

Reference Number: UHB 380 Version Number: 2	Date of Next Review: 27/01/2028 Previous Trust/LHB Reference Number: UHB 380
Mental Health Clinical Board Lone Worker Protocol	
Introduction and Aim	
<p>To support Cardiff and Vale UHB Lone Worker Policy and provide managers and staff with instructions on minimum information regarding staff contact details.</p> <p>It will provide clarity on what actions to follow in the event of a staff member going missing.</p>	
Objectives	
<ul style="list-style-type: none"> • To emphasise the definitions of lone worker and lone working • To ensure safe systems are in place through a single reporting process in the event of a staff member being held hostage, being reported as missing or whose whereabouts is unknown. 	
Scope	
This procedure applies to all mental health staff in all locations including those with honorary contracts.	
Equality and Health Impact Assessment	An Equality Impact Assessment has not been completed. This is because the protocol has been written to support the implementation of the Lone Worker Policy. The Equality Impact Assessment completed for the policy found there to be no impact.
Documents to read alongside this Procedure	<ul style="list-style-type: none"> • Lone Worker Policy • Skyguard Lone Worker Procedure • Health and Safety Policy • Violence and Aggression (Personal Safety) Policy • Incident Hazard and Near Miss Policy • Security Policy • Violent Warning Marker Procedure • Weekend Community Mental Health Nursing Procedure for Adult CMHTs • Operational Policy for Integrated Community Mental Health Teams
Approved by	<i>MHCB -CDOG</i>
Accountable Executive or Clinical Board Director	<i>Rachel Dix</i>
Author(s)	<i>Joanne Wilson</i>

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<p>Disclaimer</p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>
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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	14/6/2017	05/01/2018	<i>New Document</i>
2	27/01/2026	27/01/2026	<ul style="list-style-type: none"> o Flexible options for lone worker safety (e.g., devices, local call-in systems). o Clarification of managerial responsibilities in ensuring staff have appropriate safety arrangements. <p>Clarification of individual staff responsibilities when lone working.</p>

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This procedure supports the overarching UHB Lone Worker Procedure: cavuhb.nhs.wales/files/policies-procedures-and-guidelines/health-and-safety-policies/k-l-health-and-safety/uhb-362-lone-worker-procedure-june-2023-pdf/

This document provides more detail specific to Mental Health Staff

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1. Purpose

To ensure the safety and wellbeing of Mental Health Clinical Board staff working alone. Procedure is in alignment with:

- Cardiff and Vale UHB Lone Worker Procedure (UHB-362)
- Lone Worker Guidance Flowchart
- Lone Worker Risk Assessment Guidance

2. Definition of a Lone Worker and Lone Working

This protocol reiterates the stance taken in the Cardiff and Vale University Local Health Board (UHB) Lone Worker Policy which

“...intentionally sets out not to identify specific groups of staff thought to be lone workers, or to delineate a specific time when lone working is deemed to occur. The overarching principle must be that lone working can occur anywhere, at any time, and within any group of staff. In support of this, the Cardiff and Vale University Local Health Board has adopted the Health and Safety Executive definition of lone working which is:

“..those who work by themselves without close or direct supervision”.

3. Scope

Applies to all Clinical Board staff who may work alone in clinical, community, or office settings, including:

- Community Mental Health Teams
- Community Workers
- Crisis Resolution and Home Treatment Teams
- Staff working out-of-hours or in isolated areas

4. Responsibilities concerning Contact Details

Staff

All staff (permanent or temporary) who may work as lone workers, regardless of frequency, are expected to provide the following details via the form **under Appendix 3** for inclusion in a central register (hard copy) which will be stored appropriately in a central location to facilitate appropriate access by their line manager and senior management.

The same details are to be stored electronically within the Team’s own IT system and subject to the same provisions of access:

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- Name
- Address
- Car Registration, Make and Model, colour
- Work issued mobile phone number *
- Personal mobile number *
- Home phone number
- Name and phone number of emergency contact

* one of these numbers must be provided along with all other details.

Any amendments to these details must be completed as soon as possible.

