

Cover page	
Meeting	Trust Board
Paper Title	Annual Security Report
Date of meeting	30 May, 2019
Date paper was written	12 April, 2019
Responsible Director	Julia Clarke, Director Corporate Services
Author	Jon Simpson, Trust Security Manager
Executive Summary	
<p>Situation: Under the provisions of the NHS Standard Contract, Providers are required to have in place and maintain security arrangements in their organisations. Commissioners are required to review these arrangements. By way of assurance for Commissioners the Trust publishes an annual security report.</p> <p>Background: The report for 2018-19 is attached. Points of interest are highlighted herewith:</p> <ul style="list-style-type: none"> • Security management involvement in a range of Corporate Governance, Estate development and Trust operations continues as well as increased collaborative working with partner agencies. • Reported/recorded instances of anti-social behaviour / intentional violence and aggression in 2018-19 are nearly 14% less than for 2015-16. This despite an unusually high number of incidents in the reporting year involving just patients or public i.e. they were both perpetrator and victim with no staff involvement. A safe environment for staff and patients continues to develop through the rigid application of our policy and stance on tackling violence and aggression. Use of warning letters and other administrative sanction by the Trust has ensured meaningful sanction and redress has taken place in response to incidents, however inconsequential the perpetrator may have deemed their actions to be e.g. verbal threats to staff, use of expletives and/or comments that were racist in tone. This has limited re-offending. In the reporting period 66 warning letters and/or letters of concern were issued. Only 4 of those receiving our initial warning letter during the period have since been reported as being involved in further incident. None of the 66 letters were challenged by the recipients as being false or unwarranted. By the same token during just this reporting year the Courts have handed out prison sentences amounting to over 3 years to individuals found guilty of more serious and inexcusable aggression towards staff. • Reported/recorded instances of physical harm or injury to staff from confused or agitated patients (non-intentional violence and aggression) were 10% less during 2018-19 than 2017-18 and 15% less than 2015-16. • Despite operational pressures over 1339 staff undertook face to face Conflict Resolution Training (CRT); over 500 other staff accessed CRT e-learning. <p>Assessment: Whilst the reported decreases in intentional violence and aggression 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. 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. Concomitant pressures on providers of community care, often results in unwelcome and pro-longed stays in the acute hospital setting for patients who would be better served with focused support in a more appropriate setting.</p> <p>Recommendation: The Board is asked to note the report and take assurance that effective systems of security control are in place.</p>	
Previously considered by	Audit Committee 24 May 2019 Trust Health & Safety Committee 29 April 2019 Head of Corporate Services 12 April 2019

The Committee is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Committee without in-depth discussion required	To assure the Committee that effective systems of control are in place

Link to CQC domain:				
<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input type="checkbox"/> Caring	<input type="checkbox"/> Responsive	<input type="checkbox"/> Well-led

Link to strategic objective(s)	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare <input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care <input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities <input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions <input checked="" type="checkbox"/> OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	<p>If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561).</p> <p>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).</p> <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"> <input checked="" type="radio"/> Stage 1 only (no negative impact identified) <input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	<ul style="list-style-type: none"> <input checked="" type="radio"/> This document is for full publication <input type="radio"/> This document includes FOIA exempt information <input type="radio"/> This whole document is exempt under the FOIA
Financial assessment	<i>Is there a financial impact associated with the paper? No</i>

Annual Security Report

2018-19

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.

Tony Allen is the Non-Executive Director responsible for security management at Board level.

Violet Redmond is Head of the Trust's Corporate 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 and where appropriate seek due sanction and redress for inexcusable behaviour as well as support staff involved in any aggression incident.

12 April 2019

Julia Clarke
Director Corporate Governance

Tony Allen
Non-Executive Director

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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 will also prepare an evidenced based Self-Risk Assessment (SRA) set against 30 previously issued national security standards. Work will commence shortly to prepare our 2019-20 assessment, based on results and outcomes from 2018-19.

1.2 *Policy*

The following security policies (and corresponding Equality Impact Assessment (EQIA) were reviewed during the reporting period.

