

PROTECTING THE VULNERABLE

Jamie Barnfield reports on the challenges faced when providing security in mental healthcare settings

There is no question that delivering security in mental healthcare settings can be tough – working with people at their most vulnerable and most challenging, not just those needing a high level of care but sometimes needing control too, as the only way of preventing harm to themselves and to those around them – but Tracey Edwards admits to loving her job.

“It’s given me a new perspective on life and a renewed faith in people. I love my job, absolutely,” she tells us. Ms Edwards, who began her career in the police, is now Head of Security at Southern Health NHS Foundation Trust. Her team has a huge responsibility. The Trust is one of 54 in the UK which provides mental healthcare services for adolescents and children. It runs 250 facilities across Hampshire, including medium secure units, clinics and administration buildings.

Southern Health is currently in the third year of a major, root-and-branch programme of reform following a series of high-profile failings. In October

“WE CAN NOW LOOK AT THE FOOTAGE OURSELVES AND QUICKLY DETERMINE WHAT HAPPENED”

2017 it was fined £125k for safety failures, which led to a patient being seriously injured (in 2015) and in March 2018 it received a £2m fine for “catastrophic health and safety failings” (relating to two “wholly preventable deaths” in 2012 and 2013).

Southern Health’s senior management – including Chair, Lynne Hunt, and Chief Executive, Dr. Nick Broughton, both of whom joined in 2017 – are working to put these problems behind them, drive up standards of care and rebuild the Trust’s reputation. Ms Edwards and her security team are playing a significant role in that process, working alongside clinical staff and emergency planning and resilience teams, plus external agencies including inspectorates.

It’s a tough but rewarding job Ms Edwards says, comparing her current role with her previous work. She left the police force following an injury back in 1998, then worked in local government, in housing and environmental health investigation, before joining the NHS in 2005.

“In the police, I was spending most of my time dealing with offenders and very little time helping the victims of crime. It was the same when I was working for local authorities – I was often contacted with people causing problems. But in my role here I get to spend most of my time with people who need my help.”

Those people, she says, include both the patients and staff. They are equally at risk from the violence – spontaneous or pre-meditated – which can be triggered by mental health conditions in a variety of different circumstances.

SELFLESS CARE

“The medical staff I work with are truly amazing – they’re a different breed. They may get abused or physically hurt by a patient, but they don’t think about themselves – they go straight back in to help the patient. They are incredibly caring. It has reminded me just how fantastic people can be.”

But if the clinical staff don’t always worry about their own wellbeing, of course, Southern Health has to. Protecting both staff and patients is an absolute priority, as is staff retention and recruitment. Providing a positive working environment which allows ‘consistent staffing’ is among priorities for the current year (2018/2019). Ensuring physical safety is, of course, key to that.

Managing risk at institutions specialising in mental health is different to working in other areas of healthcare – in big city-centre hospitals with open public access, for example, and those providing more general care. The mental healthcare sector has its own particular risk profile – a mix of care and control, protecting patients and preventing them from breaking the law or harming themselves or others.

The way Southern Health is using CCTV illustrates this – it doesn’t need it for real-time surveillance (there’s no monitoring operation or control room), but for review and evidence capture.

In this role, video surveillance is of crucial importance: it’s used to provide a complete record of events – particularly when problems arise – to ensure transparency and to let the Trust demonstrate that high standards of care are being delivered, or to investigate promptly whenever failings are alleged.

Speed of investigation is vital because any allegation of abuse involving minors requires the staff members concerned to be removed from front-line care duties – adding to operating costs, putting additional

strain on other staff and, says Tracey Edwards, often demoralising those who are accused – until the incident can be fully resolved.

“When an allegation is made we can’t let the staff involved work with the children again until they are cleared by the police and the local authority designated officer,” explains Ms Edwards. “That can take up to two weeks. This has a big impact, so we are doing everything we can to speed it up.”

This need for rapid investigation is one reason why the entire CCTV system across the Trust is being modernised. Tracey Edwards is currently overseeing one of the largest video surveillance upgrades ever undertaken in the UK healthcare sector.

