LONE WORKING POLICY

	POLICY		
Reference	H&S/LW-06		
Approving Body	Health and Safety Committee		
Date Approved	9th Decemeber 2021		
For publication to external SFH website	**YES**	**NO**	**N/A**
	✓		
Issue Date	June 2022		
Version	Issue 10		
Summary of Changes from Previous Version	The Policy has been updated as part of the biennial review process and incorporates any changes in the Trust practices and other relevant policies.		
Supersedes	Issue 9		
Document Category	Health and Safety		
Consultation Undertaken	This policy has been developed in consultation with the Trust's Health and Safety Committee		
Date of Completion of Equality Impact Assessment	5th November 2021		
Date of Environmental Impact Assessment (if applicable)	5th November 2021		
Legal and/or Accreditation Implications	Compliance with the general provisions of the Health and Safety at Work Act 1974		
Target Audience	All Divisions and Departments		
Review Date	30 November 2023		
Sponsor (Position)	Director of People		
Author (Position & Name)	Health and Safety Manager & Security Management Specialist		
Lead Division/ Directorate	People and Culture		
Lead Specialty/ Service/ Department	Human Resources		
Position of Person able to provide Further Guidance/Information	Health and Safety Manager		
Associated Documents/ Information			**Date Associated Documents/ Information was reviewed**
Lone Working Guidance NHS Protect			Version 2 05.11.2021

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1.0 INTRODUCTION

1.1 This policy is issued and maintained by the Executive Director of Human Resources on behalf of the trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

1.2 The purpose of this policy is to enable the Trust to meet its obligation to protect such staff so far as is reasonably practicable from the risks of lone working.

2.0 POLICY STATEMENT

2.1 Sherwood Forest Hospital NHS Foundation Trust (hereafter known as the Trust) takes extremely seriously the health, safety and welfare of its entire staff. It recognizes that some staff are required to work by themselves for significant periods of time without close or direct supervision in the community or in isolated work areas.

The policy aims to:
- Increase awareness of safety issues relating to lone working
- Make sure that the risk of working alone is assessed using the risk assessment process to reduce the risk so far as is reasonably practicable.
- Make sure that appropriate training and advice is available to staff in all areas, and provides practical advice on safety when working alone.
- Encourage full reporting and recording of all adverse incidents relating to lone
- working.
- To maintain the low level of incidents to staff related directly to lone working.

3.0 DEFINITIONS/ ABBREVIATIONS

3.1 Definitions

3.1.1 **The trust'**: means the Sherwood Forest Hospitals NHS Foundation Trust.

3.1.2 **Staff '**: means all employees of the trust including those managed by a third party organisation on behalf of the trust.

3.1.3 NHS defines **lone workers** as:

Any situation or location, in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague.

This could be outside of the hospital or internally, where staff care for service users on their own including community or outreach workers. Lone Working may be a constituent part of a person's usual job or it could occur on an infrequent basis, as and when circumstances dictate. Lone working is not unique to any particular groups of staff, working environment or time of day.

3.1.4 The Health and Safety Executive (HSE) defines lone workers as:

'Those who work by themselves without close or direct supervision'.

4.0 ROLES AND RESPONSIBILITIES

4.1 Security Management Director (SMD)

4.1.1 Is responsible for ensuring that appropriate security management provisions are made within the trust to protect lone working staff

4.1.2 Should ensure that measures to protect lone workers complies with all relevant health and safety legislation, Secretary of State Directions and takes into account relevant guidance

4.1.3 Has overall responsibility for the protection of lone workers by gaining assurance that policies, procedures and systems to protect lone workers are implemented

4.1.4 Has responsibility for raising the profile of security management work at board level and getting their support and backing for important security management strategies and initiatives

4.1.5 Has responsibility for the nomination and appointment of Local Security Management Specialists (LSMS) and through continued liaison to ensure that security management work (including the protection of lone workers) is being undertaken to the highest standard

4.1.6 Should oversee the effectiveness of risk reporting, assessment and management processes for the protection of lone workers. Where there are foreseeable risks, the SMD should gain assurance that all steps have been taken to avoid or control the risks.

