

TRUST-WIDE NON-CLINICAL DOCUMENT

**OPERATIONAL MANAGEMENT
 AND USE OF LONE WORKING
 DEVICE**

Policy Number:	HS15
Scope of this Document:	All Staff
Recommending Committee:	N/A
Approving Committee:	Health and Safety Committee
Date Ratified:	April 2019
Next Review Date (by):	April 2021
Version Number:	2019 – Version 1
Lead Executive Director:	Executive Director of Communications and Corporate Governance
Lead Author(s):	Head of Health Safety Fire and Security

TRUST-WIDE NON-CLINICAL DOCUMENT

2019 – Version 1

*Striving for perfect care
 and a just culture*

TRUST-WIDE NON-CLINICAL POLICY

MANAGEMENT AND USE OF LONE WORKING DEVICE

Further information about this document:

Document name	Operational Management and Use of Lone Working Devices HS15
Document summary	This document is designed to provide guidance to managers and staff on the operational management and use of lone working devices
Author(s) Contact(s) for further information about this document	Carlton Brooks Head of Health Safety Fiore and Security Telephone: 0151 472 4071 Email: carlton.brooks@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Building Kings Business Park Prescot Merseyside L34 1PJ Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	SA29 Management of Security Systems HS14 Lone Working Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Trust, 2015. All Rights Reserved	

Version Control:

		Version History:
Version 1	circulated to service and team managers of lone workers and presented to the Health and Safety Committee for approval	March 2019

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

Section	Page No
1. Purpose and Rationale	5
2. Outcome Focused Aims and Objectives	5
3. Scope	5
4. Definitions	5
5. Duties	5
6. Process	7
7. Consultation	10
8. Training and Support	10
9. Monitoring	10
10. Equality and Human Rights Analysis	11

1. PURPOSE AND RATIONALE

- 1.1 The purpose of this document is to set out the operational management and use of lone working devices. Lone working devices are a form of *Personal Protective Equipment (PPE)* and the Trust is committed to ensuring that appropriate technology is made available and has selected the Reliance Protect lone worker solution an effective and discrete means of summoning help and reducing the risks to lone workers in the community.
- 1.2 Whilst the operational management and use of lone working devices is the responsibility of line managers and teams leaders all staff have a responsibility under health and safety legislation to take reasonable care of themselves and to cooperate with their employer by using this form of safety equipment in line with information, training and instruction.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- a) To create a safe working environment for all staff and others minimising the risks of intimidation and violence wherever practicable.
- b) To take all reasonable measures to prevent incidents of violence and aggression occurring and thereby protecting staff and others from risks to their personal safety.
- c) To provide appropriate levels of managerial control measures to improve lone worker device usage
- d) To provide an assurance framework of aftercare arrangements that supports the operational use and ongoing management of lone worker devices at divisional and local level.
- e) To establish clear operational procedures for issuing, returning and replacing a device.

3. SCOPE

- 3.1 The Trust has a duty to protect lone workers by reducing the risks of physical and verbal abuse. This policy applies to all designated lone working staff that has been issued with lone working devices. All staff issued a device are required to use the device in line with training and can also take a number of practical steps to help improve their personal safety while out and about.

4. DEFINITIONS

NHS Protect (2014)	Definitions of lone working 'Any situation in which someone works without a colleague nearby or when someone is working out of sight or earshot of another colleague.'
Health and Safety Executive (2013)	Those who work by themselves without close or direct supervision.'

5. DUTIES

- 5.1 **Chief Executive:** is responsible for
- Ensuring that there are arrangements for identifying, evaluating and managing risk associated with lone working;
 - Ensuring that where identified by risk assessment that resources are available for the provision of lone worker safety device/equipment
 - Provide, as far as is practical, a safe working environment for lone working employees.
 - Ensuring that there are arrangements for monitoring incidents linked to lone working and that the Trust regularly reviews the effectiveness of this policy
- 5.2 **Service Managers/Line Managers:**

- Have a duty to ensure that all relevant policies and procedures are implemented and passed on to the lone working staff that you are responsible for.
- Promote a safety culture that is supportive of
- Must ensure that lone worker jobs have been properly risk assessed.
- Have a duty to ensure that staff are appropriately protected before entering a lone working situation.
- Are responsible for accounting for and monitoring lone working devices within individual Locality/ teams
- Will monitor the LWD monthly usage data/reports and respond to areas of low/ non-compliance by implementing strategies to improve usage.
- Are responsible for nominating and maintaining a number of in house lone working device trainers to support the training needs of locality/team.
- Have a duty to monitor and ensure that lone working staff wear and use their lone working devices in line with training, information and instruction whilst at work.
- Will ensure that lone working devices are retrieved as part of all final exit interviews
- Will ensure that lone working devices are not transferred between individuals unless the necessary escalation forms / procedures have been completed and returned to Reliance
- Will liaise with and inform the their Health and Safety Advisor/ LSMS of any operational issues relating to use of LWD's

