

Annual Security Report

2011-12

Putting
Patients
First

Honesty
and
Integrity

Being a
Clinically-Led
Organisation

Working and
Collaborating
Together

Encouraging
Individual
Ability and
Creativity

Taking Pride in
our Work
and our
Organisation

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 (see Appendix 1) and the Trust's objectives of enhancing patient experience, safety and effectiveness and supporting and developing our workforce in a learning organisation and working as the partner of choice.

The Julia Clarke (Director of Compliance & Risk Management) has been designated as the board-level lead for security management matters, including tackling violence against NHS staff, as required in the Secretary of State's Directions of 2003.

Barry Simms is the non-executive Director with special responsibility for security management.

Jon Simpson is the Trust Security Manager and Local Security Management Specialist (LSMS).

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

April 2012

Julia Clarke
Director Compliance & Risk Management

Barry Simms
Non-Executive Director

| Contents | | Page |
|-----------------|--|-------------|
| | Title Page | 1 |
| | Foreword | 2 |
| | Contents Page | 3 |
| | Introduction | 4 |
| 1 | Corporate & Compliance | 5 |
| 2 | Security Incident Reporting | 6 |
| 3 | Protecting People | 7 |
| 4 | Protecting Property & Assets | 13 |
| 5 | Communication, Awareness & Training | 14 |
| 6 | Conclusion | 15 |
| 7 | Recommendations | 15 |
| 8 | Appendix 1 - Underpinning Our Values | 16 |

Introduction

The NHS Security Management Service remains responsible for the security of staff and property. This includes:

- Protecting NHS staff from violence and abuse;
- Taking appropriate action against those who abuse, or attempt to abuse, NHS staff;
- Helping to ensure the security of property, facilities, equipment and resources.

The Julia Clarke (Director of Compliance & Risk Management) 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 responsible for security is Barry Simms.

Day to day security management is undertaken by Jon Simpson, the Trust Security Manager and accredited Local Security Management Specialist (LSMS). The LSMS is directly responsible for translating guidance, policies and initiatives into good practice locally and works closely with staff at all levels and 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 to supporting partner agencies undertaking criminal proceedings on behalf of the Trust.

This report summarises work undertaken in the last year to address key security issues including violence and aggression and the protection of property and assets. The Board is clear that the starting point for sound security arrangements is a robust strategic approach, to provide clear goals and a clear business process and framework for all staff. This is reflected within this annual report which considers policy development that 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.

1 Corporate & Compliance

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

1.1 During 2011-12, the following security policies were updated and amended in preparation for an NHSLA (Level 1) assessment which took place in Dec 2011; all security policies passed assessment.

- Trust Security Management Policy
- Trust Violence & Aggression Policy
- Trust Lock-Down Policy (to control staff and patients in involvement in high-risk situations)

1.2 NHSLA Core Standard 4 concerns Safe Environment and outlines specific requirements in respect of secure environment and dealing with violence and aggression. Whilst responsibility rests with all department managers to ensure necessary risk assessment is carried out for their areas, an initial pilot program of planned preventative security risk assessment, undertaken by the Trust Security Manager with department managers was completed of a number of key departments who were chosen because of their role or acknowledged vulnerabilities/sensitivities (see Table 1). This joint approach is being undertaken to encourage security management engagement with department managers. An accelerated program of assessment is planned for 2012-13.

Table 1 – Risk assessments undertaken in 2011-12

| Department |
|---|
| Princess Royal Hospital Ward 2 (Paediatrics) |
| Princess Royal Hospital A&E |
| Princess Royal Hospital X-Ray |
| Royal Shrewsbury Hospital Ward 22SR |
| Royal Shrewsbury Hospital Ward 24 CCU |
| Royal Shrewsbury Hospital A&E |
| Royal Shrewsbury Hospital Ward 16 (Paediatrics) |

1.3 In addition, the Trust CCTV policy was updated to reflect the introduction and use of Body Worn Video (BWV) equipment by security staff (paragraph 3.5 refers). Advice and security management input has also been provided to draft policies on restraint and management of patient property.

2 Security Incident Reporting

Security incident reporting remains key to the introduction of a pro-security culture; incident reporting remains high, demonstrating good awareness by staff on how to report incidents and the need for doing so.

