



SECURITY POLICY

Policy Type	Non Clinical
Directorate	Corporate
Policy Owner	Director of Finance, Estates and IM&T
Policy Author	Local Security Management Specialist / Security Management Action Group
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‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY					
(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)					
Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
25 Jul 14	7.0		Compliance officer	Amended wording	
28 Jul 14	7.1		Head of Corporate Governance	Amended wording	
17 Sep 14	7.1		Assistant Director Health & Safety & Security	Ratified at	Risk Management Committee
29 Sep 14	7.1		Assistant Director Health & Safety & Security	Ratified at	Security Management Advisory Group
15 Oct 14	7.1		Assistant Director Health & Safety & Security	Ratified at	Health and Safety Committee
18 Nov 14	8	18 Nov 14	Assistant Director Health & Safety & Security	Approved by	Policy Management Committee
6 September 2017	8.1		Assistant Director Health & Safety & Security	New Trust logo; using new Trust template. Updated to remove references to "NHS Protect". Ratified at	Security Management Advisory Group
November 2017	8.2	26.10.17.	Assistant Director Health & Safety & Security	Removed and replaced reference to Executive Medical Director and Executive Director of Nursing and Workforce. Added link to Security Strategy.	
14.11.17.	8.3		Assistant Director Health & Safety & Security	Corrections to titles of executives Ratified by	Health & Safety, Security, Fire and Estates Committee
12.12.17.	8.4		Assistant Director Health & Safety & Security/LSMS	Amendments suggested by Corporate Governance and Risk Committee.	
12/01/2018	8.5		Assistant Director Health & Safety & Security/LSMS	Amendments suggested by Corporate Governance and Risk Committee.	
20/02/2018	8.6		Assistant Director Health & Safety & Security/LSMS	Amendments suggested by Policy Management Sub-Committee	
08/05/2018	9.0	08/05/2018	Assistant Director Health & Safety & Security/LSMS	Approved at	Policy Management Sub-Committee
29/01/2021	9.0	08/05/2018	Director of Finance, Estates and IM&T	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
21/05/2021	9.0	08/05/2018	Director of Finance, Estates and IM&T	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

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1. EXECUTIVE SUMMARY

Security means providing for the protection and safety of all persons interacting in the delivery of healthcare, and safeguarding the Trust and personal assets against theft, fraud, damage and disruption. Fraud is dealt with in the Trust Counter Fraud and Corruption Policy which can be found on the Trust Policy site.

The National Health Service (NHS) is Europe's largest employer, employing more than one million staff. NHS staff have, along with patients and visitors, the right to expect a safe and secure workplace and NHS organisations have a legal and ethical duty to do their utmost to prevent staff and others from being assaulted or abused in the course of their work. The British Crime Report, however, found that nurses are up to four times more likely to experience work-related violence and aggression than other workers.

Security Standards (NHS Protect publication: Standards for Providers 2016-2017 – Security Management) actions will include engendering a pro-security culture deterring security incidents and breaches, preventing security incidents and breaches, detecting security incidents and breaches, investigating security incidents and breaches in a professional objective and fair manner, ensuring lessons are learned and systems organised which fit into the policy development and revision to prevent further breaches. Applying a wide range of sanctions where necessary and appropriate and seeking redress to ensure that funds are put back into the NHS for improvement of clinical care.

To this end, all NHS organisations must have a designated Executive Director or officer member to lead on security management work. This Director will be the Director for Quality Assurance and will carry the remit of Security Management Director (SMD), the Head of Security and a Local Security Management Specialist (LSMS). This must be a suitable person(s) to pass on the required training and undertake the day-to-day role of Security Management for the Trust.

The Isle of Wight NHS Trust is a complex organisation. Whilst not particularly large in size, it encompasses all the disciplines within the NHS. It has been recognised that, because of the complexities, Local Security Management Specialists need to cover Mental Health services as well as all general services and therefore the Trust has two dedicated Local Security Management Specialists to ensure that all elements of the service are adequately supported.

This policy establishes the basic principles of security within the Trust and is supported by related Policy, Guidelines and Protocols.

2. INTRODUCTION

2.1 Security means providing for the protection and safety of all persons interacting in the delivery of healthcare, and safeguarding the Trust and personal assets against theft, fraud, damage and disruption.

