



**Out of Hours Procedure for Children, Young People and Women's Services**

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Ratified by:	Children, Young People and Sexual Health Governance Group
Date ratified:	23/3/16
Name of originator / author:	Sarah Rolfe
Name of responsible committee / individual:	Children, Young People and Sexual Health Governance Group
Circulated to:	Service managers and team leaders, C&YPS
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**Version control summary**

<b>Version</b>	<b>Description of Change(s)</b>	<b>Reason for Change</b>	<b>Author</b>	<b>Date</b>
1.0	Complete change from process document at CCNT	CCNT's signing off process sent to Kate Rudd for comments. Kate completed full review in line with her service objectives Discussed at Team Brief:22/08/03 – to review Kate's document to identify one policy for all service areas	Jayne Scotland	July 2003
1.1	Circulated to all team leads in Childrens Services, Child Protection Team	Feedback from team areas received and incorporated into policy	Jayne Scotland	Sept 2003
1.2	Updated		Ian McKay	May 2004
1.3	Updated	Health visiting service joined Children's Services	Diane Humphries & Sarah Rolfe	Jan 2008
1.4	Updated	Incorporation of Lone Worker Procedure references and cross service developments	Sarah Rolfe & Daniel Devitt	September 2009
1.5	Updated	Incorporation of feedback and repagination	Sarah Rolfe & Daniel Devitt	September 2009
1.6	Redrafting to reflect comments from Yvonne Fenn	Make this a provider organisation procedure.	Sarah Rolfe	August 2010
1.7	Amended to reflect ELFT and Community Health Newham status	Community Health and Social Care Services merged with ELFT	Sarah Rolfe	December 2012
2.0	Review, updated and reference to adult services removed following confirmation from Eirlys Evans.	Review due	Sarah Rolfe	December 2015

**Circulation**

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**Index page**

	<b>Page Number</b>
Procedure Reference Information	<b>1</b>
Version control summary	<b>2</b>
Circulation	<b>3</b>
Index Page	
1. Background	<b>5</b>
2. Introduction	<b>5</b>
3. Clinical Services within Services for Children, Young People and Women's Services Settings and Hours of Business	<b>6</b>
4. Definitions	<b>6</b>
5. Responsibilities for sharing/keeping information	<b>6</b>
6. Responsibilities of senior / on-call managers	<b>7</b>
7. Risk reduction measures	<b>7</b>
8. Responsibilities of community staff	<b>7</b>
9. Reporting system for out-of-hours visits	<b>8</b>
10. Failure to sign-off	<b>8</b>
11. Monitoring and review Involving the police	<b>8</b>
Appendices	
Appendix A: Fax Out-of-Hours Visit (notification to on-call manager and Secretarial Team)	<b>9</b>
Appendix B - Out-of-Hours Signing-off Procedure and Emergency Action	<b>10/11</b>
Appendix C – Flow chart for signing in and out of shift in service user home (CCNS)	<b>12</b>
Appendix D – Personal details form	<b>13</b>
Appendix E – Implementation action plan	<b>14</b>
Appendix F – Equality impact assessment	<b>15</b>
Appendix G – Check list	<b>24</b>

## **Out of Hours Procedure**

### **1.0 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 Out of Hours operations. 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 Lone Worker Procedure, December 2015

The aim of this procedure is to provide clear guidance for the senior service managers on the 'manager on-call rota' and Team Heads in ensuring the safety of staff members signing off after planned / unplanned out-of-hours visits.

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 complement 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 ensure that all statutory obligations with regards to the Disability and Equality of access agendas pertinent to a diverse and multicultural workforce are adhered to. This procedure is a live document that will change in response to operational issues in line with service delivery.
- 2.4 This procedure recognises that the use of risk assessment and a two way process of negotiation and service planning is essential to ensure the best outcomes for staff and the organisation.

### **3.0 Clinical Services within Services for Children, Young People and Women's Services Settings and Hours of Business**

- 3.1 Community Health Newham (Children, Young People and Women's Services) provide services which require face to face contact with clients in community settings, such as service users' homes, residential care units, community clinics, schools, nurseries, children centres and other settings. To ensure a flexible family focused service there are occasional requirements for client contacts to be planned and undertaken outside the 'normal' working hours of service.
- 3.2 Core working hours are Monday to Friday 09:00 – 17:00. In addition to this, there are services provided outside these core hours such as evening clinics, Saturday health promotion clinics and staff working compressed hours from Monday to Friday between 08:00 and 18:00. The Community Children Nursing Service provides continuing care packages in family homes outside of normal working hours.

### **4.0 Definitions**

- 4.1 For the purposes of this procedure, the following definitions are stated as:

**Out-of-hours visit** – an out-of-hours visit is a lone worker carrying out a face to face client contact that starts before 09:00 or finishes after 17:00 Monday to Friday and all day Saturday, Sunday and Bank Holidays

**Client contact** – a face to face contact with a client at any location

**Signing in / signing off** – contacting the relevant call centre providing message services for the on-call manager to inform them that late/weekend visits have been completed safely

Out of hours visits can be both planned and unplanned. These are identified as:

**Planned** – client contact booked in the RiO electronic diary prior to visit including informing the on-call manager of the details via the secretarial team within child health department for Children & Young People Services.

- Visit made to suit client's family commitments

**Unplanned** – client contact that is urgent and requested after 16:00 where the expected visit will not be completed by 17:00. Examples of these are:

- Unplanned discharge into the community from a tertiary service
- Equipment required urgently
- Traffic prevents the contact starting at the planned time
- Unplanned change to planned visit that requires longer input with the client

### **5.0 Responsibilities for sharing/keeping information**

- 5.1 The manager on-call for the services using this procedure will each hold a central staff folder with key personal information on the staff who may be undertaking out-of-hours visits.
- 5.2 Team Heads for each service area will provide initial information and inform and update any changes to team details. Team members are responsible for identifying any changes to their personal details as soon as they occur.

- 5.3 This key information will be held centrally by the Executive Assistant to the relevant General Manager / Lead Nurse and Assistant Group Manager for the services involved and an annual update of information requested.

## **6.0 Responsibilities of senior / on-call managers**

- 6.1 The Senior Management team for Children, Young People and Women's Services have responsibilities to ensure that all calls from and pertaining to out of hours operations are responded to in a timely fashion and dealt with accordingly.
- 6.2 The on-call management team will provide support for each other in respect of specific professional issues as required.
- 6.3 The relevant General Manager's Executive Assistant will circulate changes to all participants in the manager on-call rota. Each will have a responsibility to keep the personal details of staff confidential yet ensure that they are available to their period of on-call duty.

## **7.0 Responsibilities of Team Heads**

Team Heads have a responsibility to provide personal details of all staff members working in the community setting who may be required to undertake an out-of-hours contact and ensure that changes in those details are kept updated. This information **must** include the following (appendix D):

- NAME
- ADDRESS
- HOME TELEPHONE NUMBER
- MOBILE PHONE NUMBER – Work and Personal
- DOB
- HEIGHT
- FRAME
- ORIGIN / ETHNICITY
- EYE COLOUR / HAIR COLOUR / GLASSES
- CAR - Make / Model / Registration
- 1<sup>ST</sup> CONTACT PERSON IN CASE OF EMERGENCY - Name / Relationship / Telephone no.

## **8.0 Responsibilities of community staff**

- 8.1 It is the responsibility of community based staff to:
- Inform Team Heads of changes to personal details in writing
  - Ensure that details of planned or unplanned out-of-hours visits are emailed/faxed or telephoned to the relevant secretarial team - in the child health department with all pertinent information. (See Out of Hours Visit Form Appendix A).
  - Sign out following the Out of Hours signing off procedure (Appendix B)
- 8.2 When a senior staff member with a supervisory level of authority or responsibility (such as a senior sister or matron) is working out-of-hours with junior staff, they shall act as the sign-off contact for those staff and then sign-off to the on-call manager for the whole team.

