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THE CITY OF EDINBURGH COUNCIL

The City of Edinburgh Council

Internal Audit

Edinburgh Health & Social Care Partnership
Lone Working

Final Report

13 July 2020

HSC1902

Overall report rating:

Significant improvement required	Significant and / or numerous control weaknesses were identified, in the design and / or effectiveness of the control environment and / or governance and risk management frameworks. Consequently, only limited assurance can be provided that risks are being managed and that the Council's objectives should be achieved.

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The City of Edinburgh Council

Internal Audit Report: HSC1902 - Edinburgh Health & Social Care Partnership Lone Working

1. Background and Scope

Background

The City of Edinburgh Council (the Council) and NHS Lothian (NHSL) respectively have legal duties under the Health and Safety at Work etc Act 1974; and Management of Health and Safety at Work Regulations 1999 to ensure the safety and welfare of anyone working within the Edinburgh Health and Social Care Partnership (the Partnership) as far as reasonably practicable. The law requires employers to consider carefully, and then deal with, any health and safety risks for people working alone.

The Health and Safety Executive (HSE) defines lone workers as those who work by themselves without close or direct supervision and has published health and safety guidance on the risks of lone working aimed at anyone who employs or engages lone workers. This guidance was revised in March 2020 to take account of COVID-19 and an increased number of lone workers working at home and a rise in individuals completing duties alone due to social distancing measures.

The Partnership provides services across communities that are delivered by Council and NHSL employees who carry out duties on behalf of the Partnership through either their relevant parent organisation or integrated Partnership teams. Employees may be required to work alone within service user's homes; communities; or in isolated office or public premises for all or part of their working hours. As a result, lone workers can be vulnerable and exposed to hazards including an increased risk of physical or verbal abuse and harassment from patients, service user, their relatives or members of the public.

Regulation 3 of the Management of Health and Safety at Work Regulations 1999 requires employers to complete health and safety risk assessments for employees and others who could be affected through the activities that they carry out. Workers also have responsibilities to take reasonable care of themselves and other people affected by their work activities and to co-operate with their employers in meeting their legal obligations.

Lone working frameworks

City of Edinburgh Council

Lone Working Guidance developed by the Council's Corporate Health and Safety team is available via the Orb (the Council's intranet). This provides general guidance on lone working safety measures and includes a checklist and risk assessment for completion by lone workers and their managers. The guidance is designed to ensure ongoing compliance with Health and Safety at Work regulations.

The guidance requires divisions to develop lone working procedures that include adequate information, instruction, training, communication and supervision arrangements linked to work activities, and suggests that line managers should complete risk assessments (as required by the legislation) to decide what arrangements are necessary to ensure that a lone worker is not exposed to significantly greater risks than other employees before a task or service provision begins.

Risk assessments should be used to identify whether the work can be carried out safely by a lone worker, and areas where lone working magnifies the risks presented by the hazards. It should also identify appropriate control measures and any further action required to ensure the employees' health and safety.

In line with the Council's guidance, the following roles and responsibilities apply across the Partnership:

- Managers should ensure that local lone working procedures have been established.

- Line managers should ensure that appropriate risk assessments are carried out in their areas, that include an assessment of risks faced by lone workers and the steps to be applied avoid or control risks where necessary.

- Employees are required to apply divisional lone working procedures and apply the controls identified in the lone working risk assessments.

A joint Health and Social Care / Communities and Families Lone Working policy and supporting procedures for social work and social care staff are available for staff and managers to access via the Orb.

Training and supervision requirements

Essential learning templates for Council health and social care job roles are published via the Orb. The templates have been developed by the Council's Learning and Development team in conjunction with service area managers and subject matter experts and detail the type of training required, how often it should be undertaken and how the training is delivered. The templates should be reviewed annually to identify any required training that is not captured within the templates. Line managers should record completion of mandatory training within MyPeople (the Council's HR system).

The Council's Social Care and Social Work Supervision policy and supporting procedure sets out requirements for the frequency and recording of one to one supervision meetings for different staff groups, this includes a requirement to consider risk assessments and training relevant to lone working.

NHS Lothian

Within NHSL, lone working is part of the Violence and Aggression policy. Managers are required to complete the Risk Assessment and Risk Reduction System (known as the Purple Pack). The aim of this is to identify any staff training or other requirements relating to violence and aggression and lone working.

Lone working devices and technology

Technology such as mobile phones, alarms and monitoring services can be used to support lone workers. Most lone workers in the Council do not have access to lone working devices, however, a lone working technology solution for homecare workers is currently being explored. Other control measures are in place for some lone workers, for example use of call-in/call-out systems; electronic diaries; mobile phones and personal alarms.

Some NHSL lone workers use lone working devices (allocated based on risk assessment outcomes) that are monitored by an external service provider. The worker registers the device with the provider and advises which addresses will be visited as the devices do not use GPS. The worker contacts the provider at the start and end of each visit, and (if there is an issue) presses the alert button. The provider will listen in to the worker for signs of distress and will alert the police where required.

Information sharing

Risks to lone workers when visiting service users may be reduced if they are made aware of any previous violent behaviour. Where there has been a 'near miss' or an incident involving a team member, it is essential that the information is shared with other team members, colleagues and third-party service providers who may be visiting the same individual. All incidents of aggression should be recorded and highlighted in the service user's file and where possible across shared systems.

A data sharing agreement has been established between the Council and NHSL to support information sharing across the Partnership and guidance on cross system access for NHSL and Council staff is provided via the Orb.

Where significant risks in relation to specific service users have been recorded, Council guidance advises that consideration should be given to arranging visits in a neutral venue (e.g. locality office). Service user assessments should be reviewed regularly to consider whether visits should be suspended, or alternative arrangements established to ensure staff safety, for example joint visits with more than one team member or Police accompanied visits.

Incident monitoring and assurance reporting

Employee harm related incidents and near misses are reported through the Council's Safety, Health and Environment System (SHE) and the Datix system for NHSL. Quarterly incident reporting from both the Council and NHSL is provided to the Partnership Executive Management Team, the Partnership Quarterly Incident Management and Health and Safety Groups, and Council Health and Safety Group.

In April 2019, the Partnership adopted an integrated health and safety assurance framework to ensure that key health and safety risks are identified and escalated. Twelve key risk topics have been identified with quarterly reporting on how risks are being controlled across services. Standard templates are used to prepare quarterly reporting. Information is collated by tier, by team/service manager (level 4); then hub/cluster/ mental health & substance misuse manager (level 3); and then consolidated by locality manager in the level 2 report to the Partnership Executive Management Team; Quarterly Health and Safety Group; Council Health and Safety Group and NHS Lothian Health and Safety Committee.

Previous lone working assurance reviews

Lack of clear lone working procedures and controls across the Partnership was identified as part of a risk profiling exercise undertaken by the Council's Corporate Health and Safety team in 2018 which highlighted that integrated Partnership teams were applying the separate Council and NHSL lone working standards. In April 2019, the Partnership agreed to implement a one organisation approach to managing health and safety, by adopting a single framework and associated reporting. Work has progressed to develop this with completion of joint NHSL/Council workshops at a team leader level to discuss requirements. In the interim, both Council and NHSL guidance and risk assessments continue to be used, although management has advised that some integrated Partnership teams have adopted use of the NHSL Purple Pack.

Scope

The objective of this review was to assess the adequacy of design and operating effectiveness of the key controls established to ensure the safety of lone workers delivering adult social care services within the Edinburgh Health and Social Care Partnership. This included ensuring all aspects of the Health and Safety Executive's guidance on lone working has been considered and applied (where relevant) to all lone working roles.

The review also provides assurance in relation to the following risks:

Council Corporate Leadership Team (CLT) risk register as at December 2019

- As a result of potential gaps in training or understanding, and deliberate or accidental actions, there is a risk of non-compliance with legislative requirements, the Council's health and safety policies or operational procedures. This could lead to an incident resulting in regulatory breaches, harm to staff, service users or members of the public, subsequent liability claims, fines and associated reputational damage.

Health and Social Care Partnership risk register as at January 2020

- There is a risk that the Partnership is unable to comply with statutory health and safety regulations due to the lack of awareness and responsibility amongst Partnership staff leading to an increase in the potential harm to both staff and service users.

- There is a risk that staff and service user information is not shared effectively across teams due to separate NHS and CEC IT systems for recording staff and service user information leading to an increased risk that the correct information is not available to ensure safe care and staff governance.

Limitations of Scope

NHS Lothian processes and controls established to support lone workers delivering healthcare services on behalf of the Partnership were specifically excluded from the scope of this review.

Our areas of audit focus as detailed in our terms of reference are included at Appendix 2.

Approach

Review of lone working arrangements was performed on a sample basis across teams operating within the North West and South East localities. This included:

- three cluster occupational therapy (OT) teams
- one cluster social work team, one cluster home care team,
- one mental health team and
- one hub home care and re-ablement service.

Reporting Date

Our audit fieldwork stopped on 17 March 2020 to enable the Partnership to focus on their Covid-19 resilience activities, and it is estimated that circa 70% of fieldwork testing was complete. Our findings and opinion are based on the conclusion of our work as at that date.

2. Executive summary

Total number of findings: 5

Summary of findings raised	
High	1. Lone working framework
High	2. Lone working controls, devices and equipment
Medium	3. Incident monitoring and assurance reporting
Medium	4. Essential learning, training. and supervision arrangements
Medium	5. Health and Safety Risk Management and Covid-19 impacts

Opinion

Significant improvement required

Our review identified a number of significant and moderate control weaknesses in both the design and effectiveness of the Edinburgh Health and Social Care Partnership's (the Partnership) lone working control environment and governance and risk management frameworks. Consequently, only limited assurance can be provided that the risks associated with lone working are being effectively managed, and that the Partnership's objectives of ensuring the health and safety of lone workers in line with applicable legislation and regulations is achieved.

These outcomes are reflected in the 2 High and 3 Medium rated findings raised.

The High rated finding reflects the need for the Partnership to ensure that both the Council's and NHS Lothian's (NHSL) respective legal responsibilities in relation to ongoing compliance with statutory employer health and safety requirements are clearly defined and included in the Edinburgh Integration Joint Board's (EIJB) Scheme of Integration.

This finding also highlights the need for review of the current Health and Social Care lone working policy and procedures to ensure they are aligned with current Health and Safety Executive (HSE) guidance; the Council and NHSL policies; and effectively support Council and NHSL teams that work together to deliver Partnership services where lone working is involved. This includes ensuring that lone working risk assessments are consistently completed and reviewed and establishing new ways of sharing information across all partner organisations and third-party agencies to improve awareness, identification, and recording of high-risk service users and incidents to inform the lone working risk assessment process.

The second High rated finding demonstrates the need to ensure that consistent procedures are established and applied across localities and Partnership teams to enable confirmation of lone worker locations and maintain ongoing contact; emergency contact details are accurately maintained and can be used in the event of an incident; and that adequate lone working devices and equipment are provided to all lone workers, especially in case of high risk assessment outcomes.

The requirement to improve the current Partnership health and safety incident reporting process (including reporting lone working incidents and near misses); governance; and the first and second line health and safety assurance framework is detailed in the first Medium rated finding, whilst the second Medium finding highlights inconsistencies in identification of health and safety essential learning requirements; the processes applied to record and monitor completion of essential learning and training;

and the regularity of ongoing social worker supervision meetings. These findings in relation to essential learning and training and supervision meetings also demonstrate lack of alignment with Scottish Social Services Council (SSSC) code of practice requirements.

The final medium rated finding raised reflects that the Partnership risk management framework is currently being reviewed, and recommends that the health and safety lone working risks identified in this report (together with any findings raised by other assurance providers that have not yet been addressed) are recorded in team, locality, and Partnership risk registers, with significant and systemic risks escalated to Partnership management for inclusion in the Partnership risk register and the annual assurance statement.

Consideration of lone working in relation to COVID-19

Whilst the Partnership's response to Covid-19 was not specifically included in the scope of this review, it is important to highlight that the Partnership's response to the pandemic and new legislation and national guidance potentially introduces some new lone working risks, for example, due to implementation of working from home, social distancing measures, and workforce capacity and availability. These risks are reflected in revised HSE guidance available via the HSE website.

It is recommended that the Partnership completes a review of lone worker risk assessments in relation to any new working practices adopted to ensure that all lone working risks have been identified, and that appropriate mitigating controls are established in line with the guidance from Corporate Health and Safety included in the managers' news bulletin dated 2 June 2020.

It is also recognised that in response to COVID-19, essential learning for new or repurposed employees has been condensed. It is important that the Partnership ensures that personal safety and lone working training remains a part of this condensed learning.

Management Response

Partnership management recognise the need to fully address the issues identified in this internal audit review. Due to COVID-19 impacts on resources and capacity, associated changes to working practices and linkages with Transformation Programme workstreams, the Partnership proposes to establish a working group to review each of the findings in detail and to ensure that holistic solutions are developed to address these issues across the Partnership.

The Partnership working group will be established by the Head of Operations and a detailed action plan which covers all the recommendations within the report produced by **31 December 2020**.

The detailed plan will be reviewed by internal audit to confirm that it addresses all findings raised in this report, and individual management actions raised to support subsequent follow-up by internal audit to ensure that the control gaps identified have been effectively addressed. The implementation date of **28 February 2021** reflects time to work collaboratively with internal audit to agree this.

