

**Tilley Award 2006  
Application form**

Please ensure that you have read the guidance before completing this form. By making an application to the awards, entrants are agreeing to abide by the conditions laid out in the Guidance. Please complete the following form in full and within the word limit. Failure to do so could result in disqualification from the competition.

Completed application forms should be e-mailed to Tricia Perkins;  
[patricia.perkins@homeoffice.gsi.gov.uk](mailto:patricia.perkins@homeoffice.gsi.gov.uk)

All entries must be received by noon on Friday 28th April 2006. No entries will be accepted after this time/date. Any queries on the application process should be directed to Tricia Perkins on 0207 035 0262. Any queries regarding other aspects of the awards should be directed to Michael Wilkinson on 0207 035 0247 or Lindsey Poole on 0207 035 0234.

Please tick box to indicate whether the entry should be considered for the main award, the criminal damage award or both;

Main award

Criminal Damage Award

Both Awards

**Details of application**

Title of the project **Tackling Crime To Improve Patient Care**

Name of force/agency/CDRP: **United Bristol Healthcare Trust and Avon and Somerset Constabulary Partnership**

Name of one contact person with position/rank (this should be one of the authors):

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Name of endorsing senior representatives(s) **Steve Mortimore**

Position and rank of endorsing senior representatives(s) **Assistant Chief Constable**

Full address of endorsing senior representatives(s) **Avon and Somerset Constabulary, PO Box 37, Valley Road, Portishead, Bristol BS20 8QJ**

Police Representatives:

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United Bristol Healthcare   
NHS Trust

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## 2. Summary of application

In no more than 400 words please use this space to describe your project. Include details of the problem that was addressed a description of the initiative, the main intervention principles and what they were designed to achieve, the main outcomes of project particularly in relation to the problem, evidence was used in designing the programme and how the project is evaluated.

United Bristol Healthcare NHS Trust provides health care services across 10 separate hospital facilities within Bristol. In the years up to 2001, crime levels occurring on Trust premises increased substantially, with violent crime, burglary and vehicle crime being the main offences involved. Staff expressed concerns over their own personal safety leading to the serving of two Health and Safety Executive Improvement Notices on the Trust.

In 2001, a joint initiative was established between UBHT and Avon and Somerset Constabulary specifically to address the issues of crime and disorder both within the Hospitals and in close proximity.

Analysis of the crimes identified a number of causes, including:

- As the hospital operates a twenty-four hour service a number of homeless individuals had a tendency to shelter within the Trust, being aggressive to staff if challenged
- Opportunist crime, that can be linked to the burgeoning local drugs market, occurred as offenders were able to walk the corridors with impunity
- The hospitals were specifically targeted by offenders when desktop computers were being replaced
- Hospital car parks were often broken into as patients travelling in from outside Bristol left valuables visible
- Staff in A&E felt vulnerable due to the increase in alcohol related violence and the incidence of gun crime associated with crack/heroin supply

Working in close partnership, a number of key interventions were implemented including:

- Integrated security team of UBHT staff and police with joint patrols
- Highly visible security bases within UBHT premises
- Training and equipping UBHT security with personal protective equipment (first Trust to provide staff with stab-resistant vest, handcuffs etc)
- Establishment of a secure unit, providing high dependency medical care in safety
- Crime reduction initiatives, focussed on educating staff and patients
- Redesign of UBHT premises, including innovative CCTV placement and car park security measures

Comparing the levels of criminality when the Partnership was established with the current period, crime has been massively reduced; for example:

- Burglary - down by 72%
- Vehicle Crime – down by 80%
- Theft – down by 44%

A recent article in the Bristol Evening Post summed up the real success of the initiative:

*'The Trust's impressive figures are not matched across the country, where some reports say violence on hospital staff has risen by up to a third'.*

In 2005, in recognition of the standards achieved, the UBHT was the first Trust to be awarded the National Security Inspectorate Guarding Gold to ISO EN 9001:2000 (BS 7858 and 7499).

