NHS
Lancashire &
South Cumbria
NHS Foundation Trust

Lone Worker Policy

Document Governance

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Reviewed in line with expiry. Previously HS007 new ref applied as per policy taxonomy.					

Chief Officer	Chief Nurse and Quality Officer
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Document Type:	Policy	Reference No:	COR095	Document level:	Trust wide
Document Grading:	Medium				
Document purpose:	To ensure the safety of staff when lone working including, definition of a "Lone Worker", roles and responsibilities, risk assessments/checklists, incident reporting and training.				
Applicable to:	This policy applies to all staff employed by the LSCFT, either directly or indirectly, students and volunteers.				

People/Groups Consulted:	Members of the Health and Safety Committee; Staff side; Locality Chief Operating Officers and Governance Leads
Approval Meeting:	Health and Safety Sub Committee
Governance Assurance Meeting	Quality Assurance Committee

Other documents to be read in conjunction with	Risk Management Policy Health and Safety Policy Security Policy Risk Assessment Procedure Incident Policy Incident Sharing with External Organisations Procedure Mandatory Training Policy

Version Control and Change Summary

Version	Date	Section	Author	Comments
1	June 2013			New document
2	June 2016		S Beattie	Reviewed and updated.
3	Aug 2019		S Beattie	Reviewed and updated
4	Sept 2019		S Beattie	Updated
5	Mar 2023	All	S Beattie	Reviewed and updated. Previously HS007 new ref applied as per policy taxonomy.

1.0 Introduction and Purpose

Lancashire & South Cumbria NHS Foundation Trust (LSCFT) recognises that it is essential that staff feel safe and secure so that they can perform their duties and deliver the highest quality care. Due to the nature of the services provided by LSCFT, it is acknowledged that lone working is routine practice in some areas and that Lone Workers may be vulnerable due to the nature of their work.

Organisations have a duty to support lone workers and need to assess the risks to the safety of lone workers, and take steps to avoid where at all possible or control the risks. Where services are provided by lone workers within LSCFT premises or local community, it is essential that the risks associated with lone working are assessed and that effective management action is taken. Lone workers must be confident that the Trust is committed to taking effective action and providing support if they find themselves in an unsafe environment and need help. The Trust recognises and accepts its responsibilities, in accordance with the Health and Safety at Work Act 1974 and The Management of Health and Safety at Work Regulations (1999).

The Trust will work with the Health & Safety Executive (HSE) to discharge its responsibilities under the Health and Safety at Work Act 1974 to address the risk of violence and aggression. The Trust will work with the Police and other partners to create an environment, for those who work for the Trust, that is properly secure and safe, acknowledging that for some staff this includes working in people's homes.

1.1 Principles

The Lone Worker policy establishes the following principles:

- It is essential that all staff feel safe and secure, so that they can undertake and perform their duties safely and knowing that there are robust management procedures in place to ensure that effective action can be taken, should they find themselves in an unsafe environment (which could be a service user's home) and need help.
- By the very nature of their work, Lone Workers need to be provided with additional support, management and training to deal with any risks, as well as being enabled and empowered to take action and responsibility for their own and others safety and security.
- The creation of a pro-security culture where security is the responsibility of every member of staff and anyone granted permission to use Trust premises. Using publicity and the media, to promote what LSCFT and the wider NHS is doing to protect those who undertake lone working, including the introduction of Lone Worker protection procedures, systems technology, and sanctions on offenders.
- Preventing security incidents or breaches from occurring whenever possible or minimising the risk of them occurring by learning from operational experience about previous incidents, using technology wisely and sharing best practice.
- Identifying lone working incidents and ensuring these are reported in a simple, timely and consistent manner across LSCFT, so that trends and risks can be

analysed, allowing this data to properly inform the development of preventative measures or the revision of policies and procedures.

2.0 Scope

This policy applies to all staff employed by LSCFT, either directly or indirectly, students and volunteers. The policy applies to all situations involving Lone Workers arising in connection with their duties and work activities. All staff have a responsibility to ensure security measures and procedures are observed at all times. Managers should take a lead role in promoting and developing a security conscious environment and work plan. It is the responsibility of each manager where staff undertake lone working to ensure that the procedures developed, or which are in place, are applied and adhered to.