2.1 Comparative figures for 2011-12 are shown in Table 2.

Table 2 - Security Incident Reporting

| ALL SECURITY INCIDENTS | | | |
|-------------------------------|----------------|----------------|----------------|
| | 2009/10 | 2010/11 | 2011/12 |
| First quarter: Apr, May, Jun | 239 | 195 | 193 |
| Second quarter: Jul, Aug, Sep | 219 | 206 | 257 |
| Third quarter: Oct, Nov, Dec | 233 | 193 | 224 |
| Fourth quarter: Jan, Feb, Mar | 222 | 199 | 208 |
| Running Total | 913 | 793 | 882 |

2.2 Of the reported 882 incidents in 2011-12, 454 occurred at the Royal Shrewsbury Hospital, 420 occurred at Princess Royal Hospital and 8 occurred at other healthcare/NHS/PCT premises but involved Trust staff, information or assets. The vast majority of incidents affected staff and concerned aggression or unwelcome behaviour from service users (patients or other members of the public) (section 3 refers). Other security incident reporting categories include damage to Trust and non-Trust property, information security, theft of Trust and non-Trust property, trespass and suspicious incidents that have given concern to staff or members of the public.

2.3 Of particular note was the theft in November 2011 of a quantity of medical gas bottles from the main gas bottle store at the Royal Shrewsbury Hospital. This incident occurred during the early hours and involved two men using a vehicle, in what was clearly a pre-meditated planned event involving the forced opening of the store doors and swift removal of a number of bottles of gas of a particular type and size. Details concerning improvements to better protect the store are in para 4.1.

3 Protecting People

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 and where the risk of violence is minimised.

3.1 Violence & Aggression

(i) Intentional violence or aggression

Figures for reported intentional violence or aggression incidents in 2011-12 are shown in Table 3¹. Intentional incidents ranged from acts of physical assault, use of threatening or intimidating behaviour, racial abuse to abusive phone calls. Excess alcohol and/or drug misuse are not seen as mitigating circumstances for adverse behaviour, but rather as aggravating factors.

Table 3 - Violence & Aggression (Intentional) 2009/10 to 2011/12

| ALL INTENTIONAL "VIOLENCE & AGGRESSION" INCIDENTS | Year | | |
|---|------------|------------|------------|
| | 2009/10 | 2010/11 | 2011/12 |
| First quarter: Apr, May, Jun | 75 | 50 | 40 |
| Second quarter: Jul, Aug, Sep | 74 | 54 | 56 |
| Third quarter: Oct, Nov, Dec | 54 | 56 | 47 |
| Fourth quarter: Jan, Feb, Mar | 62 | 48 | 48 |
| Running Total | 265 | 208 | 191 |

Perceptions of effective action from employer by staff towards violence and harassment in 2011/12 saw no change from 2010-11 with the Trust being rated 'below (worse than) average' in the latest NHS staff survey.

During the reporting period the NHS published comparative data on reported physical assaults for 2010-11; this data provides a useful comparison on how the Trust fares on the issue of violence and aggression nationally. To this end we reported 21 intentional physical assaults in 2010-11 (a drop of 12% on 2009-10) which placed us 107th out of 168 Acute Hospital Trust's and well away from the worst/highest 20% of hospitals effected by this issue. Moreover our declared criminal sanctions in respect of reported physical assaults for 2010-11 placed us joint 12th out of 168, very much in the highest/best 10% for such activity.

The figures in Table 3 show further consecutive decreases for 2011-12 in the amount of intentional incidents with a 28% fall since 2009/10. Of the reported 191 intentional violence and aggression incidents in 2011-12, 81 occurred at the Royal Shrewsbury Hospital, 109 occurred at Princess Royal Hospital.

¹ Concerning all staff (Trust and other NHS) patients, visitors and contractors.

(ii) Non-intentional / clinical violence & aggression

These are clinical incidents are those incidents where an individual is deemed to lack mental capacity and cannot be held responsible for their actions due to their medical condition, treatment or other underlying medical issue.

Table 4² - Violence & Aggression (non-intentional/clinical)

| NON-INTENTIONAL / CLINICAL "VIOLENCE & AGGRESSION" INCIDENTS | Year | | |
|--|------------|------------|------------|
| | 2009/10 | 2010/11 | 2011/12 |
| First quarter: Apr, May, Jun | 71 | 61 | 85 |
| Second quarter: Jul, Aug, Sep | 63 | 58 | 119 |
| Third quarter: Oct, Nov, Dec | 86 | 68 | 85 |
| Fourth quarter: Jan, Feb, Mar | 61 | 85 | 72 |
| Running Total | 281 | 272 | 361 |

These have seen an increase from the previous year.

