

One Page Description of Policy

Reference FAC 10 - Security Policy

Distribution

Security and Violence Strategic Group
South Wales Police
Health and Safety Committee
ILG Site Health and Safety Operational Groups
ILG Site Clinical and Operational Services Management Directors
Quality and Safety Committee
All Staff via Share Point (Policies)

Introduction

This policy will provide clear direction on governance and compliance measures put in place for Security management.

Who this document is aimed at:

All Cwm Taf Morgannwg University Health Board Employees.

Key Principles:

Cwm Taf Morgannwg University Health Board shall ensure a secure environment by following the security management principles of deter, deny, detect, respond and review.

The Health Board will liaise 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, and community and healthcare site physical assets.

Policy Definition

The Health Board recognises its duty to ensure the safety and security of its employees, service users, assets and property. The Health Board is committed to meeting the requirements of the Security Management Framework (2005) and the NHS Wales Health & Care Standards (12-2.1 Safe Care) 2015.

Brief summary of document:

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.

The threat we face from terrorism in the UK is significant. Understanding the threat we all face and of the ways we can mitigate it can help keep us safer. Everyone can play a role in this effort by taking steps to help boost their protective security whether that's at work, at home or away; when travelling, when out and about or just simply when online. Having better security for all these areas makes it harder for terrorists to plan and carry out attacks. It also helps reduce the risk of other threats such as organised crime.

This Policy details the core security principles from which all other security related procedures and response plans will stem.

Relevance for On Call Managers

This Policy would be relevant for On Call Managers.

Read in association with the following documents:

These include, but are not limited to:

- NHS Wales Health and Care Standard (2015) 2.1 Safe Care
- NHS Wales Security Management Framework
- [WHC 2021/012 – 22 April 2021 - Implementing the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.](#)
- <https://nwssp.nhs.wales/corporate-documents/corporate-anti-violence/obligatory-responses-to-violence-in-healthcare-english/>
- Major Incident Plan.
- Violence and aggression procedures and guidance documents.
- The United Kingdom's Strategy for Countering Terrorism 2018 - <https://www.gov.uk/government/collections/contest>
- Counter Terrorism Prevention-<https://www.gov.uk/terrorism-national-emergency>
- Crowded Places: <https://www.gov.uk/government/publications/crowded-places-guidance>
- CCTV policy.
- Site Lockdown procedures
- Security Searches SIA Code of Practice-2015
- Search of Patients and Property–Mental Health Units
- Bomb Threats and Suspicious Packages
- Security of Infants and New Born Procedure
- Control of Contractors
- Datix Incident Reporting System
- Health and Safety Policy and Procedures
- Risk Management Policy and Procedures

Expiry date and Author / Contact Point

The Policy expires in April 2025 and the author is Russell Hoare (Assistant Director of Facilities).

(SECURITY POLICY)

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Target Audience:

People who need to know about this document in detail	
People who need to have a broad understanding of this document	Executive Directors, ILG Service Group Clinical and Operational Directors, Directorate Managers. ILG Facilities Teams, Corporate Civil Contingencies Manager. Quality & Safety, Health and Safety Committees. Security and Violence Strategic Group.
People who need to know that this document exists	All staff and those involved in the development of Health Board Policies.

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date: 01/03/22
Welsh Language Standard	Outcome:
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Date of approval by Equality Team:	(00/00/0000)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

**Aligns to the following
Wellbeing of Future Generation
Act Objective**

Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

**MAE EIN
GWERTHOEDD
YN EIN HELPU
NI I FOD IAR
EIN GORAU**
#CTMareingorau

**RYDYN NI'N
GWRANDO,
YN DYSGU
AC YN GWELLA**

**WE LISTEN,
LEARN AND
IMPROVE**

**RYDYN NI'N
TRIN PAWB
A PHARCH**

**WE TREAT
EVERYONE
WITH RESPECT**

**RYDYN NI I GYD
YN CYDWEITHIO
FEL UN TIM**

**WE ALL WORK
TOGETHER
AS ONE TEAM**

**OUR VALUES
HELP US BE AT
OUR BEST**
#CTMatourbest

Disclaimer:

If the review date of this document has passed, please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

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Introduction

This policy will provide clear direction on governance and compliance measures put in place for Security management.

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.

Cwm Taf Morgannwg University Health Board shall ensure a secure environment by following the security management principles of deter, deny, detect, respond and review.

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.

The safety and security of staff, patients, 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.

This Policy details the core security principles from which all other security related procedures and response plans will stem.

1. Policy Statement

- 1.1 The Health Board recognises its duty to ensure the safety and security of its employees, service users, assets and property. The Health Board is committed to meeting the requirements of the Security Management Framework (2005) and the NHS Wales Health & Care Standards (12-2.1 Safe Care) 2015.
- 1.2 It is recognised that NHS staff (Hospital, Ambulance, Community and Primary Care and Dentistry and all Public sector staff undertaking caring duties) are among those most likely to face violence and abuse during the course of their employment.
- 1.3 There is a strong public interest in prosecuting those who verbally and physically assault NHS staff deliberately. NHS bodies, Police services and Crown Prosecution Service areas are encouraged to seek the strongest possible action in appropriate cases. The NHS acknowledges the validity of restorative justice and the range of non-custodial disposals.
- 1.4 The NHS has first responsibility to identify and respond to violent incidents. Improved incident reporting is crucial and all incident forms involving violence upon staff will be reviewed in order to inform improvement in risk management initiatives and to reassure staff that reports are reviewed and worthwhile.
- 1.5 It is a priority to ensure that staff, service users, assets and property are protected against violence, fraud, theft and damage enabling safe and uninterrupted delivery of health care services. Perpetrators of crime or anti-social behaviour will be reported to the Police and where a criminal action has occurred, prosecution will be actively encouraged and supported.
- 1.6 Security management falls under the policies of Risk Management and Workplace Safety and Health. Security risks will therefore be managed in a similar way to any other risk or health and safety issue within the Health Board. Risk Management and Workplace Safety and Health are the responsibility of the nominated Corporate Executive Director.