3.0   Definitions

Lone working may be defined 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', NHS Protect 2017

The term 'lone worker' describes loner workers and a wide variety of staff who work, either regularly or occasionally, on their own, without access to immediate support from work colleagues, managers or others. Lone working is not unique to any particular staff group, working environment or time of day. It may apply to:

- people who undertake shifts or work outside normal working hours

- people who work in direct contact with the public

- people who work alone from or within a central office

- people who are alone from access to standard emergency services

- people who work remotely from home

- people whose role includes visiting people in their own home

A **'Buddy'** is defined as - 'a person who is their nominated contact for the period in which they will be working alone', NHS SMS Lone Worker guidance (2009).

4.0   Duties

4.1 The Trust Board

The Trust Board is responsible for ensuring, so far as is reasonably practicable, the health, safety and welfare of employees and others affected by the work of the Trust. This includes lone workers.

4.2 The Chief Executive

The Trust Board has vested responsibility for overall control of operational activity and conformity with legislation in the Chief Executive. On behalf of the Trust Board, the Chief Executive is responsible for ensuring that the health, safety and welfare of lone workers are safeguarded.

4.3 The Director with overall responsibility for Security Management (SMD)

The Chief Nurse & Quality Officer, as the Security Management Director is responsible for ensuring that:

- Security management arrangements are integrated into all services;
- Systems exist for the adequate assessment and control of any risks that arise from lone working;
- Consultation on the risks to security, safety and welfare from lone working and their control is undertaken with the workforce via their representatives;
- Information on adverse incidents relating to lone working is recorded and analysed, and that lessons learned are shared as appropriate.

4.4 Local Security Management Specialist (LSMS)

Providing advice and support on the prevention of violence and aggression to all Services and Departments;

- Provide advice on the development of local lone worker procedures;
- Lead on action following any adverse incidents involving violence and aggression during lone working, including liaison with the police and other partner agencies;
- Circulating information as appropriate, and in accordance with NHS Protect guidelines and Data Protection legislation, on known individuals who represent a risk to the safety of staff carrying out lone working;
- Support Service Managers in formulating sanctions;
- To initiate action for redress for the victim and LSCFT.

4.5 Network Directors

Directors are responsible for ensuring implementation and monitoring of this policy as appropriate throughout their Networks.

4.6 Service Managers responsibilities:

4.6.1 To ensure their staff comply with this policy and that it is implemented as appropriate throughout their areas of control;

4.6.2 That each of the staff teams within their Service prepares a bespoke lone worker procedure relevant to the team's individual working practices;

4.6.3 That their staff consult with the LSMS in the preparation of their individual lone worker procedures;

4.6.4 Supporting training plans to meet staff needs and ensure their staffs attendance on the Induction and Mandatory training days.

4.6.5 To be aware what physical measures are in place to protect their staff and that staff are trained to operate them;

4.6.6 That any adverse incidents involving lone workers are reported in line with the Trust's incident reporting policy;

4.6.7 Investigating adverse incidents and the introduction of the required control measures

with support from the Local Security Management Specialist (NB There may be times when this will have to progress in the absence of the LSMS)

4.6.8   Monitoring of compliance with the Procedure throughout their areas of control;

4.6.9   Provide support for staff involved in any adverse incident as a result of lone working.

4.7 Line Managers

4.7.1 To ensure that their staff comply with this policy;

4.7.2 That staff prepare a bespoke lone worker procedure relevant to the team's discrete working practices;

4.7.3 That the LSMS is consulted in the preparation of the individual lone worker procedures;

4.7.4 To ensure their staff work in a safe environment (this includes consideration of staff's safety when visiting people in their own home). That risk assessments are carried out and risks reduced where reasonably practical. That all safety and security incidents are reported on the Trusts incident management system and that all security related risks are reported to the LSMS;

4.7.5   Supporting training plans to meet staff needs and ensure their staffs attendance on the Induction and Mandatory training days,

4.7.6   That any adverse incidents involving lone workers are reported in line with the Trust's incident reporting policy;

4.7.7   To be aware what physical measures are in place to protect their staff and that staff are trained to operate them;

4.7.8   To provide support for staff involved in any adverse incident as a result of lone working.

4.8   Individual Employees and Independent Contractors:

4.8.1   All staff should comply with this policy and the team local procedure;

4.8.2   Take reasonable care of their own health and safety whilst undertaking lone working;

4.8.3   Promptly report any concerns, risks or adverse incidents to their line manager or nominated contact person and in line with the Trust's incident reporting policy;

4.8.4   Know that they can refuse to enter any premises where their health and safety is compromised until such time it is safe to return

4.8.5   To be aware what physical measures are in place to protect themselves and that they know how to operate them;

4.8.6   Work with their managers and the LSMS in the preparation of team lone worker procedures relevant to their duties;

4.8.7   To attend the Induction and Mandatory training days

5.0 Policy

According to NHS guidance, lone working procedures should underline safety issues and contribute to a safer working environment, addressing all identified risks and providing staff with clear lines of communication for the dissemination and use of these procedures, which should be subject to regular monitoring and review.

5.1 Personal Safety

Under no circumstances should staff compromise their personal safety. If a member of staff feels unsafe at any point whilst in a lone worker situation they should remove themselves from the situation immediately.

5.2 Initial Risk Assessment

All managers should identify the lone workers in their teams. A risk assessment should be made of the lone worker activities staff are engaged in, and this should include the risks presented by the varied working environments. The risk assessment should include impact factors such as:

The environment - hazardous conditions such as dangerous steps, unhygienic conditions, animals, exposure to tobacco and other substances, unmanaged infection risk including spores, potable water, poor lighting, damp, inappropriate items or media or an isolated working area:

The work activities – administrating medication; manual handling, delivering unwelcome information or refusing an appointment;

The increased risk of violence - from patients / service users due to alcohol abuse, drug misuse, a mental or personality disorder, including organic mental illness;

The risk from wearing a uniform - when visiting certain patients / service users or working in or travelling between certain environments;

The necessity to carry equipment and the capacity of the Lone Worker to handle the amount of equipment themselves;

Evaluation of physical capability to carry out Lone Working, such as being pregnant, a physical disability or inexperience;

An estimation and assessment of 'emergency' equipment that may be required: such as a torch, a map of the local area, telephone numbers for emergencies including the local police and ambulance service; a first aid kit or mobile phone chargers;

Staff should complete or have knowledge of the risk assessment before carrying out home visits.

5.3   The Management of Appointments

- Managers of lone workers and lone workers themselves should always ensure that colleagues are aware of their movements and appointments. A recognised way of doing this is by leaving a list of appointments with a line manager or other designated team member. When working away from the work base, keeping in regular contact with line managers or colleagues, this can include operating a 'buddy system.' NB within

    Community PH this is via the Visits Allocation System which is actualised in real-time as

visits are completed.

- The list of movements and appointments should include: the full address of where they will be working, the details of persons with whom they will be working with or visiting, telephone numbers if known, and indications of how long they expect to be at those locations (both arrival and departure times).

- This information must be kept confidential and must not be left in a place where those who do not need to have this information, or members of the public, can access it. Details can be left on a whiteboard or similar medium, if that is within a secure office where neither patients/service users nor members of the public have access.

- A visit log that is left with a manager or colleague (s) should be completed and maintained by Lone Workers.

- Arrangements should be in place to ensure that if the colleague(s), holding the Lone Worker's appointments log is not available, that the log will pass to another responsible colleague who will check that the Lone Worker arrives back at their office or base or has safely completed their duties. If details have been left on a whiteboard, they must not be cleared until it has been confirmed that the Lone Worker has arrived back safely or completed their duties for that day.

- Details of vehicles used by Lone Workers should also be left with a colleague; for example, registration number, make, model and colour.

- Procedures should also be in place to ensure that the Lone Worker is in regular contact with their manager or relevant colleague, particularly if they are delayed or have to cancel an appointment.

- Where there is genuine concern, as a result of a Lone Worker failing to attend a visit or an arranged meeting within an agreed time, the manager should utilise the information provided in the log to help track the Lone Worker and ascertain whether or not they turned up for previous appointments that day. Depending on the circumstances and whether contact through normal means (mobile phone, pager and so on) can or cannot be made, the manager or colleague should involve the police if necessary. It is important that matters are dealt with quickly, after consideration of all the available facts, where it is thought that the Lone Worker may be at risk.

- If police involvement is needed, they should be given full access to information held and personnel who may hold it, if that information contains data that might help trace the Lone Worker and provide a fuller assessment of any risks they may be facing.

