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Author / Title: Daniel Willis / LSMS		Responsibility: Clinical Governance Directorate	
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Review dates may alter if any significant changes are made		Review Date: 01/09/2020	
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 1,3,4,5,6,7		Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1,2,3,4,5,6,7	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
Document for Public Display: Yes			
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

The University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) Security Management Strategy has been developed to assist all members of the organisation to control and reduce the Security risks associated with providing health care and delivering best practice in all of our support functions within the Trust.

UHMBT is committed to Security Management and creating a pro security culture, by providing a proactive and systematic process of Security Risk Management to identify, analyse, minimise, control and, where possible eliminate any security risks that may have an adverse impact on patients, staff or the organisation.

2. PURPOSE

This strategy seeks to ensure that staff are aware of the strategic governance arrangements for security management throughout the University Hospitals of Morecambe Bay. The strategy also outlines the Trust's strategic aims for the next 3 years.

3. SCOPE

This strategy applies to all employees of the Trust who may be required to implement this strategy.

4. STRATEGY

4.1 SMD Statement of Intent

The scope of security within the NHS has changed dramatically ever since NHS Protect disbanded in April 2017 which leaves NHS Trusts to liaise closely with their CCGs to offer assurances around security management. The Trust also wishes to update and improve its security management Strategy. This new strategy will have a far greater emphasis on the overarching governance structure of security management enabling staff to and works that will be achieved throughout the following 1, 3 and 5 years. As the SMD I will be ensuring that this work is seen through and offering the LSMS the support and guidance needed to achieve these outcomes.

4.2 Aims and Objectives

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

Protecting property is vital as damage to, or theft from, them can impact on healthcare delivery, as well as depriving the NHS of resources that would otherwise go to service user care. There are clear links between security of property and the potential for incidents of violence against people to occur, as well as theft of their property and of UMHBT assets. Poorly designed buildings with numerous exits and public rights of way, can make securing property difficult and create the potential for unchallenged access.

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UHMBT has an extensive range of properties and buildings. The buildings vary in size, in location and all have their specific problems. The management of these buildings requires attention to be paid to the security requirements of each building and to ensure specific problems are recorded to inform risk assessments. UHMBT recognises the need for the effective training of staff to deal with security related issues and, through the Local Security Management Specialist, security advice and training is provided with regard to:

- Security and safety within the working environment
- Security of all property; staff, and patients, and visitors
- To deter criminal activity wherever possible
- Detect crime when it is committed
- Respond promptly and effectively to all criminal events
- Conflict resolution

4.3 Definitions

Property can be defined as the physical buildings in which 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 service users it can also mean the personal possessions they retain whilst working in, using or providing services to the NHS.

4.4 Strategic Security Structure

4.4.1 Chief Executive

Overall responsibility for ensuring that UHMBT meets its statutory obligations and that effective security arrangements are in place and periodically reviewed.

4.4.2 Security Management Director

Currently a position held by the Director of Governance, with nominated responsibility for 'security matters' role is defined in the Secretary of State for Health's Directions to NHS Bodies on Security Management Measures.

Provides assurance for the Board on the management of security.

4.4.3 Divisional Governance Leads

The Governance Managers maintain responsibility for ensuring that this policy is cascaded and implemented within their Division.

Ensure local managers liaise with staff representatives as part of incident investigation and regular safety inspections to identify situations where staff or others may be exposed to any security issues.

Ensure risks forwarded from their managers are controlled so far as is reasonably practicable and verify their entry onto the Risk Register.

Liaise with relevant advisers to ensure that any planned service developments incorporate adequate control of exposure to security risks.

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4.4.4 Associate Director of Estates & Facilities Management

Responsible for liaising with the LSMS in relation to the security aspects of building design and the development and refurbishment of existing buildings.

For putting in place and maintaining effective estates-related operational security arrangements including physical barriers and electronic monitoring systems, and for reviewing these arrangements.

Will support bids for Capital Plan monies to pay for security improvements

4.4.5 Managers

It is the responsibility of managers to ensure the implementation of the Security Strategy within their area of responsibility and to ensure staff comply with all associated policies and procedures.

Ensure control measures are in place to help prevent theft, injury to persons and damage to UHMBT property. Carry out risk assessments, consult staff with significant findings as appropriate, and ensure staff receive relevant instruction and training.

Ensure that safe and secure environments are maintained and that all incidents are reported, and where applicable, that action is taken.

Managers will undertake assessments of security risks for all departments and activities and they should liaise with the LSMS in this. The assessments will be undertaken in accordance with the Trust's standard risk assessment methodology. Action Plans will be developed to address any shortcomings in services identified by the risk assessments.

