

Board of Directors' Meeting:

12 September 2024

Agenda item		Included in Board Information Pack			
Report Title		Security Annual Report 2023-24			
Executive Lead		Sara Biffen, Acting Chief Operating Officer			
Report Author		Jon Simpson, Trust Security Manager			
CQC Domain:		Link to Strategic Goal:		Link to BAF / risk:	
Safe	√	Our patients and community	√	BAF1, BAF2, BAF3, BAF 8	
Effective	√	Our people	√		
Caring	√	Our service delivery	√	Trust Risk Register id: 789 312 326 325	
Responsive	√	Our governance	√		
Well Led	√	Our partners	√		
Consultation Communication		Health, Safety, Security & Fire Committee, 20240610 Audit & Risk Assurance Committee, 20240902			
Executive summary:		<p>In accordance with the provisions of the NHS Violence Prevention & Reduction Standard (2020), NG10 (short-term management in mental health, health and community settings 2015), The Mental Health Units (Use of Force) Act (2018), Emergency Preparedness & Resilience Response Standard No 21 (Lock Down) and the Health & Safety at Work Act (1975) Providers are required to have in place and maintain security management arrangements in their organisations.</p> <p>The attached annual report provides information on reported security incidents, security team activity and other security management work across the Trust in 2023-24.</p>			
Recommendations for the Board:		This report is provided for information only .			
Appendices:		Appendix 1: Security Annual Report 2023-24			

Annual Security Report

2023-24

Foreword

The Shrewsbury and Telford Hospital NHS Trust is committed to ensuring a safe environment for staff and patients 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.

Sara Biffen Acting Chief Operations Officer (COO) was the designated Board level Director responsible for security management matters during the reporting period that this report covers, including prevention and reduction of violence and aggression towards NHS staff, and ensuring that there is adequate security management at the Trust.

Sheila Fryer, Deputy Chief Operating Officer (DCOO) had day to day line management responsibility for the Trust Security Manager.

Jon Simpson is the Trust Security Manager who ensures that the Trust complies with all NHS security guidance and requirements and oversees the implementation of security management across the Trust.

This annual security report looks at security governance arrangements and incidents for the past year. It also reviews continuing efforts to keep staff and patients safe as well as securing Trust property and assets.

Sara Biffen
Acting Chief Operating Officer

June 2024

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1 Governance, Risk & Assurance

A sound Governance framework is essential in ensuring a consistent approach to security.

1.1 Security Arrangement Provision

In accordance with the provisions of the NHS Violence Prevention & Reduction Standard (2020), NG10 (short-term management in mental health, health and community settings 2015), The Mental Health Units (Use of Force) Act (2018), Emergency Preparedness & Resilience Response Standard No 21 (Lock Down) and the Health & Safety at Work Act (1974) Providers are required to have in place and maintain security management arrangements in their organisations¹.

1.2 Policy

The Trust has the following security policies in place with scheduled review dates.

- SY01 Security Management Policy
- SY02 Violence & Aggression Management & Reduction Policy
- SY03 CCTV Operating Policy
- SY04 Lock Down Policy
- SY05 Counter Terrorism Procedures
- SY07 Patient Search

In accordance with those schedules SY03 was reviewed using national guidance and local protocols and republished.

1.3 Security Risks

Security risks are managed in accordance with the Risk Policy and entered on to the Datix risk management system where they can be regularly reviewed. There are two security risk scoring more than 15. They concern contracted/uniformed security staffing numbers/establishment at the 2 main sites² (s3.7 refers) and the inconsistent use of door access control systems (particularly swipe card access) across all areas of the Trust, especially in-patient wards³ (s3.9 refers).

1.4 Security Risk Assessment

In accordance with the provisions of the NHS Violence Prevention & Reduction Standard (2020) an evidence based self-assessment is reviewed annually by the Security Manager. When the Trust Violence & Aggression Reduction policy (s1.2 refers) is presented to Health & Safety, Security & Fire Committee for review, approval, and re-publication this self- assessment is also presented⁴.

¹ The following sites are provided with varying levels of support: Princess Royal Hospital (Telford), Hollinswood House (Telford), Sterilisation & Decontamination Services Unit (Queensway Business Park Telford), Royal Shrewsbury Hospital, Severn Fields Health Village (Shrewsbury), Medical Records Facility (Atcham Business Park Shrewsbury), NHS William Farr House site (Shrewsbury), Corporate Services at Douglas Court Shrewsbury Business Park (Shrewsbury), x4 Midwife Led Unit at Bridgenorth, Ludlow and Whitchurch Community hospitals and RJAH.

² Datix Risk Register id 789.

³ 4-digit keypad pin code locks are on some entrances, but these systems are always subject to very easy compromise/misuse and counter compromise action is time consuming and very disruptive. Use is awkward and clumsy when linked with or part of a patient or other manual handling task especially if doors do not open or close with electrical assistance, so doors get left open which has led to absconded/missing patient incidents (Datix Risk Register 312). In the event of a known or immediate external threat all ward doors have the option to be secured manually and good physical security is provided to ward areas until an incident is over/stood down. This functionality is checked and tested every 3 months by security teams records held by the Security Manager.

⁴ Next sscheduled review June 2026.

