

Lone Worker Procedure for Children, Young People and Women's Services

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Version Control Summary

Version	Description of Change(s)	Reason for Change	Author	Date
1.0	First draft by Rosemary Ayomanor		Rosemary Ayomanor	October 2008
1.1	Second draft with format and substantive changes in content to reflect need for clarity and bolstered statement of contingency management	To ensure compliance with required formats and reflect operational requirements	Daniel Devitt	February 2009
1.2	Basic replacement of emphasis from policy to procedure throughout document Addition of appendices	Third draft to reflect changes and comments and change of status from a policy to a procedure	Daniel Devitt	June 2009
1.3	Redraft to incorporate feedback received from Childrens Services Management Team,	Inclusion of clearer statement of local ownership of policies to reflect operational procedures in place with diverse teams	Daniel Devitt	June 2009
1.4	Redrafting to reflect shared services nature of procedure for Childrens and Adults services	Fourth draft to reflect changes or operational coverage	Daniel Devitt	July 2009
1.5	Redrafting to incorporate comment received after third round of consultation	Changes to section 4 to reflect appropriate on call supervision and discontinuation of provision of taxi coverage for out of hours working	Daniel Devitt	September 2009
1.6	Redrafting to incorporate pagination and typography changes suggested by Ian Mckay	Finalising of draft for last round of consultation	Daniel Devitt	September 2009
1.7	Redrafting to incorporate SES and New Out of Hours Draft policies	Additions to section 6 and new section 7 specific to Single Equality scheme and risk assessments for extant and or emergent disabilities , access and impairment issues New Out of Hours Draft policy – Appendix c Inclusion of Appendix E – Equality Impact Assessment	Daniel Devitt	September 2009

Lone Worker Procedure, December 2015

1.8	Redrafting to incorporate further comments received	Changing of wording for SES section and repositioning to make document more useable	Daniel Devitt	September 2009
1.9	Redrafting to reflect operational status for Childrens Services only as pilot.	Following on from feedback and a meeting with Staff side and Adult services it was agreed to produce a version of the LWP that reflected operational and policy requirements of Childrens Services only whilst further developments within Adults services were awaited.	Daniel Devitt	January 2010
2.0	Redrafting following feedback from Childrens Services Clinical Governance Group	Incorporation of feedback from Childrens Services Clinical Governance Leads	Daniel Devitt	February 2010
2.1	Redrafting to reflect comments from Yvonne Fenn	Make this a provider organisation procedure	Sarah Rolfe	August 2010
2.2	Amended to reflect ELFT and Community Health Newham status	Community Health and Social Care Services merged with ELFT	Sarah Rolfe	December 2012
3.0	Review, updated and reference to adult services removed following confirmation from Eirlys Evans. 5.4 failure to report to work. 5.7 Statement re compressed hours. 7.2 preparation for initial visit.	Review due	Sarah Rolfe	December 2015

Circulation

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Lone Worker Procedure

1. Background

Under the Management of Health and Safety at Work Regulations 1999, employers must identify the hazards of lone working; assess the risks involved and put measures in place to avoid or control the risks. This procedure has been devised to address the specific issues associated with Lone Working. It supplements and should be read in conjunction with the following policies:

- East London NHS Foundation Trust Mobile Device Policy, September 2014
- East London NHS Foundation Trust Lone Worker Policy, October 2012
- East London NHS Foundation Trust Security Policy, September 2012
- East London NHS Foundation Trust Out of Hours Procedure, December 2015

Where a conflict arises in the application of this procedure and the Out of Hours Procedure the latter should take precedence.

This procedure will be stored on ELFT intranet.

2.0 Introduction

This procedure applies to all staff that work within Community Health Newham, Children, Young People and Women's Services, and their respective Team Leaders / Service Managers as appropriate. It includes bank and agency staff, volunteers, students and those on work experience. The procedure applies to all situations involving lone working arising in connection with their respective duties.

Other community based teams outside of the Community Health Newham services may wish to adapt this procedure for local implementation.

- 2.1 This procedure does not replace the policies cited above as it seeks to compliment them and provide a more robust mechanism for staff safety and accountability.
- 2.2 An active and co-operative response to staff safety from all parties, both management and staff side, specialist safety trainers, HR and individual staff members and managers is essential to the continued development of effective procedures and the iterative development of a culture of safety that runs throughout all ELFT operations.
- 2.3 This procedure has been designed to incorporate statutory obligations of the Disability and Equality of Access agendas. This procedure remains a living document that will alter and grow in keeping with the requirements of evolving service delivery.
- 2.4 This procedure recognises that the use of sensitive risk assessment and a two way process of negotiation and service planning is essential to ensure equity of outcomes for staff and management and most importantly places the need for responsive and evolving service continuity at the heart of the procedure

3. Definition of a Lone Worker

3.1 Lone workers are those who work by themselves without close or direct supervision such as:

a) Staff in fixed establishments where:

- only one member of staff works on the premises
- staff working separately from others
- staff working outside normal working hours

b) Mobile lone workers working away from their base and when their work may be carried out in:

- client's homes
- nursing homes
- other Trust's or business premises

3.2 It is recognised that any member of staff may spend a limited amount of their working time 'alone'.

4.0 Legislation

4.1 Under the Management of Health and Safety at Work Regulations 1999, employers must identify the hazards of lone working; assess the risks involved and put measures in place to avoid or control the risks.

5.0 General Preventative Measures

5.1 The nature of much of the Community Health Newham's service provision means that staff will frequently be in situations where they are required to work alone and isolated from direct support and assistance. This factor alone does not necessarily mean that there is an increased risk of violence or abuse, but nevertheless, when considering actions appropriate and proportionate to possible risk the following should be taken into account:

5.2 Each location or locality must have a designated senior manager (Location Manager) who has responsibility for safety of the base of operations and working practices employed by teams both within and without Trust and Council premises (such as in the community) under the manager's direction including ensuring that safety related equipment (such as alarms, CCTV, communication systems protective screens, windows and counters) are maintained to the appropriate standard to ensure their safe operation.

5.3 Each location must, in addition to this procedure, have a clear and concise **local** security procedure, written by the designated manager, in consultation with the teams based on the site which includes: how the alarms work throughout the building, how general security for the building operates, who should respond to calls for assistance, details of emergency contact numbers and how to notify management of an issue impacting on worker safety and security.

5.4 The majority of staff travel to work on their own and they do so outside of their contracted hours. There are occasions when a staff member is delayed and does not get to work at the intended time. If a staff member is delayed more than 15 minutes,

- they must contact their line manager and inform them that they are delayed and their estimated time of arrival. On arrival at work, they must confirm with their line manager that they are now at work. If a staff member does not arrive at work at the intended time, follow the same emergency action as for a member of staff who does not sign off at the planned time (Out of Hours Procedure, appendix B).
- 5.5 The possibility of staff working in pairs, being accompanied by another member of staff or outside agency in circumstances where there is increased risk of violence should be considered and where practicable adhered to.
 - 5.6 A procedure to account for the whereabouts of staff in the field, such as the local 'whereabouts' folder or book (which must include details on the client being visited, reporting lines to the workplace and action to be taken should staff fail to report back where there is an increased risk of violence) has been devised for the managers and shared with the teams (appendix A). The operational lead must be responsible for ensuring all staff are accounted for at the end of each day. If this is not possible an alternative person must be identified to take on this responsibility.
 - 5.7 Staff who work compressed hours and therefore work outside normal working hours, Monday to Friday 09:00 to 17:00 must sign in and out with their team leader by sending an email at the beginning and the end of their day at work. (An alternatives staff member must be agreed locally for any extended absence of the team leader.) These emails will be kept for monitoring and audit purposes. If a staff member who works compressed hours, completes a home visit outside of normal working hours, they must follow the out of hours procedure and complete an out of hours form and sign in and out to the on call manager as appropriate. If however a staff member goes straight to a school at the beginning of their working day, they must sign in with their line manager.
 - 5.8 The electronic RiO diary will be accessed to identify where staff should be at any given time. RiO diaries contain details of planned visits and appointments, including locations. The RiO diary will show the likely whereabouts of a community based worker in the eventuality of a failure to attend an appointment, or respond to communication. The location or whereabouts of staff in pursuit of their duties within the community is a paramount issue in terms of safeguarding staff working alone or with minimal supervision in a community environment. It is essential that staff working in the community ensure that they are working in line with safety procedures developed specifically to support and protect them. It is essential that line managers actively champion these procedures and cultivate an atmosphere conducive to compliance and staff safety.
 - 5.9 Lone Workers must have access to mobile phones and associated procedures to ensure their safety and to summon assistance in an emergency situation.
 - 5.10 A register, manual and electronic, of home and mobile telephone numbers, vehicle details, home address, photo identification and other information as appropriate should be devised by the manager and shared with the team in keeping with trust HR and information governance procedures. Local ICE (in case of emergency) records are to be accessible to appropriate managers – such as service manager on call – at all times.
 - 5.11 It is mandatory for identified staff/ posts to use such systems in 'high risk' situations, and such roles and situations should be identified by risk assessments generated in consultation with teams by local team managers.