3. Detailed findings

1. Lone working framework	High

1. Employer's legal responsibilities

Review of the Edinburgh Integration Joint Board (EIJB) Integration Scheme (revised September 2019) confirmed that whilst it sets out legal and governance arrangements for each party (the City of Edinburgh Council and NHS Lothian) in relation to integration, it does not include a specific section on the employment status of employees delivering services through the Edinburgh Health and Social Care Partnership (the Partnership).

Review of integration schemes for four other IJBs confirmed inclusion of a specific section which clearly identifies that the employment status of staff does not change as a result of integration, and that they remain employed by their respective organisations.

The Partnership website does state that Partnership staff are employed by either the Council or NHS Lothian.

2. Lone working policies and procedures

General concerns were raised by employees during the audit in relation to lack of integrated policies and technology systems supporting delivery of Partnership services by integrated Council and NHS Lothian teams.

An example was provided where a Council employee manages a service delivered by an integrated team from an NHS building that is subject to compliance with five different Council and NHS Lothian policies. The manager advised that the Council employees had not been provided with training by NHS Lothian to support ongoing compliance with their policies.

Review of the joint Health and Social Care / Communities and Families Lone Working Policy and lone working procedures available via the Orb, and processes applied across localities and divisions also established that:

1. They have not been reviewed since February 2013.

2. They do not fully reflect the revised Health Safety Executive (HSE) lone working guidance.

3. They do not fully reflect the integrated Health and Social Care working arrangements introduced in 2016, and the Council's 2018 guidance.

4. They had not been reviewed or updated in response to a finding raised by Council's Corporate Health and Safety team in January 2018 that recommended considering whether the joint policy and procedures continued to meet the needs of each Directorate.

5. Several of the policy hyperlinks to relevant internal and external reference documents are no longer accessible.

6. No documented local lone working procedures had been established to support delivery of three of five services reviewed. In one service, the responsible senior officer had only been in post for five weeks, following a two-year vacancy. Consequently, compliance issues with lone working guidance and levels of supervision were acknowledged and accepted.

7. Guidance on review of lone working risk assessments is contradictory, as the Council's health and safety policy requires risk assessments to be reviewed at least annually whilst the joint Health and Social care policy requires quarterly review.

8. [The Council's Lone Working guidance](#) in relation to review of risk assessments is not specific as it states that the risk assessment must be reviewed periodically or when there has been a significant change.

3. Completion of risk assessments

Line managers are required to complete risk assessments to assess risks to lone workers and take steps to avoid or control these risks where necessary. A [checklist and generic risk assessment template](#) are included in the Council guidance to support the assessment process.

The following issues were noted during sample testing across services:

1. Only two of five services were fully compliant with risk assessment requirements (cluster home care, and hub home care and reablement services).

2. One service area completed its first team risk assessment during the audit.

3. No team risk assessments were in place for the remaining two service areas. There are now plans to remedy this.

4. Limited evidence was available to demonstrate that generic risk assessments are completed in consultation with or communicated to lone workers.

5. Individual lone working risk assessments are not routinely completed unless specifically required, for example, due to pregnancy or stress-related circumstances or as part of a return to work process.

6. Limited evidence was available to demonstrate that dynamic risk assessments are completed and recorded prior to service users visits by lone workers such as social workers and occupational therapists. Management advised that whilst these are not recorded, due diligence checks are performed prior to first visits to ensure that risks are assessed, and this includes engagement with referring agencies, colleagues, and relevant information held on systems.

    Reliance on generic rather than dynamic risk assessments was also highlighted by the Council's Corporate Health and Safety team during the course of our audit.

4. Red flags and information sharing to enable identification of lone working risks

Discussions with locality team leaders and H&S advisers highlighted that:

1. Known lone working issues and red flag alerts are not consistently recorded in the SWIFT case management system or shared with relevant services and teams.

2. There are issues accessing relevant information from cross service systems for example, housing notes entered on SWIFT, and case notes on the NHS Trak system, resulting in a reliance on these being communicated by the leading service/agency.

3. There is a requirement for more effective joint working to ensure access to and sharing of information on risks and incidents recorded across the wider Partnership and third-party agencies including other Council services such as housing services; NHS services; and Community Police.

4. A short-term Red Flag working group was established in October 2019 with the objective of addressing these concerns and was chaired by the Council's Corporate Health and Safety team, however this group has not met again.

5. A proposal to establish a corporate Red Flag Working group chaired by the Chief Social Work Officer to explore a Council wide approach was recommended at the Council Health and Safety Group in November 2019 but has not progressed further due to associated complexities.

Risks

The potential risks associated with our findings are:

- Legal responsibilities and duties of the City of Edinburgh Council (the Council) and NHS Lothian for ensuring the health and safety of lone workers delivering integrated Partnership services are not documented and agreed.

- Policies and procedures are not aligned with currently applicable legislative, regulatory, and statutory requirements and best practice.

- Operational procedures developed by services are not aligned with the Council's policy.

- New and emerging lone working risks are not identified, assessed and addressed, exposing lone workers to unnecessary levels of risk.

- Breach in health and safety legislation and the Scottish Social Services Council code of practice.

1.1 Recommendation: Legal responsibilities for employees

The next scheduled review of the Edinburgh Integration Joint Board's Integration Scheme should include a section on the employment status of employees delivering integrated services across the Partnership, which clearly sets out how each party will meet its legal responsibilities, particularly in relation to health and safety.

1.1 Agreed Management Actions: Legal responsibilities for employees

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

1.2 Recommendations: Review of Lone Working Policies and Procedures

a) The Partnership should engage with Communities and Families and NHS Lothian to consider the appropriateness and relevance of the current joint lone working policy and agree whether a standalone policy should be developed for all teams (including integrated teams) supporting delivery of adult social care services is required.

b) The Partnership should then engage Corporate Health and Safety and Communities and Families and NHS Lothian (if required) to design and implement a new lone working policy and supporting procedures for use across all teams delivering adult social care services across the Partnership.

   The approach to developing and implementing the new policy should include, but not be limited to:

   - Alignment with applicable Council and NHS Lothian health and safety/lone working policies; legislation; revised Health and Safety Executive (HSE) guidance and best practice.

   - Completion of an Integrated Impact Assessment prior to development in accordance with the joint Council and NHS Lothian guidance available on the Orb.

   - Consultation with a representative group of lone workers from teams across the Partnership to identify low and high-risk lone worker activities undertaken and to ensure the policy and procedures consider all needs and circumstances.

   - Review schedule to ensure the policy and associated procedures and any linked guidance documents are reviewed initially after one year, and at least every three years thereafter, or immediately following any changes in applicable legislation and regulations. All documents should include version control and clearly state the date of the last review, and the next scheduled review date.

- Assigning ownership of the policy to a senior responsible officer, responsible for ensuring that the policy is regularly reviewed and updated in line with applicable legislative, regulatory, and statutory requirements and communicated across all relevant Partnership teams.

- Review and approval of the policy by appropriate governance forum(s) and executive committees, with supporting procedures should be approved by senior management.

- Identification of associated training and learning requirements for the integrated policy for both Council and NHS Lothian employees working across integrated teams and in Council and NHS Lothian buildings.

- Communication and publication of the policy on platforms appropriate for integrated Partnership teams. For example, the Partnership's website, the Council's online policy register and NHS Lothian website as well as internal communication to employees via the Orb; the NHS intranet and Partnership employee newsletter.

1.2 Agreed Management Actions: Review of Lone Working Policies and Procedures

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

1.3 Recommendations: Locality lone working procedures and risk assessments

a) Following review of the Partnership's lone working policy, standard lone working procedures should be developed for use across the Partnership. Where procedures need to be adapted to meet the needs of specific services and teams; employee roles; and service user profiles, these should be reviewed and approved by senior management to ensure consistent with the Partnership's policy. This should include a full review of the effectiveness of established locality processes and controls, and how and whether these are aligned with the new policy requirements (refer recommendations 2.1 to 2.2).

b) Detailed risk assessment guidance and processes should also be developed to ensure consistency in approach across services. This should include guidance on:

- *generic* risk assessments that consider typical lone working hazards and possible controls which might reasonably reduce the risks for a particular role or team;

- *specific risk* assessments which should be completed for individual circumstances; one-off or unusual lone working activities; and

- *dynamic* risk assessments which reflect individual circumstances; service users or environmental hazards to be reviewed and updated on an ongoing basis.

- risk assessment completion frequency should be reviewed to ensure mitigating controls remain effective and appropriate.

The guidance should also state the requirement for line managers to ensure that risk assessments are completed in consultation with and communicated to lone workers to ensure awareness of hazards and possible mitigating controls.

c) Local procedures and guidance should include clear roles and responsibilities for monitoring compliance with, and the ongoing effectiveness of controls in place and include appropriate contingency arrangements for ensuring continued oversight where line manager posts are vacant or where there is extended absence.

1.3 Agreed Management Actions: Locality lone working procedures and risk assessments

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

1.4 Recommendations: Information sharing protocols and processes

Review of lone working policies and procedures should also include a review of information sharing arrangements across the Partnership, in consultation with the Council's Information Governance Unit (IGU). This should include:

a) Review of roles that require direct access to other Council and NHS systems (for example SWIFT/AIS and Trak) to enable sharing of service user risk information relevant to lone working risk assessments. and implementation of these access arrangements.

b) Development and communication of information sharing protocols with local police and other services across the Council such as Housing Services and Criminal Justice Social Work. These protocols should provide a clear explanation of what types of information can be shared; how and with whom and the processes to be applied.

c) Consideration of whether the Council wide Red Flag Working Group should be re-established at an operational level to ensure that known issues across the Council are discussed and communicated on a Council wide basis.

1.4 Agreed Management Actions: Information sharing protocols and processes

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

1.5 Recommendations: Red flag technology solution

The Partnership should liaise with Council management to explore whether a red flag technology solution can be developed as part of the Council's refreshed digital strategy. This should consider the feasibility of implementing a consolidated single customer view or 'golden record' that shows details of all citizens using Council services; the services that they currently use (for example; Council tax; health and social care and criminal justice); identifies any citizens assessed as high risk to Council employees from a lone working perspective; and provides details of any incidents previously experienced by Council employees when dealing with these citizens or their families.

1.5 Agreed Management Actions: Red flag technology solution

This recommendation will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

2. Lone working controls, devices and equipment	High

1. Maintaining contact with lone workers

The following issues were identified with service area arrangements for monitoring movements and maintaining contact with lone workers whilst working in the community and on home visits to service users:

Out of hours working:

- No call-in process has been established to confirm that home care workers finishing after 10pm have safely returned home following their last visit of the day. Home care management advised

that this is a locality wide issue, which was escalated to North East cluster and hub management in January 2020.

- In one locality visited, cluster and hub procedures require a safety check to be completed by a duty senior at the end of the day to ensure all staff have returned or checked in. Discussion with line managers highlighted that interpretation of the safety check process differs from this procedure, with seniors advising that active checks or follow up action was not required where officers returned home following their final visit; only if they had noted an intent to return to the office.

- Call in processes for Mental Health Officer (MHO) duty calls outwith locality arrangements are administered by a business support team until 16:45 Monday to Friday, and thereafter transferred to a contact centre out of hours team. Employees advised however, that no handover processes are in place to ensure check-in with MHO's where the visit commences before 16:45 but does not end until after 16:45.

Use of online calendars:

- Where local processes require officers to log details of appointments/visits in online calendars, it was identified that calendar permissions for some officers prevent managers/duty seniors from being able to view full details within calendar entries to determine the location of lone workers if required.

- In contrast, it was noted that the calendar permissions used by some officers provided access to personal sensitive client data included in calendar entries (including client name; address and social work service user ID number) to all Council employees with access to outlook calendars.

2. Emergency contact procedures

The Council's current Lone Working guidance advises that emergency contact procedures should be established, and training given to employees. Review of the procedures for a sample of services noted the following inconsistencies:

- Documented procedures that clearly set out the process to be followed where a lone worker cannot be contacted have not been developed across all services in the localities reviewed.

- One local procedure did not include sufficient detail for example, its states that if there are no replies to safety check calls the duty manager will escalate to the police. This misses other key checks such as trying other contact numbers, family members and home address. There is also no review schedule in place for this document.

- Whilst emergency arrangements were referred to in local procedures for two areas, a detailed process to be followed in the event of failed contact was still to be developed.

- Emergency contact and next of kin details for employees are recorded on MyPeople, however, line managers cannot view this information directly and in the event of an emergency would be required to contact Human Resources via askHR.

- Service areas have developed local processes to record emergency contact details for employees. It was noted that processes are inconsistent across services for example: one area used a password protected database; one area used a manual list while another area held individual employee record cards. A further area, where the senior officer was only in post five weeks, had no process in place. The officer advised a process would be established as soon as possible.

- It was also noted no review processes have been established to prompt regular review and update of records held, with employees in two areas confirming that their records required update.

- Photographic identification and staff descriptions are not held by services for sharing with the police in an emergency situation and would need to be requested from the security pass database maintained by Properties and Facilities Management.

3. Lone working devices and equipment

The Council's Lone Working guidance advises that local procedures should consider use of devices that help monitor lone workers to ensure they remain safe. Review of current arrangements highlighted the following:

Mobile phones

- Basic mobile phones (which do not have smart phone/internet functionality) have been provided to lone workers working in localities. During fieldwork there was consistent feedback that the lack of functionality (no satellite navigation or GPS tracking functions) and low battery life mean that basic mobile phones are not fit for purpose for lone workers.

- Provision of effective smart phones is a known long-standing issue. One service area visited was piloting smart phones on behalf of all locality occupational therapists. The business case to support the pilot highlighted inconsistencies between adult and child occupational therapy services, and a general lack of co-ordinated approach for different job roles within localities and Council-wide.

Personal alarms

- Provision of personal alarms is not consistent across the Partnership. Some employees advised they were unaware of whether personal alarms are provided but advised they would welcome this safeguard. One service advised that employees are expected to advise if they require an alarm and another service advised they record acceptance of personal alarms within employee files.

- Review of an incident report for a lone working related incident, where a lone worker had been followed and felt unsafe, noted that no alarm had been carried by the employee. It was however noted, that the manager advised the employee to obtain a personal alarm from the office and reminded them to carry this at all times while out of the office after the event.

First Aid

- The Council's lone working guidance states that consideration should be given to mobile workers carrying first aid kits. It was noted, that while first aid procedures are referred to in locality lone working guidance, lone workers are not routinely provided access to a mobile first aid kit.

Risks

The potential risks associated with our findings are:

- The Partnership is unable to confirm safety and location of employees and respond to an emergency incident if required.

- Limited access to next of kin details if required in an emergency situation.

- Failure to provide employees access to equipment that would significantly enhance personal safety.

2.1 Recommendations: Establishing consistent call-in / contact monitoring procedures

a) Standard call-in processes including end of day safety checks should be implemented across all lone working roles to ensure that all lone workers have returned home safely from a final appointment or visit if not expected to return to the office. Call in processes should be supported

by documented and detailed escalation protocols where contact is unsuccessful. This should include formal handover processes for between services and out of hours teams.

b) Clear protocols should be established (in consultation with the Council's Information Governance Unit) for use of online calendars to monitor lone working visits and appointments. This should include limiting access to view full details only to officers who need to know this to ensure service user confidentiality.

c) Standard emergency procedures for lone working should be documented for all service areas across the Partnership. This should include contingency plans with detailed actions to be taken should a pre-arranged contact not be made; an alarm device activated, or confirmation not received of safe return to home or office base.

All team members should be consulted in developing processes, and processes should be rolled out with training.

d) A standard process should be implemented across the Partnership for recording details of lone workers, in consultation with the Council's Information Governance Unit. This should include contact details for the employee; next of kin details; a description of the employee; car details (make/model/colour) if applicable and a photograph (this could be through the Council/NHS employee identification badge process).

The [NHS Scotland violence and aggression in the workplace toolkit](#) (published 2017) includes a lone worker data sheet template which could be adapted for this purpose. This information should be held in confidence for sharing with the police in an emergency situation.

A regular review process should be implemented to ensure contact and personal details remain up to date.

2.1 Agreed Management Action: Establishing consistent call-in / contact monitoring procedures

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

2.2 Recommendation: Review of lone working devices and equipment

The Partnership should undertake a review of the lone working devices and technology in use across all services and teams. This should include:

• Review of devices and technology currently available to all lone workers and requirements for each lone worker job role in line with risk assessment outcomes.

• Reviewing the effectiveness of basic mobile phones for mitigating lone working risks and assessing the feasibility of alternative options. The cost implications with providing all lone workers with Smartphones are acknowledged, together with recognition that many lone workers may have their own Smartphone device, therefore feasibility of use of a lone worker Smartphone application with features such as activity logging; GPS location tracking and panic alarm functionality in case of emergency should be considered. Where provision of a Smartphone or application is not feasible, limitations of basic mobile phones should be captured through risk assessments and compensating controls identified.

• The review of devices and technology should also consider provision of personal alarms and access to mobile first aid kits for lone workers across the Partnership. Supply of these should again be captured via risk assessments.

- Guidance should be provided for use of all devices provided and where required supported by training to ensure effective, consistent and appropriate use of the technology provided, in line with relevant Council policies and procedures.

2.2 Agreed Management Actions: Review of lone worker devices and equipment

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

3. Incident monitoring and assurance reporting	Medium

Our review confirmed that the first line Health and Social Care Partnership (Partnership) assurance model did not operate effectively in relation to identification and resolution of lone working health and safety concerns.

Additionally. whilst the second line Corporate Health and Safety team identified a number of lone working concerns in their January 2018 audit, these were not effectively addressed by the Partnership.

The situation was further exacerbated by turnover in the Corporate Health and Safety team that impacted their ability confirm whether the recommendations made had been implemented by the Partnership in line with their established second line assurance model.

Specifically:

1. Partnership – First line incident recording and reporting

Review of health and safety incident recording and reporting processes in relation to lone working established that:

1. Lone working root causes - whilst the Council's Safety, Health, and Environment (SHE) incident management and reporting system ensures that all health and safety incidents and near misses can be recorded, it does not support recording of lone working as a root cause associated with incidents. Information on the root cause can be captured in the incident notes section of the system, however, this does not flow through into the management information produced from the system.

2. Third party lone working incidents – there is a lack of awareness of lone working incidents experienced by third parties supporting delivery of Partnership services as these are not recorded in either the Council's SHE or NHSL Datix systems.

3. During audit fieldwork lone workers advised limited arrangements are in place to ensure lessons learned from lone working related incidents and near misses for third-party providers are captured and communicated across the Partnership.

2. First line reporting to Partnership health and safety governance forums

Consistent feedback was provided that the templates used for quarterly reporting of key risk topics are aligned to NHS Lothian policies, procedures and terminology and are therefore difficult for Council teams to complete fully and accurately.

Review of a sample of level 2 (locality) and level 4 (team / service) reports submitted for Quarter one (Q1) and Quarter three (Q3) 2019/20, also highlighted the following issues:

- All seven questions set out in the Q1 violence and aggression/lone working directly relate to NHS Lothian policies and procedures which are outlined in the 'NHS purple pack'.

- Inconsistent reporting across localities for level 2 (locality) data. For example, one locality collated data for all areas in a single column, while another locality recorded data for clusters, hub and mental health services separately.

- Reporting errors were noted. For example, one service area completed reports for Q1 and Q3 using the quarter 2 thematic template, resulting in incomplete and inaccurate reporting on six key risk themes over a six-month period which suggests a lack of management review.

- Limited assurance that issues reported in previous quarters were subsequently followed up and resolved. For example, issues with reporting completion of Council training and e-learning modules.

- A lone working incident recorded in SHE in November 2019 had not been included in the 'adverse events and reporting of injuries; diseases; and dangerous occurrences regulations (RIDDOR) review section of the Q3 level 4 report.

- Recognising that reporting could be more robust, the Partnership's Executive Management Team requested that reporting on Q1 key risk topics (which included violence and aggression/lone working) was resubmitted in Q3. However, this information was not included in four of the six Q3 reports reviewed.

- One service area that was included in the framework in early 2020 was not provided with training to support their understanding and facilitate accurate completion of health and safety reports.

3. Second line assurance – Corporate Health and Safety

The Council's Health and Safety team completed an audit of lone working across the Council in January 2018. Our review identified the following issues in relation to confirming that Health and Safety audit recommendations made had been implemented by Partnership management teams:

- Responsibility for confirming implementation of recommendations with divisional and directorate management teams was not re-assigned to another Health and Safety team member when the Health and Safety Adviser leading this work left the Council.

- Individual reports and action plans issued to health and social care teams as part of the review could not be located by other Health and Safety team members.

- Issues of concern outlined in the health and safety audit summary report from January 2018 continue to be reportable issues, particularly in relation to policy review, risk assessment, control adequacy, training and review of emergency procedures.

Risks

The potential risks associated with our findings are:

- Inability to identify significant and systemic health and safety incidents experienced by Council and third-party workers that occurred when employees were working alone.

- Incomplete and inaccurate health and safety reporting is provided to established Partnership Health and Safety governance forums.

- Limited assurance that Partnership management has implemented recommendations made by the second line Corporate Health and Safety team.

3.1 Recommendations: Incident recording and reporting

a) Partnership management should engage the Corporate Health and Safety team to determine whether it is possible to configure the Safety Health and Environment (SHE) reporting system to record lone working as a root cause associated with health and safety incidents and near misses recorded in the system.

   Where SHE configuration is not possible, management should consider implementing an alternative recording and reporting process to record health and safety incidents that occurred as a result of lone working.

b) A process should be established to ensure that Partnership management is made aware of health and safety incidents and near misses experienced by third-party employees supporting delivery of Partnership services, especially where these relate directly to adult social care service users and a 'red flag' should be raised for awareness.

c) Significant and systemic health and safety incidents that are directly linked to lone working should be reported to the relevant Partnership governance forum within the established Partnership Health and Safety Assurance framework.

3.1 Agreed Management Action: Incident recording and reporting

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

3.2 Recommendations: Incident monitoring and lessons learned

A process should be implemented to ensure that post-incident reviews are completed, and lessons learned are shared following lone working incidents involving Partnership or third-party employees. The process should include, but not be limited to:

- Line management support and debriefing to ensure any injuries are recorded and post-incident support needs are identified and addressed.

- An interim assessment to establish whether any other lone workers could potentially be exposed to similar risks supported by appropriate communication where necessary.

- Full investigation of the incident, with a review of associated risk assessments to assess the adequacy of existing controls and identify further controls to prevent recurrence.

- Communication of lessons learned across the Partnership, Council, NHS Lothian and third-party providers involved in provision of adult social care services for the Partnership.

3.2 Agreed Management Action: Post-incident reviews and lessons learned

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

3.3 Recommendations: Reporting to Partnership health and safety governance forums

The process supporting consolidation of health and safety data across teams / services; hub / clusters / mental health & substance misuse; and then localities for upward reporting to Partnership health and safety governance forums established as part of the health and safety assurance framework should be reviewed and refreshed. The revised process should include, but not be limited to:

- Alignment of the reporting process with the key health and safety requirements specified in the Council's health and safety policies and procedures.

- Reinforcing the requirement to ensure that supporting rationale is provided where information is incomplete, or where compliance related issues have been identified.

- The requirement for management to review quarterly reports to confirm their completeness and accuracy at each reporting level, and prior to submission of consolidated reports to relevant Partnership health and safety governance forums.

- Clear expectations for reporting on progress with incomplete actions or issues to ensure they are adequately addressed.

- A process for ensuring any changes to thematic health and safety topics are effectively communicated to all relevant managers sufficiently in advance of the report preparation process.

- Providing detailed process documentation and guidance and communication detailing how the reports should be prepared, supported by examples and training (where required).

3.3 Agreed Management Action: Reporting to Partnership health and safety governance forums

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

3.4 Recommendations: Corporate Health and safety audit recommendations

a) The Council's Corporate Health and Safety team should ensure that a handover is performed when team members leave. This handover process should include transfer of responsibility for ensuring that first line divisional and directorate management confirmation of implementation of recommendations has been obtained.

b) The Partnership should implement an oversight process to monitor progress with implementation of outstanding Corporate health and safety audit recommendations, with implementation progress included in quarterly reporting provided to relevant Partnership health and safety governance forum within the established Partnership health and safety assurance framework, and overdue actions reported to the Partnership's Executive Management team for escalation where necessary.

3.4a) Agreed Management Action: Corporate Health and safety audit recommendations – handover process

The Council's Corporate Health and Safety team will ensure that a handover is performed when team members leave, where possible. This will include transfer of responsibility for ensuring that first line divisional and directorate management confirmation of implementation of recommendations has been obtained.

	Implementation Date:
Owner: Stephen Moir, Executive Director of Resources **Contributors:** Nick Smith, Head of Legal and Risk; Robert Allan, Corporate Health and Safety Manager	31 December 2021

3.4b) Agreed Management Action: Corporate Health and safety audit recommendations – Partnership oversight processes

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

4. Essential learning, training, and supervision arrangements	Medium

Review of essential learning templates published on the Orb for the Health and Social Care Partnership (the Partnership) and a sample of employee training records established that:

1. **Completion of lone working and health and safety training**

- The requirement to complete mandatory / essential personal safety lone working training is inconsistent, despite most locality roles involving an element of lone working. For example, lone working training is included in the essential learning templates for senior social workers, social workers, social care workers, social care assistants and community therapy assistants but not for senior occupational therapists, occupational therapists, community care assistants, mental health officers, home care managers, home care coordinators or home care organisers.

- Personal safety lone working training is also not assessed as mandatory / essential for similar non-locality-based health and social care roles such as emergency home care coordinators and organisers.

- Managers advised that 'Personal Safety Lone Working' training is undertaken by all employees on induction regardless of whether it is classified as mandatory or not. Review of thirteen training records identified that only ten employees had completed the training.

- Essential learning templates only require personal safety lone working training to be completed on employment, with no requirement to complete refresher training. Sample testing noted that some employees completed training in 2009/10, prior to the Health and Social Care Partnership being established and introduction of the Council's lone working guidance.

