

To: Chairs/Chief Executives: Strategic Health Authorities
Primary Care Trusts
NHS Trusts
Special Health Authorities

24 March 2004

Dear Chair/Chief Executive

Secretary of State Directions on NHS Security Management Measures

Background

In December 2003 Secretary of State and Lord Warner launched the security management strategy *A Professional Approach to the Management of Security in the NHS*¹. The main objective of this strategy is the delivery of an environment for those who work in or use the NHS that is properly secure so that the highest standards of clinical care can be made available to patients. The Directions on security management measures create the structure required to implement the strategy and define the roles and responsibilities of health bodies and the Counter Fraud and Security Management Service (CFSMS)². A key element of the structure will be the introduction of the Local Security Management Specialists (LSMS) in each health body. The LSMS will become the focal point for the local delivery of professional security management work carried out to a high standard within a national framework, supported by appropriate, relevant guidance and advice from the CFSMS.

The CFSMS

The CFSMS was launched in April 2003 and has policy and operational responsibility for the management of security in the NHS. This work is broadly defined as the protection of people and property in the NHS. Work on protecting people – tackling violence against staff - is already underway supported by a separate set of Directions³ that created a national framework for this work and which introduced a number of key practical measures.

¹ Available www.cfsms.nhs.uk

² The CFSMS is the Special Health Authority with the statutory remit for NHS security management work.

³ *Secretary of State Directions on work to tackle violence against staff and professionals who work or provide services to the NHS* issued to the NHS on 20 November 2003 (www.cfsms.nhs.uk).

Directions

In summary Secretary of State Directions on security management measures cover:

- The requirement for health bodies to designate an Executive Director or officer member to lead on security management work where they have not already done so (details as per the annex to these Directions to be provided to the CFSMS within seven days of the designation being made).
- The requirement for health bodies to designate a non-Executive Director or non-officer member to promote security management work at Board level (details as per the annex to these Directions to be provided to the CFSMS within seven days of the designation being made).
- The requirement for health bodies to nominate a suitable person to undergo appropriate training by the CFSMS to perform the role of the LSMS (details as per the annex to these Directions to be provided to the CFSMS once the designated Security Management Director (SMD) has attended a seminar, as set out below, and within three months of the issue of these Directions).
- Responsibilities of the health body and the LSMS relating to security management work and their relationship with the CFSMS.

The details required by the annex to Directions should be emailed to sms@cfsms.nhs.uk, clearly marking which function is being designated/nominated (e.g. "Security Management Director", "non-Executive Director" or "LSMS").

Next Steps

During April to June 2004 the CFSMS will be holding a series of seminars for SMDs designed to explain the strategy in more depth and enable sufficient information to be given for the SMD to nominate a suitable person for the role of LSMS. These seminars have been organised in each SHA area. SMDs that have already been designated should have been informed about venues and dates. If any SMD has not received such notification could they please let the CFSMS know (by email to the above address) as soon as possible.

Following a nomination for the LSMS training will be arranged for them by the CFSMS as soon as is practicable possible. The training will be delivered free of charge but health bodies will be expected to meet travel and subsistence expenses. Before the nominated person can begin to perform the role of the LSMS they must successfully pass the proprietary checks that will be required and the training provided. Until that time health bodies should continue with their existing arrangements for security management, subject to any guidance or Directions currently in force.

From Summer 2004 onwards further advice and guidance for the LSMS and the SMD about security management work will be available in the form of

central support from the CFSMS and the first ever NHS Security Management Manual

Summary

These Directions establish the national framework required for the local delivery of professional and highly-skilled security management work to allow the NHS to better protect its resources so that it can better protect the public's health.

Further information about the work of the CFSMS and, in particular, about security management can be obtained from its website www.cfsms.nhs.uk or by emailing the Directorate of Security Management on sms@cfsms.nhs.uk.