- Violence & Aggression (December 2018 v2.2);
- Counter Terrorism procedures (December 2018 v1.2);
- CCTV (November 2018 v2.2);
- Policy for the hosting of Prisoners on Trust premises (November 2018 v1.0).

Security management advice and input was also provided during reviews of Trust policy on:

- Policy for Clinical / Safe Holding of Adults and Children Receiving Care in the Trust;
- Absconding/Missing Patient policy.

Prior to publication, new and/or updated policies are first approved by our Policy Approval Group (PAG). This is a multidisciplinary group 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 appropriate Tier 2 committee.

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 Associate Director of Quality & Safety and reported to the Operational Risk Group (ORG). There are currently no recorded security risks scoring 15 or more.

1.4 *Security Risk Assessment*

General security risk assessment and Lock Down assessments are included within the Health & Safety audit program. This provides managers with direct access to security risk assessment tools as well sign posting specialist security management/LSMS support whilst complying with Service Condition 24 of the NHS Standard Contract. Documented security risk assessment advice and guidance was provided to the following areas during the reporting period:

- Ward 4 & 5 (PRH);
- Maxillo Facial and Orthodontic Laboratory (RSH);
- Ward 23 (RSH);
- Theatres (RSH);
- RSH ITU/HDU (RSH);
- Haematology Day Units (both sites);
- Day Surgery Wards (both sites);
- Endoscopy (both sites);
- Audiology Services (both sites);
- Fertility Services (Severn Fields Health Village).

Security risk assessment advice, guidance and documentation was also provided to the Estates Capital Projects Team on the following:

- Midwife Led Unit refurbishment (RSH);
- Temporary de-mountable Recovery Ward (RSH);
- Urgent Care Centre new build (PRH)
- Refurbishment of Ward 19/35 Supported Discharge Ward (RSH)
- Off-site medical records storage.

1.5 *Committee Work*

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

The Trust Security Manager attends monthly Operational Risk Group (ORG) meetings. Chaired by the Associate Director of Quality & Safety, 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 community issues and problems including anti-social behaviour. The committee acts as an 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.

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

The Trust Security Manager is a member of the Staffordshire & Shropshire NHS Local Security Management Specialist (LSMS) forum. Following the drawdown of NHS Protect in 2016-17 as the national body for coordination of security management in the NHS, this voluntary forum is attended quarterly by LSMS from the area and all NHS sectors including Acute, Mental Health and Community services and provides 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*

Release of Information

No releases of CCTV video footage were made to the public or requested by the public during the reporting period. The Trust released CCTV and/or video footage from Body Worn Video camera equipment 27 times during the reporting period for the following reasons:

- Police Investigation – 17
- Assistance with Her Majesty's (HM) Coroner's Office Inquiry – 1
- Assistance with Trust Complaints Inquiry – 1
- Assistance with Trust Management Investigation – 5
- Assistance with Trust Patient Safety Investigation – 1
- Assistance with Trust Legal Claim - 2

The releases to the police concerned 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.

Freedom Of Information (FOI)

8 FOI requests were made regarding other security matters and reported incidents at the Trust. Responses and data were provided to Corporate Governance staff that coordinate and oversee Trust responses.

Complaints

During the reporting period 7 formal complaints were received by the Trust citing concern over actions taken by security staff from both sites. In all instances these concerns formed part of a wider complaint about hospital services and the care received by patients. On investigation only one complaint was upheld and this resulted in advice to the involved security staff regarding best practice when dealing with high risk patients deemed as likely to abscond.

1.7 Assurance

Baby Tagging (to prevent the unauthorised removal of a baby from the hospital - see s3.5); during the year we regularly tested our Baby Tagging security systems to ensure system operability and staff knowledge and reactions. These tests are conducted every three months. Results of each test are fed back to senior Women & Children's management, Director of Corporate Governance and Head of Corporate Services.

