

Security Management Annual Report

For: Information

Summary: Highlights from the Security Management Report are as follows;

Activity in reporting year for:

- Creating a pro-security culture
- Deterring those who may be minded to breach security
- Preventing security breaches from occurring
- Detecting security incidents and breaches and ensuring these are reported
- Investigating security incidents and breaches
- Applying sanctions against those who breach security
- Seeking redress through the criminal and civil justice systems

And the four priority actions for the protection of the following:

- Patients and staff
- NHS Property and assets
- Maternity and paediatric units
- Drugs, prescription forms and hazardous materials

Previous year statistical comparisons for violence and thefts

Risk management

Security Improvements

Planned Security Improvements

The hospital is a comparatively safe environment

There have been no significant increases in reported incidents of violence abuse or theft

The relevant existing policies have been maintained and new policies have been drafted

The CCTV camera system has been increased throughout the hospital and new builds. There are 83 working camera's. There have been successes, using the camera's, identifying offenders within the hospital One thief has been convicted, four arrested and under investigation.

There are two security risks on the register rated 8 and 9 which have current actions and are maintained.

The first phase of Conflict Resolution Training was poorly attended but the 2012 second phase shows a significant improvement in attendance levels

The tender process for contracted 24/7 security is currently being dealt with by procurement

Action: The Board is asked to note and receive the report.

Presented by: Paul Simpson – Chief Financial Officer (on behalf of Ian Mackenzie)

Author: Richard Bridgman – Security Manager

Notes:

Trust objective:	Please list number and statement this paper relates to. All Trust objectives.
Legal:	What are the legal considerations and implications linked to this item? Please name relevant act Trust Board requirements to deliver financial balance and quality services.
Regulation:	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission CQC

Security Management Annual Report 11/12

Date	August 2012
Author	Richard Bridgman – Security Manager
Audience	Trust Board Members

INTRODUCTION

This document has been prepared to report to The Board of Surrey and Sussex NHS Trust and the NHS Counter Fraud and Security Management service the progress of The Trust in the provision of Local Security Management over the past year. It is also intended to inform The Trust's Board and Security Management service of the work planned for the forthcoming year 2012/2013.

Whilst a restructuring of the Estates and Facilities department took place in 2010, the Trust was without a substantive security manager. The post was filled by an interim but the role was only substantively filled by the recruitment of Richard Bridgman in May 2011. Richard joined the Trust having spent 34 years in the Police Service, achieving the rank of inspector.

At the current time the security manager is not an accredited Local Security Management Specialist (LSMS) but will become so in May/June 2012.

In line with the NHS Security Management Service strategy document "*Protecting your NHS: A Professional Approach to Managing Security in the NHS*" this report will refer to the 7 generic actions for managing security:

- Creating a pro-security culture
- Deterring those who may be minded to breach security
- Preventing security breaches from occurring
- Detecting security incidents and breaches and ensuring these are reported
- Investigating security incidents and breaches
- Applying sanctions against those who breach security
- Seeking redress through the criminal and civil justice systems

And the four priority actions for the protection of the following:

- Patients and staff
- NHS Property and assets
- Maternity and paediatric units
- Drugs, prescription forms and hazardous materials

Overview of 2010/11 - 2011/12 statistics:

Item	2010/11	2011/12	Variance	
Physical Assaults	92	87	-5	-5.5%
Verbal Abuses	62	67	+5	+7.5%
Theft of NHS property	6	8	+2	+25%
Theft of staff and patient property	53	32	-21	- 40%

There have been two burglaries which are linked to the same offender. They were day time walk in trespassers into Maple House offices, stealing a purse on one occasion and a wallet on another. Liaison with the police, internal CCTV footage and wider information from NHS Protect lead to the two burglaries being linked and the offenders identified. Two offenders are currently in custody for similar but unrelated offences and investigation into these offences will continue.

