

## Security Strategy

<b>Department / Service:</b>	Health & Safety (Operations)	
<b>Originator:</b>	Fiona Dwyer Julie Noble Safety	Local Security Management Specialist Head of Health and Safety and Fire
<b>Accountable Director:</b>	Scott Dickinson	Director of Estates and Facilities
<b>Approved by:</b>	Health and Safety Committee	
<b>Date of Approval:</b>	7 <sup>th</sup> November 2024	
<b>Review Date:</b>	7 <sup>th</sup> November 2027	
<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
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

August 24	Review of document. To include Violence Prevention and Reduction Standard, removal on NHS Protect. New paragraphs around Lone Working, Violence and Aggression and Assets.	Fiona Dwyer
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## 1. Introduction

This strategy document has been produced to outline the overarching security strategy for tackling crime within the Trust. This strategy sets out the Trust's security objectives for 2024 - 2027 which have been specifically designed to promote and support a secure environment.

The overriding aim for security management is to ensure that the Trust provides and maintains a secure environment for all of its patients, staff and visitors by adopting and promoting a positive security culture.

People are our most important asset, and we recognise that their security, safety and welfare and that of others affected by our activities. 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.

The Trust are required under General Condition 5.9 of the 2021/22 NHS Standard Contract to have regard to the NHS Violence Prevention and Reduction Standard.

Priority areas (organisational and local) for action are detailed in the Local Security Management Specialist's Annual Work Plan which is approved on an annual basis by the Head of Health and Safety and Fire Safety.

The Trust has a Security Policy and a Violence Prevention Reduction and Management of Violence and Aggression Policy, which have been approved and adopted by the Trust. The Policies are available to all members of staff via the Trust intranet site. They should be used as a guide on appropriate action to be taken when any security concerns arise.

This strategy will involve all members of staff as security is everyone's responsibility.

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

## 2. Violence Prevention and Reduction Standard

Under the NHS Standard Contract 2022/23, all organisations providing NHS services should have regard to the Violence Prevention and Reduction Standard (General Condition 5.9) and are required to review their status against it and provide Board assurance that they have been met twice a year.

The Violence Prevention and Reduction Standard provides a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression, and violence.

The risk-based framework follows a Plan, Do Check, Act (PDCA) approach, an iterative four-step management method to validate, control and achieve continuous improvement of processes. Details of each are given below:

- **Plan** – Trust review against the violence prevention and reduction standard and identify future requirements, to understand what needs to be completed and how, who will be responsible for key actions, and what measures will be used to evaluate success.

- **Do** – assess and management of risks; organise and implementation of processes and communication of plans to NHS staff and key stakeholders in their delivery to provide adequate resources and supported training.
- **Check** - assess how well the risks are controlled and determine if the aims have been achieved, assessing any gaps and corrective action taken.
- **Act** – performance review of related actions to facilitate Senior Management direction in relation to policies or plans; including responses to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. Critical findings should be shared with internal and external stakeholders.

## 3. Responsibility and Duties

### 3.1 Head of Health and Safety and Fire Safety

The Head of Health and Safety and Fire Safety is the 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.

Head of Health and Safety and Fire Safety will provide guidance and support to TME in the production of the Trust Security Strategy.

### 3.2 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.

### 3.3 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.

### 3.4 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.

## 4. Strategy Objectives

The aim is to ensure that effective security measures are embedded within the organisation's culture and activities at all levels across the organisation.

In order to reduce crime, it is necessary to take a multi-faceted approach that is both proactive and reactive. The Trust have adopted four key principles designed to minimise the incidence of crime, and to deal effectively with those who commit crimes against the NHS. The four key principles are:

#### **4.1 Governance Arrangements**

- The Trust needs to ensure crime, prevention and reduction measures are embedded at all levels across the Trust.

#### **4.2 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 and the Security Group 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 verbal abuse, physical assaults, racism and sexual 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 on a quarterly basis.
- Provide advice, guidance and support to staff and management on security matters within the LSMS remit for the Trust.