3.2 Dealing with Violence and Aggression

An escalated approach is used to deal with violent and aggressive incidents as detailed in the Trust policy on such, namely:

Step 1 – Using conflict resolution techniques to diffuse situations.

Step 2 – Enlisting the assistance of hospital security officers.

Step 3 – Enlisting the assistance of the police.

3.2.1 Conflict Resolution Training

The Trust provides Conflict Resolution Training for all staff by way of foundation and refresher courses delivered by the Learning & Development Team. Conflict Resolution Training was delivered to 511 staff during the reporting period, an increase of 138 on the previous year.

Table 5 - Number of staff trained in CRT – 3 year comparison

| Year | Number of staff |
|---------|-----------------|
| 2011-12 | 511 |
| 2010-11 | 373 |
| 2009-10 | 302 |

² Concerning all staff (Trust and other NHS) patients, visitors and contractors.

3.2.2 Hospital Security Staff

The current service provider for manned security, Securitas, continue to display a proactive approach towards recruiting and retaining security guards more appropriate for hospital security work, which is very different to the more traditional security officer roles. Monthly meetings are held between the Trust Security Manager and an account manager from Securitas to ensure contract compliance and appropriate engagement. Officers at both sites continue to provide daily occurrence reports recording daily routine security activity as well as specific incident reports for incidents or adverse events attended by, or dealt with, by them.

The role of officers is to provide a general deterrent by their presence to all manner of threats including violence and aggression, theft, vandalism etc. With violence and aggression, where the incidents are seen as non-intentional, they provide assistance and support to medical and nursing staff when requested. Security staff at Shrewsbury remain linked via radio into the local 'Safer Shrewsbury' shop watch/pub watch network, which affords access to local police support and acts as an early warning mechanism should problems be experienced in the local area. No similar scheme operates in Telford and Wrekin district; however the security staff are able to communicate with each other via radio.

A request for funding to support a two man security presence 24/7 from 2012-13 has not been approved due to budgetary constraints. Staffing remains at one officer 24/7 at each site with a second officer on duty at each site between 1600-0400 hrs daily.

Body Worn Video (BWV) equipment in the form a chest camera, incorporating both image and audio recording has been introduced in 2012 as a means of preventing anti-social and aggressive behaviour. Where this behaviour occurs, BWV assists in obtaining unquestionable evidence to gain sanction and redress. The BWV equipment has been purchased and is worn by security teams at both hospital sites. The equipment comprises a recording unit (clipped to a belt or stored in a pocket/pouch) and a combined camera and microphone unit attached to a stab vest just below the collar line. West Mercia Police who use similar equipment have reported marked decreases in levels of anti-social behaviour where the equipment is used and also increased levels of 'guilty' pleas when perpetrators were shown recorded evidence. The CPS has confirmed it will form prima facie evidence. The equipment has recently been introduced at the George Elliot hospital in Nuneaton and has proved successful.

A policy for usage has been drawn up with clinical staff which also draws on the experience and the equipment will not be used where patients are deemed to be lacking capacity. Introduction of the equipment is supported by A&E Consultant leads and Nurse Managers who were involved in a consultation process and attended equipment demonstrations by West Mercia Police.

3.2.3 Police Interventions & Liaison

During 2011-12 police assistance and intervention remained strong; this assistance ranged from persons being arrested for assault or other public order offences, breach of the peace and drunk and disorderly. Liaison with the local policing teams at both sites remains strong with regular Local Policing Team liaison and communication.

On 31 October 2011, a national Agreement between the Police (ACPO), the Crown Prosecution Service (CPS) and NHS Protect was published. The Agreement was drawn up to address crime and disorder issues affecting NHS employees and premises. It was recognised that NHS staff, like the police, are among the most likely to face violence and abuse at work.

During November and December, Julia Clarke, lead Director for security and Trust Security Manager, Jon Simpson met with local police at Divisional level and representatives from the Crown Prosecution Service (West Mercia) to discuss the Agreement and how it could be implemented at a local level.

