

# Security Strategy

<b>Department / Service:</b>	Health & Safety (Operations)	
<b>Originator:</b>	Paul Graham (Retired) Neil Hodgkiss	Health and Safety Manager
<b>Accountable Director:</b>	Stephen Welch	Director of Estates and Facilities
<b>Approved by:</b>	Health and Safety Committee	
<b>Date of Approval:</b>	29 <sup>th</sup> June 2021	
<b>Review Date:</b>	29 <sup>th</sup> June 2024	
	<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust	
<b>Target Departments</b>	All	
<b>Target staff categories</b>	All	

## Strategy Overview:

The Trust Board will ensure that it provides and maintains a secure environment for all of its patients, staff and visitors by adopting and promoting a positive security culture. This will involve all members of staff as security is everyone's responsibility. The Trust acknowledges that it has a legal obligation to ensure the personal safety of staff at work and a financial duty to protect its property and assets. This strategy sets out the Trust's security objectives for 2021 - 2023 which have been specifically designed to promote and support a secure environment. The contact number for staff to call the Trust's Security Service is Ext 2222.

## Key amendments to this Document:

Date	Amendment	By:
Dec 2016	Documents extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
Nov 2017	Document extended whilst under review	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Review of document	SMD/LSMS
Jan 20	Document extended for 12 months whilst in the process of appointing a new Health and Safety Manager.	Samantha Reid
February 2021	Document extended as per Trust agreement 11.02.2021.	
Jun 21	Complete review of document with minor changes to responsibilities and reference to 2020/21 NHS Contract SC24.1.2	Neil Hodgkiss/CW Audits

## Contents page:

1. Introduction
2. Scope of this document
3. Definitions
4. Responsibility and Duties
5. Strategy objectives
6. Implementation of key document
  - 6.1 Plan for implementation
  - 6.2 Dissemination
  - 6.3 Training and awareness
7. Process for monitoring compliance and effectiveness
8. Monitoring and compliance
9. Strategy review
10. References
11. Background
  - 11.1 Equality requirements
  - 11.2 Financial Risk Assessment
  - 11.3 Consultation Process
  - 11.4 Approval Process

## Appendices

### Supporting Documents

Supporting Documents - Equality Impact Assessment  
Financial Risk Assessment

## 1. Introduction

The Trust Board will ensure that it provides and maintains a secure environment for all of its patients, staff and visitors by adopting and promoting a positive security culture. This will involve all members of staff as security is everyone's responsibility. The Trust acknowledges that it has a legal obligation to ensure the personal safety of staff at work and a financial duty to protect its property and assets. This strategy sets out the Trust's security objectives for 2021-2023 which have been specifically designed to promote and support a secure environment.

## 2. Scope of this document

This Strategy has been drafted in compliance with the requirements of the 2020/21 NHS Contract SC24.1.2 *The Provider must put in place and maintain appropriate arrangements to address Security Management issues.*

To meet its objectives this strategy (see section 5.) will adopt the four key areas of work identified in the Security Management Standards (contained in the Standard Contract for Providers) and ensure that it achieves and maintains compliance.

It does not include issues relating to fraud which are dealt via the Local Counter Fraud Specialist (LCFS).

## 3. Definitions

Nil

## 4. Responsibility and Duties

### 4.1 Security Management Director (SMD)

The Director of Estates and Facilities is the directorate lead for security management within the Trust. They will be accountable for overseeing all security matters, promoting a pro security culture and supporting the needs of the LSMS and in turn informing the Trust Board of any significant security risks.

Security Management Director will provide guidance and support to TME in the production of the Trust Security Strategy.

### 4.2 Senior Management/Directors

The Trust's Executive Directors and Senior Managers will be responsible for ensuring that security risks are assessed and reduced as low as reasonably practicable in accordance Management of Health & Safety at Work Regulations 1999..

### 4.2 Health and Safety Committee

The Trust Health & Safety Committee will be responsible for overseeing any issues that may arise during the implementation of this Strategy.

### 4.3 Employee's duties

Each individual will be responsible for ensuring compliance with all policies and/or procedures provided for the security of the Trust and personal protection.

All staff have a responsibility to follow this Strategy.

All incidents relating to security and violence at work must be recorded on Datix and reported to the Trust's Local Security Management Specialist (LSMS).

Any shortcomings relating to security arrangements and this strategy must be communicated to management, as soon as possible.

## 5. Strategy Objectives

### ***Strategic Governance***

The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.

### ***Inform & Involve***

- Raising awareness of crime risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of crime against the NHS.
- The organisation develops and maintains effective relationships and partnerships with local and regional anti-crime groups and participates in national and local publicity initiatives to raise and improve security awareness.
- All staff are aware of how to report a violent incident or security breach and the LSMS is working continually to raise awareness and the profile of security within the Trust.
- Quarterly updates are provided to the Health and Safety Committee to ensure that the Trust is fully aware of security issues which may affect the Trust, its staff, patients or the level of service for which it offers and any serious concerns are escalated immediately.
- All details of physical assaults against staff are recorded in a systematic manner. Any trends and issues related to security are also reported to the working groups and relevant committees and NHS protect on a quarterly basis.
- Provide advice, guidance and support to staff and management on security matters within the LSMS remit for the Trust.