CREATING A PRO-SECURITY CULTURE

The Trust currently has in place a security policy intended to give direction to staff members in order to promote a security culture. It is intended to provide assurance to employees and others that The Trust will ensure, so far as is reasonably practicable, that the personal safety of service users and employees are addressed, maintained, improved and monitored. The policy intends to protect property against theft and damage and is designed to;

- Minimise the security problems that occur and closely monitor the implementation and effectiveness of this policy.
- Highlight and improve security awareness.
- Set in place a mechanism for identifying actual or potential security risks

Annual Security Report

All NHS bodies are required to ensure that their Security Management Specialist produces an Annual Security Report which should cover the work carried out in the seven generic and four specific areas of action.

Annual Reports for the Trust have been produced since the appointment of Security Management Specialists.

Trust Policies

Amendments and reviews of relevant Trust policies have been carried out within the reporting year:

1. ***Violence and Aggression Policy*** – reviewed, amendment to Account of Responsibilities warning letter, added Role of Security Guard and made amendments to incorporate NHS LA requirements – *Ratified 29 Jan 2012*
2. ***Security Management Policy*** – added advice on Cash in Transit and made minor amendments to incorporate NHS LA requirements – *Ratified 29 Jan 2012*
3. ***Lone Worker Policy*** – Jan 2012 review and revision, added an alternative personal attack alarm which is available to staff (as requested through the Health and Safety Committee) – *Ratified 15 Feb 2012*
4. ***Missing Persons Policy*** - Dec 2011 review and revision, added role of security guard and appendix for High Risk search procedure – due for approval by Health and Safety Committee
5. ***Restraint Policy*** – in draft in consultation with patient safeguarding and children and young people
6. ***Lockdown Policy*** – in draft in consultation with Emergency Planning Officer

Police Support/Surgeries

Throughout the reporting period the Police have performed a number of support functions with the aim of raising crime awareness amongst staff and members of the public visiting the hospital. In cooperation with the Surrey Police Safer Neighbourhood Team; PC 3661 Labassi and PCSO 11835 Martin, crime prevention initiatives were undertaken, such as pedal cycle marking and immobilise personal belongings database. In addition to the specific events the Neighbourhood Policing team has run monthly 'drop in' surgeries whereby staff, patients and visitors have the opportunity to meet the officers and discuss any police related concerns. This arrangement has worked extremely well.

The Safer Neighbourhood Team manned a Police stand during the 'Wellbeing Day', in January 2012, engaging with staff offering advice and answering police related queries.

Throughout the year the safer Neighbourhood Team monitored and responded appropriately to incidents and crimes in and around East Surrey Hospital liaising with the Security Manager, security guards and staff. They have taken on investigations, particularly those which the Trust has been able to give supportive evidence from the CCTV system.

Routine patrols are carried out on a weekly basis offering reassurance and a high visibility presence to staff, patients and visitors.

In January 2012 the modular wards construction site had high value copper pipes being laid. A security strategy was put in place which involved the co-operation of the local police, which was readily given. The pipes were laid with no loss or damage.

The main hospital site is located in the Earlswood, Salfords and Whitebushes patrol area of Surrey Police, and is in an average crime rated area. Police Officers attending the Trust Security Management Committee report that there have not been any significant crime trends in the surrounding area for the reporting year.

Security – Staff Induction Presentations

Statutory training and Welcome Days have full agenda's and it has not been possible to give a security presentation on these days.

There was an opportunity to give a security presentation to the nurses induction course, which allowed them to understand the reality of violence and aggression in their environment and the support they can draw upon to deal with it. There is a possibility this will be repeated to future courses.

DETECTING SECURITY INCIDENTS OR BREACHES

Physical security measures have been developed within the hospital and continue to do so. Criminal activity at the gas store in May 2011 resulted in the doors being strengthened and the CCTV re-directed, to deter further attempts.

CCTV and access control systems have been identified for security purposes within the new builds, namely Paediatric outpatients, Copthorne and Charlwood wards and the new main entrance project.