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

- Discouraging individuals who may be tempted to commit crimes against the NHS and ensuring that opportunities for crime to occur are minimised.
- The need for effective preventative measures is a major factor in an effective security management strategy, but it can only be so with the full support of the Boards, Executive Officers, Managers and Staff within the Trust.
- 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 by their line manager.
- Staff are trained in the prevention and management of clinical related challenging behaviour, through face-to-face Conflict Resolution training and Personal Safety Training and Elearning 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.

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

- Crimes must be detected and investigated, suspects prosecuted where appropriate, and redress sought where possible.
- Where necessary and appropriate, this work should be conducted in partnership with the police and other crime prevention agencies.
- Where recovery of monies lost to crime is viable, this should be pursued. In relation to crimes against NHS staff, criminal damage or theft against NHS property, investigation and prosecution should be undertaken in liaison with the police and the Crown Prosecution Service.
- The organisation is committed to applying all appropriate sanctions against those responsible for security related incidents and these sanctions are publicised through the Quarterly reports and where appropriate (and with the victim's permission) in the media.
- Following the detection and investigation of security related incidents, the Trust must ensure that effective sanctions are taken against those responsible. This may include sending unacceptable behaviour warning letters to patients or supporting legal action in a Criminal or Civil Court and could extend to reporting individuals found to be responsible for misconduct to their Professional Regulatory body for disciplinary action to be considered.
- The Trust may take action through its internal Disciplinary Procedure in respect of any potential wrongdoing which has been found during the course of an investigation. In such circumstances, the Local Security Management Specialist may assist the Human Resources Department in obtaining evidence.
- It is important that there is a good working relationship between the Local Security Management Specialist and the Human Resources Department.

### **5. Approach to tackling Security Management**

The Trust has a Security Management Policy which is available to all members of staff. It explains the various aspects of the organisations approach to security management.

The Trust has an accredited Local Security Management Specialist who has the authority to act in the role, and in doing so needs to develop and deliver on a risk assessed programme of work (Work Plan). The Local Security Management Specialist will meet, as required, with the Trust Head of Health and Safety and Fire Safety to discuss the whole range of security management work being undertaken within the Trust.

To tackle security management effectively, the Local Security Management Specialist will work with other Trust colleagues, other Organisations and Partners for example other Local Security Management Specialists, Auditors, the Police, and Counter Terrorism Officers.

A central feature of the work undertaken by the Local Security Management Specialist will be the production of a risk assessed Work Plan which will detail a full range of integrated action for the coming year. This Work Plan will be agreed with the Trust Head of Health and Safety and Fire Safety and it will be reviewed throughout the year for any appropriate amendments to be made arising from additional work that could not be foreseen.

The Trust has an effective Trust wide Risk Register which is sub-divided into local registers for Directorates and Departments. The Trust Audit Committee will review the registers on a regular basis. The Local Security Management Specialist, Head of Governance and Risk, and Health and Safety Manager work closely together and share information on potential risks, in order that work under their respective responsibilities is actioned appropriately.

To reduce the risk of crime entering the Trust there is close and supportive liaison between the Local Security Management Specialist, Local Counter Fraud Specialist, the Trust Risk Management department, and Internal Audit functions.

Throughout the year the Local Security Management Specialist will undertake a series of activities/events/tasks designed to explain the Trust's approach to tackling security management issues. This whole awareness programme is aimed at enhancing the Pro-Security Culture across the Trust and may include such topics as:

- The role of the Local Security Management Specialist
- Reporting suspicions of theft and/or criminal damage.
- Reporting concerns over lone working arrangements.
- Reporting incidents of violence and aggression.
- Support for staff following any security related incident.
- Crime prevention advice.
- Security Risk Assessments of Staff Premises.
- Raising awareness of counter terrorism issues.
- Unannounced Security Audits and Visits to Premises.
- Drafting and Reviewing Security Related Policies/ Procedures.
- Assistance with Investigation.
- Sanctions and Redress.
- Management responsibilities in identifying security issues emphasising the importance of the manager's role to prevent and deter security related incidents when carrying out their daily tasks.