- 5.12 Failure to use any such system, put in place to ensure staff safety, may result in disciplinary action.
- 5.13 Senior management and staff, where appropriate, should have access to information regarding all incidents of threatened or actual violence by clients and / or the public affecting their teams.
- 5.14 **Under no circumstances should any member of staff give clients, or members of the public, their home telephone number or address, or invite them to their home. Staff must not transport clients in their own cars.**
- 5.15 The possibility of meeting potentially violent clients in the workplace, in order to avoid home visits, should be considered but recognising that most contacts will be within user's homes.
- 5.16 Where staff members are required to visit another employers workplace(s) as part of their work, these sites must be assessed for hazards in advance and arrangements made to ensure, so far as is reasonably practicable, the safety of that staff member. This may require action on the part of the employer and / or ELFT.
- 5.17 Where there is joint service provision (e.g. with an outside agency), or two or more services/ departments are involved in dealing with an incident, joint procedures should be agreed. These must take account of the risks to all parties and be acceptable to all.
- 5.18 Where there is a need to handle cash, the risk of robbery and assault of staff **must** be minimised. Wherever possible, cash handling by employees should be reduced to a minimum. Senior managers must ensure that existing banking and cash handling arrangements are adequate with regard to the protection of their staff and that laid down procedures are followed.
- 5.19 For very high risk visits and interviews liaison with the Police **must** take place to arrange support or response as proportionate to the risks.

6. The use of mobile phones

6.1 Responsibilities

Employees

- Where provided, a mobile phone must always be kept as fully charged as possible at all times
- A lone worker must ensure that they know how to use the mobile phone properly through familiarising themselves with the instruction manual
- A lone worker must always check the signal strength before entering into a situation where they are alone. If there is no signal, the lone worker must contact their manager ahead of a visit stating their location along with an estimate of the time they think they will need to spend at the visit. Once the visit is completed they must let their manager know that they are safe

- Emergency contacts must be kept on a speed dial as this will speed up the process of making the call to raise an alarm – ensuring the handset has the appropriate numbers is a shared responsibility between team leaders and staff – with team leaders providing up to date information and staff members ensuring numbers are loaded into the appropriate phone memory and speed dial systems
- A phone must never be left unattended but must be kept close at hand in case an emergency arises
- Code words or phrases must be agreed with managers/ team leaders and used to help lone workers convey the threat to their managers/ team leaders or colleagues so that they can provide an appropriate response. The use of code words needs to be refreshed on as appropriate. It needs to be appropriate for the environment and be easy to use in every day conversation (www.conflictsolutions.co.uk) **The code word to be used is 'blue book'**.
- Mobile phone use must be kept to a minimum and used in emergency situations only and in implementing the lone worker procedure. Personal calls should be avoided

Team Leaders/ Managers

It is the responsibility of Team Leaders/ Managers to:

- Disseminate this procedure within their area of responsibility and ensure that the staff are aware of their responsibilities under this procedure
- Ensure the implementation of the procedure within the area of their responsibility
- Identify staff in their service that are lone workers and ensure that they are given a mobile phone
- Take immediate action where it is discovered that a phone is being misused
- Ensure that a standard code word/ phase is agreed with staff that can be communicated in cases of emergency
- Ensure that appropriate support is given to staff following an incident
- Encourage a pre-emptive approach to planning for mobile phone availability (in terms of battery power and available credit) for working environments

7. Risk Reduction Measures

7.1 Minimum Risk Reduction Measures for Lone worker operations are outlined below:

- Full compliance with the Reporting System for out-of-hours visits and the Emergency Action Procedure outlined at in the Out of Hours Procedure.
- Regular supervision for all lone workers
- As a minimum, lone workers who carry out home visits must be provided with the means of raising the alarm. Lone workers working at a base must have easy access to a working land line. Where access to a working land line is not

available they must have access to a Trust mobile phone

- Lone workers must receive adequate training including personal safety and conflict resolution training
- **Staff not returning to their base at the end of the shift should call a manager, team leader or other responsible person to state that they have finished the shift (see *Out of Hours Procedure, Signing off Procedure for Out of Hours Visits, Appendix B*)**

7.2 Whilst it is neither practical or beneficial to individually risk assess all individual appointments and environments encountered across all services it is clear that a degree of flexibility must be brought to bear in deploying generic risk assessment procedures for community based working.

All staff prior to an initial home visit must peruse all records available for all family members resident at the address. This is not only a requirement from a clinical perspective but will enable the staff member to assure themselves that there is no known reason why a lone worker visit cannot take place. The staff member must make a note in RiO progress notes that they have completed this task.

Where a new category of environment (ie a new community based unit), substantial experience or intelligence (such as reports from other teams and or access to local intelligence data sources, recent local activities such as civil unrest etc) or a reasonable assumption of new and unusual risk is encountered team managers must complete a risk assessment of the locale and conditions prevailing that might affect service delivery and in light of this take appropriate action to ensure resources are delivered or modified to ensure service continuity staff safety and the Trust's public mandate to deliver services.

7.3 If a staff member and or team manager feel that the issues of disability, access and impairment need to be factored in to the delivery of services then a specialised risk assessment must be conducted.

8. Supervision

- 8.1 Although lone workers cannot be subject to constant supervision, it is still the Trust's responsibility to ensure the staff safety as far as is reasonably practical.
- 8.2 Supervision can help to ensure that staff understand the risks associated with their work and that necessary safety precautions are carried out. Supervisory staff can also provide guidance in situations of uncertainty.
- 8.3 Supervision will also be needed when checking progress and compliance with any existing or new control measures that have been put in place as a result of the risk assessments.
- 8.4 Procedures must be put in place to monitor lone workers to ensure that they remain safe, these may include:
- Supervisors periodically visiting and observing people working alone
 - Regular contact between the lone worker and any form of supervision by telephone or face to face
 - Regular checking of procedures designed to raise the alarm if contact is lost with a lone worker; and
 - Regular checking of other safety devices to ensure that they still work

9. Immediate Support Following an Incident

- 9.1 In the event of an incident involving a lone worker, the manager should immediately ensure that the employee receives any necessary medical treatment and/ or advice. If an incident occurs out-of-hours the on-call manager should be contacted.
- 9.2 Managers should be sensitive to the employee's need to talk about the incident and offer any assistance possible. If the employee is a member of a Trade Union or Professional Association, they may find this an appropriate source of practical and emotional support. The importance of colleague support should not be underestimated; they may be seen as primary emotional support.

