

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

**EXECUTIVE SUMMARY: REPORT TO TRUST BOARD –
WEDNESDAY, 19TH OCTOBER 2011**

Subject:	Annual Report 2010/11 for STHFT Security
Supporting Director:	Professor H. Chapman – Chief Nurse /Operating Officer
Author:	Mr Graham Rye and Mr Kevin O'Regan
Status (see footnote):	A*

PURPOSE OF THE REPORT:

To provide a 2010/11 summary for Security Services.

KEY POINTS:

- Introduction
- Central Campus security overview
- Northern Campus security overview
- Types of security and associated risks
- Lone working
- Key objectives 2011/12
- Conclusion

IMPLICATIONS:

Money:	Outstanding bid £50,000 (Revenue) to provide 24/7 cover of control assistants at NGH
Access:	
Quality:	

RECOMMENDATION(S):

To note the report and strategic direction to enhance C.C.T.V. and access control.

APPROVAL PROCESS:

Meeting	Presented	Approved	Date
Trust Executive Group	27.7.11	✓	27.7.11
Healthcare Governance Committee	26.9.11	✓	26,9.11
Trust Board	19.10.11		

Status: A = Approval
A* = Approval & Requiring Board Approval

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

ANNUAL REPORT 2010/2011 FOR STHFT SECURITY

1. INTRODUCTION

Sheffield Teaching Hospitals NHS Foundation Trust is one of the largest Trusts in the country with nearly 14,500 staff. We have 25 to 30,000 visitors a day in 10,000 vehicles and as a Trust treat in the region of 1 million patients a year.

The Security function at Sheffield Teaching Hospitals NHS Foundation Trust is currently overseen at Director Level by the Director of Hotel Services, Mr Kevin O'Regan and supported at Trust Board level by the non executive director Mr John Donnelly on an ad-hoc basis. The Secretary of States Directions 2004 state every Trust should have an executive director with special responsibility for Security and this function is carried out by Professor Hilary Chapman, Chief Nurse and Chief Operating Officer for the Trust.

On a day to day basis Security is managed by the Head of Security, Mr Graham Rye who also holds the post of NHS Security Management Specialist and he is supported by a deputy, Mr Philip Turner.

2. CENTRAL CAMPUS

2.1 Royal Hallamshire Hospital

The RHH is a large site situated on the outskirts of Sheffield City centre adjacent to the University of Sheffield and the other three Central Campus Hospitals within the Trust. The RHH has around 190 CCTV cameras with additional cameras being added on a regular basis, particularly when refurbishments take place or in response to untoward incidents in a particular area. The cameras are monitored 24 /7 by a professional team of control room operatives and are recorded to hard drives with captured images being available for 31 days.

There is an extensive network of intruder alarms fitted in departments within the hospital and the surrounding outbuildings to protect them out of hours. These are monitored by the Patriot alarm monitoring system which is installed in the RHH Control Room.

Access control has long been installed in the hospital with some 400 doors being monitored and controlled by the Continuum system. This allows the hospital to have certain sensitive areas locked 24 / 7 with access by swipe card only, which records the details of the individual and the time and date they accessed the door.

Other departments will have open access during certain times with the doors automatically locking down out of core hours or being remotely locked by the system in the event of an incident. This gives a high degree of security and flexibility within the hospital.

There are plans to increase both CCTV and access control coverage within the hospital and plans to upgrade the access control system from swipe card readers to smart card readers in the near future.

For such a large hospital the crime rate is relatively low with only seven incidents of theft of Trust property being reported, this being a reduction of six over last year. These consisted of one theft from vending machine, two hand held phones and charger, theft of coffee from D floor dining room and theft of cash from a charity box.

2.2 Jessop Wing

A relatively new purpose built maternity unit at the side of the RHH and connected to it by a link bridge has seen a considerable investment in CCTV with around 30 cameras now operational and access control installed throughout. As one would expect with a maternity unit security is a high priority and all babies are tagged at the earliest opportunity and if taken near to any ward entrance / exit will activate an alarm both locally and in the 24 hour control room.

All areas of the Jessop wing, other than public areas, such as the main entrance and deli bar, are locked down 24 / 7 and access is by swipe card or buzzing through to the nurse base station. Public areas are locked down at 9pm and are additionally monitored by Porter staff throughout the night.

The crime rate is low with only two reported incidents of theft of Trust property this last financial year which consisted of two vending machines broken into with a loss of cash (offender identified and arrested by Police). Also a LW thermometer found in a patient's bag (item recovered).

