

STANDARD OPERATING PROCEDURE FORENSIC- DOOR MANAGEMENT SYSTEM FAILURE

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

CHANGE RECORD

Version	Date	Change details
1.0	Sep 2020	New SOP.
2.0	Feb 2023	Reviewed with minor updates. Approved at ODG (13 February 2023).

Contents

1. INTRODUCTION	3
2. SCOPE	3
3. DUTIES AND RESPONSIBILITIES.....	3
4. PROCEDURES	4
5. REFERENCES	6

1. INTRODUCTION

The secure external perimeter is a physical barrier aimed at reducing risk and maintaining service integrity. It can be defined as a number of systems and processes that protect against unauthorised egress and access to a facility. Perimeter security involves the use of multiple layers of interdependent systems, including CCTV surveillance, security roles, protective barriers, locks, access control protocols, and many other techniques. A holistic approach is taken to perimeter security; the perimeter is the solid foundation upon which the other aspects of security are built.

It is essential that the perimeter conforms to the minimum design standards and there are systems and processes in place that can be demonstrated to evidence its compliance, maintenance and control.

An airlock is a physical access security system comprising a space with two or more doors/gates, one of which must be closed before another can be opened. All access through the secure perimeter is managed by such an airlock system, either procedural or electronic, whereby the integrity of the secure perimeter is maintained by at least one of the two doors/gates being locked at all times. This applies to pedestrian and vehicular access to the service.

At Humber Centre, Pineview, and South West Lodge all entry points are managed on an airlock system, controlled and monitored by main reception through an electronic door management system. When this system fails the physical security of the perimeter is breached, potentially enabling the escape of a patient.

The Mental Health Act Code of Practice defines blanket restrictions as “rules or policies that restrict a patient’s liberty and other rights, which are routinely applied to all patients, or to classes of patients, or within a service, without individual risk assessments to justify their application.” The Code’s default position is that “blanket restrictions should be avoided unless they can be justified as necessary and proportionate responses to risks identified for particular individuals”. The Code allows that secure services will impose some blanket restrictions on their patients. Where blanket restrictions are identified as necessary and proportionate there should be a system in place which ensures these are reviewed within a regular time frame, with an overall aim at the reduction of restrictive practices.

Further guidance is provided by HTFT Policy on the Use of Global Restrictive Practices (Blanket Restrictions) In In-Patient Units (M-025).

Service procedures that constitute a blanket restriction are devised in consultation with service users. However, due to the nature of this procedure sharing the content of this procedure with patients would risk the integrity of procedural security for the service.

Since this procedure is applied to a group of patients without individual risk assessment, as a necessary, reasonable and proportionate approach to managing risk, it does constitute a blanket restriction, and is consequently subject to robust service and Trust governance measures.

2. SCOPE

The scope of this standard operating procedure is to provide a temporary procedure, following a failure in the door management system, which maintains the integrity of security for the service. The procedure must limit the impact on operational and clinical function of the service, until normal functioning can be returned.

3. DUTIES AND RESPONSIBILITIES

The procedure identifies the responsibility and duties of identified staff. It impacts on all staff and patients at Humber Centre, Pineview, and South West Lodge

4. PROCEDURES

The electronic door management system is controlled by a PC in the reception control room. Occasionally door operations will fail due to technical issues.

When the electronic systems fails, the electronically controlled locks should lock, this is referred to as failed locked. They then can be manually operated with a key, that a member of staff will attach to their key strap.

Humber Centre airlocks controlled by the door management system

- Reception
- Waste compound
- Deliveries
- Tribunal room
- Vehicle airlock
- Magnetic lock for wards and corridors

Pineview and South West Lodge airlocks controlled by the door management system

- Perimeter entrance
- South West Lodge entrance
- Reception
- Magnetic lock for corridors

Immediate action to be taken by reception staff in the event of the airlock failure:

- Inform the Security if available, the Duty Manager immediately. Also inform Pineview shift leader, if affects Pineview or South West Lodge
- Send page message to 888 (all staff) informing staff of no patient movement until further notice and tribunal waiting room is not to be used). This will ensure there is always a locked door between the patients and outside of the perimeter.
- The airlock can be operated manually by stationing a member of staff inside the airlock with **2 'E' Keys**.
- The keys should be secured using 2 key straps joined together at the loop and attaching an **'E' key** to either end, attached to the staff member's belt.
- Remembering to liaise with senior staff /co-ordinator throughout.
- A datix report must be completed
- Magnetic lock for wards and corridors can be overridden with an A key.

Immediate action to be taken by the co-ordinator

During office hours

- Inform Health, safety, and Security lead
- Inform General manager
- Inform Service manager
- Identify staff member to manually operate the airlock door, this would usually be a member of reception staff when 2 are available.

Out of hours

- Inform on-call manager (inform of the severe risk and suggest the on call director is involved)
- Identify staff member to manually operate the airlock door, this would usually be a member of ward staff.

Immediate action to be taken by shift leader on Pineview, if failure affects Pineview of South West Lodge

- Identify staff member to manually operate both airlock, this would usually be a member of ward staff. They will require a radio
- Will check that the reception airlock and both gated airlocks have failed locked, egress to

South West Lodge and egress for the perimeter, if so will inform staff that patient movement can recommence. The identified staff member carrying the 'E' keys may now leave the airlock, and when needed to assist movement through the airlocks, reception will radio them to attend the airlock.

