NHS GREATER GLASGOW AND CLYDE
SECURITY POLICY

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Security Policy

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1. **PURPOSE**

The purpose of this document is to:-

1.1 State the objectives of the Security Policy of NHS Greater Glasgow and Clyde (NHSGG&C).

1.2 Set out the responsibilities necessary for management and individual staff members to achieve these objectives.

1.3 To provide general advice with a view to ensuring a safe and secure environment within NHSGG&C premises.

2. **SCOPE**

2.1 This document expresses NHSGG&C’s Security Policy and sets out management and individual responsibilities.

2.2 The following are the more common potential risk areas within NHSGG&C premises:-

2.2.1 The general security of all buildings and their contents, with emphasis on valuable and/or attractive items likely to be stolen and potentially high risk terrorist threat locations;

2.2.2 The security of patients’ valuables and other property;

2.2.3 The personal safety of patients, residents, staff and visitors;

2.2.4 The security of cash on premises or in transit;

2.2.5 The security of drugs on premises or in transit;

2.2.6 The security of controlled stationery, e.g. order books, prescription pads, etc.;

2.2.7 The security of materials at the stages of receipt, storage, issue, transmission and return to and from stores as appropriate;

2.2.8 The prevention of internal and commercial fraud;

2.2.9 The protection of all confidential material;

2.2.10 The physical security of computers and software;

2.2.11 All problems related to vandalism;

2.2.12 The security aspects of any contingency plans involving the protection of patients, staff, visitors, contractors or property.

2.3 The following NHSGG&C Procedures and Guidance support the implementation and monitoring of the general policy and are attached as Appendices.

2.3.1 General Advice on Security (Appendix 1);

2.3.2 Identity Badge Protocol (Appendix 2);

2.3.3 Security-Related Incidents Reporting System (Appendix 3).

3. **STATEMENT of POLICY**

3.1 NHSGG&C is committed to providing effective security throughout its premises and activities to attempt, wherever possible, to:

3.1.1 ensure the personal safety at all times of patients, residents, staff and visitors;

3.1.2 protect personal and Board property against fraud, theft and damage; and

3.1.3 ensure the smooth and uninterrupted delivery of health and community care.
3.2 The main objectives of the Policy are the:-

3.2.1 protection of life and against injury from malicious criminal activity;

3.2.2 prevention of loss of personal and NHSGG&C assets as the result of crime;

3.2.3 protection of NHSGG&C property against malicious acts and damage including wilful fire raising; and

3.2.4 preservation of good order in premises under the control of NHSGG&C

3.3 NHSGG&C undertakes to implement such security systems as are reasonably practicable, in order to achieve the above objectives, without in any way affecting the comfort and well-being of patients, or creating an unnecessary restrictive atmosphere.

4. OTHER RELEVANT POLICIES

4.1 The following Policies should be referred to in conjunction with the Security Policy. The Security Policy therefore does not specifically cover the subject matter contained within these documents:

4.1.1 NHS Greater Glasgow and Clyde Fraud Policy;

4.1.2 NHS Greater Glasgow and Clyde Standing Financial Instructions;

4.1.3 NHS Greater Glasgow and Clyde NHS Mail Acceptable Use Policy;

4.1.4 NHS Greater Glasgow and Clyde Lone Worker Policy;

4.1.5 NHS Greater Glasgow and Clyde Violence and Aggression Management Policy;

4.1.6 NHS Greater Glasgow and Clyde Gender-based Violence Policy

4.1.7 NHS Greater Glasgow and Clyde Incident Management Policy;

4.1.8 NHS Greater Glasgow and Clyde Wilful Fire Raising Policy;

4.1.9 NHS Greater Glasgow and Clyde Uniform Policy;

4.1.10 NHS Greater Glasgow and Clyde Infant Abduction Policy;

4.1.11 NHS Greater Glasgow and Clyde Safe and Secure Handling of Medicines in Hospitalwards, Theatres and Departments;

4.1.12 NHS Greater Glasgow and Clyde Procedure for Confidentiality/Security and the Release and Management of Information;

4.1.13 NHS Greater Glasgow and Clyde Information Technology Security Policy;

4.1.14 NHS Greater Glasgow and Clyde Waste Policy;

4.1.15 NHS Greater Glasgow and Clyde CCTV Policy/ CCTV Standing Operating Procedure

4.1.16 NSS Hospital Lockdown Framework; Strategic Guidance for NHS Scotland.

N.B. Health Physics also have Radiation Safety Policy & a Site Security Policy which has restricted access – Please contact Health Physics for access

5. RESPONSIBILITIES OF ORGANISATION
5.1 Director of Facilities

5.1.1 Shall be responsible for the management of security issues throughout NHSGG&C.

5.1.2 Shall liaise with the Chief Executive via the Chief Operating Officer, Acute Services Division, and the Directors of CHP’s and Partnerships for the development of corporate policy on security.

