The Shrewsbury and Telford Hospital NHS Trust

TRUST BOARD 29 September 2011

ANALYSIS OF SECURITY INCIDENT REPORTING & CURRENT RESPONSES

EXECUTIVE DIRECTOR AUTHOR	Adam Cairns - CEO Jon Simpson – Trust Security Manager Debbie Vogler Director of Strategy
OBJECTIVES	A4. Maximise productivity and efficiency of our services. B2. Ensure our patients have a good experience. C1. Ensure that we learn from mistakes and embrace what works well. C4. Ensure our patients suffer no avoidable harm. C5. Meet regulatory requirements and healthcare standards. D8. Invest in a more flexible and responsive work force.
EXECUTIVE SUMMARY	This paper provides a detailed analysis of reported security incidents up to and for the year end 2010-11 (Appendix 1) and a summary of other on-going work and actions to address reported security issues (Appendix 2). It is recognised that security officer numbers and capital investment are important to the effectiveness of any security management strategy, hence the decision to commit to re-considering further funding for 2012-13.
KEY FACTS	The NHS Staff Survey 2010 placed the Trust in the top 20% of Trusts affected in relation to staff experiencing violence and aggression. • 793 reported security incidents in 2010-11 that required further attention; 469 of these related to violence and aggression. • 23 of the 469 concerned intentional physical attacks on staff, 144 concerned intentional threats of aggression/verbal abuse. 140 were deemed as non-intentional physical assaults, 74 were non-intentional threatening or abusive. Measures to address security incidents continues within the Trust (Appendix 2 details example incidents/outcomes): • 373 staff received Conflict Resolution Training (CRT) in 2010-11. • Each site has one security officer on duty 24/7 with an extra officer between 1600-0400 hrs. Since the 1600-0400 officers were introduced reported incidents have decreased (see Appendix 1, Table 2). We have received complements from public and staff on security assistance received but also complaints about inadequate security provision. Police support remains strong with 153 reported instances of emergency assistance/support in 2010-11. • 79 letters were sent in 2010-11 from the CE to patients regarding poor behaviour; others have been excluded from premises or served behavioural contracts. CCTV and other documentary evidence have been used to support police investigations, prosecutions and obtaining Court Orders. The Trust were in the top 5% for bringing a form of criminal sanction against perpetrators of intentional physical assaults. • 270 staff working alone 'off site' have been trained/given security devices via a national scheme overseen by NHS Protect. On-site workers have access to modified pagers which summon rapid response from hospital security staff. • Planned maintenance of existing CCTV facilities continues. Emergency funding has been secured for essential upgrade of failing and unsupported swipe card access control systems at the RSH as well as addressing some gaps in existing control points to sensitive areas.
RECOMMENDATION	The Trust Board is asked to **NOTE** the reported security incidents for 2010/11 and the ongoing work and actions to address this issue.

APPENDIX 1 – SECURITY INCIDENT REPORTING ANALYSIS

REPORTED SECURITY INCIDENTS

Table 1 highlights reported security incident figures in recent years.

Table 1

ALL SECURITY INCIDENTS	Year			
	2007/8	**2008/9**	**2009/10**	**2010/11**
First quarter: Apr, May, Jun	88	160	239	195
Second quarter: Jul, Aug, Sep	136	140	219	206
Third quarter: Oct, Nov, Dec	100	247	233	193
Fourth quarter: Jan, Feb, Mar	76	210	222	199
Running Total	**400**	**757**	**913**	**793**

The split between sites during 2010-11 was thus: 454 incidents happened at RSH and 324 at PRH, 15 occurred either off site or at other healthcare/NHS/PCT premises but involved Trust staff.

VIOLENCE & AGGRESSION

Table 2 shows the majority of security incidents relate to violence and aggression, most of these affected staff. Non-intentional incidents are those incidents where the individual lacks capacity and is not held responsible for their actions due to medical condition, treatment or other underlying medical issue. Excess alcohol and/or drug misuse are not seen as mitigating circumstances for adverse behaviour but rather as aggravating factors.