10. Debriefing

- 10.1 After an incident of violence against a member of staff (whatever the severity from verbal abuse to physical assault) it is important that there should be an opportunity for the staff member to discuss the incident with their manager as soon as possible after the incident.
- 10.2 The purpose of the debrief is to:
- Discuss the incident in order to support the member of staff;
 - Discuss the need for expert/further counselling for the member of staff;
 - Ensure the Lone Working Procedure has been followed;
 - Examine the details of the incident and if the procedure and protocols worked;
 - Ensure any protective factors or actions needed are implemented following the incident
 - Protect staff or property; and ultimately learn lessons from the incident to prevent recurrence, and that the learning is spread throughout the Trust
- 10.3 It is the responsibility of the line manager to ensure that, following any incident involving their employee they: -
- Report the incidents, in accordance with the Corporate and Directorate accident and incident reporting procedures and systems;
 - Arrange to debrief the employee, immediately after the incident or within the next 2 working days (dependent upon the circumstances of the incident and the employee's wishes);
 - Offer the employee support as necessary including reminding them of the contact details for an appropriate counselling service
 - Contact the East London Foundation Trust Security or Anti-Social Behaviour services in order to capture any evidence on CCTV (where this is present)
 - Review the risk assessment for the post or activity where necessary to prevent re-occurrence.
 - In the case of violent incidents and serious breaches of security immediately inform a senior manager.
 - Assess the incident in line with the East London Foundation Trust Security Policy
- 10.4 All incidents involving any form of violence or aggression at work, or connected with work must be reported via a Datix incident and discussed with line manager.
- 10.5 Management intervention may include all or some of the following:

- Withdrawal of home visits (but continuing to offer services through remote contact or the service user visiting a community building for a pre-arranged meeting)
- Prohibiting unaccompanied home visits (i.e. 2 person visits only)
- Reporting to the Police

11. Legal, Financial and other Support for Staff who have been assaulted

- 11.1 Legal and financial support may be available to staff. Advice should initially be sought from Human Resources.
- 11.2 Where appropriate, staff can contact directly, or be referred to, the Trust's confidential counselling services. For staff who have experienced a violent incident or verbal incident there is a commitment to offer contact with the counselling service as soon as possible. In such situations the manager concerned should approach the counselling service and inform the counsellor of the incident and the individual or team involved. The counsellor will then make contact with the relevant staff either directly or through the line manager to offer assistance.

12. Staff Training

- 12.1 Community Health Newham will provide health and safety training to staff. This should be prioritised as 'essential' training which all staff must attend. Specialist training for lone working may be made available to specific staff groups depending on availability of such programmes.
- 12.2 In relation to lone working, staff must be aware of how to deal with potential incidents, and be able to recognise how their own actions can influence or even trigger an aggressive response.
- 12.3 It is the responsibility of Heads of Service, Service Managers and Managers to identify specific development and training needs for all their staff, as a result of risk assessment, personal development interviews, team appraisal or other training needs analysis, and ensure they receive all necessary training. It is also their responsibility to ensure the effectiveness of this development and training by ensuring it is evaluated against agreed objectives.
- 12.4 Training programmes should be designed around those specified training objectives and take into account the different types of contact. This should enable managers to:
- Competently assess the hazards of violence at work and lone working,
 - when carrying out risk assessments;
 - Effectively manage a violent incident at work (including dealing with the aftermath, for both the individual and the team).
 - Effectively manage any Lone Worker Protection system or technological aid as put in place by Community Health Newham or LBN if appropriate to the teams involved.
- 12.5 Induction Training Programmes for all staff must include:
- The issues of violence at work and lone worker protection
 - The requirements of this procedure as appropriate to their roles
 - The security arrangements for where they work (Premises based staff)

- 12.6 All new staff in high risk groups will receive both induction and other specific training at the earliest opportunity. (Note: agency staff and consultants must be inducted in the same way as substantive staff with regard to lone working).
- 12.7 Training must be reviewed, alongside the risk assessment, following:
- A potential or actual violent incident at work;
 - A change of relevant circumstances;
 - When significant new information is received.
- 12.8 Managers should, in the first instance, arrange courses through the on-line booking system. However, if their needs cannot be met by programmed courses they should contact the Education Department via ELFT HR.

13 Involving the Police

- 13.1 If a situation arises which requires Police attendance, the employee at risk, or other relevant person should contact the Police immediately. The Community Health Newham will seek to take legal action in all cases of physical violence and in specified cases of verbal violence, if deemed appropriate, in line with the directions to the NHS bodies on tackling violence against staff (2003) and guidance of 2004 issued by the Counter Fraud Security Management Service.
- 13.2 The victim of the assault will be kept informed of the investigation's progress and offered such support as is necessary or desirable in the circumstances.