The first phase was completed in 2018, at the Ravenswood House medium-secure unit. Based on the successful delivery here, all the Trust’s 200-plus facilities are due to follow in 2019 and 2020. The new system at Ravenswood House was designed and installed by specialist security integrator ISD Tech. The Trust selected a mix of cameras, recorders and network accessories as an end-to-end solution from IDIS, South Korea’s largest video manufacturer. This first project comprises around 100 12-mega-pixel vandal-resistant IR fisheye cameras, plus a number of full HD IR domes, DirectIP H.265 4K recorders, PoE switches and full-HD monitors.

Where Tracey Edwards’ new video system wins out over the older tech that’s being replaced – a system that had grown up piecemeal over the previous 10 years – is that it lets her fill in blind spots that had proved vulnerable to exploitation.

360° COVERAGE

Now, well-placed fisheye cameras give her full coverage of the entire Ravenswood site without the need for manual PTZ operation, which would have been too expensive. And infra-red capability now means that incidents occurring after dark are also fully visible and recorded. The new solution also incorporates a feature called Smart Failover, which protects against loss of footage due to potential fault conditions, including network instability or complete failure – video continues to be recorded by the camera until the connection is re-established. This, plus simple search and video management tools, means that whenever an incident needs to be investigated, the recordings can quickly be found.

“This will really assist us with evidence gathering and any criminal process,” explains Ms Edwards. “We can now look at the footage ourselves and quickly determine what happened. And we can email video links to the police and local authority designated officers. The impact on staff is huge when they can’t

With falling budgets, efficient use of security technology is essential



work in the wards, so this speeded-up process is really valuable.”

It’s valuable, too, in helping to improve the quality of care, she points out: “It’s also about learning. Our aim is always to learn from incidents. Clinicians review all the footage of any incident too. Maybe there were warning signs that were missed with a particular patient – new patients particularly – signs that they were becoming unwell or agitated. Clinicians can now see what went well and what didn’t, with any incident.”

UNDERSTANDING ISSUES

This is another reward of her job, Tracey Edwards says. She now has an increased understanding of mental health issues and behaviours and is aware of the real value of her work, helping clinical teams to deliver better care.

Mental health has, perhaps, never had a higher profile. People are being encouraged to talk openly about their own mental health and to share their experiences, and more people than ever before are receiving treatment for mental health conditions. But providing the care can be challenging – with higher demand and limited resources placing services under strain. In this context more efficient security provision, with better management and smarter use of technology helping to reduce violence and aggression, really matters ●

A PRACTICAL CHALLENGE

Nicky Stokes, MD of integrator ISD Tech, explains that there were particular challenges for his team working at Ravenswood House: “Our engineers had to be very sensitive working on this project because of the nature of the site and the needs of the patients. Patients couldn’t be moved so we needed to keep disruption to a minimum. Noise was a particular issue – we had to be aware that unexpected or unexplained voices could adversely affect some patients, so we had to keep conversation between our engineers to a minimum.”

“The true plug-and-play functionality of the IDIS technology really made a difference on this job not only speeding up the work, but making it significantly less complicated. Careful pre-testing of the system and all components, and close partnership between the manufacturer, integrator and customer, were key to successful delivery,” he notes.

And the technology offered one other benefit important to the NHS. Plug-and-play installation reduces potential security loopholes, which are inevitable when passwords are manually entered and stored for multiple devices. For the NHS it was important that IDIS’ Korean-made technology uses proprietary protocols (not off-the-shelf) that make it fully network-secure, allowing it to be linked to local LANs without the risk of system hacking, which is an increasingly important consideration.

Jamie Barnfield is Sales Director at IDIS and his team supports an increasing network of distributors, integrators and end user customers across the UK and Ireland. He has served in sales management positions at Risco Group, March Networks and Silent Witness, and was named in the IFSEC Global Top Influencers in Security and Fire 2018.



CCTV isn't generally needed for real-time surveillance, but more for review and evidence capture