

Reporting to:	Trust Board - 25 June 2015
Title	2014-15 Annual Security Report
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Executive Summary	<p>The NHS Standard Contract is now published by NHS England and is used by CCG's when commissioning NHS Services. The security management conditions are set out in the general conditions section and place obligations on providers including maintaining security management arrangements, for commissioners to review the security management provisions put in place by the provider and for the provider to implement any modifications required by the commissioner. This report is one of a number of methods by which the Trust evidences security management activities to the Trust Board, NHS Protect and others and highlights security management at SaTH; of note during 2014-15:</p> <ul style="list-style-type: none"> • The 3 year trend for the number of reported security incidents shows a generally decreasing number of incidents. • The number of reported incidents of intentional violence and aggression has decreased with the 3 year trend showing a generally decreasing number of incidents of intentional physical and verbal abuse. • Work to gain some form of sanction or redress for acts of intentional violence and aggression including verbal abuse remains strong with joint working with police and the use of our existing framework for the issue of written warnings and behavioural contracts. • Non-intentional (clinical) aggression reporting remains consistent but may benefit in the coming year when more appropriate training for staff in managing clinically challenging behaviour and prioritisation of conflict resolution training for most effected staff groups. • New specialist training provided by our partners at South Staffordshire & Shropshire Mental Health Trust for our security teams.
Strategic Priorities 1. Quality and Safety	<input checked="" type="checkbox"/> Reduce harm, deliver best clinical outcomes and improve patient experience. <input type="checkbox"/> Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards <input type="checkbox"/> Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme <input type="checkbox"/> To undertake a review of all current services at specialty level to inform future service and business decisions <input type="checkbox"/> Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme

2. People	<input checked="" type="checkbox"/> Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work
3. Innovation 4. Community and Partnership 5. Financial Strength: Sustainable Future	<input type="checkbox"/> Support service transformation and increased productivity through technology and continuous improvement strategies <input type="checkbox"/> Develop the principle of 'agency' in our community to support a prevention agenda and improve the health and well-being of the population <input checked="" type="checkbox"/> Embed a customer focussed approach and improve relationships through our stakeholder engagement strategies <input type="checkbox"/> Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme
Board Assurance Framework (BAF) Risks	<input type="checkbox"/> If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our falls prevention strategy then patients may suffer serious injury <input type="checkbox"/> If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm <input type="checkbox"/> Risk to sustainability of clinical services due to potential shortages of key clinical staff <input type="checkbox"/> If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input checked="" type="checkbox"/> If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we do not have a clear clinical service vision then we may not deliver the best services to patients <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust's Income & Expenditure position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
Care Quality Commission (CQC) Domains	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led
<input type="checkbox"/> Receive <input type="checkbox"/> Review <input type="checkbox"/> Note <input checked="" type="checkbox"/> Approve	Recommendation

Annual Security Report

2014-15

Foreword

The Shrewsbury & Telford Hospital NHS Trust remains committed to the delivery of a secure environment for those who use or work in the Trust so that the highest possible standard of care can be delivered; to this end security remains a key priority within the development and delivery of health services. All of those working within the Trust have a responsibility to assist in preventing security related incidents or losses. This approach underpins and directly links to the Trust's values and objectives.

Julia Clarke (Director of Corporate Governance) is the designated Board level lead Executive Director for security management matters, including tackling violence against NHS staff and must ensure that adequate security management is made at the Trust

Dennis Jones is the Non-Executive Director with whose responsibility is to promote and champion security management at Board level.

Violet Redmond is Head of the Trust's Legal and Security Services Team.

Jon Simpson is the Trust Security Manager and Local Security Management Specialist (LSMS) who ensures that the Trust complies with all NHS security guidance and requirements and oversees the implementation of security management across the Trust and implements the Board-agreed annual work plan.

During the reporting period there has been further progress with efforts to reduce levels of violence and aggression towards staff from service users, coupled with development in security services, which are detailed in this report and reflect the Trust's commitment to deliver a safe and secure environment.

1 June 2015

Julia Clarke
Director Corporate Governance

Dennis Jones
Non-Executive Director

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Introduction

This report summarises the work undertaken in the last year towards ensuring a safe environment for staff and patients and protecting property and assets. The Board is clear that the starting point for sound security arrangements is to provide clear goals and a business process and framework for all staff. This is reflected within this report by consideration of efforts towards policy development and risk assessment, partnership working with police and NHS Protect and internal efforts, whether this is between medical/nursing staff teams with our security response teams or security management support and influence with Estate and Centre Management teams. All this supports and underpins incident reporting to protect our staff, patients, visitors and assets. All of this is underpinned by training to raise awareness and ensure that the Trust is a safe place for all.

Julia Clarke (Director of Corporate Governance) is the nominated director with responsibility for security management and ensures that security issues are considered at the highest level and where necessary, brought to the attention of the Board. The Non-Executive Director champion for security management is Dennis Jones.

Violet Redmond is Head of the Trust's Legal and Security Services Team. Day to day security management is undertaken by Jon Simpson, the Trust Security Manager and accredited Local Security Management Specialist (LSMS). He is directly responsible for translating national guidance, policies and initiatives into good practice locally and works closely with staff at all levels on a range of matters including; security risk advice, improvements to security infrastructure and procedure, undertaking incident investigation and supporting staff who have been victim to adverse incident. In addition, he acts as a liaison to supporting partner agencies undertaking criminal proceedings on behalf of the Trust.

1 Corporate and Governance

A sound policy framework is essential in ensuring a consistent approach to security issues across the Trust.

1.1 *Standards for Providers*

Under the provisions of the NHS Standard Contract, Providers are required to have in place and maintain security management arrangements in their organisations. Commissioners are required to review these arrangements to ensure the Provider implements any modifications required by the Commissioner. As part of the process to collate evidence of security management activity (aside from publishing this Annual Report) the Trust also submits an annual Organisation Crime Risk Profile (OCRCP) and a evidenced based Self Risk Assessment (SRA) set against 30 national security standards, to NHS Protect. Work is now underway to prepare our 2015-16 submission, based on results and outcomes from 2014-15.