- Only five of thirteen locality employees had completed any type of risk assessment training. Locality essential learning templates specify that all locality health and social care roles should complete the Corporate Health Safety (CHS) Risk assessment training every three years.

- There was no evidence to confirm completion of 'Accident Investigation and SHE Corporate Health Safety' training, which is required to be completed every three years by all locality roles as specified in essential learning templates.

- Only three of thirteen locality officers had attended either half or full day 'Dealing with Conflict' courses in line with the Council's lone working guidance. Additionally, this training requirement is not included in locality essential learning templates

2. **Monitoring and recording completion of essential learning**

Managers of office-based staff advised that completion of essential policies learning is recorded and monitored through MyPeople. However, a system walkthrough of MyPeople identified a number of issues including difficulty in navigating the system to locate the user defined field (UDF), and inability to record, monitor and report on completion recurring policy learning and associated training.

In addition, an individual system to record and monitor completion of training against expected completion dates is in place for home care teams. Review of a cluster monitoring sheet for 54 home care staff noted that:

1. The training record was last updated in July 2019, and no dates were recorded for completion of lone working training for six of the fifty-four employees. The line manager noted that updating the monitoring sheet is performed by business support.

2. Training records were not aligned to the home care essential learning template, for example, completion of risk assessment training was recorded as one-off training for social care workers and as not required for social care assistants, however the essential learning template requires all locality job roles to complete risk assessment training every three years.

3. Only twenty-nine of the fifty-four social care workers / assistants were recorded as having completed risk assessment training.

4. It was also noted that the monitoring sheet highlighted overdue dates for other types of core tutor led and e-learning mandatory refreshers, for example manual handling, management and administration of medicines and public protection.

3. Social worker supervision meetings

Evidence was provided to demonstrate that there is opportunity for employees to feedback any concerns in relation to work, training and wellbeing issues via team meetings and one to one supervision meetings.

Review of this process in two of four service areas reviewed established that:

- Formal six-monthly supervision meetings with some home care workers in one team had not been held. The manager advised that some gaps were due to staff absence, however acknowledged that improvements are required.

- For one team no supervision meetings had taken place for two years due to a vacancy. The new senior social worker appointed in January 2020 has since held supervision meetings and advised that future meetings will be scheduled every four weeks in line with policy.

Risks

The potential risks associated with our findings are:

- Training needs for all job roles have not been adequately identified and addressed.
- Breach in health and safety legislation, that places a duty on the Council to ensure that employees can work safely in accordance with their training and instructions given to them.
- Breach of the Scottish Social Services Council (SSSC) code of practice requirement to provide good quality induction, learning and development opportunities and ensure employees undertake relevant learning.
- Lone working concerns are not raised and discussed at supervision meetings.
- Breach of SSSC code of practice requirement to effectively manage and supervise social service workers to support continuous improvement and improvement through reflective practice.
- Potential censure from the SSSC and the Care Inspectorate.

4.1 Recommendations: Review and alignment of Essential Learning Templates

Following review of lone working policies and procedures (refer recommendation 1.1) essential learning templates for all Partnership job roles should be reviewed and aligned with support from the Council's Learning and Development team.

This should include the requirement for all Partnership roles with an element of lone working to complete relevant personal safety lone working; risk assessment; and dealing with conflict training as part of their induction process and on an ongoing basis at a specified frequency (for example every three years).

Once agreed with service managers, the essential learning templates should be approved by the relevant Head of Division and published on the Orb. Details of the refresh should be communicated via the Health and Social Care blog and Manager's News to ensure awareness of requirements.

4.1 Agreed Management Actions: Review of essential learning requirements

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

4.2 Recommendations: Monitoring completion of essential learning

a) Support and guidance should be requested from Learning and Development on the process line managers should follow to record completion of employee essential learning in MyPeople. This should include guidance on accessing and navigating the system and clear expectations on what information is required to be recorded for each individual. Guidance should also be provided on how information in MyPeople can be reported to allow regular monitoring of completion of refresher training.

b) Standard processes should be developed across localities to ensure that there is effective recording and monitoring of completion of essential learning and other training by all employees where this cannot be recorded on MyPeople.

c) Key performance indicators should be established for completion of essential learning and training with reporting provided to the Partnership's Health and Safety assurance framework. This should include commentary on issues and barriers preventing training. Instances of specific non completion across localities or by employees should also be reported to enable management to implement appropriate remedial action.

4.2 Agreed Management Actions: Monitoring completion of essential learning

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

4.3 Recommendations: Regular supervision meetings

a) Line managers and supervising officers should be reminded of the responsibility to ensure that regular supervision meetings take place within required timescales and in line with Scottish Social Services Council (SSSC) code of practice requirements.

b) Responsibility for undertaking supervision meetings should be re-assigned where line manager posts are vacant to ensure that all employees have the opportunity to regularly discuss any concerns.

c) Completion of regular supervision meetings should be monitored via a key performance indicator as part of the Partnerships Health and Safety assurance framework. This should include commentary on issues and barriers preventing completion of regular supervision meetings which should be escalated and addressed by senior management. Persistent non-completion of regular supervision meetings should also be reported to enable remedial action to be taken by senior management.

4.3 Agreed Management Actions: Regular supervision meetings

These recommendations will be addressed within scope of the detailed action plan referred to in the Executive Summary wider management response at Section 2.

5. Health and Safety Risk Management and Covid-19 impacts	Medium

There are currently no risk registers for localities or their associated teams. Management has advised that the current Partnership risk management framework is being reviewed and will include development and ongoing use of locality risk registers.

Additionally, review of the Partnership's 2019/20 annual governance statement confirmed that none of the points noted in the findings raised in this report had been identified for inclusion and disclosure in the health and safety section of the statement.

Finally, it is important to ensure that lone working risk assessments are reassessed to reflect the current and potential future impacts of Covid-19 on the Partnership's lone working arrangements.

Risks

The potential risks associated with our findings are:

- Significant and systemic adult social care health and safety risks (including lone working) are not identified, assessed and addressed.

- Significant and systemic health and safety risks are not escalated for inclusion in either the Council's or NHS Lothian (where appropriate) corporate risk registers.

- Significant and systemic health and safety risks are not disclosed in the Partnership's annual governance statement.

- Findings raised by other assurance providers (for example, the Corporate Health and Safety team) are not recorded, addressed and disclosed in the annual governance statement.

5.1 Recommendations: Health and safety risk management

a) Partnership management should design and implement a refreshed risk management framework to ensure that:

- All relevant risks (including health and safety and lone working) are consistently identified; assessed; and recorded across localities.

- Risks associated with findings raised by other assurance providers (for example, Corporate Health and Safety) are included in risk registers, together with actions to be implemented to address them.