CCTV signage is in the process of being displayed around the site. This ensures the Trust complies with the Data Protection Act and serves as a deterrent to potential offenders.

PREVENTING SECURITY BREACHES FROM OCCURRING

Sharing Best Practice

The Trust's Security Managers in the area regularly meet and communicate with security managers and security advisors at other health bodies to share best practice and, where appropriate, share intelligence on security breaches. However as a non-accredited LSMS this Trusts' security manager does not attend these meeting but security alerts are received via the Trust Security Management Director and by regular visits from NHS Protect security managers.

Conflict Resolution Training

Under Secretary of State direction, a key preventative measure to support the development of a pro-security culture is the introduction of a national syllabus for Conflict Resolution Training (CRT) in the NHS. The NHS CFSMS has developed the syllabus in association with the British Medical Association, the Royal College of Nursing and UNISON.

It is the employer's responsibility to ensure that these individuals are trained to assess rapidly changing situations, evaluate the risks to themselves and others and act in an appropriate manner.

Measures have been put in place with a training provider 'MAYBO' to deliver the training as an ongoing programme.

Conflict Resolution Training relies on the ability of the member of staff and the aggressor to be able to communicate with each other effectively and for both parties to wish for the situation to deescalate; most of the physical assaults occur in clinical settings where patients who assault staff may be confused and/or have limited capacity to communicate owing to medication or clinical condition.

An out-sourced training programme, delivered by Maybo, was started in August 2011, with a requirement to train all front line staff (those who come in contact with members of the public). The first phase programme ran until the end of December 2011.

Wards were categorised in order of priority, from physical/verbal abuse statistics taken from Datix for the year 2010.

Eleven wards were in the High Priority category and between August and December 2011 - **83** staff members were conflict trained

In total 66 wards and departments were identified and for the five month period where courses were offered – **301** staff members were conflict trained

Conflict training is mandatory and sits outside the statutory training days. The courses are 3 ½ hours long and managers have experienced difficulties in releasing staff to attend. The number of staff members trained is low – 10%

This has been addressed by informing stakeholders at directorate level and approaching managers of priority wards to allocate staff on the courses for the second phase starting in April 2012.

The forecast for the 2012 CRT courses, commencing in May, shows high attendance.

CCTV

Upon his appointment in May 2011, the Trust's new security manager assessed the condition of the Trust CCTV cameras and it was clear almost half had fallen into disrepair. These repairs have all now been implemented and the Trust now has 82 cameras in working order.

Security Guard

An outside security company has provided a 24/7 uniformed security presence at the hospital.

Security are called by either direct land line, bleep or via the porter radio. The table below shows incidents responded to in one month.

Security Performance - May 2011

	Week/c 7/5	14/5	21/5	31/5
Physical assault	7	1	5	3
Non-physical assault	10	1	9	6
Staff assistance	31	17	31	26
Criminal damage	0	1	2	0
Theft	1	1	2	0
Missing Patients	9	8	9	9
Weekly totals	58	29	58	44

Approximately 2,000 incidents per year demand the response of the Security guard.

Use of Technology

The current electronic door access system uses a magnetic swipe card. The availability of the magnetic swipe cards is coming to an end due to the age of the system. Security and Engineering have been investigating the introduction of a proximity card system. The advantage will be the magnetic swipe and proximity will be run together off one card. This will be the situation until the change over to the proximity card system is completed over time, as repairs or replacements are carried out.

DETECTING SECURITY INCIDENTS AND BREACHES AND ENSURING THESE ARE REPORTED

The reporting of incidents and breaches is encouraged as it allows the Trust to identify areas of weakness and take measures, where appropriate, to reduce or eliminate risk.

Security incidents and breaches by staff are reported to security in fast time. Incidents are reported on the 'All Purpose Report Form'.