Table 2

ALL "VIOLENCE & AGGRESSION" INCIDENTS	**Year**			
	2007/08	**2008/09**	**2009/10**	**2010/11**
First quarter: Apr, May, Jun	49	97	146	110
Second quarter: Jul, Aug, Sep	90	81	137	109
Third quarter: Oct, Nov, Dec	66	180	140	124
Fourth quarter: Jan, Feb, Mar	53	129	123	126
Running Total	**258**	**487**	**546**	**469**

In comparison to other Acute Trusts, for acts of intentional physical assault the Trust came 109/168 and for non-intentional assault 148/168[1]. Violence and aggression incidents at the Trust in 2010-11 can be broken down thus:

Intentional Violence or Aggression towards staff:

- Physical attacks   23   Non physical (verbal and threatening behaviour)   144

Non Intentional Violence or Aggression towards staff:

- Physical attacks   140   Non physical (verbal and threatening behaviour)   74

During 2010-11, 215 violence and aggression incidents occurred at the RSH, 164 at PRH, 2 occurred either off site or at other healthcare/NHS/PCT premises but involved Trust staff.

---

[1] National DH Violence again Staff (VAS) audit 2009-10.

APPENDIX 2 – SUMMARY OF MEASURES TO ADDRESS REPORTED SECURITY INCIDENTS

TACKLING VIOLENCE & AGGRESSION

The Trust has a published policy for dealing with violence and aggression which includes a stepped process for dealing with violent and aggressive situations of any type; intentional and non-intentional, physical and non-physical, thus:

1) Use of Conflict Resolution Skills (CRT) to defuse and calm situations, particularly if the patient has capacity.

2) Support from security staff for violent and/or aggressive patients/persons.

3) Enlisting the assistance and support of the police.

In addition it has specific policies and procedures for supporting lone workers.

Conflict Resolution Training

Using the NHS Protect training package, 302 staff were trained during 2009-10 and 373 in 2010-11. A Training Needs Analysis (TNA) for CRT is regularly reviewed in line with the Trust Violence & Aggression policy.

Security Officers

Security officers deal with violent and/or aggressive patients who are seen to have capacity and are responsible for their actions and also provide underlined assistance to nursing staff when requested to deal with violent or uncontrollable patients who lack capacity, particularly those patients requiring to be calmed so they may be treated by staff. A recent forum hosted by NHS Protect suggested that the DH now recognise that CRT is not effective in dealing with patients who lack capacity i.e. negotiating with a patient in final stage dementia is seen as unrealistic therein making step 2 and 3 all the more important. Security staffs also patrol premises as a deterrent to those intent on other criminal activity and respond and provide support in emergency and a multitude of other situations such as fire alarm activations, supporting social services with removal of paediatric from parents, attempted thefts and acts of trespass.

Security staffs provide visible reassurance to patients and visitors showing that the Trust takes their safety and security seriously. We have received complements from staff and public on security assistance received, at the same time complaints have also been received that at certain times there appears to be an inadequate security provision. There is currently one officer on duty 24/7 at each site and one additional officer at each site between 1600-0400 daily. Since the arrival of an additional officer between 1600-0400 hrs daily there has been a drop in reported incidents from 2009-10 to 2010-11 (Table 2 refers). Security staff at Shrewsbury are linked via radio into the local 'Safer Shrewsbury' shop watch / pub watch network, which affords immediate access to local police support and acts as an early warning mechanism should problems be being experienced in the local area. No similar scheme operates in Telford and Wrekin district however; security staffs are able to communicate with each other via radio.

Security officer numbers have been reviewed in recent months by the Executive Team but due to the financial situation it was agreed this could not be progressed in the current financial year but would be re-considered for 2012/13.

Police Support

Police support to both sites remains positive. Over the reporting year 2010-11 there were 153 reported instances where their assistance was requested. Table 3 provides a snap-shot of how different (not all) incidents were dealt with by them during the reporting year.

Table 3:

Persons arrested/detained/removed under Mental Health Act	4
Persons arrested and/or charged with assault	4
Theft of non-Trust property – undetected no perpetrator identified	4
Persons spoken to regarding behaviour or removed from premises for staff/patient safety/nuisance behaviour	46
Possession of illegal substance/offensive weapon	7
Arrests due to drunk and disorderly/public order/breach of the peace	18
Persons arrested for outraging public decency	1

Sanction & Redress

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.

Where an assailant's actions were deemed intentional, aside from any criminal prosecution or police action, the Trust uses a number of mechanisms to prevent recurrences or repeats of bad behavior by individuals and seek additional redress for staff. Step one is the issue of a warning letter to a perpetrator, signed by the Chief Executive 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 Trust[2]; 79 of these letters were issued during 2010-11. A copy of each letter is kept on the individual's medical file and an alert raised on their SEMA record as to their potential for aggressive behavior.

