NHS
Thurrock
Clinical Commissioning Group

LONE WORKING POLICY

Policy No :	
Version:	0.1
Approved by:	Thurrock CCG Board
Date approved:	
Name of originator/author	Andrew Stride, Head of Corporate Governance
Date Issued:	
Review Date:	
Target Audience:	NHS Thurrock CCG employees, Board members and contractors

CONTENTS

1.   Introduction

This is the policy of NHS Thurrock CCG for ensuring that the risks associated with staff working alone are properly assessed and managed.

Working alone is not prohibited by health and safety legislation and it will often be safe to work in this way. However, the law requires employers to consider carefully, and then deal with, any health and safety risks for people working alone. The broad duties of the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999, the Corporate Manslaughter and Corporate Homicide Act 2007, the Safety Representative and Safety Committees Regulations 1977, the Health and Safety (Consultation with Employees) Regulations 1996, apply. These require the identification of hazards associated with lone working, assessment of the risks involved and putting in place measures to avoid or control the risks.

Failure to implement this policy will place NHS Thurrock CCG in breach of its duties under the aforementioned legislation. Other risks associated with failure to manage lone working include loss of reputation, inability to recruit and retain staff and the risk of civil litigation.

2.   Purpose

The purpose of this document is to :

- identify those with responsibility for the management of lone working in the CCG;
- explain the CCG's statutory duty as employer to assess the risks to lone workers and take practical steps to avoid and control risks where necessary;
- increase staff awareness of safety issues relating to lone working;
- ensure that the risks associated with working alone are assessed in a systematic and ongoing way and that safe systems and methods of work are put in place to reduce the risk as far as is reasonably practicable;
- ensure that appropriate training is available to all staff that equips them to recognise risk and to provide practicable advice on safety when working alone;
- encourage reporting and recording of all adverse incidents and near misses relating to lone working;
- reduce the number of incidents and injuries to staff related to lone working.

3.   Scope

This policy applies to all CCG staff, contractors and to Board members whilst they are engaged in CCG business. The policy does not apply to staff employed by external agencies or providers such as the Commissioning Support Unit or Local

Authority. Such individuals and teams should follow the equivalent policy as approved by their organisation.

4. Definitions

Lone worker – the Health and Safety at Work Act 1974 defines lone workers as "those who work by themselves without close or direct supervision".

Lone working may also be defined as any situation in which someone works without a colleague nearby, or when someone is working out of sight or earshot of a colleague. Examples of this would include :

- Staff who visit members of the public in their homes (for example, complainants or those engaged in patient and public engagement activities);
- Teams where staff work out of normal office hours for all or part of the year (such as finance staff during year-end accounts preparation);
- On-call directors;
- Small teams located off main corridors or who are working temporarily or permanently in satellite locations;
- Situations where the nature of the work requires the individual to work in isolated areas (for example due to patient or staff confidentiality;
- Staff delivering medication or diagnostic services during a public health emergency such as an influenza outbreak.

Hazard – this is something that could cause harm (in terms of lone working, an example would be the absence of a functioning telephone)

Risk – this is the likelihood of a hazard causing harm

5. Roles and Responsibilities

5.1. NHS Thurrock CCG Board

The CCG Board is responsible for receiving assurance that the CCG has in place a robust system for meeting its obligations with respect to lone working.

5.2. Accountable Officer

The Accountable Officer is accountable for ensuring that NHS Thurrock CCG complies with its statutory obligations around the health and safety of lone workers.

5.3. Head of Corporate Governance (Competent Person)

This postholder is responsible for reviewing and co-ordinating the implementation of this policy, co-ordinating, assisting with and overseeing the completion of lone worker risk assessments and keeping a corporate database of risk assessments.

This postholder is currently the CCG's Competent Person for Health and Safety, as required by the Management of Health and Safety at Work Regulations 1999.

5.4. Business Manager

The Business Manager supports the Head of Corporate Governance in respect of all the day-to-day management of health and safety within the CCG.

5.5. Executive Officers and Managers

All Executive Officers and managers are responsible for :

- Ensuring that the Lone Working Policy is effectively implemented in all areas within their control;
- Conducting lone worker risk assessments for all of their staff and ensuring that specialist security risk assessments are conducted where required.

5.7. Local Security Management Specialist (LSMS)

The LSMS commissioned by NHS Thurrock CCG (currently provided by Mazars Public Sector Internal Audit Ltd) will provide specialist advice and support regarding the security risks associated with lone working, including conducting specialist risk assessments where indicated.

5.8. All Staff, Board Members and Contractors

All staff have a responsibility under the Health and Safety at Work Act 1974 to take reasonable steps to ensure that their actions do not endanger their own health, safety and welfare or that of their colleagues, contractors, patients or visitors. This includes compliance with CCG policies and procedures and completion of mandatory training.

In the context of lone working, this means that all staff are responsible for following this policy, co-operating with the risk assessment process and for highlighting to their line manager if their working pattern or duties may bring them into the definition of a lone worker set out in section 4.

6. Policy Procedural Requirements

6.1 Lone Worker Risk Assessments

Risk assessments must be carried out by line managers with all staff as part of the induction process. The assessments must be recorded, re-examined at regular intervals and communicated to all who could be affected or identified by the risk assessment. Re-assessment must take place annually as a matter of routine; more frequently in the event that there is a significant change in the individual's role and responsibilities, workbase or disability / health status.

Measures to control the risks should take account of normal working conditions and foreseeable emergency situations such as fire, equipment failure, illness and accidents. When considering safe working arrangements, line managers should follow a hierarchical system based on the following :

- Identify who is operating as a lone worker;
- Identify any possible risk(s);
- Assess the likelihood and consequences of each risk;
- Avoidance of the risk where possible;
- Control of the risk as far as reasonably practicable;
- Evaluation and review of the effectiveness of control measures.

6.2. Lone working in office premises

Wherever possible, employees should avoid remaining alone in their workplace after the premises officially close (this is 7.00pm Monday to Friday for the CCG Office in Grays), but it is recognised that there are times when this is unavoidable. In such situations, the following measures must be implemented :

- Ensure that only the lone worker and their immediate colleagues have access to the building or room;
- Only providing access to others if the lone worker is sure who they are;
- Check their access to a telephone (mobile or landline);
- Check on the means of escape from the building in an emergency, such as fire escapes;
- Arrange appointments / meetings to minimise the length of time when the individual is alone;
- Keep valuables out of sight;
- Move their car closer to the building if necessary during the course of the day in order to minimise the risks of leaving the building on their own;
- Avoid using lifts whilst working alone as they may become trapped inside and unable to summon assistance;

- If the lone worker will be leaving the building in the dark, carry a torch and a personal attack alarm (to be provided by the CCG for anyone assessed to be at high risk)

In an emergency, the CCG operates a Director-on-Call system which is in place around the clock. Contact can be made through the on-call pager on 07623 972256.

6.3. Lone working when visiting members of the public

Lone workers who are visiting patients and the public away from the workplace should put in place the following measures :

- Carry appropriate identification;
- Ensure mobile phone is turned on and sufficiently charged;
- Ensure systems are developed and implemented to record each lone worker visit including mode of contact, names and addresses of the individual being visited, times of appointment and the expected time of return;
- Advise the Office of any changes that arise to these plans;
- Lone workers should carefully consider where their cars are parked, taking into account lighting, isolation, passageways, crime "hot spots" and avoidance of remote locations;
- If travelling by public transport, lone workers should time leaving the office to minimise the length of time waiting at bus stops and railway stations (particularly outside peak hours);
- Report back to the Office once the visit is concluded;
- Withdraw immediately from the visit if the lone worker feels at risk and complete an incident report form at the earliest opportunity thereafter;
- Ensure that the lone worker acquaints themselves with the entry and exit points in the place they are visiting as soon as they arrive;
- When the lone worker enters the premises, he or she should close the front door behind him or herself and make themselves familiar with the door lock in case a quick exit is needed;
- Where possible, position oneself such that the patient is not between the lone worker and the exit;
- Carry a personal attack alarm (to be provided by the CCG for anyone assessed to be at high risk)

6.4. Training

The CCG will provide or commission relevant training to all those who fall within the definition of "lone worker" set out in section 4, following completion of a formal risk assessment. This will primarily be conflict resolution training including an element of personal security awareness. More specific training will be provided where indicated through a risk assessment.

6.5. Legal action

The CCG will consider legal action in cases where its staff are subject to physical or verbal aggression or abuse, in line with the Secretary of State Directions to Health Bodies on Measures to Deal with Violence Against Staff (2003) and Directions to Health Bodies on Security Measures (2004), issued by NHS Protect. This also applies to any incident that occurs outside normal working hours.

6.6. Record-keeping

Comprehensive records of the lone worker assessment process and the actions taken will be maintained by the CCG in line with the Data Protection Act 1998 and accepted standards of information governance in the NHS. A copy of all assessments and relevant paperwork will be kept on the individual's HR file.