### ***Prevent & Deter***

- Discouraging individuals who may be tempted to commit crimes against the NHS and ensuring that opportunities for crime to occur are minimised.
- All job roles are risk assessed and a training need analyses are done for all employees who come into contact with NHS patients and members of the public.
- Staff are trained in the prevention and management of clinical related challenging behaviour, in accordance with previously issued guidance.
- Training is monitored, reviewed and evaluated for effectiveness on a regular basis. National alerts are distributed to the organisation and the process is controlled, monitored, reviewed and evaluated.
- A risk based approach is taken to identify and protect the organisations critical assets. This is included in the organisation's policies and procedures.

- The organisation has suitable lockdown arrangements for each of its sites, or for specific buildings or areas.

### ***Hold to Account***

- Investigating security related incidents, obtaining sanctions against those responsible and seeking redress where appropriate.
- The organisation is committed to applying all appropriate sanctions against those responsible for security related incidents and these sanctions are publicised across the Trust and where appropriate (and with the victim's permission) in the media.
- There is a clear effective policy on the recovery of financial losses incurred due to security related incidents.

## **6. Implementation**

### **Plan for implementation**

This Strategy will be implemented via the Divisional management structure.

### **Dissemination**

This Strategy will be available to all staff via the Trust's intranet site.

### **Training and awareness**

All staff will be made aware of this Strategy during their induction process. There are no specific training requirements associated with this document.

## **7. Process for Monitoring Compliance and Effectiveness**

The LSMS's annual report will be presented annually to the Health and Safety Committee and the TME.

The LSMS will provide to the Health and Safety Committee a security report on a quarterly basis.

The LSMS will attend the Medicines Management Group as and when required, to ensure medicines management meets the security management standards.

Significant events or breaches of compliance with the strategy will be investigated by the LSMS.

Any findings from the investigation will be reported to the SMD and escalated to the Health and Safety Committee.

## **8. Monitoring and compliance**

The Trust's Health & Safety Committee will monitor and assess compliance with this Strategy.

Significant events or breaches of compliance with the strategy will be investigated by the Health and Safety Team and the LSMS.

Any findings will be reported to the SMD and where appropriate escalated to the Trust's Board of Directors.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Strategy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	Security incident reports submitted to the H&S Committee	LSMS to complete	Quarterly	LSMS	The Health and Safety Committee will monitor security incidents and any actions	Quarterly
	Annual Security Report submitted to TME	LSMS to complete	Annually	LSMS and SMD	The Health and Safety Committee will monitor progress towards meeting NHS Security Management Standards.	Annually

## 9. Strategy Review

This Strategy will be reviewed by the LSMS and SMD every two years. The Health & Safety Committee will receive and approve any amendments.

## 10. References

Management of Health and Safety at Work Regulations 1999  
Guidance documents issued by NHS  
Security Management Policy  
Violence and Aggression Policy  
Lone Working Policy  
CCTV Policy  
Lockdown policy  
Incident reporting Policy  
Risk Management Policy  
Health and Safety Policy

## 11. Background

### 11.1 Consultation

#### Contribution List

This key document will be circulated to the following individuals for consultation;

Designation
Security Management Director (Director of Estates and Facilities)
Local Security Management Specialist (Health & Safety Manager)
Head of Estates
Head of Facilities

This key document will be circulated to the chair(s) of the following committee's / groups for comments;

Committee
Health & Safety

### 11.2 Approval process

This Strategy will be approved by the Trust Board via the Health and Safety Committee.

### 11.3 Equality requirements

This Strategy has no equality issues associated with its implementation.

### 11.4 Financial risk assessment

This Strategy has no financial implications.

**Supporting Document 1 - Equality Impact Assessment Tool**

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;





## Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

### Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>Neil Hodgkiss</b>
----------------------------------	----------------------

<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Neil Hodgkiss	H&S Manager	Neil.hodgkiss@nhs.net
<b>Date assessment completed</b>	<b>15/02/2021</b>		

### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Strategy			
What is the aim, purpose and/or intended outcomes of this Activity?	Ensure compliance is achieved			
Who will be affected by the development & implementation of this activity?	x	Service User	x	Staff
	x	Patient	<input type="checkbox"/>	Communities
	x	Carers	<input type="checkbox"/>	Other _____
	x	Visitors	<input type="checkbox"/>	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			

What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Datix and incident reports
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

### Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged		X		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

## Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

## Section 5 - Please read and agree to the following Equality Statement

### 1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation



1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

# Trust Strategy



**Worcestershire  
Acute Hospitals**  
NHS Trust

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	15/06/2021
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	15/06/2021
<b>Comments:</b>	



**Supporting Document – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval