

# Security Policy

<b>Department / Service:</b>	Health and Safety	
<b>Originator:</b>	Paul Graham (retired) Neil Hodgkiss	Health & Safety Manager
<b>Accountable Director:</b>	Stephen Welch	Director of Estates and Facilities
<b>Approved by:</b>	Health and Safety Committee	
<b>Approval Date:</b>	10 <sup>th</sup> June 2021	
<b>Review Date:</b>	10 <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	

## Purpose of this document:

Worcestershire Acute Hospitals NHS Trust recognises the fact that in today's society, healthcare premises are as vulnerable as any other in respect of theft, damage and violence, any one of which could result in personal injury and/or loss or damage of equipment, confidential records, etc. The Chief Executive has overall responsibility for security throughout the Trust, however, certain responsibilities are delegated to managers to ensure that this policy is fully implemented and relevant instructions are observed. This policy sets out the arrangements in place for the effective management of security issues.

## Key amendments to this Document:

Date	Amendment	By:
July 11	Biennial review with changes to format and minor amendments due to changes in the Trust managerial structure	Paul Graham
July 12	Minor amendments made regarding managers duties and the risk assessment process to comply with NHSLA Standard	Paul Graham
Sept 12	Addition of Lockdown Plan as Appendix E	Paul Graham
June 13	Biennial review with minor changes	Paul Graham
June 14	Minor change to include use of mobile phone cameras	Paul Graham
Aug 16	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
June 18	Policy review with amendments made due to Governance structural changes and the decommissioning of NHS	LSMS

## Security Policy

	Protect.	
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	
June 21	Full review with reference to NHS standards for contract 2020/21 and changes to responsibilities	LSMS (CW Audits) H&S Manager

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## 1. Introduction

In order to meet the requirements of the NHS Standards for Contract 2020/21 the Trust will strive to achieve the following objectives:

- to determine the size and cost of any existing security problem
- to provide protection to both staff and patients
- to provide protection of assets
- to determine priorities and establish a security conscious environment
- to identify problem areas and effect remedial action
- to protect the reputation of the Trust

The Trust Health and Safety Committee will ensure that an effective policy is introduced and maintained and in addition, will regularly monitor procedures to ensure that security and crime prevention initiatives designed to progress the policy meet the stated objectives.

Significant security risks will be identified via the normal risk assessment process and escalated to the Trust Leadership Group who will where necessary inform the Board.

The Trust will ensure that contingency plans are established and implemented in the event of a security incident. Where necessary the Trust will initiate a lockdown procedure which will help to reduce the impact of any security incident.

The Trust will not accept incidents of violence to members of staff and/or wilful damage to property. Notices to that effect will be displayed in work areas and appropriate action will be taken against the perpetrators of such acts. The Trust will endeavour to ensure that staff are provided with the appropriate skills to be able to effectively deal with site and/or personal security issues, as required.

Unauthorised possession, neglect or misuse of Trust property will warrant disciplinary action.

## 2. Scope of Policy

This policy applies to all staff in all work areas across the Trust. It will also apply to all contractors whilst working on site.

## 3. Definitions

### Lockdown

Lockdown is the process of controlling the movement and access – both entry and exit – of people (NHS staff, patients and visitors) around a trust site or other specific trust building/area in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and assets or, indeed, the capacity of that facility to continue to operate. A lockdown is achieved through a combination of physical security measures and the deployment of security personnel.

## 4. 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.

## 4.2. Management duties

**4.2.1** Directors/Senior Managers will be responsible for their own work area's security plan, in terms of providing a safe and secure environment within the parameters of the policy.

**4.2.2.** Directors/Senior Managers will ensure that effective measures are implemented to establish a safe and secure environment.

**4.2.3.** Directors/Senior Managers will ensure that all significant security risks are identified and effectively controlled.

**4.2.4.** Ward/Departmental managers will be responsible for ensuring the day to day implementation of the policy, in order to maintain a safe and secure environment.

**4.2.5.** Ward/Departmental managers will be responsible for the initial investigation of any incident related to a security issue and/or violence at work.

**4.2.6.** Ward/Departmental managers or their equivalents will encourage patient/visitor awareness.

**4.2.7.** All managers will ensure that staff are issued with and wear identity badges. They will also ensure that staff who are visiting patients in their homes carry/wear photo identity badges.

## 4.3. Local Security Management Specialist (LSMS)

**4.3.1.** CW Audits (appointed person) working alongside the designated Trust Local Security Management Specialists and in conjunction with the SMD are responsible for taking action in the following generic areas:

- Deterring offenders
- Preventing incidents
- Detecting incidents
- Investigating security incidents
- Progressing Sanctions against offenders
- Pursuing redress where appropriate

They will also be responsible for action in the following specific areas:

- Tackling violence
- Protecting property and assets
- Protecting paediatric and maternity units
- Protection of Drugs, prescription forms and hazardous materials

**4.3.2.** Part of the role of the LSMS involves dealing with security-related issues such as theft and criminal damage. On occasions, this may involve staff being suspected of such acts. It is important that where such suspicions or allegations involving staff occur that these are immediately referred to the LSMS for investigation, ahead of any disciplinary action that may be considered. It could be part of a wider problem or the act may be so serious that a criminal prosecution may be required, along with action to recover any costs incurred by the health body. The role of the LSMS **does not** extend to "staff on staff" issues, such as bullying or harassment. This is the responsibility of Trust's Director of Human Resources.

## 4.4 Employee's duties

**4.4.1.** Each individual will be responsible for ensuring compliance with any policy and/or procedure provided for the security of the Trust and personal protection.

**4.4.2.** Staff will wear Trust identity badges at all times, these provide the name of the Trust and NHS logo and display the name of the member of staff and their job title. In addition staff who are visiting patients in their homes will wear/carry photo identity badges.

**4.4.3.** 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).

**4.4.4.** Any shortcomings relating to security arrangements and/or training must be communicated to management, as soon as possible.

## 5. Policy Detail – Security Risks

### 5.1. Risk Assessment

**5.1.1.** Managers will be responsible for carrying out risk assessments regarding the physical security of premises and other assets within their areas of responsibility using either the Personal Safety Risk Assessment Tool (Appendix F of the Management of Violence & Aggression Policy) or the Trusts Risk Assessment Template (refer to the Risk Management Policy). Risks identified as being low or moderate will be managed by the appropriate Divisional Team. Those identified as being particularly significant will be immediately escalated via the Management structure to the Trust Leadership Group who will consider the risk(s) and where reasonably practicable to do so support any necessary action.