In addition, NHS Protect carry out an independent assessment and inspection program; following submission of a detailed portfolio of evidence by the Trust, a 3 day focused assessment and inspection was undertaken by a Senior Quality Assurance Inspector from NHS Protect in Feb 2015 to measure our performance in relation to key principle 2 of the standards known as 'prevent and deter', which encompasses 14 of the 30 standards. Each area assessed/inspected was given a Red, Amber or Green (RAG) rating with the Trust being rated GREEN overall in the subsequent inspection report; 5 areas were assessed as being Amber; these were (by numerical standard):

3.1 Conflict Resolution Training (Learning Development).

3.6 Development of Asset Management & Disposal policy (Procurement).

3.7 Control of Drugs (Pharmacy).

3.9 Development of Asset registers and records for assets worth less than £5k (Finance).

3.14 Lock Down arrangements (Security).

For internal assurance and monitoring purposes, individual department responses to the Amber ratings and action plans have been/are being reported to our Health, Safety & Security Committee¹.

1.2 *Policy*

All published security policies remain within review dates. Advice and input has also been provided by the Trust Security Manager on the following Trust policies:

- Patient Property
- Absconded/Missing Patients
- Clinical / Safe Holding of Adults and Children Receiving Care in the Trust

Prior to publication, new and/or updated policies are first approved for such by our Policy Approval Group (PAG). This is a multidisciplinary group chaired by the Director of Corporate Governance that ensures all new and reviewed policies are compliant with Trust standards and that appropriate consultation has been undertaken before recommending them for ratification at the Hospital Executive Committee (HEC).

¹ Agenda item for 7 Jun 2015 meeting.

1.3 *Security Risks*

All security risks are managed in accordance with the Trust Risk Policy. All risks which have been scored and evaluated as requiring to be placed on a department or Clinical/Corporate Centre register or the Trust Risk register are entered onto the 4Risk system where they, and accompanying action plans, are regularly reviewed. The requirement to regularly review and record progress is initiated by a system generated electronic alert to the risk owner; oversight of this process is undertaken by the Head of Assurance and reported on at Operational Risk Group (ORG). There are currently no recorded security risks scoring 15 or more.

1.4 *Preventative Security Risk Assessment Program*

Preventative security risk assessment is undertaken by the Trust Security Manager with ward management teams. From an assessment local action plans can be agreed which can be implemented by the ward management team with security management support where appropriate. This process complies with the Trust's own security management policy and links to the requirements of Service Condition 24 of the NHS Standard Contract. At the end of each assessment the ward management team take ownership and responsibility for their completed assessment.

Following significant security management support with the final stages of the new build Shropshire Women & Childrens Centre, written risk assessment has been made for the following ward areas which the building encompasses: Wards 18, 19, 20, 21, 22, 23 & 24.

Individual focused risk assessments have also been completed on a number of areas at both sites including (but not all):

- The Midwife Led Unit (MLU) at Ludlow Community Hospital: Joint assessment with Health & Safety Team at the request of the Operational Risk Group (ORG) following concern over the buildings safety and suitability for further service/use.
- MLU's at Bridgnorth Community Hospital, The Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry and the Wrekin Maternity Unit at the Princess Royal Hospital, Telford in order to assess suitability for installation of Baby Tagging security systems and support Centre Business Case for such.
- RSH Pharmacy: To help prepare for a Home Office Operating Licence application and inspection.
- RSH Pathology: Re-assessment and removal of historical risk record following completed and planned reconfiguration works.

1.5 *Committee Work*

The Trust Security Manager attends all Health, Safety & Security Committee meetings. This committee, chaired by the Director of Corporate Governance, meets quarterly, and fulfils the Trust's requirement to have a Security Committee. Security is embedded as a standing item in each agenda and a quarterly security report is presented by the Trust Security Manager and discussed at each meeting. In the fourth quarter, the annual security report is presented.

The Trust Security Manager attends all Operational Risk Group (ORG) meetings, co-chaired by the Director of Corporate Governance and the Medical Director, and this ensures security management oversight and advice is readily available for all matters discussed or raised.

1.6 Release of Information, Freedom of Information (FOI) & Complaints

No releases of CCTV footage were made to the public during the reporting period.

The Trust provided footage to West Mercia Police on 20 occasions. These releases concerned all manner of criminal and/or suspicious activity that occurred on Trust premises. Although some of the releases concerned incidents which did not occur on Trust premises, it was often the case that the original incident subsequently led to other adverse attendance or activity on Trust premises.

11 Freedom of Information (FOI) requests were made regarding security matters and reported incidents at the Trust. The appropriate details were provided to the Trust Communications Team for onwards transmission.

During the reporting period 1 formal complaint was received by the Trust from a member of the public which amongst other things made reference to an instance of poor verbal reasoning with a patient by attendant security staff; a training action plan for the staff member concerned was implemented and completed and feedback on this passed back to the Complaints Team.

2 separate complaints were made by hospital staff at the PRH regarding the behaviour and poor response of what transpired to be temporary/relief security staff; in each instance these individuals were removed from site and the Trust security contract.

2 Security Incident Reporting

Security incident reporting remains key to the maintenance of a pro-security culture. Figures below demonstrate good awareness by staff on how to report and the need for doing so.