### 3. Description of project

Describe the project following the guidance given in no more than 4000 words

#### 1 BACKGROUND AND OBJECTIVES

United Bristol Healthcare NHS Trust provides health care services to the local community within Bristol and a range of specialist services for regional, national and international patients. The Trust comprises 10 hospitals including:

- Bristol Royal Infirmary - the BRI is the centre for cardiothoracic services for the northern part of the South West region providing general and acute medicine and surgery, critical care, trauma and orthopaedic and accident & emergency.
- Bristol Royal Hospital for Children - the only dedicated children's hospital in the region. It is the regional centre for children's surgery and the base for the internationally renowned Bone Marrow Transplant Unit.
- Bristol Eye Hospital - the region's leading ophthalmology centre.
- University of Bristol Dental Hospital - dental treatment, research and undergraduate and postgraduate teaching

In a healthcare environment the issues confronting staff on a daily basis can be fuelled by the worst aspects of society generally including violence, crime and intimidation. In particular, NHS premises being open 24/7 are often seen as being an easy target for predatory criminals, with staff facing violence trying to treat those under the influence of drink and drugs.

During the late 1990s, crime levels occurring on UBHT premises increased substantially, with violence, burglary and vehicle crime being the main offences involved. This rise mirrored increases in crime generally within central Bristol, linked within the media to the growth in the street based drugs market and the development of the nighttime economy. Such was the situation in Bristol that staff started to express concerns over their own personal safety leading to the serving of two Health and Safety Executive Improvement Notices on the Trust.

As a result in 2001, UBHT and Avon and Somerset Constabulary embarked on a groundbreaking partnership. Without any precedent being available to them, the General Manager from the UBHT and the Sector Inspector agreed on a simple objective:

***'By working in partnership, to reduce crime and criminality occurring within, or in close proximity to, UBHT premises'***

The scope was left deliberately vague in order to encourage innovation and to focus on the most effective ways of resolving the manifest crime problems that the Trust was facing. It was agreed from the outset that this was not to be simply a means of responding to concerns but to be a truly integrated, partnership effort between the police and the Trust to pro-actively address the underlying causes of crime and associated issues with problem solving at the core of operations.

#### 2 DEFINITION OF THE PROBLEM

Underpinning the partnership from the outset was the pooling of data, which in the first instance included national research conducted within the NHS looking at violence within the service, which was being highlighted within the media.

Before being able to fully understand the issues at a local level, there were a number of issues to be resolved regarding patient/staff/victim confidentiality and a bespoke protocol was developed to allow the free flow of information. Crime and related incidents were mapped across the Trust's premises with staff surveys being used to identify areas of high concern from the workforce.

## 2.1 NATIONAL INDICATORS

Research at a national level revealed that about one third of crime generally is concentrated in urban centres where drugs, alcohol and deprivation are most prevalent. In terms of the impact on hospital services a link was also established by the Government Office of the South West between poor health and inner city deprivation:

*'...residents in deprived areas are more likely to be dependent on health services because they are more likely to become victims of violence, experiencing anti social behaviour on a day-to-day basis, addicted to drugs and alcohol, live in a community where substance misuses is rife, experiencing graffiti, vandalism etc daily and perpetually live in fear.'* (Henderson, 2004).

This was of particular relevance to the UBHT due to its responsibility for the neighbouring inner-city deprived areas of St Pauls and Stapleton Road; these had gained a notoriety as the base of a regional drugs market which supported 12,500 registered Problematic Drug Users, and countless other non-registered users. There were also signs that disputes within the drug dealing network were being enforced by violence with shooting, stabbings and machete attack victims all ending up in A&E. There was evidence that disputes that initially occurred on the street were continued into the Hospitals as offenders wanted to stop their victims receiving treatment or otherwise seek revenge.