### 5.2. Action Plans

**5.2.1.** Where it is necessary to develop an action plan to effectively manage a risk these action plans will be drawn up by the local manager in consultation with staff and the LSMS. Progress against the actions will be monitored within the respective Divisional Teams and the Health & Safety Committee on a quarterly basis.

**5.2.2** Any risks identified as significant will be escalated via the Trust risk assessment process and entered onto the Datix Risk Management System. Reports of significant risks will be monitored on a quarterly basis by the Trust Health and Safety Committee. These reports will provide the organisation with an overview of the risks associated with security.

### 5.3. Monitoring & review of risks

**5.3.1.** All risks involving the physical security of premises and other assets will be entered onto the Datix Risk Management System for record keeping and monitoring purposes. (Refer to Risk Assessment Policy)

**5.3.2.** The Trust Health and Safety Committee will monitor and review each security risk on a quarterly basis.

### 5.4 Personal Security

**5.4.1.** Forms of violence include any action or behaviour taken or threatened, intended or likely to cause physical or psychological harm, ranging from verbal abuse, offensive language, threatening or socially deviant behaviour to minor and major assault. In terms of personal security this policy should be read in conjunction with the Trust's Policy for the Management of Violence and Aggression and the Lone Worker Policy.

**5.4.2.** Some high-risk areas/situations may include;

- Home visits to clients who are known to have aggressive tendencies.
- Working in health care premises when other staff are not usually present (Lone Working)
- Working with patients who have a history of aggressive behaviour against staff or who have the potential to display aggressive behaviour
- Patients who are intoxicated or under the influence of drugs.

**5.4.3.** Staff who may be 'at risk' will be offered appropriate training tailored to enable them to deal effectively with these types of situations.

**5.4.4.** Staff working in the community should visit patients/clients residing in localities assessed as high risk only if clinic, GP surgery or in-patient services are not available or appropriate

## **5.5 Security of Information**

**5.5.1.** The basic principle of document security is best summarised as "the need to know" in accordance with the recommendations of the Caldicott Committee (1997). This requires that the dissemination of classified information should be no wider than is needed for the efficient discharge of the business in hand and restricted to those who have authorised access. (Refer to the Code of Conduct in Respect of Confidentiality and the Information Security Policy) Any incidents relating to a breach in security of patient identifiable information must be referred to the Trust's Caldicott Guardian.

**5.5.2.** The Trust will ensure that all staff comply with the Data Protection Act 2018, regarding the confidentiality of personal information and access to medical records. All Medical Records held in Trust premises will be securely stored in suitable areas. Access will be restricted to authorised personnel only. (Refer to SFI's, Sec D, 27)

**5.5.3.** Staff are made aware of information security via the Information Governance Training Tool (IGTT).

**5.5.4.** Patients will be reminded by staff that the use of mobile phones for recording video/audio footage or photographs in hospital premises without consent is strictly prohibited. Any breaches will be reported directly to the IG Manager.

## **5.6. Site Security**

**5.6.1.** General site security is an issue for all staff and a general level of awareness is essential. Any untoward findings should be reported immediately to the manager responsible for the site and/or service.

**5.6.2.** Under certain circumstances the Trust may need to consider a lockdown of premises in order to effectively control the movement and access of people around the Trust hospital sites.

**5.6.3.** In certain areas of the Trust appropriately trained members of the Portering Team will be tasked with the role of responding to security incidents. They will offer support to the members of staff involved and assist in attempting to diffuse the situation. If the situation they are confronted with appears to be getting out of control or they feel that they are unable to deal with it then they will immediately summon assistance from the local Police. (Refer to the



Code of Practice for how to deal with incidents of violence and aggression within the Policy for the Management of Violence and Aggression)

**5.6.4.** All staff should ensure that their work areas are secured at the end of the working day (where applicable) and that departmental keys are held in a secure place at all times.

**5.6.5.** The loss of any key(s) must be reported to the appropriate ward/departmental manager and to the appropriate Estates Department. It is important to avoid delay so as to ensure premises can be secured.

**5.6.6.** The Estates Department will be responsible for the issue and holding of all spare keys associated with suited or security locks and on no account must replacements be cut without prior permission. The control of keys and their replacements in other areas is the responsibility of the local manager.

**5.6.7.** Access to certain restricted areas is controlled via security locks. Access to these areas will be monitored and controlled by the manager designated responsible for the building. Security codes should be changed every 6 months or whenever it is felt that the code may have become compromised.

**5.6.8.** All staff should be vigilant for unusual and unexplained packages. Any package discovered which cannot be identified should be reported immediately to a supervisor or line manager. Under no circumstances should a suspect package be handled. (See Suspect Package/Bomb Procedure at Appendix A and B for further details)

**5.6.9** All security incidents will be reported and recorded on the Trust's Incident Reporting System and forwarded, in the first instance, to your manager and then to the Trust's Local Security Management Specialist.

## **5.7. Involvement of Police**

**5.7.1.** In the event of theft or damage to Trust property, the line manager responsible for that particular building, ward or department will be responsible for informing the Police, if in the light of the circumstances, it is appropriate to do so.

**5.7.2.** Where there is any suspicion of fraud the incident must be reported as soon as possible to the Director of Finance. He will decide, in conjunction with the Local Counter Fraud Officer, what action will be taken and whether to inform the Police.

**5.7.3.** In the event of an assault the Police must be notified immediately by the person affected or a person authorised by the victim to do so. In parallel the incident must be reported to the Security Management Director as soon as possible. The SMD will decide in conjunction with the Local Security Management Specialist, what action will be taken and whether any further investigation is required.

**5.7.4.** The Trust will cultivate good relationships with the local Police and in order to pursue the objectives of this policy will actively seek to prosecute any individual who wilfully damages Trust property or inflicts harm to any member of staff.

**5.7.5.** Where theft or damage is related to property belonging to other persons i.e. patients, visitors or contractors, the Police will normally be advised.

## **5.8. Patients Valuables/Cash**

**5.8.1.** The Trust will not accept responsibility or liability for patients' property brought into hospital unless it is handed in for safe custody and a copy of an official patient's property receipt is obtained. For further information refer to the Trust's Standing Financial Instructions

(Sec D, 28). All property accepted for safe custody must be placed in the ward security container or forwarded directly to the Cashier's Office. See Appendix C and D for instructions and procedures relating to patient's valuables/cash.

**5.8.2.** In the event of accidental damage by a member of staff to patient's property out in the community, i.e. in a patient's home, an Incident Report Form should be completed giving full details of the damage caused and any action taken. The incident must be reported to the Director of Finance, as soon as possible.

## 5.9. Staff Property

**5.9.1** All staff are responsible for the safe keeping of their own property. Any discovery of lost property or the loss of personal belongings must be reported immediately to your line manager. A Datix Incident Report Form must be completed for every loss/theft incident. A Loss/Damage Form must also be completed and forwarded via the line manager to the Finance Department where any claim for reimbursement will be assessed. (See SFI's, Sec D, 26) Please note that the Trust does not insure personal property.

## 5.10. Security of Drugs

**5.10.1.** Generally the Pharmacy Departments will be the secure stock holding area for all drugs. Patient's drugs are the property of the patient and should be handled as any other personal belongings. During their stay in hospital patients will normally be supplied with drugs from the Pharmacy Department.

**5.10.2** The Registered Nurse in Charge of a ward or professionally qualified person in charge of a department such as an Operating Theatre, Radiology etc will be responsible for ensuring that all medicines are securely stored in appropriate containers.

**5.10.3** Midwives working out in the community now carry their own Prescription pads. Those individuals will be responsible for the security of such documents and for the safe storage of any drugs that they may carry with them.

**5.10.4.** Medicine trolleys should be secured to a wall except during the medicine round. Keys to all medicine containers must be held on a separate ring from all other keys.

**5.10.5.** Pharmacy boxes for the transportation of medicines must be secure at all times.

**5.10.6** A Controlled Drug Register will be maintained for each stock of controlled drugs. (Refer to Trust's relevant Drug Policy)

## 5.11 Trust Property

**5.11.1.** The Chief Executive has overall responsibility for the maintenance of all Asset Registers. (See SFI's Sec D, 24)

**5.11.2.** The Trust will maintain Asset Registers and will ensure the security of Assets, as per Standing Financial Instructions. All asset registers must be checked annually.

**5.11.3.** Whilst each employee has a responsibility for the security of Trust property, it will be the responsibility of Directors and Senior Managers to apply such appropriate routine security practices, in relation to Trust property, as may be determined by the Trust Board. (Refer to the Information Risk Management Policy)

**5.11.4.** Any damage to the Trust's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees, in accordance with the procedure for reporting losses.



5.11.5. Where practicable, assets should be suitably marked as Trust property.

## 6. Implementation Arrangements

6.1 This policy will be implemented by local managers in their respective areas of responsibility. The Trust's Security Management Director and LSMS will also ensure that the policy is implemented throughout all levels of the organisation.

### 6.2 Dissemination Process

The Security Policy will be made available on the Trust Intranet. It will also be communicated to managers and staff-side representatives via the Trust Health and Safety Committee.

### 6.3 Training and Awareness

The Trust will ensure that the appropriate members of staff are suitably trained in security measures particularly those associated with the management of violence and aggression as detailed in the Policy for the Management of Violence an Aggression. The specific training requirements are listed in the Trust's Mandatory Training Matrix.

All staff will be made aware of this policy via the Trust's local induction process.

## 7. Monitoring and compliance

Managers will be responsible for reviewing their own local security risk assessments and associated protocols and procedures.

The annual workplace health & safety risk assessment screening tool will also take into account security issues and will provide the Trust with a further overview report of the effectiveness of the security management system.

Section	Key Control	Evidence of compliance	Frequency	By whom	Reported to	Frequency
Sections 4.1 & 5	Security risks are considered as part of the annual workplace risk assessment	H&S Audit to check local records of assessments	Annually	LSMS	H&S Committee	Annually
Section 5.2	Local plan of action completed where there are outstanding risks	Records of action plans	As required	Local Manager	H&S Committee	Quarterly
Section 5	Reporting of any security related incidents	Datix record of incident	Quarterly	LSMS	H&S Committee	Quarterly

## 8. Policy review

This policy will be reviewed as necessary by the Trust Health & Safety Committee every 3 years or more frequently, if indicated by any significant change.

## 9. References

### References:

Health and Safety at Work, etc Act 1974	
Management of Health and Safety at Work Regulations 1999	
The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995	
Safety Representatives and Safety Committees Regulations 1977	
The Health and Safety (Consultation with Employees) Regulations 1996	
HSC 1999/226: Campaign to stop violence against staff working in the NHS – Zero tolerance zone	
HSC 1999/229 "Working Together, Securing a Quality Workforce for the NHS: Managing Violence, Accidents and Sickness Absence in the NHS.	
Risk Management Strategy	
Risk Assessment Policy	
Health and Safety Policy	
Incident Reporting Policy	
Policy for the Management of Violence and Aggression	
Lone Working Policy	
Medicines Policy	
Standing Financial Instructions (SFI's)	

## 10. Background

### 10.1 Equality requirements

An equality assessment has been performed. There are no equality issues presented by this policy.

### 10.2 Financial risk assessment

A financial risk assessment has been performed. Effecting change as a result of learning may have associated costs although these will be dealt with through individual business cases.

### 10.3 Consultation

The following were consulted in the production of the original policy:

- Director of People & Culture
- Members of the Health and Safety Committee
- Estates and Facilities Teams
- Pharmacy
- Finance
- Emergency Preparedness, Resilience and Response Manager

### 10.4 Approval process

The Trusts Key Document Approval Group will receive this policy for approval.

Changes to this document will be recorded and monitored in accordance with the Policy for Policies.

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**Appendix A****SUSPECT PACKAGE/BOMB PROCEDURE****Risk Assessment**

During a one year period in 1995 over 100 bomb threat calls were received by the West Mercia Police. No devices were found. During the last 10 years in West Mercia, 2 devices have exploded and a number of incendiary devices have been found. Whilst the hazard is quite clearly a potential explosion, the risk is minimal when a bomb call is made.

**Physical Security Measures**

The first line of defence against the common criminal may also deter and prevent the terrorist from gaining access to the Trust's premises. ALL staff should ensure that windows and doors are secured when work areas are not in use.

Access control is generally affected in the Trust's premises via personal identity badges. Please ensure that you wear these badges at ALL TIMES whilst at work. If you approach an individual who is not identifiable, then question his/her presence on site. Remember, be vigilant and report any persons acting suspiciously to your Supervisor/Line Manager.

DO NOT handle any suspect package. Report its presence immediately to your Manager/supervisor or directly to the Estates Department via the Helpdesk.