2.1 Comparative figures for 2014-15 are shown in Table 1².

Table 1 - Security Incident Reporting

ALL SECURITY INCIDENTS				
	2011/12	2012/13	2013/14	2014/15
First quarter: Apr, May, Jun	166	107	188	133
Second quarter: Jul, Aug, Sep	228	148	143	147
Third quarter: Oct, Nov, Dec	194	151	162	118
Fourth quarter: Jan, Feb, Mar	186	182	186	169
Running Total	774	588	679	567

2.2 Of the reported 567 incidents in 2014-15, 346 occurred at the Royal Shrewsbury Hospital (RSH), 220 occurred at Princess Royal Hospital (PRH) and 1 occurred at other healthcare premises, but involved Trust staff or assets. Most incidents affected staff and concerned aggression or unwelcome behaviour from service users (patients/other members of the public) section 3 refers.

² Source Datix. Excludes Information Security (managed by Information Governance). Figures correct as of 1 May 15.

2.3 Non-aggression incident reporting categories include damage to Trust and non-Trust property, theft of Trust and non-Trust property, trespass and other security (for those instances where no pre-selectable code is available). Total incident numbers for these categories are:

- Damage to Trust Property (1)³
- Damage to non-Trust Property (15)⁴
- Other Security (71)⁵
- Theft of Trust Property (3)⁶
- Theft of non-Trust Property (29)⁷
- Trespass (35)⁸

³ Minor damage to display case in Women's & Childrens Centre, PRH.

⁴ All concerned low speed collision damage to private motor vehicles parked in hospital car parks.

⁵ Insecurities, alarm activations, suspicious behaviour, undue interest in staff (harassment) concern regarding keys, large volume of nuisance phone calls, possession and/or use of illegal drugs by patients.

⁶ Theft of medical equipment, retirement vouchers and a specially adapted wheelchair.

⁷ Varied from small amounts of money/loose change, (unattended) mobile phones, wallets & contents and bicycles.

⁸ Unwelcome presence of relatives, rough sleepers and/or intoxicated members of public in hospital grounds, unauthorised presence of public in staff areas, refusal of patients to leave after discharge.

3 Protecting Staff & Patients

A key principle is that staff working at the Trust, and patients and visitors using the Trust, have the right to do so in an environment where all feel safe and secure.

3.1 *Anti-Social Behaviour & Intentional Violence & Aggression*

Figures for reported anti-social behaviour and/or inexcusable/intentional violence and aggression incidents in 2014-15 are shown in Table 2. Intentional incidents ranged from acts of physical contact (however minor or inconsequential and including spitting) to threatening or intimidating behaviour, racial abuse and abusive phone calls. Intentional incidents are those incidents where the perpetrator was not deemed to have any reasonable excuse for their behaviour e.g. an underlying medical condition or illness such as dementia or toxic infection. Excess alcohol and/or drug misuse are not seen as mitigating circumstances for adverse behaviour, but rather as aggravating factors.

Table 2 - *Anti-Social Behaviour & Inexcusable/Intentional Violence & Aggression*⁹

	Year			
	2011/12	2012/13	2013/14	2014/15
First quarter: Apr, May, Jun	40	24	47	30
Second quarter: Jul, Aug, Sep	56	30	30	38
Third quarter: Oct, Nov, Dec	47	30	28	21
Fourth quarter: Jan, Feb, Mar	49	27	42	25
Total	192	111	147	114

Of the reported 114 intentional violence and aggression incidents in 2014-15, 71 occurred at the RSH, 42 occurred at PRH, 1 occurred at other healthcare premises, but involved Trust staff.

- 29 involved physical contact (treated as ‘assault’ however minor or inconsequential), of these:
- 24 were on staff; **23 of those were carried out by members of the public**, 1 was by a member of staff on a colleague;

None of the intentional physical assault incidents involving Trust staff during 2014-15 resulted in serious injury or triggered RIDDOR reporting to the Health & Safety Executive (HSE).

There were 85 intentional *non* physical incidents i.e. incidents of verbal abuse, threatening or other anti-social behaviour, of these 77 were on staff.

3.2 *Dealing with Anti-Social Behaviour & Inexcusable/Intentional Violence & Aggression*

In line with our published policy on dealing with violence and aggression an escalated approach is used to deal with all violent and aggressive incidents, namely:

Step 1 – Using conflict resolution techniques to diffuse situations (6.2 refers).

⁹ Concerning all staff (Trust and other NHS) patients, visitors and contractors. Source – Datix.

Step 2 – Enlisting the assistance of hospital security officers (5.1 refers).

Step 3 – Enlisting the assistance of the police (3.4 refers).

3.3 *Post Incident Action, Sanction & Redress*

All reported security incidents from either hospital staff or the security teams are individually assessed and investigated. This includes liaison with staff affected by serious incident and/or their line management. The Director of Corporate Governance acknowledges each reported incident of violence and aggression (intentional or not) by writing to affected members of staff offering support through line management or occupational health and counselling services and advising of the Trust's response to incidents¹⁰.

Where an assailant's actions were deemed to have been intentional, an entry is made on our electronic violence and aggression register. Linked to a patient's electronic SEMA record this allows staff to be warned of the potential for adverse behaviour from a patient. A warning letter, signed by the Chief Executive, is also sent to the perpetrator of the adverse behaviour and copied to the victim, advising that non-emergency treatment could be withdrawn if there are any further episodes and support for police action or civil action by the Trust¹¹. 56 SEMA alerts and 67 warning letters were issued during the reporting period. None of those receiving our initial warning letter during the period were reported as having been involved in further incident. A recommendation for an alert on a patient's SEMA record and the issue of a warning letter is made by the Trust Security Manager. However, prior to this action being undertaken the recommendation has to be approved and supported by a nominated medical Consultant¹²; this ensures that patients who may have lacked capacity at the time of the incident and whose circumstances may not have been accurately reflected in the incident reporting process are not unnecessarily punished.

The Trust supports all police and court actions when taken; this often includes provision of supporting CCTV, Body Worn Video (BWV) recordings or other documentary evidence. The following are some (not all) examples of other final outcomes to incidents of other aggressive and/or anti-social behaviour which resulted in police or court sanction/prosecution during 2014-15¹³:

- A female patient was given an 8 week prison sentence (to run concurrently) following her assault of a female staff nurse at the RSH A&E in April 2014.
- A male perpetrator was given a police caution for drunk and disorderly behaviour whilst on Trust premises at the RSH on 24 Jun 2014.

¹⁰ During the past year, 208 letters offering support and/or feedback to staff were sent to staff and/or department managers whose staff were involved or affected by incidents (intentional or not). In line with the strategy outlined for dealing with violence and aggression a resulting outcome is that much adverse behaviour is diverted away from medical and nursing staff by the intervention of security staff before the behaviour escalates and so medical and nursing staff can avoid injury or unnecessary involvement; by virtue of their involvement security staff, based on their early involvement become responsible for reporting on the incident with medical/nursing staff being identified as witnesses as opposed to victims. This explains in some way the disparity between numbers of support letters issued to Trust/NHS staff and all reported incidents (tables 2 and 3 refer).

¹¹ It should be noted that it is not always possible or appropriate to issue a warning regarding unacceptable behaviour because a) the individual may not have been identified i.e. a visitor or someone accompanying a patient b) the circumstances of the individual deem it inappropriate c) the victim reports and/or requests immediate support to deal with an incident but wish no follow up action to occur.

¹² An A&E Consultant is nominated at each site to undertake these reviews.

¹³ For a criminal prosecution and/or other form of police sanction to take place an individual personal complaint is required; it is not always the case that staff feel able or willing to make such

- As part of a Police Community Resolution Order and in accordance with the victims wishes, a police supervised meeting was undertaken during which a male patient issued a full apology to security staff following a spate of racially motivated and threatening comments made towards them during his attendance at the PRH A&E on the 11 Jun 2014.
- Following an unprovoked assault on a male HCA by a member of the public during visiting time on a Ward at the RSH in Apr 2014, the male was subsequently fined £100 and bound over to keep the peace by Shrewsbury Magistrates.
- Following a series of incidents in Jul 2014 including verbal abuse of staff, the making of lewd gestures and exposing himself to female nursing staff, threatening security staff with a lit cigarette lighter and inconsequential assaults on staff (through kicking), a regular male patient to the RSH A&E was arrested and charged with causing a nuisance on NHS premises; at Shrewsbury Magistrates Court next day he pleaded guilty and was issued with a £100 fine, £20 surcharge and warned as to his conduct.
- Following a minor but unprovoked and unnecessary assault of a member of the hospital security team and abusive and threatening behaviour towards other medical and security staff at the RSH A&E in July 2014 a male patient was arrested and subsequently awarded a 12 month Conditional Discharge, ordered to pay £310 costs and a £15 Victim Surcharge by Shrewsbury Magistrates.
- Following an incident in Feb 2015 where a visitor to the PRH A&E department became aggressive after his unnecessary involvement in the affairs and treatment of another patient, which then resulted in the visitor threatening staff and punching through and destroying a glazed panel in the A&E waiting room door, the visitor was identified, arrested and given a police caution for causing criminal damage.

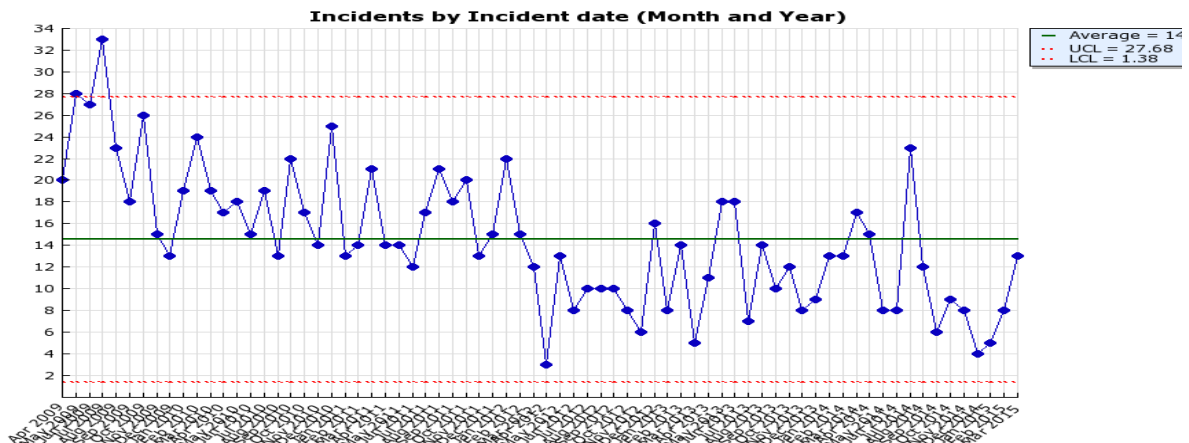
Effort to seek out resolution and appropriate redress for regular or repeat perpetrators of anti social or aggressive behaviour (some responsible for up to 5/6 incidents each year) is also undertaken with support from local police; this approach has taken the form of joint visits by local police and the Trust Security Manager to those persons of concern to challenge the individual over their behaviour. Visits are purposely undertaken outside of the hospital environment, either at the individuals home or as was the case on one occasion, at Probation Service offices. Opportunity is also taken to formally serve the individual with a NHS behavioural contract notice known as an Acknowledgment of Responsibilities Agreement (ARA) in order to secure the individual's agreement about their future behaviour when on Trust premises or when making any contact or communication with the Trust. During the reporting period, this initiative was undertaken 5 times with 3 male patients (2 from RSH and 1 from PRH) and 2 female patients (both RSH patients) with support from police officers in Oswestry, Shrewsbury, Telford and Wem. The involvement of the police in the process is seen as key in terms of enforcing the message about our stance on anti-social and/or aggressive behavior when on Trust premises.