- It is important that contact and appointment arrangements, once in place, are adhered to. Many procedures such as this, fail simply because staff forget to make the necessary call when they finish their shift. The result is chaos and unnecessary escalation and expense, which undermines the integrity of the process.

5.4 High Risk Visits

Where there is a history of violence and / or the location of the visit is considered a high risk,

consideration should be given to whether the visit is necessary or if alternative arrangement can be made (e.g. asking the person to visit an out-patient clinic). If the visit needs to go ahead then consideration should be given to how this will be safely managed, for example 2 members of staff completing the visit or in some cases the involvement of the police.

5.5 Buddy Systems

To operate the 'Buddy System' a Lone Worker must nominate a 'buddy'. This is a person who is their nominated contact for the period in which they will be working alone. The nominated 'buddy' will:

5.5.1 Be fully aware of the movements of the Lone Worker;

5.5.2 Have all necessary contact details for the Lone Worker, including personal contact details, such as next of kin;

5.5.3 Have details of the Lone Worker's known breaks or rest periods;

5.5.4 Attempt to contact the Lone Worker if they do not contact the 'Buddy' as agreed;

5.5.5 Follow the agreed local escalation procedures for alerting their senior manager or the police, if the Lone Worker cannot be contacted or if they fail to contact their 'buddy' within agreed and reasonable timescales.

5.5.6 Essential to the effective operation of the 'Buddy System' are the following factors:

5.5.7 The 'buddy' must be made aware that they have been nominated and what the procedures and requirement for this role are;

5.5.8 Contingency arrangements should be in place for someone else to take over the role of the 'buddy' in case the nominated person is unable to undertake the buddy duties.

5.5.9 There must be procedures in place to allow someone else to take over the role of the 'buddy' if the lone working situation extends past the end of the nominated person's normal working day or shift.

5.6 Appropriate Training & Briefing

Lone working issues should be included in team briefings and information sharing should be encouraged, particularly of any known risks associated with service users and any known environmental risks. Thereby providing staff with clear lines of communication where risks are identified.

All staff should follow agreed local procedures. Lone workers should undergo appropriate training – conflict resolution training and risk assessment training.

5.7 Lone Worker Risk Information & Assessment of Known Risks

5.7.1 Known risks should be recorded in the patients' record and the risk assessment should be updated and reviewed in line with Trust Policy. All staff should read the notes prior to any visits so that they are aware of new and existing risks.

5.7.2 Such information should, where legally permissible, be communicated with other agencies who may work with the same patients/service users, as part of an overall local risk management process.

5.7.3 If there are known risks with a particular location or patients/service users, Lone Workers and their manager should reschedule this visit to a particular time, place or location where they can be accompanied.

5.7.4 Where there is a risk identified that a set pattern in relation to visits would escalate the risk, the time of day and day of the week for visits should be varied.

5.7.5 Lone Workers should remain alert to risks presented from those who are under the influence of drink, drugs, are confused, or where animals may be present. Being alert to these warning signs will allow the Lone Worker to consider all the facts at their disposal, allowing them to make a personal risk assessment and, therefore, a judgement as to their best possible course of action, for example, to continue with their work or to withdraw.

5.7.6 At no point should the Lone Worker place themselves, their colleagues or their patients/service users at risk or in actual danger.

5.7.7 If a Lone Worker has been given personal protective equipment, such as a mobile phone or similar device, they must ensure that they have it with them and that they use it before entering into a situation, where they have prior knowledge of risk or, at that point in time, consider themselves to be at risk. It is essential that Lone Workers remain alert throughout the visit or the work that they undertaking, and ensure that they are aware of entrances and exits, in the event of an emergency.

5.7.8 Such techniques are taught through conflict resolution training and allow staff to consider the correct positions they should place themselves in, should they need to make an escape.

5.7.9 There should be awareness of particular work activities that might present a risk to lone workers, such as prescribers carrying prescription forms and medicines on their person, particularly controlled drugs, staff delivering unwelcome information or bad news and if they have had suitable training to do this.

