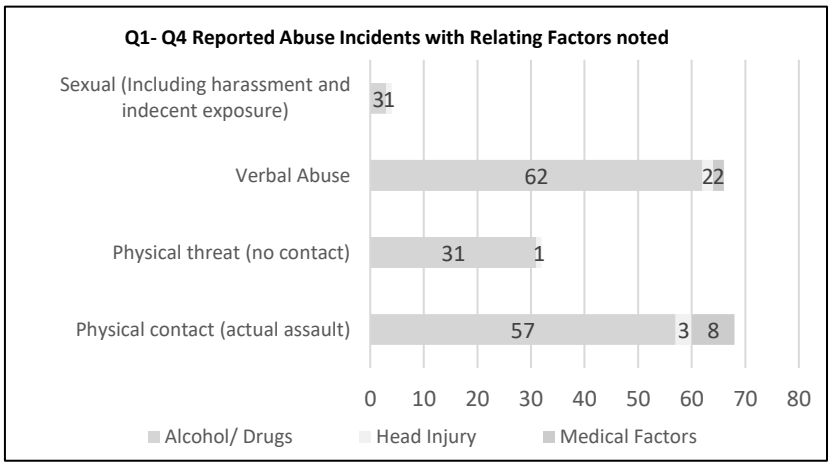
8. Miscellaneous Aggression Incidents

The following incidents have also been recorded:

- Punching equipment.
- Tearing apart equipment, for example Corpuls defibrillator worth 17K.
- Deliberate urination on equipment and vehicles.
- Deliberate defecation in vehicles.

Table 1 to the right sets out the incidents with relating factors; it can be clearly seen that alcohol / drugs is a significant factor.

Table 1. Abuse Incidents with Relating Factors Q1 – Q4 2019/20.



APPENDIX 2 – STATUTORY COMPLIANCE:

- Health and Safety at Work (Northern Ireland) Order 1978 and the Management of Health and Safety at Work Regulations (Northern Ireland) 2000 – NIAS is required to assess risks to staff and ensure that adequate control measures are in place. A regular review of the corporate risk assessment with regards to violence and aggression is regularly carried out by the Managing of Aggression Group.

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Northern Ireland 1997 – NIAS is required to notify their enforcing authority in the event that an accident at work affects any employee, resulting in death, major injury, on incapacity for normal work for three or more days. This includes any act of non-consensual physical violence done to a person at work.

- The Safety Representatives and Safety Committees Regulations (Northern Ireland) (SRSCR) 1979 – The Trust recognises a number of trade unions and those trade unions have appointed, safety representatives under the SRSCR. The Trust must consult those safety representatives on matters affecting the group or groups of employees they represent. Representatives will receive the necessary training, pay, time off and appropriate help and facilities so they can carry out their role. Under the regulations the Trust is alos required to establish a Safety Committee.

- The Health and Safety (Consultation with Employees) Regulations (Northern Ireland) (HSCER) 1996 – There are a number of employees not in the groups covered by trade union safety representatives and these persons must be consulted by the Trust under the HSCER 1996. This can be done either directly or through elected representatives.

- Justice Act (Northern Ireland) 2016 – Offence of assaulting ambulance workers etc.

  (1) A person commits an offence if he or she assaults—

  a) an ambulance worker in the execution of that ambulance worker's duty;
  b) a person who is assisting an ambulance worker in the execution of that ambulance worker's duty.

  (2) “Ambulance worker” means a person who provides ambulance services (including air ambulance services) under arrangements made by or at the request of—

  a) the Northern Ireland Ambulance Service Health and Social Care Trust,
  b) St. John Ambulance (NI),
  c) the British Red Cross Society, or
  d) the charity registered in the Republic of Ireland known as the Order of Malta Ireland.

  (3) A person guilty of an offence under subsection (1) shall be liable—

  a) on summary conviction, to imprisonment for a term not exceeding 6months or to a fine not exceeding the statutory maximum, or to both; or
  b) on conviction on indictment, to imprisonment for a term not exceeding 2 years or to a fine, or to both.