14 Monitoring and Review

- 14.1 As part of the implementation plan all members of staff will be required to sign a team log to confirm that they have received an electronic copy of Lone Worker Procedure and Out of Hours Procedure, which they have read and that they will comply with actions.
- 14.2 This procedure will be monitored and reviewed by Managers and Team Leaders with staff on an annual basis.
- 14.3 It will be the responsibility of Managers and Team Leaders to develop a means of monitoring the effectiveness of the procedure within their service area and thereafter take whatever action may be necessary.
- 14.4 It is suggested that a formal sign off of this procedure and regular refreshing of knowledge perhaps through 1 to 1's or appraisals could constitute useful metrics to measure compliance and encourage an atmosphere of engagement with the themes of staff safety and precautionary and protective planning .

15 References:

Vince Donovan, Workplace Emergency Code Words, www.conflictsolutions.co.uk/workplace-emergency-code-words

Appendix A – RECORD OF STAFF WHEREABOUTS CLINIC

Date	Name of staff and their Trust mobile number	Time of appointment / clinic / training / meeting / visit	Expected length of appointment / clinic / training / meeting / visit	Location: Please list NHS / LA / LEA / private premises, full address of client including postcodes or any other locations) For home visit only:- Please indicate whether it is announced (A) or unannounced visit (U)

Action: Operational lead/CTL/ITM to be informed of any late visits/appointments

On call manager to be informed as per the Lone Worker procedure and Out of Hours procedure.

(Please note: Out of Hours 08.00a.m – 09.00a.m and 17.00hrs – 18.00hrs)

Appendix C

EQUALITY ANALYSIS TEMPLATE

A Template for Undertaking Equality Analysis of New and Existing Policies, Functions,
Service Redesign, Internal Reorganisations or Restructuring Processes

July 2012

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Equality Analysis Template

Part 1: Equality Analysis Details	
Title of 'Proposal' (The term proposal covers <i>activities such as such as policy development, policy review, service redesign and internal reorganisation or restructuring processes</i>).	Lone Worker procedure for Children, Young People and Women's Services
Name of directorate	Specialist Services, CHN
Name of manager undertaking the Equality Analysis	Sarah Rolfe
Consultation date/s with staff	2016
Consultation date/s with service users	N/A
Date Equality Analysis Completed	15/01/2016
Review date (Review at least once every three years)	15/01/2019

Part 2: Proposal Details

1) What are the aims of the proposal? Indicate if this is a new proposal or the review of an existing one?

(The term 'proposal' covers *activities such as such as policy development, policy review, service redesign and internal reorganisation or restructuring processes*)

This procedure describes systems in place to support lone workers within the community.

It includes specific actions which staff must comply with.

Describes steps to be taken to ensure staff safety is maintained.

This procedure must be applied alongside the Out of Hours procedure.

2) Provide a summary of the current activity to which the proposal relates e.g. policy or service structure and provision and the reasons for the changes being proposed? (State if the proposal involves relocating a service to another site; extended service hours; puts staff at risk or involves significant change)

Lone working in the community

This reviewed procedure now includes directives for staff who work compressed hours, staff that are delayed beyond 15 minutes in getting to work and preparation prior to initial lone worker visit.

Part 3: Equality Analysis of Staff		
Protected Groups	Impact Positive or negative? or no impact?	Please describe the process of your analysis with reference to the following:
<ul style="list-style-type: none"> Identify the impact or potential impact on each of the following protected groups, with due regard to the three aims of the PSED (public sector equality duty). 		Results of consultation <ul style="list-style-type: none"> Data or research on the protected groups that you have considered Implications for the protected groups
Age: different age groups	No impact	
Disability: (Consider a range of impairments, including - sensory, mental, physical and learning disability)	No impact	
Sex: men and women	No impact	
Religion or Belief: (including no belief)	No impact	
Sexual Orientation: people who are gay, lesbian, bisexual or heterosexual	No impact	
Race: including ethnicity and nationality	No impact	
Gender Reassignment transgender people	No impact	
Pregnancy and Maternity	No impact	
Marriage and Civil Partnership	No impact	