- 1.7 Due to the specialised nature and potential risk to the person, service users and property from security related incidents, security has become an increasingly specialised subject. An appropriately qualified and trained experienced person has been delegated responsibility for Security Management and this role is delegated to the Assistant Director of Facilities.
- 1.8 The Health Board shall ensure a secure environment by following the principles deter, deny, detect, respond and review.
- **Deter**; in security, as in healthcare, prevention is better than cure. Deterrence will normally be achieved by publicising counter measures and the degree of success they have.
 - **Deny**; it is a reality that illegal or inappropriate behaviour is bound to occur despite efforts to stop it. Appropriate physical protection measures should be taken to deny unlawful access to patients, staff, service users, goods and assets. Any Capital Major project or Estates major or minor works are to adopt the principles of 'Secure by Design' in their planning and choice of security products.
 - **Detect**: The earlier that physical acts are detected, the smaller their chances of success. Raised awareness and technical aids to security is the route to success.
 - **Respond**; without an effective response, other counter measures may be ineffective.
 - **Review**; Review security strategies after every incident, also after counter measures have been put in place, to evaluate their effectiveness.

- 1.9 The Health Board has developed a 3 year security and violence strategic plan with agreed strategic aims to take forward its commitment to reducing security and violence related risks. Progress with the strategic aims will be performance managed.
- 1.10 Cwm Taf Morgannwg University Health Board will work closely and in partnership with South Wales Police, neighbouring police forces and Local authority Community Safety Partnerships in tackling crime, anti-social behaviour and supporting counter terrorism and extremism measures.
- 1.11 The Security Policy and all associated procedures are to be updated at regular intervals to continually improve performance and ensure they remain effective, relevant and available for scrutiny by internal and external audit and inspecting bodies.

2. Scope of Policy

- 2.1 This Policy applies equally to all CTMUHB premises owned or leased, management and staff who have a duty of care, staff, service users, contractors and any other person involved or affected by the Health Board's security management arrangements.
- 2.2 The policy will apply to all security management and operational arrangements. In house and any outsourced contract service provisions are covered including voluntary services. Purchase and supplier monitoring and control are also included.
- 2.3 This will help to provide reassurance that there are comprehensive, organisation wide systems in place for the management, deployment, monitoring, auditing and development of security management and services to reduce risk and reduce risks associated with crime and violence against staff, patient and visitors and meet statutory regulatory requirements.
- 2.4 Failure to do so may result in harm to the person, loss or damage to healthcare assets, services having to be suspended or withdrawn, prosecution and damage to the reputation of the Health Board and its stakeholders.

3. Aims and Objectives

- 3.1. Establish clear lines of accountability for security management services across the organisation and between clinical and non-clinical groups leading to the Board.
- 3.2. Ensure there are comprehensive, organisation wide systems in place for the management, deployment, monitoring, auditing and development of security management and services.
- 3.3. The Health Board will liaise closely with the Welsh Government authorities, local authorities and 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, visitors and healthcare sites physical assets.
- 3.4. As with general workplace safety and health, security specific risk assessments, safe systems of work procedures and incident response plans are to be produced and put in place by all departments within the Health Board. The results of these assessments and plans are to be maintained and regularly reviewed in compliance with the Risk Management and Workplace Safety and Health Policies and the Risk Assessment Procedure.
- 3.5. To assist managers in the identification and management of specific security risks and to support risk assessments, safe systems of work and incident response plans, site, departmental/Ward Security generic risk assessment forms have been developed. The form is available via the Health Board's Health and Safety intranet site or from the Facilities Technical Services (Security) team.
- 3.6. The Facilities Technical Services (Security) team support this process by carrying out pro-active and re-active site security vulnerability assessments and provide an assessment report with recommendations and an action plan for the ILG or Corporate senior management responsible person for the site or department assessed. They also have access to South Wales Police 'Secure by Design' architectural liaison officers who specialise in crime prevention and are able to provide advice and support the assessment if required.

- 3.7. All Capital Major Project or Estates major and minor refurbishment or maintenance works relating to Security are to follow the principles of 'Secure by Design (SBD)' in the planning, target hardening and choice of security products and work towards SBD accreditation and award. The design is to be risk assessed and then approved/signed off by the appropriate person responsible for security management and crime prevention and monitored by the Facilities and Estates governance and compliance group. Support in the principles of 'Secure by Design' is available from South Wales Police Architectural Liaison Officers.
- 3.8. Secured by Design (SBD) is the official police security initiative that works to improve the security of buildings and their immediate surroundings to provide safe places to live, work, shop and visit.
- 3.9. SBD's product based accreditation scheme – [the Police Preferred Specification](#) - provides a recognised standard for all security products that can deter and reduce crime.
- 3.10. This award is issued by Secured by Design in recognition of the achievement to design out crime within the development. It acknowledges the measures taken to reduce the opportunity for crime and anti-social behavior by improved layout, environmental design and the use of bespoke, security enhanced door and window products.
- 3.11. The threat we face from terrorism is significant. As we have seen in the UK and across Europe attacks can happen at any time and any place without warning. Understanding the threat we all face and of the ways we can mitigate it can help keep us safer. Everyone can play a role in this effort by taking steps to help boost their protective security whether that's at work, at home or away; when travelling, when out and about or just simply when online. Having better security for all these areas makes it harder for terrorists to plan and carry out attacks. It also helps reduce the risk of other threats such as organised crime.