2.3 Weston Park Hospital

Weston Park is a purpose built cancer hospital just a quarter of a mile away from the RHH. It is self contained and has its own security / Porter staff that are responsible for the security of the building, equipment and patient, staff and visitor safety.

There is very limited access to the building with all but the main entrance being secured 24 / 7. This access is controlled by reception staff during core hours and they are responsible for locking down the door at 9pm and unlocking at 7am.

There are 20 CCTV cameras installed and operational at Weston Park which are monitored and recorded.

The crime rate at this facility is relatively low.

2.4 Charles Clifford Dental Hospital

Charles Clifford is a purpose built Dental Teaching Hospital situated on the Central Campus just across the road from the RHH.

There is very limited access to the building with all but the main entrance being secured 24 / 7. This access is controlled by reception staff during core hours and they are responsible for locking down the door at 9pm.

12 CCTV cameras have been installed in the hospital and these are monitored and recorded in accordance with Association of Chief Police Officers (ACPO) guidelines.

The crime rate at this facility is extremely low.

2.5 The Central Campus overview

The Central Campus is the generic term used for the above mentioned hospitals and this has a security control room which is staffed 24 hours a day by one controller per shift and they monitor the radio, alarm systems for intruder, panic, medical fridges & freezers for blood and pharmaceuticals, also the assisted conception dewers and baby tagging alarms as well as monitoring over 240 CCTV cameras.

The actual Security function is covered by a team of 10 Security Officers. This allows for two Security Officers per 8 hour shift and they are responsible for the locking/unlocking of the hospitals and surrounding standalone units. Also, the setting and unsetting of intruder alarms as the various units close and open for business in order to protect staff, patients

and visitors as well as the Trusts many millions of pounds worth of assets. Security staff are also part of the fire team and assist with lift releases in the event of a breakdown.

In addition they also attend all activations of intruder alarms/panic alarms and calls via the 2222 and bleep system at the four hospitals within the Central Campus. They detain intruders suspected of stealing or damaging Trust assets or those acting in a violent or aggressive way towards staff, patients or visitors owing to mental health issues, drink or drug intoxication or confusion owing to other illness, medical procedure or the effects of drug therapy or simply bad behaviour.

Security staff also carry out more routine tasks such as cash collections from the various canteens, deli bars and shops within the Campus as well as escorting staff around the sites and general patrolling.

There have been 3271 security incidents recorded during 2010/11 at Central Campus (see Appendix A).

3. NORTHERN CAMPUS

The Northern Campus is the generic name for the Northern General Hospital and associated buildings and is a challenging 128 acre site with some 180 individual wards, departments and out buildings varying in age from the Victorian era to state of the art 21st Century hospital blocks such as the Hadfield Wing and the new Renal Units on the Vickers corridor.

The hospital is currently protected by 240 + CCTV cameras and an extensive access control system currently using two sets of software.

A decision was taken by the Trust to integrate the NGH system with the Central Campus Continuum System utilising smart card technology and work is currently underway at the Northern Campus to change all existing access control to the Central Campus system. In the meantime the two systems at the Northern continue to provide a high degree of security by keeping doors locked 24 / 7 where necessary, opening and closing at certain times and being able to be locked down in the event of a major incident, should that prove necessary.

All new schemes and refurbishments are automatically being changed to the new system.

There are a number of lock suites in use at the Northern campus at the moment but a new lock suite has been purchased which it is intended will replace all existing locks with much tighter control on the issue of keys resulting in even higher levels of security.

Virtually all of the stand-alone buildings and non 24/7 departments are fitted with intruder alarm systems which are monitored by the Patriot alarm system. The departments which are 24 / 7 but have very low staffing levels have panic alarms fitted as well as access to the tried and tested 2222 emergency telephone system.

Although the Northern Campus is a huge site covering 128 acres with over 7000 staff and situated in the middle of a high crime area of Sheffield, the crime rate is relatively low with most thefts of personal property being theft of or from handbags which have been left under nurse base stations or in insecure unattended offices.

At the Northern Campus security is provided by another team of 10 Security officers who provide coverage with 2 officers per 8 hour shift.

There is also a control room at the Northern Campus which is currently staffed from 6am to 10pm Monday to Friday and 8am to 4pm Saturdays and Sundays following an injection of £50,000 revenue last year. A bid is still outstanding for £50,000 to provide 24/7 cover, which would further enhance the safety of staff, patients, visitors and property.

This has had a very positive impact on the service provided by Security at the NGH. Control staff can act as the “eyes and ears” of security staff (who may be on patrol) by providing CCTV information and being able to direct officers to areas where a problem may be about to occur. They are also able to call for Police assistance if they see that the Security staff are having difficulties thereby enhancing the safety of our staff.

The control room operators also deal with the issue and amendment of access control cards and fobs and being present during the hours mentioned can deal quickly and efficiently with any problems that may arise. They also deal with lost and found property and are responsible for reviewing CCTV footage following incidents and providing the Police or STH Management with relevant footage.

All CCTV images from over 270 cameras are available historically following an incident from a bank of hard drives that record 24 hours per day for 31 days.

Duties carried out by the Security staff are not dissimilar from those at the Central Campus with Security staff patrolling the site, locking and unlocking the hospital at night and opening in the mornings, general patrolling and responding to intruder and panic alarms as well as detaining people for thefts, damages and acts of violence and aggression until the arrival of Police or removal from site.

There has been 2489 security incidents recorded during 2010/11 at NGH (See Appendix A).

Security staff also carry out more routine tasks such as cash collections from the various canteens, deli bars and shops within the Northern Campus as well as escorting staff around the sites, issuing access control fobs and swipe cards.

4. TYPES OF SECURITY INCIDENTS AND ASSOCIATED RISKS

Across both sites the biggest problem in terms of numbers continues to be theft of personal property from staff and patients (see Appendix A).

The theft of staff property is mainly caused by lax security practices on the part of the individual e.g. leaving handbags and other valuables in unlocked lockers in changing rooms, under nurse base stations or in unattended insecure offices. The main group of patients affected by theft and loss appear to be older people who may have a degree of confusion. Patients are encouraged not to bring valuables into hospital and nursing staff are asked to be extra vigilant in safeguarding vulnerable adults and their property.

Violence and aggression towards staff is predominantly from patients who may be affected by a medical condition or an injury, those withdrawing from drugs and alcohol with a smaller number suffering from adverse reactions or treatment.

Theft of and from staff and visitors vehicles was a major problem, but over the past two or three years this has dramatically reduced owing to Trust expenditure on CCTV and improved lighting as well as security advice being given on a regular basis to staff.

Theft of Trust property, in particular medical equipment, is almost non-existent but when it does occur can cost in the tens of thousands such as the theft of Endoscopy equipment 6 years ago which totalled £85,000. These acts tend to be carried out by organised gangs of thieves for shipping abroad or sale to private hospitals etc.

Certainly the most serious problem and the one with the biggest potential consequences for the individual and the Trust is caused by violence towards staff. Whilst incidents of violence and aggression across the Trust is lower than at many other Acute Hospital Trusts the number of incidents are climbing, often fuelled by drugs and alcohol and by drug and alcohol withdrawal on the wards.

The small number of Security staff on each site, a maximum of two at anyone time and often only one on duty where there is sickness and annual leave mean that staff generally and Security staff in particular are extremely vulnerable to attack/injury and whilst the Police endeavour to attend these incidents when requested waiting times of up to 40 minutes for a response is not unusual.

4.1 Physical assault – NHS Staff-STH

Incidents of physical assault against NHS / STH staff are recorded and reported to the Security Management Service each year. The figures reported are as follows:

2005 / 06	147
2006 / 07	124
2007 / 08	63
2008 / 09	51
2009 / 10	206
2010 / 11	256 provisional

A huge amount of work has taken place within the Trust to encourage staff to record all assaults against staff as it was felt they were only reporting the more serious assaults and where the assailant was aware of their actions. As a result of this work we now have a better picture regarding assaults against staff within the Trust and it is apparent that the vast majority of assaults against staff are by patients such as older people who may be confused and those affected by medical/mental health issues etc and injuries consist of slap marks, nips, scratches and having liquids thrown at them.

5. LONE WORKING

Finally, lone working is very much on the Health and Safety Executive's (HSE) agenda and here it falls into two distinct categories. The first is where members of staff are working in departments within the hospital grounds on their own, which occurs mainly at night and at weekends where they provide an emergency out of hours service for the hospital and those members of staff who go out into the community to provide specialist services such as the community midwives. Risk assessments for both groups have been carried out by the respective directorates and appropriate action taken as detailed below.

The first group are provided with panic alarms, intruder alarms around the perimeter of the building and safe rooms in certain areas which are fitted out with telephones so contact can be made via the 2222 system.

Also, within the next few months the Laboratory rationalisation scheme which is intended to bring all the current labs under one roof at the NGH will have the very latest in crime reduction techniques and equipment incorporated into it based on the principle of Secure by Design and defence in depth.

The second group are encouraged to carry out a risk assessment every time they go out on a visit by checking the patient notes to see if there have been any previous incidents, speaking with colleagues and checking with GPs in relation to new referrals.