According to statistics provided by the Government Office South West at the time, victimisation rates in Bristol were some of the highest in the country and almost double that of similar South West cities:

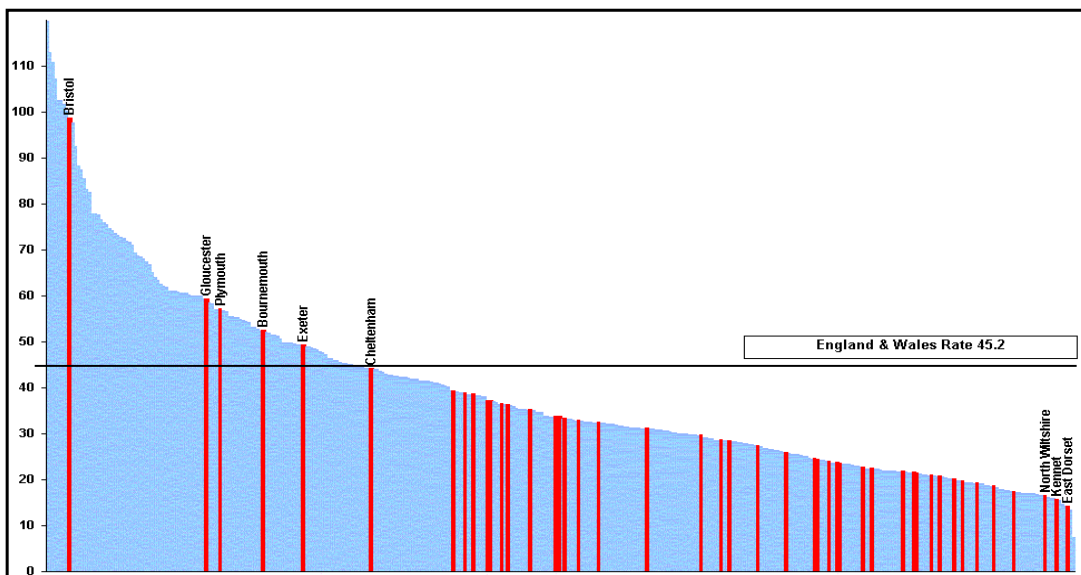


Fig 1 - Selected Offences Rate per 1,000 populations. Violence against the Person, Sexual offences, Robbery, Burglary from a dwelling and Theft of and from a Motor vehicle (Henderson, 2004)

## 2.2 LOCAL RESEARCH

By pooling data, and in particular the use of Staff Violence Reports which would not normally be reported to the police and therefore not 'crimed', all crime related incidents occurring on or near UBHT premises were analysed in detail.

As a result of this 5 distinct types of criminal behaviour were identified:

- **Violence by people not undergoing treatment** - As the hospital operates a twenty-four hour service a number of homeless individuals had a tendency to shelter within the Trust, their activities being described by one member of staff as '*NHS Bed & Breakfast*'. If these individuals were ever challenged they became aggressive and would then make their own escape, either hiding elsewhere in the building or out on to the street, before the arrival of the police. These individuals knew the premises well so that they would make their way to areas of the hospital where they knew food would be available at specific times and to other places where they knew drugs were stored.
- **Opportunist crime** – Again because the Trust provided twenty-four hour access some offenders would target the hospital specifically to steal whatever might be easily available to them at any time of day or night. Targets for their activities included patient's private property, the personal property of staff and even items of equipment that they found lying around. It was clear by the sporadic nature of offences that offenders would simply wander the corridors and steal anything that was not secured. Evidence from those arrested established a clear link between these opportunist crimes and the nearby drugs market. In one case when Police executed a search warrant at an address locally a defibrillator clearly marked 'Property of UBHT' was recovered; the occupier, who was arrested for handling stolen goods, confessed that it had been passed to him by someone who thought they were giving him a laptop!
- **Targeted crime** – It was apparent that the UBHT was specifically being targeted by career criminals in search of identified articles. This primarily took the form of computer thefts, with offenders stealing desktops soon after installation, in some cases on the day the machines were changed. These offenders sometimes used sophisticated methods to bypass existing security arrangements, but equally the locks in place at the time were often so ineffective that bodily pressure allowed entry to be forced.
- **Patient vulnerability** – As the UBHT provided support to patients from across the South West, many travelled into Bristol not knowing the levels of crime locally. As such, numerous cars were broken into by criminals who could see valuable items that had been left on open view with the displayed parking ticket offering the criminal an easy indication of the time that the patient would be away for.
- **Staff vulnerability** - Staff in A&E especially felt vulnerable due to the increase in alcohol related violence and the incidence of gun crime associated with crack/heroin supply. It is estimated that on an average weekend evening there could be upwards of 30,000 people in Bristol city centre alone with fights occurring on the street continuing as rival parties met up in A&E.

