

Recommendation	<div style="border: 1px solid black; padding: 2px;">For approval</div> <div> <input checked="" type="checkbox"/> DECISION <input type="checkbox"/> NOTE </div>
Reporting to:	Trust Board
Date	29 June 2017
Paper Title	2016-17 Annual Security Report
Brief Description	<p>The NHS Standard Contract published by NHS England is used by CCG's when commissioning NHS Services. 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 2016-17:</p> <ul style="list-style-type: none"> • The number of reported incidents of intentional violence and aggression is showing a generally decreasing number of incidents. • 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. • The number of non-intentional (clinical) aggression incidents resulting in physical contact and/or injury/harm to staff is benefitting from a new policy and strategy for dealing with clinically aggressive patients along with more appropriate training for staff in managing clinically challenging behaviour and prioritisation of conflict resolution training for most effected staff groups as well as specialist training provided by our partners at South Staffordshire & Shropshire Mental Health Trust for security teams.
Sponsoring Director	Julia Clarke, Director Corporate Governance
Author(s)	Jon Simpson, Trust Security Manager
Recommended / escalated by	H&S Committee (25 April 2017) Audit Committee (21 April 2017)
Previously considered by	Julia Clarke, Director Corporate Governance (11 April 2017) Violet Redmond, Head of Legals & Security (11 April 2017)
Link to strategic objectives	VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce. SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm.
Link to Board Assurance	If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186).

Framework	<p>If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423).</p> <p>Risk to sustainability of clinical services due to shortages of key clinical staff (RR 859).</p>
Equality Impact Assessment	<ul style="list-style-type: none"> ● Stage 1 only (no negative impacts identified) ● Stage 2 recommended (negative impacts identified) <ul style="list-style-type: none"> ● negative impacts have been mitigated ● negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> ● This document is for full publication ● This document includes FOIA exempt information ● This whole document is exempt under the FOIA

Annual Security Report

2016-17

Foreword

The Shrewsbury and 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.

Harmesh Darbhanga is the Non-Executive Director 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 NHS accredited Local Security Management Specialist (LSMS) who ensures that the Trust complies with all NHS security guidance and requirements and also oversees the implementation of security management across the Trust.

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.

21 April 2017

Julia Clarke
Director Corporate Governance

Harmesh Darbhanga
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 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 efforts towards policy development and risk assessment, partnership working with police and NHS Protect and internal efforts, whether between medical/nursing staff teams with our security response teams or security management support and influence with Estate and Centre Management teams. This supports incident reporting to protect our staff, patients, visitors and assets and 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 Harmesh Darbhanga.

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 NHS Local Security Management Specialist (LSMS). He is directly responsible for interpreting 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 liaison to supporting partner agencies undertaking criminal proceedings on behalf of the Trust.

1 Governance, Risk & Assurance

A sound Governance 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. Aside from publishing this Annual Report, the Trust is also required to submit an evidenced based Self-Risk Assessment (SRA) set against 30 national security standards. Work is now underway to prepare our 2017-18 submission, based on results and outcomes from 2016-17.

1.2 *Policy*

The following security policies were reviewed during the reporting period.

- Security Management (February 2017);
- Lone Working (February 2017);

Advice and input in relation to Trust policy on the 'security of prescriptions' was provided to Pharmacy colleagues.

Prior to publication, new and/or updated policies are first approved by our Policy Approval Group (PAG). This is a multidisciplinary group chaired by the Head of Assurance that ensures all new and reviewed policies are compliant with Trust standards and that appropriate consultation has been undertaken before recommending them for ratification with the Senior Leadership Team (SLT).

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 on to 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 to the Operational Risk Group (ORG). There are currently no recorded security risks scoring 15 or more.

During the reporting year we increased the score of a risk concerning inability to achieve Lock Down to satisfactory levels when it was identified that a legacy configuration issue, meant that public access doors on our post-natal and ante-natal wards in the Shropshire Women & Children's Centre, did not go into automatic lock down when our baby tag alarm system was activated. Concern was highlighted after system testing and it was seen that even with fast staff reactions to a baby tag alarm activation, there existed a window of opportunity for a

would-be child abductor or similar to gain a time advantage to assist with an abduction and his/her leaving the ward. A paper was presented to our Operational Risk Group and the recommended risk score increased to 15 to reflect the given concern. Since then Capital funding has been made available and required re-configuration work completed and the risk score lowered accordingly. More information on our Baby Tagging security system is included at 3.6.