5.3 **Head of Health Safety Fire and Security:**

- Will manage the lone working contract ensuring that the requirement for LWD's is in line with service requirements
- Undertake/assist with investigations into RED Alerts
- Receive and evaluate LWD usage reports with the Reliance contract/area manager
- Maintain a quantity of LWD's for emergencies

5.2 **Health and Safety Advisor(s) LSMS:**

- Will ensure that staff have been trained to confidently use the device and to understand how the support systems behind it will support them.
- Will support the Division/Locality/ in house trainer(s) by providing agreed and or adhoc LWD training.
- Will support individuals by responding to and investigate RED Alert signals
- Request from Reliance LWD recordings as evidence as part of any Police investigation
- With Locality/Service Managers monitor monthly usage reports and assist in implementing strategies to improve usage
- Review DATIX and respond to issues related to defective devices.

5.3 **Lone Working Device Trainers will**

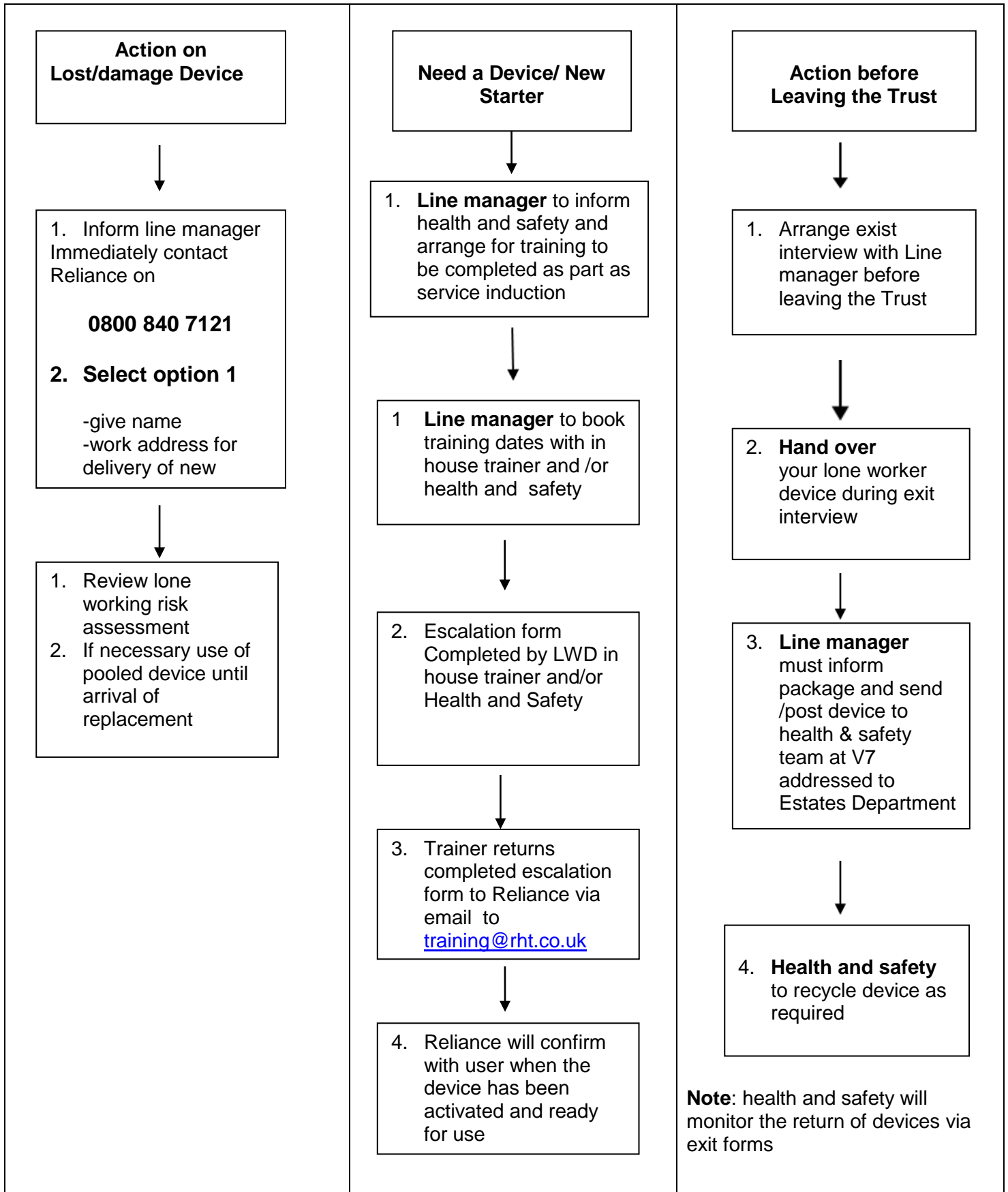
- complete LWD training as required for staff within their Locality
- recover, retain and forward on to health and safety any spare devices held devices