3.12. Health is a part of the national infrastructure that delivers essential services across the UK any terrorist attack is likely to involve the health sector in either;

- providing a core emergency response to those affected by an incident
- managing incidents that directly affect the health sector civil resilience

3.12 With support from our partners South Wales Police and Local Authority Community Safety Partnerships our aim is to make CTMUHB a safe and secure place to work and visit, thus enabling our clinical experts at our sites to provide the highest possible standard of clinical care to for all patients.

3.13. However, there is a threat of terrorist attacks in the UK, which may affect Health Care sites directly or indirectly. These may not be just a physical attack but interference with vital information, communication systems or personnel issues, which could cause serious disruption, economic impact or damage to reputation.

3.14. Working with our partners we will conduct regular reviews of health care site security arrangements to ensure proportionate security measures are in place. Each review should consider any new threats and developments to the health sites and the surrounding area. We will also raise awareness of the terrorist threat and the measures that can be taken to reduce risks and mitigate the effects of an attack.

3.15. Any security measure to prevent a terrorist attack will also feed into general crime prevention measures and in accordance with the Civil Contingency Act 2004, CTMUHB business continuity plans which will ensure that our health care sites can cope with an incident while also continuing with their core activities. Having a robust security culture and being better prepared will reassure patients, staff and visitors and the wider community that our health care sites are taking such issues seriously.

3.16. Security searching of healthcare sites, individuals, buildings, areas, equipment and vehicles should be conducted in accordance with the Security Industry Authority (SIA) Code of Practice. These searches can be proactive as a deterrent or in response to heightened or specific security threat levels. Before the implementation of any

search a security vulnerability, risk assessment and safe systems of work is to be carried out. All searches should be conducted in accordance with current legal requirements, government and other regulations.

3.17. Security searching potential threat risk assessments should include consideration of:

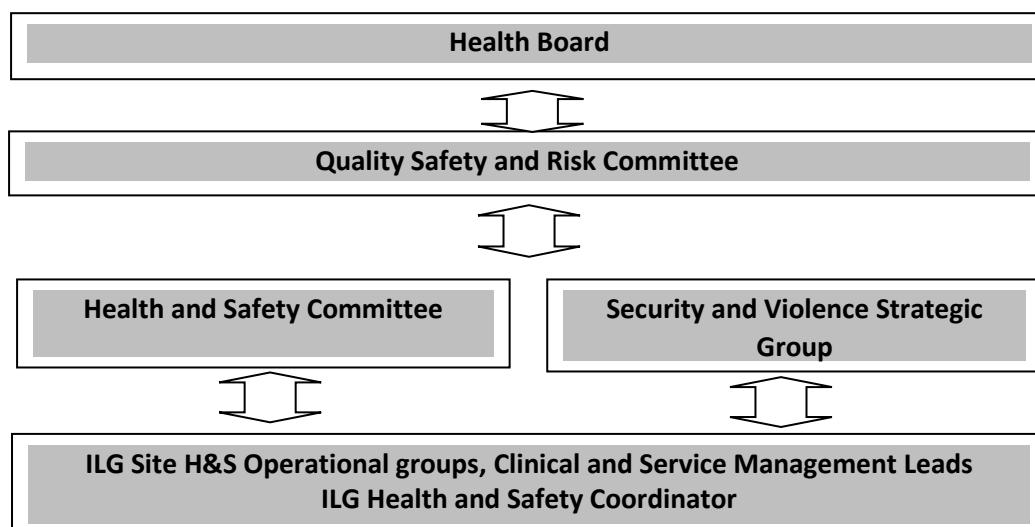
- Violence (Dealing with violent individuals)
- Dangerous items (needles, knives, sharps, broken glass) that can cause harm
- Use of expert assistance
- Hazardous areas / heights / confined spaces / slopes (for area and building searches)
- Chemicals
- Explosive devices
- Fire and the need to evacuate
- Machinery / Noise (for building searches)
- Drugs
- Vegetation (for area searches)

3.18. It is the duty of CTMUHB as employers to ensure that searchers comply with such regulations. Searches may be undertaken by in-house searchers, contract security personnel, and others who are not employed by a security company, or others whose primary function within the company is not concerned with searching or security and who undertake such tasks on an ad hoc basis. Where necessary porter security or contract security staff searchers should hold Private Security Industry Act licenses issued by the Security Industry Authority.

3.19. It is the responsibility of all staff, at all levels, to promptly report all security related incidents in line with the organisations Incident Reporting Policy. The prompt reporting of incidents to include near misses which enables lessons to be learnt from incidents and for the site Facilities Security Teams and Police to fully understand any security vulnerabilities and respond in a timely and effective manner.

3.20. Develop and produce a 3 year security and violence strategic plan with agreed strategic aims to take forward its commitment to reducing security and violence related risks. Progress with the strategic aims will be performance managed.

3.21. The following diagram, illustrates the reporting channels for security and violence related matters.



4. Responsibilities

4.1 The Risk Management Policy and the Workplace Safety and Health Policy document the responsibilities of staff at all levels and security issues should routinely be considered as part of these responsibilities. The relevant Security Policy responsibilities are highlighted at Appendix A.