- 8.3 The senior staff member will inform the manager on-call **immediately** if it becomes necessary to implement the Emergency Action Procedure (Appendix B)

## **9.0 Reporting system for out-of-hours visits**

- 9.1 All Team Heads are responsible for ensuring that all staff members working out-of-hours follow the Out-of-Hours Signing-off Procedure and Emergency Action Procedure (Appendix B).
- 9.2 All staff must ensure they are aware of and adhere to:
- East London NHS Foundation Trust Lone Worker Policy, October 2012
  - East London NHS Foundation Trust Security Policy, September 2012
  - East London NHS Lone Worker Procedure, December 2015
- 9.3 Managers on-call must ensure their mobile phone is available at all times and fully charged for use.
- 9.4 They must be familiar with their responsibility with regard to the policy applicable to staff signing-off following out-of-hours visits.
- 9.5 The manager on-call will keep a blank copy of the Out of Hours Visit Form (Appendix A) with their information file to complete in the case of late notification of an out-of-hours visit.

## **10.0 Failure to sign-off**

- 10.1 In the event of a team member failing to sign off from an out of hours shift Managers on-call will follow the Out-of-Hours Signing off Procedure and Emergency Action Procedure (Appendix B).
- 10.2 This procedure states the process to follow for all professionals involved when an out-of-hours visit is planned and the emergency action if staff member does not call in.
- 10.3 The on call manager will notify the appropriate line manager if staff fail to follow this procedure.

## **11.0 Monitoring and Review**

- 11.1 This procedure will be monitored and reviewed by Managers and Team Leaders with staff on an annual basis.
- 11.2 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.
- 11.3 It is suggested that a formal sign off of this procedure and regular refreshing or knowledge perhaps through 1 to 1's or appraisal could constitute useful metrics to measure compliance and encourage an atmosphere of engagement with the themes of staff safety and precautionary and protective planning .



**Appendix A**

**FAX for attention of Manager on-call**

**C/O Secretarial Team,**

**Fax Number: INSERT APPLICABLE FAX NUMBER FOR EACH SERVICE OR TEAM**

**Date: Time: No of pages:**

***Out-of-Hours Visit (notification to on-call manager)***

Name of professional:

Home Tel:

Mobile:

Date of Visit:

**Client Details: (please complete the form below)**

<b>Name</b>	<b>Address</b>	<b>Post code</b>	<b>Telephone number</b>	<b>Comments:</b>

Expected signing off time:

**DO NOT FORGET TO SIGN OFF TO PAGEONE – 07623 546546 AT THE END OF THE VISIT.**

## Appendix B

### Community Health Newham Children, Young People and Women's Services

#### Out-of-Hours Signing-off Procedure and Emergency Action

**Aim:** That all team members who are working out-of-hours have identified to the manager on-call for the relevant services their location and that they have safely finished client contact. If signing-off does not occur then emergency action, as planned, is followed.

**Equipment:** Mobile phone  
 Completed Out-of-Hours Visit Form  
 Manager on-call rota  
 Confidential details for all community workers (managers on-call)

