

Lone Working Policy

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Signed on behalf of the Trust:
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Lone Working Policy

1. Policy Statement

Cambridge and Peterborough NHS Foundation Trust (CPFT) (hereafter known as the Trust) takes seriously the health, safety and welfare of its entire staff. It recognises that some staff are required to work by themselves for periods of time without close or direct supervision in the community or in isolated work areas.

This Policy aims to:

- Increase awareness of safety issues related to lone working.
- Make sure that the risk of working alone is assessed using the risk assessment process to reduce the risk in so far as reasonably practicable.
- Make sure that appropriate training and advice are available to staff in all areas, and provides direction for 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.

2. Executive Summary

A logical and dynamic risk assessment approach should be adopted and encouraged. Staff who carry out an assessment of the risks that they face will not be penalised for not performing their duties, if they perceive that their personal security and safety, or that of others, may be at risk. However, this should be balanced against providing a good standard of care for patients/service users. Where there are potential or apparent risks, alternative provision should be made for care delivery with the collaboration of the multiple disciplinary team (MDT) and their manager.

This document reflects the good practice in use throughout the NHS to help protect lone workers, or staff who sometimes work alone. Aimed primarily at lone workers, managers of lone workers, Directorate representation at an operational level, and the Security Manager. It will also be of interest to risk assessors and managers, those with health and safety responsibilities, occupational health, and our human resource department who provide support to our staff that work alone.

Designed to reflect good practice in relation to the protection of lone workers, this Policy, together with supporting guidance should be used to develop or revise local Standard Operating Procedures and systems to protect lone workers, reflecting the operational needs of staff and the environments within which they work.

This Policy and Supporting Guidance gives direction in terms of theoretical and practical action to help protect lone workers. Information is provided on processes and physical measures that can be put in place to help prevent incidents from occurring.

Appendices to this Policy include a comprehensive Guidance Document intended to supplement both this Policy and the Risk Assessment process. This includes the listing of lone working activities/risks associated with different work environments and is

applicable to all Directorates across the Trust. Furthermore, the guidance provides specific controls, mitigations, and actions that can be taken which align directly with the identified risks to reduce them to as low as reasonably practicable (ALARP).

While lone workers may face higher risks, it is important that these risks are managed appropriately, whilst not creating an unnecessary and disproportionate fear amongst staff to the reality of the risks faced. It is therefore important that work to minimise the risks is based on current and historical known risk factors.

3. Definition of lone working

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

‘Those who work by themselves without close or direct supervision’.

The term ‘lone worker’ is used in this document to describe any staff who work, either regularly or occasionally, on their own, without access to immediate support from work colleagues, managers or others. This could be inside a hospital or similar environment, in a community setting or within administration areas or receptions; there is no single definition that encompasses those who may face lone working situations and, therefore, increased risks to their security and safety.

4. Introduction

It is the responsibility of the line managers of staff who work alone, to ensure that this Policy and supporting Guidance is implemented, monitored and adhered to locally, and that Local Standard Operating procedures are current and appropriate. Lone workers also have a responsibility to follow this policy and local procedures to reduce as far as reasonably practicable that they do not come to harm and to promote safety.

It is essential that staff feel safe and secure, so that they can undertake and perform their duties free from the fear of harassment, aggression, violence or other harm. They must also be confident that there is organisational commitment that supports their health and safety at work, backed by effective management procedures, so that effective action can be taken should they find themselves in any potential or actual threatening environment and need help.

Due to the nature of their work, lone workers need to be provided with additional organisational support, management, training and instruction to deal with increased risks, as well as being enabled and empowered to contribute to the responsibility for their own health, safety and security, and that of others.

5. Aims and Objectives

This Policy and supporting guidance aims to provide lone workers and their line managers with practical information to assist in preparing for lone working activities. This document will assist the Trust in meeting legislative responsibilities under the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work

Regulations 1999. Guidance on this legislation is available from the Health and Safety Executive (HSE) website, INDG73(REV4) and in keeping with NHSE Violence Prevention and Reduction Standard.

The operational lone worker Policy and supporting guidance aims to:

- Protect as far as reasonably practicable the Health and Safety of all.
- Raise staff awareness of safety issues relating to lone working.
- Ensure that lone working is risk-assessed in an appropriate and dynamic way and that safe systems and methods of work are put in place to reduce the risk, so far as is reasonably practicable.
- Ensure that appropriate training is available to all staff to equip them to recognise risks and provide practical advice or instruction on safety when working alone, including, where appropriate, how to use technology.
- Ensure that there is an organisational structure, defined roles and responsibilities, communication links and support in place to help lone workers if they need assistance.
- Demonstrate to all staff that lone working is as safe as practicably possible and have procedures in place to protect them.
- Encourage and provide guidance on full reporting and recording of any adverse incidents or near misses, that relates to lone working and is carried out via Datix to facilitate effective risk management.
- Reduce potential or actual incidents of harassment, discrimination, physical violence, harm or injuries to staff related to lone working.

6. Roles and Responsibilities

6.1 Chief Executive:

Has overall responsibility for the management of Health & Safety in the Trust and for ensuring the implementation of this policy.

6.2 Security Management Director (SMD) and Chief Finance Officer – Dual Role:

- Is responsible for ensuring that appropriate security management provisions are made within the Trust to protect lone working staff.
- 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.
- Has overall responsibility for the protection of lone workers by gaining assurance that policies, procedures and systems to protect lone workers are implemented.
- 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.

- Has responsibility for the nomination and appointment Security manager and through continued liaison to ensure that security management work (including the protection of lone workers) is being undertaken to the highest standard.
- 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.

6.2 The Security Manager (Risk Services)

- Should ensure that the trust has up-to-date Policies and Guidance for the safety of lone workers, and ensure that Policies and Guidance are provided to the Directorates for dissemination among their respective services and teams.
- Advises the Directorates and Trust on systems, processes and procedures to improve personal safety of lone workers and make sure that preventative measures are in place (as reasonably practicable).
- Advises the Directorates and Trust on appropriate and proportionate physical security, technology and support systems that improve the personal safety of lone workers.
- Ensures that any technology used to protect lone workers meets legal requirements .
- Plays an active part in risk assessment, risk registry, and advises on the management of the risks. Advises on the security provisions needed to mitigate the risks and protect lone workers to as low as reasonably practicable.
- Should facilitate a full investigation of any Lone Working incident and where necessary, liaise with the Police to allow follow up action to be taken.
- Should conduct a post-incident reviews to see what lessons can be learnt and work with the Directorates to ensure that appropriate measures are implemented before staff enter a lone working situation.

6.4 Directorate Operations Directors (the Directorates):

With support and guidance from the Security Manager, Directorates will take responsibility for ensuring their respective teams provide information accurately and in a timely manner in relation to lone working. This includes information such as teams' activities/risks and other information related to governance. Whilst supported by the Security Manager, the Directorates will be responsible for ensuring that all compliance/governance elements are actioned according to the Lone Working Dashboard/Tracker, this Policy and supporting guidance.

6.5 Line managers of staff undertaking lone working activities

- Should identify all lone working activities/risks within their respective teams and communicate this to the Security Manager through their respective Directorate. This will allow for the completion of a sufficient risk assessment to ensure that all risks from lone working are identified, and that control measures have been identified, and introduced to minimise, or mitigate the risks (to as low as reasonably practicable).

- Should identify all staff who are lone workers, based on recognised definition within this Policy and according to the lone working activities identified.
- Should ensure that all relevant policies and procedures are disseminated to lone working staff through the intranet system (and other electronic means (e.g. direct email, shared on Team Drive/files) and or in hard copy as applicable and are implemented. It is necessary to communicate effectively to all relevant staff what their roles and responsibilities are in relation to lone working, whether they are managers or colleagues of lone workers or lone workers themselves. It is essential that staff at all levels are aware of their responsibility, to be familiar and compliant with lone working policies and procedures that are in place for their protection. This may be facilitated through.
- Should ensure that lone workers are provided with sufficient information, training, instruction and supervision before entering a lone worker situation.
- Should ensure physical measures are put in place and appropriate technology is made available to ensure the safety of lone workers where sufficient risk is identified.
- That staff have received conflict resolution training where applicable *and* NHS Lone Worker Device Service training provided (where applicable) by the service supplier before being issued with any device.
- Should ensure that Local Operating Procedures are reviewed, and 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.
- Where a security incident has occurred, should make sure that the employee completes a Datix incident report form as soon as possible.
- Where staff have been assaulted, should ensure that the individual is properly debriefed, undergoes a physical assessment, any injuries are documented, the Police are notified, and staff receive access to appropriate post incident support
- Should ensure that following an incident, the security manager is consulted via the Directorate to further consider the risk assessment as soon as possible so additional control measures can be put in place (where applicable).