Lock Down (to prevent free access to the hospital at times of high i.e. suspected terrorist activity) ; every three months our security team supervisors undertake audit and functionality tests of the Lock Down plan for each of our A&E departments. This ensures that paper copies of Lock Down plans are in the place staff expect them to be should they need them, are the correct version and the instructions, systems and facilities are correctly functioning. Whilst this is being done opportunity is provided for Sister in Charge and any new or less frequent working A&E staff to walk the department and understand the plan first hand. At the same time security staff check the viability, effectiveness and likelihood of each ward and main departments towards achieving a dynamic simple lock down. Any serviceability issues are addressed and the occasion also gives Security staff the opportunity to liaise with ward staff and highlight the procedure and mechanism for securing departments which by virtue of their daily operation are seldom locked and secured. Records on all these audits are collated and retained by the Trust Security Manager.

Lone Working (to ensure the safety of staff who work alone in the hospital - see s3.6); In recognition of those staff working 'on site' our security team supervisor undertakes regular (three - monthly) audits and tests of Lone Worker pagers issued to/held by departments to ensure they are available for staff and to ensure equipment functionality through testing with Switchboards.

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. Staff are also supported by the security team who can undertake incident reporting for the member of staff post incident/after discussion. (This often results in apparently low figures in the national staff survey of staff who have reported incidents, but this is because security staff do this on their behalf to both remove the administrative burden and to ensure it takes place)

2.1 Comparative figures for 2018-19 are shown in Table 1¹.

Table 1 - Security Incident Reporting

ALL SECURITY INCIDENTS	2015/16	2016/17	2017/18	2018/19
First quarter: Apr, May, Jun	143	148	184	185
Second quarter: Jul, Aug, Sep	153	140	157	138
Third quarter: Oct, Nov, Dec	197	158	158	167
Fourth quarter: Jan, Feb, Mar	182	141	172	151
Running Total	675	587	671	641

2.2 Of the reported 641 incidents in 2018-19, 358 occurred at the RSH, 277 occurred at PRH and 5 off-site.

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 (146)²;
- Trespass (44)³;
- Suspect packages (4);
- Damage to Trust Property (16)⁴;
- Damage to non-Trust Property (15)⁵;
- Theft/alleged theft of Trust Property (7)⁶;
- Theft/alleged theft non-Trust Property (17)⁷.

¹Source: Datix. Excludes Cyber Security and security related Information Governance incidents which are managed by IT and Information Governance teams. Figures are as available/recorded with effect 12 April 2019; this applies to all figures contained within this report hereafter. Figures may be subject to increase thereafter due to late reporting and/or incidents being re-coded from other categories during end of year accounting/verification.

²Examples include building/office insecurities, alarm activations, suspicious behaviour, suspect packages/items left unattended, undue interest in staff (harassment), concern regarding whereabouts of keys, nuisance phone calls, possession and/or use of illegal drugs by patients.

³Examples include 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.

⁴Graffiti on hospital walls at the PRH (following CCG announcement on Future Fit) and various damage to doors, other fixtures/fittings and a pool car.

⁵All low speed collision damage involving either private motor vehicles or vehicles belonging to partner agencies or unexplained damage to the same.

⁶Theft of portable IT equipment; plaster room equipment; charity boxes; pharmaceuticals and FP10 prescription forms.

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.

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

Figures for reported anti-social behaviour and/or inexcusable/intentional violence and aggression incidents in 2018-19 are shown in Table 2 and show a decrease of just under 14% for the reporting year compared to 2015/16. Intentional incidents ranged from acts of physical contact (however minor or inconsequential 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 as aggravating factors and are prosecuted as such.

Table 2 - *Anti-Social Behaviour & Inexcusable/Intentional Violence & Aggression*⁸

Anti-Social Behaviour & Inexcusable Intentional Violence & Aggression				
	2015/16	2016/17	2017/18	2018/19
First quarter: Apr, May, Jun	34	33	29	31
Second quarter: Jul, Aug, Sep	24	20	23	25
Third quarter: Oct, Nov, Dec	34	27	42	26
Fourth quarter: Jan, Feb, Mar	40	29	17	32
Total	132	109	111	114

Of the reported 114 intentional violence and aggression incidents in 2018-19, 56 occurred at the RSH, 57 occurred at PRH and one off-site, but involved staff.

