

Protection for lone workers

Alex Nagle, from the NHS Counter Fraud and Security Management Service, discusses the introduction of a new security device...

Since the introduction of the NHS Security Management Service's (NHS SMS) strategy, 'A Professional Approach to Managing Security in the NHS', there has been a great deal of progress in tackling violence against staff and other security management related issues. The NHS SMS is a relatively new organisation, formed in April 2003, but the combination of a national overview and a commitment to high quality local delivery, with access to Best Practice, is already showing benefits for the NHS.

The strategy, launched by Health Secretary, John Reid, last December, describes how the SMS intends to improve the security of NHS staff and property by introducing minimum national standards of security management across the NHS, whilst remaining flexible enough to be responsive to the needs of individual local health bodies and the varying services that they deliver.

The national remit of the NHS SMS enables collective action on a range of issues to be taken in a consistent fashion right across the NHS, something which would not have happened under the piecemeal approach of the past. Most importantly, the NHS SMS can now help to identify and share the examples of very good work that is already taking place throughout the country. The SMS nationally is creating a structure involving all local health bodies in England that will allow us to share Best Practice and pool professional skills in dealing with the problems that the whole of the NHS faces – like violence against staff. A key element of this structure is the introduction of a Local Security Management Specialist in each health body in England. Training for this new role began in June this year, and represents a two year training programme to ensure that all health bodies have access to the professional skills and expertise required to deal with the range of security management issues they face on a day to day basis.

Tackling violence against NHS staff is a key priority for the NHS SMS. Not only are there financial costs to the NHS but, more importantly, there are also untold human costs from the pain and misery suffered by those unfortunate enough to be subjected to an assault, verbally or otherwise.

The NHS SMS has introduced a range of proactive and reactive measures, which it believes will help tackle violence and reduce the number of incidents that occur. One area that



the NHS SMS is keen to explore is the use of technology that could help to increase the safety of staff members in areas traditionally considered to be 'high risk' – notably lone or community workers. It is already working in partnership with the Home Office on a Treasury funded initiative – the Safer Hospitals Project – to look at ways in which technology and other interventions can better protect NHS staff, property and assets.

One strand of this approach was announced as part of the launch of the SMS strategy in December: trials into the adoption of a security device for lone workers and other NHS staff who work in areas of risk. The device promises to allow the instant tracking of a staff member in danger, the ability to warn employers of the situation, and a function to record evidence to help pursue appropriate action against offenders. Sometimes, the authorities can find it difficult to take action against those who verbally abuse NHS staff due to lack of evidence to substantiate an allegation. This additional means of evidence collecting will help secure action, such as a criminal prosecution, where this cannot happen now. It may also deter those likely to abuse staff if they know they can be recorded and that the NHS is determined to take tough action when such incidents occur.

The device has been developed over a two year period by two British technology companies, while a further British firm has been given the task of studying ways in which the technology can be utilised. The NHS SMS decided that the idea was promising, and has embarked on a series of trials to test the effectiveness of the device. If these prove successful, the SMS



will look at how NHS bodies can purchase or rent the device for their staff in a way that offers value for money, but one that also offers the highest quality of service and protection for those involved. The NHS SMS is also looking at other devices that are on the market to see what these can offer to staff in terms of better protection.

Small-scale trials finished in June 2004. These were encouraging, with positive feedback from the staff who trialed the device, and a number of valuable lessons learned about how the device should be designed and implemented. Further trials began on 18th July with an ambulance trust and a community trust for a period of a month.

The trials went forward with ambulance staff and lone workers, such as district nurses and other community staff, across the two organisations. All elements of the device were thoroughly tested – from the chief functions of the device, such as the two types of alert, through to elements such as battery longevity and signal strength.

The device weighs an unobtrusive 78g and resembles an ID card holder. It can be worn around the neck as a standard ID and hides a 'rip alarm' function, which is triggered if the unit is forcibly removed from the wearer. It uses mobile phone technology to send an 'alert' to a pre-determined number, such as monitoring centres that the NHS currently uses to monitor 'panic buttons' in supported living accommodation for people with learning disabilities or dementia. These 'alerts' will be monitored by trained and experienced staff who can deal with the situation they are listening to and instigate the right response.

The device has two types of alert: amber and red. It can be set to amber alert for a set period when a staff member is concerned about their potential safety. This could be, for example, when someone was making a visit somewhere and he or she believed it might pose a risk to their safety. If, after

a certain period of time, the amber alert was not cancelled by the staff member, the device automatically goes to red alert, which signals to whoever is monitoring the device and begins recording the situation. Alternatively, if a staff member is in immediate danger, they can trigger the device to send a red alert directly to whoever is monitoring the alert. Upon receiving a red alert, the device broadcasts the position of the staff member to the monitoring station, and begins recording audio evidence picked up by the microphone on the device.

The device can be triggered covertly, to avoid exacerbating dangerous situations, and also inconspicuously informs the operator that it is working. A further 'back-up' function sends an automatic text message to pre-selected members of staff, such as the staff member's manager or the trust's Security Management Director, informing them of the staff member's identity and situation.

The trials will end on 18th August, after which, there will be a comprehensive debriefing session. Following the results of the trials and the assessment of the various aspects of the testing, the NHS will decide whether the device is sufficiently effective and reliable to take forward to the next stage of the trials.

These will constitute a much wider test over 20 NHS organisations. All tests, so far, have been controlled; that is to say, they have not involved genuine situations. However, the further trials will have both a controlled and a live element, with some tests conducted by staff in the field under 'live' conditions.

It is important to remember that this device cannot prevent all abuse or assaults from occurring – it will not make staff invincible. It cannot operate in isolation from other ways of tackling violence, such as training people to recognise and deal with potentially violent people. Also, it cannot be seen as a substitute to a good robust lone worker policy. Both employers and employees have a responsibility to create a safe and secure working environment.

Whether or not the trials prove successful, the NHS SMS is committed to exploring a range of avenues and new ideas, such as this one, to ensure that NHS staff are better protected. The SMS has already learned a great deal from the trials about the use of technology in protecting NHS staff, and the more means there are at the NHS disposal to achieve that end, the better for the staff, patients and everyone who contributes to and uses the Health Service.

CFSMS



Alex Nagle
Director of Security Management
alex.nagle@cfsms.nhs.uk
www.cfsms.nhs.uk