- If failure affects South West Lodge egress, inform South West lodge patients to phone reception when they need to use the airlock, and an identified staff member will assist their movement through the airlock.

Situation Lead

When available, the Health, Safety and Security Lead will take charge of the situation or in their absence, the most senior manager on site (situation lead). Out of office hours, the co-ordinator will take this role, and pass this role on once office hours have recommenced. The on-call manager must be informed. If the on-call managers attend site, they may not be security-inducted and would therefore require escorting.

Immediate action to be taken by the situation lead

The situation lead:

- Will check that both airlock doors have failed (locked), and if so will inform staff that patient movement can recommence.
- Will attend Plneview and South West Lodge, if failure affects their site.
- If one or both airlocks have failed unlocked, then an additional member of staff that has up to date de-escalation management intervention training will be positioned on the internal door, then patient movement can recommence as long as patients leaving the ward are escorted by 2 members of staff, both of whom must have up to date de-escalation management intervention training. This will enable a 3-man team to intervene if a patient attempts to escape through the airlock.
- If the main airlock cannot be made secure either by technical issues or staffing issues, then the main reception is to be closed and secured by locking the front doors to the service and closing the shutters. The backup airlock will then be used for entry into the service.
- If the security of the building is compromised and risk of detained serving prisoners 'escape' is noted then MAPPA, NHSE and the MoJ should be informed. The email must include details of the issue and what has been put in place to manage the risk.

MOJ- MHCsmailbox@justice.gov.uk

MOJ Emergency telephone number: 03003032079 (only if doors cannot be made secure)

MAPPA- SGU@humberside.pnn.police.uk

NHSE- Laura.Sheriff1@nhs.net

Once the Airlock is secure action to be taken by reception staff

Reception staff will attempt to get the system operational again by rebooting the system software from the none-networked PC. Reboot process is documented in the reception folder. If the reboot doesn't work, contact ADT to attend site as an urgent response.

Once the Airlock is secure, action to be taken by situation lead

The situation lead will check the operation of the Tribunal, vehicle, deliveries, and waste airlocks. These electronic locks are also controlled by the same system.

If the delivery airlock is not functioning all deliveries will be rescheduled for between 09:00-17:00 Monday to Friday, where a member of reception staff will support the delivery into the delivery airlock, and collection of deliveries by hotel services staff, using 2 E key's to manually override the locks, The keys should be secured using 2 key straps joined together at the loop and attaching an 'E' key's to either end, and attached to the staff members belt.

Waste collection should not be affected as the bin storage is outside of the perimeter, and access is

granted to the secure compound through a shutter. Staff access to the waste compound through the airlock will be gained by using 1 E key to manually override the lock, The keys should be secured using key straps and attached to the staff member's belt. The issuing of E key will follow the Key management procedure. No E key will be issued for use of accessing the waste compound of delivery airlock if the shutter is up.

If tribunal airlock is not functioning, the Tribunal waiting room is not to be used. If the vehicle airlock has failed, access will be gained using 2 staff members by using 1 E key to manually override the external door lock and the second staff member using their swipe card on the internal door, The keys should be secured using key straps and attached to the staff members belt. The external door must not be unlocked whilst the perimeter gate is unlocked.

The situation lead will inform the emergency planning team of the situation and provide regular updates of any progress or change in risks. This will be conducted through emails and attendance at situation meetings. (HNF-TR.EmergencyPlanningTeam@nhs.net)

The situation lead will regularly lease with Reception and if involved ADT, throughout the period until the system is fully restored. Information should be gathered on projected resolution timeframes, any issues that have arisen to get the system operational, and any security or operational related concerns.

The situation lead will organise an urgent meeting to discuss this issue, review the action plan, identify any issues which are not covered under this Standard operating procedure, identify any additional actions, and identify where this needs to be escalated and next steps. Attendance to this meeting should include and not limited to, Situational lead, General Manager or service manager, clinical lead or modern matron, emergency planning representative, and admin/ security representative.

Airlock and Visitors

The airlocks will continue to function in the same manner as when fully operational using procedural security. Therefore, only one of the airlock doors will be open at any one time; in no circumstances will both doors be open. The airlock will be operated by an inducted staff member who will be issued with the appropriate keys; each door in the airlock has two locks that will need operating at the same time to open the door. This staff member will remain within the airlock and will be the only staff member who will operate the airlock doors. They will ensure that when a door is open it is secured before opening the second door.

To minimise the traffic through the airlock during the door systems management failure the following measures will be taken:

- All meetings for staff will be re-arranged or deliver virtually.
- All formal meetings such as CPA's and Tribunals to be re-arranged or deliver virtually.
- Unplanned visitors will not be admitted; they are not to be given details of the fault as an explanation.
- Any unplanned official visitors such as CQC will be managed by senior staff in reception.

5. REFERENCES

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

Quality Network for Forensic Mental Health Services (2019) Standards for Forensic Mental Health Services: Low and Medium Secure Care