Through year security needs/risk assessment advice/support was given to Estates Capital and other Project Management Offices (PMO) as well as Centers and departments⁵. Some (but not all) examples of the (often extensive) support provided, and the locations involved included:

- Hospital Transformation Program (HTP) new build at RSH (access control, CCTV, intruder/staff duress and new-born security alarms, counter terrorism, and general crime prevention measures)⁶.
- Hollinswood House (RENAL & CDC) (access control, CCTV, intruder alarm, contracted key holder services, lone working).
- PRH Elective Theatre Hub (access control, CCTV).
- PRH Business Hub building (including occupants of non-NHS commercial retail outlets) (access control, CCTV).
- Pharmacy – installation of OOH dispensing cabinets (PRH & RSH).
- RSH Evolution Scanning Suite (access control, CCTV).
- RSH SERII (access control).
- Take over by SaTH of buildings at NHS William Farr House site (access control, out of hours intruder alarm detection).
- Community Rehabilitation & Recovery Wards (PRH Ward 36 & RSH Ward 18 and 2 storey new build) (access control, CCTV, emergency site security support).

Areas of Special Interest. Regular and scheduled security risk assessment is undertaken on the following key areas of security:

- Lock Down; every month security team supervisors undertake audit and functionality tests of the emergency Lock Down plan for each of our ED. 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 referred to in each plan are correctly functioning. After the ED check security supervisors then complete a site wide check of the emergency Lock Down arrangements for each Ward and/or publicly accessible department/entrance at both main sites. Any service or maintenance issues identified are addressed and the check also gives security staff the opportunity to liaise with clinical staff and highlight the procedure and mechanism for securing departments which are not regularly locked and secured because of operational constraints. Records on all these audits are retained by the Trust Security Manager.

⁵ Auditing of departments for completion of self-assessed security risk assessments (Appendix D to SY01 Security Management policy [SaTH Intranet - Security Management in the Trust](#) and local lock down plans is included in the H&S element of the Exemplar Ward program.

⁶ A Building Research Establishment Environmental Assessment Method (BREEAM) assessment uses recognised measures of performance, set against established benchmarks, to evaluate a building's specification, design, construction. This includes a Security Needs Analysis (SNA) which has been completed and approved. The build is also being registered for 'Secured by Design' (SBD) accreditation. SBD is the official UK police security initiative that works to improve the security of buildings and their immediate surroundings to provide safe places to work and visit. Both initiatives will assist the Trust with meeting a new statutory obligation known as the Prevent duty which becomes law in 2024-25. Also known as Martyn's Law it places a legal duty on those responsible for certain publicly accessible locations to consider the threat from terrorism and implement appropriate and proportionate mitigation measures. If the new build application proved successful further effort could be considered to register other Trust premises that have already had incorporated similar security design proposals and features e.g., Hollinswood House.

- Lone Working (s3.9 refers); Every three months the security team supervisors test and assess lone worker pagers issued to/held by departments to ensure they are available for staff and to ensure equipment functionality by testing them with Switchboards. Records on all these audits are retained by the Security Manager.
- Infant/Newborn Security (s3.10 refers); every 3 months to prevent the undue removal of a baby from the hospital the Baby Tagging security systems are tested to ensure system operability and staff knowledge/reactions. Results of each test, undertaken by the Security and post-natal Ward Managers are fed back to senior Women & Children's leadership/management, Chief Operating Officer (COO), Deputy Chief Operating Officer (D/COO). Records on all these audits are retained by the Trust Security Manager. The benefit of this assessment process has been noted in previous CQC Inspection⁷.

Health Safety Security & Fire Safety (HSSF) Committee. A quarterly security report is presented to the Trust Health & Safety Committee which is attended by staff side Chairs/representatives, Union representatives and has Centre management representation. The report provides insight on progress with managing violence and aggression by service users (clinical as well as intentional/inexcusable aggression) including reports on sanction and redress and support to staff affected. In the fourth quarter, the annual security report is presented which gives feedback and a full account of all security management work in the reporting year.

Risk Management Committee. The Trust Security Manager attends monthly Risk Group meetings. Chaired by Director of Governance & Communications, this ensures security management oversight and advice is available for all matters discussed or raised.

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

Release of Information

31 releases of CCTV / Body Camera video footage were made in the reporting period.

- 16 to police for preventing/detecting crime / apprehension/prosecution of offenders.
- 14 for internal investigation/fact find (H&S 1, Workforce 1, Centre Management 12).
- 2 following external/third party request (FOI 1, motor vehicle insurance claim 1).

Complaints

5 formal complaints were made by patients regarding security staff actions. A review of the circumstances leading to each allegation, including where available CCTV/Body Camera video footage, showed no professional misconduct. Any force used, however minimal, was deemed to be appropriate for the circumstances and required only due to the patient's non-compliance with reasonable instruction to maintain patient/staff safety⁸. One complaint was made regarding use of corridors with CCTV camera for locating bedded ED patients during escalation. Notwithstanding the unpredictability of which areas of the hospitals may be used to house patient's, guidance to mitigate any concern has since been given for inclusion in the 'hospital full' policy⁹.

⁷ Staff followed the baby abduction policy and undertook baby abduction drills. All babies were electronically tagged, and labels and tags were checked daily. Tags were removed as part of the discharge process. All staff were trained and aware of the baby tagging process". Source: CQC Inspection Report (Evidence Appendix) published 8 April 2020 page 392.

⁸ Responses and data were provided to Complaints staff who coordinate Trust responses.

⁹ Temporary options, subject to risk assessment at time by CSM, NIC, duty security staff, include adding a digital privacy block to a camera picture, placing a physical cover/mask on a camera or in extremis unplugging a camera.