- Actions are agreed and allocated to relevant team members to ensure that appropriate measures are implemented to mitigate or address the risks identified, within agreed implementation timeframes.

- Risk registers are reviewed at locality governance forums to ensure that all significant and systemic risks are identified and escalated to management for inclusion in the Partnership risk register.

- All risks included in the Partnership risk register and risks associated with all open assurance findings (regardless of source) are reflected in the Partnership's annual governance statement.

b) Line managers should be reminded to review all current risk assessments to make sure they take account of the changing working environment and associated impacts of COVID-19.

5.1a) Agreed Management Actions: Health and safety risk management

Completion of this action is part of a wider action to refine the Risk Management Framework for the Partnership, which will include Localities. Management will provide an update and further detailed actions once the overall Risk Management Framework has been approved. Consideration will be given to the points set out in the recommendation.

Owner: Judith Proctor, Chief Officer	**Implementation Date:**
Contributors: Tom Cowan, Head of Operations, Edinburgh Health and Social Care Partnership; Deborah Mackle, South West Edinburgh Locality Manager; Nikki Conway, South East Edinburgh Locality Manager; Angela Lindsay, North East Edinburgh Locality Manager; Mike Massaro-Mallinson, North West Edinburgh Locality Manager	30 June 2022

5.1b) Agreed Management Actions: COVID-19 lone worker risk assessments

A reminder will be issued to all Partnership localities and services to request that all current risk assessments are reviewed to ensure they take account of the changing working environment. Further changes to risk assessment templates and procedures will be addressed as part of the wider detailed action plan.

Owner: Judith Proctor, Chief Officer	**Implementation Date:**
Contributors: Tom Cowan, Head of Operations, Edinburgh Health and Social Care Partnership; Deborah Mackle, South West Edinburgh Locality Manager; Nikki Conway, South East Edinburgh Locality Manager; Angela Lindsay, North East Edinburgh Locality Manager; Mike Massaro-Mallinson, North West Edinburgh Locality Manager	30 September 2020

Appendix 1: Basis of our classifications

Finding rating	Assessment rationale
Critical	A finding that could have a: • **Critical** impact on the operational performance; or • **Critical** monetary or financial statement impact; or • **Critical** breach in laws and regulations that could result in material fines or consequences*; or* • **Critical** impact on the reputation of the Partnership which could threaten its future viability.
High	A finding that could have a: • **Significant** impact on operational performance; or • **Significant** monetary or financial statement impact; or • **Significant** breach in laws and regulations resulting in significant fines and consequences*; or* • **Significant** impact on the reputation of the Partnership.
Medium	A finding that could have a: • **Moderate** impact on operational performance; or • **Moderate** monetary or financial statement impact; or • **Moderate** breach in laws and regulations resulting in fines and consequences; or • **Moderate** impact on the reputation of the Partnership.
Low	A finding that could have a: • **Minor** impact on operational performance; or • **Minor** monetary or financial statement impact; or • **Minor** breach in laws and regulations with limited consequences; or • **Minor** impact on the reputation of the Partnership.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Appendix 2: Areas of audit focus

The areas of audit focus and related control objectives included in the review are:

Audit Area	Control Objectives
1. Legal responsibilities	1.1 Lone working responsibilities in relation to ongoing compliance with applicable legislation and the Edinburgh Integration Joint Board; NHSL and other relevant third-party legal responsibilities in relation to lone working incidents that impact integrated partnership working teams have been clearly defined, agreed, and communicated.
2. Provision of advice and information	2.1 Policies and supporting procedures aligned to best practice and legislative requirements have been developed to manage lone working across the Partnership.
	2.2 Comprehensive and up to date information and guidance on lone working is available to managers and workers. This includes clearly defined roles and responsibilities and guidance on completion of lone working checklists and risk assessments.
	2.3 Localised lone working procedures aligned to the Partnership's policy are in place for all relevant Partnership services
	2.4 Risk assessment templates have been developed which cover both generic and role specific lone working.
	2.5 Comprehensive learning materials are provided, supported by provision of training on areas including managing violence and aggression, conflict resolution; personal safety and incident reporting.
3. Lone Worker Risk Assessments	3.1 The Partnership has recorded the population of lone workers in operation across all services.
	3.2 Identification of potential for lone working forms part of the onboarding process for new employees, with appropriate training included as part of induction processes.
	3.3 Individual and generic risk assessments are completed in consultation with workers with the outcomes recorded and communicated to all relevant team members.
	3.4 Appropriate control measures are identified, implemented (prior to lone working activities commencing), and recorded, for example: provision of personal safety devices, call in processes, system flagging and preventative measures such as alternative locations.
	3.5 Processes are in place to escalate and address outstanding actions from individual assessments.
	3.6 Individual risk assessments are reperformed at regular intervals or where there is a change to employee or service user circumstances.

4. Review of Lone Working Procedures and Incidents	4.1 Procedures, guidance, and templates are reviewed regularly and immediately following lessons learned from any significant incidents or changes to working practices. Reviews are completed in consultation with lone working representatives.
	4.2 Risk assessments are reperformed regularly to provide assurance on continued effectiveness of existing control measures, for example, testing personal alarms and ensuring contact details are up to date.
	4.3 All actions required as result of reviews are recorded with appropriate owners and timeframes allocated.
	4.4 Processes are in place to identify, review and take action to address common themes arising from both risk assessments and recorded incidents.
	4.5 Common hazards and risks identified for groups of Council and NHS Lothian employees are subject to the same risk reduction measures based on shared best practice; (e.g. joint visits to high-risk individuals, and provision of safety devices).
	4.6 All incidents, near misses, accidents and ill-health/absence related to lone working are reported, investigated and followed up.
	4.7 Regular supervision arrangements are in place for all lone workers with any training/learning requirements recorded and addressed.
	4.8 Emergency procedures have been established, are easily accessible and have been communicated and are easily accessible to all employees.
5. Information sharing	5.1 The data sharing agreement established between the Council and NHSL includes provision for sharing information in relation to lone working and the risks presented by specific clients.
	5.2 Similar data sharing agreements have been established with other organisations involved in supporting delivery of partnership services that could potentially involve lone working risk.
	5.3 The Partnership clearly states how it will use and share any personal data held.
	5.4 Access to and visibility of personal data is controlled through system access permissions which are reviewed regularly to ensure they are appropriate.
	5.5 An information sharing protocol is in place which details how the Partnership or Third Parties will notify each other of any known service hazards or risks identified either at outset of contract or as they emerge.
	5.6 The protocol ensures that any changes to these service hazards or risks are notified to service providers on a timely basis.
	5.7 Systems are in place to notify employees and third parties of known hazards such as system flagging, with clear procedures in place to support operation and understanding.