1.4 *Preventative Security Risk Assessment*

Preventative security risk assessment is undertaken by the Trust Security Manager and department management teams. Following an assessment, quick fix local action plans can be agreed which can be implemented by management teams with security management support where appropriate. This process complies with Service Condition 24 of the NHS Standard Contract. The following are some (not all) examples of the type of assessment work undertaken during the reporting period at both sites:

- Princess Royal Hospital (PRH) Shropshire W&C Centre; concerning the reconfiguration of baby tagging and access control systems;
- Royal Shrewsbury Hospital (RSH) Theatres; following concern regarding access control arrangements to H&N theatres during escalation.
- RSH Out-Patients; following concern regarding security and safety of medical records during clinic hours.
- Corporate Services; concerning planning and arrangements for Trust Open Day and construction of staff cycle shelters.
- Estates Capital Projects Team; concerning the organisations overall door access strategy and also Copthorne Building/Ophthalmology refurbishment program¹.
- Scheduled Care; concerning required works to existing access control arrangements in order to achieve local department lock down plan compliance on our Surgical Short Stay (SSS) and Surgical Assessment Unit (SAU).

Enabling discussions have taken place to see 'security' included as an element of the H&S policy compliance section of the Exemplar Ward program. This important development will provide ward management teams with direct access to security risk assessment tools and templates as well sign posting specialist LSMS support if/when required.

1.5 *Committee Work*

The Trust Security Manager attends all Health, Safety & Security Committee meetings. This committee, chaired by the Head of Assurance, 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.

¹ Specifically product advice and integration arrangements for alarms, CCTV, key control and swipe card door access control.

The Trust Security Manager attends monthly Operational Risk Group (ORG) meetings. Chaired by the Head of Assurance, this ensures security management oversight and advice is readily available for all matters discussed or raised.

The Trust Security Manager attends monthly 'Team Shrewsbury' committee meetings. Chaired by a local Police Inspector, these meetings are a multi-agency approach to tackling all manner of community issues and problems including anti-social behaviour. The committee is an excellent early warning mechanism should problems be experienced in the local area and allows for sharing of intelligence and information on matters of concern to the local community as well as networking opportunities with key partners.

The Trust Security Manager attends the Staffordshire & Shropshire Controlled Drugs (CD) Local Intelligence Network (LIN) forum. This forum is an excellent experience and awareness sharing mechanism on a key area of medicine management where a high level of assurance is necessary.

In January 2017 the Trust Security Manager chaired the inaugural meeting of the West Mercia & Warwickshire NHS LSMS forum. Following the drawdown of NHS Protect as the national body for coordination of security management in the NHS, these voluntary forums, which have been organised across the UK to mirror police force areas of operation and responsibility, are attended quarterly by LSMS from each area and provide opportunity for briefing, discussion and awareness raising on the latest security issues affecting Trust interests.

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

No releases of CCTV video footage were made to the public during the reporting period. The Trust provided CCTV and/or video footage from Body Worn Video camera equipment to West Mercia & Warwickshire Police on 9 occasions and on 1 occasion to Staffordshire Police. 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. 2 releases were made to our Patient Safety Team to assist with Root Cause Analysis (RCA) patient safety investigations. 4 releases were made to Managers and/or Human Resources (HR) colleagues to assist with fact finding/complaint or HR disciplinary investigations.

6 FOI requests were made regarding security matters and reported incidents at the Trust. Available information was passed to Assurance Team colleagues for onwards transmission.

Claims by a relative, that her father, who was awaiting observations and review in the PRH A&E department, on a day in June 2016, had been mistreated by a member of our security team, were discounted after review of CCTV and other staff witness evidence showed no case to answer. The matter, which had been reported to the CQC by the relative, was included as part of a general response about the patients experience from the Corporate Nursing Team and the matter closed.

Concern raised by a Ward Sister at the PRH in July, regarding an alleged slow response by security team and their subsequent attitude when challenged over this was discounted and the

matter closed with no case to answer after it was identified from Switchboard records that security staff had not been summoned by either the correct or the stated means.

A formal complaint was received in August 2016 from a Doctor working in our Urgent Care Centre (UCC) at the RSH for Shropshire Community Clinical Commissioning Group (CCG). This concerned disagreement over the leaving of the Doctor's dog in a motor vehicle on the hospital site during warm weather and the alleged poor attitude and 'over concern' of security staff. After gathering of witness evidence the matter was subsequently closed with no case to answer on the part of security staff and the passed back to the Complaints Team for final response.

