

## STANDARD OPERATING PROCEDURE FORENSIC – ACTIVE SECURITY REVIEWS (ASR)

<b>Document Reference</b>	SOP18-011
<b>Humber Centre PSI Reference</b>	FPS 034
<b>Version Number</b>	3.1
<b>Author/Lead</b>	Thomas Greenwood
<b>Job Title</b>	Health Safety and Security Lead
<b>Instigated by:</b>	Forensic Divisional Operational Division Group
<b>Date Instigated:</b>	
<b>Date Last Reviewed:</b>	13 February 2023
<b>Date of Next Review:</b>	February 2026
<b>Consultation:</b>	Clinical Network Security Committee & Senior clinicians
<b>Ratified and Quality Checked by:</b>	Security Committee
<b>Date Ratified:</b>	13 February 2023
<b>Name of Trust Strategy/Policy/Guidelines this SOP refers to:</b>	None identified

**VALIDITY – All local SOPS should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
2.0	Jan 2019	<i>This version – complete rewrite</i>
3.0	Jan 2022	<i>Minor changes in keeping with new directives and modern language</i>
3.1	Feb 2023	<i>Reviewed. Minor amendments and review frequency amended. Approved at Security Committee (13 February 2023).</i>

## Contents

1. INTRODUCTION .....	3
2. SCOPE .....	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURES .....	3
4.1. Planning.....	3
4.2. Facilitation .....	4
4.3. Evaluation.....	4
4.4. Report/Learning .....	4
5. IMPLEMENTATION .....	4
6. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS.....	4
7. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES .....	4
Appendix 1 – ASR Evaluation .....	5

## 1. INTRODUCTION

Active Security Reviews are a form of table-top exercise intended to test the capability of the service to effectively manage non-routine 'emergency' situations. They inform service practice and training needs analysis.

**Care Quality Commission (CQC)** - Essential Standards of Quality and Safety.

This Procedure supports the compliance with the Care Quality Commission Regulation 9, Outcome 4 'People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights'.

This Procedure supports the compliance with the Care Quality Commission Regulation 23, Outcome 14 'People are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised'.

This will be manifested in the staff's ability to maintain a safe and secure environment for the delivery of care to support the patient's recovery journey.

### **Restrictive Practice**

This procedure regulates the practice of staff in an area of practice that does not constitute a blanket restriction to patient activity.

## 2. SCOPE

This procedure relates to the facilitation of desktop exercises, designed to test and inform security practice in low and medium secure services of the Trust.

## 3. DUTIES AND RESPONSIBILITIES

All service staff will be aware of the procedure and will work in accordance with it.

The Security Group will oversee the process of planning, scheduling, running and evaluation of ASRs. The outcome of each ASR will be reported to the Clinical Network.

The Clinical Network will consider how to share any learning from each ASR to the wider staff group.

## 4. PROCEDURES

### **4.1. Planning**

ASR will be a standing item on the Security Group agenda.

On a rotational basis, year, three members of the Security Group will be identified to formulate, facilitate and evaluate an ASR.

### **Potential Scenarios**

The Security Group will identify and devise a scenario every year, which may be taken from the following list:

- Medical emergency (patient)

- Medical emergency (staff)
- Resuscitation
- Concerted indiscipline/riot
- Roof access
- Barricade
- Hostage taking
- Lockdown search
- Violence
- Mobilising Yorkshire & Humber Emergency Evacuation Plan
- Fire
- Flood

#### **4.2. Facilitation**

Each ASR will last a maximum of thirty minutes.

The ASR will take place in a non-clinical environment, equipped with whatever resources and materials will be needed.

The support team will continue to be available to respond to alarms unless there are sufficient additional staff to back-fill.

#### **4.3. Evaluation**

The ASR will be recorded and evaluated in the form in Appendix 1.

After review at the Security Group, the ASR evaluation will be submitted to the Clinical Network.

#### **4.4. Report/Learning**

The Clinical Network will identify any learning opportunities and the most effective way for that to take place.

This may include a staff-group email, discussion at staff group meetings, review of existing training, formulation of new training, etc.

### **5. IMPLEMENTATION**

This procedure will be published in the Security Procedures folder in the Forensic V drive folder. All staff are referred to this folder in their induction and annual security update.

Ratification of the procedure will be highlighted using a Security Brief.

The implementation of this procedure requires no additional financial resource.

### **6. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS**

Department of Health (2011) Environmental Design Guide: Adult Medium Secure Services

Quality Network for Forensic Mental Health Services (2016) Standards for Forensic Mental Health Services: Low and Medium Secure Care

### **7. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES**

None identified.

## Appendix 1 – ASR Evaluation

<b>Date:</b>	
<b>Facilitator(s):</b>	
<b>Participants:</b>	
<b>Scenario:</b>	
<b>Summary:</b>	
<b>Learning Points:</b>	

email to [HNF-TR.ForensicSecurity@nhs.net](mailto:HNF-TR.ForensicSecurity@nhs.net) for the next Security Group agenda