5.7.10 If a violent situation develops, then staff should immediately terminate the visit and leave the location.

5.8   Considerations during the Visit

Lone Workers should:

5.8.1   review the service users risk assessment and care plan prior to the appointment and carry an ID badge

5.8.2   Be conscious of security for example:
- discretely informally risk assess when they first arrive at the house; if they feel there is a risk of harm to themselves, excuse themselves and arrange an alternative appointment

- ensure that they do not position themselves where it may be difficult to escape

5.9 Minimising risk when travelling

Lone workers should ensure that fundamental security procedures in relation to travel are undertaken before embarking, such as ensuring that:

- they have adequate fuel for the journey
- items such as bags, cases, CDs, or other equipment are not left visible in the car
- they hold the vehicle keys in their hand when leaving premises, in order to avoid looking for them outside
- they check the inside and outside of the vehicle for possible intruders before entering
- once inside the vehicle all doors are locked
- park close to the location that they are visiting
- at night or in poor weather conditions, they park in a well-lit area and facing the direction in which they will leave
- all the vehicles windows and doors are locked when the vehicle is unattended
- avoid parking on the driveway of the person they are visiting
- should reverse into car parking spaces so that, if attacked, the door acts as a barrier (as advised in the Health and Safety Executive's safe driver training programme)
- avoid having items in their vehicle that contain personal details, such as their home address
- not display signs such as "doctor on call" or "nurse on call" as this may encourage thieves to break in to the vehicle to steal drugs, for example

Lone Workers driving alone, especially after dark, should not stop, even for people who may be in distress or requiring help. The Lone Worker should stop in a safe place, as soon as it is practicable to do so, and contact the emergency services as appropriate.

If the Lone Worker is followed, or suspect they are being followed, they should drive to the nearest police station or manned and lit building, such as a petrol station, to request assistance.

In case of vehicle breakdown, Lone Workers should contact their manager, colleague or 'buddy' immediately. If using a mobile phone and the signal is poor, or there is no signal at all, they should put their hazard lights on. If they need to leave the vehicle to use an emergency telephone, they should lock their vehicle and ensure that they are visible to passing traffic.

5.10 Technology

Lone Worker protection systems can play a part in helping to protect staff. However, this type of technology should not be seen as a solution in itself and consideration must be given to the legal and ethical implications of its use, as well as its limitations.

It is recommended that advice be sought from the Local Security Management Specialists before introducing any technological solutions. The following devices and systems enable staff to summon assistance and they can also be of value as a deterrent:

- Skyguard lone worker devices
- Personal attack alarms

5.11   Mobile Phones

5.11.1 Where provided, a mobile phone should always be kept as fully charged as is possible

5.11.2 The employee should ensure they know how to use the mobile phone properly, by familiarising themselves with the instruction manual.

5.11.3 A mobile phone should never be relied on as the only means of communication. Lone Workers should always check the signal strength before entering into a situation where they are alone. If there is no signal, the Lone Worker should contact their manager or colleague ahead of a visit, stating their location and the nature of their visit, along with an estimate of the time they think they will need to spend at the visit. Once that visit is completed they should let their manager or colleague know that they are safe once they return to an area with a mobile signal. Emergency contacts should be kept on speed dial as this will speed up the process of making a call to raise an alarm.

5.11.4 The phone should never be left unattended but should be kept close at hand in case an emergency arises.

5.11.5 The use of a mobile phone could potentially escalate an aggressive situation and the Lone Worker should use it in a sensitive and sensible manner.

5.11.6 "Code" words or phrases should be agreed and used that will help Lone Workers convey the nature of the threat to their managers or colleagues so that they can provide the appropriate response, such as involving the police.

5.11.7 The mobile phone could also be a target for thieves, and care should be taken to be as discreet as possible, whilst remaining aware of risks and keeping it within reach at all times.

5.11.8 For staff who are considered low risk in terms of lone working i.e. office based staff with minimal or no service user contact the SOS function on the phone can be used. However use of this must be included in the local procedure and shared with all staff

https://videotron.tmtx.ca/en/topic/samsung_galaxyxcover4/sending_sos_m ssages.html#step=1

5.12   Personal Attack alarms

5.12.1 These are primarily designed for use as a distraction to allow a member of staff to escape from a violent or threatening situation.

5.12.2 The manager should ensure that Lone Workers have received appropriate training about the particular product or device they are using and satisfy themselves, as far as is possible, that the Lone Worker is confident in handling it, including familiarisation with procedures and systems in place to support its use.

5.12.3 Great care should be taken to ensure that the device is in good working order and, where it is battery operated, that it is as fully charged as possible or batteries are changed on a regular basis. If it is aerosol based, ensure that it is not about to run out.