A member of the security team at RSH resigned in September 2016 following comment and concern by public and colleagues alike about a lack of intervention on his part to deal with an intoxicated and physically abusive female in the RSH A&E waiting room who was annoying and interfering with other sick and vulnerable patients.

A formal complaint in March 2017, regarding alleged poor attitude of security staff towards a member of Shrop Doc (requesting support to find her overnight accommodation) resulted words of advice to the security staff member involved on the effect of what appeared to be poor verbal reasoning on his part. A response letter was sent to the Doctor from Head of Legal & Security Team.

1.7 *Staff Photographic Identity Badges*

When a past police investigation highlighted that poor procedure over the past production and control of staff photographic identity badges may have contributed to the compromise of a vulnerable patient, an ambitious program to see the re-issue of nearly 6000 staff photographic identity badges was approved by the Executive Team in 2016. Through the unstinting, diligent and relentless effort of the Estates secretarial teams at both sites over 5500 new badges were issued between 3 October 2016 and 31 March 2017. The physical possession of a new badge is naturally the front end result of all this work (Appendix 1 refers). However, to facilitate the change an enormous amount of behind the scenes in-house work was completed by Estates consultant and secretarial staff. This included design and provision of 3 new data bases to store appropriately the huge amount of personal data that a re-issue program involving over 5000 staff as well as over 1000 volunteers would generate, both initially and thereafter in years to come. Work was also required to reconfigure existing IT hardware, software and network arrangements. Alongside the constant pressure and demands of other major work programs, secretarial staff then self-tutored themselves on the new databases and equipment peripherals, as well as new but entirely justified governance processes required to ensure Data Protection and Information Governance compliance. These governance procedures are now well embedded and will ensure that the Trust can confidently respond to all manner of inquiries, inspection or audit and reassure work force colleagues that their personal data is being processed safely and securely.

1.8 *Assurance*

Baby Tagging; during the year we regularly tested our Baby Tagging security system to ensure system operability and staff knowledge and reactions. Organized and overseen by the Trust Security Manager and Post Natal Ward Manager these tests are conducted every 3 months and have involved willing families and their new born siblings to add realism and purpose to the

integrity of the test. Results of each test are fed back to senior Women & Children's management, Director Corporate Governance and Head of Legal & Security services. This process will extend to Midwife Led Unit (MLU) in 2017-2018.

Lock Down; every 3 months our security team supervisor undertakes audit and functionality tests of the Lock Down plan for each of our A&E departments. This ensures the plans are in the place they are expected to be, are the correct version, and the instructions contained therein and the systems and facilities so described are correctly functioning. Whilst this is being done opportunity is provided for (new or less frequent working) A&E staff to walk the department and understand the plan first hand. Results of each audit are fed back to A&E management. For other areas of our hospitals we will be introducing a system of audit that will involve security staff checking (3 monthly) the viability, effectiveness and likelihood of achieving a dynamic lock down for our in-patient wards. Records will be retained by the Trust Security Manager.

Lone Working; in the year ahead and for those staff working on site our security team supervisor will undertake a regular (3 monthly) audit and test of Lone Worker pagers issued to/held by departments to ensure availability to staff and equipment functionality through testing with Switchboards.

As well as ensuring preparedness, all of the above will contribute to raising awareness amongst involved staff as to their responsibilities and/or the support available to them.

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 2016-17 are shown in Table 1².

Table 1 - Security Incident Reporting

ALL SECURITY INCIDENTS			
	2014/15	2015/16	2016/17
First quarter: Apr, May, Jun	133	143	148
Second quarter: Jul, Aug, Sep	147	153	140
Third quarter: Oct, Nov, Dec	118	197	158
Fourth quarter: Jan, Feb, Mar	169	182	141
Running Total	567	675	587

2.2 Of the reported 587 incidents in 2016-17, 335 occurred at the RSH, 248 occurred at PRH and 4 occurred at other healthcare premises, but involved Trust staff or assets. Most incidents affected staff and concerned unwelcome behaviour from service users (patients/members of the public) section 3 refers.

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:

- Other Security (106)³; Trespass (42)⁴;
- Damage to Trust Property (9)⁵; Damage to non-Trust Property (9)⁶;
- Theft of Trust Property (4)⁷; Theft of non-Trust Property (21)⁸.

² Source: Datix. Excludes security related Information Governance incidents which are managed by Information Governance Team.