It was clear from this analysis that Bristol was not alone in facing these problems. Contact with other Trusts identified similar issues but there was unfortunately no precedent available to help the UBHT or the police resolve them.

### 3 RESPONSE TO THE PROBLEM

Using this analysis a bespoke Joint Crime Reduction Strategy was developed to address each of the root causes for criminal activity occurring within the UBHT premises.

This was underpinned by establishing a unique team made up of police officers and UBHT Security Staff, with joint training, briefing and protocols for response. To aid communication the team shared radios and pagers, with direct links into the Constabulary should assistance be needed. The Trust built bespoke premises at the entrance to the Hospital complete with Avon and Somerset Constabulary Crest to both reassure staff/visitors and to deter any potential offenders.

One of the key selection criteria for officers was their ability to evidence the effective application of problem solving approaches to ensure that this underpinned their future actions.

### 3.1 VIOLENCE BY PEOPLE NOT UNDERGOING TREATMENT

All areas of the Trust were initially mapped and likely hiding places were target hardened by the addition of physical security (eg improved locks). Key offenders were identified by contact with staff and intelligence checks, and these people were specifically approached by the Joint Security Team as soon as they were seen entering the premises and advised that they were trespassing if not in need of urgent medical treatment.



Fig 2 – Poster displayed across the Trust to reassure and deter

Routine security patrols were introduced establishing 'Lock down' at 10pm and 'Unlock' at 6am, with targeted action at the risk locations. Anyone found in any of these 'restricted areas' was escorted from the premises and details obtained to be circulated to the wider team.



A 'Survival Handbook' was created to provide advice and guidance to homeless persons within Bristol and a copy of this was provided to every person who was removed from the Hospital in such circumstances.

- **CASE STUDY 1:** By the sharing of data, one individual was identified as persistently entering the Trust premises without permission and without being in need of any medical support. On each occasion when Security Staff saw him he was challenged and removed from the building, as per the process outlined above. Unfortunately this male continued to re-enter the Hospitals and each challenge was collated to provide overwhelming evidence of this person's behaviour as a persistent trespasser. Following a multi-agency meeting which examined the medical support that could be provided to help this individual, it was decided to take legal action as all interventions to date had failed to address his behaviour. Evidence was provided to the court about the number of times this male had been stopped trespassing which resulted in the first NHS related Anti-Social Behaviour Order being awarded which banned the individual from UBHT premises for 2 years. This was widely circulated within the local media and helped communicate the resolution of the Trust to actively challenge anyone who entered hospital premises without good reason. This male was found to breach this Order on one occasion and was directly arrested; to date he has not reoffended. A total of 3 such ASBOs have been made against people entering Trust premises without excuse.

### 3.2 PREVENTING OPPORTUNIST CRIME

The first challenge to the Joint Security Team was to conduct a full physical audit of the Trust to map the levels of risk from opportunist crime using the analyses data. These details were updated whenever a crime was reported or any intelligence was generated or received. Crime pattern analysis techniques were employed to identify 'Hotspots' and these were shared across the team to provide the basis for prioritising target-hardening measures with crime reduction initiatives being introduced. Tactics employed to counter opportunist crime included:

- **Smartwater** – this commercial product was used to mark property that could easily be taken (eg electrical items, portable equipment). Each piece of equipment was marked and labelled accordingly to provide a visible deterrent, with a record being entered into the main security database held by the Team. This was backed by a high profile marketing campaign with Smartwater posters being positioned at all hospital entrances and areas open to the public.
- **Security Posters** - 'UBHT Security Cover' posters were produced and erected around the Trust showing the joint nature of the team, with a picture of a security officer and a police officer in full uniform to give a clear message to potential offenders that security was at the forefront of the Trust's plans. These photos were headed with contact numbers asking visitors or staff to report anything suspicious.



**'Ward Watch'** - this scheme was introduced, including a poster which was affixed next to the ward telephone and a folder for information. The poster listed a series of actions to be taken in the event of suspicious circumstances and included telephone numbers of who to contact. The folder contained a number of forms to allow staff and visitors to leave messages for the Team and developed the concept of everyone working together to tackle crime.