Executive Board

The Executive Board has the overall responsibility for ensuring that the correct policies, procedures and systems are in place and that they are constantly under review. The Executive Board discharges its responsibilities through the post of Chief Executive who has delegated responsibility for Security to the Board.

Security and Violence Strategic Group

The role of the Security and Violence Strategic Group (SVSG) is to identify the key areas of security and violence and aggression risk, prioritise goals and the appropriate actions and resources required to tackle and reduce the risks within the Health Board.

The SVSG will produce, implement and monitor a security management strategy and provide reports on progress against the policy and strategic aims to the Health and Safety Committee and the Quality, Safety and Risk Committee.

The functions and membership of the group are set out in the group Terms of Reference (Appendix B).

5. Implementation/Policy Compliance

- 5.1 The management of security will focus on implementing the policy and the relevant supporting procedures.
- 5.2 Ensure that the policy is implemented with respect to all security operations, including in-house and contract services.
- 5.3 Provide advice to Capital/Estates strategic planning to support business cases on any new or refurbishment site building developments that require security 'Secure by Design' support from South Wales Police Architectural Liaison Officers.
- 6.1 Ensure all relevant managers, supervisors and staff are aware of the security policy and supporting procedures and their roles and responsibilities. Ensure that managers and supervisors provide access to these documents to their teams and provide any required training in their implementation.
- 6.2 ILG and corporate services senior management, department and ward line managers will be responsible for undertaking security health and safety risk management audit assessments to ensure the security policy and procedures are being implemented and followed and that risk assessments, safe systems of work and security incident response plans are in place. These should provide in detail the priorities and actions required to manage the risks and incidents, lessons learnt and any remedial action implemented. The Facilities security management team are available to support the assessments in particular at site high risk functional working areas.
- 6.3 Ensure appropriate security contracts are Security Industry Authority (SIA) accredited and are in place and that they are regularly contract managed and monitored with regard quality and service delivery.
- 6.4 Ensure that contractors have been trained and briefed on the relevant areas and individual responsibilities of the security policy and supporting procedures.

- 6.5 Security information and alerts in the form of regular security bulletins are to be provided through the organisations media share point intranet news and where appropriate and are also displayed at sites throughout the Health Board to encourage members of the public to comply with this Policy in particular with regard to violence against healthcare staff.
- 6.6 Policy compliance will be measured and reported by monitoring changes and risks to its security environment through regular audit of security and violence incidents and trend analysis. Problem solving techniques will be used along with action plans for specific areas of risk identified and implementation monitored.
- 6.7 The key areas of risk will be reviewed and monitored by the Facilities Governance and Compliance Manager using a risk management compliance scorecard system. This approach is summarised as follows:
- Identify the key areas of security and violence against staff risks to the organisation.
 - Identify the gaps at the specific environmental areas where the highest risks requiring control are.
 - Identify the existing level of control.
 - Provide a target level of control.
 - Specify the action that is required and any resource implications.
 - Identify responsible leads.
 - Provide target dates for progress.
 - Reviewed and performance managed at the Health and Safety Committee, Security Violence & Aggression Strategic Group and the Quality, Safety and Risk Committee.

This Policy will be reviewed at least once every three years. An earlier review may be warranted if one or more of the following occurs:

- As a result of regulatory / statutory changes or developments;
- Due to the results/effects of critical incidents;
- For any other relevant or compelling reason.

7. Equality Impact Assessment Statement

The outcome of the EIA for this policy is provided at Appendix C.

8. References

- BS 16000:2015 Security management>Strategic and operational guidelines
- Private Security Industry Act 2001
- Security Industry Authority (SIA)
- Security Industry Authority (SIA) – Code of Practice for Security Searches - 2015
- Security Management Framework for NHS Boards in Wales
- NHs Wales Health & Care Standards (2.1 Managing Risk and Promoting Health and Safety)
- Welsh HBN 00-01 General design guidance for healthcare buildings
- Welsh HBN 00-007 Planning for a resilient healthcare estate 2017
- Secured by Design (SBD)
- SBD - product based accreditation scheme – [the Police Preferred Specification](#)
- Information Commissioners Office adopts new code of practice on CCTV
- The United Kingdom's Strategy for Countering Terrorism 2018 - <https://www.gov.uk/government/collections/contest>
- Crowded Places Guidance: <https://www.gov.uk/government/publications/crowded-places-guidance>
- [WHC 2021/012 – 22 April 2021 - Implementing the agreed approach to preventing Violence and Aggression towards NHS staff in Wales.](#)
- <https://nwssp.nhs.wales/corporate-documents/corporate-anti-violence/obligatory-responses-to-violence-in-healthcare-english/>

9. Getting Help

For policy interpretations, help contact the Assistant Director of Facilities.
01685 728688 e-mail Russell.Hoare@wales.nhs.uk

Information, Instruction and Training

The training of staff is essential if they are to be provided with the skills required to effectively deal with varied security related challenges encountered on a daily basis. Training can bring about the following:

- reduction in the number of incidents;
- reduction in the seriousness of incidents;
- reduction in the psychological effects of incidents;
- improved response to incidents;
- Improvement in staff morale.

9.1 General Security Awareness and Guidance Training - the Facilities Porter Services management team and the Corporate Services Health and safety team has a responsibility to support security and violence and aggression incident crime prevention measures which includes security and any contract staff training. This training may also where required be supplemented by CTMUEB personal safety training support and from South Wales Police and other security agency training providers. The sessions are designed to promote and provide guidance on the following:

- general security and crime prevention;
- counter terrorism awareness;
- civil contingency measures;
- completion of departmental security risk assessments;
- site vulnerability assessments;
- Security searching of individuals, buildings, areas, equipment and vehicles.
- tackling anti-social behaviour; tackling violence and aggression in the workplace;

9.1 A training needs analysis, plan and records will be maintained, and all staff must receive the appropriate departmental induction training before taking up operational duties and ESR corporate induction within two months of taking up post. Performance will be monitored and reported on the uptake and compliance with the appropriate training and support.