In relation to the Community Midwives, the Trust has now provided, where necessary, a lone worker device based on mobile phone technology which has a panic alarm built in which is monitored by a call centre. There are currently 130 of these devices in use having been leased for an initial 5 year period with automatic upgrades throughout the lease. The first 2 years of the lease are wholly funded by the Department for Health with the final 3 years funded by the Directorate.

6. KEY OBJECTIVES 2011/12

- Routine surveys of Trust premises (STHFT).
- Review existing Policies and Procedures e.g. Security Strategy, Personal Safety, CCTV, Emergency Procedures.
- Monitor Security incidents on an on-going basis and data provision of physical assaults on NHS staff to Security Management Service (S.M.S).
- Security awareness days in partnership with South Yorkshire Police (S.Y.P.), Security Management Service (S.M.S.) and suppliers.

7. CONCLUSION

Across the Trust there has been a huge improvement in physical security with over £1 million having been spent on CCTV, alarm systems and access control in the last 6 years with a further £350k earmarked for further improvements over the next 2 to 3 years.

This year alone, over £140k in capital has been found to enhance security across the Trust with improvements to and expansion of the NGH CCTV hub (£14k), the CCTV scheme externally at the NGH (£30k) and in lift and lobby areas at the RHH (£12K).

As mentioned earlier in the report we are progressing on the works to the access control system which will eventually convert the various access control systems to one system, the Continuum access control system, which will allow staff to access doors across the Trust with just one card, security clearance allowing, thus greatly improving physical security.

The current Security staff at STH have played a huge part in improving not only the safety and security of staff, patients and visitors but the perception of Security as a "can do, will do" team. Staff are now much more likely to contact Security about a whole range of issues than ever before because they are more visible and approachable than perhaps previously and although not all calls are welcome such as requests to take patients off the ward for a smoke, Security staff are escorting staff to their cars and buses at night and around the site when travelling between departments and wards.

There have been a number of complimentary reports from Officers of the South Yorkshire Police regarding the quality of CCTV footage provided as evidence of theft etc and also for the assistance given to them by Security in relation to a number of violent incidents in A&E and on the MAUs.

There are still many challenges facing STH Security including the increasing number of calls from wards and departments for assistance with restraining violent patients and preventing patients lacking capacity from leaving the hospital. Also the increasing number of occasions when South Yorkshire Police (SYP) are either unable to attend incidents or there are long delays in them attending owing to staffing pressures within SYP and often the reluctance of SYP Officers to prosecute offences because of what they perceive to be the minor nature of the injuries sustained by staff or because of mental health issues on the part of the assailant, are somewhat disconcerting.

