# Kingston Hospital NHS Trust Security Annual Report 2013

<table>
<thead>
<tr>
<th>Name of meeting: Trust Board (Part 1)</th>
<th>Item: 9.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of meeting: 31st July 2013</td>
<td>Enclosure: N</td>
</tr>
</tbody>
</table>

**Purpose of the Report / Paper:**

The appended Annual Security Report for Kingston Hospital NHS Foundation Trust has been produced by PH Parkhill Security Management Services. It summarises the work conducted by the Local Security Management Specialist (LSMS) for the period 1st April 2012 to 31st March 2013. The SLA and Work Plan comply with the requirements of the Secretary of State Directions and guidelines issued by NHS Protect. NHS Protect are a division of the NHS Business Services Authority (NHS BSA).

| For: Information ☐ | Assurance ☐ | Discussion and input ☐ | Decision/approval ☒ |

| Sponsor (Executive Lead): | Sarah Tedford  
Chief Operating Officer |
| Author: | Richard Evans |
| Author Contact Details: | Ext:3429 |
| Financial / Resource Implications: | Areas for potential improvement highlighted within the report. |

| Quality Governance Implications: |
| Risk Implications - Link to Assurance Framework or Corporate Risk Register: | Areas of potential risk highlighted, as well as areas where improvement is required. |

| Legal / Regulatory / Reputation Implications: |
| Link to Relevant CQC Standard: | CQC Standard 10 |
| Link to Relevant Corporate Objective: |
| Impact on Patients and Carers: |

| Document Previously Considered By: | Security Group  
Executive Management Team |

| Recommendations: |

The Trust Board is asked to **approve** the Kingston Hospital NHS Foundation Trust Annual Security Management Report.
KINGSTON HOSPITAL

ANNUAL REPORT

1 April 2012 – 31 March 2013

Client: Kingston Hospital
Period: 1 April 2012 – 31 March 2013
Main LSMS: Stephen Lamley
Additional LSMS: Jonathan Gladwin
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1. INTRODUCTION

1.1 This Annual Report has been prepared for Kingston Hospital NHS Trust. It summarises the work conducted by the Local Security Management Specialist (LSMS) for the period 1st April 2012 to 31st March 2013. This work is carried out under the terms of the service level agreement (SLA) for the Local Security Management Specialist (LSMS) service.

1.2 The SLA and Work Plan comply with the requirements of the Secretary of State Directions and guidelines issued by NHS Protect.

1.3 NHS Protect are a division of the NHS Business Services Authority (NHS BSA).

2. CREATING A PRO-SECURITY CULTURE

PUBLICITY

2.1 The LSMS produced and distributed publicity material to departments throughout the Trust. Basic crime reduction advice was given to staff when the opportunity arose. Existing signage and publications were assessed and replaced where necessary.

2.2 The LSMS liaised with the communications department and prepared an article, for Keyhole, on the role of the LSMS for publication to staff members. In addition, posters and leaflets were handed to the security point of contact to disseminate as required.

2.3 Two events were arranged with the Safer Neighbourhood Team to increase awareness amongst staff. Plain clothes officers stickered staffs personal belongings to highlight a potential cause for an increased reporting of theft.

2.4 The Trust has a significant opportunity to reduce incidents of theft and assault by creating a pro security culture. This can be achieved through the inclusion of such things as developing the existing induction programme for new staff, policy launches, group presentations, updating the intranet site on a regular basis, a poster campaign and the creation of a security forum involving staff and representatives from the local police.

2.5 The Trust employs ISS to manage their security arrangements. There is an ongoing concern expressed by staff that security officers are not responsive to their needs. It appears there is a lack of understanding as to roles and responsibilities and the number of officers on duty at any one time. Staff attending induction training and conflict resolution training are now appropriately informed and work is being undertaken to publicise the officers role to other elements of the Trust.

2.6 Following initial discussions surrounding the security risk assessments and recognising the changes in the tasks they are performing a review of the ISS Standard Operating Procedures and Service Level Specification will take place in August 2013.
3. PREVENTION AND DETERRENCE

NATIONAL ALERTS

3.1 The LSMS established appropriate distribution routes for NHS Protect National Alerts. The following were forwarded accordingly for information. The persons referenced in the alerts did not visit Kingston Hospital NHS Trust and no impact to service was experienced. Alerts are distributed to relevant departments to ensure they are informed.

<table>
<thead>
<tr>
<th>Alert Number</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/SMS/050412/58</td>
<td>Alert relating to a subject who poses a significant threat to female health workers</td>
</tr>
<tr>
<td>N/SMS/020512/59</td>
<td>Relating to a subject who is considered a serious risk of sexual harm to females.</td>
</tr>
<tr>
<td>N/SMS/060208/32/C</td>
<td>Alert withdrawal (relating to alert N/SMS/060208/32 (from previous year)</td>
</tr>
<tr>
<td>N/SMS/070709/43A</td>
<td>Alert update - relates to continuing gas cylinder thefts from NHS premises</td>
</tr>
<tr>
<td>N/SMS/100712/60</td>
<td>Subject poses a risk of violence to NHS staff and Police</td>
</tr>
<tr>
<td>R/SMS/110712/61</td>
<td>An individual who poses a significant threat to female health workers</td>
</tr>
<tr>
<td>N/SMS/310712/62</td>
<td>An individual who poses an ongoing threat to staff, particularly when refused medication</td>
</tr>
<tr>
<td>R/SMS/150812/63</td>
<td>A male who presents a threat to female NHS staff, patients and visitors</td>
</tr>
<tr>
<td>R/SMS/3108/64</td>
<td>An arsonist who poses a considerable threat to NHS staff, patients and property</td>
</tr>
<tr>
<td>R/SMS/3108/64A</td>
<td>Alert withdrawal</td>
</tr>
<tr>
<td>R/SMS/120213/66</td>
<td>A male who poses a significant threat to female NHS staff</td>
</tr>
<tr>
<td>R/SMS/150313/67</td>
<td>A female who is harassing health care staff.</td>
</tr>
</tbody>
</table>

POLICY REVIEWS

3.2 Input was provided for the following security related policies that have either been ratified or are in the process of being developed or reviewed.

**Ratified during 2012/2013**
- Policy for Security Arrangements
- Lockdown Plan
- Policy for the Care of Patients who are Violent or Abusive
- Missing Persons Procedure
- Deployment of Police with Firearms
- Policy for the Prevention & Management of Violence & Aggression in the Workplace
Policies under review or in process of being ratified

- Bomb Threat Policy
- CCTV Policy

The following policies are under development

- Terrorism Policy
- Restraint Policy

TRAINING

3.3 A Project ARGUS tabletop exercise has been arranged for May 2013. Project Argus is a NaCTSO led initiative, which asks the organisation to consider their preparedness for a terrorist attack. It achieves this by guiding people through a simulated multi-media attack, which identifies the measures that can assist in preventing, handling and recovering from such an incident.

3.4 Conflict Resolution Training (CRT) is delivered in house to great success. The new Standards for 2013 stipulate the continuation of CRT or violence and aggression training.

3.5 Consideration is being given to delivering physical intervention training in-house. This would allow those staff groups requiring it to have a course designed around their specific needs.

3.6 Physical Intervention training offers staff a full continuum of skills from very low level interventions, suitable for vulnerable young people or adults, through to the more restrictive holds required by staff who have to deal with a higher degree of challenging, aggressive and violent behaviour.

3.7 Concerns have been raised regarding the type and level of training provided to the ISS Security Officers. This is especially pertinent if officers are required to work with Trust staff (once trained) to restrain someone. Meetings have been arranged to review the training (in conjunction with their SLS) to ensure their training meets the needs of the Trust.

3.8 PREVENT training was provided for a small test group of staff. Prevent is part of the Governments counter-terrorism strategy CONTEST. The CONTEST strategy was created to protect the UK from international terrorism and is led by the Office for Security and Counter Terrorism at the Home Office. There are four strands to the strategy:

- Prevent - to stop people becoming terrorists or supporting terrorism
- Protect - strengthening our borders, infrastructure and public spaces from attacks
- Prepare - where we cannot stop an attack, to reduce its impact by responding effectively
- Pursue - to disrupt or stop terrorist attacks

The training focuses on anti-radicalisation awareness and will be presented to the Board in July with a view of rolling it out across the Trust during the new financial year.

GENERAL WORK

3.9 The LSMS reviewed existing lockdown profiles. This work will continue in to the new financial year with a view to implementing the lockdown policy during a live exercise.
3.10 The LSMS met his counterpart from the London Ambulance Service to agree closer working arrangements for incidents involving both organisations.

3.11 External CCTV cameras have been upgraded to an improved standard. A review of the estate is required to ensure the system remains fit for the future and works appropriately in the absence of having a designated CCTV controller. This will be carried out in conjunction with local police.

3.12 CCTV can in the right circumstances deter crime. Kingston Hospital generally uses CCTV retrospectively to identify a person or persons responsible for committing an offence.

3.13 Uniformed officers operate the CCTV equipment. In line with the requirements of the Security Industry Authority, officers hold licenses to perform public space surveillance. Such a license is not required by Trust employed staff, in particular those responsible for recovering images.

3.14 Security staff should conduct and record regular equipment and quality checks. This is referred to in the draft CCTV policy. The process is also covered during the SIA CCTV Operators course, which sets standards for those responsible for delivering the service.

