



## Security Policy

Inmind Reference:	OPS08
Category:	Operational Policies
Version Number:	V1.2
Reviewed on:	March 2019
Next review date:	March 2020
Lead Officer:	Operations Director
Equality Impact Assessment completed:	Yes

<b>Applicable Legislation/Regulations:</b>
<b>Codes of Practice:</b>
<b>Purpose:</b>
To effectively manage safety of staff and environments through proactive security measures, effective management systems and the commitment of all employees within the Inmind Healthcare Group.

Version Control Table		
Date Ratified	Version Number	Status
November 2016	1.1	Closed
March 2019	1.2	Live

Date	Key Revision
March 2019	Ratified and transferred onto new policy template

***Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).***

## Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

### 1. INTRODUCTION

The objectives of the policy are to create, maintain and ensure:

- The safety of all who use and work within our services
- The protection of property and assets against fraud, theft and damage
- A safe environment where care can be delivered

### 2. SCOPE

The policy aims to effectively manage safety of staff and environments through proactive security measures, effective management systems and the commitment of all employees within the Inmind Healthcare Group

### 3. DEFINITIONS

Security can be defined as: Something that gives or assures safety, to protect or to safeguard

### 4. DUTIES

**4.1 Chief Executive**

The Chief Executive has the overall responsibility in meeting all the statutory obligations and ensuring that effective security arrangements are in place and regularly reviewed.

**4.2 Group Operations Director**

The Group Operations Director is responsible for ensuring that all Inmind Healthcare Group services adhere to this policy and that appropriate processes are in place to maintain the security arrangements across all sites

**4.3 Hospital Directors** are responsible for

- The development and adaptation of Security Procedures to ensure relevance to their specific services
- Low Secure Standards are followed (As applicable to Waterloo Manor & Battersea Bridge)
- Overall Supervision of the day to day security within their department
- Reporting incidents, crime or suspected crime
- Ensuring that staff are aware of this policy and supporting policies.

**4.4 Policy Author**

Policy Author is responsible for the development of this policy as well as ensuring the implementation and monitoring is communicated effectively throughout the company and that monitoring arrangements are robust.

**4.5 All Staff**

All members of staff are responsible for ensuring that they comply with this policy. The reporting of incidents will be as per the company Incident reporting system e-MDS.

## **5. REQUIREMENT TO UNDERTAKE RISK ASSESSMENT**

5.1 Each service is required to carry out their own annual risk assessment for their area of responsibility. Daily checks or those carried out following handover of shifts should be managed at a local level.

5.2 Identified risks will be added to the individual services risk register and managed locally, unmanaged risk will be taken to the Board of Director's as appropriate.

5.3 As a result of the local security risk assessment, the appropriate lead will identify site wide risks and develop Risk Management action plans where appropriate.

5.4 Identified risks will be added to the risk register at the appropriate risk level in Consultation with the Board of Director's.

## **6. MANAGING SECURITY RISK**

6.1 In order to achieve the objectives set out within this policy the Inmind Healthcare Group will:

- Provide Staff with training appropriate to their service including relational security
- Ensure internal and external security arrangements are in place
- Incorporate security and safety into all new building design
- Incorporate appropriate security and safety measures into existing buildings
- Promote security & safety awareness, through training, communication and developing new and existing processes
- Ensure the wearing of ID Badges by all Staff
- Ensure that timely and effective Risk Assessments are carried out
- Provide Incident Reporting Data Analysis
- Ensure communication of all Security & Safety matters
- Provide CCTV coverage to all sites within the group

## **7. RECORDING AND REPORTING OF SECURITY MANAGEMENT INCIDENTS**

- 7.1 Recording and reporting will be carried out as per Incident Management and Review Policy. All staff are required to report all incidents via the e-MDS reporting system the analysis of incidents will be undertaken by the Hospital Director's and shared with the Board of Director's. This data will be used to enhance and improve the services.

## **8. REVIEW**

- 8.1 This policy will be reviewed by the policy development group every year unless legislation or guidance from appropriate bodies indicates otherwise.

## **9. MONITORING**

- 9.1 Safety and Security will be overseen by the Board of Director's via the Risk Register. Detailed reports and action plans are monitored via local arrangements as described below: