

LONE WORKING POLICY

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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date approved	Date on Intranet
DRAFT	SRCCG	Draft policy for CCG	Senior Management Team		
DRAFT	SRCCG	Draft policy for CCG	JTUPF	28.1.15	
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1 INTRODUCTION

NHS Scarborough and Ryedale Clinical Commissioning Group (the CCG) is committed to providing a safe working environment for all staff. The CCG is responsible under the Health & Safety Act 1974 for the health and safety of all employees and others who may be affected by the CCG's activities. In addition, all employees have a personal duty to take reasonable care for their own health and safety and that of anyone else who may be affected by their work activity.

The NHS Business Services Authority provides NHS Protect Services and has operational responsibility for the management of security in the NHS. Their aim is to deliver an environment, for those who work in or use the NHS, that is properly secure so that the highest possible standards of clinical care can be made available for patients/service users.

It is essential that all staff feel safe and secure in order to undertake and perform their duties free from fear and in the full knowledge that there are strong management procedures in place to ensure that effective action can be taken, should they find themselves in a threatening environment and need help.

The Health and Safety at Work Act 1974 requires an employer to provide a safe working environment for all employees, so far as is reasonably practicable, wherever that working environment is located. It is acknowledged that accidents and emergencies do occur and in such cases appropriate responses for assistance must be implemented as part of a safe system of work. However, where an employee works in isolation from other work colleagues, such a response carries inherent difficulties. Although there is no general prohibition in health and safety law of working in isolation from your colleagues there remains a duty of care under the Health and Safety at Work Act 1974. When determining a safe system of work, it is likely that there will be a need for additional controls to be put in place.

2 ENGAGEMENT

- Joint Trade Union Partnership Forum/Policy Development Group
- SRCCG staff via team meetings/team brief/internet

3 IMPACT ANALYSES

3.1 Equality

In applying this policy, the CCG will have due regard to the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is attached at Appendix 1.

3.2 Sustainability

A Sustainability Impact Assessment has been completed for this policy and is attached at Appendix 2.

3.3 Bribery Act 2010

The Bribery Act is relevant to this policy. Under the Bribery Act it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist

4 SCOPE

This policy applies to all full/part time employees of NHS Scarborough and Ryedale CCG (including agency staff, students/trainees/apprentices, volunteers, seconded staff and all other staff on placement). The policy also applies to visitors and all contractors or sub-contractors who provide services to the CCG.

5 POLICY PURPOSE & AIMS

There are many different situations staff find themselves in with regard to lone working and it would be impractical to address each situation individually. This policy has been designed, therefore, to be as wide ranging as possible. It sets out general principles in respect of staff and management responsibilities.

The policy will raise general awareness of how to best protect lone workers within the CCG and identify systems, procedures and equipment which can be utilised to reduce the levels of risk associated with working alone.

The co-operation of all staff is essential for successful implementation of this policy.

6 DEFINITIONS

Throughout this document the term “Lone Worker” is used to describe a wide variety of staff who work, either regularly or only occasionally, on their own, and without access to immediate support from managers or other colleagues. This could include one person working in a fixed establishment, workers in remote locations, mobile workers, those on domiciliary visits, staff alone with patients, those working at other employers’ premises or from home.

However, there is not one single definition that encompasses all those who may face lone working situations and, therefore, may face increased risks to their security and safety.

7 ROLES / RESPONSIBILITIES / DUTIES

It is the responsibility of the CCG Governing Body to ensure that, so far as is reasonably practicable, its employees are provided with a safe working environment. Specific responsibilities are detailed below.

7.1 Chief Officer

The Chief Officer has overall responsibility for health and safety which is discharged to the Associate Director of Corporate Affairs for SRCCG and Director of Partnership Commissioning Unit, for the Partnership Commissioning Unit within the CCG and overall responsibility for the implementation of this policy by:

- Ensuring compliance with the Secretary of State Directions on NHS Security Management issued in 2003;
- Promoting and supporting the aims and objectives of this policy and affording it equal importance with other CCG policies and management functions;
- Ensuring that Directors and Senior Managers have the appropriate authorisation and resources to implement this policy effectively.