Part 4: Equality Analysis of Service Users / Patients		
Protected Groups (Equality Strands)	Impact Positive or negative? or no impact?	Please describe the process of your analysis with reference to the following:
<ul style="list-style-type: none"> ▪ Identify the impact or potential impact on each of the following protected groups, with due regard to the three aims of the PSED (public sector equality duty). 		<ul style="list-style-type: none"> ▪ Results of consultation ▪ Data or research on the protected groups that you have considered ▪ Implications for the protected groups
Age: different age groups	No impact	
Disability: (Consider a range of impairments, including - sensory, mental, physical and learning disability)	No impact	
Sex: men and women	No impact	
Religion or Belief: (including no belief)	No impact	
Sexual Orientation: people who are gay, lesbian, bisexual or heterosexual	No impact	
Race: including ethnicity and nationality	No impact	
Gender Reassignment: transgender people	No impact	
Pregnancy and Maternity	No impact	
Marriage and Civil Partnership	No impact	

Part 5: Findings from the Equality Analysis	
Use this space provided below to elaborate on your decision based on the findings of the equality analysis	
1. Accept the proposal - no evidence of discrimination and appropriate opportunities have been taken to advance equality and foster good relations	
	Accept the proposal as no evidence of discrimination found
2. Adjust the proposal - take steps to remove barriers to advance equality. It may involve introducing actions to mitigate the potential effect or to look at how to deliver the proposal in a different way. It <i>is</i> lawful under Equality Law to treat people differently in some circumstances, for instance developing single sex provision where required	
3. Continue the proposal - despite adverse effects or taking opportunities to advance equality provided the proposals do not unlawfully discriminate and can be objectively justified. <i>(To identify whether a proposal may unlawfully discriminate due regard should be given to discrimination on the basis of the protected characteristics)</i>	
4. Stop the proposal – the policy shows unlawful discrimination and adverse effects that cannot be mitigated	

Part 6: Equality Analysis Action Plan	
Adverse Impact – Staff	Please describe the actions that will be taken to mitigate this impact
None found	

Adverse Impact – Service Users	Please describe the actions that will be taken to mitigate this impact
None found	

What Happens Next?

Once a plan has been put in place to mitigate against adverse impacts, the Equality Analysis should then be signed off by the Director/ Head of Service. Following this, the proposal can then be implemented. It is important to remember that Equality Analysis is not a one off process. It is important therefore, to be alert to emergent equality impacts throughout implementation.

This analysis has been checked and approved by:

Name:

Title:
(Director/ Head of Service)

Date:

Once completed the document should be sent to the Trust's Equality & Diversity Lead to quality check, who will also arrange publication on the Trust's website: Clementine.femiola@eastlondon.nhs.uk. Updated versions of a completed Equality Analysis for major proposals may be subsequently published.

References

http://www.eastlondon.nhs.uk/about_us/equality_and_diversity.asp Equality Information including examples of Equality Analysis, East London Foundation Trust

www.equalityhumanrights.com Equality and Human Rights Commission

www.stonewall.org.uk Lesbian, Gay & Bisexual Information and Research, Stonewall

www.ndti.org.uk; Achieving Age Equality in Local Mental Health Services, National Mental Health Development Unit

Appendix E – Procedure Checklist

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title: Lone worker Procedure		
	Is the title clear and unambiguous?	Yes	
2.	Purpose		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
4.	Style/format		
	Is the document clear and concise?	Yes	
	Are key terms defined?	Yes	
5.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
6.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
7.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) reviewed the document?	NA	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
8.	Implementation Plan		
	Is there an Implementation Plan?	Yes	
	Does the plan clearly state how the procedure will be disseminated?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
9.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	yes	This will be done as part of uploading this version
10.	Impact Assessment		
	Is the Impact Assessment complete?	Yes	
11.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
12.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval			
Name:	Sarah Rolfe	Date:	23/3/16
Signature:			
Committee Approval: Children, Young People and Sexual Health Governance group			
If you are happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name:	Sarah Rolfe	Date:	23/3/16
Signature:			