Your Powers of 'Stop and Search' include the legal right to refuse entry to any person who will not permit a search of their hand baggage. You may also consider a body search request; however, you have no power to carry out such a search unless the individual agrees.

Good housekeeping will help reduce the areas in which a bomb or suspect package can be easily left undetected. Ensure that ALL work areas are kept litter free.

**Responding to Incidents**

The Local Security Management Specialist has the delegated responsibility for the day to day monitoring and co-ordination of security issues. He has both the responsibility and authorisation for implementing any security precautions necessary. In the event of the incident occurring outside of normal working hours then the Senior Manager on call will assume responsibility. In all cases where a bomb threat is received, the police should be informed immediately and kept advised as to what action is being taken.

Switchboard operators most frequently have to deal with telephone bomb warnings; however, any member of staff may be confronted by such a message. Any member of staff receiving a call should:

- Keep calm
- Try to obtain as much information as possible from the call
- Keep the line open even after the caller has rung off
- Report the call immediately to the Local Security Management Specialist or Senior Manager on call.

If you come across a suspect package and have any doubts as to its origination, then immediately contact the Local Security Management Specialist or Senior Manager on call.

Remember; DO NOT HANDLE any suspect package. If you are especially worried, then evacuate the area and await the arrival of the Police/Senior Manager.

## Search Plan

The Local Security Management Specialist/Senior Manager on duty (or on call) or another designated manager will initiate a search. If a blanket search is required then individual areas within the hospital will be asked to conduct rapid searches, in order to eliminate them. Searchers should be looking for unidentified objects(s)

- that should not be there
- that cannot be accounted for
- that are out of place

If a suspicious object is found then follow the golden rules:

- DO NOT TOUCH OR MOVE THE OBJECT.
- If possible leave a distinctive marker near (not touching) the device.
- Move away from the device to a designated control point.
- Inform search leader.
- The search leader should implement the evacuation plan, if required.
- Stay at the control point and draw an accurate plan of the location of the suspicious package or device.

The person finding the object should be immediately available for interview by the police.

## Evacuation

The decision to evacuate premises will be taken by the search leader usually in consultation with the police. Evacuation will follow one of two patterns, either as quickly as possible using all available exits or via alternative route so that people can leave the building without being placed in danger by passing too close to the suspect device. Once an evacuation has been completed, the search leader will at some stage have to decide when the building can be re-occupied. Of course, where a suspect object has been found, the police (if not already present) will attend and assume control until the object is declared safe. Thereafter, control will revert to the search leader.

## Staff Training

Good training is essential so that in the event of the need to search and evacuate, not only the search teams but also every employee will know what to do. Regular searches and evacuation drills will help maintain staff awareness and vigilance. Telephonists, secretaries and any persons likely to answer a telephone should be instructed how to handle a bomb threat call. (Refer to the checklist at Appendix B)

## Recovery

Immediately following an incident staff and visitors must be prepared for a certain amount of disruption particularly in gaining access back into affected areas. Police may remain in situ and may well ask for identification prior to access. If a cordon is in place the police will ensure the security of premises within it. Once the cordon is lifted the responsibility reverts to the Trust and to the search leader/Senior Manager.

Staff must NOT speak to the media about incidents but pass all enquiries through to the Chief Executive's Office.

Welfare and counselling will be available to staff after any incident.

**Appendix B**

This form will be held by switchboard operators only

**CHECKLIST RECEIPT OF TELEPHONED BOMB THREAT**

LISTEN CAREFULLY!

Record the EXACT wording of the threat:

.....  
.....  
.....

Was a 'Code-Word' given? ..... Exact 'Code-Word' was .....

(THIS DETAIL IS A CONFIDENTIAL MATTER IT MUST NOT BE FURTHER RECORDED OR REPEATED)

If possible ask These Questions:

Where is the bomb situated? .....

When is it due to explode? .....

What does the bomb look like? .....

What kind of bomb is it? .....

What will cause it to explode? .....

Did you place the bomb? ..... Why? .....

Where are you calling from? Booth ..... Mobile ..... Private Line .....

What is your telephone number? .....

What is your name? .....

What is your address? .....

Time call completed: .....

Keep the telephone line open (even if the caller has disengaged). Do not use any facility on the telephone (i.e. call back) until Police have arrived.

If your telephone has Automatic Number Reveal note down the number .....

Using a separate telephone line.....

**NOW CONTACT THE POLICE USING 999 IMMEDIATELY**

Once the Police and your immediate Supervisor/Manager has been informed please complete the questionnaire overleaf:

Time and Date of call ..... Length of call .....

Your telephone number (that which the call came in on) .....

**About the caller:**

Male/Female

Caller's Age Group: Child. Youth. 20-30. 30-40. 40-50. 50-60. Elderly.

**Language used:**

Well spoken

Threat Message Read

Poorly Educated

Spontaneous

Foul

Taped

Incoherent

**Callers voice:**

Calm

Emotional

Deep

Angry

Stutter

Soft

Rational

Slow

Hostile

Deliberate

Rapid

Drunk

What accent? .....

Was the voice familiar? ..... Who did it sound like? .....

**Background sounds:**

Traffic

Other voices

Music

Machinery

PA System

Static

Clear

Any other remarks .....

**Your details:**

Signature ..... Print Name .....

Ward/Department .....

**GIVE THIS CHECKLIST TO THE POLICE**

Remember this document and its contents are confidential



## Appendix C

### INSTRUCTIONS AND PROCEDURES TO BE FOLLOWED FOR THE CARE OF VALUABLES AND CASH BELONGING TO PATIENTS.

1. It is the responsibility of the member of staff admitting the patient to inquire if they have any valuables with them (see Standing Financial Instructions Sec D, 28).
2. Patients possessing valuables should be encouraged to get relatives to take the items home or to place them in safe custody with the member of staff.
3. If a patient insists that they wish to keep the property with them during their stay then that patient must be made aware of the fact that the management of the Trust will not accept any responsibility for the loss of such items. Disclaimer notices will be displayed worded as follows:

#### DISCLAIMER NOTICE:

*'The Trust will not accept responsibility or liability for patient's property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patient's property record is obtained as a receipt'.*

4. The patient should also be asked to sign a disclaimer form, which should be witnessed by a senior member of staff. On completion this form should be retained in the patient's medical notes.
5. When receiving items for safe keeping the member of staff admitting the patient should itemise the valuables in a record i.e. the Custody of Patients Property (CPP) Sheet, with a second member of staff as a witness. Both members of staff and, if possible, the patient should sign the entry in the record.
6. CCP sheets are provided in a three part NCR Book and each copy is noted as to whom it should be held by.
7. Cash and valuables must be kept in a secure place locally until they can be handed over to the official custodian. (Refer to SFI's Sec D, 28)
8. In the case of patients who are unconscious, confused or under the influence of drugs or alcohol, their valuables should be removed and secured until they are in a position to have them returned. The senior member of staff at the time should ensure that details are recorded and witnessed, as above.
9. The official custodian or his/her representative will return valuables to the patient. Arrangements must be made for patients discharged outside of normal working hours or weekends.
10. Valuables must not be handed over to relatives unless written authority has been given by the official custodian.
11. When temporary custody of valuables occurs during such procedures as x-ray, minor operation etc, a member of staff (two members of staff if patient is unconscious, confused or under the influence of drugs or alcohol) should record and itemise the valuables. (A single sheet similar in design to the CPP sheet should be used and held in the department) Both members of staff should sign the record and again, if possible, the signature of the patient

should be obtained. The patient should sign the receipt section of the record when the property is returned and it should again be witnessed and signed by two members of staff.

**12.** Staff in outpatients departments should not normally accept custody of patient's property. If a problem arises the manager should be informed so that arrangements may be made for the temporary custody of patient's valuables.

**13.** Dentures are normally the responsibility of the patient. However, if they are unable to care for them then a note must be made in the property record. (A single sheet similar in design to the CPP sheet should be used and held in the department) The dentures should then ideally be placed in safekeeping in a container clearly marked with the patient's name.

**14.** In the following circumstances patient's clothing will be itemised in a property record (as above) at the point in time:

- emergency admissions
- admissions of all children under 14 years, if unaccompanied by a parent or adult
- all internal and external transfers
- admissions of any confused or disorientated patient
- admissions of any unconscious patient
- any clothing received for custody and retained in wardrobes
- deceased patients

**15.** In the event of a death, clothing should be recorded by two members of staff who should place the articles into special cream plastic bags and attach a serial numbered property identification label to each one. All valuables should be listed on the CPP sheet and any outstanding valuables not already accounted for should be included. The cash and valuables should be handed to the official custodian. The deceased's cash and valuables should only be surrendered to the next of kin on the written authority of the manager who has the responsibility for ensuring that it is done in strict accordance with instructions from the DOH concerning matters of probate. In no circumstances should staff hand over cash or valuables to other relatives or friends of the deceased person.

**16.** When a patient is being transferred, all miscellaneous property and clothing should be listed in the property record with a copy of the entry forwarded to the next person in charge, receiving the patient. If cash or valuables are held, then the official custodian should be informed of the transfer and arrange for the safe transfer of items. If the member of staff escorting the patient delivers any cash or valuables, he or she must obtain a receipt from the receiving unit. The receipt should then be returned to the official custodian of the original unit.

**Appendix D**

**DISCLAIMER FORM FOR PATIENT'S VALUABLES AND CASH**

I ..... have by my own choice decided to retain the following valuables and cash in my possession:

.....  
.....  
.....  
.....

The Trust has offered to place these items into safe keeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.

Signed ..... Date .....

Witnessed by: Name ..... Signature .....

Ward/Department ..... Date .....

## Appendix E

## Security Lockdown Plan

### Background:

The purpose of this document is to provide a framework for a coordinated response to an incident on any of the Worcestershire Acute Hospitals NHS Trust (WAHT) hospital sites that may require the lockdown of all or part of the Trust.

Lockdown is the process of controlling the movement and access – both entry and exit – of people (including staff, patients and visitors) around the Trust site or other specific Trust building or area in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and assets or, indeed, the capacity of that facility to operate. A lockdown is achieved through a combination of physical security measures and the deployment of personnel.

The decision to lock down a site/building should be guided by the following four principles:

1. the protection of patients, staff and assets
2. the isolation of the threat or hazard
3. establishing a distance between patients/staff/assets and the threat or hazard
4. neutralising the threat or hazard

When a lockdown of the Trust site or building occurs an individual will need to make the decision to lockdown the site, whether fully, partially or progressively. Who has to make this decision will partly depend on the nature of the lockdown. For example, a nurse in charge of the Emergency Department may have to make this decision when a brawl between youths breaks out in the department on a Friday night.

In a major incident the decision to initiate a lockdown will be made by the on call Executive Director who will direct the Control Team accordingly.

### Key Principles:

It is intended that the main principles of this plan are generic and mirrored on all WAHT hospital sites to facilitate continuity for those staff who work cross site, and the understanding and awareness of senior managers in both local Silver and Trust Gold Command.

A lockdown is the process of preventing freedom of **entry to, exit from or movement within** the Trust. In this way, the Trust can either **contain or exclude** staff, patients and visitors. Supporting the overarching objective of excluding or containing staff, patients or visitors, a lockdown may be characterised as a **partial (static or portable), progressive or full lockdown**.

### Partial Lockdown

A partial lockdown can be defined in a number of ways, in most instances; a partial lockdown is the locking down of a specific part of the Trust or a specific building or part of a building. A partial lockdown is also when entry restrictions are placed on a specific building to control the flow of people into it – via identification checks for example.

Partial lockdown can be static or portable. Static is when lockdown is initiated in a particular area of the hospital and remains in the same place until the incident is over. Portable is when a lockdown remains in place but is moved from one location to another. An example of a portable lockdown would be when a gang related stabbing patient presents in the Emergency Department (ED) and is then transferred to a ward and there are concerns that

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other gang members may arrive at the hospital. ED would be in lockdown initially but this would be lifted when the patient is moved to a ward and the ward would then be in lockdown.

## Progressive Lockdown

A progressive lockdown can be a step-by-step lockdown of a Trust site or building due to an escalating situation. For instance, the Trust locks down its ED based on specific intelligence for example, a white powder incident. As time progresses and with additional intelligence, the decision to lock down other departments is taken because of the fear of Contamination. In this situation, the Trust should be able to systematically expand its lockdown across its various departments. This lockdown will be implemented in a fairly orderly manner. At the other extreme, there may be an occasion when contaminated self-presenters seeking medical treatment may attempt to gain access to Trust buildings through a variety of entry points. While a progressive lockdown will still be a suitable response to this situation, this lockdown will be characterised as modular as it occurs at separate and potentially unconnected locations around the Trust site or within a building.

If a progressive lockdown is undertaken, all managers and security staff should be aware that while lockdown actions may displace risk from one part of a Trust site or building, they can also result in unexpected consequences in other areas. For example, excluding self-presenters from a particular entry point may result in them seeking entry via another entrance. This must be considered when preparing to lock down.

## Full Lockdown

This is the process of preventing freedom of entry to and exit from either the entire Trust site or from a specific building. Scenario's that may warrant this form of lockdown may also be categorised as a Major Incident or Internal Disaster. Examples may include:

- Infrastructure failure
- Fire
- Baby or child abduction
- Flooding
- Gas leak
- Chemical, Biological contamination
- Hostage situations (weapons involved)
- Conventional and/or non-conventional terrorist attack or credible threat

The decision to instigate a lockdown will usually come from Silver Control and/or Gold Command as an escalation of an on-going internal disaster or major incident. However, there may be times when the decision to instigate a partial lockdown may come from a specific area. In such a situation this will be done by declaring an Internal Major Incident via 2222 as per the Major Incident Response Plans and ensuring that switchboard are advised that you have instigated a partial lockdown.

If the order/suggestion to Lockdown comes from an external source, such as the police or local authority, then this will be activated by the Control Team as appropriate. It will be the responsibility of the Trust to make arrangements for Lockdown in a manner that is most appropriate for it at the time.

Any member of staff within the Trust is able to instigate a partial lockdown, by requesting activation of a Major Incident Plan via 2222, to allow for circumstances when an immediate response is needed to ensure the health, safety and welfare of people. This decision however, must be made as near to the scene as possible, that is by a member of staff on site, such as the person in charge of the ward or department at the time. All decisions where possible should be logged and reported immediately.

## Process

Activation of the Lockdown Plan should be as part of the Trust's Major Incident Response Plans or may be used alongside the current Fire Plans as required.

A **2222** call will be made to switchboard from the affected area requesting activation of a Major Incident Plan detailing the location type and severity of the incident and if a partial lockdown has been instigated. On receipt of the call, switchboard will initiate a call out in accordance with the Core Major Incident Response Plan ensuring that the On-Call Manager is advised that a partial lockdown is in place.

In the event of Lockdown being required as part of a major incident or fire plans then the area to be 'locked down' will be contacted by the Control Team and advised that they need to activate the lockdown plan in their area. Action cards for both clinical and non-clinical areas have been developed and are included within this document as well as part of the individual area/departments departmental plans. At the back of this document is a 'no entry' sign to be printed and laminated by each area, kept with the area lockdown plan and be clearly displayed on all entrances to the area when 'lock down' is initiated (as per action card).

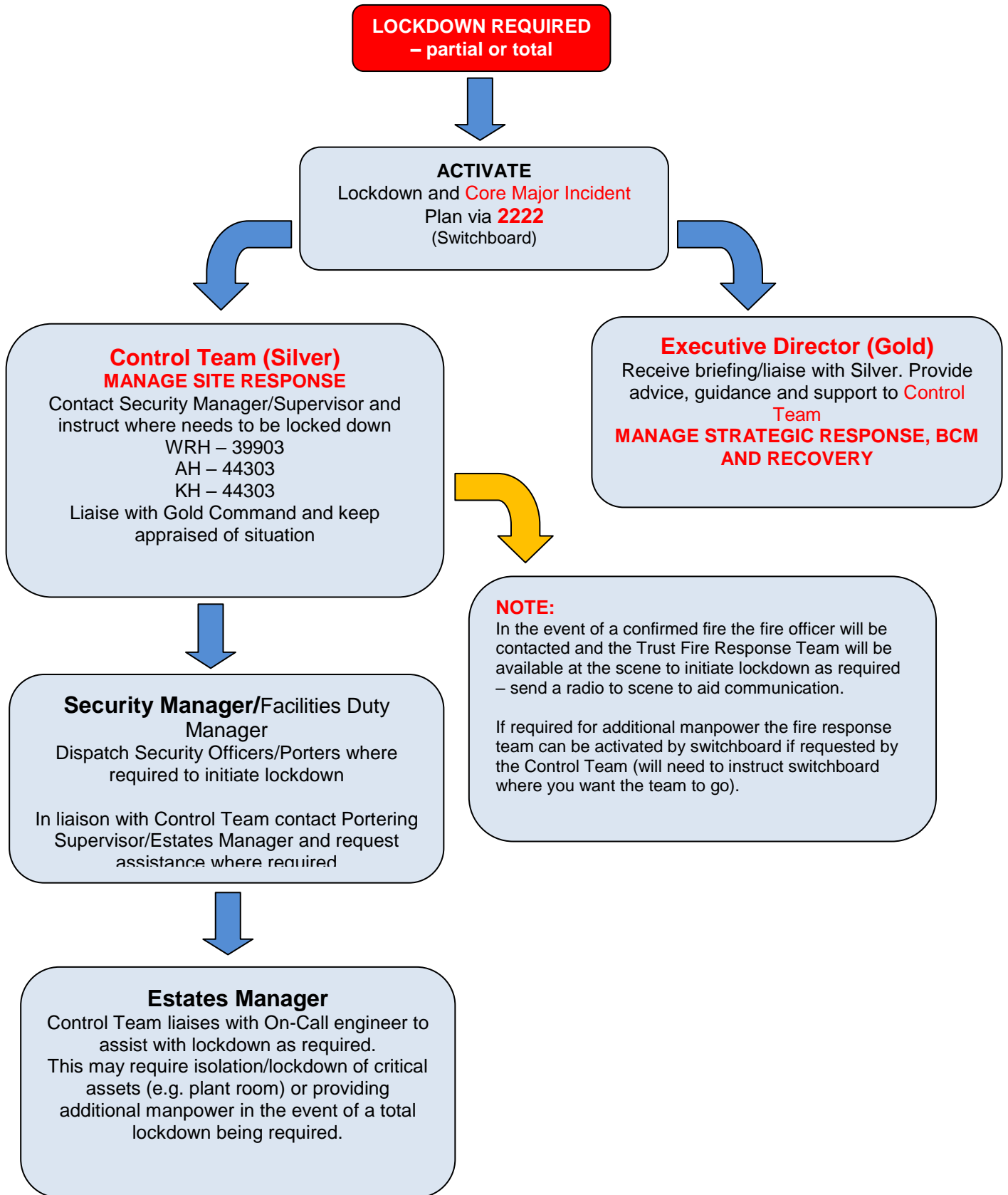
On the Worcester hospital site the Security Manager will be instructed by the Control Team to initiate lockdown, or partial lockdown of a ward or department. Security may require the assistance of porters and/or estates staff to enable an effective lockdown, this will be done in liaison with the Control Team and an action card has been developed for this group of staff. On the Redditch and Kidderminster hospital sites the Facilities Duty Manager will be instructed by the Control Team to initiate lockdown or partial lockdown of a ward or department. They in turn will instruct the porters and estates staff to assist as required.

All sites have 2 way radios but the type varies from site to site, therefore site specific arrangements have been developed and are documented on the appropriate action cards to reduce confusion at the time. This will enable security, porters and estates to talk to each other via their radios.

The instruction to 'stand down', as with the major incident plans will be made by the Control Team via switchboard.



# Lockdown Flowchart.



## **LOCKDOWN PLAN**

### **ACTION CARD NO.1**

#### **Clinical Ward/Area Staff Actions**

---

**You will be instructed to lockdown your area by the Control Team OR  
Need to instigate a partial lockdown due to an issue within the ward/area**

Immediate actions to take for any level of lockdown:

1. Request declaration of a Major Incident on **2222** if **you** are instigating a partial lockdown due to an incident in your area.
  2. You will remain within your working area unless specifically instructed otherwise by the Control Team.
  3. Stay calm and advise other staff, patients and visitors of the lockdown
  4. **DO NOT** allow entry to the ward/department by anyone
  5. Ensure laminated 'Lockdown Notice' is place outside your department
  6. Encouraging patients/visitors/staff to stay within the area – you **CANNOT** physically prevent anyone from leaving however you can explain the risks if they do.
  7. Document names of anyone refusing to stay in premises and the time they leave the area.
  8. Review lockdown plans and ensure compliance
- 
- Once you have locked down your area inform the Control Team on WRH 39154 AH 44523 KH 53354
  - Establish from the Control Team further details and the level of lockdown in place. You will be advised by the Control Team what measures need to be maintained i.e. it may be a site lockdown but areas can function as normal or a partial lockdown in your vicinity and therefore movements will be restricted.
  - Advise the Control Team how many patients/staff/visitors are in the area.
  - Ask the Control Team how often they want you to make contact with them and when delete to inform them of anyone leaving the ward (i.e. when it happens or at scheduled update).
  - Deployment – dependent on the situation within the hospital you may be asked to deploy staff to assist an adjacent area to facilitate a lockdown. You will be specifically advised by the Control Team who and where deployment is for.
  - Security will be monitoring CCTV footage where available.

**LOCKDOWN PLAN**  
**ACTION CARD NO.2**

**Non-Clinical Ward/Area Staff Actions**

---

**You will be instructed to lockdown your area by the Control Team OR  
Need to instigate a partial lockdown due to an issue within the ward/area**

Immediate actions to take for any level of lockdown:

1. Request activation of the Core Major Incident Response Plan on **2222** if you are instigating a partial lockdown due to an incident in your area.
  2. You will remain within your working area unless specifically instructed otherwise by the Control Team.
  3. Stay calm and advise other staff and visitors of the lockdown
  4. **DO NOT** allow entry to the area by anyone
  5. Ensure laminated 'Lockdown Notice' is placed outside your area
  6. Encourage staff and visitors to stay within the area – you CANNOT physically prevent anyone from leaving however you can explain the risks if they do.
  7. Document names of anyone refusing to stay in premises and the time they leave the area.
  8. Review area lockdown plans and ensure compliance
- 
- Once you have locked down your area inform Silver Control on WRH 39154 AH 44523 KH 53354
  - Establish from the Control Team further details and the level of lockdown in place. You will be advised by the Control Team what measures need to be maintained i.e. it may be a site lockdown but areas can function as normal or a partial lockdown in your vicinity and therefore movements will be restricted.
  - Advise the Control Team how many patients/staff/visitors are in the area.
  - Ask the Control Team how often they want you to make contact with them and when you to inform them of anyone leaving the ward (i.e. when it happens or at scheduled update).
  - Deployment – dependent on the situation within the hospital you may be asked to deploy staff to assist an adjacent area to facilitate a lockdown. You will be specifically advised by the Control Team who and where deployment is for.
  - Security will be monitoring CCTV footage where available.

**LOCKDOWN PLAN**  
**ACTION CARD NO.3**

**Executive Director On-Call (Gold Commander)**

---

**You will be contacted by switchboard as part of the Major Incident cascade and advised of a partial lockdown due to an issue within a ward or area**

**OR**

**You may need to initiate a lockdown as part of an Internal Disaster or Major Incident response**

Gold Command is situated in the Control Room at the respective site

- Immediate actions to take for any level of lockdown:

**IDENTIFY/NOMINATE YOUR DECISION LOG KEEPERS**

1. Establish contact with the Control Room (s) WRH 39154 AH 44523 KH 53354. Receive situation briefing from each Control Room as to the scale and nature of the incident, numbers of patients/staff/visitors involved. Depending on the type of incident and the number of personnel available, there is likely to be one Control Room nominated to take the lead and satellite control rooms established at the other sites.
2. In liaison with the Control Team and having assessed situation ensure the appropriate major incident response plans have been activated.
3. In liaison with the Control Team agree where/what needs to be locked down and ensure you instruct the Control Team to clearly communicate level and location of lockdown as per On-Call Manager action card (no.4) – access area lockdown plans
4. Offer advice, support and guidance to the Control Team.
5. Manager strategic response and identify any business continuity requirements. Consider and develop a recovery plan to restore the affected areas to normal as soon as it is possible/safe to do so.
6. Consider the other Trust sites and assess the need to activate any response plans on those sites to support the site affected. You may wish to establish satellite control teams on non-affected sites to ensure appropriate staff are fully briefed and aware of the situation.
7. Use this action card in conjunction with the Gold Commander Action Card.