38 involved physical contact (however minor or inconsequential).

- 23 were on staff (22 of these were carried out by patients, 1 involved staff on staff).
- 15 were by patients or relatives (public) on the same.

One of the intentional physical assault incidents involving Trust staff during 2018-19 resulted in serious injury or triggered RIDDOR reporting to the Health & Safety Executive (HSE)⁹.

There were 76 intentional *non*-physical incidents i.e. incidents of verbal abuse, threatening or other anti-social behaviour by patients, relatives or public, 72 of these were made towards staff and the other 3 towards other patients, relatives or public.

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

⁷All concerning theft or alleged theft of cash, hand/day bags and/or contents, small items of personal belongings/clothing from staff or patients and some non-Trust charity collection boxes/jars.

⁸Concerning all staff, patients, visitors and contractors. Source: Datix.

⁹Web122773.

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 3.9 refers).

Step 3 – Enlisting the assistance of the police (3.3 refers).

3.3 *Post Incident Action, Sanction & Redress*

All reported security incidents from either hospital staff or the security teams are individually reviewed 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 by writing to those members of staff who may have been injured, harmed or significantly affected by the incident 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 patient¹¹. A warning letter, signed by the Chief Executive, is sent to the perpetrator of the adverse behaviour and copied to the victim and police, advising that non-emergency treatment could be withdrawn if there are any further episodes and support for police action or civil action by the Trust¹². 38 SEMA alerts and 66 warning letters and/or letters of concern were issued during the reporting period. Only four of those receiving our initial warning letter during the period have been reported as being involved in further incident.

The Trust supports all police and Court actions when taken and every effort is made to enable partnership working and achieve rightful sanction and redress for unacceptable behaviour. This often includes provision of supporting CCTV, Body Worn Video (BWV) recordings or other documentary evidence. The following are some (but not all) examples of effort to see rightful outcome to incidents of aggressive and/or anti-social behaviour in 2018-19¹³:

- On 7 December 2018 Thomas Alan WATKINS was in the RSH A&E department demanding methadone. He was shouting, threatening and swearing. He forced his way into the clean utility room, the door to which hadn't quite closed as a member of staff left the room. Another staff member was still in the room. The patient stated "I am not going to do anything to you, however I am not letting you out of the room". WATKINS locked the door

¹⁰During the reporting period 205 letters offering support and/or feedback to staff were sent to staff and/or department managers whose staff were involved or affected by incidents (intentional or not). In line with the strategy outlined for dealing with violence and aggression a resulting outcome is that much adverse behaviour is diverted away from medical and nursing staff by the intervention of security staff before the behaviour escalates and so medical and nursing staff can avoid injury or unnecessary involvement; by virtue of their involvement security staff, based on their early involvement become responsible for reporting on the incident with medical/nursing staff being identified as witnesses as opposed to victims. This explains in some way the disparity between numbers of support letters issued to Trust/NHS staff and all reported incidents (Tables 2 and 3 refer).

¹¹A 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 A&E Consultant; 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.

¹²It should be noted that it is not always possible or appropriate to issue a warning regarding unacceptable behaviour because the individual may not have been identified or the circumstances of the individual deem it inappropriate.

¹³For 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.

and stood between the staff member and the door continuing to demand methadone to staff outside. There were no other exit routes from the room. The patient was subsequently arrested, charged and pleaded guilty to 2 counts of public order offences, namely; using threatening, abusive, insulting words, behaviour likely to cause harassment, alarm, distress. He was **sentenced on 18 January 2019 to 4 week's imprisonment** and ordered to pay charges of £115.