2 Security Incident Reporting

Security incident reporting remains key to the maintenance of a pro-security culture.

2.1 Comparative figures for 2023-24 are shown in Table 1.

Table 1 - Security Incident Reporting

ALL SECURITY INCIDENTS	2020/21	2021/22	2022/23	2023/24
First quarter: Apr, May, Jun	157	199	294	333
Second quarter: Jul, Aug, Sep	199	204	296	262
Third quarter: Oct, Nov, Dec	232	203	235	399
Fourth quarter: Jan, Feb, Mar	137	199	272	609
Running Total	725	805	1097	1603

2.2 Of the 1603 incidents 1016 occurred at the RSH, 575 at PRH. 12 were either on another site or out in the community and are summarized below. Most incidents concern aggressive service users. The sharp rises in incident numbers reflects high demand for security support on ever busier main sites but also well embedded awareness amongst work force on how and when to get support if matters escalate or risk is foreseen (s3.7 refers).

- 7 incidents Hollinswood House, Telford. x5 minor security compromise due to equipment failure and/or human error in period immediately after building opened (all since resolved) and x2 incidents concerning verbal aggression towards staff from Renal Unit patients.
- 1 incident at the Trust Fertility Department, Severn Fields Health Village, Shrewsbury – a disturbance/public order/standoff/verbal aggression to staff by group of youths.
- 2 incidents at Douglas Court, Shrewsbury Business Park. x1 damage to staff vehicle, x1 verbal threats by telephone to staff by former/dismissed employee.
- 1 incident in London - theft of NHS Laptop from staff member whilst on Trust duties.
- 1 incident Queensway Business Park, Telford - medical records facility insecure.

2.3 There was a total of 364 non-aggression security incidents, a breakdown is herewith:

- Other Security (301)¹⁰ Damage to Property (25)¹¹
- Theft/alleged theft of Trust Property (5)¹² and non-Trust Property (33)¹³

¹⁰ Examples include building/department/office/non-public insecurities, building alarm activations, suspicious behaviour, general concern re service user behaviour, undue interest in staff (harassment), nuisance phone calls, suspect packages or unattended luggage/bags and service users suspected to be or seen to be in possession of knives, blades, or other illegal substances/items (12 searches for such were carried out during the period. On 4 occasions the presence of a knife or bladed items was confirmed and removed. In line with our policy security staff have metal detector search wands available for use when searching patients, this equipment allows for more accurate searching of patients with less likelihood of harm to staff or opportunity for later use of the knife or blade). Trespass included unwelcome/unnecessary presence of relatives, rough sleepers and/or intoxicated members of public in hospital grounds, public in staff only areas, refusal of patients to leave after discharge.

¹¹ Nearly all concerned damaged to vehicles or buildings/fixings caused by another vehicle. One concerned deliberate wilful damage to an office door by a contracted delivery driver. On review his parent company took responsibility and paid for damages (approx. £8k) and dealt with the behaviour through their own internal HR process.

¹² Concerning theft of NHS laptop (from staff member on duty in London) and a medical pump (from PRH loading bay), Nativity scene figures from PRH Chapel and other small/low value personal office items belonging to staff and/or the Trust.

¹³ Majority concerned alleged theft of unattended cash/personal items (staff and patient). One theft of RSH colleagues bank card (used to withdraw significant amount of cash at hospital ATM) was progressed by police/workforce due to strong CCTV evidence. Incidents are a third less than 2022-23. This follows dismissal of PRH employee for stealing from a patient (thought to be responsible for incidents at PRH over a number of years).

3 Safe Environment for Staff & Patients

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

3.1 *Intentional/Inexcusable Violence & Aggression*

Figures for reported intentional/inexcusable violence and aggression incidents in 2023-24 are shown in Table 2. Intentional/inexcusable incidents ranged from acts of physical contact (however minor or inconsequential including spitting) to verbally threatening or intimidating behaviour and racial abuse. Intentional/inexcusable 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, delirium, or toxic infection. Legally excess alcohol and/or drug misuse are not seen as mitigating circumstances for adverse behaviour, but as aggravating factors.

Table 2 – *Intentional/Inexcusable Violence & Aggression*¹⁴

INTENTIONAL/INEXCUSABLE VIOLENCE & AGGRESSION	2020/21	2021/22	2022/23	2023/24
First quarter: Apr, May, Jun	16	30	42	29
Second quarter: Jul, Aug, Sep	31	38	38	52
Third quarter: Oct, Nov, Dec	34	47	17	56
Fourth quarter: Jan, Feb, Mar	22	27	18	40
Total	103	142	115	177

Of the reported 177 intentional/inexcusable violence and aggression incidents 95 occurred at the RSH, 78 occurred at PRH and 4 off-site¹⁵. 39 involved physical contact (however minor or inconsequential) of these 23 involved hospital staff¹⁶.

3.2 *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, delirium.

Table 3 - *Non-intentional Clinical Violence & Aggression*¹⁷.

CLINICAL VIOLENCE & AGGRESSION	2020/21	2021/22	2022/23	2023/24
First quarter: Apr, May, Jun	75	95	79	109
Second quarter: Jul, Aug, Sep	89	109	110	118
Third quarter: Oct, Nov, Dec	98	103	81	154
Fourth quarter: Jan, Feb, Mar	47	116	93	218
Total	309	423	363	559

¹⁴ Concerning all staff, patients, visitors, and contractors. Source: Datix.