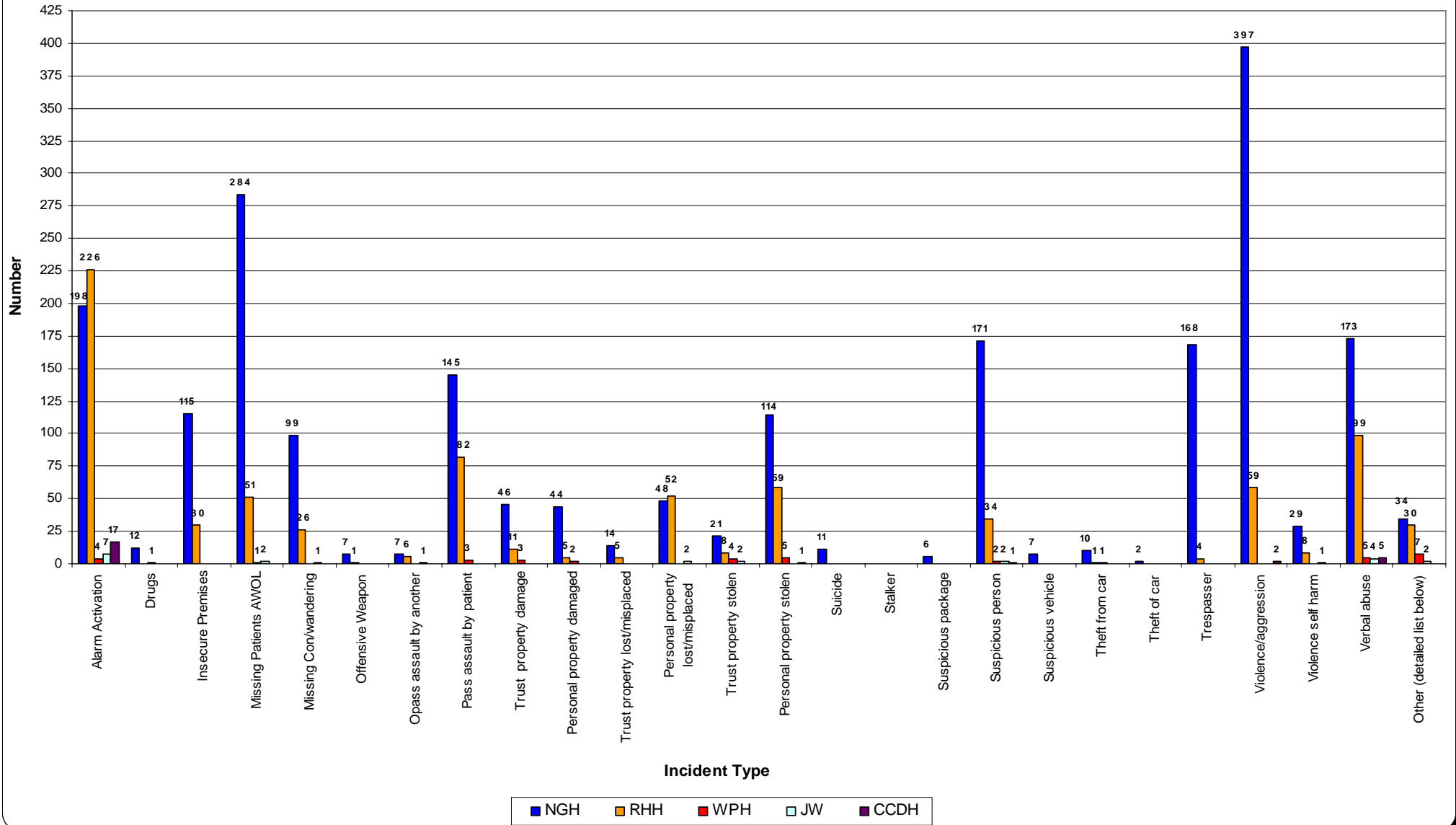
On the financial side of Hospital Security the granting of capital sums for increasing CCTV and access control has brought huge improvements in safety and security but has put cost pressures on the maintenance budget and has caused a dilemma as to where funding