It is vital that staff report any untoward, violent or potentially violent incident to the switchboard via the 2222 line or using bleep 536 for the security officer. The security officer will then attend as appropriate and/or call for police assistance for the most serious cases. Staff are encouraged to call Security sooner rather than later. It is particularly important that thefts are

reported as soon as they are discovered; this allows the security guard to start investigating immediately and increases the chances of identifying and/or apprehending offenders.

By reviewing reported crime incidents around the hospital three alleged offenders have been identified which have resulted in police crime investigations.

1. In Sept 2011 two charity boxes were stolen from the restaurant – suspect identified on CCTV – police informed and he was charged and bailed to court where he pleaded guilty and was convicted.
2. In Nov 2011 an elderly patient in AMU had her purse stolen – suspect identified on CCTV – formed part of a multi force investigation – suspect recalled to prison to be produced for this offence
3. In Nov 2011 on two separate days, one week apart, an offender stole the purse and wallet of victims – suspects vehicle found on CCTV – offender in prison on remand for other offences, to be produced for this offence
4. In Jan 2012 a male, by slight of hand, deceived cash from the friends shop – suspect identified on CCTV – police have arrested a male and are investigating

In June 2011 a male barricaded himself in to day room at Bletchingly Ward to protest over his wife not getting an MRI scan. He caused disruption for at least 2 hours. He appeared to want publicity from his action. He was arrested and formerly *cautioned* for an offence under Section 119 Criminal Justice and Immigration Act 2008, that; as person not on the premises for obtaining medical treatment, causes a nuisance or disturbance to NHS staff on NHS premises.

INVESTIGATING SECURITY INCIDENTS AND BREACHES

Priority is given to investigating the most serious incidents and those involving assaults on staff. Internal investigations or reports to police are carried out.

Reported security incidents recorded on Datix are forwarded to the security manager who assesses their content. Where it is appropriate, there will be an investigation or a reassurance visit to the 'victim'.

From the beginning of 2011 there had been a dozen thefts from the locker room in theatres. The locker room had been entered and personal property had been taken belonging to surgeons, doctors and staff who work in theatres. A suspect was identified on circumstantial evidence, and in consultation with theatre manager, security manager and police the suspect, who was an NHS employee, was confronted and offered his resignation in October 2011. Since the employee left there have been no further thefts.

On 3 Nov 2011 the Acute Medical Unit suffered three overnight thefts of patients' property. There was not enough direct evidence for the police to take action but the security manager conducted a civil investigation along with HR Consultants Capsticks. The report recommending a disciplinary hearing is currently with the Deputy Chief Nurse.

There have been 12 incidents reported to the police which have been recorded as crimes. Of these seven were filed as 'no line of investigation'. Five reports were subject of a police investigation which has resulted in one offender being arrested and charged for theft of Trust charity boxes, one offender being arrested and recalled to prison for theft of patient property and two offenders arrested for unrelated but similar offences of burglary and held on remand.

A number of local internal investigations have been carried out resolving minor incidents. One internal investigation was carried out by the security manager with the assistance of Capsticks HR Consultancy, this situation to date remains for decision with the deputy chief nurse.

There has been one conviction for the theft of charity boxes from the Trust restaurant in September 2011. A juvenile offender pleaded guilty at Redhill Magistrates Court on 15th February 2012 and was sentenced to 8 months conditional discharge and £20 costs.

SEEKING TO APPLY SANCTIONS

Currently, when suspected offenders are identified or apprehended by staff, the police are called. If appropriate the police will arrest the individual.

The Trust's stance is that wherever appropriate, i.e. there is sufficient evidence and it is in the public interest, individuals should be charged and prosecuted for alleged offences.

There have not been any incidents where persons on hospital premises have been subject to Account of Responsibilities Agreement letters, Anti-Social Behaviour Orders or Restorative Justice Meetings but these are all considered options in cases of violence and aggression to deter potential repeat offenders.

