

# STANDARD OPERATING PROCEDURE FORENSIC – MANAGEMENT OF KEYS AND AIRLOCKS AT THE HUMBER CENTRE AND LOW SECURE ESTATE

<b>Document Reference</b>	SOP20-027
<b>Version Number</b>	2.4
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<b>Instigated by: Date Instigated</b>	Security Committee
<b>Date of Last Reviewed</b>	2 September 2024
<b>Date of Next Review</b>	September 2027
<b>Consultation</b>	Ward Managers, Heads of Departments, Security Committee
<b>Ratified and Quality Checked by: Date Ratified:</b>	Security Committee 2 September 2024
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	

**VALIDITY – Local SOPs should be accessed via the Trust intranet to ensure the current version is used.**

## CHANGE RECORD

Version	Date	Change details
1.0	July 2018	New SOP.
2.0	Sept 2020	New SOP format, amendments to ward names, management of ward base keys, maintenance of locks.
2.1	Aug 2021	Reviewed - minor changes.
2.2	Feb 2023	No changes. SOP review date extended until the end of March (Director sign-off) due to current work on site. (AB)
2.3	March 2023	Reviewed. Changes made to title and content to include airlocks. Approved via circulation to Security Committee (13 March 2023).
2.4	September 2024	Reviewed. Updated use of staff airlock. Approved at Security Committee (2 September 2024).

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## 1. INTRODUCTION

**Care Quality Commission (CQC)** – from April 2015 the Care Quality Commission (CQC) guidance Essential Standards of Quality and Safety and the 28 'outcomes' that it contained was replaced in its entirety by the 'Raising Standards putting people First' Strategy 2013-2016 which asked five key questions (Key lines of enquiry known as KLOEs):-

- Are we SAFE
- Are we CARING
- Are we EFFECTIVE
- Are we WELL LED
- Are we RESPONSIVE to individual's needs.

In 2021 a new strategy 'For the changing world of health and social care' was published using four themes (People and communities, Smarter regulations, Safety through learning, accelerating improvement) with 12 outcomes, but the five key questions (Safe, Caring, Effective, Well Led and Responsive) are still central to the way the CQC regulates services

### **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 applies to all staff who are inducted to the Humber Centre, Pine View and South West Lodge and have access to security equipment (including keys).

This procedure relates to the use of both staff and service user airlocks and access to keys used to mechanically operate lock barrels, and electronic fobs used to operate magna locks. The airlock protocols at the Humber Centre are different from those in other parts of the Forensic Division.

## 3. DUTIES AND RESPONSIBILITIES

The director of nursing is responsible for the clinical risk management and with Clinical Lead will ensure the SOP is reviewed and monitored.

### **Service manager and matrons will:**

- Ensure the SOP is implemented within the Division.
- Bring the SOP to the attention of all clinical staff.

### **Ward managers, deputies and clinical band 7's will:**

- Ensure that clinical teams are aware of the assessment and formulation requirements
- Ensure adherence to the SOP in practice.

### **Medical and registered staff will:**

- Oversee the assessment and formulation process
- Complete documentation on EPR.

### **Non-registered staff will:**

- Be familiar with the SOP and their responsibilities within it
- Report any relevant information and document within EPR

All staff are responsible for familiarising themselves with the SOP and will work in accordance with it.

## 4. HUMBER CENTRE PROCEDURES

Entry and exit from the staff airlock will be via staff swipe card and PIN code as well as reception staff operation. The service user airlock will be operated by the reception staff.

### 4.1. Staff Airlock

The staff airlock is electronically operated and only one door can be opened at a time. In order to access the airlock from the waiting area, the reception/control room staff will open it electronically. A PIN will open the key tracker cabinets. No more than four people will be allowed in the airlock at one time. The reception staff will ensure that the maximum number of staff in the airlock is not exceeded. Staff will access their appropriate key and fob from the cupboard containing the key with the required access, by utilising the PIN. This system will only allow staff to gain access to the key authorised by the security measures. On accessing the appropriate equipment, staff must close the cupboard door and access an alarm from the receptionist via the exchange window. The cabinet door must not be left open for another member of staff. It should be closed and reopened for each new member of staff. When the equipment has been securely attached to strap and belt then the appropriate internal doors may be opened. Only one door can be opened at a time as per airlock protocols.

On leaving the building, the opposite procedure must be used. The airlock can be accessed via a fob reader, the appropriate cabinet can be opened with the swipe card and PIN. The key and fob should be replaced in the appropriate place, the door closed, and the alarm handed in to reception. The exit door will be opened by the reception staff. Staff should not enter the airlock until everyone inside has vacated the room.

Visitor who are employed by Humber Teaching NHS foundation trust can enter the building via the staff airlock. These visitors must stay escorted by a member of staff who is inducted to the forensic division.

### 4.2. Storage

The airlock at The Humber Centre will house secure Key Tracker cabinets that will hold up to 200 sets of secure keys/fobs. When not issued and in use, all keys and swipe cards/fobs are stored in the key store of the staff airlock at the Humber Centre and the reception control room in other secure facilities. Keys are formally accounted for three times a day by reception staff, and the key store is monitored by CCTV.

Spare keys are stored in a locked safe in the office of the Security Lead (in line with MSU standards). The key to that safe is on the key set allocated to the Health, Safety and Security Lead and also available from the secure key store.

A central record of key barrels related to door numbers will be retained in the reception control room, in order to identify which key is required to gain access to a room. This is also available in the Forensic 'V' Drive folder 'Security Equipment Issue'.

### 4.3. Patient Airlock

Patients leaving or returning to the unit must use the patient airlock. Keys and (personal alarm) are retrieved by staff in the reception control room and placed in identified slots in the key cabinet, in the control room, when leaving the building in exchange for an ID card relating to its temporary storage hook. No keys or alarms should be taken through the airlock. The patient should return via the same route and the staff member will exchange the card they have been given for the keys they drew from the staff airlock key tracker cabinet at the beginning of the shift. Only reception control and security staff will have the PIN for the cabinet in the control room. The alarm will be placed in the appropriate slot in the cradle.

#### 4.4. Key Tracker System

The key tracker system is an electronic self-service system of secure key access that will be managed within the airlock system. The cabinet will have electronic and secure keys on a sealed ring, which can only be accessed via PIN code and swipe card. This will allow access to the relevant level of keys assigned to the ID access used. The keys must be replaced in the same place form where they were removed. If the swipe card is lost or the PIN is forgotten, then please inform reception staff straight away.

- Keys are linked to e-fobs which are sealed together.
- Users are assigned to cabinets and e-fobs individually or as part of a user group.
- Systems are manageable using the web software, touch screen software and a mobile app.
- Access on the cabinets is granted via PIN code and card reader.
- Cabinets can be networked and controlled by managers on multi sites or admins of all cabinets.



#### 4.5. Key Management

All secure pass keys will be attached to staff key straps by means of the clip and retained in a key pouch when not in use. The key strap itself will be attached to staff member's belt.

All ID cards will be carried using Trust standards lanyards (five break points, Trust branding and 'trigger' style clip).

No keys will be taken beyond the secure perimeter. Any such instance, be it deliberate or accidental, will be reported and investigated using Datix. Any Keys removed from the perimeter could be considered as gross misconduct under the disciplinary policy due to the potential consequences

If any keys (or other items of security equipment) are taken beyond the secure perimeter, they will be returned immediately once the incident has been noted.

### 5. LOW SECURE PROCEDURES

#### 5.1. Equipment – Secure Pass Keys

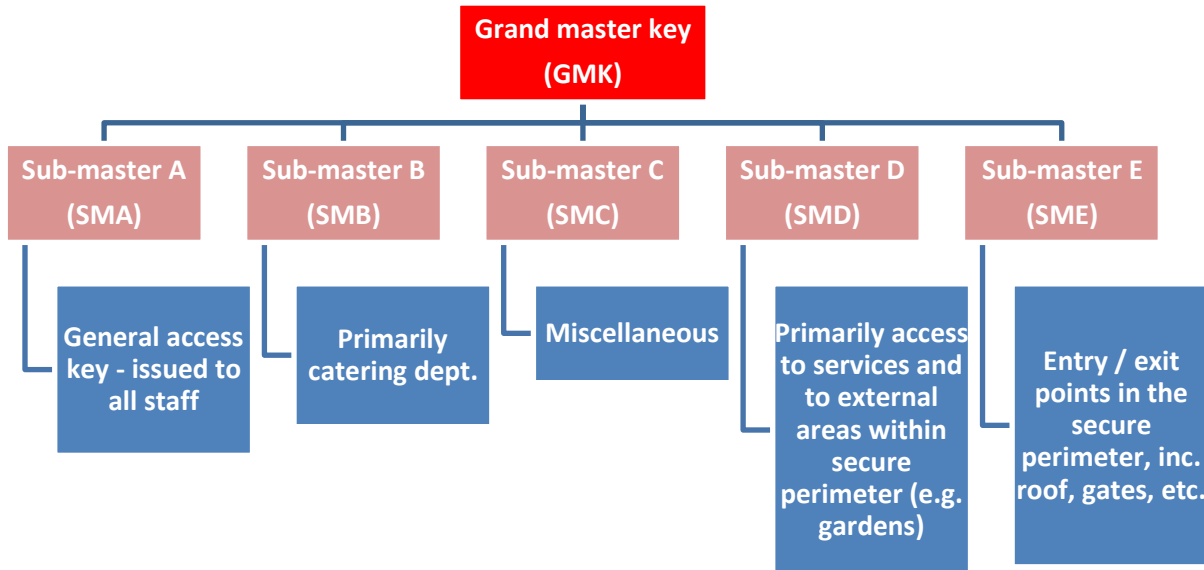
There is a pattern protected secure locking suite.

All lock barrels in the building will be part of this suite.

Staff carry sub-master keys, which will open all locks within that element of the secure locking suite.

e-fobs are part of the ADT managed electronic door management system. For the purposes of this procedure, they are included as 'keys'.

## 5.2. Key suite



Leather key straps will be provided by the service for staff to use – no other design will be used. Key pouches will be provided by the service for staff to use – keys should be kept in the pouch and not in pockets.

## 5.3. Storage

When not issued and in use, all keys and e-fobs are stored in the key store of the reception control room. Keys are formally accounted for three times a day by reception staff, and the key store is monitored by CCTV.

Spare keys are stored in a locked safe in the office of the Security Lead (in line with MSU standards). The key to that safe is on the key set allocated to the Health, Safety and Security Lead and also available from the secure key store.

A central record of key barrels related to door numbers will be retained in the reception control room, in order to identify which key is required to gain access to a room. This is also available in the Forensic 'V' Drive folder 'Security Equipment Issue'.

## 5.4. Issue

Keys and (personal alarm) are collected from the key tracker cabinet and (reception staff). The service ID card indicates that the staff member has completed security induction and is eligible to draw keys, or under exceptional circumstances at the discretion of the health, safety and security lead on a permanent basis or on temporary bases for 1 shift at the discretion of the coordinating manager.

Airlock procedure Additional keys can be signed out from reception as required (this can include signing out the key set allocated to another member of staff if any additional keys held by that member of staff are required). The signing out sheet acts as an audit trail.

All staff will carry a minimum of a SMA key. Dependent on role / function, staff may also be issued with additional keys (SMB, SMC, SMD). Issue of additional keys will be subject to the approval of the health, safety and Security Lead in liaison with the Security Group.

SME keys are not routinely carried, since they allow breach of the secure perimeter (gates, roof hatches, etc.). These can be signed out when needed.

All issued secure suite keys are kept on a tamper-proof ring which will also include a brass disc to identify the security number of that key set.

In line with MSU guidance, the health, safety, and Security Lead will maintain a data base, detailing the keys allocated to every member of staff. This is available in the Forensic 'V' Drive folder 'Security Equipment Issue', and is updated when there are any changes, reviewed monthly.

#### **5.5. Use**

All secure pass keys will be attached to staff key straps by means of the clip and retained in a key pouch when not in use. The key strap itself will be attached to staff member's belt.

No keys will be taken beyond the secure perimeter. Any such instance, be it deliberate or accidental, will be reported and investigated using Datix. Any Keys removed from the perimeter will sound an alarm indicating that a secure key has passed beyond the perimeter. Should this occur, the key must be returned to the key tracker cabinet immediately.

### **6. EQUALITY AND DIVERSITY**

No Equality and Diversity Impact Assessment has been carried out on this document.

### **7. IMPLEMENTATION**

This procedure will be published in the Security Procedures on the Trust intranet. Ratification of the procedure will be highlighted using a Security Brief.

The procedure will be referred to and discussed in all security inductions.

The implementation of this procedure requires no additional financial resource.

### **8. MONITORING AND AUDIT**

Whereabouts of all keys is formally accounted for three times a day, by reception staff. Alarms will be tested by reception staff daily

Security Lead will maintain a record of inducted staff and issued keys – this is updated weekly.

Health, Safety, and Security Lead will maintain a log of door locks in reception – reviewed six-monthly.

Deviation/incidents are Datix reported and informally investigated by the health, safety, and Security Lead.

Health, Safety, and Security Lead updates the Security committee on all the above.

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

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

Key tracker <https://www.keytracker.com>