

Internal Audit



Physical Security - Hospitals

June 2014

Overall Opinion	Requires Improvement
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Executive Summary

Overall opinion	Requires improvement
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Risks	Control Opinion
Property is stolen or damaged	Requires improvement
Patients, staff or visitors suffer physical or verbal abuse	Requires improvement

Overall opinion

While security arrangements for hospitals are considered at a local level, NHS Lothian has not fully implemented security standards issued by NHS Scotland in December 2008. In particular, security measures have not been specified for each type of building across NHS Lothian's estate, with particular anomalies and issues noted during site visits.

As well as controls relating directly to buildings, compliance with the Management of Violence & Aggression Policy is a key means for promoting the protection of staff, patients and visitors. Although issued in April 2011, the policy has not been monitored to confirm that managers are complying and staff are being trained. In response to an Improvement Notice issued by the Health & Safety Executive in June 2013, a HSE Improvement Group was set up to oversee implementation of improvements.

Theft and damage to property

In December 2008, NHS Health Facilities Scotland issued the Security Management Framework for NHS Boards in Scotland which set security standards for health boards to follow. The standards within the Security Management Framework have since been developed and replaced by Security Services Standards for NHS Scotland issued in March 2014.

While specific requirements of the Security Management Framework and Security Services Standards are covered by existing policies and procedures, Facilities decided to wait for the later document, rather than developing plans to comply with the Security Management Framework. As a result, NHS Lothian does not fully comply with the requirements of either the Security Management Framework or Security Services Standards (issue 1). In particular, security measures have not been specified for each type of building across NHS Lothian's estate, with anomalies and issues noted as part of site visits during the audit (issue 3).

Violence & aggression

As well as controls relating directly to the physical security of buildings, compliance with the Management of Violence & Aggression Policy and associated policies is the key means for promoting the protection of staff, patients and visitors. Also, the Centre for Management of Aggression provides a portfolio of violence & aggression training, with NHS Lothian policies covering specific aspects such as lone-working, restraint and safety alarms.

When issued in April 2011, the Management of Violence & Aggression Policy required all service and department managers to complete the Risk Assessment & Risk Reduction System (known as the Purple Pack). The aim of the exercise was to identify any staff training or other requirements relating to violence & aggression and lone-working. Apart from managers being expected to comply, the policy has not been monitored to confirm that Purple Packs are completed and staff are trained.

In June 2013, the Health & Safety Executive issued an Improvement Notice requiring NHS Lothian to strengthen processes for addressing risks to staff and third-parties from potential violence & aggression. In response, a short-life HSE Improvement Group was set up to develop an action plan and oversee the implementation of improvements. After the closing

meeting of the HSE Improvement Group was held in April 2014, local Health & Safety Committees are expected to monitor completion of some remaining actions, with an update to the Health & Safety Committee due in July 2014 (issue 2).

Background, Objective & Scope

Background

In December 2008, NHS Health Facilities Scotland issued a Security Management Framework for NHS Boards in Scotland which set out responsibilities and high-level requirements for physical security. At the same time, NHS Health Facilities Scotland set up a national Security Services Advisory Group to develop further security standards with the NHS Resilience Unit and Strategic Facilities Group. In March 2014, NHS Health Facilities Scotland published the Security Services Standards for NHS Scotland which developed and replaced the Security Management Framework.

Within NHS Lothian, the Health & Safety Manual and Violence & Aggression Policy set out the requirement for all departments and service areas to complete Risk Assessments covering security matters and formulate Risk Reduction Systems. As part of the process, site or operational managers are responsible for determining the security measures appropriate for their own sites. Meanwhile, training for countering violence & aggression is provided through the Centre for Management of Aggression, with a range of e-learning modules and training courses available.

Where breaches of security occur, reports require to be completed on Datix, with post-incident reviews to address any underlying risks. During 2013/14, 419 incidents relating to security were recorded: 343 relating to theft, loss or damage, 41 to unauthorised access, and 35 to property security and danger to patients or staff. Meanwhile, 5,132 incidents relating to violence & aggression were recorded, including 2,425 cases of physical violence by patients towards staff, 681 cases of physical violence by patients towards patients and 20 cases involving the carrying of offensive weapons.

Objective

The objective of the audit was to evaluate the adequacy and effectiveness of internal controls associated with the physical security of hospitals.

The audit focused on specific risks.

- Property is stolen or damaged.
- Patients, staff or visitors suffer physical or verbal abuse.

Scope

The scope of the audit included:

- acute and community hospitals, including care facilities for the elderly;
- high-dependency and special units, eg maternity, intensive care, psychiatric and paediatric;
- day-time and out-of-hours arrangements;
- plans for responding to emergency situations; and
- violence & aggression training.