- **'Security Alert'** – a series of sticky back labels were developed which the Security Team could affix to insecure doors and/or windows which were found whilst on patrol around the Trust. The door or window would then be secured with details being recorded and passed to the Departmental Manager responsible for that area.
- **'Don't bother leaflet'** – continuing the crime prevention advice, these leaflets were designed for use to highlight potential for victimisation from vehicle crime. The leaflet contained crime prevention advice encouraging people not to leave their property on show in the vehicle and therefore advertising it to the potential thief.



- **Security Surgeries** - the Security Team ran weekly surgeries, attending Departments and offering advice. They would also staff the purpose built police office at the entrance to the BRI every Wednesday between 2.30 – 3.30 so anyone can also attend here for advice and crime reporting etc.
- **‘Gotcha’ scheme** - A bespoke credit card sized leaflet, coloured yellow, was designed with the purpose of warning people of the threat of crime. The strategy was for the Security Team to place these cards next to, under or on top of any personal possessions which had been left unattended/ insecure to drive home the need for people to take care of their belongings. This was tempered by the need to take action to secure vulnerable property but was particularly effective in getting the message across to medical staff. Crime prevention advice and useful telephone numbers are printed on the rear of the card.
- **Security Forum** - the security forum is held every 8 – 10 weeks within the Trust. This is open to any member of the Trust staff to attend and to raise any security or crime related issues they may wish to. Staff are encouraged to share responsibility for their own departmental and personal security and a key aspect of the Forum is the sharing of current crime patterns to prioritise preventative action
- **Getting the Message to Staff** – ‘The Pulse’ is the staff magazine within the UBHT, published quarterly. The Security Team has a regular column entitled ‘Safe and Sound’ which updates staff on current initiatives and threats and encourages all to take ownership of making the Trust a safe and crime free place to work.

Please take care  
Thieves operate in  
This hospital

*“Gotcha”*

In the time it has taken to place this  
card a thief could make off with your  
possessions

### 3.3 TACKLING TARGETED CRIME

The same crime pattern analysis that informed the risk of opportunist crime was used most effectively to identify those areas of the Trust that suffered from targeted acquisitive crime. Each crime recorded was analysed by looking at the characteristics of the victim, offender and location. It was immediately clear that the Trust was seen as being very attractive to criminals – for example in one burglary alone within X-Ray, equipment valued at over £47,000 was taken overnight.

This initially identified a number of key suspects and four specific hotspots:

- the X-Ray department on level 2 at the BRI
- the UBHT Education Centre
- University of Bristol Dental Hospital and
- the Bristol Royal Hospital for Children

After examining in detail each of the situations, a bespoke crime reduction plan was agreed for each location being monitored daily to ensure effectiveness.

- **CASE STUDY 2:** Building on the initial analysis, it was identified that the Dental Hospital was being targeted by someone entering through a door located on the roof of the building, which was controlled by a magnetic door swipe lock. It was clear that the locking mechanism was secure but there was no apparent way that anyone could reasonably gain access to the roof without specialised equipment. Rather than simply deter the offender by replacement locks, a silent alarm was installed which was activated late one Friday evening. The perimeter of the building was secured and a systematic search was conducted. The offender was caught climbing an outside drainpipe carrying a rucksack which was used to store the stolen items. After this arrest, physical security was upgraded with no further thefts occurring.

- **CASE STUDY 3:** An individual was identified as being the main suspect for a series of professionally orchestrated burglaries. Analysis revealed that he had an intimate knowledge of the Hospital premises and would target computers soon after they were upgraded, in some occasions on the same night. A pro-active operation was established based upon his offending pattern and he was arrested in the commission of the offence. His detention was widely circulated amongst the criminal fraternity and helped to change the reputation of the Trust away from being an easy target for offending.
- **Targeted Patrols** – a daily patrolling schedule is agreed for the Security Team based on intelligence and analysis of any crime trends. These are articulated on a Target Patrol Sheet which directs Team members to the area of concern and each patrol is recorded.
- **CCTV** - The Trust invested in a state-of-the-art digital CCTV system with 94 cameras fully integrated via the Trust's IT infrastructure. A CCTV policy was agreed and the systems are operated in accordance with Human Rights and Data Protection legislation. Aside from the deterrent value the system has been particularly useful in helping to identify offenders and in providing evidence of criminal activity.