APPENDIX 3 – NATIONAL CONTEXT:

Better Protecting the NHS Workforce – NHS Violence Reduction Strategy

In 2018, Secretary of State for Health and Social Care, Matt Hancock announced a new NHS Violence Reduction Strategy. The new, zero-tolerance approach aims to protect the NHS workforce against deliberate violence and aggression from patients, their families and the public, and to ensure offenders are punished quickly and effectively. The strategy includes:

- The NHS working with the police and Crown Prosecution Service to help victims give evidence and get prosecutions in the quickest and most efficient way.
- The Care Quality Commission (CQC) scrutinising violence as part of their inspection regime and identifying trusts that need further support.
- Improved training for staff to deal with violence, including circumstances involving patients with dementia or mental illness.
- Prompt mental health support for staff who have been victims of violence.

In Great Britain, the 2018 NHS Staff Survey revealed that 14.5 percent of staff experienced at least one attack in the last 12 months from patients, service users, relatives or other members of the public - a slight decrease from 15.4 percent in 2017, across all trusts. Data collected also reveals that LGBTQ and BAME staff remain disproportionately affected. More than 20 percent of those identifying as gay and bisexual became victims of violence over the last 12 months, as did 16 percent of BAME staff (compared to 14.1 percent for white colleagues). Also, a third of ambulance staff, and over 20 percent of staff in mental health and learning disability trusts, experienced violence from patients in the last year[5].

Comments in response to the Strategy are as follows:

> "Staff should never have to accept that violence is part of their job," says Helga Pile, Unison's deputy head of health[6].
>
> Justin Madders, Labour's Shadow Health Minister, said: "Nobody should feel unsafe at work, and it is wholly unacceptable that almost 200 assaults occur on NHS staff every day[7].

NHS Anti-Violence Collaborative (NHS Wales)

This excellent document sets out the responsibilities of key strategic partners when dealing with violent or aggressive incidents relating to NHS staff. Its focus is on those incidents which need to be addressed by the criminal justice system and it builds on three previous agreements in Wales.

[5] Extract from Minister of State For Health speech at Better Protecting the NHS Conference, April 2019
[6] https://www.theguardian.com/society/2019/sep/04/violence-nhs-staff-face-routine-assault-intimidation
[7] https://www.professionalsecurity.co.uk/news/health/nhs-violence-reduction-strategy/

The Agreement itself is between the four Police services in Wales (Welsh Chief Officer Group), the Crown Prosecution Service, the NHS in Wales and partner organisations such as staff side and victim support and aims to bring:

- Effective and efficient communication across partners, including the exchange of information at all levels.
- A clear understanding of the respective roles, responsibilities, processes and legal constraints.
- Clear statement on prosecution policy which will help NHS staff to understand the criminal justice system, and have confidence in it.
- Board level/Service leads for violence and aggression will provide community service impact statements and sign for sentencing purpose.

Joint Agreement On Offence Against Emergency Workers, V.1 January 2020 (NHS England)

A 'Joint Agreement On Offence Against Emergency Workers' document was developed in January 2020. It sets out the agreement on offences against emergency workers between Her Majesty's Prison and Probation Service (HMPPS), NHS England, the National Fire Chiefs Council (NFCC), the National Police Chiefs Council (NPCC) and the Crown Prosecution Service (CPS).

The agreement provides for a broad framework to ensure the more effective investigation and prosecution of cases where emergency workers are the victim of a crime, particularly in applying the provisions of the Assaults on Emergency Workers (Offences) Act 2018 and to set out the standards victims of these crimes can expect. The document sets out the following:

- Definitions of Emergency Workers (policing, prisons, fire and NHS).
- Organisational responsibilities for the emergency worker.
- Police responsibilities for the emergency worker.
- Victims Code.
- Victim personal statement (VPS).
- Organisational Impact Statements.
- Guidance on the management of potential exposure to blood borne viruses in emergency workers.
- Seven point plan for assault on police.
- The importance of body worn video footage to the investigation and trial.
- Decision to charge.
- Circumstance of harm.
- Harm caused.
- CPS Charging Standards on Assault.
- Legislation & CPS Legal Guidance.