The scope excluded:

- unoccupied hospital sites;
- lone-working anywhere other than on hospital sites;
- car park security;
- asset logs & registers;
- medicines management on wards; and
- information governance.

Audit Issues & Recommendations

<p>Issue 1 Significant</p>	<p>Security standards issued by NHS Scotland have not been fully implemented</p>
<p>In December 2008, NHS Health Facilities Scotland issued the Security Management Framework for NHS Boards in Scotland which set security standards for health boards to risk-assess key functional areas. In particular, health boards were required to set clear accountability structures for security management, led by an executive director and supported by security policies and procedures at an operational level. At the same time, NHS Health Facilities Scotland set up a national Security Services Advisory Group which published the Security Services Standards for NHS Scotland in March 2014, with the new standards developing and replacing the Security Management Framework.</p> <p>Within NHS Lothian, the Director of Human Resources & Organisational Development is the executive lead for security matters, with Site Logistics Managers within Facilities responsible at an operational level. Also, specific requirements of the Security Management Framework and Security Services Standards are covered by existing policies and procedures, eg Risk Management Policy, Adverse Event Management Policy, Management of Violence & Aggression Policy and Lone Working Policy. Nevertheless, Facilities decided to wait for the Security Services Advisory Group to report, rather than developing plans to comply with the Security Management Framework issued in 2008. As a result, NHS Lothian does not fully comply with the requirements of either the Security Management Framework or Security Services Standards. In particular:</p> <ul style="list-style-type: none"> • no specific group oversees security matters across NHS Lothian, supported by a dedicated Security Manager – although security topics are discussed during monthly Site Logistics Managers meetings; • security measures for each type of building across the estate have not been specified, eg access control systems, CCTV, intruder alarms or room sensors – instead, Site Logistics Managers consider requirements on a local basis; • a strategy has not been formulated to determine which hospitals or other sites have dedicated security staff, with no specific training-needs analysis undertaken for current security staff; • guidance has not been developed for dealing with suspicious packages (eg suspected explosive devices) or emergency plans developed for the loss of any high-security items; and • key performance indicators have not been developed to report on security matters to an appropriate governance committee (eg level of compliance with the Security Management Framework or Security Services Standards, number of incidents requiring police presence, or number of incidents resulting in prosecution). <p>By not fully complying with NHS standards, NHS Lothian faces increased risks for property being stolen or damaged, or patients, staff or visitors being physically or verbally abused.</p>	

Recommendation

The Security Services Standards for NHS Scotland should be fully implemented, with regular progress reports to an appropriate governance committee.

Management Response

As mentioned, Facilities was waiting for the Security Services Advisory Group to report, with the Security Services Standards published in March 2014. Meanwhile, security has been overseen at a local level, with co-ordination through the Site Logistic Managers' monthly meetings. As noted below, the wider security framework promoted through the Security Services Standards is now being taken forward across NHS Lothian.

Management Action

With input from the Area Managers for Soft Facilities Management, the Head of Soft Facilities Management will review the requirements of the Security Services Standards against the framework and practices in place across NHS Lothian. From the review, an action plan will be developed listing specific actions with nominated owners and target dates to address specific areas of non-compliance. Within the action plan, priority will be given to key aspects required to strengthen the security framework across NHS Lothian.

By October 2014, the Head of Soft Facilities Management will present the draft action plan to NHS Lothian's main Health & Safety Committee for review and approval. Thereafter, the Health & Safety Committee will be kept up-to-date with progress in completing the actions, with final assurance given to the Health & Safety Committee when the Security Services Standards have been fully implemented. In turn, the Healthcare Governance Committee will receive assurance through the minutes of the Health & Safety Committee.

Responsibility:

██████████
Head of Soft Facilities Management

Target date:

31 October 2014 – action plan presented to the Health & Safety Committee

<p>Issue 2 Significant</p>	<p>Violence & aggression measures and staff training needs have not been fully identified</p>
<p>When issued in April 2011, the Management of Violence & Aggression Policy required all service and department managers to complete the Risk Assessment & Risk Reduction System (known as the Purple Pack). The aim of the exercise was to identify any staff training or other requirements relating to violence & aggression and lone-working. Apart from managers being expected to comply, the policy was not monitored to confirm that Purple Packs were completed and staff were trained. (A first draft of a revised Violence & Aggression Policy with similar requirements was presented to the Health & Safety Committee in April 2014, with a final draft of the policy expected in July.)</p> <p>Following an incident at St John's Hospital in January 2013, the Health & Safety Executive undertook a check on the completion of Purple Packs and staff training in wards within the Western General Hospital, Royal Infirmary of Edinburgh and Royal Edinburgh Hospital. As a result of failures identified, the Health & Safety Executive issued an Improvement Notice in June 2013 requiring NHS Lothian to strengthen processes for addressing risks to staff and third-parties from potential violence & aggression. In response, a short-life HSE Improvement Group was set up in August 2013 to develop an action plan and oversee the implementation of improvements. After the closing meeting of the HSE Improvement Group was held in April 2014, local Health & Safety Committees are expected to monitor the remaining issues raised in the Improvement Notice. In July 2014, the Head of Health & Safety Services is to provide the Health & Safety Committee with an updated action plan to cover the outstanding actions. In particular, some important actions remain to be completed:</p> <ul style="list-style-type: none"> • Site Directors for the hospitals reviewed by the Health & Safety Executive have not provided updates on action plans to confirm that Purple Packs have been completed and staff have been trained; • from sampling wards across NHS Lothian, the Health & Safety team reports significant non-compliance with the Purple Pack and other related policies, eg lone-working, restraint and safety alarms; • the Centre for Management of Aggression reports that the Centre has insufficient resources to check how well Purple Packs have been completed and meet training needs (the Centre has prepared a bid for additional resources); and • the HSE Improvement Group did not receive any evidence to confirm that local Health & Safety Committees are now reviewing all incidents of violence & aggression that result in harm. <p>By not fully complying with policies, the risk is increased of patients, staff or visitors being physically or verbally abused.</p>	

Recommendation

In July 2014, the Health & Safety Committee should agree final deadlines for completing any aspects of the Improvement Notice that have not been fully addressed across NHS Lothian. Thereafter, a formal report should be submitted to the Health & Safety Committee to confirm completion.

Also, regular checks should be set up to confirm that Purple Packs are being completed appropriately by wards and departments, and staff are receiving regular and appropriate training.

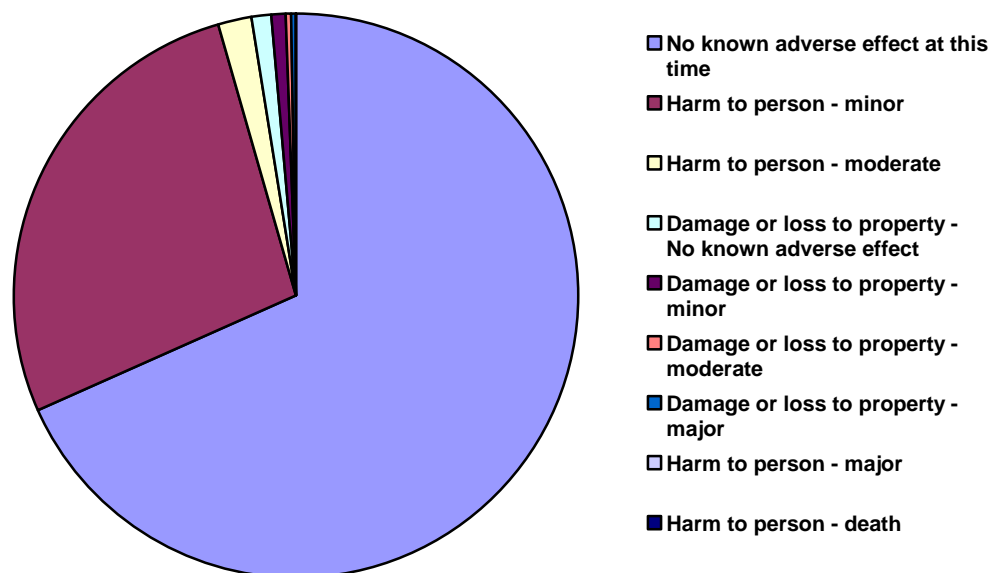
Management Response

One of the actions from the short-life working group set up in August 2013 was for the Centre for Management of Aggression to hold a database of completed Purple Pack Risk Assessments.

The database is currently populated with 234 completed packs. This database is periodically shared with Site Directors and other senior managers to help identify gaps and outstanding areas.

The Centre for Management of Aggression has reprioritised training output to allow for the quality assurance of the packs. To date, 125 risk assessments have been reviewed.

Last year (1 April 2013 to 30 March 2014), 5,203 incidents of violence & aggression were reported in NHS Lothian. Of these incidents, the associated harm is indicated below:



Violence & aggression is one of the top three reported incidents in NHS Lothian and, to reflect this, there is a corporate objective to reduce the level of harm associated with incidents of violence & aggression.