### 3.4 REDUCING PATIENT VULNERABILITY

Reducing victimisation of those attending the UBHT as patients was a key aspect of the Joint Crime Reduction Strategy. As much of this was opportunist crime, the initiatives detailed above were all used and all helped to make the Trust a safer place to visit.

In addition to the police officers who maintain a highly visible presence in standard police uniform, the Trust invested in high quality security clothing and equipment for each of its security team members. This included stab-proof protective vests, baseball caps, slash resistant gloves and high visibility jackets which allowed a clear presence to be seen across the Hospitals. This had the effect of reassuring visitors as well as deterring anyone intent on committing crime within the local area.

Car parks had traditionally suffered high levels of crime and the Team sought to make physical changes to reduce the opportunities for crime. In addition to CCTV, the car parks were revitalised with new line painting, improved lighting, thorough cleaning and the introduction of physical barriers to marshal cars to places of greater safety. This conveyed an impression to visitors and potential offenders that the car parks were looked after as part of Trust property and being so managed, helped convey the message that offending would not be tolerated.

### 3.5 REDUCING STAFF VULNERABILITY

Staff were surveyed to identify those areas across the Trust where they felt most at risk. This led to an in-depth review of the physical characteristics of each location with interventions being tested to reassure and deter. Measures such as CCTV placement, lighting, restrictions on access, improved locks etc were all used as appropriate.

- **A&E** - The majority of violence reports (over 80% of all incidents), be they physical or verbal, occur within Accident & Emergency Department, with patients under the influence of drink or drugs being particularly volatile. The Trust established a computer flagging system to enable nursing staff to alert security to provide an earlier presence. Security officers then attend at request to deter or prevent the opportunity for violent or disruptive behaviour and this has proved to be particularly successful. By 2004, security staff were removing an average of 30 'belligerents' a month, to avoid further escalation.

- **Safe Treatment Facility** – a specific unit was established from scratch to allow potentially violent patients to receive treatment in a protected environment. High-risk patients who have already demonstrated a predisposition to violence and aggression can be appropriately treated whilst maintaining the safety of staff. This provides UBHT management the opportunity to treat patients who may otherwise have been excluded to another Trust, as well as accommodating those patients excluded from local GP surgeries, who had previously attended a clinic at Bridewell Police Station.

#### 4 EVALUATION

The table below shows the reduction in crime recorded within the UBHT premises for the main crime categories:

|               | 2001       | 2002       | 2003       | 2004       | 2005       |
|---------------|------------|------------|------------|------------|------------|
| Burglary      | 54         | 89         | 37         | 20         | 15         |
| Vehicle Crime | 129        | 84         | 40         | 24         | 26         |
| Theft         | 181        | 96         | 81         | 85         | 102        |
| <b>TOTAL</b>  | <b>364</b> | <b>269</b> | <b>158</b> | <b>129</b> | <b>143</b> |

Table 1 – Crimes Occurring on UBHT Property

As can be seen, comparing the levels in 2001 when the Partnership was established with the current period, the following reductions have been achieved:

- Burglary - down by 72%
- Vehicle Crime – down by 80%
- Theft – down by 44%

The main hospital complexes lie fully within the Kingsdown Beat of Cabot Ward, Central Bristol. The concern was that if action was taken inside the hospital to deter offenders, crime would simply be displaced outside on to the street. The following table shows the changes across the Beat:

|                          | 2002       | 2003       | 2004       | 2005       |
|--------------------------|------------|------------|------------|------------|
| Burglary - Commercial    | 147        | 89         | 57         | 53         |
| Burglary - Residential   | 118        | 142        | 78         | 69         |
| Theft of Motor Vehicle   | 83         | 49         | 51         | 39         |
| Theft from Motor Vehicle | 298        | 284        | 123        | 164        |
| Robbery                  | 114        | 98         | 57         | 51         |
| <b>TOTAL</b>             | <b>760</b> | <b>662</b> | <b>366</b> | <b>376</b> |