comes from as and when individual items within what were previously capital schemes come to the end of their working life and need replacing owing to them being beyond commercial repair.

Enc. Appendix A (Graphs).

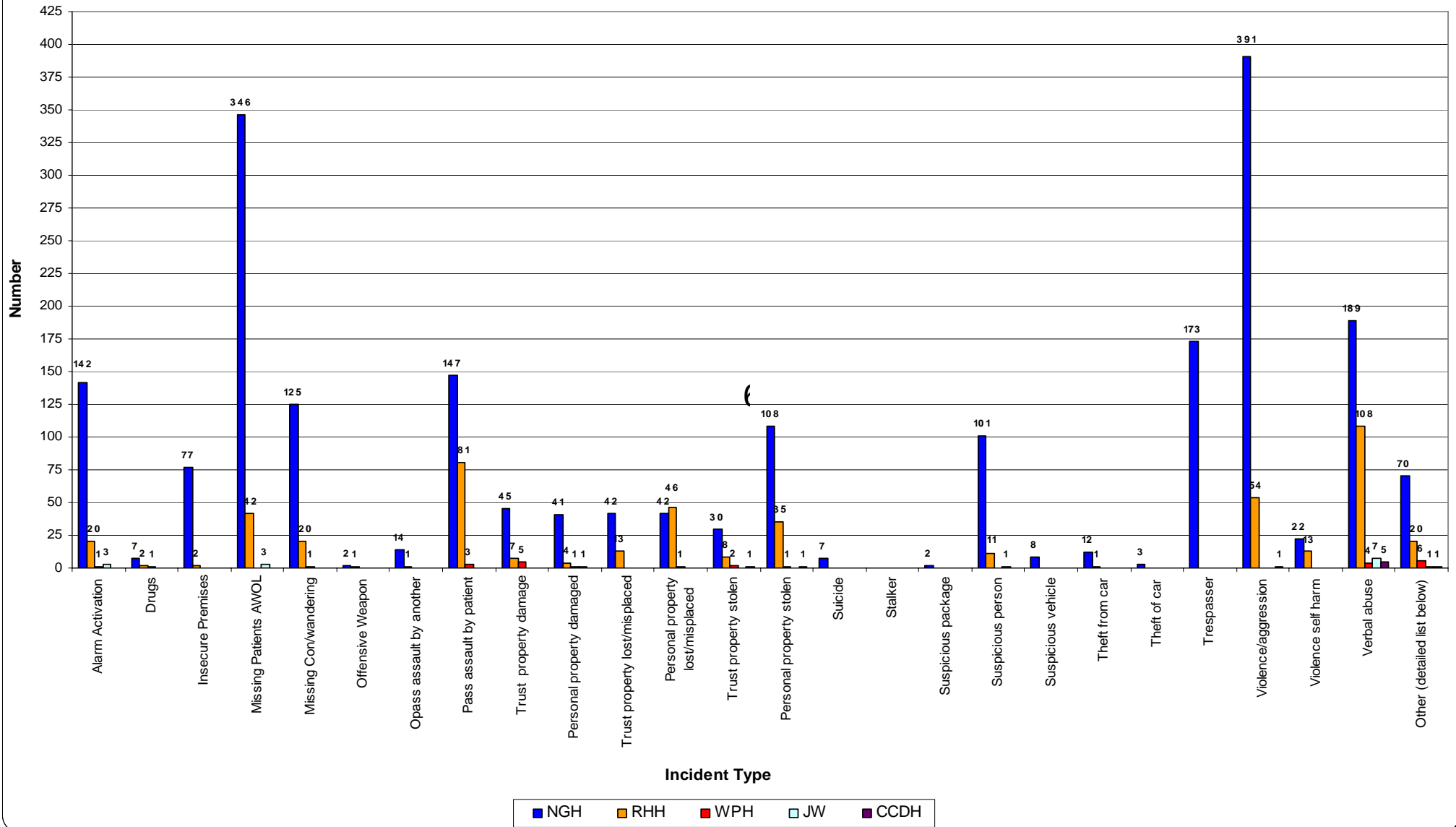
Graham Rye
Security Management Specialist

Kevin O'Regan
Hotel Services Director

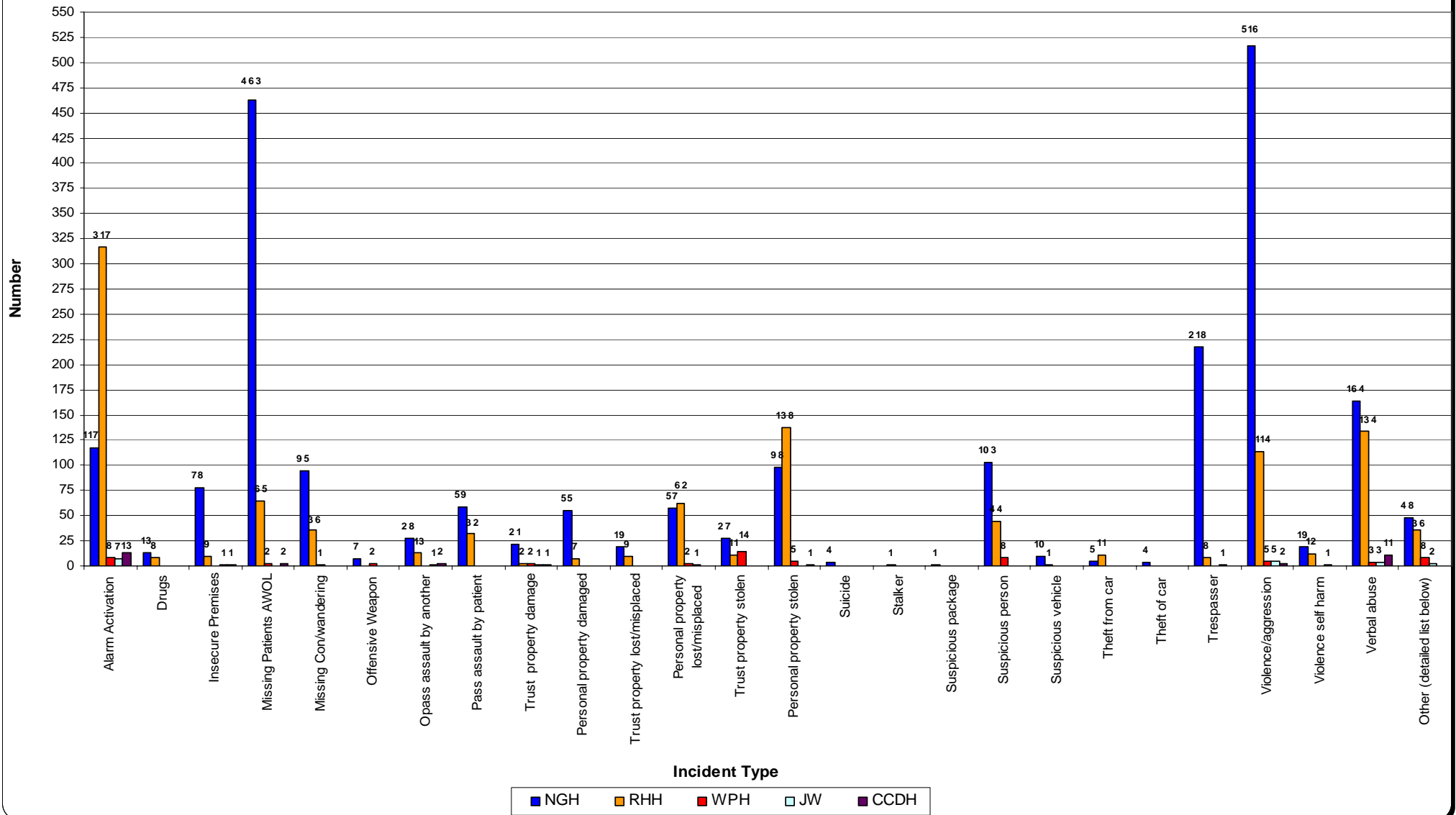
STH Security Incidents - 2006/07



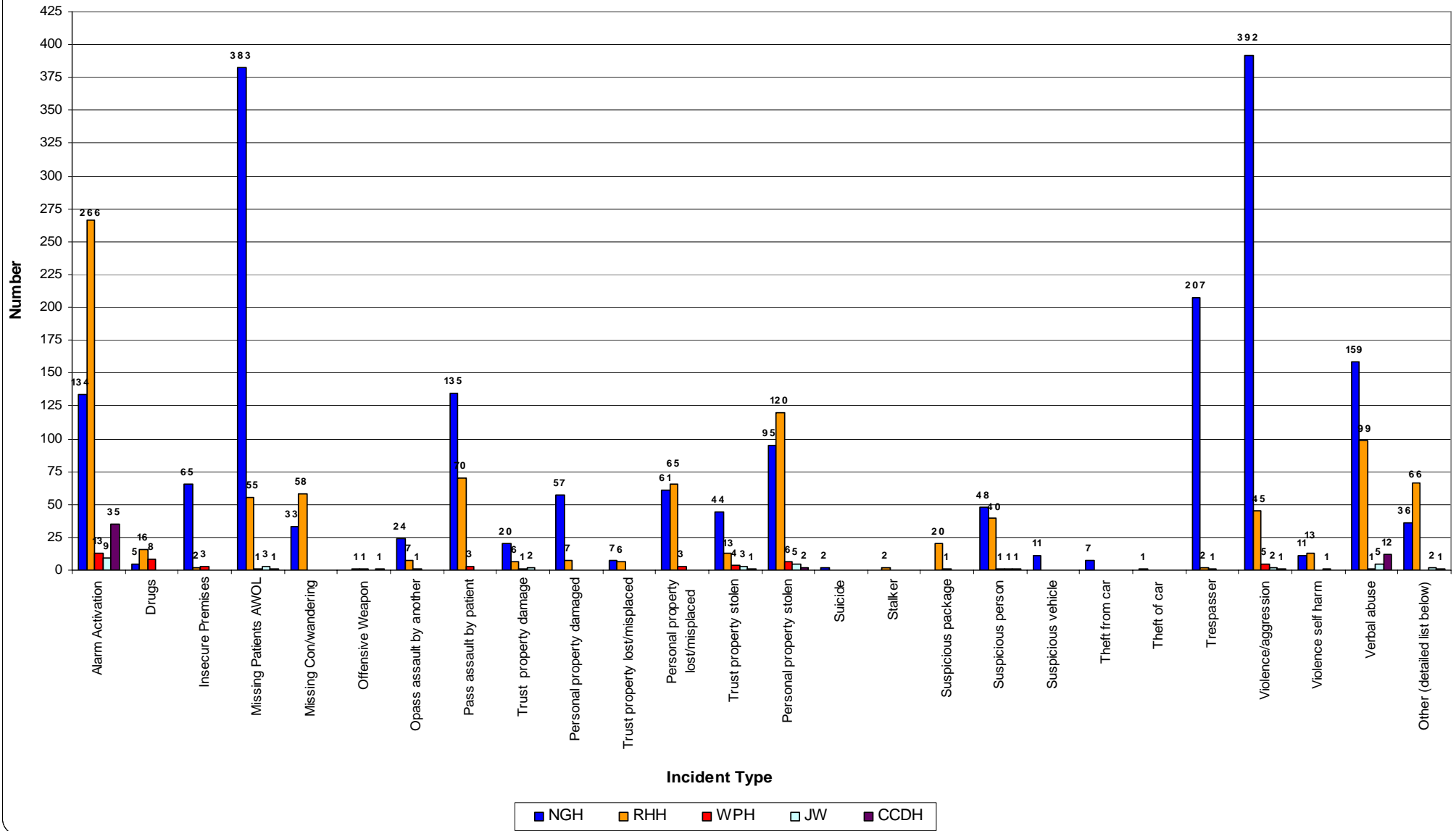
STH Security Incidents - 2007/08