In August 2011 a patient attended Crawley Hospital Phlebotomy Department and became threatening and abusive to staff. A letter of 'warning' was sent to the patients' GP which had the desired effect of avoiding a repeat of the incident.

SUPPLYING INFORMATION SO THAT REDRESS CAN BE SOUGHT

Security incidents and breaches have a direct impact on the resources allocated to the NHS to deliver high quality patient care. Time and money spent on replacing stolen NHS equipment, repairing and replacing damaged NHS equipment or dealing with the consequences of violence is time and money diverted from the delivery of health care.

Where losses are incurred the Trust should and does seek redress through the criminal courts from those responsible for causing them.

In May 2011 - 8 gas cylinders were stolen from the gas store – CCTV footage of offenders was given to the police for investigation – should offenders have been apprehended then a compensation claim would have been made.

Other than the gas cylinders mentioned above, there have been no major items of equipment stolen from the Trust during the reported period. There has been no need for police investigation or compensation claim.

PROTECTION OF PEOPLE

Assaults

The Trust continues to regard violence and aggression towards staff as its primary priority area for action. Amongst the actions taken to provide a safe and secure environment the Trust reviews its Policy and Procedures for violence and aggression within given timescales

These policies and procedures are available to all members of staff on the Trust's intranet site. The Security Manager reviews every reported incident of violence or aggression against staff and carries out an investigation to establish the cause and, where necessary, what sanctions should be considered.

The Trust maintains and continues to develop close links with relevant organisations such as the police.

The Trust records assaults on staff using a paper based system which is entered onto the Datix database. Under the various assault categories there have been **179** recorded incidents in the reporting period 2011/12 as opposed to a recorded figure of **196** for 2010/11, there is, according to these statistics, a **9% drop** in assaults against staff for this reporting period.

Assault Figures 2010/2011

	10/11 Q1	10/11 Q2	10/11 Q3	10/11 Q4	Total
Abuse of Staff by Patient	35	32	27	45	139
Physical abuse, assault or violence	15	18	20	34	87
Verbal abuse	9	6	4	8	27
Disruptive, aggressive behaviour - other	5	5	2	1	13
Racial	3	0	1	0	4
Sexual	1	1	0	2	4
Threatening/Abusive Phone call	2	2	0	0	4
Abuse of Staff by other Staff	6	4	12	8	30
Verbal abuse	2	3	10	7	22
Disruptive, aggressive behaviour - other	4	1	1	1	7
Physical abuse, assault or violence	0	0	1	0	1
Sexual	0	0	0	0	0
Abuse of Staff by Visitor	2	7	9	5	23
Verbal abuse	1	4	4	3	12
Physical abuse, assault or violence	0	0	0	0	0
Racial	0	0	0	0	0
Threatening/Abusive Phone call	1	0	4	1	6
Disruptive, aggressive behaviour - other	0	3	1	1	5
Abuse of staff - other	1	2	0	1	4
Threatening/Abusive Phone call	1	2	0	1	4
Totals:	44	45	48	59	196

Assault Figures 2011/2012

	11/12 Q1	11/12 Q2	11/12 Q3	11/12 Q4	Total
Abuse of Staff by Patient	36	28	35	28	127
Physical abuse, assault or violence	21	22	20	20	83
Verbal abuse	9	5	9	5	28
Disruptive, aggr. behaviour - other	4	0	4	3	11
Racial	1	1	1	0	3
Sexual	0	0	0	0	0
Threatening/Abusive Phone call	1	0	1	0	2
Abuse of Staff by other Staff	5	8	9	6	28
Verbal abuse	4	8	9	5	26
Disruptive, aggressive behaviour -other	0	0	0	0	0
Physical abuse, assault or violence	0	0	0	0	0
Sexual	1	0	0	1	2
Abuse of Staff by Visitor	5	9	7	3	24
Verbal abuse	4	7	6	2	19
Physical abuse, assault or violence	0	0	1	1	2
Racial	1	0	0	0	1
Threatening/Abusive Phone call	0	1	0	0	1
Disruptive, aggressive behaviour -other	0	1	0	0	1
Abuse of staff – other	0	0	0	0	0
Totals:	46	45	51	37	179