Yours faithfully

Jim Gee
Director of Counter Fraud and Security Management

NATIONAL HEALTH SERVICE ENGLAND

Directions to NHS Bodies on Security Management Measures 2004

The Secretary of State for Health, in exercise of the powers conferred upon him by sections 16D, 17 and 126(4) of the National Health Service Act 1977⁽⁴⁾ and of all other powers enabling him in that behalf, hereby gives the following Directions:

Application, commencement and interpretation

1.—(1) These Directions apply to NHS bodies in England and shall come into force on 25 March 2004.

(2) In these Directions—

“the CFSMS” means the Counter Fraud and Security Management Service⁽⁵⁾;

“LSMS” means a Local Security Management Specialist appointed in accordance with direction 5;

“NHS body” means a Strategic Health Authority, Special Health Authority, Primary Care Trust or NHS trust;

“NHS body’s staff” means any person who is employed by or engaged to provide services to, an NHS body; and

“Security Management Executive Director” means the person designated under direction 4(1)(a).

General

2.—(1) Each NHS body must promote and protect the security of people engaged in activities for the purposes of the health service functions of that body, its property and its information in accordance with these Directions and having regard to any other guidance or advice issued by the CFSMS.

(2) Each NHS body must require its Chief Executive and Security Management Executive Director to monitor and ensure compliance with these Directions.

Co-operation with the Counter Fraud Security Management Service

3.—(1) Each NHS body must co-operate with the CFSMS to enable the CFSMS efficiently and effectively to carry out its functions in relation to security management⁽⁶⁾ and in particular each NHS body must, subject to the following paragraphs of this direction—

⁽⁴⁾ 1977 c.49; section 16D was substituted by section 12(1) of the Health Act 1999 (c.8) (“the 1999 Act”) and amended by sections 1(3) and 3(1) and (2) of, and paragraphs 1 and 6(a) of Part 1 of Schedule 1 to, the National Health Service Reform and Health Care Professions Act 2002 (c.17) (“the 2002 Act”); section 17 was substituted by section 12(1) of the 1999 Act and amended by section 1(3) of, and paragraphs 1 and 7 of Part 1 of Schedule 1 to, the 2002 Act and section 67(1) of, and paragraphs 5(1) and (3) of Part 1 of Schedule 5 to, the Health and Social Care Act 2001 (c.15) (“the 2001 Act”); section 126(4) was amended by section 65(2) of the National Health Service and Community Care Act 1990 (c. 19), by paragraph 37(6) of Schedule 4 to the 1999 Act and by paragraph 5(13)(b) of Part 1 of Schedule 5 to the 2001 Act. The functions of the Secretary of State under these provisions are, so far as exercisable in relation to Wales, transferred to the National Assembly for Wales by article 2(a) of the National Assembly for Wales (Transfer of Functions) Order 1999, S.I. 1999/672, as amended by section 66(5) of the 1999 Act.

⁽⁵⁾ A Special Health Authority established by the Counter Fraud and Security Management Service (Establishment and Constitution) Order 2002 S.I. 2002/3039 (“the Order”).

⁽⁶⁾ For the functions of the CFSMS in relation to security management see article 3 of the Order and direction 2(a), (b), (d) and (f) to (h) of the Directions to the Counter Fraud and Security Management Service 2003.

- (a) enable the CFSMS to have access to its premises;
- (b) put in place arrangements which will enable the CFSMS to interview, as appropriate, the NHS body's staff for the purpose of carrying out its security management functions; and
- (c) supply such information including files and other data (whether in electronic or manual form) as the CFSMS may require for the purpose of carrying out its security management functions.

(2) In the case of information required under paragraph (1)(c) in connection with the CFSMS' responsibility for quality inspection and risk assessment in relation to security, an NHS body must respond to any request from the CFSMS as soon as is reasonably practicable.

(3) In the case of any other information required under paragraph (1)(c), an NHS body must respond to a request as soon as is reasonably practicable and in any event within seven days from the date the request was made.

(4) Nothing in paragraph 1(b) contravenes any right a member of staff may otherwise have to refuse to be interviewed.

(5) Nothing in paragraph 1(c) or direction 7(h) obliges or permits an NHS body to supply information which is prohibited from disclosure by or under any enactment, rule of law or ruling of a court of competent jurisdiction or is protected by the common law.