4.2 Divisional and departmental line managers with staff involved with lone working

4.2.1 Should identify all staff who are lone workers, based on recognised definitions (see 3 above)

4.2.2 Should ensure that all relevant policies and procedures are disseminated to lone working staff through the companies intranet system or in hard copy as applicable

4.2.3 Should ensure that a proper risk assessment is conducted (in consultation with the relevant personnel) to ensure that all risks from lone working are identified and that proper control measures have been introduced to minimise, or mitigate the risks before staff enter a lone working situation (see appendix 3)

4.2.4 Should ensure that lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation

4.2.5 Should ensure physical measures are put in place and appropriate technology is made available to ensure the safety of lone workers

4.2.6 That staff have received conflict resolution training where applicable *and* NHS Lone Worker Service training provided by the service supplier before being issued with any device

4.2.7 Should ensure that all the relevant staff undertake regular reviews of hazards and associated risks to make sure that all measures are effective and continue to meet the requirements of the lone worker

4.2.8 Where a security incident has occurred, should make sure that the employee completes an incident reporting form as soon as possible.

4.2.9 Where someone has been assaulted, should ensure that the individual is properly de-briefed, undergoes a physical assessment, any injuries are documented and they receive access to appropriate post incident support

4.2.10 Should ensure that following an incident, a risk assessment is carried out as soon as possible and immediate control measures are put in place. This is prior to a formalised review of lessons learnt following an incident.

4.3   The Health and Safety Manager

4.3.1   Should ensure (along with the local security management specialist) that the trust has up-to-date policies and procedures for the safety of lone workers and (in liaison with line managers) ensure that they get disseminated to all relevant lone working staff

4.3.2   Providing advice to managers on conducting lone working risk assessments

4.3.3   Providing advice to managers on prohibitions relating to lone working

4.3.4   Providing advice on any investigation following a serious incident involving the safety of lone workers

4.3.5   Providing feedback and support to managers when undertaking the recorded lone worker safety audit.

4.4   The Occupational Health Department

4.5   Providing advice to line managers on the medical suitability of the worker work on their own.

4.5   **The Local Security Management Specialist**

4.5.1   Should ensure (along with the health and safety manager) that the trust has up-to-date policies and procedures for the safety of lone workers and (in liaison with line managers) ensure that they get disseminated to all relevant lone working staff in the form of a staff information sheet and through intranet access to this document and it appendixes.

4.5.2   Advises the trust on systems, processes and procedures to improve personal safety of lone workers and make sure that proper preventative measures are in place

4.5.3   Advises the trust on appropriate and proportionate physical security, technology and support systems that improve the personal safety of lone workers.

4.5.4   Ensure that this is appropriate, proportionate and meets the needs of the trust and lone worker.

4.5.5   Ensures that any technology used to protect lone workers meets legal requirements

4.5.6   Plays an active part in identifying hazards, assessment and management of the risks. Advises on the proper security provisions needed to mitigate the risks and protect lone workers

4.5.7   Should carry out a full investigation of any incident and where necessary liaise with the police to allow follow up action to be taken

4.5.8   Should conduct a full post-incident review to see what lessons can be learnt and work with line managers to ensure that appropriate measures are implemented before staff enter a lone working situation.

4.6. **Lone working members of Staff**

4.6.1 Have a responsibility to do all they can to ensure their own safety and that of their colleagues. This is in line with current health and safety legislation and the Trust Policies and Guidance Documents.

4.6.2 When requested by their line manager, attend the trust's Conflict Resolution

Training Course or another course designed to help protect the lone worker e.g. the lone working device specific course

4.6.3 Comply with policies and procedures, particularly relating to the prevention and management of violence

4.6.4 Seek advice from their line manager, action guidance, procedures and instruction to avoid putting themselves or their colleagues at risk

4.6.5 Should conduct proper planning prior to a visit and utilise continual dynamic risk assessment during a visit.

4.6.6 Should never put themselves or their colleagues at risk and if they feel at risk they should withdraw immediately and seek further advice or assistance

4.6.7 Should properly utilise all appropriate technology which has been provided for their own personal safety, ensure that they attend training in the use of the technology and associated support services

4.6.8 Any lone worker protection devices issued to staff should be properly maintained, charged and checked regularly, especially before a visit.