**LOCKDOWN PLAN**  
**ACTION CARD NO.4**

**Control Team (Silver Control)**

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**You will be contacted by switchboard as part of the Major Incident cascade and advised of a partial lockdown due to an issue within a ward or area OR You may need to initiate a lockdown as part of an Internal Disaster or Major Incident response**

The Control Team on each site will be situated as follows:

WRH: Sky Level Catalyst Management Suite

Alex: Board Room

KGH: Executive Suite

Silver Control is situated in the Seminar Rooms within the Emergency Departments on the 3 acute sites

- Immediate actions to take for any level of lockdown:
  1. Assess the situation by ascertaining the facts from relevant parties involved (i.e. ward staff/ security/porters/police) and ensure appropriate plan has been activated.
  2. **As per Major Incident Plan identify Log Keeper(s) and commence decision and personal logs.**
  3. Identify the location of the incident, the nature of the incident and numbers of patients/staff/visitors involved – access area lockdown plans.
  4. Contact Security Manager/Facilities Duty Manager, WRH 39154 AH 44523 KH 53354 and instruct where/what needs to be locked down. If large area, in liaison with the security/duty manager agree if additional assistance is required from porters/estates staff. Instruct security/duty manager to contact Portering Supervisor if required.
  5. Liaise with Estates Manager (advisor to Control Team) and discuss need for additional estates staff assisting Security or isolating/protecting critical assets (i.e. plant rooms) as required.
  6. Liaise with and update Executive Director, Gold Commander with the facts regarding the situation and level of lockdown in place/required i.e. partial or full lockdown.
  7. Liaise with Ward/area staff at regular intervals and advise them of what information you require and how often you wish them to give you updates.
  8. In event of a full lockdown being required, if not enough security or portering staff are available then consider activating the Fire Response Team for additional support.
  9. Clearly communicate level and/or location(s) of lockdown remembering that these can be progressive – may increase or reduce in size during the incident – and ensure all team members are aware of their roles and responsibilities
  10. Activate any additional plans as may be required depending on the situation – i.e. major incident plan, chemical plan

**LOCKDOWN PLAN****ACTION CARD NO.5****ISS Security Manager/Duty Facilities Manager**

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**You will be instructed by the Control Team or Executive Director (Silver or Gold Command) to lockdown, or partially lockdown, a Ward or Department OR Need to instigate a partial lockdown due to an issue within a ward/department**

Silver Control Contact Numbers:-

**WRH - 39154**  
**AH - 44523**  
**KH - 53354**

- **Immediate actions to take for any level of lockdown:**
  1. When instructed by the Control Team to lockdown a particular area, dispatch security officer(s)/porters to identified location, and in conjunction with any departmental staff that may be available, prevent the access or egress of non-authorized staff, patients or visitors
  2. Other disciplines (Porters, Estates) may assign staff to assist. In liaison with the Control Team you will need to contact the Portering Supervisor for assistance if required. Radio Channels may permit the communications between these staff groups.
  3. Keep the security officer(s), plus any other allocated staff, in position until instructed otherwise by the Control Team.
  4. Instruct staff you are controlling to encourage patients/visitors/staff to stay in the area. They cannot physically prevent anyone from leaving, however, they can explain the risk if they do.
  5. Instruct staff you are controlling to document the names of anyone refusing to stay in premises and the time they leave the area.
  6. Keep in touch with officer(s), and confirm status with the Control Team (Silver Control.)
  7. Where CCTV cameras are available, monitor/record as necessary.



**LOCKDOWN PLAN**  
**ACTION CARD NO.5 (1 of 2)**

**Security Officers/Porters/Estates/Trust Fire Team**

---

**SECURITY OFFICERS**

1. When instructed by your manager/supervisor or directly by the Control Team proceed without delay to identified locations, and in conjunction with colleagues, plus any other designated or local staff, prevent the access or egress of non-authorized staff, patients or visitors.
2. Remain in position until instructed otherwise by your manager/supervisor.
3. Encourage patients/visitors/staff to stay within the area. You cannot physically prevent anyone from leaving, however, you can explain the risks if they do.
4. Document the names of anyone refusing to stay in the premises and the time they leave the area.
5. Keep your manager/supervisor informed of any changes.

**PORTERING SUPERVISOR**

If requested by the Control Team or Security Manager/Supervisor, allocate any additional members of staff that may be requested, and can safely be released, to assist in the lockdown of a particular ward or department.

Actions are as those above for the Security Officers.

**ESTATES STAFF**

In the event of a lockdown requirement, there may be a need to lockdown multiple areas/wards and/or where mains services, boilers, plant etc may be affected. The On-Call Engineer will have been contacted by switchboard as part of the Major Incident cascade.

The On-Call Engineer and Silver Control will:-

1. Receive details of the incident and any specific instructions to be actioned.
2. To either directly, or by deploying other Estates staff, isolate the required areas and/or services as required.
3. Keep the Control Team informed of progress or changes as necessary
4. In the event of an extended lockdown requirement, Estates may be required to change time schedules on BMS controlled doors.

**LOCKDOWN PLAN**  
**ACTION CARD NO.5 (2 of 2)****Security Officers/Porters/Estates/Trust Fire Team****FIRE RESPONSE TEAM**

In the event of a lockdown resulting from a confirmed fire incident, the Trust Fire Officer will be contacted by switchboard as part of the Trust Fire Policy.

In the event of a lockdown, not resulting from a fire incident, where multiple locations may require lockdown, then at the discretion of the Control Team, the decision may be to activate the Trust Fire Response Team via switchboard to assist in the lockdown.

As with the porters the actions for the fire response team are as above for the Security Officers.

**2-WAY RADIOS & COMMUNICATIONS**

In the event of Lockdown being required, communications will be established as follows:

The Control Team will contact the Security Office/Duty Facilities Manager on the respective site that the incident has occurred.

WRH: Ext 39903

AH/KH: Ext 44303

2 way radios facilities and staffing arrangements do vary between sites. The site specific arrangements are as follows:

**Worcester**

Security Office will have radio communication with:

Security Staff

Porters

Estates Staff : Upon alert from switchboard, Estates staff will need to switch their 2-way radios to the security frequency.

**Redditch/Kidderminster**

Facilities Duty Manager will have communications with:

Portering Staff

Estates Staff : Upon alert from switchboard, Estates staff will need to switch their 2-way radios to the security frequency.



**NO ENTRY**  
This area has been  
'Locked down'

**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>12/05/2021</b>		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> Policy		
What is the aim, purpose and/or intended outcomes of this Activity?	Ensure compliance		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" 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 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 positive impact	Potential neutral impact	Potential negative 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		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
<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>Regular monitoring of incidents</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)	<b>Next policy review</b>			

## 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.

<b>Signature of person completing EIA</b>	
<b>Date signed</b>	12/05/2021
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	12/05/2021
<b>Comments:</b>	



## Supporting Document 2

### Financial Risk 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: Topical negative pressure or Vacuumed Assisted Closure has been used within the Trust for many years. Implementation of the guideline should contribute to ensuring cost-effective use	N/A

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 appropriate Operational Director before progressing to the relevant committee for approval