9.2 All contracted and in-house porter/security staff employed on security duties and where required employed on CCTV duties are required to be trained to accredited Security Industry Authority (SIA) standards. In addition, all security contracts employed are to be SIA approved and contracted and in-house staff are required to wear an in date license issued by the SIA.

9.3 All staff employed on duties must have the necessary training to ensure that they can fulfil the responsibilities allocated to them. Information, instruction, training, and supervision will be provided

in several different ways; formal and informal, on-job and off-job. For some types of training observed practice may also be warranted before competency assessment is undertaken. For subsequent re-assessments, repeat training will not be required unless the manager or the individual user deems it to be needed.

9.4 ILG Facilities Porter Services Security management are to inform team leaders, supervisors and staff of relevant issues that impact on security standards, such as changes in legislation and codes of practice, hazard warnings, alerts and changes in security policies and procedures.

9.5 Staff must be informed of the requirements of this policy at departmental induction so that they:

- Are aware of the associated security risks and procedures.
- Have access to training and support to develop and maintain their knowledge and skills.

10. **Main Relevant Legislation**

- Health and Safety at Work etc. Act 1974
- Private Security Industry Act 2001
- Changes overtime for: Section 66 – Sentencing Act 2020
- EqualityAct2010
- Rehabilitation of Offenders Act 1974
- Criminal Justice and Public Order Act 1994 – Legislation .Gov.uk
- Protection from Harassment Act 1997
- Theft Act 1978
- Criminal Damage Act 1971
- Fraud Act 2006
- Data Protection Act 2018
- The Counter-Terrorism and Security Act 2015
- Counter Terrorism Prevention <https://www.gov.uk/terrorism-national-emergency>
- Anti-Social Behaviour Crime and Policing Act 2014
- Anti-social Behaviour Act 2003
- Civil Contingencies Act 2004

Appendix A - Roles and Responsibilities Matrix

	All Staff	Governance Groups	Departments/ Ward Responsible Manager	ILG Management Team	ILG Clinical Director	Corporate Services & Civil Contingency Act 2010 Responsibility	Executive Directors
All staff have knowledge of and understand the Security Policy and its supporting procedures.	✓ Full understanding	✓ Monitor compliance	✓ Prime responsibility	✓ Prime responsibility	✓ Full support	✓ Prime responsibility	✓ Full support
Security management is on the agenda at unit, directorate, ward and department meetings.		✓ Monitor compliance	✓ Full understanding ✓ Prime responsibility	✓ Prime responsibility	✓ Full support	✓ Prime responsibility	✓ Full support
Actively reviewing the security risks within their area of responsibility by carrying out routine audits in partnership with staff side organisations and in line with the Health Board's Risk Management Policy.		✓ Monitor compliance	✓ Prime responsibility	✓ Prime responsibility	✓ Prime responsibility	✓ Prime responsibility	✓ Full support
The need for additional funding or other resources, recognised as a result of undertaking security risk assessments, is identified.		✓ Monitor compliance	✓ Full understanding	✓ Prime responsibility	✓ Full support	✓ Prime responsibility	✓ Full support
To undertake what is required to meet the legal responsibilities of the Health and Safety at Work Act 1974 to ensure that all employees are trained in procedures for working safely.		✓ Monitor compliance	✓ Full support	✓ Prime responsibility	✓ Full support	✓ Prime responsibility	Full support
Ensuring staff attend appropriate Security Management training.	✓ Prime responsibility	✓ Monitor compliance	✓ Prime responsibility	✓ Full support	✓ Full support	✓ Prime responsibility	Full support

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	All Staff	Governance Groups	Departments/ Ward Responsible Manager	ILG Management Team	ILG Clinical Director	Corporate Services & Civil Contingency Act 2010 Responsibility	Executive Directors
Security risk assessments are undertaken, risk profiles / action plans arising are implemented and reviewed and that any security risks identified are recorded in the ward/department risk register.		✓ Monitor compliance	✓ Prime responsibility	✓ Prime responsibility	✓ Full support✓	✓ Prime responsibility	Full support
Safe systems of work are developed to protect staff and draw up clearly defined safe operating procedures.	✓ Full understanding	✓ Monitor compliance	✓ Full support ✓ Prime responsibility	✓ Prime responsibility ✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Staff are notified of security risks relating to their job and provided with appropriate training in accordance with the All Wales Violence and Aggression passport scheme.	✓ Full understanding	✓ Monitor compliance	✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Ensuring that security incidents are reported in line with the Health Board's Incident and Hazard Reporting Policy.	✓ Prime responsibility	✓ Monitor compliance	✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Safeguard themselves, colleagues, service users etc., in so far as is reasonably practicable.	✓ Prime responsibility	✓ Monitor compliance	✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Ensure and safeguard the security of their building, premises, department etc.	✓ Prime responsibility	✓ Monitor compliance	✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding

	All Staff	Governance Groups	Departments/ Ward Responsible Manager	ILG Management Team	ILG Clinical Director	Corporate Services & Civil Contingency Act 2010 Responsibility	Executive Directors
Familiarise themselves with any special security requirements relating to their place of work or work practices and the action to be taken in the event of a security incident.	✓ Prime responsibility	✓ Monitor compliance	✓ Monitor Systems	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Ensure that neither equipment nor property are put in jeopardy by their actions; either by instruction, example or behaviour.	✓ Prime responsibility	✓ Monitor compliance	✓ Monitor Systems	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Follow prescribed working methods and security procedures at all times.	✓ Prime responsibility	✓ Monitor compliance	✓ Monitor Systems	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Co-operate with management to achieve the aims of the Security Policy and Strategy.	✓ Prime responsibility	✓ Monitor compliance	✓ Monitor Systems ✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Notify their manager of any potential security risks, problems or concerns and report all incidents and near misses involving criminal or suspected criminal activity to the appropriate manager and/or the Police.	✓ Prime responsibility	✓ Monitor compliance	✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Follow any advice, procedures, systems or training introduced in order to reduce or eliminate risks identified.	✓ Prime responsibility	✓ Monitor compliance	✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
Complete incident forms detailing the circumstances of any incidents relating to security, including violence, aggression, anti-social behaviour or criminal activity, in line with the Incident Reporting Policy;	✓ Prime responsibility	✓ Monitor compliance	✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding

	All Staff	Governance Groups	Departments/ Ward Responsible Manager	ILG Management Team	ILG Clinical Director	Corporate Services & Civil Contingency Act 2010 Responsibility	Executive Directors
Draw to the attention of their manager any apparent non-compliance with this Policy.	✓ Prime responsibility	✓ Monitor compliance	✓ Prime responsibility	✓ Monitor Systems	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
To include in new starters pack appropriate information related to the Security Policy.			✓ Full support			✓ Prime responsibility	
To support staff who are victims of crime and violence in accordance with the Security and Violence Policies.	✓ Full understanding	✓ Monitor compliance	✓ Full support ✓ Prime responsibility	✓ Full support	✓ Full understanding	✓ Prime responsibility	✓ Full understanding
The formulation, implementation and maintenance of an effective Security Policy and strategy in consultation with all Health Board Unit Directors, staff representatives, and for ensuring that managers co-ordinate and implement the policy in their respective areas.	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Prime responsibility	✓ Prime responsibility
Reviewing and amending the Policy to ensure compliance with any new legislation or guidance	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Prime responsibility	✓ Prime responsibility
Ensuring that periodically, and at least annually, a report is presented to the Executive Board informing them of progress against the security and violence strategic aims.	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Prime responsibility	✓ Prime responsibility
Monitoring, in conjunction with the Corporate Quality Risk Committee, the performance of the Health Board, its Units and Directorates with regard to the implementation of this Policy.	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Prime responsibility	✓ Prime responsibility

	All Staff	Governance Groups	Departments/ Ward Responsible Manager	ILG Management Team	ILG Clinical Director	Corporate Services & Civil Contingency Act 2010 Responsibility	Executive Directors
Providing direction to the Health Board Security Operational Group.	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Prime responsibility	responsibility
Fulfilling, in so far as is reasonably practicable, the requirements of the All Wales Security Management Framework (2005) and the NHS Wales Health & Care Standards 2015.	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Full support	✓ Prime responsibility	✓ Prime responsibility
Advising the Health Board of any requirements; statutory, legislative or other relating to security, security and crime prevention risk assessments, Secure by Design, crime reduction and the supply of suitable security system solutions and services. Responsible person for approving the suitability of Estate major and minor works that impact on security and crime prevention management.		✓ Monitor Systems	✓ Full support	✓ Full support		✓ Prime responsibility	✓ Full support
Developing and reviewing the security strategy, policy and procedures.		✓ Monitor Systems	✓ Full support	✓ Full support		✓ Prime responsibility	✓ Full support
Ensuring Health Board representation on partnership working groups such as; local Community Safety Partnerships, Local authority, Police and any other public or private body that could assist the Health Board on security related matters.		✓ Monitor Systems	✓ Full support	✓ Full support		✓ Prime responsibility	✓ Full support



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	All Staff	Governance Groups	Departments/ Ward Responsible Manager	ILG Management Team	ILG Clinical Director	Corporate Services & Civil Contingency Act 2010 Responsibility	Executive Directors
Liaising with local Community Safety Partnership, the Police and the Health Board Business Contingency Manager to ensure that, where appropriate, crime prevention and counter terrorism measures considered within the Health Board.		✓ Monitor Systems	✓ Full support	✓ Full support		✓ Prime responsibility	✓ Full support

Appendix B - Terms of Reference

Name of Group	Security & Violence Strategic Group (SVSG)
Summary of Role:	<p>The Security & Violence Strategic Group has been established to provide the following;</p> <ul style="list-style-type: none"> • Lead and provide assurance that the NHS Wales Security Framework and the Health & Care Standard 2.1. 'Safe Care' is effectively implemented across the organisation. • Coordinate policy and set strategic direction, producing and leading an agreed forward work plan. • Provide agreed objectives for improvement based on risk and supporting data. • Monitor, report and address risk associated with security and incidents of violence against staff across the organisation and in support of the 3 x Integrated Locality Groups (ILG's). • Responsible for monitoring, auditing and assuring governance and compliance arrangements of security measures and the response to violence against Health Board staff. • Aim to help reduce incidents and risk and meet statutory and mandatory regulatory requirements. • Establish and provide a strategic working link with external stakeholders to include Welsh Government, South Wales Police and Local Authorities. <p>Operational security measures, delivery, standard operating procedures and compliance is the responsibility of the respective ILGs.</p> <p>The ILGs to provide local leadership and ensure that:</p> <ul style="list-style-type: none"> • There is a safe and secure environment and local systems and procedures are in place to protect, staff, service users, their property and the assets of the organisation. • Reduce the number of incidents and the risk to staff at ILG's from physical and verbal violence.
Key Security Policy Principles:	<p>Ensure a secure environment by following the principles of deter, deny, detect, respond and review.</p> <ul style="list-style-type: none"> • Deter - in security, as in healthcare, prevention is better than cure. Deterrence will normally be achieved by publicising counter measures and the degree of success they have. • Deny - in the real world, illegal or inappropriate behaviour is bound to occur despite efforts to stop it. Appropriate physical protection measures should be taken to deny unlawful access to patients, staff, service users, goods and assets. • Detect - the earlier that physical acts are detected, the smaller their chances of success. Raised awareness and technical aids to security is the route to success.