Of these, one male patient at RSH has since broken his agreement and again drawn adverse attention for racially motivated threatening and intimidating behaviour. This latest incident allied to his past history resulted in a subsequently prosecution for a racially aggravated Public Order

Offence, for which on submission of a guilty plea, he was sentenced by Magistrates herewith: Fined £127; to pay a victim surcharge of £20 & £85 Court costs; to pay £100 compensation to the affected Doctor and HCA.

Since 2009 and due to a number of initiatives the number of reported incidents is showing significant decreases as illustrated in Figure 1 below/overleaf.

Figure 1 – Graph showing decreases in recorded instances of Anti-Social Behaviour & Inexcusable/Intentional Violence & Aggression.



Whilst the reported decreases in intentional violence and aggression since 2009 are welcome, it is recognised that the risk of adverse or unwelcome behaviour will always be present. However, where it does occur, the Trust has demonstrated that it is in a strong position to be able to control and reduce the impact and severity of intentionally aggressive behaviour.

3.4 Non-intentional / Clinical Aggression

These are incidents **where an individual is deemed to lack capacity** and are not therefore held responsible for their actions due to their medical condition, treatment or other underlying medical issue e.g. dementia.

Table 3 - Non-intentional / Clinical Aggression)¹⁴.

	Year			
	2011/12	2012/13	2013/14	2014/15
First quarter: Apr, May, Jun	85	48	105	62
Second quarter: Jul, Aug, Sep	120	85	86	78
Third quarter: Oct, Nov, Dec	85	95	91	56
Fourth quarter: Jan, Feb, Mar	79	112	84	102
Total	369	340	366	298

Of the reported 298 non intentional clinical aggression incidents in 2014-15, 187 occurred at the RSH, 111 occurred at PRH. Of the 298 incidents, 194 involved physical contact.

It is recognised that the risk of clinically related aggressive behaviour will always be present in an organisation like ours, not least due to consistent pressures from an ageing population in Shropshire which is above the national average and pressures on other providers of community care which often result in an unwelcome and pro-longed stay in the acute hospital setting for patients who require more focused support in a more appropriate setting. The notable spike in the latter half of the reporting period came at period when the Trust was experiencing intense winter pressures and high admission rates.

Notwithstanding this, the Trust has commenced with a number of initiatives to try and alleviate the pressure on both staff and patients. Recent years has seen the contracted presence on each hospital site of Clinical Commissioning Group (CCG) funded Rapid Assessment Interface and Discharge (RAID) teams. As part of that contract and as a new approach to training to incorporate a combination of current Conflict Resolution Training and skills for managing challenging behaviour commences 23 Apr 2015. It is hoped that this new approach to training which is being delivered by Consultant medical staff from the RAID teams along with earlier highlighting of multiple and escalating episodes of aggression from complex patients not receiving treatment, and awaiting transfer to more suitable healthcare providers, will produce a reduction in reported incidents.

Other initiatives, not all directly related to security management, but which will arguably contribute towards a calm environment for confused and/or agitated patients and see less hostility include:

- Pre-employment training for all Health Care Assistants (HCA) in Conflict Resolution and/or Challenging Behaviour Training using NHS Protect syllabus.
- Review of the Trust training needs analysis in relation to Conflict Resolution and Challenging Behaviour Training resulting in targeted delivery to front line nursing staff for

¹⁴ Concerning all staff (Trust and other NHS) patients, visitors and contractors, source - Datix.

whom all reported incidents are concerning (as victims)¹⁵.

- Training of hospital security staff by NHS Mental Health professionals in appropriate skills for the safe handling/physical intervention on patients who may be displaying clinical aggression, in personal crisis or intent on self-harm (6.5 refers).
- A review of the clinical policy for patients receiving detoxification treatment. This provides junior medical staff with more guidance, support and options when prescribing treatment for patients.
- An increase in the number of and presence on the wards of volunteers, including dementia buddies, who work with nursing staff to improve the experience of patients through engagement and communication resulting in less patient anxiety and agitation from unfamiliar surroundings and staff.

3.5 *Lone Working*

The Trust has a two-track strategy, one for off-site lone workers or those out in the community and one for those working alone on-site.

(i) Off-Site Strategy

The lone worker device used is a nationally introduced model in the form of an identity badge holder worn around the neck or clipped to a belt or tunic that includes a panic alarm that can be discreetly activated and which automatically opens a line of communication (via mobile phone networks) to a national Alarm Receiving Centre (ARC), thereby allowing situation assessment and immediate response as well as recording of evidence. The scheme and the ARC have been assessed and accredited by the Association of Chief Police Officers (ACPO). Response to an alarm activation can include an emergency police response as the ARC is linked as part of the ACPO accreditation to all local police operations rooms with the ARC staff being able to directly feed live information from the staff members device and pre-recorded information on where the staff member is to the nearest police control room. The advantage here is that police response is quicker because the information being received by them is from an accredited source and gets fed straight into police control rooms as opposed to switchboards or call centres etc.

Other available lone worker schemes and devices do not provide an ARC with a set up equal to the one described or with the same level of police involvement. Some lone worker device products do offer GPS technology which is often claimed to be more reliable in terms of signal although this is not always the case, equally these devices do not have the opportunity for staff to state what address they are at. The GPS alternative is less effective as it might put a member of staff at a location, but if that location were a block of flats it would not be possible to determine which flat or floor level they were at or on. An automated panic alarm also activates if the device is subject to forced removal from the user or the user experiences a sharp fall.

The device is not seen as a risk eliminator, rather as a risk reducer designed to work with and complement other safe systems of work and as such represents a significant improvement on what had been previously available to staff. If staff are concerned that their device consistently suffers from poor network service provision they can contact the Service Desk and where appropriate, if better coverage on another network can be achieved the Service Desk will arrange a 'SIM swap' onto that network. The Trust has a total of 242 devices in use and issued

¹⁵ Source: Reported incidents on Datix; provision of e-learning option for none front line staff has been made available thus freeing up face to face training time for front line staff but ensuring access to training for all is available.

to staff who work alone in the community (regularly and/or occasionally). During the reporting period, 17 additional members of staff were trained on lone worker device usage and given use of devices, either as new starters/replacement staff within existing user departments or as staff identified as now being at risk.

(ii) On-Site Strategy

In this system, upgraded hospital pagers allow a lone worker to send a discreet emergency alert to security staff pagers and hospital switchboards. As well as being used on a daily basis by staff in departments whose role or task requires continual support e.g. overnight Pathology Laboratory staff, devices have also been used to provide immediate short term reassurance to staff who through no fault of their own have become the victim of undue interest from members of the public. This system was chosen due to excellent signal reliability when used anywhere on the hospital sites; mobile phone and other signals are poor in many areas due to building construction/constraints. Many of the users of these devices are employed in static locations making them high risk lone workers due to their inflexibility to move location and because would be offenders may in time become aware of the staff members location.

3.6 *Baby Tagging*

This facility was included in the new build Shropshire Women and Children's Centre on the post-natal ward. Since the building opened ward management feedback on the system has been positive with many of the concerns raised when the system was used in the old building at the RSH now thought to have been caused in part by the poor condition of the building fabric. The post natal Ward Manager, the Trust Security Manager and the system manufacturer continue to work together to ensure the systems reliability and performance; to this end and since the opening over fifty of the latest generation tags have been bought into service, the sensitivity of a number of alarm sensors has been adjusted as the system is bedded in and a no notice test of the system was carried out by the Ward Manager in Dec 2014 to test its effectiveness and staff reactions.

Following a suitability assessment by the Trust Security Manager of MLU at Bridgnorth Community Hospital, The Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry and the Wrekin Maternity Unit at the PRH, Telford (1.4 refers) a Business Case is now being prepared by the Women & Children's Care Group to see the installation of the same system at each of the aforementioned MLU. Concern regarding the suitability of premises for the MLU at the Ludlow Community Hospital site have resulted in a potential move onto the Clee Ward within the main hospital building; it is envisaged that install of the system would be included as part of the preparation works for that move.

3.7 *CCTV, BWV & Manned Guarding*

Information concerning the development and use of CCTV, BWV equipment and Manned Guarding is covered at paragraph 4.2 and section 5 respectively.

4 Protecting Property & Assets

All those who work in, use or provide services to the NHS have a collective responsibility to ensure that property and assets relevant to the delivery of NHS healthcare are properly secure. This includes physical buildings and equipment, as well as staff and patient possessions.

4.1 Access Control & Intruder Detection

In line with our aspiration to see greater use of swipe carded door access control, our existing system at RSH was extended using network technology and included in the £28 million new build Shropshire Women & Children's centre at the PRH. The system is used to control access to all Ward areas including post natal, neo natal and paediatric wards as well as other wards and none public areas. The commissioning of the system has involved the transfer and/or review or first issue of access cards to over 1000 staff; these staff requirements came not just from Women's & Children staff transferring from the RSH site to the PRH but also as a result of previously unrequired access by support staff at the PRH, based on the different operating posture at the PRH from the RSH.

The system is also being installed as part of the 1.2 million pound refurbishment and rebuild of the hospital Mortuary at the RSH. The hospital Mortuary is an important element of our Pathology operation and ensuring the new facility meets current and future expectation not just in terms of physical robustness but also user accountability is important.

Capital investment in the refurbishment of the main RSH Pathology Laboratory areas also saw opportunity to re-configure and remove some historic door access control vulnerabilities and expand the system to ensure no access can be gained to the department without passing through a swipe card enabled door. This strengthens our position for continued licensing of our Containment Level (CL) 1 & 2 laboratory facilities and will help reassure external auditors such as the HSE as to the safety of our operating environment.

Some progress was made towards improving other existing non-swipe card access control and other physical security arrangements, notably increased use of intruder alarm systems to take advantage of our 24/7 switchboard and on-site security staff presence to ensure rapid response and intervention in the event of an alarm activation. Main areas of improvement are highlighted below.

- PRH temporary mobile Theatre operating unit; reconfiguration of the units existing stand-alone intruder alarm¹⁶.
- Medical Records Archive, Queensway Business Park, Telford; reconfiguration of the buildings existing intruder (and fire) alarm systems to enable a more robust and rapid response in the event of activation.
- RSH Temporary Body Store; installation of an intruder alarm system. The presence of a temporary body store in the (publically accessible) Mortuary car park has been necessary due to on-going reconfiguration and rebuilding work of the existing hospital Mortuary which is expected to take around 12 months to complete. Ensuring appropriate arrangements for maintaining security and dignity of the deceased during this period of disruption is a priority.
- PRH; installation of external door access control system to existing unused hospital entry point to allow easier public access to new Maternity Day Assessment unit.

¹⁶ During the period the unit operated, security staff attended on a daily basis to assist nursing staff with the safe delivery and removal of controlled drugs.

- PRH; installation of intruder alarm suite in the Education Centre to protect equipment store and classrooms being equipped with valuable and attractive video conferencing and other special to type audio/video facilities.

4.2 *Closed Circuit Television (CCTV)*

The significant security advantage gained from the opening of our site CCTV camera control rooms at the RSH and PRH in recent years continues. The facilities have proved particularly helpful in the rapid investigation of missing patients some of whom have either inadvertently or intentionally wandered into and in some cases left the hospital sites.

44 CCTV cameras were installed in and around the new Shropshire Women & Children's Centre allowing monitoring of public spaces and external and internal entry/ egress points. The output from all of these cameras is fed back to the PRH CCTV camera control room where images are stored and controlled in accordance with our CCTV operating policy.