2.2 The Trust's Risk Management Strategy and Policy and the Care Quality Commission (CQC) require, as far as is reasonably practicable, provisions for a secure working environment, and seek to ensure:-

- The personal safety, at all times, of patients, clients, staff, volunteers and visitors.
- The protection of property against fraud, theft and damage.
- The awareness of staff regarding security arrangements within the Trust, and their specific working areas.
- The smooth and uninterrupted delivery of health and community care.
- Compliance with current legislation including the Human Rights Act.

2.3 It is recognised that in order for a Security Policy to succeed, management at all levels must strive to gain the commitment of staff to the implementation of the Policy.

2.4 The basic principles of security within the Trust will be:-

- To develop a pro-security culture among staff, professionals and patients to raise awareness and encourage them to report security incidents.
- To use case studies to raise awareness of those who have been or for those who are minded to be dishonest or violent towards the Trust staff, patients and property; both of the consequences of their actions to themselves and others, to assist in deterrence of further incidents.
- To deny the opportunity for crime and to deter criminal activity, as far as possible.
- To detect crime when it is committed, working with the Police and the CPS (Crown Prosecution Service), to ensure a national approach to the investigation of security incidents.
- To respond effectively to incidents and security related events.
- To record, report and analyse security-related incidents/trends in order to seek improvements and reduce risk.
- To raise the profile of safety and security across the Trust in order to build staff confidence and encourage personal responsibility.
- To promote the Trust's policy on 'Zero Tolerance' of abuse against Trust staff: to have zero tolerance of unacceptable and inappropriate behaviours. See 'Management of Violence and Aggression Guidelines' 2018.
- To ensure the full range of possible sanctions is considered when dealing with offenders and to obtain redress in appropriate cases.

3. SCOPE

3.1 This policy will cover all premises owned or operated by the Trust and all staff working on Trust premises, including Contractors and sub-Contractors, or under arrangements with GPs or in the 'Community/ Patients' homes. The Trust increasingly works with other organisations and agencies and will ensure co-operation between relevant bodies and their staff on safety and security issues.

4. PURPOSE

4.1 The development of a pro-security culture is integral to security management work as it underpins all other areas of generic action that follow. A pro-security culture amongst staff, professionals, patients, visitors and other members of the public is one in which the responsibility for security is accepted by all, and the actions of a small anti-social minority who breach security are not tolerated.

In essence, building a pro-security culture is about raising awareness – by communicating to staff and members of the public the necessity of being vigilant and reporting incidents – and ensuring that all are aware of the procedures in place to deal with security-related incidents.

A key element of the pro-security culture is encouraging staff to take an active part in ensuring a safe and secure environment within the NHS. This is usually best done through practical measures such as inductions, newsletters and lessons learned; regular updates and briefings on security matters.

5. ROLES AND RESPONSIBILITIES

5.1 **Chief Executive:** The overall responsibility for security within the Trust rests with the Chief Executive, who must ensure that the right policies, procedures and systems are in place and kept under review.

5.2 **Security Management Director (SMD):** The Director for Quality Governance is the lead for security management at Board level.

5.3 **Executive Director of Finance:** Financial Security, Counter Fraud.

5.4 **Executive Directors/ Clinical Directors/ Heads of Operations** are responsible through their management structure for:

- Ensuring compliance with this policy and associated policies throughout their areas of responsibility.
- Ensuring that thorough risk assessments, specifically focusing on maintaining a secure environment along with the physical security of premises and assets, are included within their directorate's risk assessment processes.
- Ensuring the appropriate provision of resources and training is made available to address the outcomes of assessments or incident investigations.
- The Trust will attach a high priority to supporting investments put forward as a result of the risk assessment process, whilst recognising the financial constraints of the Trust.

5.5 Head of Security

The NHS Security Management Service requires every NHS Organisation to have a Local Security Management Specialist (LSMS) to support the organisation to protect its staff and property. The NHS IOW has two LSMSs as follows:

5.5.1 **The Assistant Director of Health & Safety and Security**, who supports the rest of the organisation and leads the provision of the Conflict Resolution Training and

5.5.2 **The Local Security Management Specialist and Physical Intervention Tutor**, who supports Mental Health and Learning Disabilities and also provides training in breakaway and physical intervention.

Both are accredited to provide this service, with the primary goal of reducing violence and aggression towards NHS staff.