5.3 **Employees/Lone Workers:**

- Have a responsibility under health and safety legislation to take reasonable care of themselves and to cooperate with their employer by using their LWD's in line with information, training and instruction.
- Shall register their location with the device prior to entering a service users home
- Must not swap, transfer or handover devices to a colleague
- Shall on exit interview return their LWD's to their Line Manager/Supervisor

6. PROCESS

6.1 Device Management Flow Chart



6.3 **How we will manage lone worker devices**

6.4 Lone worker devices are Trust property, **under no circumstances** should a device be allowed to leave the Trust or be used by employees of another organisation.

6.5 Line managers/ team leaders and supervisors within each locality are responsible for the day to day accounting and management including the use of LWD's by their staff.

6.6 Lone worker devices are a form of PPE therefore all users are responsible for using the device in line with training information and instruction whilst ensuring that location of each visit is logged before entering a service user's home.

6.7 **Who will lone worker devices be given to?**

6.8 Lone worker devices will be given to the following (but not restricted to) employees who work lone in the community without the immediate support of their colleagues. Priority will be given to the following staff groups who are assessed as being at risk and more vulnerable to violence and aggression:

- District Nurses
- Health Visitors
- Social workers
- Podiatrist
- Physiotherapist
- Speech and language therapist
- Dentists (delivering home treatment)
- Bank / Agency staff delivering care in patients homes
- Outreach workers

6.9 **Updating of escalation forms**

6.10 Escalation forms with emergency contact numbers must be completed by individuals at team/departmental level and copies retained by each team/department and shared with the Divisional Safety Advisor/ LSMS.

6.11 So that escalation forms and individual profiles can be kept up to date they will be updated every 14 months by care managers and team leaders. The divisional Safety Advisor/ LSMS will initiate this update.

6.12 **Device contract management and usage reports**

6.13 Management of the contract with the Reliance will be managed by the budget holder with the assistance from Finance in relation to managing invoices.

6.14 Usage reports will be provided and discussed at monthly contract meetings between the Head of Health and the Reliance Key Account Manager- responsible for supporting the Trust at a local level and helping to promote usage through various initiatives.

6.15 Department usage reports will be escalated to care managers and team leaders to provide a team based approach to managing staff identified in low usage reports and establishing monitoring arrangements designed to increase usage.

6.16 Divisional / locality level usage reports to be included within monthly performance reporting

- 6.17 **How will large scale roll out of devices be managed when contracts are renewed?**
- 6.18 The Trust will be supported through the process by the Reliance Customer Support Manager- who will oversee contract implementation to ensure milestones are met for delivery and training.
- 6.19 Consideration will be given to rolling out devices at individual team locations over a period of 8 - 12 weeks. This will ensure escalation forms are completed a team level in support of usage reporting aimed at teams.
- 6.20 Care managers with health and safety will be responsible for agreeing suitable dates and times for the change over of devices and should take into consideration staff on leave and sickness absence etc.
- 6.21 Consideration will also to given to larger centralised 'drop' in venues in the last two weeks as a final call to hand in and collect new devices.
- 6.22 **What if we need more lone worker devices**
- 6.23 The need for additional devices will be supported by the completion of risk assessment based on the work being undertaken and underlying risk factors.
- 6.24 Ordering more than ten new devices at anyone time is likely to result in a new contract with Reliance therefore careful consideration must be given to rationale and need to have a device.
- 6.25 Only the designated budget holder has authority to agree and sign off new a contract with Reliance.
- 6.26 Procurement and Finance must be made aware of and be involved in setting up any new contract in line with trust policies and procedures.
- 6.27 **How pooled / spare devices will be managed**
- 6.28 Pooled / spares devices will be managed in the following ways
1. **Pooled Devices:** By individual teams for use by bank / agency workers. However these devices must be linked to a mobile phone and the escalation form completed and returned to Reliance
 2. **Spare Device:** Health and safety will manage and recycle spare devices as required for new starters and if necessary act as a resupply chain for maintaining numbers of pooled devices.
- 6.29 **Can I give my device to a colleague?**
- 6.30 **NO**, under no circumstance should you give, swap or exchange a device with another employee. **You will be putting them at risk.** This is because your device is linked to you by your phone and emergency contact numbers which you provided on the **ESCALTION** form. Therefore in the event of a **RED ALERT** the security monitoring service will only call you and NOT the person who has raised an alarm.