Both police divisions have since issued advice to their front-line teams advising them they should always seek to:

- Take positive action when dealing with people committing crime or disorder at NHS premises and who are deemed to have capacity (drink and drugs are seen as aggravating factors for bad behaviour rather than mitigating ones) and that simply removing an individual may only relieve the problem in the short-term and more formal sanctions should be considered, whether it is a formal arrest or a community resolution order to prevent problems of re-offending in the future.
- NHS victims and witnesses should be properly advised about the range of outcomes, and reassurance given to staff that are reluctant to pursue a complaint.
- To consider Anti-Social Behaviour Orders at an early stage as there is evidence that this has been effective in the past.

The CPS has also issued guidance across West Mercia confirming that attacks on NHS staff should be progressed wherever possible.

3.3 *Post Incident Action, Sanction & Redress, Feedback*

All reported security incidents are individually assessed, investigated and progressed in an appropriate and timely manner. This includes liaison with staff affected by serious incident and/or their line management. The Director of Compliance & Risk Management acknowledges each reported incident of violence and aggression (intentional or not) by writing to the affected members of staff offering support through line management or occupational health and counselling services and advising of the Trust's response to incidents. During the period 313 letters offering support and/or feedback to staff were sent to staff affected by incidents and/or department managers whose staff were involved or affected by incidents.

Where an assailant's actions were intentional, a warning letter, signed by the Chief Executive, is 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 Trust³; 60 of these letters were issued during the reporting period (19 less than the previous year, reflective of reported decreasing levels of intentional aggression).

³ 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.

With the support of the police, two patients were served individual acknowledgement of responsibilities agreements which outline future expected behavior when on Trust premises. In both instances the patients signed the agreements, which it is hoped will regulate adverse behavior previously shown by both. The agreements do not rule out the possibility for further sanction or action by the Trust should previous bad behavior be repeated or the agreement broken.

Serious offences result in police investigation and criminal prosecution. The Trust supports all of these actions; this often includes provision of supporting CCTV⁴ and documentary evidence. Table 6 summarises the amount of sanctions/prosecutions bought in the last 3 years on reported incidents of physical assault⁵. These outcomes have kept us in the highest/best 10% for such activity in the last 3 years.

Table 6 - Number of sanctions/prosecutions – 3 year comparison

| Year | Number of physical assaults | Number of sanctions |
|---------|-----------------------------|---------------------|
| 2011-12 | 14 | 6 |
| 2010-11 | 20 | 9 |
| 2009-10 | 18 | 8 |

The following are examples of final outcomes to incidents that resulted in some form of sanction/prosecution during 2011-12:

- An instance of assault that occurred on 23 October 2011 at the Royal Shrewsbury Hospital was dealt with at the request of the victim (female staff nurse) through community resolution, in that the male perpetrator/patient was made to apologise in person to the victim at a meeting arranged and managed by the police on a date and time that suited the victim.
- On 1 July 2011, a male patient, who was described as being heavily under the influence of alcohol attended the Royal Shrewsbury Hospital A&E and told another member of the public that he, had a bomb in the bag he was carrying. The bag was searched by security staff and police, but no bomb was found. The patient was subsequently arrested by police for breach of an existing court order and later fined and awarded costs at Magistrates Court; in addition he was given a variation on his court order which had been set to expire prior to the reported incident.
- Following an aggressive outburst towards staff at the Princess Royal Hospital A&E department in January 2011, a male patient was removed from the department by police and security staff. He was subsequently made the subject of a Criminal Anti-Social Behaviour Order (CRASBO) by Telford Magistrates Court. This order was made following the individual's involvement in a series of adverse incidents in the Telford & Wrekin area involving staff from the emergency services, and other similar incidents at the Princess Royal Hospital. The order, which lasts until 18

⁴ For information on improvements to and use of CCTV see paragraph 4.2

⁵ It should be noted that it is not always possible to gain an outcome because the individual may not have been identified or because the victim reports and/or requests immediate support to deal with an incident but then makes no formal complaint.

April 2013, specifically orders the patient not to engage in conduct likely to cause harassment, alarm or distress to others or be drunk or disorderly within the county of Shropshire or use at any time, threatening, abusive or insulting words or behaviour.

- A member of the public was charged with outraging public decency after an incident in the A&E waiting room at the Royal Shrewsbury Hospital. He subsequently pleaded guilty at Shrewsbury Magistrates Court and was awarded £65 costs £150 fine. On conviction, the matter was brought to the attention of the Safer Shrewsbury Pub-Watch Banning Committee by the Shrewsbury Police Pub-Watch Liaison Officer. On referral, the committee unanimously agreed that the person concerned should be the subject of an immediate banning order to all licensed premises involved in the Pub-Watch scheme until 20 May 2014.