³ Insecurities, alarm activations, suspicious behaviour, suspect packages, undue interest in staff (harassment) concern regarding keys, large volume of nuisance phone calls, possession and/or use of illegal drugs by patients.

⁴ Unwelcome/unnecessary presence of relatives, rough sleepers and/or intoxicated members of public in hospital grounds, unauthorised presence of public in staff only areas, refusal of patients to leave after discharge.

⁵ 4 separate incidents involving damage to windows/light box/trolley by aggressive patients/visitors (RSH x 2: AE; W26/ PRH x2 (A&E; AMU) x1); 2 separate incidents of damage to anti-bird netting; damage to delivery bay door; damage to hoist equipment and damage to crash trolley in radiology at RSH.

⁶ 5 separate incidents relating to low speed collision damage to private motor vehicles parked in hospital car parks; 1 x vehicle window smashed on car park; 1 x significant vandalism to vehicle on car park; 1 x damage to radio in A&E PRH; and 1 x wedding album damaged at RSH MDT office.

⁷ Theft of catering stores; 2 x Dictaphone; 1 x wheelchair.

⁸ Varied from small to significant amounts of money, mobile phones, wallets (& contents) belonging to staff & patients and left unattended.

3 Protecting Staff & Patients/Protecting Property & Assets

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. Equally 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.

3.1 Anti-Social Behaviour & Intentional Violence & Aggression

Figures for reported anti-social behaviour and/or inexcusable/intentional violence and aggression incidents in 2016-17 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 & Aggression⁹

Anti-Social Behaviour & Inexcusable/Intentional Violence & Aggression			
	2014/15	2015/16	2016/17
First quarter: Apr, May, Jun	30	34	33
Second quarter: Jul, Aug, Sep	38	24	20
Third quarter: Oct, Nov, Dec	21	34	27
Fourth quarter: Jan, Feb, Mar	25	40	29
Total	114	132	109

Of the reported 109 intentional violence and aggression incidents in 2016-17, 45 occurred at the RSH and 64 occurred at PRH.

31 involved physical contact (treated as 'assault' however minor or inconsequential), of these 26 were on staff (all of which were carried out by members of the public (patients/visitors) the other 5 were by patients or relatives (public) on the same.

None of the intentional physical assault incidents involving Trust staff during 2016-17 resulted in serious injury or triggered RIDDOR reporting to the Health & Safety Executive (HSE).

There were 78 intentional *non*-physical incidents, i.e., incidents of verbal abuse, threatening or other anti-social behaviour, of these 68 were made towards staff, the other 5 were by patients or relatives (public) on the same.

⁹ Concerning all staff, patients, visitors and contractors. Source: Datix.

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 (4.2 refers).

Step 2 – Enlisting the assistance of hospital security officers (Section 5 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 by the Trust Security Manager. This includes liaison with staff affected by serious incident and/or their line management. The Director of Corporate Governance acknowledges reported incidents 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 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. 23 SEMA alerts and 50 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 albeit a significant number have since returned for further treatment. 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 sanctioned.

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

¹⁰ During the reporting period 186 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 someway 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.

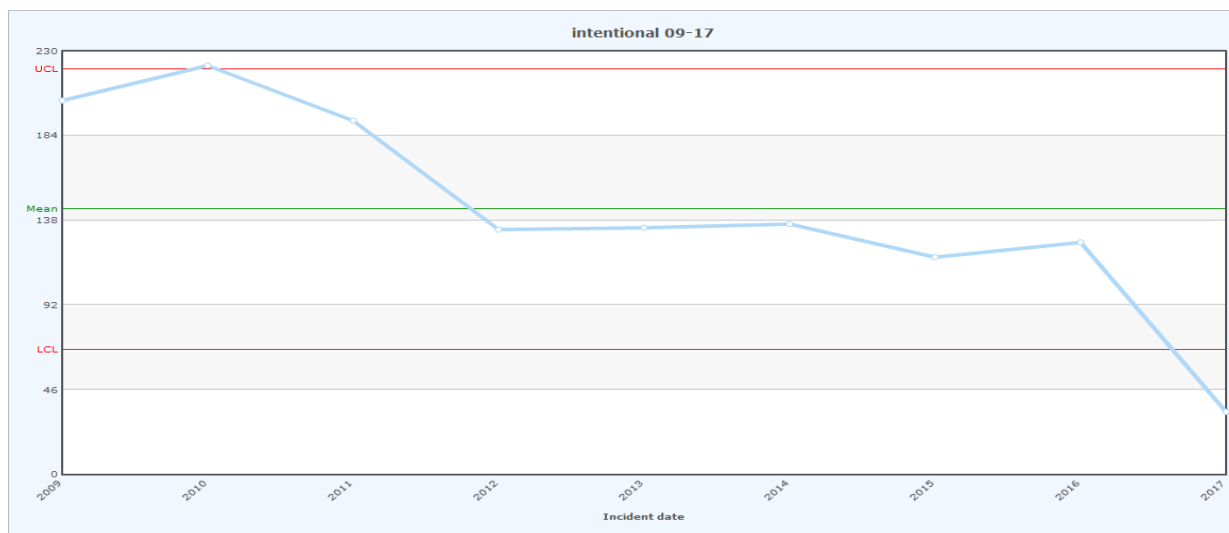
¹² An A&E Consultant is nominated at each site to undertake these reviews.