7.2 Executive Directors

The Chief Officer accepts overall responsibility for health and safety in the employing organisation. However, day to day responsibility for health, safety and welfare is delegated to the SRCCG Associate Director of Corporate Affairs and the Director of Partnership Commissioning Unit, for the PCU.

Directors must:

- Promote and support the aims and objectives of this policy and afford it equal importance with other CCG policies and management functions;
- Ensure that arrangements are in place to implement and disseminate this policy and ensure awareness of its existence across all their staff groups;
- Ensure appropriate investigations take place in respect of incidents or allegations being raised by lone workers;
- Ensure arrangements exist for the provision of safe systems, procedures, equipment and other resources to protect lone workers.

7.3 Senior Managers

Also have delegated responsibility for health and safety within their areas and should:

- Promote and support the aims and objectives of this policy and afford it equal importance with other CCG policies and management functions;
- Ensure the policy is widely disseminated, implemented and monitored across all staff groups;
- Investigate fully any incidents or allegations involving a lone worker and make recommendations in terms of preventing a recurrence;
- Ensure that all employees receive appropriate information, instruction, training and supervision to enable them to carry out their work safely;
- Ensure that employees are issued with appropriate resources and are trained in respect of their usage;
- Ensure risk assessments of the working environment are carried out and recorded for all staff;
- Establish a system for monitoring employees' contact arrangements, particularly in out-of-hours situations;
- Ensure accompanied visits are arranged where appropriate.

7.4 **Health and Safety Advisor**

The SRCCG Associate Director of Corporate Affairs and the Director of Partnership Commissioning Unit, for the PCU have delegated responsibility for advising on good practice and should take responsibility for ensuring that procedures are developed locally, in conjunction with relevant stakeholders, including staff representatives, to implement the guidance issued by the NHS Business Services Authority in relation to NHS staff who work alone and to allow proper consideration of physical security measures that may be appropriate.

However, it is the responsibility of each manager where their staff undertake lone working to ensure that the procedures are applied and adhered to. Where incidents occur, or weaknesses or failures are identified in those procedures, the Senior Managers should be notified as soon as is practicable.

7.5 **Employees have a responsibility to:**

- Co-operate and support the CCG in their implementation of the lone workers policy;
- Take reasonable care of the health and safety of themselves and others who may be affected by their acts or omissions;
- Consider and assess potential risks and co-operate in the completion of risk assessments. Ensure that any potential risks are highlighted and included in the Corporate Risk Register;
- Ensure adherence to proper usage of the resources provided in supporting lone working;
- Report any allegations or incidents that may occur as a result of lone working;

- Ensure that relevant information, training, instruction and supervision has been accessed;
- Request accompanied visits where it is felt appropriate;
- Ensure compliance with control systems introduced to monitor employees' contact arrangements.

8 IMPLEMENTATION

- 8.1 This policy will be communicated to staff via team meetings/team brief and will be available for staff on the intranet.
- 8.2 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

9 TRAINING & AWARENESS

- 9.1 A copy of the policy will be available on the CCG intranet. Training needs will be identified via the appraisal process and training needs analysis.

The CCG has a duty to ensure that employees are given all the necessary information, instruction, training and supervision to enable them to recognise the hazards and appreciate the risks involved in lone working situations.

Training can be arranged for employees as appropriate and may consist of, for example; Aggression Management Training; Risk Assessment Training; Conflict Resolution training; Security Training; Incident reporting, etc. Staff should liaise directly with their line manager to determine individual requirements.

Staff should have access to good quality information regarding contacts and locations so that they may do their job efficiently and safely. There should be an effective flow of information to and from teams within the CCG to share information relating to risk or the occurrence of incidents.

Working alone often brings about additional risks to the everyday work of our employees. The CCG is committed to its obligations under Health and Safety and in general good working practices. All employees will be expected to adhere to this policy and work in partnership with their manager/colleagues in ensuring effective operation of the policy. Managers have a duty to ensure that risk assessments are carried out and recorded, that appropriate methods of communication are established and local procedures developed for monitoring their lone workers. Employees are responsible for their personal awareness of risks and hazards to which they may be exposed and what to do if something goes wrong.

10 MONITORING & AUDIT

- 10.1 The implementation of this policy will be audited on an annual basis by the CCG and reported to CCG Governing Body.

11 POLICY REVIEW

- 11.1 The policy and procedure will be reviewed after 3 years for the CCG Governing Body in conjunction with Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

12 REFERENCES

12.1 For further information please refer to the following reference sources

- NHS Business Services Authority (NHS BSA) web site www.nhsbsa.nhs.uk
- SRCCG Management Guidance Document

13 ASSOCIATED DOCUMENTATION

It is recommended that this policy is read in conjunction with the NHS Business Services Authority Lone Worker Guidance “You Are Not Alone” which can be found on the website at www.nhsbsa.nhs.uk

14 PROCEDURE

Staff Working on CCG/PCU Premises

Every member of staff will receive an induction to their department. This will incorporate information and guidance on matters of security, health and safety and general housekeeping.

When working at an alternative base staff should routinely apprise themselves of the local arrangements.

It is important that all staff take on board the security arrangements of the building within which they are working, i.e. health centre, office base, etc.

Detailed information regarding the security of each office base is available at each site. Individuals who work at different bases should familiarise themselves with the relevant information.

Evening Working

From time to time, employees may need to carry out their office-based work outside of normal office hours, such as weekends and evenings. The following precautions must be taken to ensure that your health and safety continues to be protected:

Inform someone that you are there and arrange for regular contact, e.g. hourly telephone checks. Early in the morning let a friend or relative know your whereabouts and the time that you are expected back. If you change your plans, let your contact know immediately.

If possible lock the external doors to the building for improved security, if not possible lock office/department door. Leave the key on the inside of lock for emergency escape in case of fire. Ensure that all windows and doors are secured to prevent unauthorised access, so that the working environment is as safe as possible.

Do not open the doors to unknown personnel no matter what identification they have. If they are meant to be there, they will either have keys or another means of access. Never give security codes or keys to any unknown personnel.

On leaving any offices ensure that all windows are closed and doors locked; ensure you have access to a phone in case you need to call the emergency services.

Staff working in the Community

All lone workers should carry with them the following items:

- ID Badge
- Mobile phone or change for public call box
- Torch – your work telephone has this facility
- Personal alarm
- Map, A-Z Street Key
- Relevant telephone numbers in case of an emergency

It is essential for staff safety that people working in the community can be located by their work team. To facilitate this, the following systems will be in place:

When booking off site visits it is important first to check with the current list of 'High Risk Addresses.' Visits are automatically considered high risk where they are:

- Initial visits to individuals where little information is known
- Visits to individuals where there is a known history of violence/aggression
- Visits made outside of usual working hours with no previous risk assessment
- Where the function of the visit is something you know has the potential to be difficult or contentious
- Where the home is in a location which is perceived as a high risk due to isolation or high crime rates, or where the area is unfamiliar

The CCG does not expect service delivery to continue where employees are placed in immediate danger. With the agreement of a senior manager, the service can be postponed until a safe means of delivery can be arranged.

Line Managers will keep and maintain a record of the following for all staff, staff are required to update line management of the following changes at the first occasion:

Car registration

Car make and model

Car colour

Mobile phone number

Home telephone number

Next of kin/designated personal contact and their telephone number.

All staff must ensure their office diaries - Outlook/Systmone - are up to date and accurate for the days appointments, this must contain full details of the appointment location and any relevant contact details any amendments to the diary that cannot be updated by remote staff must be completed by the admin office staff straight away to ensure accurate records are kept of staff locations.

A 'buddy' system should be in place. This means keeping a designated colleague informed of your daily plan and any deviations from it. Even when working to plan, "buddies" should check in with each other regularly with the frequency reflecting the nature and location of the work. If you are in a poor mobile phone contact area for any length of time advise your designated contact if at all possible.

Staff should make themselves aware of areas where there is no network coverage, and remind office staff if they will be out of signal.

Staff must keep the office staff informed of any changes to their expected schedule e.g., if delayed at a client's home, car breakdown, severe delays due to traffic or weather, staff illness.

Staff will return to base towards the end of their shift to write up notes. If this is impractical they may, with agreement of their line manager go straight off duty from clients. In this instance, staff must secure client notes/laptops over the evening, notes/laptops must not be left unattended in a vehicle.

Emergency Procedures

As all clinical staff use a smart phone with the capacity to be tracked, this tracking application may be used in case of a potential emergency.

In Case of Emergency (ICE) numbers are to be given to each team member. This will normally be the relevant line manager. Staff should also ensure they have an ICE number in their work mobile.

To ensure that colleagues do not become unnecessarily concerned about non-appearance at, e.g. base locations, staff with electronic calendars, are advised to maintain an up to date record of appointments and other commitments. Access should then be given to line managers and, ideally, any other colleagues' that staff are happy to include.

If staff are working earlier or later than expected they should notify the designated person. This may be the "buddy" or line manager. It is important that staff notify the designated person that they have finished and are signing off for the day.

Incident Reporting

All Staff must use the Ulysses incident reporting system to report any events or "near misses" involving threatening behaviour, verbal or physical abuse, or any situation or locality where they feel unsafe, regardless of whether any actual harm occurred.

Follow up action

If an untoward incident occurs and once the immediate crisis is dealt with, there will be longer term issues to be addressed. These will include appropriate support for the member of staff involved, both from within the team and of a specialist nature as necessary. An investigation will be carried out into the circumstances of the incident, identifying learning points, and informing senior management of the outcome.

14.1 RISK ASSESSMENT

Risk is a part of everyday life. However, the CCG recognises that lone workers may be more vulnerable than other members of staff, in certain situations. It is the responsibility of each Line Manager within the CCG to identify which members of the team are classed as lone workers and that risk assessments are carried out to determine the measures that need to be introduced to improve their safety. The risk assessment form to be used is the standard risk assessment form and can be obtained from the Health and Safety Lead for your office/area. More detailed guidance on conducting risk assessments can be obtained from those staff with delegated responsibility for Health and Safety, the CCG Health & Safety Policy or by visiting the Health & Safety Executive web site www.hse.gov.uk.

The principle adopted by the CCG is that the risks associated with lone working shall be avoided so far as is reasonably practicable. Where it is unavoidable, risk shall be minimised through the completion of a risk assessment and the implementation of the further controls that are required. The assessment will be undertaken and the findings recorded and will include identifying the potential for six main hazards:

- 1 Physical or sexual assault.
- 2 Verbal abuse, threatening behaviour.
- 3 Robbery.
- 4 Theft/criminal damage.
- 5 Road traffic accidents/breakdowns/punctures.
- 6 Slips/trips/falls.

Risk assessments can be completed to include, not only the six generic hazards listed above, but for specific issues such as:

- Area/location/neighbourhood
- People/manner/style/previous experience
- Weather conditions
- Times of day or night

Other details that may be recorded during the completion of a risk assessment:

- Identifying other significant hazards within the workplace or area to be visited
- Identifying the risks that may be more pertinent to specific groups of staff, such as young people working alone
- Identifying a means of communicating with other team members

Identify Lone Working Tasks and Activities

The first stage in the risk assessment process is to identify known and foreseeable lone working tasks and activities.

It is recognised that the hazards presented by a particular lone working task may vary, e.g. meeting members of the public compared to meeting members of the public with a known history of violence. The factors that could make a task more hazardous should be identified when listing

lone working activities (e.g. home visit - client with no history of violence, home visit - person/patient/client has a known history of violence).

Where lone working has the potential to lead to violence and aggression it is essential to identify the causes in order to prevent it. It is recommended that the following areas are considered in the risk assessment:

- The person/patient/client - anything the client brings to the situation that could contribute towards violence, e.g. previous history/lack of history.
- The employee - factors which may increase or decrease the chances of violence occurring, e.g. level of training and experience, representing authority.
- What the work involves – the interaction which takes place between employee and client, for example, enforcing rules, carrying out clinical interventions.
- Working environment – this involves looking at the physical setting in which the work is carried out, for example, a home visit, rural areas.

Can Lone Working be carried out safely?

Once lone working tasks have been identified, the next stage in the process is to determine if a lone worker can carry out the activities safely. The issues that need to be considered to determine if one person can adequately control the risks from lone working activities include:

- Do the places where the person will work present a special hazard, because of the nature of the area itself?
- Is there a known risk of violence and aggression?
- Is there a means of communication and/or summoning assistance?

Tasks that are Unsafe to be Carried Out by a Lone Worker

In circumstances where, even with all the controls in place, the risk assessment identifies that it is not possible for a task to be carried out safely by a lone worker, then it should only be done by two people.

Is the Person Medically Fit to Work Alone?

Some individuals may have medical conditions that make them unsuitable for working alone. These may include unstable health conditions, such as unstable epilepsy or diabetes. The consideration of medical conditions should include both routine activities and foreseeable emergencies, which may impose additional physical and mental burdens on the individual.

Please contact your Human Resources Advisor for further guidance on obtaining Occupational Health advice. Where lone working cannot be avoided, the above steps should be considered and the appropriate control measures introduced.

14.3 Local Procedures/Arrangements

It is the responsibility of each team within the CCG to identify the risks involved within their area of work and develop local procedures/systems for monitoring lone workers. The following list identifies some areas to consider when deciding whether a local procedure may be necessary:

- Does the employee have patient/client contact?
- Has the employee attended the CCG Conflict Resolution Training?

- How are referrals made and processed? Are they from an authorised source?
- What “Control Points” are in place to monitor employees? Do managers/teams know the movements of lone workers and is there the ability to trace movements?
- Does the employee leave a full itinerary of daily visits?
- What happens if there is a change to the proposed visits?
- What happens at the end of the visits (home time)?
- What about staff that are called-out from home?
- Who monitors employee itineraries?
- What are the emergency procedures for raising/activating the alarm?
- What methods of communicating with lone workers are available?
- Do all lone workers have appropriate resources provided?
- What about staff who are working alone/in inaccessible places (during normal and out of normal working hours)?
- Do you have guidance on travelling arrangements?

Control Points – locally determined systems for tracking and recording employee whereabouts and the identification of likely triggers that could be activated to raise an alarm.

15 APPENDICES

Appendix 1 – Equality Impact Assessment

Appendix 2 – Sustainability Impact Assessment

1. Equality Impact Analysis									
Policy / Project / Function:	Lone Worker Policy								
Date of Analysis:	December 2014								
This Equality Impact Analysis was completed by: (Name and Department)	Workforce Service								
What are the aims and intended effects of this policy, project or function ?	The policy will raise general awareness of how to best protect lone workers within the CCG and identify systems, procedures and equipment which can be utilised to reduce the levels of risk associated with working alone.								
Please list any other policies that are related to or referred to as part of this analysis?	Disciplinary Procedure Health and Safety Policy NHS Business Services Authority Lone Worker Guidance "You Are Not Alone"								
Who does the policy, project or function affect ? Please Tick ✓	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Employees</td> <td style="text-align: right; padding: 2px;">✓</td> </tr> <tr> <td style="padding: 2px;">Service Users</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Members of the Public</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">Other (List Below)</td> <td style="text-align: right; padding: 2px;">✓</td> </tr> </table> <p style="margin-top: 5px;">Agency staff, students/trainees/apprentices, volunteers, seconded staff and all other staff on placement The policy also applies to visitors and all contractors or sub-contractors who provide services to the CCG.</p>	Employees	✓	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	✓
Employees	✓								
Service Users	<input type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	✓								

2. Equality Impact Analysis: Screening

	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This policy complies with legislation and good practice and is applied regardless of race
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This policy complies with legislation and good practice and is applied regardless of age
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This policy complies with legislation and good practice and is applied regardless of sexual orientation
Disabled People	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See assessment test
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This policy complies with legislation and good practice and is applied regardless of gender
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This policy complies with legislation and good practice and is applied regardless of transgender status
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This policy complies with legislation and good practice and is applied regardless of pregnancy or maternity
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This policy complies with legislation and good practice and is applied regardless of marital status
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This policy complies with legislation and good practice and is applied regardless of religion or belief

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

3. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected at Jan 2015

General	Total number of employees in the CCG is 121
Age	61.98% of staff are aged 30-55 15.7% of staff employed are under 30 22.32% of staff are over 55
Race	90.90% of staff employed in the CCG declared themselves White 7.44% of staff are not stated/undefined 0.83% of staff declared themselves Black 0.83% of staff declared themselves Other
Sex	80.99% of staff employed are female 19.01% of staff employed are male
Gender reassignment	No information
Disability	81.82% of staff employed declared themselves as having no disability 17.35% of staff did not declare /undefined 0.83% of staff declared a disability
Sexual Orientation	70.25% of staff described themselves as heterosexual 28.92% did not wish to respond /undefined 0.83% described themselves as bisexual
Religion, faith and belief	Christianity is the largest religious group declared by staff in the CCG (52.07%) 31.4% were undefined or did not wish to declare 8.26% of staff declared other faith or religious beliefs 7.44% declared themselves Atheist 0.83.% of staff declared their faith Islam
Marriage and civil partnership	58.67% of employees are married. 37.2% are single/divorced/legally separated/widowed 2.48% are undefined 1.65% of employees are in a civil partnership
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data

4. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. <i>Previous EIAs</i> 	<p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Consultation has taken place with Trade Union representatives and employees</p>
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>The policy will raise general awareness of how to best protect lone workers within the CCG and identify systems, procedures and equipment which can be utilised to reduce the levels of risk associated with working alone.</p>

5. Equality Impact Analysis: Assessment Test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	✓			Considered – neutral impact
Race (All Racial Groups)	✓			Considered – neutral impact
Disability (Mental and Physical)		✓		The policy recognises that some individuals may have medical conditions that make it more difficult to work alone. Para 14.1 (Risk Assessment) requires that risks associated with an employees disability are identified with further guidance from the Occupational Health service. This would remove any detrimental impact and may have a potential positive impact on employees with disabilities
Religion or Belief	✓			Considered – neutral impact
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	✓			Considered – neutral impact

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	✓			Considered – neutral impact
Transgender	✓			Considered – neutral impact
Marital Status	✓			Considered – neutral impact
Age	✓			Considered – neutral impact

6. Action Planning

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

7. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input checked="" type="checkbox"/> Green
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		Actions	Wording for Policy / Project / Function
<p>Red</p> <p>Stop and remove the policy</p>	<p>Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the policy be suspended until further work or analysis is performed.</p>	<p>Remove the policy</p> <p>Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.</p>	<p>No wording needed as policy is being removed</p>
<p>Red Amber</p> <p>Continue the policy</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.</p>	<p>The policy can be published with the EIA</p> <p>List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).</p> <p>Consider if there are any potential actions which would reduce the risk of discrimination.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason exists which justifies the use of this policy and further professional advice.</p> <p><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i></p>

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
<p>Amber</p> <p>Adjust the Policy</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p>The policy can be published with the EIA</p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
<p>Green</p> <p>No major change</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>The policy can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

Brief Summary/Further comments	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.
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Approved By		
Job Title:	Name:	Date:
Chief Officer	Simon Cox	17.02.15



Sustainability Impact Assessment

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Lone Working Policy
What is the main purpose of the document	The policy will raise general awareness of how to best protect lone workers within the CCG and identify systems, procedures and equipment which can be utilised to reduce the levels of risk associated with working alone.
Date completed	December 2014
Completed by	Human Resources

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and	N/A		

	facilities for all groups?			
Procurement	<p>Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it promote ethical purchasing of goods or services?</p> <p>Will it promote greater efficiency of resource use?</p> <p>Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?</p> <p>Will it support local or regional supply chains?</p> <p>Will it promote access to local services (care closer to home)?</p> <p>Will it make current activities more efficient or alter service delivery models</p>	N/A		
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>Will it reduce water consumption?</p>	N/A		
Workforce	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups?</p>	N/A		
Community Engagement	<p>Will it promote health and sustainable development?</p>	N/A		

	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?			
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic and appropriate landscaping around new development? Will it improve access to the built environment?	N/A		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
Models of Care	Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it promote prevention and self-management? Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/A		