

AGENDA ITEM

3.1.3

QUALITY & SAFETY COMMITTEE

SECURITY POLICY (FAC 10)

Date of meeting	19/07/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Russell Hoare, Assistant Director of Facilities David Williams, Facilities Governance & Compliance Manager
Presented by	Gethin Hughes, Chief Operating Officer
Approving Executive Sponsor	Chief Operating Officer
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Health Board Staff Consultation via SharePoint	12/05/2022	SUPPORTED
Security and Violence Operational Group (SVOG)	04/05/2022	ENDORSED FOR APPROVAL

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
EQIA	Equality Impact Assessment
SVOG	Security and Violence Operational Group

1. SITUATION/BACKGROUND

1.1 Security Policy (FAC 10)

- 1.1.1 This policy will provide clear direction on governance and compliance measures put in place for Security management.
- 1.1.2 To ensure that all security management services comply with current Health and Safety Act legislation, NHS Wales Health and Care Standard (2015) 2.1 Safe Care and the NHS Wales Security Management Framework.
- 1.1.3 Cwm Taf Morgannwg University Health Board shall ensure a secure environment by following the security management principles of deter, deny, detect, respond and review.
- 1.1.4 Liaise and work closely with the Police to ensure all appropriate operational measures are taken to deter, deny and detect acts of terrorism and the development of extremism against its staff, patients, our community and healthcare physical assets.
- 1.1.5 The safety and security of staff, patients and service users and the protection of physical assets is paramount to the continued effective delivery of patient and associated supporting services. Security incidents are a risk to the Health Board and present a danger to the health and safety of staff, patients, service users, our community and our site physical assets.
- 1.1.6 This Policy details the core security principles from which all other security related procedures and response plans will stem.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 Engagement on this policy has taken place with:

Name Title	Date Consulted/Completed
<i>Equality Impact Assessment</i>	<i>EQIA Completed 01/03/2022</i>
<i>Informal Consultation with interested parties</i>	<i>SVOG Consultation 04/05/2022</i>
<i>Formal Consultation</i>	<i>Health Board Staff Consultation via SharePoint 12/05/2022</i>

- 2.2 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

- 2.3 The SVOG have been engaged in the consultation of this policy and a Health Board Staff Consultation completed via SharePoint.
- 2.4 Organisational values and behaviours are reflected within the policy.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 In response to the consultation the following amendments have been made:
- 3.1.1 Policy updating as part of a formal review and in line with the new CTMUHB policy template and new organisation structure.
- 3.1.2 The updates required as part of the formal review include:
- Update of Policy Statement;
 - Update of Policy Scope;
 - Update of Aims and Objectives;
 - Update of Responsibilities;
 - Update of Information, Instruction and Training;
 - Update of Main Relevant Legislation;
 - Update Appendices to cover Equality Impact Assessment;
 - To encompass the staff and properties within the extended boundary i.e. Bridgend staff and properties.
- 3.2 In addition to this minor typographical amendments were made as a result of the various consultation stages.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	This policy has been produced to provide clear direction on governance and compliance measures put in place for security management, in order to ensure the safety of staff, patients, service users, our community and our site physical assets.



Related Health and Care standard(s)	Governance, Leadership and Accountability
	Safe Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	Included within the appendices of the policy.
Legal implications / impact	Yes (Include further detail below)
	Non-conformance with this policy could have a negative impact on the safety of staff, patients, service users, our community and our site physical assets. This could have legal implications resulting in fines and penalties through non-compliance with legislation, leading to the organisation attracting negative press in the public domain.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

- 5.1 The Quality & Safety Committee are asked to **APPROVE** the Security Policy (FAC 10)
- 5.2 Once approved by the Quality & Safety Committee, the policy will be uploaded on to SharePoint.