N.B from 1st April 2015 CHP’s will be removed from statute and HSCP’s come into play.

5.1.3 Shall liaise with all Directors at the appropriate forums including the Partnerships Facilities Liaison forums to monitor the effective implementation of the NHSGG&C Security Policy.

5.1.4 Will ensure that a multi-disciplinary Site Incident Control Group is established within each Acute site and within the Partnership Sector via the Site Facilities Management Team to reduce and monitor security related risks. The Site Incident Control Groups will report into the Security Implementation Group, which is a quarterly Facilities Directorate Steering Group (in Partnerships may be referred to as Facilities Liaison Meeting). The Security Implementation Group reports to the Facilities Directorate Health and Safety Steering Group, which in turn reports to the Strategic Management Groups in Acute, and the CH(C)P Liaison Group within Partnerships, and the Corporate Management Team.

5.1.5 Will ensure that Security Summary Reports from Datix are reviewed at the Site Incident Control Groups and the Security Implementation Group and remedial actions taken.

5.2 Directors of Clinical Directorates and CHCPS

5.2.1 Will ensure that Health and Safety legislation affecting personal safety and security arrangements are complied with at all times.

5.2.2 Will ensure that Supervisors/Managers are available for and involved in security inspections.

5.2.3 Will ensure that employees, Supervisors / Managers are available for and involved in receiving information, instruction and training in security activities and arrangements.

5.2.4 Will ensure that Supervisors / Managers implement NHSGG&C Security Policy and that identity badges are issued and worn in accordance with the Policy.

5.2.5 Will ensure that all contractors under their control are issued with a copy of the NHSGG&C Security Policy statement and its arrangements prior to work commencing.

5.2.6 Will ensure that all staff wear photographic identification badges whilst on duty. NHSGG&C recognise that it is not always possible to comply with the photographic identification badge protocol and such situations should be agreed with line management and recorded via Datix.

5.3 Director of Finance

5.3.1 Will issue NHSGG&C Standing Financial Instructions, Financial Procedures and Standing Orders to all Managers and will update these documents as required.

5.3.2 Will ensure that these Instructions, Procedures and Orders are monitored to assess the level of Managers’ compliance, reporting discrepancies to the relevant Manager and to the Board Audit Committee.
5.3.3 Will report all Losses and Compensations to the NHSGG&C Board.

5.4 Director of Human Resources

5.4.1 Will ensure that The Protection of Vulnerable Groups Scheme (PVG) checks are carried out prior to the appointment of new staff who will have substantial unsupervised access to children and young persons in accordance with the Children Act 1989 and Home Office Circulars 46/94 consolidated with HC 8/88 and Vulnerable Adults.

5.4.2 Will ensure that the PIN guidance on safer pre and post employment checks is adhered to within NHSGG&C.

5.4.3 Will ensure that the Audit Scotland Report recommendations on Pre-Employment Checks for overseas staff in the NHS, is fully implemented.

5.4.4 Will ensure that where cases of disciplinary action against staff, which involve criminal offences, are being processed, on-going Police investigations are not compromised.

5.4.5 Will ensure that Supervisors / Managers implement NHS Greater Glasgow and Clyde Security Policy and that identity badges are issued and worn in accordance with the Policy.

5.5 Head of Prescribing Policy and Support Unit (PPSU)

5.5.1 Will issue a policy for the Safe and Secure Handling of Medicines for Hospitals and Primary Care settings within NHSGG&C to relevant line managers and professional staff and will review it as appropriate.

5.5.2 Liaise with Heads of Wards and departments to monitor compliance with the Safe and Secure handling of Medicines Policy using the available audit tools and report any discrepancies to the appropriate line manager. Major issues should be reported to head of PPSU who will escalate as appropriate through Clinical Governance structures.

5.5.3 Will ensure that Ward or Department Heads investigate any unexplained loss or suspected misuse of medicines supplied by NHSGGC, reporting any irregularities through the Board’s incident reporting system and to the Police (where relevant). PPSU will support investigations through providing information on medicines supply and advice on best practice. All unexplained losses of controlled drugs must be reported to the Accountable Officer for Controlled Drugs through the Controlled Drugs Governance team.

5.5.4 PPSU will put in place procedures for the safe disposal of out of date medicines in accordance with local clinical waste procedures.

5.5.5 Will ensure that the Pharmacy Departments are properly secure, seeking advice where required from the Facilities Directorate.

5.6 Director of Diagnostics

5.6.1 Will ensure compliance with current legislation for all matters requiring safe storage, use and transportation of radioactive materials.

5.6.2 Will ensure that all high risk laboratories and bio-hazard areas have specific security arrangements in place, seeking advice where required from the Facilities Directorate.
5.7 Director of Health Information and Technology

5.7.1 Will ensure that there is an up to date Procedure for Confidentiality/Security and the Release and Management of Information, and monitor compliance.

5.7.2 Will ensure that there is an up to date Information Technology Security Policy, and that compliance is monitored.

5.7.3 Will ensure that all IT equipment and systems for the Board are purchased through approved suppliers, monitor deliveries against orders and ensure that all equipment is security marked.

5.7.4 Will ensure that all old or broken IT equipment is returned to the IT Department for disposal.

5.8 Heads of Service and Departmental Managers

5.8.1 Must fully familiarise themselves with the NHSGG&C Security Policy and local control measures.

5.8.2 Must ensure that persons in the department or ward are fully aware of the NHSGG&C Security Policy, local procedures and any risks and security requirements in those areas.

5.8.3 Continually develop secure and safe practices in the department or ward to ensure maximum safety for all under his/her supervision or care and security of their belongings in a manner consistent with Board Policy.

5.8.4 Will produce security procedures specifically relevant to their departments or wards and ensure staff/contractors'/volunteers' compliance.

5.8.5 Will ensure all staff wear photographic identification badges at all times whilst on duty.

5.8.6 Will produce lone worker protocols for all areas where this applies and agree these with the relevant Heads of Service.

5.8.7 Will ensure that staff/volunteers/long term contractors receive appropriate training on security matters pertaining to their job, e.g. Control and Restraint and Conflict Resolution, and that training records are retained.

5.8.8 Must ensure that adequate supervision is available at all times, particularly where young or inexperienced workers are concerned. Ensure compliance with control measures associated with security risk assessments and review risk assessments on a regular basis.

5.8.9 Will ensure that all breaches in security are reported via Datix and that all employees/contractors in the department or ward know and follow the procedure for summoning assistance from Security (if present on site) and the Police i.e. at GRI call x 2222 for security or 999 for Police

5.8.10 Will accompany the responsible Manager on inspections of their departments or wards and co-operate fully on security matters.

5.8.11 Will ensure that all security devices are used, adjusted where required and maintained by regularly inspecting the equipment, reporting defects for rectification promptly.
5.8.12 Will maintain good housekeeping within the department or ward at all times including checking that all secured/controlled areas are kept in that state.

5.8.13 Will consider seriously any representation about security and personal safety from staff, volunteers, patients and contractors and where issues are raised, provide feedback to who raised the issue.

5.8.14 Will immediately alert the Local Counter Fraud investigation unit and the Police in cases where it is suspected that fraud has been committed.

5.9 All Employees, Contractors and Volunteers

5.9.1 Will make themselves familiar with and conform to the NHSGG&C Security Policy and local procedures and arrangements at all times.

5.9.2 Will attend any training arranged by their line manager or in accordance with their terms of service or contract.

5.9.3 Will observe all personal safety and security rules at all times, and will not misuse any items of security equipment.

5.9.4 Will wear/use appropriate safety equipment at all times including wearing a photographic identification badges and will politely challenge those persons not wearing photographic identification badges unless to do so would place themselves at risk. In this case, report such incidents to a senior member of staff or security staff where they are present.

5.9.5 Will report any lost photographic identification badges or lost keys immediately to their line manager and the Site Facilities Manager by email.