Where necessary the Trust can escalate matters further; during 2010-11 the Trust (on legal advice) permanently excluded one patient from premises (other than for medical emergency admission), in another instance a regular problematic patient suffering with a long term critical condition was placed on a specific behavioural contract which was served on him at his home by the Trust Security Manager in company with officers from the West Mercia Police Anti-Social Behaviour Unit. In another example the Trust has contributed evidence to support police applications for Court Orders against persons involved in incidents, one such instance resulted thus:

- 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 individuals involvement in a series of adverse incidents in the Telford & Wrekin area involving staff from the emergency services, including the highlighted and other similar incidents at the Princess Royal Hospital. The order, which lasts until 18 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".

Serious offences result in police investigation and criminal prosecution. The Trust supports all of these actions, this often includes provision of supporting CCTV and documentary evidence as well as support to staff required to attend court as witnesses when 'not guilty' pleas are submitted by perpetrators/assailants. Comparative data published by the DH showed that for bringing some form of criminal sanction against perpetrators of intentional physical assaults the Trust was ranked (joint) 159th out of 168 acute Trusts, very much at the higher end of the best/top 5% for such activity. The following are examples of final outcomes to more serious incidents that occurred during 2010-11:

- Following a series of verbal and physically aggressive outbursts one evening in August 2010 towards nursing and security staff at the RSH A&E department (resulting in her biting the security officer) a female patient was arrested and removed from the department by police. She was subsequently 'bound over to keep the peace' by Shrewsbury Magistrates for a period of 12 months or incur an immediate fine of £100 and a further Court appearance. She was also ordered to pay £100 costs. This outcome was reached despite a number of attempts to have the case against her dismissed/dropped. The patient was also written to by the Trust regarding her behaviour and warned as to potential future action should there be a recurrence of the behaviour shown.

- On 4 June 2010 a patient on the MAW at the PRH was physically attacked and beaten by a visiting male relative; the outburst required the rapid intervention of hospital security staff to oversee the relative's removal. Whilst preventing the relatives return a member of the hospital security team was also attacked by the relative, the security officer required treatment in A&E. Following an initial 'not-guilty' plea by the relative to a charge of 'battery of a hospital security officer' which he subsequently changed to guilty; the relative was found guilty by Telford Magistrates Court of the battery charge and awarded a 2 year conditional discharge and ordered to pay £250 compensation to the victim and full Court costs. The relative was also written to by the Trust regarding his behaviour. No complaint was ever made by the patient about the attack on him by his relative.

- Shrewsbury Magistrates accepted a guilty plea from a male person for being drunk and disorderly whilst at the RSH A&E department on a day in November 2010. He was fined £100 and ordered to pay £100 costs. On conviction, the matter was bought 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 person concerned should be the subject of an immediate banning order to all licensed premises involved in the Pub-Watch scheme until 1st

---

[2] 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.

January 2012. It is understood his behaviour at the RSH followed his attendance at a number of licensed premises in Shrewsbury. The Trust is a member of Shrewsbury Pub-Watch.

- In January 2011 a heavily intoxicated member of the public entered A&E at the PRH and began swearing and being abusive to members of the public in the waiting area. As his behaviour escalated a security and police presence was requested; threats of physical violence were then made to both the police and security staff which resulted in the removal of the man by police. At the time of the incident the person of concern was the subject of an Anti-Social Behaviour Order (ASBO) which prohibited him from entering the grounds of the PRH and using threatening, abusive, offensive or intimidating words or behaviour against any person. He was sentenced next day by Telford Magistrates to 12 weeks imprisonment, commencing immediately.

Lone Working

Off-Site Strategy: Over 270 Trust employees working in the community have now been trained and have use of personal issue mobile lone worker devices as part of the national lone worker initiative overseen by NHS Protect. The device includes a panic alarm that can be discreetly activated and which opens a line of communication to a national focal point and monitoring centre (accredited and recognised by the Association of Chief Police Officers (ACPO)) thereby allowing situation assessment and expedited/suitable response to be raised as well as recording of evidence. The device is supplied, maintained and operated under a framework agreement between the Trust, NHS Protect and a commercial service provider who run the national focal point where activations are received, assessed and processed. The scheme was announced as a winner of The National Personal Safety Awards 2010 at a ceremony last November. The awards, which are run by the Suzy Lamplugh Trust, recognise those who have helped people stay safe from violence and aggression and demonstrated best practice in the field. The device is not seen as a risk eliminator but as a risk reducer designed to work with and compliment other safe systems of work and as such represents a significant improvement on what has been previously available to staff.