¹⁵ 2022-23 figures were RSH 83 PRH 32 off main site 2. Source: Annual Security Report 2022-23.

¹⁶ 2022-23 figures were 29 and 15 respectively. Source: Annual Security Report 2022-23.

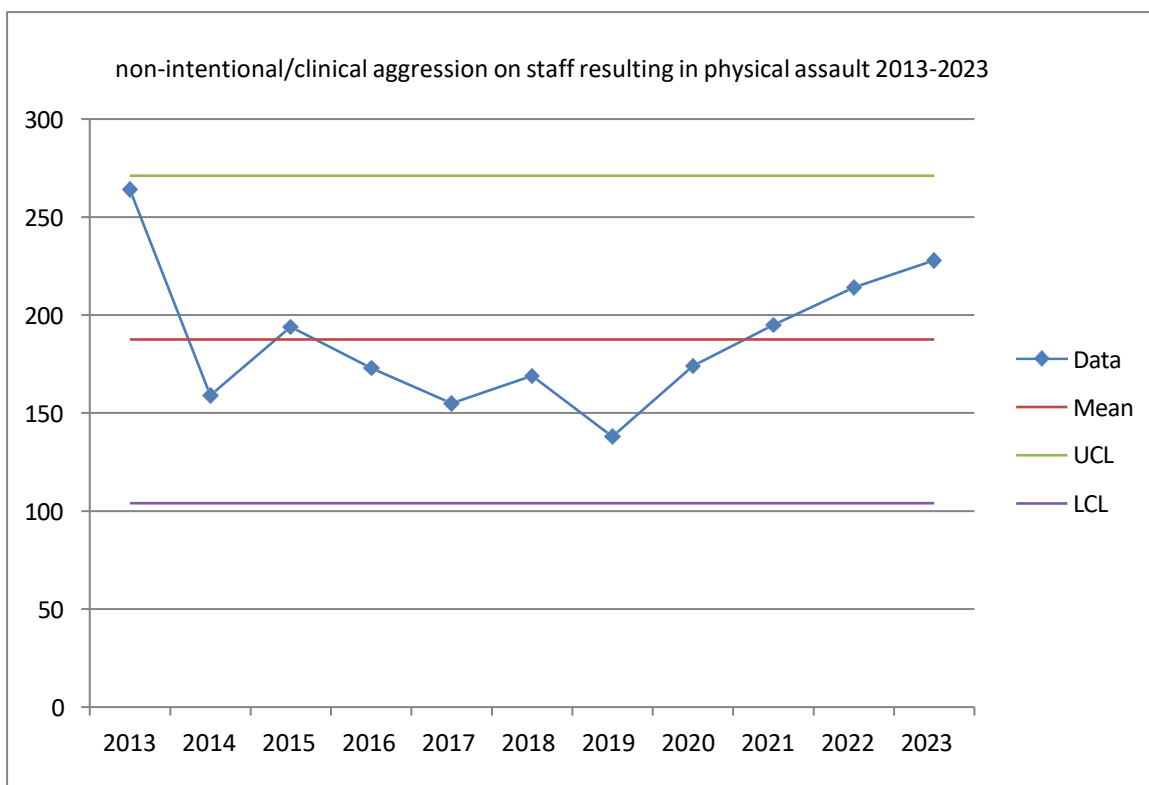
¹⁷ Concerning all staff, patients, visitors, and contractors. Source: Datix.

Of the reported 559 non-intentional clinical aggression incidents 323 occurred at the RSH, 236 occurred at PRH ¹⁸ . 281 involved physical contact (however minor or inconsequential) of these 256 were on hospital staff.

Aside from the incidents reported in Tables 2 and 3, there were a further 476 occasions where staff reported concern regarding potential for aggression from a patient ¹⁹ . Through appropriate de-escalation and/or intervention including where necessary security team contribution and/or rapid tranquilization, patient behaviour were controlled, and each occasion passed without further escalation, harm or injury.

Safe handling and restraint training for security staff (4.1 refers) and use of security staff as the principal resource within the Trust for the safe handling of aggressive service users (3.5 refers) started in 2013-14. Figure 1 shows that the number of incidents of non-intentional clinical aggression resulting in physical contact, harm or injury to staff reported each year since remains below the given upper control limit.

Figure 1: Number of reported non-intentional/clinical aggression resulting in physical assault/contact, harm or injury to staff between 1 January 2013 and 31 December 2023.



It is recognised the risk of clinically related aggressive behaviour will always be present in an acute hospital, not least due to consistent pressures from an ageing population in Shropshire which is above the national average and increasing levels of dementia and mental health related issues. Figure 1 shows that outcomes to this type of behaviour can be diverted/de-escalated from physical contact and therein physical harm/ injury to staff if sufficient resources are in place to address incident numbers/volume (s3.7 refers).

¹⁸ 2022-23 figures were RSH 197 PRH 165 off main site 1. Source: Annual Security Report 2022-23.

¹⁹ This may be through assessment of patients known to be in-crisis or at risk of self-harm whose behaviour is unpredictable, because of a patient needing a clinical or other intervention, but the patient is known for or will resist the intervention or will become agitated during the intervention and safe holding or restraint may be required for the safety of all concerned. 2022-23 figure was 399. Source: Annual Security Report 2022-23.

3.3 *Immediate Response to 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 - Use by all staff of conflict resolution techniques to diffuse situations (4.3 refers).