<u>Action:</u>	<u>Rationale:</u>
1 Prior to the visit identify call centre number and ensure this numbers is added to your mobile phone	<ul style="list-style-type: none"> <li>To ensure safety and identify correct manager to whom you should sign-off</li> </ul>
2 Ensure your mobile phone is fully charged and explain to the family that the phone will be left switched on during the visit and you will have to answer if it rings	<ul style="list-style-type: none"> <li>To ensure you are able to inform the manager on-call of any changes to the visit schedule, to sign-off at end of contact and ensure manager can reach you at all times</li> </ul>
3 Ensure the manager on-call is aware of planned or unplanned out-of-hours visits 4 Planned visit - Complete out-of-hours visit form and <b>fax to on-call manager prior to visit</b> 5 Unplanned visit – <b>ensure on-call manager receives</b> details on out-of-hours visit form <b>before 16:30</b>	<ul style="list-style-type: none"> <li>This ensures out-of-hours visit is identified</li> <li>Completion of form ensures manager on-call is aware of a lone worker in the community out-of-hours. This is key to personal safety</li> </ul>
6 Sign off to manager on-call once in your car/public transport and after safely completing the visit. State your name, the time and that you have completed your visit 7 If necessary drive to a different location where it may be safer and park to make your call	<ul style="list-style-type: none"> <li>Signing off to the manager confirms you have completed your visit and are safely heading home</li> <li>Providing your name and time allows the manager to identify which team community team members have signed off and which have not</li> </ul>
8 Inform the manager on-call as soon as you are aware of any changes to the visit schedule including e.g. cancellation of planned visits	<ul style="list-style-type: none"> <li>On-call manager's details of lone workers working out-of-hours is kept up to date and does not action the EMERGENCY ACTION procedure unnecessarily.</li> </ul>
<b>EMERGENCY ACTION:TEAM MEMBER DOES NOT SIGN OFF AT PLANNED TIME</b>	
9 If the team member has not signed off within <b>30 minutes</b> of the planned completion time, make contact on their mobile phone to find out why sign-off has not been completed	<ul style="list-style-type: none"> <li>Visit may be over running but there is a need to confirm that is the case</li> </ul>

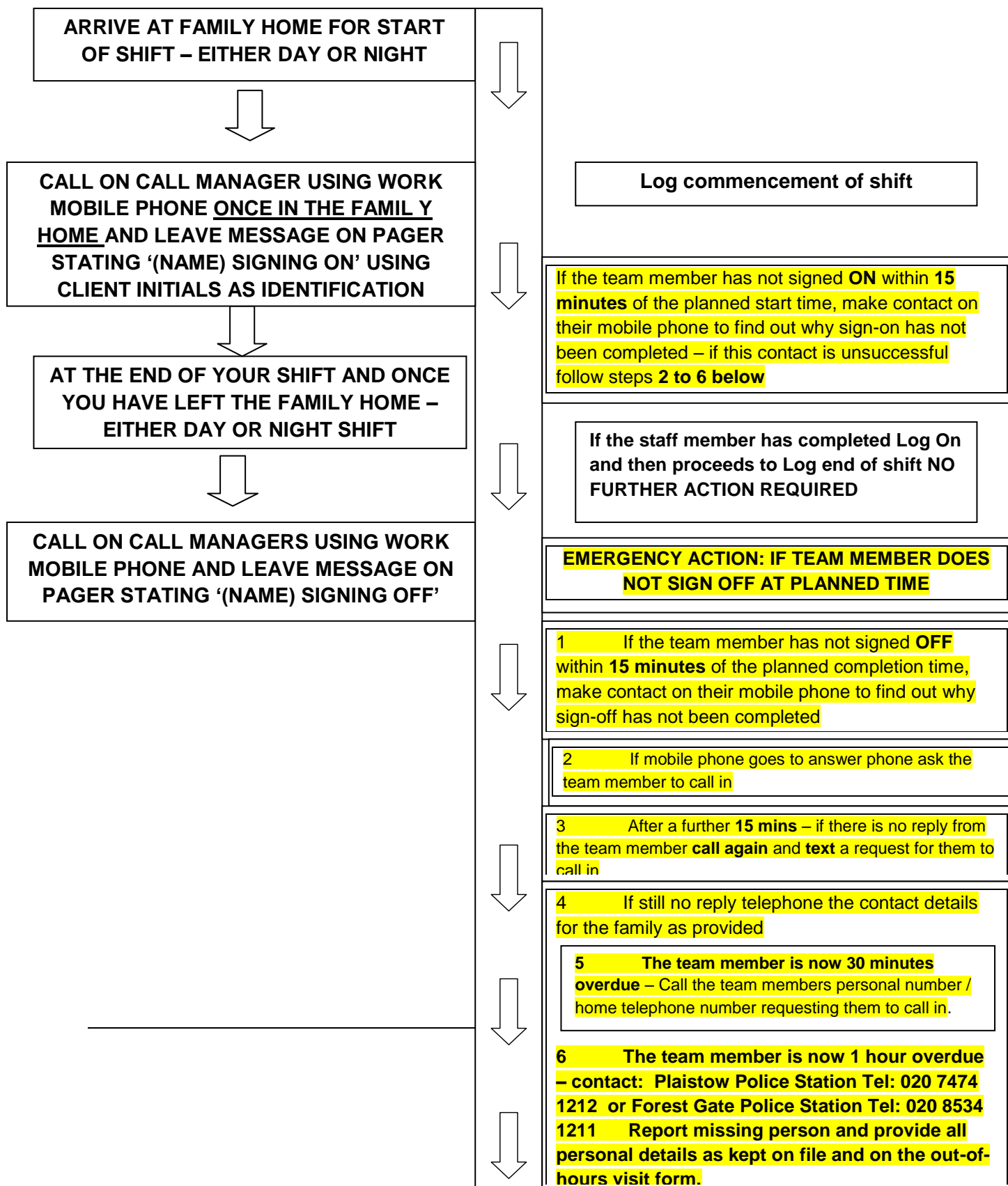
<p>10 If mobile phone goes to answer phone ask the team member to call in</p>	<ul style="list-style-type: none"> <li>• To ensure safety of team member and confirm why they have not signed-off as planned</li> </ul>
<p>11 After a further <b>15 mins</b> – if there is no reply from the team member <b>call again</b> and <b>text</b> a request for them to call in</p>	<ul style="list-style-type: none"> <li>• To request a response from the team member</li> </ul>
<p>12 If still no reply telephone the contact details for the family as provided</p>	<ul style="list-style-type: none"> <li>• To identify if the team member is still there, attended visit/cancelled appointment/did not arrive. To identify whereabouts of nurse</li> </ul>
<p>13 <b>The team member is now 45 minutes overdue</b> – Call the team members personal number / home telephone number requesting them to call in</p>	<ul style="list-style-type: none"> <li>• To identify whether the team member went home and did not sign off as required</li> </ul>
<p>14 <b>The team member is now 1 hour and 15 minute overdue – contact:</b></p> <p><b>Plaistow Police Station</b>  <b>Tel: 020 7474 1212</b></p> <p><b>Forest Gate Police Station Tel: 020 8534 1211</b></p> <p><b>Report missing person and provide all personal details as kept on file and on the out-of-hours visit form.</b></p>	<ul style="list-style-type: none"> <li>• Early identification of missing staff member and to provide the police with all relevant personal details to enable them to action a search</li> </ul>