Assault Figures – Totals Variance

	10/11 Total	11/12 Total	Variance	
Abuse of Staff by Patient	139	127	-12	-9%
Physical abuse, assault or violence	87	83	-5	-5%
Verbal abuse	27	28	+1	+4%
Disruptive, aggressive behaviour - other	13	11	-2	-14%
Racial	4	3	-1	-25%
Sexual	4	0	-4	-100%
Threatening/Abusive Phone call	4	2	-2	-50%
Abuse of Staff by other Staff	30	28	-2	-7%
Verbal abuse	22	26	+4	+15%
Disruptive, aggressive behaviour - other	7	0	-7	-100%
Physical abuse, assault or violence	1	0	-1	-100%
Sexual	0	2	+2	+100%
Abuse of Staff by Visitor	23	24	+1	+4%
Verbal abuse	12	19	+7	+37%
Physical abuse, assault or violence	0	2	+2	+100%
Racial	0	1	+1	+100%

Threatening/Abusive Phone call	6	1	-5	-85%
Disruptive, aggressive behaviour - other	5	1	-4	-80%
Abuse of staff - other	4	0	-4	-100%
Threatening/Abusive Phone call	4	0	-4	-100%
Totals:	196	179	-17	-9%

The vast majority of physical assaults which occurred on staff were of a clinical nature.

Assaults by month and division – FY 2011/2012

	CSS	ENVIR	MEDIC	PCT	SURG	WCH	Total
2011 04	1	1	10	0	2	1	15
2011 05	0	1	6	0	3	2	12
2011 06	2	1	14	0	1	1	19
2011 07	2	0	4	1	3	3	13
2011 08	4	2	5	1	4	2	18
2011 09	0	0	5	0	4	5	14
2011 10	0	2	4	0	7	1	14
2011 11	1	0	12	0	6	1	20
2011 12	0	0	10	0	4	3	17
2012 01	0	0	6	0	1	0	7
2012 02	1	0	9	0	4	1	15
2012 03	0	0	11	0	1	3	15
Totals:	11	7	96	2	40	23	179

The highest number of physical assaults occurred in the Medical Division.

Missing Persons

The number of responses by security and clinical staff to persons who go missing from the wards/departments is not accurately reflected by the information held on the Datix system. The activity log held by the security guard shows that responses to missing persons around the hospital is more likely to be an average of 9 per week, totaling 468 per year. These will range from a missing person found within the hospital within minutes to a high risk missing person who has left the hospital and involves a police search.

Recorded missing person incidents year 2011/2012

	11/12 Q1	11/12 Q2	11/12 Q3	11/12 Q4	Total
Chaldon	1	1	1	1	4
Meadvale	0	3	1	0	4
Acute Medical Unit	2	1	0	0	3
Bletchingley	1	1	1	0	3
Emergency Dpt	0	1	1	0	2
Brockham	0	1	1	0	2
Capel	1	0	1	0	2
Tandridge	0	0	2	0	2

Tilgate	0	2	0	0	2
Abinger	1	0	0	0	1
Discharge Lounge	1	0	0	0	1
Holmwood	0	1	0	0	1
Outwood	0	0	0	1	1
Woodland	1	0	0	0	1
Totals:	8	11	8	2	29

Lone workers

The Trust has successfully obtained through the NHS Lone worker scheme some 80 radio devices for members of staff. All of the members of staff who were identified as users of these devices had the devices issued and were trained in their use.

A request from staff, through the Health and Safety Committee, identified a need for a more immediate personal attack alarm for use within the hospital. A device has been sourced and included into the Lone Worker Policy.

PROTECTION OF PROPERTY AND ASSETS

Trust property

The Trust has in place an asset register with a marking policy. All incidents of theft, damage and burglary are reported as a matter of course on the Trust's 'all purpose incident forms'. If appropriate they will be reported to the police.

