

Ref. No: 149220621
From: Commercial
Date: 22/06/21
Subject: Hospital security guards

REQUEST

I am a journalist who is researching the training and use of hospital security guards in an acute hospital setting.

The data you kindly provide will be compiled with other responses from each of the acute hospital trust across England to help produce a clear picture of the situation across the country.

1/ Year on year and for the past three calendar years, please could you provide figures for the number of times a DATIX/ULYSES or (please state other) your records keeping system holds, that relate to a report of “uncooperative patient behaviour” (or similar description which may include “violence and aggression”) was raised.

2/ Year on year and for the past three calendar years, how many of the above reports of “uncooperative patient behaviour” (or similar description which may include “violence and aggression”) resulted in an action by hospital security and how is this action described: eg: chemical, environmental, mechanical, physical or psychological

3/ What is your Trust policy on the restraint and detention of “uncooperative” patients?

4/ Which nationally recognised training framework and to which standards are your security staff trained? Eg: MAYBO, SAFESKILLS etc ...

5/ What level of DBS checks are used when hiring your security staff?

6/ How often are your security staff DBS checked?

7/What are the minimum training standards and qualifications required of security staff carrying out patient "bed watch" duties?

Clarification obtained from requester around their definition of "bed watch"....

"Bed watch" is when non-clinical staff are paid to ensure a patient remains in their bed, overnight. This role is usually carried out by agency security guards.

8/ Year on year and for the last three calendar years, how many patient "bed watch" shifts did your hospitals need?

RESPONSE

1. Year on year and for the past three calendar years, please could you provide figures for the number of times a DATIX/ULYSES or (please state other) your records keeping system holds, that relate to a report of "uncooperative patient behavior" (or similar description which may include "violence and aggression") was raised.

The Trust use the following term on DATIX: Abusive, violent, disruptive or self-harming behavior etc. of staff by patient.

The following are the figures showing incidents with the calendar year for the specified term:

01/01/2018- 31/12/2018- 257 incidents

01/01/2019- 31/12/2019- 390 incidents

01/01/2020- 31/12/2020- 294 incidents

2. Year on year and for the past three calendar years, how many of the above reports of "uncooperative patient behavior" (or similar description which may include "violence and aggression") resulted in an action by hospital security and how this action is described: e.g. chemical, environmental, mechanical, physical or psychological

The Trust holds the following information on where hospital security staff were called to incidents and the descriptive categories used by the Trust.

	2018	2019	2020
Absconded patient	* <5	* <5	* <5
Chaperoning	25	42	31
Restraint	* <5	29	20
Verbal solution	49	72	43

*** Please note:** We are unable to provide precise figures when those figures refer to individuals in volumes of 5 or less due to the risk that individuals will be re-identified, as we are required to protect their identity under the General Data Protection Regulations & Data Protection Act 2018. In such circumstances sections 40(2) and (3) of the Freedom of Information Act apply. In this case, our view is that disclosure would breach the first data protection principle. This states that personal data should be processed “lawfully, fairly and in a transparent manner”. It is the lawful aspect of this principle which, in our view, would be breached by disclosure. In such circumstances section 40 confers an absolute exemption on disclosure.

3. What is your Trust policy on the restraint and detention of “uncooperative” patients?

The Trust has a Clinical Holding (Restraint) Policy, which is utilised when managing patients who may not be compliant with treatment and require clinical holding (restraint) in their best interests. There is no specific restraint and detention policy for “uncooperative” patients.

4. Which nationally recognised training framework and to which standards are your security staff trained? e.g. MAYBO, SAFESKILLS etc.

The Trust uses a provider approved by Institute of Conflict Management. The Trust has a three tiered approach to ensure appropriate level of training to relevant staff members, identified through a training needs analysis.

5. What level of DBS checks are used when hiring your security staff?

All Security staff must demonstrate must hold a Basic DBS check in-line with Security Industry Authority (SIA) License Requirements (both in-house and external).

6. How often are your security staff DBS checked?

DBS renewals are carried out every 3 years in-line with and as a part of SIA License renewal process.

7. What are the minimum training standards and qualifications required of security staff carrying out patient “bed watch” duties?

Clarification obtained from requester around their definition of “bed watch”:-

"Bed watch" is when non-clinical staff are paid to ensure a patient remains in their bed, overnight. This role is usually carried out by agency security guards.

Trust Response - Security staff members undertake training in Conflict Resolution provided by the Trust, as well as being approved by the Security Industry Authority in terms of use of force and knowledge.

Unless staff members are deemed to be at risk of violence or aggression, this duty would usually be undertaken by nursing staff or health care assistants, who are qualified in clinical care.

8. Year on year and for the last three calendar years, how many patient “bed watch” shifts did your hospitals need?

The Trust does not record this information because it is not a recognised definition.