**Trust Strategy**

NHS
**Worcestershire Acute Hospitals**
**NHS Trust**

# Security Strategy

| Department / Service: | Health & Safety (Operations) |
|---|---|
| Originator: | Paul Graham<br>Local Security Management Specialist (LSMS 0323) |
| Accountable Director: | Director of People & Culture |
| Approved by: | Health and Safety Committee<br>Trust Leadership Group |
| Date of Approval: | 18th July 2018 |
| Review Date:<br>This is the most current document and should be used until a revised version is in place | 27th January 2021 |
| Target Organisation(s) | Worcestershire Acute Hospitals NHS Trust |
| Target Departments | All |
| Target staff categories | 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 2018 – 2020 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 22nd 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 |

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**Appendices**

**Supporting Documents**

      Supporting Document 1      Equality Impact Assessment

      Supporting Document 2      Financial Risk Assessment

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## 1. Introduction

The Trust Board will ensure that it provides and maintains a secure environment for all of its patients, staff and visitors by adopting and promoting a positive security culture. This will involve all members of staff as security is everyone's responsibility. The Trust acknowledges that it has a legal obligation to ensure the personal safety of staff at work and a financial duty to protect its property and assets. This strategy sets out the Trust's security objectives for 2018 – 2020 which have been specifically designed to promote and support a secure environment.

## 2. Scope of this document

This Strategy has been drafted in compliance with the requirements of the NHS Contract – Security Management. It covers all aspects of security management but in particular the following key areas:

- *Strategic Governance*
- *Inform & involve*
- *Prevent & deter, and*
- *Hold to account*

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

## 3. Definitions

Nil

## 4. Responsibility and Duties

The Trust Health & Safety Committee will be responsible for overseeing any issues that may arise during the implementation of this Strategy. 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. All staff have a responsibility to follow this Strategy.

## 5. Strategy Objectives

Objective 1:

### *To have effective systems in place to manage any security risks*

Key Deliverables

The Trust will use the risk assessment process to identify and manage any security risks.

This objective will be measured by:

> ➢ Developing a communications plan to ensure all staff are aware of the requirement to report security risks.

> ➢ Monitoring the Trust's risk register to ensure that security risks are added as required and that where practicable any necessary actions are taken to reduce the risk to an acceptable level

Objective 2:

***To meet the security requirements of our Commissioners as set out in the NHS Standard Contract.***

The Trust has an obligation to meet the requirements of the NHS Standard Contract and will do so by ensuring that it provides adequate security provisions.

Key Deliverables

This objective will be measured by:

> ➢ Monitoring security incidents and investigating to determine root causes

> ➢ Changes to the workplace, work practice and/or equipment as a result of lessons learnt

> ➢ Providing root cause analysis reports to be reviewed by the H&S Committee and submitting an Annual Security Report to the People and Culture Committee and Trust Board

Objective 3:

***To provide conflict resolution training to all front line staff.***

The Trust has an obligation to ensure that all frontline staff receive conflict resolution training in accordance with the National Standard Contract.

Key deliverables

This objective will be measured by:

> ➢ Reviewing in house training modules against national syllabus

> ➢ Monitoring training compliance through people and culture scorecard

Objective 4:

***To ensure lone workers receive sufficient training, information, instruction and advice, that any necessary physical measures are put in place and that appropriate technology is made available.***

The Trust will provide staff working as lone workers with devices that they can use to summon assistance in the event of a security incident.

Key deliverables

This objective will be measured by:

> ➤ Undertaking regular risk assessments in work areas where staff are employed as lone workers

> ➤ Monitoring the use of lone worker devices issued as personal protective equipment

> ➤ Monitoring the number of incidents relating to lone workers

## 6. Implementation

### 6.1 Plan for implementation
This Strategy will be implemented via the Divisional management structure.

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

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

## 7. Monitoring and compliance

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

| 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: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)* | Frequency of reporting: |
|---|---|---|---|---|---|---|
| | **WHAT?** | **HOW?** | **WHEN?** | **WHO?** | **WHERE?** | **WHEN?** |
| | 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 the People & Culture Committee | LSMS to complete | Annually | LSMS and SMD | The People & Culture Committee will monitor progress towards meeting NHS Security Management Standards. | Annually |

## 8. Strategy Review

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

## 9. References

**References:**                                                                   Code:

| Management of Health & Safety at Work Regulations 1992 | |
|---|---|
| NHS Standards – Security Management (NHS Protect) | |

## 10. Background

### 10.1 Consultation

**Contribution List**

This key document has been circulated to the following individuals for consultation;

| Designation |
|---|
| Security Management Director (Director of People & Culture) |
| Local Security Management Specialist (Health & Safety Manager) |
| Head of Estates |
| Head of Facilities |

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

| Committee |
|---|
| Health & Safety |
| Trust Leadership Group |

### 10.2 Approval process
This Strategy will be approved by the Trust Board via the People & Culture Committee.

### 10.3 Equality requirements
This Strategy has no equality issues associated with its implementation.

### 10.4 Financial risk assessment
This Strategy has no financial implications.

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

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

|  |  | Yes/No | Comments |
|---|---|---|---|
| 1. | **Does the Strategy/guidance affect one group less or more favourably than another on the basis of:** | No |  |
|  | • Race | No |  |
|  | • Ethnic origins (including gypsies and travellers) | No |  |
|  | • Nationality | No |  |
|  | • Gender | No |  |
|  | • Transgender | No |  |
|  | • Religion or belief | No |  |
|  | • Disability | No |  |
|  | • Sexual orientation including lesbian, gay and bisexual people | No |  |
|  | • Age | No |  |
| 2. | **Is there any evidence that some groups are affected differently?** | No |  |
| 3. | **If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?** | No |  |
| 4. | **Is the impact of the Strategy/guidance likely to be negative?** | No |  |
| 5. | **If so can the impact be avoided?** |  |  |
| 6. | **What alternatives are there to achieving the Strategy/guidance without the impact?** |  |  |
| 7. | **Can we reduce the impact by taking different action?** |  |  |

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

## Supporting Document 2 – 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