3.4 *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 on-site.

(i) Off-Site Strategy

The lone worker device used is a nationally introduced model that includes a panic alarm that can be discreetly activated and which opens a line of communication to a central control point, thereby allowing situation assessment and suitable response to be raised as well as recording of evidence. An automated panic alarm also activates if the device is subject to forced removal from the user or the user experiences a sharp fall. Regular contract meetings are held with Reliance, who manage/operate the scheme, to ensure efficient service delivery and contract compliance. 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.

The Trust has a total of 289 devices in use and issued to staff who work alone in the community (regularly and/or occasionally). During the reporting period, 39 additional members of staff were trained on lone worker device usage and given use of devices, either as new starters/replacement staff or because of a new requirement as was the case for 14 Radiographers in the Breast Screening Department who are now regularly carrying out clinics at mobile Breast Screening vans located at various locations around the county.

(ii) On-Site Strategy

In this system, upgraded hospital pagers allow a lone worker to send a discreet alert to security staff pagers e.g. 'pathology – lone worker'. Since the last report more pagers have been ordered by a number of different departments as staff and management awareness on the availability of the equipment, and the support that can be generated, increases. The system has also been used to specifically support individual staff who have found themselves, through no fault of their own, having to face on-going threats whilst at work from specific individuals.

(iii) Baby Tagging

Baby tagging has been used for some years as a means of providing additional reassurance regarding the security of new-born babies on Wards 18 and 19 at the Royal Shrewsbury Hospital Maternity building. In the reporting period the system was given a significant upgrade to provide more robust signal coverage across Wards 18, 19 and 20 where initial tagging takes place. At the same time a stronger maintenance and support contract was put in place.

The upgrade means that the system is now using the latest operating software and technologies, in addition to the complete replacement of all existing tags with new ones which also take advantage of advances in technology and are less intrusive in terms of size when fitted to a new-born but provide a more reliable output. Initial feedback from senior midwives about the upgrade is positive and it is thought staff confidence will only increase as the system becomes bedded in. The systems performance will be monitored closely in the coming months to help with future decisions for equipping the new build Women & Childrens Unit at the Princess Royal Hospital, the Midwife Led Unit (MLU) being included in the new community hospital at Ludlow and thereafter other existing MLU around the county.

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, materials and equipment, as well as staff and patients' personal possessions.

4.1 Access Control

Work to see the complete transfer of departments and staff using the old proximity swipe card system at the Royal Shrewsbury Hospital was completed in August 2011 following the systems earlier upgrade. This system now provides the Trust with a high grade access control solution that, with use of network technology can be expanded across both the Royal Shrewsbury Hospital and Princes Royal Hospital sites. This will provide a high grade default solution for future new builds and refurbishments, as in the case of the reconfiguration new build Women & Childrens Unit at the Princess Royal Hospital. Significant security advantage can be gained from using a single access control system across the whole organisation, as well as security efficiencies for staff working cross site and for staff transferring from Royal Shrewsbury Hospital to Princess Royal Hospital when the new build is complete, as there will be no change or additional disruption subject to the re-programming of existing card permissions.

A request for capital funding for 2012-13 to see the expansion of the system to other existing departments at both sites, deemed to be of higher risk than others and requiring better protection because of their sensitivity and role, and whose existing access control arrangements are weak, was turned down due to financial constraints.

Some progress was made towards improving other existing non-swipe card access control arrangements across both sites through the use of (Estates) contingency funding. Areas of improvement include the Royal Shrewsbury Hospital Boiler House

and Waste Transfer station and the door sets in underground link corridor between the Royal Shrewsbury Hospital North and Maternity buildings. Work to improve general safety in and around the main loading bay and delivery yard, the mortuary entrance and the tug ramp at the Princess Royal Hospital has also resulted in either upgrade or installation of a number of new door sets, each with integral and bespoke access control features. Whilst this work was undertaken primarily to address issues of staff and pedestrian safety, the work has resulted in some significant security advantage for this area of the Princess Royal Hospital reducing the opportunity for casual access. Similar changes to infrastructure and day time operating practices have been made at the Royal Shrewsbury Hospital stores, which has again delivered considerable security advantage and reduced opportunity for casual theft of deliveries or unnecessary/casual intrusion.