and/or anti-social behaviour which resulted in police or court sanction/prosecution during 2016-17¹³:

- An incident involving a Shrewsbury man at the RSH A&E, on 17 March 2016, which resulted in the assault of a male Doctor (head butt), a female student nurse (spat on), racial abuse of a member of our security team and the assault of an attendant police officer, resulted in the perpetrator being sentenced at Shrewsbury Crown Court to over a years imprisonment (59 weeks). Judge Peter Barrie told the perpetrator that drink and drugs were no excuse for his behaviour stating “You behaved extremely badly to staff who were trying to help you”¹⁴. The benefit of Body Worn Video in the management of this incident was noted by police.
- Following the assault of a Staff Nurse on 10 May 2016 on one of our in-patient wards at the PRH, by the relative of a patient being assisted by the Staff Nurse after his collapse, Telford Magistrates found, that on the grounds of ‘Assault by Beating’, the assault on the female nurse was ‘a reckless assault’. The perpetrator was given a Conditional Discharge for 12 months, ordered to pay the £300 costs of the trial and compensation to the Staff Nurse.
- Following a vicious attack on 2 hospital security staff, who were protecting staff and other patients from a drunken male patient, on the evening of 31 December 2016, at the RSH A&E, the male person responsible subsequently pleaded guilty to 2 counts of ‘assault by beating’. He was ordered to pay fines and compensation to the security officers and given a conditional discharge.

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

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



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 staffs feel able or willing to make such.

¹⁴ Shropshire Star 26 September 2016.

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 3a - Non-intentional Clinical Violence & Aggression¹⁵.

CLINICAL VIOLENCE & AGGRESSION	Year		
	2014/15	2015/16	2016/17
First quarter: Apr, May, Jun	62	75	54
Second quarter: Jul, Aug, Sep	78	84	79
Third quarter: Oct, Nov, Dec	56	84	80
Fourth quarter: Jan, Feb, Mar	102	86	70
Total	298	329	283

Of the reported 283 non-intentional clinical aggression incidents in 2016-17, 169 occurred at the RSH, 113 occurred at PRH, and 1 off-site, but involved staff. 171 involved physical contact, 160 of these involved staff. 4 of these non-intentional physical assault incidents triggered RIDDOR reporting to the Health & Safety Executive (HSE)¹⁶.

Continued training for security staff in De-Escalation and (Physical) Management Intervention (DMI)¹⁷, a revised policy for safe holding of aggressive but clinically challenged patients¹⁸ allied to increased availability of Conflict Resolution Training (CRT), and the introduction of training in managing challenging behaviour (4.2 refers) is having a positive impact on the number of reported clinical aggression incidents *resulting in physical contact and/or injury to staff* showing a 13% decline in recent years (Table 3b refers).

Table 3b - Non-intentional / Clinical Physical Aggression

CLINICAL VIOLENCE & AGGRESSION – PHYSICAL	Year		
	2014/15	2015/16	2016/17
First quarter: Apr, May, Jun	45	55	28
Second quarter: Jul, Aug, Sep	47	41	50
Third quarter: Oct, Nov, Dec	31	36	56
Fourth quarter: Jan, Feb, Mar	74	43	37
Running Total	197	175	171

¹⁵ Concerning all staff patients, visitors and contractors, Source Datix.

¹⁶ Datix id: 127584, 128315, 132733 and 132734.

¹⁷ Training is accredited by British Institute for Learning & Development (BILD) and the Institute of Conflict Management and is provided by colleagues from South Staffordshire & Shropshire (Mental Health) Foundation Trust (SSSFT). Since the initial foundation course undertaken by core team security staff in Dec 2014 annual refresher training for the same was completed in Dec 2015; a further 5 day foundation course for a number of new security staff was completed in Feb 2016.

¹⁸ Provides assurance towards requirements of NICE Guidance NG10 (violence & aggression: short-term management in mental health, health and other community settings).

Violence & Aggression - Table 3c (Clinical - non-physical)

CLINICAL VIOLENCE & AGGRESSION - NON PHYSICAL	Year		
	2014/15	2015/16	2016/17
First quarter: Apr, May, Jun	16	19	26
Second quarter: Jul, Aug, Sep	29	34	29
Third quarter: Oct, Nov, Dec	25	41	24
Fourth quarter: Jan, Feb, Mar	32	41	33
Running Total	102	135	112

Evidence of increasing staff awareness on the revised policy, and confidence in security teams to provide appropriate support, is shown by virtue of recorded figures which show security staff across both sites carried out 171 safe hold of patients during the reporting year. Not all 'safe holds' were undertaken as a result of actual aggression towards staff. The reasons some were undertaken are described herewith:

- At the direct request of medical and/or nursing staff to ensure a patients safety during a planned invasive procedure where the patients mental or physical state, whilst not aggressive, suggested to medical/nursing staff that harm or injury to the patient or staff would almost certainly have ensued during the procedure;
- To prevent patients in personal crisis from attempting and/or carrying out acts of self-harm;
- To see the safe and prompt return of absconded, high risk, confused and/or agitated patients to the hospital buildings and/or their ward/bed spaces and avoid adverse outcome for them and/or staff involved in the process of 'returning the patient'.

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 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.

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. This 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. When it was launched in 2009 the scheme and the ARC were assessed and accredited by the Association of Chief Police Officers (ACPO). Response to 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. The ARC staffs are able to directly feed live information from the staff member's device and pre-recorded information on where the staff member is located, 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 is fed straight into local police control rooms. 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. 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, thereby representing a significant improvement on what had been previously available to staff.

The Trust supports 253 staff who work in the community with provision of a lone worker device. A security management work program, to transfer and give staff access to the latest series 8 device commenced last year¹⁹. Series 8 devices are predominantly shared by staff so as to avoid the need for individual issue as staff are not off site every day or even every week. This flexibility allows for support to staff and is cost effective. To date, 188 staff now either have access to a series 8 device, are scheduled in coming weeks/months for training and device issue or are undergoing enabling administration to receive training and device issue. It is envisaged the remaining 65 staff will be transferred by 1 November 2017.

(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 is in operation on the main Shropshire Women and Children's Centre at the PRH on the Post-Natal Ward. It is also installed on the Ante-Natal Ward, which is our standby post-

¹⁹ H&S C'tee 13 December 2016 paper 15 refers.

natal overspill facility. It is also installed on our Midwife Led Unit (MLU) at the RSH. Checks and testing of the system and staff reactions is carried out on regularly by Ward Managers and the Trust Security Manager with feedback provided to senior management on the outcome from each test. It was this regime of testing that identified a legacy configuration issue with the system (1.3 refers) which has now been resolved after Capital funding was made available for required changes.

Towards the end of the reporting year and through generous donation from the Friends of Princess Royal Hospital, capital planning approval was given to see the installation of the system on the Wrekin Maternity MLU at the PRH. This system, commissioned and tested during April 2017, will be a significant step forwards in terms of ensuring a safe environment for patients. Further consideration will be given during the year ahead towards installing the system on our remaining main MLU at Bridgnorth & Ludlow Community Hospitals and the Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry.

3.7 *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 left the hospital buildings.

During the reporting period both hospitals have benefited from the installation of additional CCTV cameras at each site. Security CCTV installation work required to counter, fraud and security concerns in our Theatre departments, was completed in October 2016. We also ensured CCTV equipment was installed on the Stretton Ward at Ludlow Community Hospital when this was named and allocated at short notice, as new accommodation for our MLU located at that hospital site.

The output from cameras on our main sites is fed back to the site CCTV camera control room where images are stored and controlled in accordance with our CCTV operating policy. CCTV equipment at all our sites is covered by 24/7 call out maintenance support contracts, which includes 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.

3.8 *Access Control & Intruder Detection*

Continued restrictions in capital funding/investment have curtailed opportunity for realising security (capital) aspirations to see expansion of the Trust networked swipe card door access system to departments at both sites. Notwithstanding this, it is being included in capital refurbishment and new build projects, the latest of which in the Copthorne Building at the RSH, will host a new Ophthalmology treatment centre. The system was also included in the schedules for the refurbishment of our IT data/network room at the RSH.