4.6.9 Should report all incidents even where they consider it to be a minor incident, including 'near misses' to enable appropriate follow up action to be taken.

4.6.10 Referring themselves to the staff counselling service if they feel they need further help and support following a violent or aggressive incident or in coping with the pressures of lone working

4.6.11 Informing their manager of any medical condition that arises that may present a risk to them as lone workers. In these instances advice will be sought from the trust's occupational health advisors.

5.0 APPROVAL

5.1 Approved by the Health and Safety Committee

5.2 Date of approval: November 2021

6.0 DOCUMENT REQUIREMENTS

6.1 This policy applies to all staff including temporary and agency staff, contractors, volunteers, students and those on work experience. It forms an integral part of the Trusts Health and Safety policy and applies along with specific local guidance on Lone working: It should be read in conjunction with the following:

➢ Policy for the Management of Work Related Violence and Aggression
➢ Health and Safety Policy

> Incident Reporting Policy
> Risk Management Policy and Strategy

The main employer of lone workers within the trust is Maternity Services. This service team has its own working arrangements for Community Midwives developed in line with this policy. These may be of interest to other managers within the trust who have responsibility for lone workers.

6.2 **Trust employees working by themselves without close or direct supervision are found in a wide range of situations. These situations are:-**

6.2.1   People in fixed locations where:
> Only one person works at the premise
> People work separately from others
> People work outside normal working hours; e.g. Domestic staff, Estates, Pharmacy, Pathology and Patient Records Staff.
> Staff who are called into work out of normal hours.

6.2.2   Mobile staff working away from their fixed base:
> Midwifes and nurses working in the community
> Occupational Therapy staff delivering equipment and making home visits
> Staff moving between hospitals and other locations
> Transport Department staff.

6.2.3   Safe Working Arrangements for Lone working

Safe working arrangements are to be established within divisions and departments. There are no general prohibitions in law on working alone, but sometimes the law stipulates that at least two people must be involved in the work and specifies the safe systems of work to be followed. In some cases the law stipulates the standard of supervision to be provided (e.g. for young people undergoing training or work experience), and limits the extent to which people may work on their own. The Health and Safety Manager is to be contacted where managers have concerns where such restrictions may apply.

Where there is no specific legal prohibition on working alone, the general duties of the Health and Safety at Work Act 1974 and the requirements of the trust's Health & Safety Policy apply. This requires divisional and line managers to carryout risk assessments - the identification of the hazards of the work, assessing the risks involved, and devising and implementing safe working arrangements to ensure that the risks are either eliminated or adequately controlled. When it is not possible to devise arrangements for the work to be done safely by one person, alternative arrangements providing help or back-up must be devised.

6.3   Lone workers face particular problems and some of the issues which need special attention when planning safe working arrangements are as follows:-

6.3.1   Can the risks of the job be adequately controlled by one person or are more people necessary?

6.3.2   Lone workers are not to be exposed to significantly more risks than employees who work together. Precautions are to take account of normal working conditions snd foreseeable emergency situations, e.g. fire, equipment failure, illness and accidents. Identify all the places

where people work alone and consider:

- ➢ Does the workplace present a special risk to the lone worker?
- ➢ Is there safe access and exit for one person? Can one person safely handle any emergency equipment?
- ➢ Can one person safely handle all the patients, equipment and substances involved in the work?
- ➢ Will drugs, cash or other valuable items be handled and will there be a risk of violence.

6.3.3   Is the person medically fit and suitable to work alone?

6.3.4 Check that lone workers have no medical conditions that make them unsuitable for working alone. Seek advice from the Occupational Health Department if necessary. Consider both routine work and foreseeable emergencies that may impose additional physical and mental burdens on the individual.

6.3.5   What training is required to ensure proficiency in safety matters?

Training is particularly important where there is limited supervision to control, guide and help in situations of uncertainty. It may be critical to avoid panic reactions in unusual situations. Lone workers need to understand fully the risks involved in the work, the necessary precautions and be sufficiently experienced. Divisional and line management are to establish clear procedures to set the limits to what can and cannot be done whilst working alone. Specific instruction is to be given on how to behave in circumstances which are new, unusual or beyond the normal scope of the staffs employment, e.g. when to stop work, to seek advice and whom to seek advice from.

6.3.6   How will the person be supervised?

Although lone workers cannot be subject to constant supervision, it is still the divisional and department line management duty to provide appropriate control of the work. Supervision complements information, instruction and training and ensures that staff understands the risks associated with their work and that the necessary safety precautions are carried out. It can also provide guidance in situations of uncertainty.

The extent of supervision required depends on the risks involved and the proficiency and experience of the employee to identify and handle safety issues. Staff new to their job, undergoing training, doing a job which presents special risks, or dealing with new situations may need to be accompanied at first. The extent of supervision required is a line management decision. It is not to be left to individuals to decide the require assistance.

6.3.7   What happens if a person becomes ill, has an accident, or there is an emergency?

Lone workers should be capable of responding correctly in emergency situations. Emergency procedures should be established and staff trained to implement them. Lone workers should have access to adequate first-aid facilities which may include access to the trust's Accident and Emergency Departments.

Suitable systems should be devised to monitor the condition of lone workers, and include at least a check at the end of the working period. In addition the following are to be considered:-

- ➢ Procedures where supervisors periodically visit and visually monitor staff working alone.
- ➢ Procedures where regular contact between the solitary worker and supervision is maintained using either telephone or radio.
- ➢ Automatic warning devices which operate if specific signals are not received periodically from the lone worker, e.g. systems for security staff.
- ➢ Other devices to raise the alarm in the event of an emergency operated manually or activated automatically e.g. Reliance identicom badge.
- ➢ The Vocerra system may be an option for lone workers when the lone worker is operating within the signal area.

6.4 Specific Safe Working Arrangements for Lone Working in the Community

Working in the community is taken to encompass work that is carried out at the patient's or client's homes, or elsewhere outside the trust's control. It also covers travel between venues. It is crucial that consideration is given to the environment and social groupings in which staff will be expected to work. The primary threat to the health and safety of staff working in the community is violence but this is not the only risk.

Divisions are required to have protocols in place to ensure the safety of staff working in the community.

The trust has purchased lone worker safety devices (Identicom badges) in partnership with other NHS organisations. These devices are available through the Fire and Security Department and will be provided for lone workers where following a risk assessment, a significant level of risk has been identified.

6.5 Provision of information

6.5.1 It is important that staff are provided with good quality information regarding contacts and locations, so that they can do their job effectively and safely. It is equally important that patients have information about staff and the purpose of the contact, so that they know what to expect.

6.5.2 Wherever possible managers and staff are to:
- ➢ Arrange for all initial contacts where little information is available to be made at clinics rather than at the patient/clients home.
- ➢ Ensure that information which affects the safety of fellow healthcare staff is recorded and is readily available to staff who need it.
- ➢ Facilitate sharing of information between the different clinical groups dealing with the patient/clients treatment.
- ➢ Introduce and maintain 'flagging' systems on patient records or computer files, which indicate that further information should be obtained before home visits are made.
- ➢ Ensure that 24 hour cover by management remains accessible to all staff working out of normal hours.

6.6 Safeguards if potential problems are identified

If potential problems regarding patients, relatives or locations are identified, the following ranges of precautionary measures are to be considered:

- ➢ Arranging for patients or clients to be seen at clinics rather than at home, if at all possible.

- ➢ Arranging for patients or clients to be seen at clinics rather than at home and for security to be present during the meeting

- ➢ Arranging for another member of staff or a reliable relative of the patient or client to be present during the visit, e.g. if a member of staff is vulnerable to sexual harassment while visiting a member of the opposite sex.