Board level responsibility

4.—(1) Within six weeks of the date on which these Directions come into force each NHS body must designate a person—

- (a) to take responsibility for security management matters; in the case of an NHS trust he is to be one of the trust's executive directors and in the case of an NHS body other than an NHS trust, he is to be one of that body's officer members; and
- (b) to promote security management measures; in the case of an NHS trust he is to be one of the trust's non-executive directors and in the case of an NHS body other than an NHS trust, he is to be one of that body's non-officer members.

(2) A further designation must be made within 3 months of the date on which an NHS body learns that there is to be a vacancy for a person referred to in paragraph (1)(a) or (1)(b).

(3) The names of the persons designated under paragraphs (1) or (2) must be notified to the CFSMS together with the information specified in the Annex to these Directions within 7 days of the designation.

(4) Each NHS body must ensure that the persons designated under paragraphs (1) or (2) receive security management training recommended by the CFSMS.

Local Security Management Specialists

5.—(1) Each NHS body must nominate at least one person that it proposes to appoint as the body's LSMS within three months of the date on which these Directions come into force.

(2) The name of the nominee must be notified to the CFSMS together with the information specified in the Annex to these Directions within 7 days of the nomination.

(3) Before making a nomination each NHS body must take into account any guidance issued by the CFSMS on the suitability criteria for a LSMS.

(4) After a nominee has—

- (a) been approved by the CFSMS as a person suitable for appointment, and
- (b) successfully completed any training required by the CFSMS,

the NHS body may appoint the person as its LSMS.

(5) An NHS body's LSMS must report directly to that NHS body's Designated Security Management Executive Director.

(6) A LSMS must not undertake responsibility for, or be in any way engaged in, the counter fraud activities of any NHS body.

(7) A further nomination must be made within 3 months of the date on which an NHS body learns that there is to be a vacancy for an LSMS.

(8) The procedures in paragraphs (2) to (5) also apply to a person nominated under paragraph (7).

General responsibilities of NHS bodies

6. Each NHS body must ensure that it has effective arrangements in place to ensure that—
- (a) breaches of security and weaknesses in security related systems are reported as soon as practicable to—
 - (i) the NHS body's LSMS, and
 - (ii) where appropriate, and having regard to relevant CFSMS guidance, the CFSMS and to the NHS body's audit committee, auditors and risk management committee;
 - (b) any confidentiality of information relevant to the investigation of breaches of security is protected; and
 - (c) where possible, it recovers money lost through breaches of security.

Responsibilities of NHS bodies in relation to Local Security Management Specialists

7. Each NHS body must—
- (a) require that its LSMS and its Security Management Executive Director complete, within one month of the beginning of the financial year, a written work plan for the LSMS' projected work for that financial year;
 - (b) enable its LSMS to attend the NHS body's risk management committee and audit committee meetings;
 - (c) require its LSMS to provide a written report, at least once in every financial year, summarising the LSMS' work for that year;
 - (d) send copies of the work plan mentioned in paragraph (a) and the report mentioned in paragraph (c) to the CFSMS;
 - (e) require its LSMS to keep full and accurate records of any breaches, or suspected breaches of, security;
 - (f) require its LSMS to report to the CFSMS any weaknesses in security related systems of the NHS body or other matters which the LSMS considers may have implications for security management in the NHS;
 - (g) ensure that its LSMS has all necessary support including access to the CFSMS secure intranet site to enable him efficiently and effectively to carry out his responsibilities;
 - (h) subject to any contractual or legal constraint, require all of its staff to co-operate with the LSMS and in particular that those responsible for human resources, disclose information which arises in connection with any matters (including disciplinary matters) which may have implications for the investigation, prevention or detection of breaches of security;
 - (i) enable its LSMS to receive training recommended by the CFSMS;
 - (j) require its LSMS, its employees and any persons whose services are provided to the NHS body in connection with security management work, to take into account guidance and advice which may be issued by the CFSMS on media handling of security management matters;
 - (k) enable its LSMS to participate in activities in which the CFSMS is engaged, relating to national security management measures, where he is requested to do so by the CFSMS ;
 - (l) enable its LSMS to work in conditions of sufficient security and privacy to protect the confidentiality of his work; and
 - (m) enable the LSMS generally to perform his functions effectively, efficiently and promptly.