Step 2 - Calling for emergency assistance from hospital Security Officers. Security Officers provide emergency response and support to all staff facing threats of violence and aggression from service users, intentional or not (3.5 refers). As well as being backed up by an extensive CCTV network (3.7 refers). All Security Officers carry body worn camera²⁰.

Step 3 - Enlisting emergency assistance from the police.

3.4 *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 more serious incident and/or their line management. The COO acknowledges reported incidents of violence and aggression by writing to all members of staff who may have been physically injured, harmed or significantly affected by an incident, offering support through line management or occupational health/counselling services and advising of the Trust's response to incidents. During the reporting period 146 such letters were sent to staff²¹.

Where an assailant's actions were deemed to have been intentional/inexcusable, an entry is made on our electronic violence and aggression register. Linked to a patient's electronic record this allows staff in future to be warned of the potential for adverse behaviour from a patient²². A warning letter, signed by the COO 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 Trust²³. In the reporting period 47 alerts and 64 warning letters/final warning letters and/or letters of concern were issued. Only 4 of those receiving a warning letter in this period have come to further attention despite further hospital attendances, thereby giving some assurance as to the effectiveness of warning letters and the importance of challenging unacceptable behaviour.

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 includes provision of supporting CCTV, body camera recordings or other documentary evidence (1.5 refers). Examples of outcomes to prosecutions are herewith:

²⁰ A statement on how the equipment is used and controlled is included within our published CCTV policy. Body Camera are not used when dealing with patients who lack capacity.

²¹ 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).

²² 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 must be approved and supported by an ED 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.

²³ It 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.

A male patient, charged with affray for assaulting two hospital security officers and verbally threatening nursing staff whilst at the RSH ED on 8 December 2022 (web206075) was sentenced at Shrewsbury Crown Court on 26 April 2024 to 4 months imprisonment. He was also given a 12-month Mental Health Treatment Requirement order, a 6-month Drug Rehabilitation Requirement order and a 20-day Rehabilitation Activity order. The Trust responded to the incident at the time in accordance with the provisions of the Trust Violence & Aggression Prevention and Reduction Policy which includes written offers of support to affected staff.

There are currently 11 incidents being progressed by the police and/or the courts relating to assault or other intentional//inexcusable crimes against staff or the Trust. The oldest incident occurred in May 2022 which gives an indication of the pressures on the justice system post pan-demic. The incidents can be summarized as:

- web192351: Threat to stab RSH hospital security officer using discarded contractors' tool during 2022 refurbishment of RSH A&E.
- web211570: Burglary and theft of Controlled Drugs (CD) from RSH Pharmacy.
- web217276: Assault (groping) on RSH ED Staff Nurse.
- web221840: Verbal abuse/threats to kill RSH hospital security officer and WMAS staff.
- web225729: Racist abuse of RSH ED medical staff and damage to medical device.
- web234308: Assault (kicking) of RSH hospital security officer.
- web235963: Threat to harm PRH midwives and security officers by partner following disturbance and removal from examination room (site Lock Down initiated).
- web240621: Assault on PRH HCA and Agency Nurse by Ward 9 inpatient (with capacity/suspected on using drugs while in hospital) using oxygen cylinder.
- web241568: Assault on x2 RSH hospital security officer during attempts to remove discharged patient who had barricaded himself in a room.
- web242545: Assault (stomach punch) on PRH Nursing Sister by female inpatient.
- web242533: Assault (kicks to neck/stomach) on PRH Staff Nurse by female patient.

Notwithstanding the rises in numbers of reported incidents the latest annual NHS Staff Survey suggested the number of Trust staff experiencing physical (Q13a) or non-physical (Q14a) abuse from patients, service users, relatives or other members of the public is still below the national average and very much below NHS Trusts with the worst experiences suggesting that current strategy and in particular consistent use of security teams gives a notable degree of risk mitigation²⁴.

²⁴NHS Staff Survey Bench Mark report 2023 (Shrewsbury & Telford Hospital NHS Trust) p62-63 [NHS Staff Survey Benchmark report 2023 \(nhsstaffsurveys.com\)](https://www.nhs.uk/consult/136822main).

3.5 *Role of Security Officers*

The Trust's staffed security guarding contract is key to being able to implement the provisions of several security policies and numerous other staff and patient safety policies²⁵. With any aggression incident security staff 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 escalation. Often staff may note a warning alert for aggression on a patient's electronic record, this triggers a request for security staff presence when they attend. All Security Officers carry body camera recording equipment²⁶. Security Officers are licensed in accordance with the Private Security Industry Act (PSIA) by the Security Industry Association (SIA)²⁷ for Door Supervisor duties & Public Surveillance CCTV Monitoring. They are also trained to make physical interventions by way of safe holding / restraining those service users whose behaviour has escalated to the point that the safety of staff, the service user or others is being endangered. To provide security staff with the skills and confidence to do this, specialist training is delivered over a one-week training course to security teams by accredited NHS training staff from the Midlands Partnership Foundation Trust (MPFT) (4.1 refers).

592 safe hold/restraint interventions were undertaken across both sites by security staff during the reporting year. All safe hold and restraints are the subject of Rapid Review and reported to Deputy Chief Nurses, Lead Nurses, Matrons and Ward Managers. Not all 'safe holds/restraints' were undertaken because of actual aggression towards staff. Some were undertaken due to concern about potential aggression due to:

- Concern by medical/nursing staff about safety for planned invasive procedure where the patients mental or physical state, whilst not aggressive, suggested that harm or injury to the patient or staff would have occurred had an intervention not been undertaken.
- A need to prevent patients in personal crisis from attempting/carrying out self-harm.
- High risk confused and/or agitated patients who had or were attempting to leave the hospital buildings and/or their ward/bed spaces and refusing to return.