6.6 The Occupational Health (OH) Service

The Occupational Health Service will advise Human Resources (HR) if, on appointment, individuals are unable to work alone for health reasons and will offer support and advice to both Trust staff and any prospective employee.

6.7 Lone working members of Staff

- 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.
- 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.
- Comply with Policies, Guidance and local procedures, particularly relating to the prevention and management of violence.
- Seek advice from their line manager, action guidance, procedures and instruction to avoid putting themselves or their colleagues at risk.
- Should conduct proper planning prior to a visit and utilise continual dynamic risk assessment during a visit.
- 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.
- 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.
- Any lone worker protection devices issued to staff should be properly registered before first use and properly maintained, charged and checked regularly, especially before a visit.
- 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.
- 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.
- 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.

7. Risk entry, policy and local procedures

- It is the responsibility of the Trust, through the Chief Operating Officer and Directors of Operations to ensure that operational lone working procedures (Standard Operating Procedures (SOP's)) are in place, and are built around those lone working activities/risks, and mitigations/controls identified in the Organisational Risk.
- Although there is a single Organisational Risk on Lone Working, that Risk is based on effective communication from Teams around their lone working activities/risks, and are articulated through the Directorates to the Trust representative completing the Organisational Lone Working Risk on the Register.

- SOP's should be informed by the Organisational risk, Policy, and related Guidance, but determined by local operational requirements. In addition to this, equality impact assessments should be considered as lone working policies should include equal opportunities and need to consider the principles of diversity to reflect the needs of the community or service that is provided.
- It is recognised that lone working is not unique to community-based staff and professionals. Lone working occurs within different settings and cannot always be planned for. For example, administrative/support staff and nursing staff based in a hospital setting may be placed in a lone working situation despite their place of work being a ward or open-plan office. Due to their duties, these staff may find themselves either alone in a remote part of the building or site, or may find themselves escorting to another site. Therefore, Procedures are required to reflect this.
- This Policy, related Guidance, and local procedures must be kept under review to take into account changes in the external environment, the introduction of new technologies, and the lessons learned from the investigation of incidents that occur, where they cannot be deterred or prevented.
- Local operational procedures should address local views and needs, reflecting:
 - The views of staff and their union or professional body and safety representatives.
 - Advice from Security, Health and Safety, Risk and Human Resources Managers.
 - Where appropriate, the views of service users on how they would like visits to their homes to be undertaken.
 - The use of positive reporting practices regarding appointments and movements.
 - Clear links to other relevant procedures, risk assessment and Policies.
 - A clear outline of responsibilities and lines of accountability in respect of any action required in ensuring compliance with monitoring and review of the policies, procedures and systems put in place.
- Managers should provide staff with clear lines of communication and reporting. It is important for there to be clear systems in place for the dissemination and use of these policies and procedures, which should be subject to monitoring and review according to the Trust's policy and procedure guidelines.
- The Security Manager (Risk Services) should provide oversight to support Directorate representatives in ensuring that the implemented lone working procedures are reviewed in line with the organisation's internal review process.
- It is essential that both existing and all new employees are made fully aware of the Organisational Lone Working Risk, the Trust Policy on Lone Working, and local lone working procedures as part of their induction programme (on-boarding).

8. Risk

8.1 Management Process (assessment and SOP's)

- Teams identify lone working takes place within their team according to definition provided. Then provided to Directorate and Security Manager by way of governance Dashboard.
- Teams identify those roles (and associated persons) who undertake lone working activities as identified above.
- Teams identify all lone working activities/risks undertaken by lone workers in their team. Then provided to Directorate and Security Manager by way of governance Dashboard.
- Thematic/factor analysis is completed by the Security Manger to identify all available lone working activities/risks undertaken by teams, having all had the opportunity to communicate these activities/risks through multiple communications and direct engagement from the directorate.
- Controls will be listed that serve to mitigate each of the above identified lone working activities/risks to as low as reasonably practicable.
- Those above identified risks and associated controls will be captured in the Organisational Risk on Lone Working, along with other detail according to the Risk Assessment and Registry Process.
- Lone working activities/risks, as identified and articulated by all teams, and listed controls for mitigation (as included in the Risk Register) will also be included in the Trust Lone Working Guidance Document.
- Once provided to the Directorates by the Security Manager, and once disseminated by the Directorates to their Teams, each Team will then have an expansive list of lone working activities/risks (that will include those provided by themselves, as well as others they may not have considered). Team managers can then list these lone working activities/risks in an SOP template.
- Once provided to the Directorates by the Security Manager, and once disseminated by the Directorates to their Teams, each Team will then have an expansive list of controls/mitigations that correspond with each of the above identified lone working activities/risks. Team managers can then list these lone working controls/mitigations in the above SOP template.
- Once completed, the Lone working Template for each Team can be saved locally, and/or at Directorate level so that overall Directorate Progress around governance can be tracked and monitored on the Lone Working dashboard/tracker.
- Completion and management of the Dashboard will be the responsibility of each Respective Directorate (as per roles and responsibilities section), but with the support and guidance, and reporting oversight of the Trust/Security Manager.
- The Directorates will instruct Teams to regularly review and monitor control measures to highlight any changes or gaps in assurance. Any such changes will be articulated through each respective Directorate to the Security Manager, so the Organisational Risk can be updated (where applicable).

8.2 Identification of risks

The identification of risks relies on using all available information in relation to lone working to ensure that the risk of future incidents can be minimised. This includes learning from operational experience of previous incidents and involving feedback from all staff and stakeholders. It is therefore essential that staff are encouraged to report identified risks to managers, as well as 'near misses', so that appropriate action be taken and additional control measures implemented where appropriate.

8.3 Risk identification of lone workers.

Both managers and lone workers themselves should identify any risks related to lone working activities within their respective teams. This information is needed to make decisions on how to manage those risks and ensure that the action taken is proportionate. Arrangements should be made to ensure that activities are monitored, reviewed, and appropriately reported.

8.4 Risk assessment.

The key to risk assessment is to identify hazards, understand how and why incidents occur in lone working situations and learn from that understanding to make improvements to controls and systems to reduce the risk to the employee. To achieve this, the following factors should be considered and documented:

- Type of incident risk (e.g. physical assault/theft of property or equipment).
- Frequency/likelihood of incident occurring and having an impact on individuals, resources and delivery of patient care.
- Severity of the incident: cost to the healthcare organisation in human and financial terms.
- Confidence that the necessary control measures are in place or improvements are being made.
- The level of concern and rated risk.
- What action needs to be taken to ensure that improvements are made and risks reduced.
- Suitable communication between the risk assessor and teams through the Directorates to understand lone working activities/risks, and to ensure mitigations are suitably applied locally and lone working is suitably managed.

8.5 Managing Risk

Through the Risk Assessment/Risk, Policy and guidance provided to the Directorates, Directorates are required to implement measures for their teams to manage, control and mitigate risks to lone workers. These measures should be achievable, commensurate with the risk identified, and realistic. Any associated costs need to be included not only

in terms of resources and purchasing equipment but also staffing, training and expertise.

Measures might include removing weaknesses or failures that have allowed these incidents to take place (procedural, systematic or technological), and identifying further training needs of staff in relation to the prevention and management of violence, or other training such as correctly identifying and operating the relevant technology.

9. Information Sharing

As part of the risk management processes, information concerning risks of individuals and addresses should, where permissible, be communicated internally to all relevant staff who may work with the same patients/service users in accordance with Trust Policy and guidance.