Signed by authority of the Secretary of State

2004

A member of the Senior Civil Service
Department of Health

FOA: Claire Dutton
Fax: (020) 7895 4360
Tel: (024) 7624 5635

NHS Security Management Service

8th Floor
Coventry Point
Market Way
COVENTRY
CV1 1EA

Information required for nomination of a Local Security Management Specialist

| | |
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| Name of LSMS Nominee/s: Where 2 or more LSMS's are nominated, please indicate who is to be the Lead LSMS | |
| Name of designating or nominating NHS Body: | |
| Address of NHS Body: | |
| Business address of LSMS nominee: | |
| Nominee's contact telephone and/or extension numbers: | |
| E-mail address: | |
| Title within the NHS Body: | |

1. Is the Local Security Management Specialist an employee of the nominating NHS Body? Yes/No
2. If not, please give details of nominated person's employer and nominated person's current position:

Name of SMD (please print)

Signature _____

Date _____

Please fax the completed form to the number above. Thank you.

Security Management - Frequently Asked Questions

Why is this strategy important?

Protecting people and property in the NHS is essential if the highest possible standards of healthcare are to be delivered. Staff who work in a safe and secure environment - and who have the right tools to do their job - are more likely to stay working for the NHS and the NHS is more likely to recruit the very best in the future.

Security management will be professionally delivered locally to common high standards within a national framework with professional and specialist advice and support.

Money lost through staff off sick leave because of violence or from theft or damage to NHS property is money lost to patient care.

Is Counter Fraud and Security Management work the same?

These are two distinct and different strands of work but both have a common aim to protect NHS resources. They require a different knowledge base, skills set and expertise. However, the professional approach we have taken to NHS security management is similar to that applied to countering fraud in the NHS and which, over the past five years, has delivered a return on a £20m investment of nearly £300m.

Can a LSMS serve more than one health body?

Each health body must have at least one LSMS. The level of LSMS provision will be a matter for the health body itself. The Security Management Director should ensure the LSMS has the necessary time and resources to fulfil their responsibilities set out in these Directions and the Directions on Violence against Staff issued in November 2003.

What grade should be LSMS?

Again this is a matter for the health body. However, the person nominated should be able to carry out the functions that are required by Directions and as outlined in the strategy. Importantly, they should possess communication and influencing skills appropriate to dealing with a wide range of people at all levels both internally and externally of the health body.

What should I do until I have an LSMS trained and their nomination approved by the CFSMS?

You should continue to operate your current arrangements until you have a trained and accredited LSMS in place. This will include meeting the current Controls Assurance standard for this work. Once the LSMS is in place the new arrangement *must* apply and you will need to ensure compliance with the Security Management national framework. This will replace the current Controls Assurance standard for security management.

When do I make my nomination?

Where already designated the Security Management Director should have been invited to a seminar designed to give further information on the strategy, legal framework and implementation. Following attendance at one of these events the SMD should have sufficient information to nominate someone to act as an LSMS, within the timescales set out in these Directions. If the Security Management Director has not received an invitation they should contact the SMS on sms@cfsms.nhs.uk.

Is there any additional funding for this work?

NHS bodies should already be carrying out much of this work. The national framework is there to ensure that this is done to a common professional high standard throughout the NHS and that appropriate specialist support and guidance is there to achieve this.

Is this not another layer of bureaucracy from the centre?

Health bodies for sometime have been required to meet a security management standard. However, it is clear that this has been of limited success and that NHS bodies have lacked a strategic approach and consistent specialist advice and support to carry out this work to a high standard. This introduces a clear national framework for this work – locally delivered – but with professional and expert guidance from a small team based within the CFSMS.