Other additional access control was installed to protect medical offices adjacent to our Surgical Admissions Unit at the RSH.

Progress was also made towards improving other physical security arrangements across the Trust, notably through the installation of a replacement intruder alarm system in our main pharmacy at the RSH. This facility takes advantage of our 24/7 switchboard and on-site security staff presence which ensure a rapid response and intervention in the event of an alarm activation and will assist with the departments forthcoming Home Office (operating) Licence application²⁰. To the same benefit work was also undertaken see intruder alarm protection for a temporary demountable Theatre unit which was delivered and positioned on site at the PRH to assist with back log operating lists.

3.9 *Manned Security Service*

Security staffs provide a general deterrent by their presence to all manner of threats including violence and aggression, theft, vandalism etc. Although security staffs 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 (Appendix 2 refers).

3.10 *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 officers²¹. They are 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. All core team security staff and named relief staff are 'mask fit tested' in order to allow security staffs support with our Flu Pandemic plans.

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. 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.

²⁰ Security Guidance for all existing or prospective Home Office Controlled Drug Licensees and/or Precursor Chemical Licensee or Registrants: Drugs Licence & Compliance Unit; Home Office January 2014.

²¹ All licensed by Security Industry Association (SIA) for Door Steward & Public Surveillance work.

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 (4.1 refers) is delivered to security teams by accredited NHS training staff from SSS(MH)FT. There is evidence from incident reporting that suggests introduction of this training, along with a revised policy of safe handling of clinically aggressive patients²² has resulted in significant reductions in the number of staff being harmed or injured through physical contact with clinically aggressive patients, Table 3a, 3b & 3c refer.

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 the 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 locating absconded or missing patients or patients in crisis who are deemed to be vulnerable and/or at high risk of self-harm or taking flight (patient safety)²³;
- Fire alarm activations and other fire incident related activity (fire safety incidents)²⁴;
- 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)²⁵.

Additional security staffing was also put in place on key dates during the Christmas and New Year periods. On one occasion additional one to one security was provided 24/7 to assist with monitoring and support for a particular patient whose treatment or behaviour was of particular concern in terms of the safety of other patients and/or staff.

Additional staff presence in the form of 'security stewards' has been provided at Trust Board meetings which were either designated as public meetings or which had a period allocated for public attendance/scrutiny. Additional security was also provided in October to assist police

²² Policy for Clinical & Safe Holding of Adults and Children Receiving Care in the Trust.

²³ 255 recorded occurrences in the reporting period of security staff doing this.

²⁴ 55 recorded occurrences in the reporting period of security staff of doing this.

²⁵ Mon-Fri for patient valuables collection from hospital safes and thrice weekly for emptying/replenishment of car park change machines.

with the stewardship of a public demonstration and rally regarding the future of A&E services in Shropshire.

3.11 *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) continues to have a significant impact on reducing anti-social and/or aggressive behaviour (3.3 refers). A statement on how the equipment is used and controlled is included within our published CCTV policy.

4 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.

4.1 *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 is delivered to security teams by accredited NHS training staff from SSS(MH)FT.

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 SSS(MH)FT 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 core team security staff undertook annual refresher training whilst 5 new staff completed the 5 day foundation course.

4.2 *Conflict Resolution Training (CRT)*

Learning & Development colleagues provide CRT for staff using the NHS Protect national approved syllabus. CRT was undertaken on 42 occasions during the period, namely:

32 face to face 3 hour sessions delivered to 417 staff;
10 face to face 3 hour sessions for 197 new HCA recruits as part of their pre-employment training/induction²⁶;
123 junior medical staff via e-learning induction²⁷;
430 other staff via e-learning.

As part of a new approach to training from April 2015, we introduced additional training which focuses on skills for managing challenging behaviour. This training, which is based on 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 them²⁸, is delivered by medical consultant staff from CCG RAID Teams and is funded through existing financial provision within the NHS Standard Contract between the Trust and its CCG's. During the reporting period 33

²⁶ Previously identified the staff group most vulnerable to experiencing acts of violence and aggression (source Datix).

²⁷ Face to face training for junior medical staff is undertaken by the West Midlands Deanery.

²⁸ Meeting needs & reducing stress (NHS Protect 2015).

clinical staff received this training. Further advantage has been gained by the inclusion of our Lead Dementia Nurse in delivery of this Training.