7. CONSULATION

- 7.1 The Trust will ensure that all members of staff are provided with the information that they require to work safely and without risk to their health. This will include information, such as the results of assessments and the appointment of various categories of competent persons, required under various pieces of legislation.

7.2 Consultation on health and safety matters with employees who are members of a recognised trade union will take place through the agreed channels. However; employees who are not members of a recognised trade union will be consulted with either directly or through a representative whom they have elected. This will enable the trust to meet its obligations under the Consultation with Employees Regulations 1996.

8. TRAINING AND SUPPORT

- 8.1 There are a number qualified trainers in each locality, you will need to find out who they. These in house trainers provide training to new starters and will support the division in meeting any training requirements.
- 8.2 Each locality will have access to the Reliance LWD train-the-trainer. Nominations from each locality should be forwarded to the divisional LSMS mark.clayton@merseycare.nhs.uk
- 8.3 Online eLearning training is also available via the Reliance customer portal. the divisional LSMS should be contacted for further advise and information.

9. MONITORING

What part of this policy will be monitored?	Where in the policy is it referenced	Who will carry out the monitoring	How monitored	What will the frequency of monitoring be	Which group/committee will receive the monitoring reports
Exit interview process for recovering lone worker device	6.1 flow chart	Health and safety / LSMS	Review of exit forms with line manager	Annually	Health and safety committee Divisional safety group huddle/meeting
Provision of lone worker device to high risk staff	6.4	Health and safety / LSMS	Review of risk assessments	Continuous	Health and safety committee Divisional safety group huddle/meeting
Usage reports	6.6	Health and safety LSMS Care Managers	Monthly reports and meeting with contract manager	Monthly	Health and safety committee Divisional safety group huddle/meeting

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: HS14 Operational Management and Use of Lone Worker Devices

Area covered: Trust wide Policy

What are the intended outcomes of this work? *Include outline of objectives and function aims:*

To provide appropriate levels of managerial control measures to improve lone worker device usage

To provide an assurance framework of aftercare arrangements that supports the operational use and ongoing management of lone worker devices at divisional and local level.

To establish clear operational procedures for issuing, returning and replacing a device.

Who will be affected? *e.g. staff, patients, service users etc*

Staff working with the Community delivering care in patients homes

Evidence

What evidence have you considered?

Health and safety regulations i.e. legal requirement to protect lone workers

Disability (including learning disability)

n/a

Sex

n/a

Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

n/a

Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

n/a

Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

n/a

Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

n/a

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

n/a

Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

n/a

Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

n/a

Other identified groups <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i> n/a
Cross Cutting <i>implications to more than 1 protected characteristic</i> n/a

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	<i>not engaged</i>
Right of freedom from inhuman and degrading treatment (Article 3)	<i>not engaged</i>
Right to liberty (Article 5)	<i>not engaged</i>
Right to a fair trial (Article 6)	<i>not engaged</i>
Right to private and family life (Article 8)	<i>not engaged</i>
Right of freedom of religion or belief (Article 9)	<i>not engaged</i>
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	<i>not engaged</i>
Right freedom from discrimination (Article 14)	<i>not engaged</i>

Engagement and Involvement <i>detail any engagement and involvement that was completed inputting this together.</i>
Community service managers and team leaders
Health and safety committee

Summary of Analysis <i>This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010</i>
Eliminate discrimination, harassment and victimisation <i>Use supportive of a HRBA</i>

Advance equality of opportunity

Use supportive of a HRBA

Promote good relations between groups

No issues identified

What is the overall impact?

No issue identified

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges and priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record

Name of persons who carried out this assessment:

Carlton Brooks

Date assessment completed:

March 2019

Name of responsible Director: Elaine Darbyshire

Date assessment was signed:

March 2019

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Draft Policy	<ul style="list-style-type: none">• Escalate draft policy to care managers and wider safety team for consultation• Discuss policy at community team safety meetings	Feb 2019	
Approval	Present policy to safety committee for agreement	Mar 2019	