Appendix C

**Flow chart for signing in and out of shift in service user home (CCNS)**

**STAFF MEMBER ACTIONS**

**MANAGEMENT SUPPORT ACTIONS**



Community Health Newham, Children, Young People and Women's Services.

Lord Lister Health Centre

121 Woodgrange Road

E7 0EP

Tel: 020 7059 6933 / Fax: 020 7059 6585

**PERSONAL DETAILS – CONFIDENTIAL – APPENDIX D**

Name:

DOB:

Height:

Frame:

Origin / Ethnicity:

Hair:

Eyes:

Glasses:

**Home contact details:**

Address:

Home telephone number:

Mobile telephone number:

**First point for alternative contact:**

Name:

Relationship:

Telephone contact number:

**Vehicle details:**

**Appendix E: Implementation Plan Template**

**Procedure title:** Out of Hours Procedure

**Lead Director:** Ian McKay

**Procedure Lead:** Sarah Rolfe

**Sponsor Group:** Children, Young People and Sexual Health Governance Group

Objective	Action	Lead	Timescale	Progress/Outcome
Disseminate to all staff members within Children, Young People and Women's Services	<ol style="list-style-type: none"> <li>1) Ensure old version removed from intranet and new version uploaded.</li> <li>2) All service managers to disseminate at locality / team meetings.</li> </ol>	Sarah Rolfe	March 2016	
Ensure processes imbedded in day to day practice	<ol style="list-style-type: none"> <li>1) Service managers to obtain signed evidence from every member of staff that they have received an electronic copy of the procedure which they have read, understand and will apply to practice.</li> <li>2) The Lone Worker Procedure is to be added to all local induction packs.</li> <li>3) Children, Young People and Sexual Health Governance Group to agree audits to monitor compliance</li> </ol>	Services Managers	<p>March 2016</p> <p>May 2016</p>	