- ➢ Providing a driver or a taxi if appropriate in areas where cars are might be vandalised, or staff have to go through unsafe areas to make visits.

- ➢ For severe problems, arranging for a senior member of the trust's management team to write to the household and inform all managers that there must be no visits made to the address, and to make alternative arrangements to provide care. Also refer to Appendix C of the trust Policy for the Management of Work Related Violence and Aggression: Care of Individuals who are Violent or Abusive (Red Card/Yellow Card).

6.7   Traceability away from base

Staff working in the community should be able to be located by their manager and work team if a problem occurs. Therefore maintaining effective communications with staff working in the community is important.

Divisional and department managers are to consider the communication needs of their staff and the measures that can be taken to minimise any risk to their safety. Measure should include:

- ➢ Providing panic button alarms, usually in the form of Reliance Identicom devices and appropriate two-way communications systems such as mobile phones.

- ➢ Operating protocols for informing staff that a colleague is away from their base, where they have gone and their approximate return time. Procedures for reacting to failed protocols should be in place.

- ➢ Maintaining up to date records of the make, colour and registration number of the vehicles being used by individual members of staff each day. This will need to be agreed by individual members of staff.

6.8   Home visits

Lone workers such as staff making home visits should take steps to minimise risks to their safety. Managers should ensure that there is a designated member of staff with specific responsibility for ensuring quick response when a member of staff does not report when expected.

Before setting out staff should:

➢ Get as much information as possible about the patient/client, their family and the location being visited.

➢ Wherever possible, phone or write to make appointments for visits, ensuring that people know who is to visit and what their role is. If staff are unable to keep an appointment at the agreed time, they should let the patient know.

➢ Follow procedures that ensure that another member of staff knows where they are going and when they should return, making sure they know if the itinerary changes.

➢ If possible schedule visits to problem areas for particular times of the day, such as the morning when parents are around taking children to school.

6.9   When Travelling.

When travelling to and from visits, staff should:

➢ As far as is practicable, not display 'on call' stickers or anything that identifies the vehicle with a healthcare professional.

➢ If visiting in uniform, wear a coat over the uniform.

➢ Lock their vehicle while driving, be aware of 'carjacking situations' - people asking for directions, groups of youths loitering at traffic lights etc.

➢ Drive with bags, drugs, and equipment concealed so that they are not seen to be hiding them as they park.

6.10   When arriving at a patient's home.

When arriving at a patient's home, staff should:

➢ Telephone their department or the responsible person(s) charged with knowing their whereabouts before entering and after leaving any patients home. On making the phone call back to the place of work they must state how long they maybe in the patients home, for example 30 minutes and I shall call you when I have left.

➢ Assess the situation as they approach and not enter a premise if the have doubts about their safety (the gut feeling). Make an excuse not to go in if the person answering the door gives and cause for concern, e.g. if they are drunk, if the patient is not in, or a potentially dangerous relative/person is present.

➢ Be aware of either the households or neighbours pet dogs.

➢ Stand well clear of the doorway after ringing or knocking. Stand sideways on so that they present a narrow, protected target.

➢ Show identity badge.

- ➤ Follow the occupants in when entering.

- ➤ Remain aware of the environment and maintain escape routes in case problems arise.

- ➤ Treat patients courteously, remembering that you are a guest in their home.

Actions that are to be carried out by responsible person in the event of not receiving a phone call from the lone worker

- ➤ Once the time line of 30 minutes has elapsed you are to call the worker. If   no communication is made within 5 minutes call the police immediately and supply   the following information.

  (a) Last known address the worker attended
  (b) Name & description of the worker
  (c) Type, make, registration and colour of his/her vehicle.

6.11   When a violent incident occurs.

Staff should not feel that they have to cope alone when a violent incident occurs. Divisional and department managers are to support staff when they report an incident.

Support should include:

- ➤ Post trauma support such as counselling and debriefing (but only after an assessment is made to its likely benefit). Help in dealing with family and relatives and/or practical assistance such as medical attention.