Routinely both hospitals have benefitted from the installation of 5 additional CCTV cameras at each site. At the RSH this supplemented the development of our new build 24/7 walk in Urgent Care Centre. At the PRH additional cameras were installed at:

- Public entrance doors adjacent Maternity Day Assessment Unit.
- Public entrance doors to the Paul Brown building.
- A&E Department; rear entrance off the main hospital street.
- Aside from reconfiguring existing cameras in our Library as part of a refurbishment program we installed two additional cameras in the adjacent Education Centre¹⁷.

CCTV equipment at all sites is covered by 24/7 call out maintenance support contracts and has at least 2 annual service inspections by a qualified engineer from our preferred contract support company ADT. Through the year a number of failed items of equipment (cameras (internal and external), monitors and ancillary operating equipment were replaced or repaired.

5 Manned Security Service

Security staff provide a general deterrent by their presence to all manner of threats including violence and aggression, theft, vandalism etc. Although security staff at both sites are provided by a parent company, they are very much seen as part of the hospital team and relied upon heavily for support across all areas of both hospitals.

5.1 *Numbers & Role of Security Officers*

There are two officers on duty at each of our main hospital sites on a 24/7 basis with a named supervisor who rotates between each site to ensure regular contact with all officers. The contract is manned by a core team of a supervisor plus 12 officers, supported by a list of named relief officers, the aim being that these relief officers work regularly at the hospitals to maintain competencies and recognise the skill sets required of security staff working at hospitals as opposed to less demanding and more traditional security settings.

¹⁷ These cameras will also help with patient safety as they provide coverage of a potential exit route for absconding patients from a nearby geriatric ward.

Security Officers attended the majority of all reported security incidents. With any aggression incident they are called to help provide reassurance and assistance in seeing the safe closure of the incident or prevent further escalation, as well as providing pre-arranged preventative support to staff to stop a foreseeable incident occurring or escalating. This may be as a result of a noted security alert against a patient or by support to midwife and social service teams planning/overseeing safeguarding transfer of a new born.

Security Officers at Shrewsbury remain linked via radio into the local 'Safer Shrewsbury' shop watch/pub watch network, which affords immediate access to local police support, acts as an early warning mechanism should problems be experienced in the local area and allows for sharing of intelligence and information on persons of concern to the local community. The scheme has proved successful in contributing to a reduction in anti-social behaviour and crime in Shrewsbury town centre¹⁸, an outcome which arguably benefits the Trust in a number of ways. The Partnership has also directly intervened to punish offenders when it has been seen that reported behaviour at the hospital stemmed from earlier misuse of alcohol purchased at members premises (where they were also misbehaved)¹⁹. No similar scheme operates in Telford and Wrekin district; however, Security Officers at the PRH are able to communicate with each other via two way radio.

Security Officers provide daily occurrence reports and specific written reports for incidents dealt with by them. Whilst security incident reporting is based on the report submissions by hospital staff (Datix) and Security Officers (written report), it should be noted that Security Officers attend a large number of requests for assistance which are seen as 'preventative support' i.e. by virtue of their attendance the concern that required their attendance either stops matter escalating and/or prevents an incident from even occurring e.g. when staff note a SEMA warning alert for aggressive tendencies by a patient which will trigger a request for security staff presence.

Security staff also contribute to a wide range of tasks which are not specifically recorded as security incidents, but occur on a daily basis, these include;

- Help with searching and location of absconded or missing patients deemed to be vulnerable and/or at high risk of self harm (patient safety incidents).
- Fire alarm activations and other fire incident related activity (fire safety incidents).
- Attendance at Air Ambulance arrival/departure (operational task).
- Emergency resuscitation team calls to victims in public areas of the hospitals to ensure resuscitation teams can work without disruption or oversight of victims and ensure safe passage for patient evacuation etc. (medical emergency task).
- Escort of General Office staff carrying out cash transfer and filling/emptying of change machines and collection of valuables from night safes (cash security).

In addition our security team played an important role in ensuring the success of a visit to the Trust by HRH, The Princess Royal to open the new Shropshire Women & Children's Centre in Jan 2015; 9 security staff assisted with the event providing support and reassurance to the Women & Children's Care Group Management Team and various police agencies involved in the visit. In the months prior to the event a number of pre-visit inspection and planning meetings were undertaken with West Mercia Police and officers from the Metropolitan Police Royalty Protection Team and security plans produced.

¹⁸ Safer Shrewsbury Pub Watch Annual General Meeting (AGM) 22 Apr 2015.

¹⁹ Safer Shrewsbury Partnership Annual Report 2014 dated 22 Apr 2015.

Additional security staffing was also put in place on key dates during the Christmas and New Year periods to provide reassurance and support to medical and nursing teams at both sites.

5.2 *Body Worn Video Surveillance (BWV) Equipment*

BWV surveillance equipment incorporating both image and audio recording was introduced on 1 Apr 2012 as a means of preventing anti-social and aggressive behaviour and is worn by Security Officers at both hospital sites. The equipment (six units in all) which continues to have a significant impact on reducing anti-social and/or aggressive behaviour was replaced with new updated equipment in early 2015. A statement on how the equipment is used and controlled is included within our published CCTV policy.

5.3 *Quality Assurance*

The previous reporting period saw the introduction of a locally devised hospital security staff quality assurance monitoring process. This is undertaken by the contract supervisor using an assessment process designed to specifically test an officer's competency and knowledge of his/her responsibilities when working at each hospital site. 8 of these assessments, which are undertaken randomly and without notice, were completed in 2014-15. The process includes a spot check of the officer's professional accreditation and licence compliance in relation to Security Industry Authority (SIA) and Private Security Industry Act (PSIA) as well as specific Trust requirements. Depending on outcome, a completed assessment can then be used to focus more attention and support to officers to re-enforce skills and knowledge and meet client expectation in terms of security officer response and actions. Completed assessments are retained by the Trust Security Manager.