	<ul style="list-style-type: none"> • Respond - without an effective response, other counter measures may be ineffective. • Review - review security strategies after every incident, also after counter measures have been put in place, to evaluate their effectiveness.
Remit:	<p>The SVSG will be responsible for: <u>Strategy and Policy</u></p> <ul style="list-style-type: none"> • Introduce and implement any external recommendations from the National advisory and audit groups and consider how the key messages identified within the campaign can be incorporated into existing Health Board policies, and then delivered and communicated effectively to staff. • Support external requirements and initiatives that contribute, to tackling Security violence and Aggression risks. Incorporate these initiatives and directives into the Health Board Strategy and Action plan. • Produce a Security Policy and Strategy document along with associated procedures and guidelines which will support managers in the effective management of violence and aggression and security incidents. • Identifying the key areas of security and violence and aggression risk, prioritise goals and the appropriate actions and resources required to tackle and reduce the risks within the Health Board. • Continually monitor and review the Security and Violence strategic plans, implementation progress and effectiveness; recommending any improvements that may be required in terms of procedure and identifying any resource implications. • Develop procedures, guidance and information that will support Case Management and the police in the prosecution and anti-social behaviour referral of perpetrators. • Review procedures for recording violent /security incidents and actively encourage staff to report every incident of violence. • Review Datix reports for incidents which involving security and violence against staff provide performance data and report findings and escalate through to the relevant groups or committees. • Monitor and support review of security corporate risks included on the Health Board's Risk Register; <p><u>Partnership</u></p> <ul style="list-style-type: none"> • Encourage and develop a community approach to security and crime prevention through working collaboratively with the ILGs, Police, the Community Safety Partnership(s), the Community Health Council and other organisations with responsibility for community safety and security. • The SGG will liaise closely with the Police and Welsh Government contingency planning leads to ensure all appropriate operational measures are taken to deter, deny and detect acts of terrorism against its estate, staff, patients or visitors.

	<ul style="list-style-type: none"> Engage and work in partnership with staff side representatives. Review reports from national and local Community Safety partners e.g. neighbourhood Police units and Police Community Support Officers (Health Board patrol areas) on security, volume violent crime, anti-social behaviour and crime prevention. <p><u>Monitoring and Performance</u></p> <ul style="list-style-type: none"> Develop a performance monitoring process, produce and review the Security and Violence and Aggression action plan/progress report KPI scorecard. Develop an audit process and coordinate the violence and aggression management audit program across the Health Board. Monitor review violent/security incident trends, review risks and recommend appropriate actions. Monitor audit and report on security training and training records; Monitor the planning of all Health Board Estate major project and local building work and any change of use to ensure that the impact on physical security and the working environment is considered by the architects using specialist advice and at the planning stage of any development. <p><u>Support</u></p> <ul style="list-style-type: none"> Providing considered expert advice on all matters relating to security. Identify, promote and support the ILG's with operational initiatives that will ensure patients, staff and visitors feel, and are indeed, safe in their working environment and during their visits to Health Board sites. Escalate any recommendations to Executive leads, relevant groups and committees to improve statutory regulatory compliance in the management of security and incidents of violence against staff.
Reporting to: Communicates with: Monitoring of:	<ul style="list-style-type: none"> Director - Clinical Services Operations Director - Director of People Clinical and Operational Director of each ILG Quality and Safety Committee (QSC) Health and Safety Committee Capital Monitoring Group (CMG) CSO - Corporate Business Management Board
Sub Committees:	RTE, MC and BO ILG Health, Safety, Fire and Security operational service groups
Lead Executive Directors	Director of Clinical Services Operations Director of People
SGG Chaired by:	CSO's - Assistant Director of Facilities
SGG Vice Chair:	Head of Operational Health, Safety and Fire
Membership:	Membership to be arranged from the following areas:

	<p><u>Internal</u></p> <ul style="list-style-type: none"> • CSO-Facilities Assistant Director of Facilities • Head of Operational Health, Safety and Fire • 3 x regions ILG Service Group managers • 3 x regions ILG Facilities Regional Manager lead for operational site security • UHB Personal Safety Advisor • Civil Contingencies Manager • Head of Estates • Major Capital Projects lead • Workforce and Operational Development Unit • Community and Mental Health Unit • Patient Care and Safety Unit • Staff Side representative <p><u>External</u></p> <ul style="list-style-type: none"> • South Wales Police Senior Community Safety and Operational representative covering all 3 ILGs regions. • Merthyr Community Safety Police Partnership representative • Rhondda Cynon Taf Community Safety Police Partnership representative • Bridgend Community Safety Partnership Police representative • Community Health Council representative <p><i>Where a member is unable to attend, an appropriately briefed deputy should be nominated.</i></p> <p><i>Group members required for approval of documents/decisions will be at meetings or via email response.</i></p>
Meeting Frequency:	Quarterly (at least four times per annum)
Documentation Required/Submitted From:	<ul style="list-style-type: none"> • Minutes of Meetings. • Strategic forward work & action plan • Security & violence against staff KPI's dashboard report. • South Wales Police Demand & Incident reports • Lead ILG x operational exception reports of key issues regarding security and violence against staff. • Security, violence and aggression strategic delivery action plan • Security, violence and Aggression management compliance scorecard
Outputs (i.e. minutes of meeting submitted to other committee meetings)	<p>Exception performance reports and minutes of meetings:</p> <p>To escalate and inform other groups and committees of key issues associated with security and violence against staff.</p>
Contact:	Secretary to this meeting provided by Health & Safety team.
Date ToR Last Revised	2021