APPENDIX 4 – REGIONAL CONTEXT:

Department of Health (DoH) Commissioning Plan Direction (CPD)

With regards to DoH CPD 8.9, the Trust should have an agreed and systematic action plan to create a healthier workplace across HSC and have contributed to the Regional Healthier Workplace Network as part of commitments under PfG. The WHO Healthy Workplace Model is a comprehensive way of thinking and acting that addresses:

- Work-related physical and psychosocial risks.
- Promotion and support of healthy behaviours.
- Broader social and environmental determinants.

Concerning the first bullet point, work-related physical and psychosocial risks, the implementation of strategies such as this will demonstrate a reduction in violence and aggression in UK Ambulance Services. It is anticipated that NIAS staff will reap the same benefits, reducing risk and supporting health and wellbeing. This in turn should also support good attendance (AACE framework for a new Good Attendance Programme).

Health and Wellbeing 2026: Delivering Together

On 26 October 2016, the Minister of Health launched a 10-year approach to transforming health and social care, "Health and Wellbeing 2026: Delivering Together". This plan was the Minister's response to the Expert Panel's report "Systems, Not Structures: Changing Health and Social Care" which was published on the same date. "Delivering Together" presents a vision of transformed Health and Social Care services, based on a population health model that puts patients at the centre of services through co-production. It set an ambitious plan to see a future in which:

- People are supported to keep well in the first place with the information, education and support to make informed choices and take control of their own health and wellbeing;
- When they need care, people have access to safe, high quality care and are treated with dignity, respect and compassion;
- Staff are empowered and supported to do what they do best; and services are efficient and sustainable for the future.

Security Management – Controls Assurance Standards (regional review ongoing)

With regards to the Security Management Controls Assurance Self-Assessment / Replacement Process, The Trust must have in place the following:

1 A crime prevention programme implemented and supported throughout the organisation.
2 Board level responsibility for security clearly defined and there are clear lines of accountability for security management throughout the organisation, leading to the Board.
3 A Board-approved robust Zero Tolerance and Security Policy and Strategy that is fit for purpose and has been communicated throughout the organisation supported, where appropriate, by agreed plans.
4 A crime prevention programme implemented and supported throughout the organisation.
5 Proper and timely response to security incidents in accordance with appropriate response plans for specific security incidents.

6 Systems to ensure security hazards and incidents are reported and analysed in accordance with the processes contained in the Risk Management Standard.
7 A risk management approach to security risks.
8 Access to up-to-date security-related legislation and guidance.
9 Programme of security training that is commensurate with risks in their work area.
10 A process to ensure that the competency and performance of security personnel, whether employed internally or out-sourced, is monitored to ensure that a high standard is maintained.
11 Key indicators capable of showing improvements in security management, and the management of associated risks, are used at all levels of the organisation, including the Board, and the efficacy and usefulness of the indicators is reviewed regularly.
12 A system for managing security which is monitored and reviewed by management and the Board in order to make improvements to the system.
13 A process for the Board to seek independent assurance that an appropriate and effective system of managing security is in place and that the necessary level of controls and monitoring are being implemented.

Regional Management of Aggression

With regards to work ongoing in Health and Social Care in Northern Ireland, the Regional Zero Tolerance Group continues to meet and in November 2019, it agreed a final draft of a regional Management of Violence and Aggression Policy (previously Zero Tolerance). The Group is Co-Chaired by a Royal College of Midwives Regional Officer and the Assistant Director, Employee Relations Department, Human Resources (NHSCT). NIAS has representation on the working group (Risk Manager and Ambulance Service Area Manager) and has contributed to the Policy, which is expected to roll out early 2021.