5.12.4 The Lone Worker should ensure that it is carried in the hand, in an easy to reach pocket or clipped onto a belt, ready for use and may be activated quickly, if needed. It should not be concealed in a bag.

5.12.5 The device should be used pointing towards the potential assailant and away from the Lone Worker.

5.12.6 It is also recommended that the Lone Worker discards the personal alarm in order to divert the assailant's attention towards silencing the alarm.

5.12.7 The Lone Worker should also ensure that they are aware of the procedures for sounding an alarm and the expected response, if a personal attack alarm is triggered. The assumption has to be that there will be no certainty of assistance, because they sound like car alarms; audible alarms are primarily to "stun" an assailant for a least a couple of seconds, allowing the Lone Worker to make their escape.

5.12.8 The Lone Worker should report any incidents where they have been threatened or assaulted.

6. Reporting

It is important that all staff report all security related incidents associated with lone working. This should be done on the Trust incident reporting system. The Local Security Management Specialist should be informed as soon as possible and within 48 hours.

Accurate and increased reporting by staff, can enable trends and patterns to be identified to prevent recurrence and determine actions required to control or reduce risk and to further improve local policies and procedures to minimise the risks to staff.

7. Post-incident support

Incidents that occur in lone working situations, whether they involve assaults on staff, theft or criminal damage to NHS property, can have a direct impact on staff. Any member of staff who has been subject to an abusive or violent incident must be offered the necessary post incident support. These might include an informal or formal debrief following the incident, psychological support, counselling services, post-trauma support, peer support and access to the staff member's professional or trade union representative as per Trust policy.

7.1 Post-incident action

Following an incident or threat in a lone working situation LSCFT Security Manager can be contacted to offer advice and/or ongoing support. Where a suspected crime has been committed the incident should be reported to the police for initial investigation in compliance with LSCFT policy.

Where the incident potentially impacts upon the Trust's ability to deliver services to an individual, a multi-disciplinary meeting should be held to review the circumstances and agree next steps. Every effort should be made to enable care to be delivered whilst maintaining staff safety. If the MDT cannot identify a way of enabling the safe delivery of care, this should be escalated within the Network and the next stages progressed as identified within the Trust Security Policy.

7.2 Post-incident review

Post-incident review will enable all available information to be used to ensure that lessons are learned and the risk of future incidents minimized. The key to post-incident review, risk assessment and follow-up action is an understanding of how and why incidents occur in lone working situations and being able to learn from that understanding. In order to achieve this, the following factors should be considered:

- type of incident (for example, physical assault/theft of property or equipment)
- severity of incident
- likelihood of incident recurring
- individuals and staff groups involved
- weaknesses or failures that have allowed these incidents to take place (for example, procedural, systematic or technological)
- training needs analysis of staff, in relation to the prevention and management of violence, the correct use and operation of lone worker protection technology or other relevant training
- review of measures in place to manage and reduce identified risks

- review of the effectiveness of support measures for the staff involved
- technology in place to protect lone workers

8.0 Training
It is essential that staff are given the appropriate and necessary skills to be able to predict, prevent, manage and de-escalate potentially violent situations within a legal and ethical framework. Lone Workers are particularly vulnerable and therefore should undergo:
- Conflict resolution training, including problem solving and communication skills.

Other training available includes health and safety awareness encompassing employee responsibilities:
- Cultural awareness, diversity and racial equality training;
- Specific equipment training, including Lone Worker protection devices, and manual handling and Training in disengagement techniques.

9.0 Monitoring

Standard	Time frame/ format	How this will be monitored	By whom
Local procedure in place	Annually / any new risks identified	Via security audits / Supervision	Security Management Specialist and Team managers
Completion of risk assessments	Annually / any new risks identified	Via security audits / Supervision	Security Management Specialist and Locality managers
Security Audits	Annually	Annual Security Plan	Security Management Specialist

10.0 References (including applicable NICE publications)

Directions to NHS Bodies on Security Management Measures 2004

Concordat between Health and Safety Executive & CFSMS

Memorandum of Understanding

Not Alone' – A Guide for the Better Protection of Lone Workers in the NHS.

R v McNally (1999) Court of Appeal ruling

Non Physical Assault – Explanatory Notes

Conflict Resolution Training

CCTV – Code of Practice

HSE (1974) Health and Safety at Work Act

HSE (1999) Management of Health and Safety at Work Regulations 1999.