7. Monitoring Compliance and Policy Review

This policy will be monitored by the Quality and Governance Committee, taking into consideration expert health & safety, security management and human resources advice.

The senior manager who has overall responsibility for monitoring this policy is the Accountable Officer.

This policy will be reviewed every two years, or more frequently in the event of changes in legislation or good practice guidance. If only minor changes are required, the policy will be approved by the Quality and Governance Committee. In the event of more significant changes, final approval rests with the CCG Board.

8. List of Stakeholders Consulted

Mandy Ansell – (Acting) Interim Accountable Officer
Jane Foster-Taylor – Executive Nurse
Ade Olarinde – Chief Finance Officer
Christine Celentano – Business Manager
Lucy Moss – HR Business Partner, NHS North East London CSU
Suzanne Duffy – Local Security Management Specialist (Mazars Ltd)

9. Equality Impact Assessment

NHS Thurrock CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications.

This policy has been assessed using the CCG's Equality Impact Assessment framework which identified the following impact/s upon equality and diversity issues:

Age	*Marital Status*	Disability	*Gender & Pregnancy*	*Race*	*Sexuality*	*Religion*	*Human Rights*	*Total Points*	*Impact*
0	0	2	0	0	0	0	0	*1*	*MEDIUM*

Rationale

Implementation of this policy will have a positive impact on the protected characteristic of disability. This is because this policy provides a framework for safeguarding all individuals who may work alone, including those who may find it more difficult to extricate themselves from a vulnerable situation due to a disability.

10.   Associated Documents and Policies

Health and Safety Policy
Health and Safety Risk Assessment Policy
Risk Management Strategy

11. References

- Health and Safety at Work Act 1974;
- Management of Health and Safety at Work Regulations 1999;
- "Homeworkers : Guidance for employers on health and safety" – Leaflet INDG226(rev1), HSE Books 2011 – www.hse.gov.uk/pubns/indg226.pdf

12.   Version Control

10	VERSION CONTROL			
	Version	**Author:** **Name & Title**	**Date Policy Issued**	**Date Policy Due to be Reviewed**
		Andrew Stride, Head of Corporate Governance		

Policy Date:

Risk Assessment for Lone Workers

ASSESSMENT	
Department:	Location:
Employee name:	Date of assessment:
Risk Assessment carried out by:	Review date:

Main risk and issues of concern	Yes	No
Does the employee work alone?	(1)	(0)
Does the employee work out of hours?	(1)	(0)
Does the employee meet with patients and the public in isolated locations (including client homes)?	(1)	(0)
Do you know where emergency equipment is held?	(1)	(0)
When working away from base, does someone at base know who the employee is visiting what time they intend to return?	(0)	(1)
Are there adequate emergency procedures and an effective means of communication should an incident occur?	(0)	(1)
Is the building secure?	(0)	(1)
Is there adequate access to the building?	(0)	(1)
Is there access to first aid if the employee becomes ill or has an accident?	(0)	(1)
Will the employee be working in confined spaces?	(1)	(0)
Are regular supervisor or colleague checks done during activities?	(0)	(1)
Are entrance security systems in use (e.g. key fobs)?	(0)	(1)

Is there security lighting around access points?	(0)	(1)
Are panic buttons linked to manned locations?	(0)	(1)
Are reporting AND checking-in systems in place?	(0)	(1)
Are employees trained on basic personal safety?	(0)	(1)
Are employees trained in strategies for preventing and managing violence?	(0)	(1)
Do employees have access to forms for reporting incidents or near misses and appreciate the need for this process?	(0)	(1)

Now total up the scores from the questions above to ascertain the overall level of risk appropriate to the lone worker :

Total = _____

Score	Level of Risk	Timescale for next scheduled lone worker risk assessment and follow-up required
0.-4	Low	One year
5-10	Medium	Six months
11-14	High	Three months – seek advice on reduction of risk from Head of Corporate Governance, consider changes to working practices
15-17	Extreme	Seek immediate advice on reduction of risk from Head of Corporate Governance and LSMS as immediate changes to working environment/practices may be necessary

Action Plan to Manage the Risks

Action Plan to Manage the Risk				
(Consider what needs to be done to reduce the level of risk identified overleaf, being as specific as possible. Examples might be provision of staff training, improving security, changes to working practices, calling estates to repair something)				
What needs to be done?	Who will do it?	By when?	What could prevent this happening?	Date action completed
Implement lone worker buddy system	Andrew Stride	December 2014	N/A	December 2014

Policy Date:

Review Date: Page 12