Despite the physical security measures in place throughout the Trust the emphasis must still be placed on the human element, i.e. personal responsibility, to ensure that property and belongings are secured.

Patients property

The vast majority of thefts are committed by perpetrators who did not need to break and enter the premises. Invariably, the thefts tended to be of an opportunist nature.

The handling and management of patients' property at ward level is a set procedure which include documentation of the transfer of property between wards/departments, security of ward safes and keys, and timely removal of patients' property to cashiers.

The management of patients' property should be regarded as an integral part of the patient experience. In an age when individuals' expectations of treatment are on the increase and with people routinely carrying and expecting to use mobile personal devices such phones, MP3 players, palmtops etc the Trust needs to consider securing this increased risk where patients are unable to keep personal belongings on their person due to the nature of their treatment.

Photo I.D. badge/access control

Staff I.D. badges are issued and activated with standard access areas. Authorised areas are added on the authority of the 'authorised area' manager. Once an employee leaves the trust

the security card administrator is notified by HR from the 'leavers list' and the employee's card is then de-activated.

In July 2011 it came to light that identity card de-activation had lapsed. There were 6,500 activated cards when there should be only 4,500. An action was put in place and nearly 2,000 cards, which should have been de-activated, were taken off. A more robust administrative system was set in place to ensure leavers are deleted from the access control system in a timely fashion.

The number of Trust buildings and departments having the access control system installed is increasing and will continue to increase. The Trust is in negotiation with NEDAP a company who will potentially progress the Trust to a proximity card access system.

Theft and Vandalism

During the period 2011/12 there has been **42** recorded incidences of theft and vandalism recorded by the Trust as opposed to **65** incidents during the corresponding period from 2010 to 2011, a **35% reduction** in the recorded crime rate for the Trust.

Crime Figures 2010/2011

	10/11 Q1	10/11 Q2	10/11 Q3	10/11 Q4	Total
Crime Figures	14	29	11	11	65
Theft - patient property	8	13	4	6	31
Theft - staff property	3	12	5	2	22
Theft - Trust property	3	1	1	1	6
Vandalism	0	3	1	2	6

Crime Figures 2011/2012

	11/12 Q1	11/12 Q2	11/12 Q3	11/12 Q4	Total
Crime Figures	15	15	9	3	42
Theft - patient property	7	4	3	1	15
Theft - staff property	4	7	5	1	17
Theft - Trust property	3	3	1	1	8
Vandalism	1	1	0	0	2

PROTECTION OF MATERNITY AND PEDIATRIC UNITS

The Maternity Department is a secure area with swipe access given only to authorised staff; within the reporting year CCTV cameras have been installed which has substantially increased the department's CCTV security.

The recently built out-patient pediatric unit has had a CCTV camera installed to view the nurse's station and waiting area.

DRUGS, PRESCRIPTION FORMS AND HAZARDOUS MATERIALS

A Medicine Security Audit was carried out by the Chief Pharmacist in Feb 2012. The audit inspected; general storage, controlled drugs, medicine fridges, drug trolleys, medicines for emergency use and disposal.

Incidents which expose vulnerabilities to the security of medicines and drugs are reviewed and further measures put in place.

Risks and Managing risks

There are two 'medium' security risks on the Trust Risk Register.

1. Risk 1110 – current rating 8 - refers to the management and control of violent and aggressive acts within the Trust.

This risk is being managed by;

- a. The monitoring of incidents by the security manager and through the Security Management Committee
- b. The Violence and Aggression Policy has been reviewed and ratified on 29 Jan 2012
- c. Conflict resolution training for all front line staff is on-going
- d. Ward managers have been completing their Environmental Risk Assessments for Violence, Aggression and Self Harm – 20 completed to date
- e. A Restraint Policy is being written and is in draft form
- f. There is a 24/7 security guard on site and a 'tender' process is under way to re-new the contract

2. Risk 1033 – current rating 9 - Provision of an effective security presence for SASH

This risk is being managed by;

- a. There is a security guard on site 24/7 supplied by an outside security company. This service has been reviewed and there is currently a 'tender' in progress for this service.
- b. Once the tender process has finished and the security contract is in place. There will be consultation with the porter manager to devise a protocol for a 'response team' from the porter staff to support the security guard when appropriate.