5.6 **Local Security Management Specialists (LSMS)** are responsible for:

- Providing support, advice and guidance to all staff in measures to deal with Security Management.
- Ensuring the SMD, the Director for Human Resources and Organisational Development and the Nursing Advisor to the Board are kept fully informed on issues relating to physical security management which may affect the Trust, its staff, service users or the levels of service which it offers.
- Acting as a central point of contact within the Trust for the Police in respect of security management. This is to ensure that relevant information is communicated and effective action is taken, both in the detection and prevention of crime and disorder.
- Reviewing incidents relating to physical security matters and providing reports on trends and security management performance.
- Monitoring effectiveness of any local physical security arrangements.

- Supporting managers to carry out risk assessments with training and expertise.
- Supporting and training managers with their action plans derived out of risk assessments as is necessary to protect people and property.
- Working collaboratively with the Education, Development and Training Department, to ensure that effective training in the protection of assets and general security is available to all.
- Providing training for staff and volunteers who require training as identified within the Trust's training needs matrix.
- Working collaboratively with the Trust Local Counter Fraud Specialist when necessary in accordance with standing financial instructions and the Counter Fraud and Corruption Policy.
- Complying with Security Standards requirements to attend regional meetings, and to supply work plans and end of year reports.

5.7 **Ward/Team/Departmental/Site Managers** are responsible through their management structure for:

- Ensuring suitable and sufficient security risk assessments regarding the physical security of premises and assets are carried out within their ward/department.
- On an annual basis or when there is a change of service or environment, all services are required to review the local security arrangements by using the Trust Risk Assessment Information Pack.
- Managing their wards, teams and departments to ensure that local security arrangements contribute to a secure environment.
- Providing support and advice to staff following notification of an adverse event or security incident.
- Ensuring that all staff adhere to the Trust Incident Management policy and procedures.
- Liaising with the Trust LSMS to ensure incidents are investigated and appropriate action arising from the investigations is taken.

Links to other groups:

5.8 **Security Management Advisory Group (SMAG):**

Meetings will be at least four times a year and normally held bi-monthly to ensure that there are effective security management processes and risk assessments in place to comply with legislation and national guidance and are responsible for:

- Ensuring the development and support of departmental action plans.
- Monitoring staff security and personal safety training.
- Integrating actions when trends are identified.
- Approving the LSMS' work plan.
- Approving the Security Management annual report for the Board.
- Discussing any other matter relevant to security management work in accordance with legislative requirements and ensuring appropriate bodies are informed of change.
- Monitoring the effectiveness of all security management arrangements in the Trust.
- Monitoring Security and Violence and Aggression incidents via Datix.

5.9 **Operational Risk Group is** responsible for:

- Ensuring that there are effective security management processes in place within the corporate and locality services.
- Ensuring that the actions identified in the Trust's risk register for physical security management are rolled out across all services and locations.
- Meeting bi-monthly to review security incidents and issues and monitor the implementation of this policy.
- Receiving and acting upon what is escalated from the SMAG Group.

5.10 **All Staff** are responsible for:

- Co-operating in measures and procedures to ensure the provision of a secure environment.
- Reporting all adverse events and suspicions to their line manager and completing an incident report form as appropriate in accordance with Trust procedures.
- Having due regard to their own security as well as that of other members of staff, service users and visitors by the proper use of all security facilities such as locks and alarms.
- Attending or undertaking appropriate mandatory training.

6. POLICY DETAIL / COURSE OF ACTION

This policy sets out the principles and arrangements on which the Trust bases their commitment to security.

The intention of the policy is:

- 6.1 To ensure arrangements are in place to reduce the amount of crime within the Trust's premises by identifying/defining problems, assessing action required, minimising risk and implementing effective procedures.
- 6.2 To provide a process for the prevention and management of violence and aggression in line with national guidance for the Security Management Standards.
- 6.3 To raise awareness of security matters, and to ensure staff are informed, educated and trained appropriately.
- 6.4 To provide a framework within which the Trust Security Action Plan will be developed, alongside Directorate and Departmental Security Procedures and Plans.
- 6.5 To formalise the procedures for reporting and recording of security incidents.
- 6.6 To review national initiatives and ensure local application where appropriate.
- 6.7 To monitor the implementation and effectiveness of security procedures through the Security Management Advisory Group.