Appendix C Equality Impact Assessment - Policies

This section must be completed at the beginning of a policy or service review, this includes changed or withdrawn services in order to assess the impact on different protected groups under the Equality Act 2010. For advice on its completion please contact the Equality Team on CTM_Equality@wales.nhs.uk. For examples of completed EIAs please see the Equality site on Sharepoint.

Section 1 – Preparation		
1.	Title of Policy/service	<i>Security Policy</i>
	Is this a new policy/service or an existing one?	Existing Policy
2.	Policy/Service Aims and Brief Description	<p>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.</p> <p>This Policy details the core security principles from which all other security related procedures and response plans will stem.</p>
3.	Who Owns/Defines the Policy/Service? -	<p>The Director of Clinical Services Operations delegated responsibility to the Assistant Director of Facilities.</p> <p>The Head of Facilities Technical Services.</p> <p>The Director of People and the Head of Health and Safety and Fire.</p>

		The ILG Facilities Regional Manager and Facilities Governance & Compliance Manager.
4.	Who is Involved in undertaking this EqIA?	Assistant Director of Facilities The Head of Facilities Technical Services. The Head of Health and Safety and Fire.
5.	Other Policies and Services -	This Policy will facilitate a clear approach to managing security and violence against staff within the Health Board. Link to Health and Safety Policy and Procedures, Major Incident Plan Risk Management Policy and Procedures
7.	What might help/hinder the success of the policy/service?	Staff not being aware of the policy
8.	Is the policy/service relevant to "eliminating discrimination and eliminating harassment?"	The policy is not directly relevant to eliminating discrimination and harassment.
9.	Is the policy/service relevant to "promoting equality of opportunity?"	The aim of all CTM UHB policies will be to promote the equality of opportunity. This policy promotes site security safety to reduce risk to patients, visitors and staff and customers. The safe management of site security. Services.



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10.	Is the policy/service relevant to "promoting good relationships and positive attitudes?"	The aim of all CTM UHB policies will be to promote good relationships and positive attitudes and the importance of security and site and personal safety.
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Section 2. Impact

Please answer the following.

Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised. Some examples have been given against each category, but this is not exhaustive, and you may identify other issues.

PLEASE INCLUDE RELEVANT DATA FOR EACH GROUP E.G. IF YOU ARE AWARE OF YOUR POLICY OR SERVICE BEING RELEVANT TO PARTICULAR GROUPS E.G. IF IT IMPACTS ON OR IS LIKELY TO BE USED OR RELEVANT TO OLDER PEOPLE, ADD STATISTICS IN RELATION TO STAFF AND OR LOCAL POPULATION. USE NATIONAL STATISTICS WHERE RELEVANT.

Do you think that the policy/service impacts on people because of their age? (This includes people of any age but typically focusing on children and young people up to 18 and older people over 60)

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of their disability? (This includes sensory loss, physical disability, learning disability, some mental health problems, and some other long-term conditions such as Cancer or HIV)

Not specifically as the policy promotes security and personal safety across the organisation.

Does the policy impact on people because of their caring responsibilities?

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of Gender reassignment? (This includes all people included under trans* e.g., transgender, non-binary, gender fluid etc.)

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of their being married or in a civil partnership?

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of their being pregnant or having recently had a baby? (This applies to anyone who is pregnant or on maternity leave, but not parents of older children)

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities, Welsh/English etc.)

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs as well as atheists and other non-religious groups)

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on men and women in different ways?

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people)

Not specifically as the policy promotes security and personal safety across the organisation.

Do you think that the policy/service impacts on people because of their Welsh language? (E.g., the active offer to receive services in Welsh, bilingual information etc).

Not specifically as the policy promotes security and personal safety across the organisation.

The Welsh government is introducing a new Socio-economic duty which will be effective from April 2021. It will ask us to consider the impact of our decisions on inequality experienced by people at socio-economic disadvantage.

Not specifically as the policy promotes security and personal safety across the organisation.



Section 3 Outcome

<p>Summary of Assessment:</p> <p>Please summarise Equality issues of concern and changes that will be made to the service development accordingly.</p>	<p>No changes are required.</p>
<p>Please indicate whether these changes have been made.</p>	<p>Not applicable</p>
<p>Please indicate where issues have been raised but the service development has not been changed and indicate reasons and alternative action (mitigation) taken where appropriate.</p>	<p>Not applicable</p>
<p>Who will monitor this EIA and ensure mitigation is undertaken</p>	<p>The policy will be monitored through the Security and Violence Strategic Group and the Health and Safety Committee and organisation reporting arrangements.</p> <p>The policy will be reviewed annually by the responsible manager and a date for review will be agreed.</p>



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Approved by Equality Team	Yes/No
	Signed (Equality Manager / Officer) Date.....
To be held on Equality /Covid 19 Site	Actioned Yes/No