Staffing

Security staffing currently comprises the Trust Security Manager, Richard Bridgman and one contracted security guard who is on site 24/7.

Security Improvements in 2011/2012

The Trust bank of CCTV cameras had fallen into disrepair. Within the reporting year, contractors were called in and repairs carried out, to the extent that all 82 static cameras are now in working order.

The Gas Store is particularly vulnerable to criminal activity. Many Trust's have suffered theft of Nitrous Oxide and there is a widespread criminal interest in the gas. In September 2011, CCTV cameras and the quick response from the security guard prevented three thieves attempting to enter the store. Shortly after this incident, steel hoods were welded over the door locking mechanisms, for extra security.

The modular new build wards, Copthorne and Charlwood, have been fitted with CCTV cameras. The CCTV system was up to capacity with no room to add the new cameras. A new DVR recording unit was purchased from the capital budget, for the modular building, giving the trust another 16 camera capacity. New cameras have been added, for example three in the new Endoscopy Department.

In November 2011 a 'tender' process was initiated for contracting the out-sourced security company. To date this process is ongoing.

Planned Security Improvements in 2012/13

LSMS Course – The newly appointed security manager is due to attend the NHS Protect, Local Security Management Specialist course in May/June 2012.

Hospital Watch – A cascade information sharing system between wards is being developed. This will enable wards to share and receive information in fast time. For example, informing wards of the description of recently missing high risk patient.

Security notices – In conjunction with Surrey Police, strategically place posters reminding staff, patients and visitors to ensure their personal property is kept safe.

Patient tagging – The electronic patient tagging system is under review and is expected to be re-introduced.

New builds – There are several capital projects being undertaken throughout the site. Meetings with project managers have taken place to ensure appropriate security arrangements are included.

Access Control – An out-side company NEDAP has been in consultation with the Trust (Security Manager, Fire Advisor and Chief Engineer) to address the issue of the current, aging, swipe card system. The intention is to move toward a proximity card system. Negotiations are ongoing.

Key Objectives 2012/13

To work towards compliance with Secretary of State's directions regarding security management in accordance with the following: Secretary of State's directions to tackle violence against staff; a professional approach to managing security in the NHS; Secretary of State's directions on NHS Security Management measures

To continue investigating all physical assaults on staff in accordance with Secretary of States Directions.

To continue to develop risk assessments and security policies for each ward and department with respect to security, managing violence and lone working.

To complete the Trust policy on the use of physical interventions. The purpose of this policy is to provide the framework to use physical interventions where appropriate with due regard to safeguarding vulnerable patients.

CONCLUSION

The security focus will be to continue developing work in the seven generic areas for improving security.

It is essential that there is continued investment in training of staff in conflict resolution and development of further training for preventing assaults in in-patient areas.

Throughout the reporting year improvements have been made to the placing and maintenance of the CCTV cameras around the hospital. This has resulted in valuable assistance with internal and police investigations. The CCTV system has benefited from the capital projects and has expanded as the new builds have been developed. Continued investment is essential.

In February 2012 the decision was made to tender for a 3yr, 24/7 contracted security firm. This will ensure there is a security presence supporting staff, patient and visitors at the hospital.

The use of the Risk Assessment Tool for Violence, Aggression and Self Harm should give confidence to department managers to reduce the risk to their wards/dept. The Security Manager will provide advice and assistance to departments on security issues, and the organisation as a whole will continue to use the risk assessment model to reduce risk and focus on prevention.