7. LOCKDOWN PROCEDURE

- 7.1 Lockdown is the process of preventing freedom of entry, exit and movement around a Trust site or other specific Trust building/area, in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and assets or indeed the capacity of that facility to continue to operate, and is part of the Major Incident Plan.

8. CONSULTATION

- 8.1 The authors have sent this policy to all attendees of the following meetings: SMAG, CGR and the Health, Safety, Security, Fire and Estates Committee (HSSFE). There have been some minor grammatical changes suggested which have been incorporated. However there has been no rejection of any part of the policy intention or process. The acceptance of this policy will be recorded in the minutes at the next meeting of each of these forums.

9 TRAINING

- 9.1 The Trust will develop a workplan aimed at Crime Prevention and Reduction Programme in accordance with Security Standards advice on Crime Prevention as a cornerstone of the Security Policy and all staff should be involved.
- 9.2 Managers of wards and departments will carry out their departmental risk assessment and ensure that their staff are fully trained.
- PART 1 – Layout and personal security
 - PART 2 – Physical / document security
 - PART 3 – Awareness / procedure / training
 - PART 4 – Access control

and will, when a security risk is identified follow The Ten Principles of Crime Prevention:

- Target hardening
- Target removal
- Remove means to commit crime
- Reduce the payoff
- Access control
- Visibility and surveillance
- Environmental design
- Rule setting
- Increase the chance of being caught
- Detecting offenders

- 9.3 The LSMS will aid managers to reduce the risk of security related incident by lowering the likelihood and /or the severity of the security related incident.
- 9.4 Training Provision: an induction training programme for staff is already in place, including Five Core Security Aims which covers these six points below:-
- How best to protect patients
 - How best to guard staff against assault and theft of personal belongings
 - What staff are expected to do to safeguard property belonging to patients
 - When and in what circumstances to call the Police
 - The scale of the crime problem
 - What is being done to reduce crime
- 9.5 All front-line staff, according to Risk, will be trained in Conflict Resolution (CRT) which conforms to the national syllabus which has been developed in conjunction with, and is supported by Unison, Royal College of Nursing and the British Medical Association. Ongoing refresher training will be established on a three yearly programme to ensure update and enforcement in Conflict Resolution Practice.
- 9.6 In addition to CRT training, breakaway techniques will also be given to high risk areas indentified by risk assessment, such as Ambulance, Emergency Department and MAAU.
- 9.7 Where the use of physical intervention has been identified, appropriate control and safety handling techniques will be used by appropriately trained staff, to General Services Association techniques.

9.8 This Security Policy does have a mandatory training requirement which is detailed in the Trust's Mandatory Training Matrix and is reviewed on a yearly basis. The above can also be accessed for non-mandatory groups at the request of managers to support good practice.

9.9 The Trust will do everything reasonably practicable to protect staff from the danger of assault and to prevent their property being stolen. This will include:-

- Providing adequate security lighting and CCTV.
- Providing protection devices, as necessary.
- Providing victim support counselling via Occupational Health.
- Liaising closely with local police services.
- Providing training and development courses within the annual programme and ensuring staff are given time off to attend training appropriate to their needs and working environment.
- Implementing outcomes of Security Risk Assessments to ensure security risks are reduced to an acceptable level. This will be monitored by Security Management Advisory Group (SMAG).
- Provide a "Security Response" to any incident deemed necessary, via an agreement with the contracted Car Parking Management Group and their trained employees.

10. MONITORING COMPLIANCE AND EFFECTIVENESS

10.1 The compliance to this policy will be measured by the Security Management Advisory Group (SMAG) and an end of year Security Report will be submitted to the Assurance, Risk and Compliance Committee which will monitor that the needs of the Trust in relation to security are met.