Wherever possible and permissible, risk information should be shared externally, within the health, social care and other public sectors according to existing Trust Policy and Procedure. Communication could also be facilitated through existing participation in crime and disorder partnerships, community groups and other health-care organisation forums, and liaison with the Police.

10. Risk Activities

10.1 Low-Risk Activities

There may be scenarios and activities that can be classified as low-risk – for example, staff undertaking office work during normal daytime hours. Staff in this situation may be authorised to work alone without the agreement of their line manager. However, risk assessments need to consider not only safety while at work during normal office hours, but also issues of location and timing relating to personal safety (e.g. someone leaving an empty building, alone, at night).

10.2 High-Risk Activities

If there is a history of violence and/or the patient/service user, other friends/relatives who may be present or the location is considered high-risk, the lone worker must be accompanied by at least one colleague or security officer or, in some cases, by the police. Consideration should be given to whether the patient/service user should be treated away from their home, at a neutral location or within a secure environment.

11. Use of an External Security Provision

There may be some exceptional circumstances whereby the ability to provide care whilst also maintaining staff safety is not possible or is compromised. If CPFT are unable to withdraw treatment (separate process involving professionals meet and executive sign off) or provide care at an alternative location, consideration will be given to implementing a physical security presence. The Security Manager (Risk Services) should be contacted if this scenario occurs, and Multi Disciplinary Team (MDT) meetings will be required to discuss all other options.

Executive sign off will be required before implementing such provision. This will only be agreed on a short-term basis to enable a longer-term solution to be implemented.

12. Emergency Equipment

As part of the planning process, the emergency equipment that may be required should be assessed. This might include a torch, map of the local area, telephone numbers for emergencies (including local Police and Ambulance Service), a first aid kit, etc. If required, the lone worker's line manager is responsible for providing and maintaining this equipment from within local resources.

13. Lone Worker Movements

Lone workers should always ensure that someone else (a manager or appropriate colleague) is aware of their movements and possess details of the people they will be working with or visiting and when.

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, or to make contact as agreed, the manager should use the information provided to locate them.

If it is thought that the lone worker may be at risk, it is important that matters are dealt with quickly, after considering all the available facts. If police involvement is needed, they should be given full access to information held and personnel who may hold it, if that information might help trace the lone worker and provide a fuller assessment of any risks they may be facing.

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

14. Escalation Process

It is vital that line managers implement and monitor an escalation process, outlining who should be notified if a lone worker cannot be contacted or if they fail to contact the relevant individual within agreed or reasonable timescales. Any individual nominated as an escalation point should be fully aware of their role, their responsibilities, and implications of not following such a process. Where lone working devices apply, this includes a responsibility on the manager (or nominated competent person) to manage the lone working system to update and register/de-register lone workers (users) as appropriate.

15. The Buddy System

It is essential that lone workers keep in contact with colleagues and ensure that they make another colleague aware of their movements. This can be done by implementing management procedures such as the 'buddy system'.

To operate the buddy system, an organisation must ensure that a lone worker nominates 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:

- Be fully aware of the movements of the lone worker
- Have all necessary contact details for the lone worker, including next of kin.
- Have details of the lone worker's known breaks or rest periods
- Attempt to contact the lone worker if they do not contact the buddy as agreed
- Follow the agreed local escalation procedures for alerting their senior manager and/or the police if the lone worker cannot be contacted or if they fail to contact their buddy within agreed and reasonable timescales.

The following are essential to the effective operation of the buddy system:

- The buddy must be made aware that they have been nominated and what the procedures and requirements for this role are.
- Contingency arrangements should be in place for someone else to take over the role of the buddy in case the nominated person is unavailable, for example if the lone working situation extends past the end of the nominated person's normal working day or shift, if the shift varies, or if the nominated person is away on annual leave or off sick.