3.15 Implementation of the CCTV policy, will ensure the following Operator checks are performed:
- Physical examination
- Record and report faults as they are encountered
- Keyboards, Multiplex cameras, Mountings
- Recorders
- Playback
- Day, date and time, 31 days of recordings

Security Officers have already adopted many of these tasks ahead of ratification.

3.16 Legislation dictates that clear and prominent signs are required particularly where the cameras themselves are very discreet, or in locations where people might not expect to be under surveillance such as car parks and bicycle stands. This is not currently the case across the whole site.

3.17 A review of all Trust signage is an Estates and Facilities objective for the new financial year. This will include CCTV signage.

3.18 Signs should:
- Be clearly visible and readable;
- Contain details of the organisation operating the system, the purpose for using CCTV and who to contact about the scheme (where these things are not obvious to those being monitored); and
- Be an appropriate size depending on context, for example, whether they are viewed by pedestrians or car drivers.
- All staff should know what to do or who to contact if a member of the public makes an enquiry about the CCTV system.

3.19 Installation of access control continued throughout the year by Amberstone. A rolling plan to address issues identified throughout the Trust will continue during 2013-2014.
CRIME REDUCTION SURVEYS

3.20 A review of Crime Reduction Surveys (CRS) commenced towards the latter part of the year to examine progress. Some issues around the condition of or need for security hardware still remain. This will be reported on in full during the new financial year and submitted to the Security Review Group.

Crime Reduction Surveys reviewed
CCTV
Maternity
A&E

LONE WORKING

3.21 In 2010, the Trust took advantage of the lone worker devices issued by NHS Protect. After an extensive review period, it was decided that the product did not comply with Health and Safety legislation (Personal Protective Equipment at Work Regulations 1992) in that it wasn’t suitable for the task or used correctly by staff. The Trust is returning the existing lone worker devices with a view of employing other options one of which is currently being trialled by maternity. The exercise highlighted the need for appropriate risk assessments to be undertaken by staff and managers.

3.22 The LSMS is in the process of preparing a lone worker risk assessment template to be shared amongst staff.

SECURITY RISK ASSESSMENT

3.23 The Health and Social Care Bill received Royal Assent to become the Health and Social Care Act 2012. With its introduction, Secretary of State Directions relating to the management of security in the NHS will became obsolete from 31st March 2013.

3.24 The above Act now sees a single commissioning contract that replaces the four that were previously in place. Section E, Clause 37 of the Standard NHS Commissioning Contract relates to expectations surrounding security and the safety of staff.

3.25 Under the new NHS Standard Contract, all organisations providing NHS services are required to put in place appropriate counter fraud and security management arrangements prior to the commencement date of the contract.

3.26 Clause 37.2 of the Standard Commissioning Contract states that the provider had to complete a baseline crime risk assessment toolkit (CRAT). The LSMS attended a NHS Protect Working Group prior to undertaking and submitting the document to NHS Protect. This document has since been superseded by a new document called the Security Review Tool, which has to be completed and returned to NHS Protect by 30th June 2013.

3.27 The objective of both the CRAT and SRT is the same in that is produces a risk rating from 1 to 3. Hospitals with accident and emergency facilities services automatically score a 1 and therefore need to work to a set of standards produced by NHS Protect. These standards will help decide the work to be performed during 2013-2014.
4. INVESTIGATION AND DETECTION

4.1 NHS Protect requested that Violence and Aggression Statistics data was collected and submitted for the period 1st April 2011 to 31st March 2012. This was completed in June 2012 and reflected the number of incidents of physical assaults on NHS Staff and contractors by patients, service users, colleagues or other members of the public.

4.2 The table shown below details the number of assaults reported to NHS Protect for the past five years. During this time, the number of reported assaults has fallen 64% from 75 to 27. The latest figure ranks the Trust as 143rd out of 166 acute Trusts (highest incidents to lowest).

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Assaults</th>
<th>Assaults involving clinical factors</th>
<th>Assaults per 1000 staff</th>
<th>Delivered Sanctions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 - 2012</td>
<td>27</td>
<td>19</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>2010 - 2011</td>
<td>20</td>
<td>0</td>
<td>7.1</td>
<td>0</td>
</tr>
<tr>
<td>2009 - 2010</td>
<td>34</td>
<td>5</td>
<td>12.3</td>
<td>4</td>
</tr>
<tr>
<td>2008 - 2009</td>
<td>65</td>
<td>N/A</td>
<td>23.7</td>
<td>6</td>
</tr>
<tr>
<td>2007 - 2008</td>
<td>75</td>
<td>N/A</td>
<td>28.4</td>
<td>0</td>
</tr>
</tbody>
</table>