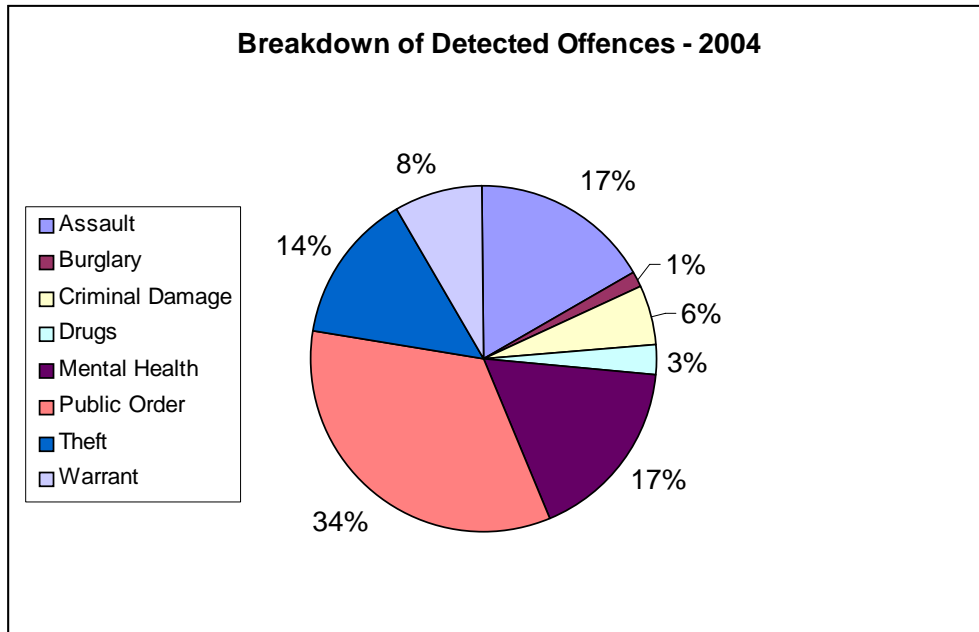
Table 2 – Crimes Recorded on Kingsdown Beat, Cabot Sector

As can be seen, similar huge reductions have been achieved across the whole of the Beat indicating just how effective the UBHT Joint Security Team has been in addressing the long term crime related issues making the area hostile to criminals.

However, the real benefit has been realized not so much by the change in the recorded statistics but the improvement in staff perception around the fear of crime and the development of a pro-security culture within UBHT. Having heard of this paradigm shift in perceptions, a number of Trusts (eg Kings College London, Exeter, Bath and Bournemouth etc) have visited Bristol/UBHT to examine in detail the way that the Hospital/Police Partnership works.

In order to ensure that the Crime Reduction Strategy remained a living document, detailed records were maintained of every offence, security incident, arrest, use of force, ejection of trespassers, use of force etc.

**Detections:** As an example, detected offences for 2004 were:



**Arrests:** In summary, the Team arrested 61 people in 2004, and 71 in 2005, which showed improvements in performance when mapped against reducing levels of crime. 4 of those arrested have received substantial custodial sentences, with others received cautions, fines, reprimands or warnings.

**Safe Treatment:** At present there 37 patients on the scheme from the PCT, which includes Bath and Weston-super-Mare

**Accreditation:** In 2005, in recognition of the standards achieved, the UBHT was awarded the Gold Standard from the National Security Inspectorate to ISO EN 9001:2000 (BS 7858 and 7499), the first Trust to achieve such an accolade. This was presented by Mr Steve Pilkington, Chief Constable of Avon and Somerset Constabulary who said:

*'I'd like to congratulate UBHT on the work its security team has done to achieve this award and I also want to thank them for their important role, working alongside our police officers in the hospital, to reduce crime so dramatically in the BRI precinct hospitals and surrounding area.'* (Bristol Evening Post, p. 7 January 19<sup>th</sup> 2005)

Whilst the UBHT has now experienced year-on-year reductions in crime as a result of the Partnership action, the efforts of the team must be seen in light of the national trend within the NHS which is for increases. Indeed, quoting from the same article:

*'The Trust's impressive figures are not matched across the country, where some reports say violence on hospital staff has risen by up to a third'.*