16. Training

- It is essential that staff are given the appropriate training in identifying, preventing, managing and de-escalating potentially violent situations. This must be done within a legal and ethical framework where the rights and needs of the patient/service user are balanced against the rights and safety of lone workers. Lone workers should be given the necessary training and awareness to enable them to carry out their duties in a positive, confident and caring manner. In all situations, they should try to attend to the needs of the individual involved and recognise their particular sensitivities and concerns.
- Conflict resolution training should be delivered to meet the needs of lone workers and should include modules covering risk assessment, de-escalation techniques and post-incident support. The training should also be scenario-based specifically for lone workers.
- Training should be delivered for any specific equipment or devices that may be issued to lone workers. This should ideally include scenarios which are likely to be encountered when lone workers are equipped with devices and with support services fully in place.
- A training needs analysis (TNA) should be undertaken to determine which lone working staff in the organisation require training, who should be prioritised for training and in which subject, and how often this training is to be refreshed. Subject areas which may be included within the TNA are:
 - Conflict resolution training.
 - Disengagement techniques.
 - Cultural awareness
 - Diversity and racial equality
 - Specific equipment training
 - Risk assessment (emphasis on dynamic)
 - First aid training (where applicable).

17. Reporting

It is important that staff are encouraged and supported by CPFT (and in particular by their line manager) to report all incidents of physical and non-physical assault in line with Trust Reporting Policy and Procedure. This will enable the incident handler, and where applicable, the Security Manager to conduct a thorough investigation, confirm reporting to the Police, manage active Police cases to provide updates both to and from Police and staff/handlers, and facilitate an alternative improved response when lacking. To this end, all incidents of physical or Psychological Harm should be reported to the Police as soon as possible for appropriate action to be taken.

Reporting to the Police can serve two main functions:

- Reporting with the intention to pursue charges.
- Reporting for information purposes.

Through more accurate and increased reporting by staff, more will become known about the nature, scale and extent of the issues affecting lone workers. This will allow the Security Manager to support Directorates further to improve local procedures to minimise the risks that these staff face.

Staff should also report near misses that could have resulted in a serious incident. This will also ensure that any lessons learned can be fed back into risk management processes to make sure similar incidents do not recur. It also means that further preventive measures can be developed, sanctions taken (where appropriate). This fosters a pro-security culture amongst Trust staff, raising their awareness of how and why incidents should be reported to facilitate the prevention process and contribute to the future security and safety of staff.

If an incident causes more than three consecutive days' absence from work, there is also a legal requirement for it to be reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

18. Post incident considerations.

18.1 Post-Incident Support

Managers should have measures in place to support any member of staff who has been subject to an abusive or violent incident. These might include a 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.

If assaulted, the individual will also need to undergo a physical assessment and receive treatment for any injuries, so they are well enough to return to work.

18.2 Post-Incident Action

If the incident involves a physical assault on a Trust staff member, it must be reported and investigated in accordance with the Trust Incident Reporting process.

If the incident involves a non-physical assault, such as verbal abuse, it should still be reported, and where applicable, investigated.

For all incidents, irrespective of whether the Police may be pursuing sanctions against

offenders, the Trust will conduct incident reviews and where appropriate investigations to establish the causes of the incident and whether any further action needs to be taken. This action might be aimed at creating a pro-security culture, deterrence, prevention or detection.

Where lessons are learned, it is essential that they are used in the revision of procedures and systems locally, as well as informing any further review of the organisational risk by the Security Manager through the Directorates. This will ensure that lone workers are given the best possible protection and minimise the risks that they face.

18.3 Post-Incident Review

Post-incident review will enable all available information to be used to ensure that lessons can be learned, and the risk of future incidents minimised. 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 learn from that understanding.

The lone working Policy and guidance, and subsequent developed and implemented local operating procedures are to be reviewed after an incident that exposes a fundamental weakness or failure.

19. Sanctions

There are various sanctions that can be taken against individuals (or groups) who abuse staff and professionals, or who steal or inflict damage on Trust property. These range from criminal prosecutions and Anti-Social Behaviour Orders to civil injunctions.

Professional investigation of incidents by relevant parties, and where applicable, the Security Manager, will inevitably lead not only to more intelligence about the problems and possible solutions, but also to more sanctions being taken against offenders. This can be achieved by close working with the Police and the Crown Prosecution Service.

Following an incident and investigation, where applicable, the Security Manager will keep the victim (and any relevant persons) fully informed of progress, supported, and where appropriate, involved in the process as the case progresses to court.