4.3 It is anticipated that 2012-2013 will see a significant rise in incidents to the numbers shown in 2007-2008. This possibly reflects the work performed to address a culture of under-reporting, which has affected the Trusts statistics over the past few years. Many staff accept violence and aggression as ‘part of the job’ and may need encouragement to report incidents, particularly those that don’t cause serious injury, such as hair pulling, pinching or verbal abuse. Injured members of staff should rightly expect to receive the best possible protection against such incidents and this can only be achieved if the full extent of the problem is known. The number of reported incidents would be far less if it wasn’t for security officers submitting their own reports to the facilities team. Attempts to reconcile their report with an occurrence in the Trust often highlights the fact that Trust staff failed to complete their own incident report in the first instance. The lack of incident reporting is being addressed by the Incident Reporting Group as part of a Trustwide initiative to improve this.

4.4 Where staff have been verbally or physically abused, a pro forma letter has been produced, which is sent to the person responsible outlining the Trust’s expectation of behavioural standards and the consequences of not conforming to them. A similar letter is also sent to staff and to ISS if their involvement is needed.
4.5 A Joint Working Agreement between the Association of Chief Police Officers, the Crown Prosecution Service and NHS Protect was published in 2011. All parties agree that there is a strong public interest in prosecuting those who assault NHS staff or commit offences that disrupt the provision of NHS services to the public. This agreement outlines best practice for joint working between the three parties (and, by extension, local NHS bodies), and to provide a basis for local agreements. Local agreements have been established with the police and they will generally arrest/remove individuals causing a nuisance or who have committed an offence. The Trust needs to include these actions as ‘sanctions’ when reporting the annual Violence Against Staff figures to NHS Protect.

4.6 The Trust uses Ulysses for its incident reporting. NHS Protect through their security management standards require incidents to be transferred to their Security Incident Reporting System (SIRS). SIRS was designed to provide data for all security incidents.

4.7 Due to a number of ongoing problems with the interface between reporting systems and SIRS, reporting has not been possible unless data was entered manually. NHS Protect (NHS CFSMS) hope to be able to provide ‘certified SIRS compatible’ status during the forthcoming year for all reporting systems including Ulysses to capture incidents.

4.8 The numbers of thefts continues to rise. This is reflected in the number of crimes reported to the police. Thefts are predominantly of bicycles from the public (unsecured) bike stands and mobile phones left unattended in offices or unsecured in patient areas.

4.9 Lockers provided for staff use are not utilised to the extent they should be. This also highlights the need for staff to secure offices, buildings to challenge strangers if safe to do so.

4.10 Awareness days supported by the local police run throughout the year will form part of a plan of action for 2013-2014.

5. CLIENT LIASON, REPORTING AND ADMINISTRATION

5.1 A survey was conducted to gain staff’s feedback on security arrangements in the Trust. The number of staff who responded were so few, the data it provided was inconclusive and therefore not published. A second survey was sent out in March 2013. The information will be collated in June 2013 and presented to the Security Review Group in July.

5.2 The Security Review Group meets monthly to discuss issues affecting the Trust. Representatives from departments across the site are invited to share their concerns but attendance from the clinical areas has been poor throughout the year. This has led to some meetings being cancelled, which is a concern as its purpose is to share information and best practice. The meeting is attended by the Police Sargent from the Safer Neighbourhoods Team and the Trusts LSMS.
5.3 The LSMS & Safer Neighbourhood Team (SNT) continued to work with the Trust throughout the year as part of a Crime and Disorder Reduction Partnership (CDRP). CDRPs are partnerships between the emergency services, local authorities, and public, private and voluntary sector agencies that work together to reduce crime, disorder and substance misuse. They were formed as a result of the Crime and Disorder Act 1998.

5.4 On 25th April 2012 the LSMS attended the Counter Terror Exposition held at Olympia for Counter Terror procedures and planning.

5.5 The Trust was represented at all NHS Protect Regional meetings either by the nominated or second LSMS. These quarterly meetings took place as follows.
- 8th May 2012 Hammersmith Hospital
- 12th September 2012 National Hospital for Neurology and Neurosurgery (UCLH)
- 14th November 2012 Conway Hall, WC1R 4RL – Joint meeting with Southern Team
- 5th February 2013 St. Pancras Hospital

5.6 Nomination forms for LSMS and SMD were updated and submitted to NHS Protect.

5.7 An LSMS has attended the majority of the Security Review Group meetings during the year.

5.8 This annual report will be submitted to the Security Review Group prior to the Audit Committee. The LSMS can attend the meeting to present the report and answer any questions.

Agreed / Signed by:

Signature:………………………………………………….. Date:……………………………

Security Management Director – Trust

Signature:………………………………………………….. Date:……………………………

Local Security Management Specialist – Parkhill