## 6. Violence and Aggression/Physical and Non-Physical Assault

It should be recognised that the management of violence and aggression will always present a risk to the Trust due to the nature of the client/patient base to whom care is delivered. The Trust recognises and is committed to implementing relevant control measures to mitigate against identified risks related to violence and aggression.

The arrangements for the management of violence and aggression are detailed in the Trust Violence Prevention Reduction and Management of Violence and Aggression Policy.



## 7. Protecting Property and Assets

All those who work in, use or provide services to the NHS have a collective responsibility to ensure that property and assets relevant to the delivery of NHS healthcare are properly secure.

Property can be defined as the physical buildings in which NHS staff and professionals work, where patients are treated and from where the business of the NHS is delivered. Assets, irrespective of their value, can be defined as the materials and equipment used to deliver NHS healthcare. In respect of staff, professionals, and patients it can also mean the personal possessions they retain whilst working in, using or providing services to the NHS.

Protecting property involves buildings from where NHS healthcare is delivered, since damage to or theft from them can have an impact on the delivery of that healthcare, as well as depriving the NHS of resources that would otherwise go to patient care. There are also clear links between security of property and the potential for incidents of violence against staff, professionals, and patients to occur, as well as theft of their property and of NHS assets. Poorly designed buildings or extended sites, with numerous exits and public rights of way, can make securing property difficult and can create the potential for those who have no proper business at a particular site to gain unchallenged access.

## 8. Lone Working – Supporting staff to work safely

Arrangements in place to reduce or control risks from lone working must be regularly monitored and recorded to ensure that they are being adhered to and remain workable. This is the responsibility of the Line Manager, however, where concerns are raised regarding local controls, protocols or procedures, a joint review should be undertaken by staff and their Line Managers to determine any corrective measures required. The advice of the Local Security Management Specialist, or the Health and Safety Manager, should be sought as necessary.

The arrangements for the management of lone working are detailed in the Trust's Lone Working Policy.

## 9. Implementation

### 9.1 Plan for implementation

This Strategy will be implemented via the **Divisional management structure.**

### 9.2 Dissemination

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

### 9.3 Training and awareness

All staff will be made aware of this Strategy during their induction process. Face to Face Conflict Resolution Training and Personal Safety Training is available across all sites, as well as On-Line Conflict Resolution training.

## 10. Process for Monitoring Compliance and Effectiveness

The LSMS's annual report will be presented annually to the Health and Safety Committee, Audit 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 Head of Health and Safety and Fire Safety and escalated to the Health and Safety Committee.

### **11. 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 Head of Health and Safety and Fire Safety 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 H&S Committee, TME and Audit Committee	LSMS to complete	Annually	LSMS	The Health and Safety Committee will monitor progress towards meeting NHS Violence Prevention and Reduction Standard.	Annually

## 12. Strategy Review

This Strategy will be reviewed by the LSMS and Head of Health and Safety and Fire Safety every three years. The Health & Safety Committee will receive and approve any amendments.

## 13. 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

## 14. Background

### 14.1 Consultation

#### Contribution List

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

Designation
Head of Health and Safety and Fire Safety
Local Security Management Specialist

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

Committee
Health & Safety Committee
Security Group

### 14.2 Approval process

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

### 14.3 Equality requirements

This Strategy has no equality issues associated with its implementation.

### 14.4 Financial risk assessment

This Strategy has no financial implications.

## Supporting Document - Equality Impact Assessment Tool



### 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)	

Name of Lead for Activity	Fiona Dwyer
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Fiona Dwyer	LSMS	Fiona.dwyer@nhs.net
Date assessment completed	22/08/2024		

#### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: 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?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____	
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	Datix and incident reports			

inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
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 Groups (e.g. carers; care leavers; homeless;		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
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)				

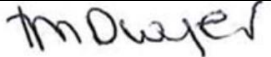
## Section 5 - Please read and agree to the following Equality Statement

### 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.

**Signature of person** 



# Trust Strategy

completing EIA	
Date signed	22/08/2024
Comments:	
Signature of person the Leader Person for this activity	Julie Noble
Date signed	22/08/2024
Comments:	

## 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.

	Title of document:	Yes/No
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