- At the RSH A&E on 17 October 2018 Ryan THOMAS, who had been discharged, was reported to be being disruptive and nuisance like towards staff in reception areas and the immediate vicinity of the department. He eventually left the area claiming he was leaving the hospital only to be seen bedding down with his possessions in an alleyway area adjacent to the A&E and AMU entrances. THOMAS refused to engage with security staff and when instructed to leave the premises threw a (glass) bottle containing alcohol at a member of the security staff. The bottle missed the officer but hit a wall and smashed, leaving debris and startling other members of the public in the immediate vicinity. THOMAS was arrested and removed from hospital grounds by police. He subsequently pleaded guilty at Telford Magistrates Court to a Public Order offence and was **sentenced to a conditional discharge**¹⁴ and ordered to pay Court costs of £20.
- Following the deliberate starting of a (significant) fire in RSH Treatment Centre on the evening of 30 August 2018 Peter Maurice SPICE was identified from hospital CCTV as being responsible for starting the fire and also committing a number of acts of criminal damage around the RSH site. SPICE pleaded guilty to charges of arson and causing criminal damage to property valued at less than £1200. At Telford Magistrates Court on 19 March 2019 SPICE was **sentenced to a hospital order**¹⁵.
- On 28 August 2018 Andrew LESLEY, who has the liver condition Hepatitis C¹⁶, deliberately bit the inside of his mouth before spitting at an (RSH) A&E nurse (some spittle landed in her mouth) and a security guard. Efforts to restrain LESLEY failed when he turned on the hospital team trying to treat him for a drug over dose. LESLEY verbally abused staff using racist language towards staff throughout the incident. It was believed he had overdosed on medication that could have proved fatal if not treated. LESLEY subsequently admitted 3 offences of Assault Occasioning Actual Bodily Harm (AOABH), racially aggravated harassment, assaulting a police officer in the execution of their duty, assault by beating (of a hospital security guard) and possession of cannabis. At Shrewsbury Crown Court on 19 March 2019 he was **jailed for 18 months**.
- Whilst at the RSH A&E on 19 July 2018 Gareth EVANS, who was heavily intoxicated, aggressive and not responding to staff engagement, refused to surrender a (glass) bottle of alcohol which he continued to consume the contents of. During the effort to confiscate it a member of the hospital security team was assaulted by EVANS albeit no injury was incurred. EVANS was subsequently arrested and removed from the department by police. EVANS pleaded guilty to common assault at Telford Magistrates Court on 7 November

¹⁴A **conditional discharge** means that the offender is released but the offence is placed on their criminal record, at the same time the Court have the power to review sentencing for the offence if the offender commits any further offence within a time period set by them (in this case 6 months). If the offender does commit a further offence within that time period, they may be recalled and resentenced for the original matter as well as the new matter. Since the incident the offender has been back to RSH A&E but caused no security interest other than for security staff to be aware of his presence.

¹⁵A **hospital order** is a court order used to force a person to go hospital for assessment or treatment for a mental illness. A hospital order is used to confine a person to a psychiatric hospital after having been found not guilty of a crime by reason of insanity.

¹⁶<https://www.shropshirestar.com/news/crime/2019/03/19/patient-who-spat-at-nurses-jailed/>

2018 and was sentenced to pay a £120 fine, £135 costs and **bound over to keep the peace for 6 months**¹⁷.

- On 20 June 2018 Andrea ROBINSON (723872) was found guilty by Telford Magistrates of being drunk and disorderly in the PRH A&E department on 4 June 2018. During the disturbance 2 members of staff were assaulted, albeit they incurred no injury. Due to Robinson's previous bad behaviour in the community and to prevent further offending Robinson was the next day **imprisoned/held on remand for 16 days**. At a later Court hearing she was subsequently fined £100, ordered to pay a £30 victim surcharge and costs of £135.
- Following a disturbance at the PRH A&E on 6 December 2017 which resulted in the automatic waiting room door being kicked from its fastenings and glazing being smashed James BAIN later pleaded guilty to causing criminal damage and causing an affray. In May 2018 he received a **3 year conditional discharge**¹⁸ and was ordered to pay costs of £135 and compensation to the hospital of £126 (glazing repair).
- On 13 May 2018 Jake FOX, a well-built 24 year old male arrived at RSH A&E via ambulance heavily over dosed. He immediately became aggressive and uncooperative with staff and approached an 85 year old female patient with dementia who was being vocal. Fox made repeated attempts to enter her cubicle resulting in a security staff intervention to move him away from the area. Whilst being triaged he launched an unprovoked physical attack at staff. One security officer was momentarily knocked unconscious. The patient undertook repeated attacks on security staff with fists, biting and head butting whilst making attempts to re-enter the area of A&E where the female patient was. The patient was arrested and transferred to PRH A&E, 7 police officers and 2 hospital security officers were required to see him controlled with body restraints. Medical sedation failed and the patient was intubated and transferred to ITU. **He was transferred on 15 May 2018 to a medium secure mental health unit but was discharged a few days later as assessment showed his behaviour was solely due to very excessive substance misuse. He was immediately re-arrested by police. Since then he has been held on remand with Her Majesty's Prison Service (HMPS). At Telford Magistrates Court on 3 April 2019 he pleaded guilty to 2 counts of Assault Occasioning Actual Bodily Harm (AOABH) and 2 counts of causing damage to hospital property (of value less than £1200). As a consequence he was committed to prison for a further 6 months. On release he will have served just under 17 months in prison for the incident on 13 May 2018.**

3.4 *Non-intentional / Clinical Aggression*

¹⁷Being '**bound over to keep the peace**' is an order which can be made by both the Magistrates' Court or Crown Court and means that a person must undertake not to engage in specific conduct or activities for a certain period of time (usually no more than 12 months), in breach of which he will be required to pay a specified sum of money.

¹⁸A **conditional discharge** means that the offender is released but the offence is placed on their criminal record, at the same time the Court have the power to review sentencing for the offence if the offender commits any further offence within a time period set by them (in this case 6 months). If the offender does commit a further offence within that time period, they may be recalled and resentenced for the original matter as well as the new matter.

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 & Aggression¹⁹.

CLINICAL VIOLENCE & AGGRESSION	Year			
	2015/16	2016/17	2017/18	2018/19
First quarter: Apr, May, Jun	75	54	77	89
Second quarter: Jul, Aug, Sep	84	79	83	52
Third quarter: Oct, Nov, Dec	84	80	65	66
Fourth quarter: Jan, Feb, Mar	86	70	85	71
Total	329	283	310	278

Of the reported 278 non-intentional clinical aggression incidents in 2018-19, 170 occurred at the RSH, and 108 occurred at PRH. 172 involved physical contact, 158 of these involved staff. 5 of these non-intentional physical assault incidents triggered RIDDOR reporting to the Health & Safety Executive (HSE)²⁰.

Notwithstanding continued rises in patient numbers, training for security staff in De-Escalation and (Physical) Management Intervention (DMI)²¹ allied to continued availability of Conflict Resolution Training (CRT) for all hospital staff (4.2 refers) is still having a positive impact. The number of reported clinical aggression incidents in 2018-19 is showing a 10% decline on the previous reporting year and a 15% decline on the 2015-16 reporting year (Table 3a refers).

Table 3b - Non-intentional / Clinical Physical Aggression

CLINICAL VIOLENCE & AGGRESSION – PHYSICAL	Year			
	2015/16	2016/17	2017/18	2018/19
First quarter: Apr, May, Jun	55	28	47	57
Second quarter: Jul, Aug, Sep	41	50	49	31
Third quarter: Oct, Nov, Dec	36	56	35	39
Fourth quarter: Jan, Feb, Mar	43	37	53	45
Running Total	175	171	184	172

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 that show security staff across both sites carried out 159 safe holds of patients during the reporting year. Not all 'safe holds' were undertaken as a result of 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

¹⁹Concerning all staff patients, visitors and contractors. Source: Datix.

²⁰Datix id: 155621; 157038; 159785; 159803; 164741.

²¹Training is accredited by British Institute for Learning & Development (BILD) and the Institute of Conflict Management and is provided by colleagues from Midlands Partnership NHS Foundation Trust (FT) formerly the South Staffordshire & Shropshire Foundation Trust (SSSFT).

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'.

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

CLINICAL VIOLENCE & AGGRESSION - NON PHYSICAL	Year			
	2015/16	2016/17	2017/18	2018/19
First quarter: Apr, May, Jun	19	26	30	32
Second quarter: Jul, Aug, Sep	34	29	34	21
Third quarter: Oct, Nov, Dec	41	24	30	27
Fourth quarter: Jan, Feb, Mar	41	33	32	26
Running Total	135	112	126	106

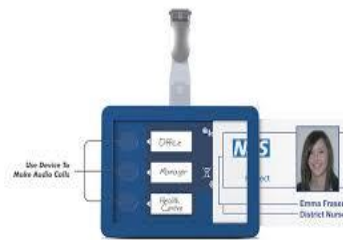
It is recognised that the risk of clinically related aggressive behaviour will always be present in an organisation like ours, not least due to consistent pressures from an ageing population in Shropshire which is above the national average. Concomitant pressures on providers of community care, often results in unwelcome and pro-longed stays in the acute hospital setting for patients who would be better served with 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 in the form of an identity badge holder worn around the neck or clipped to a belt or tunic. It includes a panic alarm that can be discreetly activated and which automatically opens a line of communication (via roaming mobile phone signal) to a national Alarm Receiving Centre (ARC), thereby allowing situation assessment and immediate response/escalation, as well as recording of evidence. In extreme instances ARC staff 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.



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 293 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 was undertaken in the reporting period. 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 effective²². To date, 243 staff have been trained in the use of series 8 devices and the potential threats from Lone Working. At the time of writing 28 staff are scheduled in coming weeks/months for training and device issue or are undergoing enabling administration to receive training and device issue.

(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.



²²Any member of staff requesting a personal issue device for their sole use will be allocated one.

3.6 *Baby Tagging*

This facility is in operation at the Shropshire Women and Children's Centre at the PRH on the Post-Natal Ward and Ante-Natal Wards (standby facility should post-natal overspill). It is also installed on our Wrekin Maternity Midwife Led Unit (MLU) at the PRH and the RSH MLU. Each new born has a tag fitted after delivery. Should the infant then be taken towards a doorway, including a fire exit, the tag will alarm and send doors into Lock Down mode whilst alerting staff at the nurse base via a PC type console so they can investigate. If the Tag is forcibly removed or cut the system automatically goes into alarm. Equally the system will alarm if it detects an inability to communicate with a tag e.g. if the infant were wrapped in coverings or placed in a bag to enable unauthorised removal.

The Wrekin Maternity Unit system was installed in April 2017 after kind donation by the Friends of PRH. A new system was included in the refurbishment of the RSH MLU which was finished earlier this year.



As part of our security management assurance program checks and testing of the system and staff reactions are carried out every 3 months by Ward Managers and the Trust Security Manager with feedback provided to senior management on the outcome from each test.

3.7 *Closed Circuit Television (CCTV)*

The significant security advantage gained from our site CCTV camera control rooms at the RSH and PRH in recent years continues. The facilities prove 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 new replacement camera equipment was installed in the refurbished RSH MLU and the new build Urgent Care Centre at the PRH. To ensure more rapid investigation with missing patient reports and improve patient safety cameras have also been installed in the lifts in the RSH Ward block. Opportunity was taken during the reporting year at both sites to replace some of our oldest recording unit equipment which, whilst still functioning, had none the less more than passed its intended useful working life. These replacement systems offer much improved clarity for both live and played back/recorded footage as well as increased functionality.

The output from cameras on our main hospital 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 from an approved contractor.

To recognise the arrival of the General Data Protection Regulations (GDPR) (2018) an assessment of our CCTV operation was completed by the newly appointed Trust Data Protection Officer (DPO) and the Trust Security Manager using an Information Commissioners Office (ICO) assessment tool. As a result of the assessment a number of minor updates and changes were incorporated into the already scheduled review of the Trust CCTV policy (1.2 refers) to ensure the operation is kept in line with GDPR.