Following the undertaking of risk assessments, managers should ensure action plans are developed as appropriate and managed locally, and any significant risks are escalated to the risk register and managed in accordance with the Risk Management Strategy.

4.4.6 All Staff

Each member of staff has a responsibility to exercise a duty of care over UHMBT property and assets and to apply appropriate routine security practices relevant to their role. If a member of staff sees or suspects that a crime is taking place or may take place he or she must immediately contact the police (dial 999).

Whenever possible the member of staff should keep the situation under surveillance without endangering their personal safety. On all occasions the LSMS must be contacted and an incident report completed.

4.4.7 Local Security Management Specialist

The generic responsibilities of the Local Security Management Specialist (LSMS) are as follows:

- Undertake the duties of a Local Security Management Specialist in accordance with Secretary of State Directions².
- Cooperate fully with the Trusts CCG in providing quality assurance.
- Ensure security management work is carried out within a professional and ethical framework.

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- Ensure an inclusive approach is taken to security management work, involving both internal and external partners.
- Share good practice and participate in local and national benchmarking exercises.
- Apply risk management techniques to security management including the undertaking of risk assessments as appropriate.
- Build effective security management communication strategies.
- Promotes a pro-security culture.
- Investigates incidents in a fair, objective and professional manner.
- Seek redress from those who commit security incidents.
- Report directly to the Security Management Director on security management issues.
- Provide specialist advice on all aspects of security.
- To work co-operatively, providing support and cross cover arrangements as necessary.
- To produce, review and edit all security related policies.
- Contribute to the UHMBT Trust Major Incident Plan.
- Keep accurate records.
- Establish and promote measures to tackle violence and aggression.
- Investigate all incidents of physical assault and non-physical assault.
- Develop and advise UHMBT on training programs in respect of security management issues.
- Work with the Community Safety Partnership.
- Advise on Improving Working Lives Healthy Workplace issues.
- Establish and promote measures for crime reduction.
- Investigate all incidents of:
 - Theft
 - Trespass
 - Criminal Damage
 - Any other property related security incident
- Review and analyse incidents on an ongoing basis to identify trends and significant issues

4.5 Protecting People

The most valuable resource in the NHS is the staff and professionals who work within it. A highly skilled and dedicated workforce needs to be properly protected if UHMBT is to retain existing personnel and attract the best in the future. Staff and professionals have the right to work, as service users have the right to be treated, in an environment where all feel safe and secure and where the risk of violence and aggression in whatever form is minimised.

The consequence of violence on staff and professionals in the NHS is difficult to quantify. However, there are costs to the staff and professionals concerned, and to the NHS, both in human and financial terms. For the individual these can include pain, time away from work, depression and low self-esteem. For UHMBT they can include the impact of an incident on colleagues, as well as the loss of key personnel for long periods of time, or possibly altogether and the financial pressure of having to pay for replacements.

No one can guarantee that violence can be completely eradicated in any environment. However by learning from incidents and experience of staff, professionals and service

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users.

UHMBT recognises the growing problem of violence and aggression to staff and fully commits to tackling violence against staff. This will be achieved through measures to combat violence and aggression and to support staff through a positive approach at all levels of management and through the development of appropriate policies and procedures in with both internal and external stakeholders. These have included:

- Conflict Resolution Training for all staff in accordance with national guidance
- External liaison with the Police, Community Safety, Crime and Disorder Partnerships and the Crown Prosecution Service across all localities
- A review of current polices on managing violence in the workplace
- Investigations into appropriate incidents and the provision of advice, support and guidance for staff
- Input into risk assessments and care plans where appropriate
- Lone worker devices for staff working alone at night, and those working off-site

4.6 Physical Security Development – Secure by Design

It is a fundamental principle of good security practice that security is ‘designed in’ during the design and construction of a development by adopting crime prevention measures to assist in reducing the opportunity for crime and the fear of crime, creating a safer and more secure environment.

It is intended to achieve a better quality of life by addressing crime prevention at the earliest opportunity in the design, layout and construction of clinics, wards, departments and other accommodation within UHMBT premises. In doing so, UHMBT supports one of the Governments key planning objectives i.e. the creation of secure, quality places where people wish to live and work.

The Estates team work closely with the security management team on aspects of building design and development and during the refurbishment of existing buildings.

Over the next 10 years UHMBT will look to modernise several of its departments and wards and Secure by Design intends to implement its approved Estates Strategy, subject to finance. In addition to this there will be a strong and continued relationship between Estates and Facilities and the Trusts LSMS

4.7 Purchase of Security Systems

Security systems e.g. automated access control systems (including video and intercom systems, swipe and proximity card readers) CCTV, lighting and intruder alarms etc. should not be purchased by departments without prior consultation and approval from the Local Security Management Specialist. This will ensure remains up to date and that all equipment will remain compatible with existing systems and compliance with statutory regulations and guidance.