6 **Communication, Awareness & Training**

Efforts continue to raise staff awareness on security matters and encourage a proactive security culture and the numbers of reported incidents reflects this. When appropriate, global e-mail alerts and warnings have been sent out to all recipients in the Trust. These include specific information received from the NHS Protect on persons of concern who have gained attention for adverse behaviour at national and regional level. These alerts are distributed on receipt to security teams and staff at admission points at both sites. Regular updates are sent out to staff on security improvements through Trust communication channels.

6.1 *Corporate Induction*

During the period, 666 staff members were given security and fraud awareness briefings and training at Corporate Induction²⁰.

6.2 *Conflict Resolution Training*

The Trust provides Conflict Resolution Training (CRT) for staff by way of foundation and refresher courses using the NHS Protect approved syllabus. Training was delivered to 426 staff during the reporting period by Learning & Development training staff²¹. In addition 92 medical staff undertook training via e-learning induction²²; following an increase in availability

²⁰ Figures from Learning Development wef 27 Apr 2015.

²¹ 576 places were made available but staffing pressures resulted in staff being withdrawn from training hence the low numbers of staff completing training.

²² Face to face training for junior medical staff is undertaken by the West Midlands Deanery.

of e-learning from 1 Mar 15 it is now possible for all staff to access this training through e-learning and 28 staff took this opportunity during Mar 15²³.

CRT is included in the preventative security risk assessment process (1.3 refers) and data regarding numbers of trained staff is discussed. CRT is most effective for cases of intentional violence and aggression and this is somewhat recognised by our reported figures for levels of clinical or non-intentional violence and aggression, which whilst remaining with upper and lower control level limits are seeing the level of reduction we would like. As part of a new approach to training from 23 Apr 15 we will be incorporating a combination of CRT and skills for managing challenging behaviour. The training, which will be based on new guidance released by NHS Protect and endorsed by numerous national bodies involved in or responsible for care of such patients or those staff being asked to care for them²⁴, will be delivered by staff from CCG RAID Teams from 23 Apr 2015. The benefit is that the training will be delivered by expert and experienced clinicians. This will be funded through existing financial provision within the NHS Standard Contract between the Trust and its CCG's.

6.3 *Lone Workers*

During the period 17 members of staff who work alone in the community (regularly and/or occasionally) were trained on lone worker device usage and personal security. All staff using lone worker devices for use under the off site strategy are given training by the service provider prior to a device being enabled. The training not only informs on how to use the device in terms of practicalities like switching on and off and battery charging, but also informs on the risks to lone workers identifying vulnerabilities and risk assessment.

6.4 *Local Security Management Specialist (LSMS) Forum*

The Trust Security Manager attends quarterly meetings of the West Midlands area LSMS. This is an important forum and opportunity for briefing and discussion on the latest security issues affecting NHS interests in the West Midlands and nationally and has a range of speakers from the security industry and health sectors.

6.5 *De-Escalation & Management Intervention (DMI) for Security Staff*

With non intentional/clinical aggression security staff provide assistance and support to medical and nursing staff to ensure no harm comes to either patients or staff. To provide security staff with the skills and confidence to do this specialist DMI training has been undertaken delivered by accredited NHS training staff from South Staffordshire & Shropshire Mental Health Foundation Trust (SSSMHFT). The training, which consists of a 5 day foundation course and annual refresher days thereafter, has been accredited by the British Institute for Learning & Development (BILD) and the Institute of Conflict Management. A syllabus ordinarily delivered to NHS Mental Health professionals working at SSSMHFT is followed, but with additional bespoke content aimed at recognising the role of our security staff and the varied and different circumstances and settings experienced in a busy acute hospital environment. In the reporting period our contract supervisor, 12 core team security staff and 2 of our regular relief staff have all completed the initial 5 day foundation course.

6.6 *Statutory SIA Training for Security Staff*

In line with national security industry guidelines on licensing of contracted security staff training in public space surveillance (CCTV) training was undertaken by 8 of our core and relief team

²³ In accordance with our training policies front line staff will continue to receive face to face CRT from Learning & Development staff.

²⁴ Meeting needs & reducing stress (NHS Protect 2013).

security staff; 6 staff undertook refresher training in Door Supervision Training; both training elements were delivered by training staff from our security staff's parent company MITIE Total Security Management (TSM).

6.7 *Project Griffin Training for Security Staff*

Project Griffin, is a national police initiative designed to protect cities and communities from the threat of terrorism. It brings together and coordinates the resources of the police, emergency services, local authorities, business and the private sector security industry. Its remit is to advise and familiarise managers, security officers and employees of large public and private sector organisations on security, counter-terrorism and crime prevention issues. Project Griffin was delivered to 6 new core team security staff in January.

7 **Conclusion/Year Ahead**

In addition to maintaining and progressing *all* of the activity already covered by this report, in particular administering and responding to reported incidents, we will also seek to:

- Develop and implement action plans to address the five 'Amber' concerns in our recent NHS Protect Quality Assurance inspection.
- Further develop security CCTV facilities at the RSH by investigating means monitoring of CCTV camera outputs on outlying sites such as the Boiler House and Recycling compound and the Decontamination and Sterilisation Unit and Medical Records Archive at the Queensway Business Park, Telford by main site CCTV camera control rooms and continue to fill in gaps in our CCTV capability at both sites.
- Continue developing links with local police and other partners to ensure clear messages regarding unwelcome and anti-social behaviour to reinforce the Board's robust approach to abuse of staff and patients.
- See the continued use of our preventative security risk assessment programme in order to help and support ward management teams with identifying unforeseen or unidentified security risks and meeting required security standards.
- Support the development and delivery of more targeted training in dealing with patients displaying challenging behaviour which is related to their clinical condition.