3.8 *Access Control*

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 albeit this set to change as plans begin to be developed for the £312 million re-configuration of both hospitals. In the interim networked swipe card access control has been included in the refurbishment of the RSH MLU and is being included in the final phase of the move of Ophthalmology Services and the re-location of ICAT into Ward 20 of the Copthorne Building at the RSH.

3.9 *Manned Security Service*

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

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 supervisor at each site to ensure regular contact with all officers²³. 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.

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.

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 the Midlands Partnership NHS Foundation Trust (FT). There is evidence from incident reporting that suggests introduction of this training, along with a revised policy of safe handling of clinically aggressive patients²⁴ has resulted in reductions in the number of staff being harmed or injured through physical contact with clinically aggressive patients (3.4 refers).

²³All licensed by Security Industry Association (SIA) for Door Steward & Public Surveillance CCTV Monitoring.

²⁴Policy for Clinical & Safe Holding of Adults and Children Receiving Care in the Trust.

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 locating absconded or missing patients or patients in crisis who are deemed to be vulnerable and/or at high risk of self-harm or may or are intending to take flight (patient safety)²⁵;
- Fire alarm activations and other fire incident related activity (fire safety incidents)²⁶;
- 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)²⁷.

Additional security staffing was also put in place on key dates during the Christmas and New Year periods and to steward public Trust Board meetings which were either designated as public meetings or which had a period allocated for public attendance/scrutiny. Additional security staffing was also provided in the form of a Fire Warden for Copthorne House during final refurbishment stages of Ward 19 (35) and 20. This staffing was provided 24/7.

3.11 *BWV (Body Worn Video) Equipment*

BWV surveillance equipment incorporating both image and audio recording continues to be used as one means of preventing anti-social and aggressive behaviour (3.3 refers). It is worn and operated by security staff at both hospital sites. A statement on how the equipment is used and controlled is included within our published CCTV policy.

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

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

²⁷Mon-Fri for patient valuables collection from hospital safes and thrice weekly for emptying/replenishment of car park change machines.

4 Communication, Awareness & Training

Efforts continue to raise staff awareness on security matters and encourage a proactive security culture. When appropriate, global e-mail alerts as well as screen messages can be sent out to all IT account users in the Trust. In the last year this specific type of activity has increased in response to increased threats and actual Cyber Security matters and incidents.

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

With non-intentional/clinical aggression security staff provide patient safe handling assistance and support to medical and nursing staff to ensure no harm comes to either patients or staff from patients who may becoming physically aggressive or challenging through no fault of their own. 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 the Midlands Partnership NHS 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 Midlands Partnership NHS 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 10 of our core team of 11 security staff undertook annual refresher training whilst 1 new staff member 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 delivered to 1339 frontline staff including junior medical staff via 3 hour face to face sessions and 511 other staff via e-learning²⁸.

4.3 *Lone Workers*

During the reporting period 77 members of staff who work alone in the community (regularly and/or occasionally) were trained on lone worker device usage and personal security. All staff using lone worker devices for use under the off-site strategy are given training by the service provider prior to a device being enabled. The training not only informs on how to use the device in terms of practicalities like switching on and off and battery charging, but also informs on the risks to lone workers identifying vulnerabilities and risk assessment.

4.4 *Corporate Induction*

During the period, 682 staff members were given security and fraud awareness briefings and training at Corporate Induction by the Trust Security Manager²⁹.

²⁸Figures from Learning Development 6 Apr 2018.

²⁹Figures from Learning Development 6 Apr 2018.

4.5 *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 1 new security staff member was mask fit tested.

4.6 *Public Space CCTV Surveillance Training*

All of our security staff are licensed and trained in accordance with Security Industry Act requirements for use of CCTV equipment. During the period 1 new officer undertook and successfully completed this training.

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 both hospitals as concluding decisions regarding Future Fit and Sustainable Services Program (SSP) are reached.
- 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.