- ➤ Ensuring the incident is investigated and the police are given the opportunity to pursue criminal proceedings.

- ➤ Supporting staff when they are dealing with the police and during any prosecution that may follow.

- ➤ Helping staff apply for compensation (a police crime number will be needed) through the Criminal Injuries Compensation Authority (CICA).

- ➤ Dealing with any press enquires and ensuring that the member of staff's privacy is maintained.

- ➤ Divisional and department managers are to ensure following an incident that staff safety measures are reviewed to improve the safety of staff in the future.

6.12   Incident reporting

Staff are required to report every incident of violence and abuse as soon as possible thereafter.

Department managers must therefore ensure that all staff know how to report incidents. Refer to the trust's incident reporting policy.

6.13 Technology

➢ The trust does not see the use of technology as a solution in itself, but as part of a wider package of measures to protect its lone workers. The LSMS in consultation with the SMD, the health and safety manager and the lone worker's line managers will ensure that technology is part of a proportionate and targeted response to problems that lone workers face.

➢ The trust will provide a range of technology to assist lone workers including mobile phones, attack alarms and lone worker protection devices provided through the framework agreement with the CFSMS.

➢ Lone worker protection devices such as the Identicom badge provided to trust staff will not stop incidents from occurring, nor should they provide the user with a false sense of security, where they may put themselves at further risk, however they are effective when combined with a package of measures to protect lone workers.

➢ Staff will not be issued with an Identicom device until a suitable risk assessment has been carried out and they have received training to be able to use it properly. This training should include scenarios that may occur to a lone working individual who has been issued with a device.

➢ Lone worker protection devices should be properly maintained, charged and checked regularly, especially before a visit.

➢ A mobile phone is a means of communication rather than a protection device in its own right. It will only be effective if used as part of a buddy system with an agreed escalation procedure and a means of locating the whereabouts of the person raising the alarm. The use of a mobile phone during a confrontation can carry risks and the decision to use them to call for help needs to be carefully considered at the time. Mobile phones can also attract crime and be a target for thieves. They should never be left on show in parked cars and staff should consider their surroundings before using them.

➢ Personal audible attack or screech alarms are primarily designed as a distraction device to stun an alleged offender and enable the lone worker to escape from a situation, rather than as a protection device, these are available on request.

6.14 NHS Lone worker service

➢ The NHS has a framework agreement which provides lone worker services. Under the agreement, a supplier provides services to those NHS organisations that wish to contract them. The service provides: helpdesk facilities, training, network services, lone worker devices (identicom badge), Alarm Receiving Centre (ARC) services.

➢ A lone worker can use a device to record their location as they go about their work; this is called an amber alert. If they feel that their safety may be threatened, they can send a

red alert to the Alarm Receiving Centre (ARC). The ARC listens to the lone worker's incident and use technology to confirm their location. It can then notify the emergency services or the escalation point as required to provide an appropriate response. The service also records incidents, to enable them to be used as evidence in court. Lone workers can only use this service if they give prior consent to being located when they activate a red alert.

➢ When a lone worker activates the device, the ARC records the incident. The lone worker is under *no* obligation to inform the assailant that a device has been activated *or* that the incident is being recorded.

➢ If an incident is recorded, the LSMS will be informed by the supplier. They will listen to the recording and, if necessary, take appropriate action to progress criminal, civil or local sanctions. Access to recordings of incidents must only be given to the police or the LSMS through the defined process.

6.15 Retaining recordings and notifying individuals

➢ **Amber alerts**

➢ Amber alerts will be kept for a maximum of three months, at which point they will be securely deleted by the supplier. Amber alerts relating to a genuine red alert (i.e. those created on the same day) will be retained for 12 months, after which they will be securely deleted by the supplier.

➢ **Genuine red alerts**

➢ Genuine red alerts are retained by the ARC for the police and LSMS for use in criminal, civil or local sanctions and are securely retained by the supplier for 12 months after which time they are securely destroyed.