5.9.6 Will conform to all instructions given by their line manager and others with a responsibility for security.

5.9.7 Will promptly report all crimes, security breaches/risks and near misses to their immediate supervisor or responsible Manager.

5.9.8 Will keep secure door codes confidential so that they are only known by those that require them for regular discharge of their duties.

5.9.9 Will not wedge/jam open a secure door under any circumstances, nor permit access to any individuals without first confirming their identity and checking their reason for entry.

5.9.10 Are encouraged to make suggestions to improve security in NHSGG&C to their supervisor/line manager or to the Security Manager or Advisor.
Appendix 1

GENERAL ADVICE ON SECURITY

The advice contained below is of a very general nature. Specific advice on particular problems can be obtained from any Site Facilities Manager.

1. Lock all doors and windows, especially at night or when the building is to be unoccupied. Every room has something, which will appeal to the opportunist thief.

2. Lock away all your personal valuables in lockers, drawers, etc.

3. Be very careful with all keys. Don’t leave spare keys in drawers etc. Use key cabinets at all times- where they are provided.

4. Security-mark all valuable items within your ward/department and ensure they are recorded in the Asset Register in accordance with the NHSGG&C Standing Financial Instructions.

5. Check and maintain ward and department inventories at regular intervals. Often, only by such checks will you know if anything is missing.

6. If you are subjected to verbal or physical abuse, if at all possible, avoid direct confrontation and seek assistance. Report the matter to a senior member of staff as soon as practicable and log the incident on Datix.

7. Wear your NHSGG&C Photographic Identity Badge at all times when on NHS premises or outside on NHS business.

8. Never assume that a stranger found in a building is a member of staff even if, for example, he/she is wearing a white coat or other uniform. Such persons should be challenged. “Can I help you?” will often deter a potential thief.

9. Do not accept everything that a stranger tells you - even if he/she tells you that they have authorisation to be there. If they say “they are a member of staff”, ask to see their photographic identity badge or for any other identification if an “outsider”. Check with someone in authority if you are in doubt and never allow anyone to remove anything without checking first.

10. Never be overawed by callers. Ask them to prove their identity and to state the reason for their visit.

11. If at all possible, never leave strangers alone in your ward or department, even if they ask to speak to someone in authority.

12. Be alert to persons whose activities seem unusual or suspicious. Always report such incidents to a senior member of staff or Security Staff where they are present.

13. Never disclose NHSGG&C information to a stranger, no matter how important they may seem. Always report such instances to your Manager.

14. Do not assume that everybody is as honest as you!

It is the responsibility of the Head of Service and Departmental Manager to ensure all staff within their area of accountability and control are made aware of this advice and employee responsibilities as outlined in the NHSGG&C Security Policy.
WHY WEAR A PHOTOGRAPHIC IDENTITY BADGE?

Photographic identification badge systems are a key element in a comprehensive security regime. It is vital to be able to identify and recognise fellow staff and people with a bona fide reason for being on NHS premises. Staff are required to wear photographic identity badges at all times for three reasons:

- To underpin NHS Greater Glasgow and Clyde’s commitment to patient-focused high quality care.
- To allow patients and visitors to identify Staff members and their role.
- As a key element of NHS Greater Glasgow and Clyde’s Security Policy.
- Access Control

STATEMENT OF PRACTICE

Staff of NHS Greater Glasgow and Clyde involved with its services, must wear a personal NHS Greater Glasgow and Clyde Photographic identification badge at all times while on duty either on the premises of NHS buildings or off-site in the wider community.

Visitors, where appropriate to NHS Greater Glasgow and Clyde premises should be booked in and out via ID Cards, for which control will be formally documented.

Contractors, who have authorised, non-NHS contracted personnel on-site, or on active NHSGG&C business, will have Contractor ID cards issued to all their employees.

Volunteers who have been processed through the PVG Scheme must wear a photographic identification badge at all times whilst on duty. This badge will be clearly marked ‘Volunteer’.

University staff employed on NHS Greater Glasgow and Clyde premises must wear a personal photographic identification badge at all times whilst on duty. This badge will be clearly marked ‘UNIVERSITY’.