As a result of the learning from the Improvement Notice, a revised violence & aggression policy has been drafted. This policy aims to improve the monitoring arrangements for policy implementation and to communicate managerial responsibilities with more clarity.

Management Action

A further report will be submitted to the Health & Safety Committee in October to confirm progress with the action plans to fully address the Improvement Notice.

Responsible: Health & Safety Team

The Purple Pack database work will continue, and progress will be reported via the main Health & Safety Committee. The relevant sections of the database will be reported to local Health & Safety Committees to allow for ongoing monitoring.

Responsible: Centre for Management of Aggression

A site and divisional approach will be taken to prioritisation of risk-based training delivery. This approach will ensure that the right level of training is being delivered on site, with minimum impact to clinical service delivery. A 6-monthly training delivery plan will be developed to articulate this approach.

Responsible: Centre for Management of Aggression

Responsibility:

██████████

Head of Health & Safety Services

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██████████████████

Manager, Centre for Management of Aggression

Target date:

31 October 2014

<p>Issue 3 Significant</p>	<p>Unauthorised access can be gained to wards and departments</p>
<p>Contrary to the requirements of NHS standards (refer to Issue 1), security measures have not been specified for each type of building across NHS Lothian's estate. Instead, Site Logistics Managers consider requirements on a local basis. During the audit, some particular anomalies and issues were noted as part of site visits.</p> <ul style="list-style-type: none"> • For some buildings and wards, access is restricted using electronic swipe card systems, with staff expected to return swipe cards when transferring between departments or leaving NHS Lothian. However, controls are not in place to confirm cards are returned or access rights are de-activated. For example, the Assistant Site Logistics Manager for the Royal Hospital for Sick Children identified that around 5,000 swipe cards were active in 2012 instead of an expected 1,000 cards. • For some buildings and wards, keypad systems are used to restrict access, with different systems in place across NHS Lothian. Apart from any local arrangements, keypad codes are not being changed at any particular frequency. • Where buildings and wards have access control systems, emergency exits are usually push-panel activated to allow egress in emergencies. However, not all such exits are linked to central control systems to monitor which doors have been opened. Also, systems that are installed are not always fully operational, eg the system at St John's Hospital has not functioned for over 3 years. • Although CCTV is in place across many sites, practices vary for monitoring and retaining CCTV recordings. • Even with access controls in place, staff in some wards readily allow access to visitors who buzz the intercom system. Also, visitors reporting to areas with video monitors may not clearly show their faces or groups of visitors may enter together (at Maternity at the Royal Infirmary of Edinburgh, the entry door is not visible from the nurses' station). <p>Without secure access to buildings and wards, the risks are increased for property being stolen or damaged, or patients, staff or visitors being physically or verbally abused.</p>	
<p><u>Recommendation</u></p> <p>As part of implementing the Security Services Standards for NHS Scotland (refer to Issue 1), consistent guidelines and practices should be developed to address the anomalies and issues noted above.</p> <p><u>Management Response</u></p> <p>Refer to Management Response to Issue 1.</p> <p><u>Management Action</u></p> <p>The action plan mentioned in the Management Action to Issue 1 will address these points also.</p>	

<p>Responsibility: [REDACTED] Head of Soft Facilities Management</p>	<p>Target date: 31 October 2014</p>
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Definition of Ratings

Audit Opinions

- Fully satisfactory - the control framework is fully adequate and effective to manage the main risks within acceptable limits.
- Satisfactory - although improvement is possible, controls are adequate and effective to manage the main risks within acceptable limits.
- Requires improvement - significant issues exist with the adequacy or effectiveness of controls which could result in disruption, loss or reputational damage.
- Unsatisfactory - the control framework is generally inadequate or ineffective with issues that require immediate attention to prevent disruption, loss or reputational damage.

Issue Ratings

- Critical - the issue has a material effect upon the wider organisation.
- Significant - the issue is material for the subject under review.
- Important - the issue is relevant for the subject under review.

Audit Team

██████████, Principal Auditor
██████████, Deputy Chief Internal Auditor

Distribution List

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Susan Goldsmith, Director of Finance
Alan Boyter, Director of Human Resources & Organisational Development
Alex Joyce, Employee Director
George Curley, Director of Operations, Facilities
Stuart Wilson, Director of Communications & Public Affairs
Chris Kalman, Director of Occupational Health & Safety
██████████, Head of Education & Employee Development
██████████, Head of Soft Facilities Management
██████████, Head of Health & Safety Services
██████████, Manager, Centre for Management of Aggression
Audit Scotland, External Audit

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