3.6 *Other Duties*

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

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

²⁵The security guarding contract is subject to regular multi quote competitive re-tender process by Shropshire Healthcare Procurement Services (SHPS). The Trust is currently in year 2 of a 4-year contract that was won in 2023 by MITIE. MITIE Security Limited achieved the highest score across the combined Quality and Price evaluation achieving a score of 89.11% and were awarded a 4-year contract to continue providing uniformed emergency security services at the Trusts 2 main operating sites. The MITIE submission evidenced their front-line NHS experience with several large acute hospital Trusts (including SaTH) as well as strategic/national level involvement and engagement in development of healthcare security and forthcoming statutory and regulatory legislation affecting healthcare security. The 22 existing core team locally employed security staff working at both hospital sites were retained and transferred to the new contract under TUPE thereby retaining the invaluable experience. MITIE are a Real Living Wage (RLW) employer, and the contract provides for hourly pay rates to staff that are above the RLW as well as the National Living Wage (NLW) rate, which further encourages retention of staff and knowledge. On

²⁶A statement on how the equipment is used and controlled is included within our published CCTV policy.

²⁷Unscheduled assurance visit completed by SIA Inspectorate on 8 March 2024 at the RSH site saw no adverse outcome/findings. Areas of attention included SIA license inspection and validation, right to work checks, confirmation (from the staff) they were in receipt of minim pay rates/National Living wage pay rate and were able to demonstrate a competent understanding of the duties and client expectation. Those staff spoken to by the Inspectorate included core team staff and additional staff providing specific ward support.

- 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).

3.7 There are currently 3 security officers on duty 24/7 at the RSH and the PRH but demand for security support has increased each year with the following noted:

- There has been a 121% rise in reported security incidents between 2020-21 and 2023-24 (s2.1 Table 1 refers). The overwhelming majority concern aggressive service users who either lack clinical capacity, are in-crisis and require support in best interest or because of Mental Health (MH)/Deprivation of Liberty Safeguard (DOLS) assessment.
- Security staff are the Trust's primary resource for physical intervention (safe holding/restraint) with service users whose behaviour has escalated to the point that the safety of staff, the service user, or others, is being endangered. There has been a 91% rise in the number of safe hold/restraint interventions by security teams between 2020-21 and 2023-24²⁸. There is a statutory obligation on organisations undertaking regular safe handling and restraint of patients to ensure that there are enough trained staff on duty as dictated by the training needs analysis for the method of restraint used²⁹. The MPFT DMI training model requires a minimum of 3 trained staff to complete the most restrictive intervention. When this is required the remainder of a site is left without security provision, and this has caused delays in attendance to urgent calls for support on the wards (both sites) and in the W&C unit at PRH³⁰. This situation is occurring more regularly as demand for hand on safe holding/restraint continues to increase.
- After (alleged) unwarranted police involvement in responding to people with mental health needs (MH), the national position adopted by police is they will only attend MH incidents after something has happened e.g. serious physical injury has been incurred³¹. This position includes support to acute hospitals and their support can no longer be relied on.
- The 'Protect Duty' becomes law in 2024. It will place a legal duty on those operating publicly accessible locations (including hospitals) to consider potential threats to safety (principally terrorism related but including other crime and disorder) and relevant mitigation such as dedicated security resources³².
- The HTP Clinical Lead³³ has agreed that the RSH new build program will present more challenging circumstances and environments at the RSH site in terms of staff safety and the safety of in-crisis and chaotic service users. When the new build program is

²⁸309 in 2020-21 v 592 2023-24. All security team reports regarding safe hold and/or restraint interventions (however minimal and including use of light hands on to guide individuals away from harm/back to safe place) are forwarded for inclusion in Rapid Review and reported to Deputy Chief Nurses, Lead Nurses, and Matrons. Not all 'safe holds/restraints' were undertaken because of actual aggression towards staff. Some were undertaken due to concern about potential aggression due to concern by medical/nursing staff about safety during a planned invasive procedure where the patients mental or physical state, whilst not aggressive, suggested that harm or injury to the patient or staff would have occurred had an intervention not been undertaken, a need to prevent patients in personal crisis from attempting/carrying out acts of self-harm or high risk confused and/or agitated patients who had or were attempting to leave hospital/ward/bed spaces and refusing to return.

²⁹The Mental Health Units (Use of Force) Act (2018).

³⁰Most recent incident reference is web238688.

³¹[National Partnership Agreement: Right Care, Right Person \(RCRP\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/national-partnership-agreement-right-care-right-person-rcrp)

³²[Martyn's Law to ensure stronger protections against terrorism in public places - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/martyns-law-to-ensure-stronger-protections-against-terrorism-in-public-places) Liverpool bomb: Homemade device used ball bearings as shrapnel, police say - BBC News. A regulator to monitor compliance has yet to be appointed but is likely to be CQC or HSE.

³³E Rysdale, Consultant in Emergency Care and Clinical Lead for the Hospitals Transformation Program dated 25 July 2023.

complete the overall RSH building footprint will have increased by a third with 5 levels in the new build, significantly lengthening response times to emergency calls and stretching demand on security staff numbers within the 42-acre site.

- At PRH ED, 85% of existing presentations are expected to continue whilst serious trauma will be directed to the RSH site. Most service users requiring security intervention or support can mobilise/are mobile, meaning little change in security demand at PRH where service demand in ED is often higher than RSH³⁴.
- Violence & Aggression and Musculoskeletal Disorder in the NHS is the subject of ongoing national scrutiny and inspection programs by the Health & Safety Executive (HSE)³⁵.

Concern that the above leaves the main sites at risk in terms of security establishment numbers³⁶, resulted in development and submission of a Business Case to see an uplift in core team security staff numbers at both sites from 3 on duty to 5 on duty at each main site 24/7 365. Funding approval for an uplift from 1 July 2024 was given in April 2024. Work with our current contracted security company to recruit and provide staff from 1 July is now underway.

3.8 Closed Circuit Television (CCTV)

Each main hospital site has a dedicated CCTV camera control room which forms an operating base for Security Officers. Output from security cameras on our main hospital sites is fed back to these camera control rooms³⁷. As well as addressing a wide range of security issues and requirements these facilities prove very helpful with the rapid investigation of missing patients, some of whom have either inadvertently or intentionally left the hospital buildings.



Images recorded on all systems are stored and controlled in accordance with our CCTV operating policy. Replacement of obsolete equipment was undertaken in the following areas:

- Sterilisation & Decontamination Services building, Queensway Business Park, Telford.
- RSH ward block and grounds.
- Midwife Led Unit (MLU), Ludlow Community Hospital.

³⁴K Blackwell BCRG 16 January 24.

³⁵HSE 2018-22 Inspection Program Recommendations for Managing Violence & Aggression and Musculoskeletal Disorders in NHS.

³⁶ Datix risk register id 789.

³⁷ Current facility/building at RSH is scheduled for demolition as part of HTP to be replaced with new facility approx. Sep 24.

New cameras became operational in the following areas/new builds:

- PRH Mortuary (7) and RSH Mortuary (4)³⁸.
- PRH Business Hub building (6).
- Hollinswood House, Stafford Park, Telford CDC and RENAL unit (21).

At the time of writing camera deployment across the sites was:

- PRH 148.
- RSH 160.
- Trust Offices at Douglas Court, Shrewsbury Business Park 12.
- Queensway Business Park Telford (Sterile Services & Medical Records facilities) 4.
- Ludlow Community Hospital (MLU) 4.
- William Farr NHS site, Shrewsbury (Therapy Services Building) 4.
- Hollinswood House, Stafford Park, Telford (CDC/Renal Unit) 21.

Further additions have been included in plans for the following new builds and these are expected to be bought into use during 2024-25:

- PRH Elective Theatre Hub.
- RSH Evolution Scanning Unit (Gamma Photography suite).
- RSH modular 2 floor sub-acute ward.

3.9 Networked Swipe Card Door Access Control

A security management business case to replace an increasingly unreliable and obsolete swipe card access control system used in several high-risk patient areas³⁹, several departments requiring high levels of assurance for accreditation and licensing purposes⁴⁰ and address concern around poor access control arrangements to and from in-patient areas and both A&E⁴¹ was given £1.2m Capital funding in Sep 2022⁴². Phase 1 of the works, which sees replacement of the existing obsolete system during 2024, has commenced and is being overseen by Capital Projects⁴³. Phase 2 will see introduction of the system into in-patient areas and both A&E⁴⁴ through FY's 2024-2026.

Using the same system across multiple sites has obvious financial and user advantages. Further efficiencies and streamlining will become possible as the intention in future is for swipe cards to display staff photographic identity.



³⁸ Systems installed in accordance with recommendations made in the Independent Inquiry into the issues raised by the David Fuller case (recommendation 9 & 10). Systems have been deliberately not added or connected to main hospital CCTV or other networked digital systems and have been configured so access is restricted to limited number of senior mortuary/security management. Draft monthly audit tool for monitoring and review out of hours Mortuary access devised for Mortuary management use. Uses data from CCTV, door access control system and delivery/dispatch register to triangulate out of hours access/movement.

³⁹ In-patient Maternity, MLU & Pediatrics.

⁴⁰ RSH Pharmacy, RSH Pathology, Mortuary (both sites), Digital Data Centers (both sites).

⁴¹ 4-digit keypad pin code locks are on some entrances, but these systems are always subject to very easy compromise/misuse and counter compromise action is time consuming and very disruptive. Use is awkward and clumsy when linked with or part of a patient or other manual handling task especially if doors do not open or close with electrical assistance, so doors get left open which has led to absconded/missing patient incidents (Datix Risk Register 312). In the event of a known or immediate external threat all ward doors have the option to be secured manually and good physical security is provided to ward areas until an incident is over/stood down. This functionality is checked and tested every 3 months by security teams records held by security manager.

⁴² Capital Planning Group (CPG) meeting minutes 16 Sep 22 (minute 2022.75). Funding to delivered over FY 2023-24 2024-25 2025-26.

⁴³ Competitive tender multi-quote concluded Feb 24. Product name is SALTO.

⁴⁴ Due to project value further multi quote competitive tender will be required to identifier a product supplier and installer. For operational efficiency the product will be the SALTO access control solution.