➢ The LSMS will be provided with access to the recording for review. They should take all reasonable steps to inform the alleged offender that a recording of the incident exists and how a transcript of the recording can be obtained on request.

➢ Where a genuine alarm is activated but closed safely by the lone worker without the police being called, the ARC will retain the recording of the genuine alarm for the police and LSMS to access for 12 months. The LSMS must review the recording and take one of the following actions: send a sanction letter (e.g. warning letter) to the alleged offender which includes that a recording of the incident exists and how a transcript of the recording can be obtained on request refer the incident to the police for action and inform them that a recording exists

➢ Where no sanction is to be progressed at that time, a letter shall be sent to the alleged offender informing them of the existence of a recording and how a transcript of the recording can be obtained on request.

➢ Where a genuine alarm is activated, closed safely and no formal action is to be progressed and the lone worker considers that the alleged offender's health will be adversely affected by the notification of the existence of a recording, the LSMS must

review the recording and agree with an independent senior clinician that notification to the alleged offender of the recording is not appropriate for clinical reasons. If the decision is made not to notify then this must be documented. This should agreed be on a case-by-case basis.

6.16 Publicity

➢ The trust is required to promote its use of lone worker devices to the public, patients and other stakeholders. The trust will do this through the display of posters within those areas making use of lone worker devices. The wording of the posters will cover the following

➢ "Sherwood Forest Hospitals NHS Foundation Trust has a responsibility to protect its staff from incidents of violence, threatening behaviour and verbal abuse. Our staff can now use devices to monitor and record incidents where they feel their safety is threatened. Evidence, including audio recordings, obtained through these devices may be used in criminal and civil proceedings and/or to take local sanctions against alleged offenders. The trust is responsible for the use of the devices and any recordings. Reliance Protect manages this service on behalf of Sherwood Forest hospitals NHS Foundation Trust. For more information call the trust's Security Management Specialist or Health and Safety Manager. Sherwood Forest Hospitals NHS Foundation Trust will continue to take any necessary steps to safeguard patient confidentiality."

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Incident Statistics	Health and Safety Manager	Reported on Datix	Quarterly	Divisional Governance
Legal Actions Cases	Health and Safety Manager	Report following Legal action	As required	Divisional Governance
Staff Survey	Health and Safety Manager	Review findings of Survey	Annually	Divisional Governance

8.0 TRAINING AND IMPLEMENTATION

8.1 The main aspects of training requirements for individual lone workers is dealt with in section 6. In addition the trust will provide Conflict Resolution Training to all front line staff in accordance with the full national syllabus provided by the NHS Counter Fraud and Security Management Service. This training covers the 10 objectives listed in the national syllabus. In accordance with the advice published by the NHS Counter Fraud and Security Management Service priority will be offered to out reach staff such as Community Midwives and other staff that can sometimes work on their own such as reception staff. The trust will provide training for all staff using the lone worker protection devices provided under the lone worker framework agreement. This training will be delivered by Reliance Protect.

8.2 Delivery of the conflict resolution training will be via an in-house trainer who has attended the one-day National syllabus familiarisation course provided by the NHS Counter Fraud and Security Management Service.

8.3 New staff will be offered a place on the full course and the Conflict Resolution Training will be refreshed every three years in accordance with the standard and syllabus set by the NHS.

8.4 The trust will look to build on any lessons learned as a result of the comprehensive conflict resolution training course put in place for trust staff. The quality of the training provided will be regularly monitored by means of feedback sheets and attendance lists.

8.5 The trust recognises that as a result of risk assessment some staff groups may require training over and above the conflict resolution training syllabus. In-house or external contractors depending on the nature of the training concerned will provide this.

8.6 Monitoring: The trust's Incident reporting procedure will be used to monitor the effectiveness of this policy. The annual health and safety report to the trust Board will include data on the level of violent or aggressive incidents reported.