CONTROL AND ADMINISTRATION OF BADGES

Authorisation will be in the form of a recognised NHSGG&C photographic identity badge request form, signed by authorised managers. This form needs to be taken by the employee to the appropriate ID Badge Service Centre.

All NHS Greater Glasgow and Clyde photographic identity badges will have employee’s full name and designation printed on the badge with a current photograph.

NHS Greater Glasgow and Clyde will review the issue of all photographic identification badges every 3 years. This will be completed by reviewing staff payroll records against the staff identification badges issued.

Where proximity card readers are fitted access will automatically be removed if the areas has not been accessed in a three month period. Access will only be reinstated by the authorised manager completing the recognised NHS Greater Glasgow and Clyde ID Badge Reactivation Request Form and the employee taking it to the appropriate ID Badge Service Centre.
ID Badge Service Centres will operate in the following areas:-

- Southern General Hospital
- Victoria Infirmary
- Glasgow Royal Infirmary
- Stobhill ACH
- Yorkhill Hospitals
- Western Infirmary
- Gartnavel General Hospital
- Parkhead Hospital
- Gartnavel Royal Hospital
- Vale of Leven Hospital
- Inverclyde Royal Hospital
- Royal Alexandra Hospital

Temporary identification badges will be issued to staff until their permanent badges arrive. Staff will be advised when these are available and will be required to attend an ID Badge Service Centre to pick up their permanent badge. Temporary badges will be returned in exchange.

Lost badges must be reported immediately to the line manager and the Site Facilities Manager by email. If staff details change an Amendment Form with the details should be submitted to the ID Badge Service Centre by the Authorised Manager.

WHAT HAPPENS TO YOUR INFORMATION ON THE ID FORM?

NHS Greater Glasgow and Clyde is in full compliance with the Data Protection Act. Information contained on this form, along with the staff photograph, will be held securely and used for Staff Identification purposes only.

The form is available to download from the NHS Greater Glasgow and Clyde Intranet http://staffnet/Staffnet%20Home%20Page.htm

RETURN OF BADGES ON LEAVING NHS GREATER GLASGOW AND CLYDE

Your manager has a duty and responsibility for the security of ID Badges issued to his/her staff. It is the responsibility of managers to retrieve the photographic identity badge, place a photocopy of it within the staff file with date of destruction marked on the page, and destroy and dispose the badge.

Details of staff leaving NHS Greater Glasgow and Clyde are sent to the ID Badge Service Centres by Payroll Department, so that their details can be deleted from the system databases.
1. **USE OF FORMS**

1.1 To try to standardise procedures throughout the NHS Greater Glasgow and Clyde area, and to allow more accurate and reliable figures to be kept on security matters, a reporting system for property loss, damage or theft is in place. This involves the completion of a Datix Form (found on Staff Net), supplemented by a Loss, Damage or Theft of Property Report (Form IR3) if property has been lost, damaged or stolen.

1.2 Datix entries **MUST** be completed on every occasion when any crime or other security incident occurs on NHSGG&C premises, or involves any NHSGG&C property by the Head of Department / Supervisor / person who has lost property.

1.3 The IR3 forms should be used to report any items which appear to have been lost or damaged, and/or for which the owner of the property wishes to claim compensation. In these instances, the form should be submitted as in 2.1 below and, depending on the value involved, will thereafter be forwarded to the Finance Directorate for further action.

2. **SUBMISSION OF FORMS**

2.1 When completed the forms should be forwarded as soon as possible but no later than two working days after the incident, to the appropriate manager for further action/information.

2.2 Thereafter, if an obvious crime has been committed, copies of the forms should be submitted to the Facilities Site Manager or the designated Site/Premises manager.

3. **REPORTING TO THE POLICE**

3.1 When a crime has occurred and it is deemed appropriate that the matter should be reported to the Police for investigation, then it is the responsibility of the following persons:-

i) where there is loss, damage or theft involving personal property, it is the responsibility of the owner.

ii) where NHSGG&C property is involved, the ward/departmental manager should do so.

3.2 Persons reporting a crime should telephone Police Scotland on 101 and should be able to provide as much information as possible about any property involved. Details of any witnesses and a description of any suspect(s) are also important.

3.3 If any member of staff witnesses a crime in the process of being committed, in addition to contacting the police, they should also immediately notify their line manager or Head of Department and Site Facilities Manager.