3.10 *Baby Tagging*

This facility is in operation at the Shropshire Women and Children's Centre at the PRH on the Post-Natal Ward and the Wrekin Midwife Led Unit (MLU) at the PRH. 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 discreetly alerting staff at the nurse base via a PC type console so they can investigate. If doors are physically forced, breached or someone manages to tail-gate out, the system will immediately alarm in a very loud and audible manner. In the Women & Children's Centre should the alarms at the doors fail, a second layer of sensors will activate in the main foyer and each external entrance to the building.

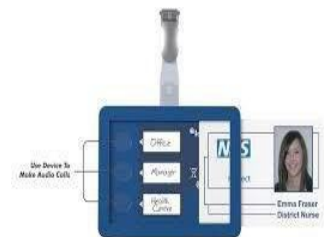
If a tag is forcibly removed or cut off the system automatically goes into alarm. The same occurs if the system detects an inability to communicate with a tag e.g. if the infant were wrapped in coverings or placed in a bag to enable unauthorised removal.



As part of our security management assurance program, testing of the system and staff reactions are carried out every 3 months by Ward and Security Managers with feedback provided to senior management on the outcome from each test. A maintenance and support contract with the supplying company is in place to ensure system continuity and reliability. A 24/7 emergency telephone help line is included within the support element of the contract, so staff have constant access to specialist technical support. Inclusion of similar is being included within the Security Needs Analysis (SNA) for the HTP new build.

3.11 *Lone Working*

The lone worker device used by the Trust to support workers working alone/off site in the community takes the form an identity badge holder worn around the neck or clipped to a belt/tunic. It includes a panic alarm that can be discreetly activated, 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 very extreme instances ARC staff can directly provide information from the staff member's device including 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 as opposed to an anonymous cold call to police from public. This device is not seen as a risk eliminator, rather as a risk reducer designed to work with and complement other safe systems of work. The use of this system was noted during the last CQC Inspection⁴⁵. 138 staff currently have access to a personal use device. There are a few other staff who benefit from access to a shared or pooled device. In total the Trust has 188 devices available for use by staff.

⁴⁵ Lone worker security devices had been provided for each community midwife". Source: CQC Inspection Report (Evidence Appendix) published 8 April 2020 page 429.

For staff working alone on the main sites (out of hours) upgraded hospital pagers, which allowed sending of a discreet emergency alert to security staff and hospital switchboards, have been in use since 2008. However, notice has since been given by the product and service support provider of a decision to withdraw VHF pagers due to increased costs and lack of components.



In future the device for on-site staff will take the form of a key fob styled device. Provided by the same supplier of the id card holder device it has the same functionality as the id card holder but is more suited to being shared. Testing for signal quality in affected departments has been completed. Work and communication with affected departments to see device switch over will take place during 2024-25.



4 Communication, Awareness & Training

4.1 *De-Escalation & Management Intervention (DMI)*

Security staff are the primary trained resource at the Trust for the safe handling and restraint of physically violent or aggressive patients. To provide security staff with the skills and confidence to do this, specialist DMI training is delivered by accredited NHS training staff from the MPFT. 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 (MHP) working at MPFT 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 15 security staff undertook whole day annual refresher training whilst 7 completed the initial 5-day foundation course.

As part of a recognised wider training need for key clinical staff to be trained in safe handling and restraint a number of nursing staff received training from MPFT during the reporting period. Having key clinical staff trained in this way allows for due oversight of any safe holding or restrictive intervention activity to the betterment of patients and security staff undertaking such activity. It will also help provide on-hand skills for completion of low level clinical safe holding for patient safety and reduce the need for security team presence at such.

4.2 *Lone Workers*

During the reporting period 23 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.

4.3 *Conflict Resolution Training (CRT)*

In the reporting period 2062 employees completed on-line national NHS CRT. In all 5034 staff were identified as in date on 01 April 2024, which equates to 95.72% compliance in terms of staff required to complete training ⁴⁶. Aggression from service users can be experienced face to face but also via telephone or social media, whilst on premises or off, and when on duty or off duty. During the pan-demic many staff employed in non-patient facing roles were re-deployed to assist in patient areas. To recognise this and following consultation and recognition of risk in certain exposed staff groups not being trained⁴⁷ security and CRT is being extended to reach staff in additional areas including Estates and Facilities⁴⁸.

4.4 During the reporting period on-line voice over corporate security welcome and Lock Down awareness information briefings have been developed. Both are now available through the Trust's Learning Made Simple (LMS) on-line portal.

5 **Conclusion**

5.1 In addition to maintaining and progressing the activity already covered in this report we will also seek to:

- Continue to provide specialist security risk assessment advice and guidance on security infrastructure and security resources for the HTP and other Capital investments.
- Continue to provide corporate security risk assessment advice, support, guidance to the Trust and all Centers and departments including change of lone worker device support for staff working on main hospital sites.
- Ensure that continued and credible professional uniformed 24/7 emergency security support remains available and at the disposal of all Centers and departments at the Trust including ensuring continued investment in the training of security teams to deal with conflict resolution and support clinical staff with aggressive and/or agitated/confused patients.
- Continue to ensure clear messages are sent to perpetrators of unwelcome and anti-social behaviour to reinforce the Board's robust approach to abuse of staff and patients.

⁴⁶ Workforce Directorate 26 April 2024.

⁴⁷ Work Force Partnership Policy Group 7 March 2023, agenda item/paper 1. HSSF Committee 5 February 2024, paper 12.

⁴⁸ Head of Facilities 29 January 2024.