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'. The message delivery is instantaneous, allowing for an immediate response and investigation by appropriate staff. Even in the most isolated and heavily constructed areas hospital pagers have a strong and reliable signal as opposed to mobile phones. 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 following departments are among those using the device: Pathology (both sites), PALS & Bereavement officers (both sites), A&E (both sites) & Cashiers staff (both sites).

SECURITY INFRASTRUCTURE

Closed Circuit Television (CCTV)

Despite constraints on capital investment, annual maintenance and other repairs on existing CCTV equipment, by an approved contractor, continue. The Trust assisted and provided footage to the police on 17 occasions during 2010-11. CCTV helps strengthen the Trust's position for dealing with both daily and/or major incident as well as strengthening our reputation amongst both the community and partner agencies as being an organisation that is both capable and well placed to meet current and future security needs. Example of the positive outcomes, made from having CCTV facilities and being able to use recorded footage is demonstrated thus:

- Following a violent outburst in the RSH A&E department a defendant was subsequently found guilty at Shrewsbury Magistrates Court of Common Assault on two female members of nursing staff and a Public Order offence of using threatening words and behaviour towards a hospital security officer. The defendant was ordered to carry out over 450 hours unpaid work/community service and pay compensation to each victim. He was also ordered to pay £775 Court Costs and incurred very considerable financial hardship from his defence costs.

- On the 4 November 2010 a Poppy Appeal charity collection box containing a sum of money (believed to be in-excess of £500 due to the type of past support given by the public to this cause and the date of the theft) was stolen from the League of Friends shop at the PRH. The perpetrator of this (distraction) crime was identified from Trust CCTV images. He was subsequently arrested and admitted to the theft and a series of other thefts in the local area and was subsequently jailed for 8 months.

Access Control

In September 2010 the Trust approved £28k of emergency funding to see the timely replacement of the existing and somewhat aged and unsupported 'Infinity' swipe card access management system at the RSH. This system is responsible for running and controlling access to a number of sensitive areas and departments at the RSH; the replacement 'Continumm' swipe card system has sufficient capacity to be able to provide future high grade card access control services across both hospital sites. The funding also included provision to see the addressing of some existing gaps in access arrangements in the RSH Maternity building. Both aspects of this work are expected to be concluded in September 11.

Subject to capital funding provision, the intention thereafter was to see the transfer of remaining users of the 'Infinity' system to the 'Continumm' system. £30K of emergency contingency funding was subsequently approved in early 2011 to see the transfer of existing users of the Infinity system to the 'Continumm' system after repeated failures of the Infinity system during the early part of 2011; scheduled works for this transfer which effects the RSH Pharmacy and Pathology departments are expected to be concluded by September 2011. In the future it is envisaged that the 'Continumm' system will be used as the default means of access control for all new, refurbished or (subject to funding) other vulnerable or high risk areas; the first example of this is the proposed integration of the system into the design of the new Cancer Treatment Centre at the RSH.

SECURITY EDUCATION & TRAINING

Efforts continue to raise staff awareness on security matters and encourage a proactive security culture and the numbers of reported incidents is some way reflective of this. In addition to CRT and training for Lone Workers the following additional training has been delivered:

Staff Induction

Security briefings are included in Corporate and Medical Staffing Inductions; during 2010-11 638 staffs were given security awareness briefings and training at monthly Corporate Induction briefings for new employees at both sites. Security induction briefings and training were given to trainee medical staff in August and September at both sites. Security input has been made to proposed and/or updated staff handbooks and induction CD presentations.

Other Features, Articles & Alerts

Regular articles and security related information have been submitted and published in various Trust circulars and publications including Team Briefs, Staff News and Trust Quality bulletins. 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 emergency admission points at both hospital sites.

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 wide range of speakers from across the security industry and health sectors. Each meeting is an important opportunity for networking between LSMS and gaining insight into the experience of other LSMS and Trust's on how security matters can be managed and sharing experience and information. Each meeting is hosted by different LSMS at their own Trust; the July 2010 meeting was hosted by Trust Security Manager at the Shropshire Education & Conference Centre (SECC), Royal Shrewsbury Hospital and was attended by 25 LSMS from across the West Midlands region.