UHMBT has started to replace older access control systems with the a newer CEM access control system which will enable the Trust to achieve Lock down rapidly in line with requests from NHS England in responses to the Terror attacks in Manchester and London

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in 2017.

The newer approved systems which will give the Trust a greater control over various aspects such as ingress and egress, site and departmental lock down, CCTV images and protection of staff and property.

There is a task and finish group that meet on a regular basis and control the installation and management of the new system.

There is a phased approach being taken with the CEM system install which is as follows:

Phase 1 – 2017

All external entry doors at each site and all vulnerable areas which don't currently have sufficient access control in place

Phase 2 – 2018 / 20

All internal ward and departmental doors

In addition to this the project around the access control system the Trust will be upgrading the storage capabilities of the CCTV system to provide improved capacity for new camera's and image retention. On occasion however, some compromises may be required between the design for better security and the design for fire safety.

The LSMS should be involved in any plans to change or upgrade security systems or devices in order to advise what the most appropriate device or system and to ensure its compliance with current laws and legislations.

4.8 Security Personnel

Currently UHMBT has Security covering the Emergency Departments at both Furness General Hospital (FGH) and Royal Lancaster Infirmary (RLI) from 19:00 – 06:00 6 days a week. The trust has explored the possibility of extending to 24/7 cover however due to the financial implications there is no plan to extend this cover.

The Trust is aware of the need to have 24-hour security cover which will fall in line with other similar Trusts within the North West region. By Moving to 24-hour security provision on our sites the organisation could see increased reporting, increased security capability's and benefits to staff and patient safety. New staff arrangements will be sought to ensure best operation of the new access control system.

The Task finish group that is working on the Access control systems are also looking at the need for a security hub within the Trust which will be controlled by a Security Supervisor who will hold ultimate control over all of the security systems and be able to initiate a lockdown from this security hub.

4.9 Training

The organisation is committed to providing its staff with appropriate skills and knowledge to manage personal safety / security related issues.

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Security-related training will be delivered by the LSMS or via a reputable and competent external provider. If out sourcing this training, advice must be sought from the LSMS. Annually, Conflict Resolution Training (CRT) will be provided to all new frontline staff and existing staff on a 3-year half day refresher course. In 2017 there will be a move to change the Half day refresher to a e-learning package to assist in an increase in compliance for the staff that work in clinical areas which struggle to release staff for a number of hours.

4.10 Incident Reporting

4.10.1 Adverse Events

Any security-related adverse event that causes loss, harm, or damage to Trust staff, assets, contractors or visitors (or occurs but such loss, harm or damage is avoided as a result) should be reported as an incident on the online Ulysses Risk Management System and investigated by the relevant service line manager.

Where a crime suspected of being committed, the police should be contacted.

4.10.2 Police and Human Resources Involvement

It is recognised that each police force follows its own procedures for incident grading and response. Police forces should ensure an appropriate response is given to NHS health bodies, taking into account the information provided, and share with the health body the local force policy on incident grading.

There is no case for declining to inform the Police of a suspected crime merely because disciplinary action is being taken against the offender. Equally there is no obligation upon the Trust to refrain from disciplinary action because the prosecution is pending.

The LSMS will ensure that all crime that affects the Trust, its staff and patients for whom they have a duty of care, subject to their personal wishes, or that is committed on Trust premises and brought to their attention, are reported to the police.

5. ATTACHMENTS	
Number	Title
1	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library

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7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
Bibliography	
NICE Guidelines (2015) 9NG13) Workplace health: management practices [Online] Available at: https://www.nice.org.uk/guidance/ng13 (accessed 30/11/2017)	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Daniel Willis	Local Security Management Specialist	
TSSG	Trust Security Strategy Group	

10. DISTRIBUTION PLAN	
Dissemination lead:	Daniel Willis
Previous document already being used?	Yes
If yes, in what format and where?	Older Security Management Strategy on the Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News and the Friday roundup– New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this procedural document? No		
Action by	Action required	Implementation Date
N/A	N/A	N/A

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2	03/2016	Whole Document	New Policy Template	01/11/2017
2.1	13/11/2017	Page 3	BSF Page Added	01/11/2017
3	13/09/2017	Whole Document	Removal of NHS protect References	01/09/2020

Appendix 1: Equality & Diversity Impact Assessment Tool

Equality Impact Assessment Form

Department/Function	Health and Safety			
Lead Assessor	Daniel Willis			
What is being assessed?	Security Management Strategy			
Date of assessment	20/12/2017			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
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Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.