11.0 Implementation plan

Category	Action(s)	Target date	Responsible person
Engagement	Discuss this policy/procedure in team business meeting	March 2023 / Ongoing	Team Leader
Training	Identify any additional training needs in 1-1s or PDRs or develop a Training Needs Analysis	March 2023 / Ongoing	Staff member / Team Leader

Appendix 1: Equality Impact Assessment:

LSCFT puts equality, inclusion, and human rights at the centre of the design and delivery of inclusive services for the diverse communities we serve, and the empowering culture we create for our staff.

The legal case is set out in the Equality Act 2010 and the practice is embodied by our staff every day, without exception.

We are stronger together.
Equality@lscft.nhs.uk

1. What is the title of the Procedural document and purpose of the activity in requires or involves that needs to be considered and assessed for its impact on people?
Lone Worker Policy -   the purpose of this policy is to clearly set out the organisational roles, responsibilities and standards of how the Trust will comply with its legal obligations under health and safety law regarding the safety and welfare of staff.

2. Which group/s of people is/are being considered?			
☐ Patients / Service Users	☒ Staff	☐ Public	☐ Partner agencies
☐ Other (*please specify here*)			

3. Which of the following protected characteristics may or are likely to be affected by this policy?
(✖ in any box as needed)

Age	Disability	Gender-reassignment	Marriage/Civil Partnership in employment only	Pregnancy & Maternity	Race	Religion or Belief	Sex	Sexual Orientation	Other *Detail below*
x	x	x	x	x	x	x	x	x	☐

Other:

There are no health and safety regulations specific to the above groups only. The Health and Safety at Work etc. Act 1974 (HSWA) requires employers to protect all workers from the risk of injury or harm at work, so far as is reasonably practicable. This includes those who may be affected by their work activities.

Under health and safety law, every employer must ensure the health and safety of all their employees, whether or not in the above categories, so far as reasonably practicable.

4. What engagement is taking place or has already been undertaken with those who are likely to be affected?

Policy to be shared across all localities including relevant safety committees and staff side to ensure that it reflects the needs of the organisations and compliant with health and safety requirements.

This policy must be underpinned with a local risk assessment which would be personalised and address any risks related to the individual.

5. What impact or potential impact has been identified through the consultation?

No impact

6. What further steps are needed to mitigate or safeguard against the impact/potential impact identified?

No further steps identified

Outcome of the assessment	Action/s Required	Timescale	Accountability
Outcome 1: **No change(s) required** *When the scoping exercise has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken.*	No further steps identified		

Outcome 2: **Adjustments to remove barriers that were identified in the consultation** *We need to be satisfied that the proposed adjustments will remove the barriers identified.*	No further steps identified		
Outcome 3: **There is still potential for adverse impact or missed opportunities to promote equality**. *This requires the consideration of 'reasonable adjustments' under the law to adapt and enable people to engage in or access the activities/practices required by the policy.* *In this case, the justification for continuing must be described here and should also be in line with the duty to have 'due regard'.* *For the most important relevant policies, compelling reasons will be needed.* *We need to demonstrate that there are sufficient plans to reduce the negative impact with 'reasonable adjustments' and/or plans to monitor the actual impact*	No further steps identified		
Outcome 4**: Stop and rethink.** *When an EIA shows actual or potential unlawful discrimination you will now need to make changes to the policy and practices it requires.*			

How will we monitor this and to whom will we report outcomes? The Chief Officer of the policy must be made aware of this assessment and any monitoring or rewriting in relation to outcomes 2,3 or 4 *Risks identified throughout the assessment process and controls designed to address them, must be described and rated and recorded on Datix or in service risk registers in line with Trust processes. Assurance mechanisms should be developed for each activity to ensure that equality and diversity compliance is achieved on an ongoing basis*	.

7. Who undertook this assessment and when?

Name: Sarah Beattie	
Job Title: Security Management Specialist	Date assessment started: 8th September 2022
Service: Corporate	Date assessment completed: 24th October 2022
Sign off: High – to be signed off by E&D Team Medium – to be signed off by Author with E&D advice Low – signed off by Lead Author	EIA Grade: medium

8. **Authorised by (Signature):** Sarah Beattie **Date**: March 2023