20. Warning Letters

If, following the identification of a specific circumstance or behaviour from service user, associated family member, friend, or other involved, that pose a risk to staff, then there is the option for staff to consider issuing a warning letter via the Trust Security Manager according to Trust Policy and Procedure.

21. References

The following documents should be read in conjunction with this guidance and are available online.

- **NHS Counter Fraud and Security Management Service, 2002. [The Policy and operational responsibility for the management of security in the NHS Statutory Instrument 2002/3039](http://www.opsi.gov.uk/si/si2002/20023039.htm) [online] Crown copyright. Available from: <http://www.opsi.gov.uk/si/si2002/20023039.htm>**
- **NHS Counter Fraud and Security Management Service, 2003. [A Professional approach to managing security in the NHS](http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/sms_strategy.pdf). [online] NHS CFSMS. Available from: http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/sms_strategy.pdf**
- **Department of Health, 2003. [Directions to NHS bodies on measures to deal with violence against NHS staff 2003](http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/vas_directions.pdf). [online] NHS CFSMS. Available from: http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/vas_directions.pdf**
- **Department of Health, 2006. [Directions to NHS bodies on measures to deal with violence against NHS staff 2003 \(Amendment\) Directions 2006](http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/NHS_Violence_amendment_Directions_010406.pdf). [online] NHS CFSMS. Available from: http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/NHS_Violence_amendment_Directions_010406.pdf**
- **Department of Health, 2004. [Directions to NHS bodies on security management measures 2004](http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/Health_Safety_and_Security_Manager_nomination.pdf). [online] NHS CFSMS. Available from: http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/Health_Safety_and_Security_Manager_nomination.pdf**
- **Department of Health, 2006. [Directions to NHS bodies on security management measures 2004 \(Amendment\) Directions 2006](http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/nhs_sms_amendment_directions_010406.pdf). [online] NHS CFSMS. Available from: http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/nhs_sms_amendment_directions_010406.pdf**

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: Lone Working Policy Date/Period of Document: November 2024-2027
 Lead Officer: Trust Security Service Manager Job title: Trust Security Service Manager

<input type="checkbox"/> Function	<input checked="" type="checkbox"/> Policy	<input type="checkbox"/> Procedure	<input type="checkbox"/> Strategy	<input type="checkbox"/> Other: (State) _____
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Describe the overall purpose / intended outcomes of the above: This policy contains information on the management and guidance to staff in relation to patients who wish to record their medical consultations or treatments through the use of portable recording devices on NHS premises or at home, including both overt and covert recordings both with and without the knowledge or permission of those being recorded at all Cambridge and Peterborough NHS Foundation Trust sites and service users' property.

You must assess each of the 9 areas separately and consider how your policy may affect people of different groups within those areas.

1. Assessment of possible adverse (negative) impact against a protected characteristic

	Does this have a significant negative impact on equality in relation to each area?	Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Age		✓	
2	Disability		✓	
3	Gender reassignment		✓	
4	Marriage and civil partnership		✓	
5	Pregnancy and maternity		✓	
6	Race		✓	
7	Religion and belief		✓	
8	Sex		✓	
9	Sexual Orientation		✓	

You need to ask yourself:

- Will the policy create any **problems** or **barriers** to any community or group? Yes No
- Will any group be **excluded** because of the policy? Yes No
- Will the policy have a negative impact on **community relations**? Yes No

If the answer to any of these questions is Yes, you must complete a full Equality Impact Assessment

2. Positive impact:

	Could the policy have a significant positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:	Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Eliminate discrimination, harassment and / or victimisation		✓	
2	Advance the equality of opportunity of different groups		✓	
3	Foster good relationships between different groups		✓	

3. Summary

On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?

Positive				Negative		
HIGH <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	LOW <input type="checkbox"/>	NEUTRAL <input checked="" type="checkbox"/>	LOW <input type="checkbox"/>	MEDIUM <input type="checkbox"/>	HIGH <input type="checkbox"/>
Date assessment completed: 2 nd November 2024			Is a full equality impact assessment required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date EIA approved by Equality and Diversity				Submitted		