Appendix F

# EQUALITY ANALYSIS TEMPLATE

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

July 2012

	<b>Page</b>
Part 1 : Equality Analysis Details	1
Part 2: Proposal Details	2
Part 3: Equality Analysis of Staff	3
Part 4: Equality Analysis of Service Users / Patients	4
Part 5: Findings from the Equality Analysis	5
Part 6: Equality Analysis Action Plan	6
What Happens Next?	6
References	7



## Equality Analysis Template

<b>Part 1: Equality Analysis Details</b>	
<b>Title of 'Proposal'</b> <i>(The term proposal covers activities such as such as policy development, policy review, service redesign and internal reorganisation or restructuring processes).</i>	Out of hours procedure for Children, Young People and Women's Services
<b>Name of directorate</b>	Specialist Services, CNH
<b>Name of manager undertaking the Equality Analysis</b>	Sarah Rolfe
<b>Consultation date/s with staff</b>	2016
<b>Consultation date/s with service users</b>	NA
<b>Date Equality Analysis Completed</b>	15/01/2016
<b>Review date</b> <b>(Review at least once every three years)</b>	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 is being reviewed alongside the Lone Worker Procedure, to update processes to support staff working in the community outside core working hours.

### 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)

Procedure review due. Ensure all staff aware of procedure and follow directives.

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

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

<b>Part 5: Findings from the Equality Analysis</b>
<b>Use this space provided below to elaborate on your decision based on the findings of the equality analysis</b>
<p>1. <b>Accept the proposal</b> - no evidence of discrimination and appropriate opportunities have been taken to advance equality and foster good relations</p> <p>No evidence of discrimination identified</p>
<p>2. <b>Adjust the proposal</b> - 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</p>
<p>3. <b>Continue the proposal</b> - despite adverse effects or taking opportunities to advance equality provided the proposals do not unlawfully discriminate and can be objectively justified. <b><i>(To identify whether a proposal may unlawfully discriminate due regard should be given to discrimination on the basis of the protected characteristics)</i></b></p>
<p>4. <b>Stop the proposal</b> – the policy shows unlawful discrimination and adverse effects that cannot be mitigated</p>

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

<b>Adverse Impact – Service Users</b>	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](mailto: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](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](http://www.equalityhumanrights.com) Equality and Human Rights Commission

[www.stonewall.org.uk](http://www.stonewall.org.uk) Lesbian, Gay & Bisexual Information and Research, Stonewall

[www.ndti.org.uk](http://www.ndti.org.uk); Achieving Age Equality in Local Mental Health Services, National Mental Health Development Unit

### Appendix G – Procedure Checklist

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

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Title: Out of hours procedure</b>		
	Is the title clear and unambiguous?	Yes	
<b>2.</b>	<b>Purpose</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	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	
<b>4.</b>	<b>Style/format</b>		
	Is the document clear and concise?	Yes	
	Are key terms defined?	Yes	
<b>5.</b>	<b>Content</b>		
	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	
<b>6.</b>	<b>Evidence Base</b>		
	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	
<b>7.</b>	<b>Approval</b>		
	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	



	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
<b>8.</b>	<b>Implementation Plan</b>		
	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	
<b>9.</b>	<b>Document Control</b>		
	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 the uploading of this version
<b>10.</b>	<b>Impact Assessment</b>		
	Is the Impact Assessment complete?	yes	
<b>11.</b>	<b>Review Date</b>		
	Is the review date identified?	yes	
	Is the frequency of review identified? If so is it acceptable?	yes	
<b>12.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	yes	

<b>Individual Approval</b>			
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:			
<b>Committee Approval: Children, Young People and Sexual Health Governance group</b>			
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:			