Work has also been undertaken to improve protection of the main gas bottle store at the Royal Shrewsbury Hospital following the highlighted theft (para 2.2 refers) including installation of better locks and hinge bolts to the doors and an intruder alarm, configured to take advantage of our 24/7 switchboard and manned security provision.

4.2 *Closed Circuit Television (CCTV)*

A request for capital funding for 2012-13 to see the expansion of CCTV systems at both sites has been turned down due to financial constraints. Proposed works included centralisation of all existing CCTV facilities at each site to allow a monitored CCTV operation by security staff. Additionally it was proposed that the installation of additional cameras at the Royal Shrewsbury Hospital would offer a comparable service and coverage to that at the Princess Royal Hospital.

Despite this set-back, annual maintenance at both sites as well as repair to existing infrastructure has been carried out in the reporting period by an approved contractor.

No disclosures or releases of footage were requested by or made to the public during the reporting period. The Trust assisted and provided footage to the police on 17 occasions during the reporting period.

5 **Communication, Awareness & Training**

Efforts continue to raise staff awareness on security matters and encourage a proactive security culture and the numbers of reported incidents is reflective of this. When appropriate, global e-mail alerts and warnings have been sent out to all recipients in the Trust. Specific information received from the NHS SMS on persons of concern who have gained attention for adverse behaviour at national level are distributed on receipt to security teams and staff at admission points at both hospital sites.

5.1 *Staff Induction*

During the period, 726 staff members were given security awareness briefings and training at Corporate Induction.

5.2 *Conflict Resolution Training*

The Trust provides Conflict Resolution Training for all staff by way of foundation and refresher courses using the NHS Protect approved syllabus. Training was delivered to 511 staff during the reporting period, an increase of 138 on the previous year.

5.3 *Lone Workers*

During the period 39 members of staff who work alone in the community (regularly and/or occasionally) were trained during the period on lone worker device usage and personal security. Since December 2009, a total of 313 staff who work alone in the community (regularly and/or occasionally) have now received training on Lone Working and been issued with devices as described in paragraph 3.6.

5.4 *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 both in the West Midlands area and nationally, with a range of speakers from the security industry and health sectors.

6 **Conclusion**

The Board is committed to delivering an environment for those who use or work in the Trust that is properly secure so that the highest possible standard of clinical care can be made available to patients. The consequences of violence on staff working in the NHS are difficult to quantify, but in financial terms the National Audit Office estimates this to be at least £69m per annum⁶, with staff having to take time off as a result of being involved in an assault.

6.1 The attached work plan shows the area for focus in 2012-13 to deliver the key aims of creating a pro-security culture, deterring those who are minded to breach security, preventing, detecting and investigating security incidents and applying for a range of sanctions against those responsible.

6.2 For all these reasons the Board is committed to making this Trust a safe and secure place in which to work and receive treatment. It is simply not acceptable for standards of patient care to be diminished by the actions of an irresponsible anti-social minority.

7 **Recommendations**

The Board is asked to:

- a. **NOTE** the progress in relation to matters security across the Trust.
- b. **APPROVE** the proposed 2012-13 work plan (Attachment 1).

⁶ A Safer Place to Work: Protecting NHS Hospital and ambulance staff from Violence and aggression 2005.

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| <p>Putting Patients First</p> | <p>Security provision is formed by organisational need and priorities, with the core aims of improving patient care and service delivery and enhancing the safety of patients.</p> |
| <p>Honesty & Integrity</p> | <p>All development activity should be assessed against identified need, and planned to deliver required changes in performance and behaviour.</p> |
| <p>Being a Clinically Led Organisation</p> | <p>Security is viewed as something critical to being able to allow staff to perform tasks unhindered and allow patients to be treated and recover in a safe and secure environment.</p> |
| <p>Working & Collaborating Together</p> | <p>We seek to work closely with partner agencies including the police, local authorities and our contracted security company to provide the community with a means of receiving health care in as safe and secure environment as possible.</p> |
| <p>Encouraging Individual Ability and Creativity</p> | <p>Managers and staff alike have a responsibility for security and ensuring risks and vulnerabilities are identified and solutions highlighted so action can be taken.</p> |
| <p>Taking Pride in our Work and our Organisation</p> | <p>The role and contribution of managers and staff at all levels is central to maintaining a safe and secure environment.</p> |