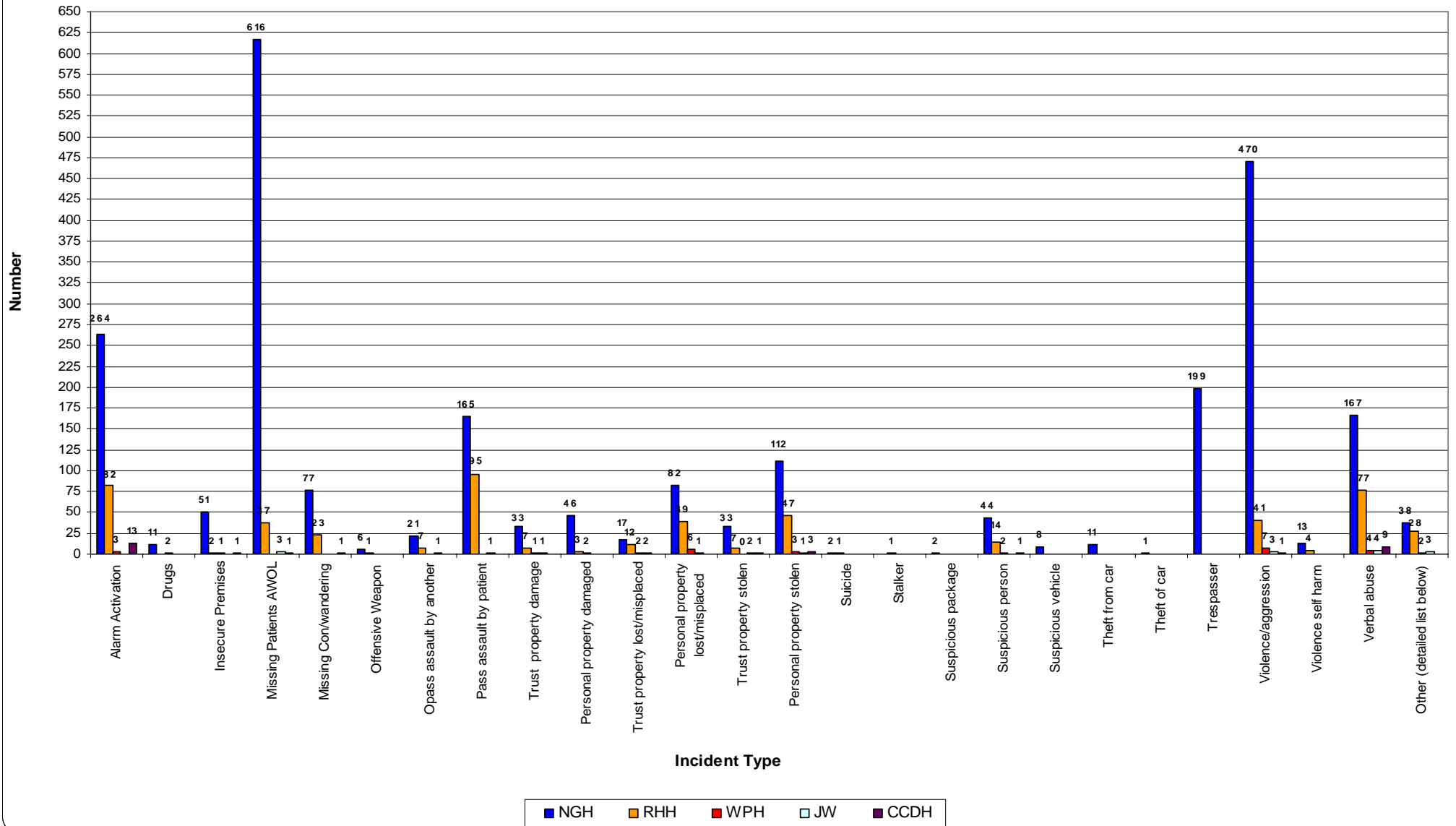
STH Security Incidents - 2008/09



STH Security Incidents - 2009/10



STH Security Incidents - 2010/11



Jessop Wing Baby Tag Incidents (2006 - 2011)