11. LINKS TO OTHER TRUST POLICIES/DOCUMENTS

11.1 In addition to this overall Policy, the Trust is developing a framework of security policies and procedures including:-

Security Strategy	Assistant Director, Health & Safety and Security	To be read in conjunction with this document.
Security Risk Assessment Procedure Risk Pack	Assistant Director, Health & Safety and Security	Appendix to this document
Patients Property Policy	Risk Administrator	Department Policy File. Policy Intranet site
Safety Guidance for dealing with Bombs, and similar Risks or Threats	Assistant Director, Health & Safety and Security/ Local Security Management Specialist	Health & Safety and Security File Guidance on Intranet
Transport Policy / Drivers Handbook	Integrated (PTS & Fleet) Transport Manager	Policy Intranet site
Missing Patients Policy	Head of Corporate Governance	Department Policy File. Policy Intranet site
Offensive Weapons Guidelines	Assistant Director, Health &	Health & Safety and

	Safety and Security	Security File Guidance on Intranet
Information Governance Policy including the Management of Information Risks	Information Governance Lead Officer	Department Policy File. Policy Intranet site
Misuse of Alcohol and Drugs Patients Guideline	Local Security Management Specialist	Health & Safety and Security File Guidance on Intranet
Management of Violence & Aggression Guidelines	Local Security Management Specialist	Health & Safety and Security File Guidance on Intranet
Withdrawal of Care	Deputy Director of Nursing	Department Policy File.
Lone and Isolated Worker Policy	Local Security Management Specialist/ Assistant Director, Health & Safety and Security	Health & Safety and Security File Guidance on Intranet
Guidance on Visits by VIPs and Celebrities	Assistant Director, Health & Safety and Security/ Head of Communications	Under review
CCTV Protocol	Local Security Management Specialist/ Assistant Director, Health & Safety and Security	In production
Counter Fraud and Corruption Policy	Local Counter Fraud Specialist	Policy Intranet site

11.2 The Trust is totally committed to maintaining an honest, open and well- intentioned culture and is therefore dedicated to the elimination of any fraud within the Trust.

11.3 If Fraud or Corruption is suspected please report to the following:

- Local Counter-Fraud Specialist
- Director of Finance
- National Fraud and Corruption reporting line on 0800 028 40 60

11.4 Please refer to the Trust's Fraud and Corruption Policy and Reporting Procedure for details, the policy is available on the Counter Fraud Intranet Page.

11.5 This action will ensure that the Trust is demonstrating every effort to Countering Fraud

12. REFERENCES

Health and Safety at Work etc Act 1974

Available from www.hse.gov.uk

Reporting of Injuries Diseases and Dangerous Occurrences Regulation 1995

Available from www.hse.gov.uk

Health & Social Care Act 2008

Essential Standards of Quality and Safety

Care Quality Commission

Available at www.cqc.org.uk

13. APPENDICES

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Security Policy
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	n/a		
Training Staff	n/a		
Equipment & Provision of resources	n/a		

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/
- Are there any reported equality issues? NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs	n/a		
	n/a		
Totals:	n/a		

Staff Training Impact	Recurring £	Non-Recurring £
	n/a	
Totals:	n/a	

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	n/a	
Building alterations (extensions/new)	n/a	
IT Hardware / software / licences	n/a	
Medical equipment	n/a	
Stationery / publicity	n/a	
Travel costs	n/a	
Utilities e.g. telephones	n/a	
Process change	n/a	
Rolling replacement of equipment	n/a	
Equipment maintenance	n/a	
Marketing – booklets/posters/handouts, etc	n/a	
	n/a	
Totals:	n/a	

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	n/a
Signature & date of financial accountant:	n/a
Funding / costs have been agreed and are in place:	n/a
Signature of appropriate Executive or Associate Director:	n/a



Equality Impact Assessment (EIA) Screening Tool

Document Title:	Security Policy
Purpose of document	
Target Audience	All
Person or Committee undertaken the Equality Impact Assessment	Assistant Director, Health & Safety and Security

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below? NO

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	n/a	n/a	
	Women	n/a	n/a	
Race	Asian or Asian British People	n/a	n/a	
	Black or Black British People	n/a	n/a	
	Chinese people	n/a	n/a	
	People of Mixed Race	n/a	n/a	
	White people (including Irish people)	n/a	n/a	
	People with Physical Disabilities, Learning Disabilities or	n/a	n/a	

	Mental Health Issues			
Sexual Orientation	Transgender	n/a	n/a	
	n/a	n/a	n/a	
Age	n/a	n/a	n/a	
	n/a	n/a	n/a	
	n/a	n/a	n/a	
Faith Group		n/a	n/a	
Pregnancy & Maternity		n/a	n/a	
Equal Opportunities and/or improved relations		n/a	n/a	

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	