9.0 IMPACT ASSESSMENTS

- ➢ This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- ➢ This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

10.1 Secretary of State Directions
NHS organisations have responsibilities to manage security, including protecting all staff from violence and aggression in accordance with the directions to health bodies on measures to deal with violence against NHS staff and directions to health bodies on security management measures, 2003 and 2004 respectively and as amended 2006.

10.2 Health and Safety at Work Act 1974
NHS organisations have responsibilities under the Health and Safety at Work Act 1974, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work.

10.3 The Management of Health and Safety at Work Regulations 1999

These Regulations require employers to assess risks to employees and non-employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks. Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

10.4 Safety Representatives and Safety Committees Regulations 1977
(a) and The Health and Safety (Consultation with Employees)
Regulations 1996 (b)

Employers must inform and consult with employees in good time on matters relating to their health and safety. Employee representatives, either appointed by recognised trade unions under (a) or elected under (b) may make representations to their employer on matters affecting the health and safety of those they represent.

10.5 The Corporate Manslaughter and Corporate Homicide Act 2007

This legislation creates a new offence under which an organisation (rather than any individual) can be prosecuted and face an unlimited fine, particularly if an organisation is in gross breach of health and safety standards and the duty of care owed to the deceased.

10.6 Other relevant Legislation for guidance

- Provision and Use of Work Equipment Regulations 1998
- Workplace (Health, Safety and Welfare) Regulations 1992
- Personal Protective Equipment at Work Regulations 1992
- Health and Safety (First-Aid) Regulations 1981 (as amended 2013)

10.7 List of Relevant Guidance

- L21 Management of Health and Safety at Work. Management of Health and Safety at Work Regulations 1999. Approved Code of Practice and Guidance
- INDG73(L) (rev 3 2013) Working Alone in Safety
- NHS CFSMS (2005) Not Alone. A Guide for the Better Protection of Lone Workers in the NHS [online] NHS CFSMS. Available from: www.cfsms.nhs.uk/
- NHS CFSMS (2003) A Professional Approach to Managing Security in the NHS. NHS CFSMS
- NHS CFSMS (2002) The Policy & Operational Responsibility for the Management of Security in the NHS. Statutory Instrument 2002/3039. Crown copyright

Related SFHFT Documents:

Guidance for Lone Working

11.0 KEYWORDS

Identicom Badges
Safeguards
Traceability
Home Visits
Violent Incidents

12.0 APPENDICES

Appendix 1	Equality Impact Assessment
Appendix 2	Environmental Impact Assessment
Appendix 3	Guidance for Lone Working
Appendix 4	Information Sheet Lone Worker
Appendix 5	Lone Worker Risk Assessment Template
Appendix 6	Audit report forms

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Lone Working Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 05.11.2021			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination	None
Gender	None	This policy will encourage a culture that does not tolerate any form of abuse, however, some staff may mistakenly view a particular gender as being more vulnerable to violence and abuse	None
Age	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Religion	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in	None

		discrimination. There is a need for a clear system for reporting hate incidents	
Disability	None	Produced in font size 12. Use of suitable technology to view electronically. Alternative versions can be created on request	None
Sexuality	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination. There is a need for a clear system for reporting hate incidents	None
Marriage and Civil Partnership	None	This policy will encourage a culture that does not tolerate any form of abuse including abuse rooted in discrimination.	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	The social profile of some patients attending certain departments may mean staff are exposed to a higher risk of abuse including abuse rooted in discrimination	None

What consultation with protected characteristic groups including patient groups have you carried out? None for this version, in that all previous principles remain in accordance with previous version (which was subject to consultation) and this version is primarily a reformat and codification of agreed practices.

What data or information did you use in support of this EqIA?
Trust policy approach to availability of alternative versions.

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No.

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA, please indicate the perceived level of impact:

High Level of Impact/Medium Level of Impact/Low Level of Impact *(Delete as appropriate)*

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment:
Robert Dabbs

Signature:

Date: 5th November 2021

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	Not Applicable
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	Not Applicable
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	Not Applicable
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	Not Applicable
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	Not Applicable
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	Not Applicable

Healthier Communities, Outstanding Care