There is evidence from incident reporting that suggests introduction of DMI training (4.1 refers) along with a revised policy of safe handling of clinically aggressive patients²⁹ and progress with increasing the numbers of staff undertaking Conflict Resolution Training (CRT), has directly resulted in significant reductions in the number of staff being harmed or injured through physical contact with clinically aggressive patients (Table 3a, 3b & 3c refer).

4.3 *Lone Workers*

During the reporting period 79 members of staff who work alone in the community (regularly and/or occasionally) were trained on lone worker device usage and personal security (with a further 19 scheduled to be trained in April). 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.

4.4 *Corporate Induction*

During the period, 815 staff members were given security and fraud awareness briefings and training at Corporate Induction by the Trust Security Manager³⁰.

4.5 *Lock Down Awareness*

During the reporting period the Trust Security Manager gave Lock Down awareness briefings to 74 nursing and medical staff from our A&E departments to raise awareness on their issued department plans and give confidence and insight on their roles, responsibilities and expectation. We also gave briefings on the PRH A&E department Lock Down plan to 35 members of our PRH Portering team; a similar program is planned for the RSH portering team and capacity/CSM teams at both sites in the coming year.

4.6 *Project Griffin*

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 training was delivered to 5 new core team and relief security staff in February.

²⁹ Policy for Clinical / Safe Holding of Adults and Children Receiving Care in the Trust.

³⁰ Figures from Learning Development 18 Apr 2016.

4.7 *Mask Fit Testing*

Our security contract supervisor is a trained mask fit tester and ensures all security staff are mask fit tested, both core team and regular relief staff. This ensures records exist for security team responsibilities in the event of a flu pandemic. During the reporting period 16 security staff were mask fit tested.

5 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:

- Stand by to support and guide the Trust on future security specifications, architecture and environment as it enters a phase of re-organisation and re-development of its Estates as concluding decisions from Future Fit and Sustainable Services Program (SSP) are reached.
- Further develop security CCTV facilities at the RSH by investigating means of monitoring CCTV camera outputs on outlying sites, such as the Boiler House and Recycling compound, 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.
- Further develop our audit program for key security responsibilities, procedures/plans and/or equipment availability and functionality to raise awareness of such amongst staff, improve confidence amongst staff teams and ensure we are able to support staff/patients and/or respond to emergency situations.

It's probably nothing, but...

The Shrewsbury and Telford Hospital NHS Trust

Do you know who is on your ward or in your department? An example of the Trust photographic identity badge and those badges of our closest partners are provided herewith to help you with authenticating identity.



Current SaTH staff photo identity badge - issued from 3 October 2016 onwards.

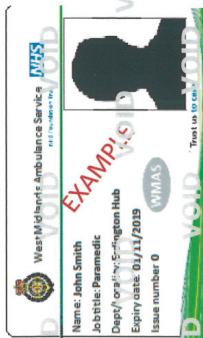
Badges issued before this date and will no longer be an accepted means of staff photographic identification from 31 January 2017 onwards (except for 2015-16 post graduate and undergraduate medical staff (expiry July 2017)).

Staff photo identity badges are valid for 3 years from the date of issue.

Staff photo identity badges are issued on a temporary basis to student nurses, locum staff, agency staff (on long term placement only), fixed term contract staff, agency managers, managers consultants or other staff from principal contract or consulting companies and volunteers and are valid for 6 months from the date of issue.

Staff photo identity badges are issued on a temporary basis to post graduate and under graduate medical staff and are valid from 12 months from the date of issue.

Temporary staff photo identity badges issued to work experience placements are valid for 5 days from date of issue.



West Midlands Ambulance Service

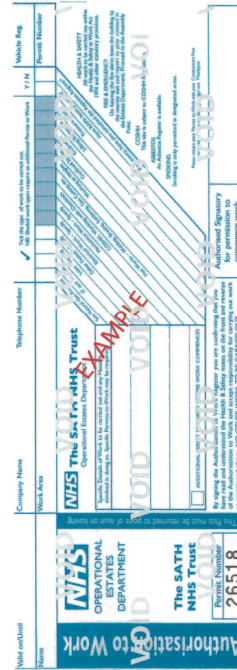


Medical Services (patient transport)



South Staffordshire & Shropshire (Health Care)

Shropshire Community Health Trust



Proud To Care Make It Happen We Value Respect Together We Achieve

SaTH security identification (IS) poster v1.0 issue December 2016

Appendix 2 - Supplementary Information on Manned Guarding