This form is:

- Mandatory for all lone workers
- To be completed in CAPITALS and marked Confidential
- Used only in emergencies

Line Manager

The Line Manager will ensure staff provide the details outlined above and said details are current. Additionally, it will be the responsibility of the Line Manager to ensure they are stored securely, in hard copy and electronic format. This task may be delegated to other staff, e.g. administrative staff

5. Responsibilities concerning Lone Working

It is essential safe systems are in place to ensure the whereabouts of all staff can be accounted for at all times if necessary. As such, there must be some form of risk assessment conducted prior to entering a lone working scenario. This may be as simple as conducting a mental checklist prior to a visit. Nevertheless,

“The risk assessment needs to consider options to eliminate or control a hazard in order to decrease the degree of risk to as low as reasonably practicable.” (Violence & Aggression (Personal Safety) Policy, Cardiff and Vale UHB)

Additionally, it is essential to have available a record of each lone worker’s schedule for the day. This may be in the form of daily logs/contact sheets or through the use of electronic calendars, such as those found in e-mail programmes. The lone worker’s safety is to be verified at least twice per shift (e.g. lunchtime and home time if working 09:00-17:00hrs). The following details must be recorded:

- 1) Patient’s name
- 2) Patient’s full address including postcode
- 3) Location of contact if different from point 2 above
- 4) Time of visit/contact

It is preferable that each member of staff return to their normal place of work before the end of their span of duty. **If the lone worker is not returning to their normal**

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place of work at the end of their period of work, arrangements must be made for verbal contact to be established with a designated colleague. Failure to adhere to this stipulation may result in disciplinary action.

It will be the Team Manager's or Line Manager's responsibility to ensure that such a system is in place and is followed by all members of staff who are lone workers. In the event of the Team/Line manager not being available, a nominated deputy to manage lone working must be identified and communicated

Prior to visits / lone working

Before undertaking lone working the member of staff must have completed the necessary training in line with the Health Board's Violence & Aggression (Personal Safety) Policy. This is designed to increase awareness of violence and aggression and its prevalence, the theory and practice of de-escalation techniques and the practical skills needed to break away from a situation of violence and aggression.

The staff member must have a lone working device, personal or work mobile with them while working outside of the office base in case of a situation.

Of equal importance is the responsibility on each member of staff engaged in lone working to adopt safe working practices. Examples of this could include checking the patient's record for risk alerts, ensuring any issued mobile phones/lone worker devices are fully charged, parking the car in the direction of departure and under street lighting, not leaving valuables/items of interest on display, removing identifiable badges/stickers from windscreens and windows. This list is not comprehensive as other criteria may apply such as environment, dangerous pets, criminality etc.

6. Documentation and Risk Assessment

Each team must complete the following:

1. A Local Lone Working Protocol form (Appendix 2)
2. Staff Contact Details for Community/Lone Workers form (Appendix 3)
3. A Lone Worker Risk Assessment must be completed before issuing any lone worker device, including shared devices. This can be via the form which is available in PARIS or in the event of PARIS not being available, on the form found in Appendix 4, which will need to be uploaded to PARIS once available.

Use the Lone Worker Risk Assessment Guidance to identify hazards, assess risks, and implement control measures.

The UHB Sharepoint site has a standardised [Violence and Aggression Risk Assessment Template](#) which can be completed and referred to in the Lone Worker Risk Assessment.

Risk assessments must be:

- Documented
- Shared with affected staff

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- Reviewed at least annually and following any related incident

Review and Storage:

- Forms should be reviewed annually or when staff details change
- Stored securely but accessible to designated personnel

7. In the event of a situation:

If staff find themselves in a threatening or violent situation, they should remember the 3 R's:

- **R**etreat
- **R**aise the alarm
- **R**e-assess

Staff should never put themselves in a risky situation; if this were to happen their first duty is to protect themselves by getting out, staying out, and obtaining support. Please refer also to the [Lone Worker Policy](#) – Appendix A: Guidance on Risk Management and Assessment for Lone Workers.

8. Lone Working Protocol options

Teams can adopt local Lone Working support protocols that work for them, for example using Buddy arrangements, lone working devices or mobile phones.

All teams must have a clear record of the protocol used, and a risk assessment to support this. All staff must be aware and in support of the system. An annual review of both must take place with the team.

Options for lone working support can include:

8.1 Tracking Systems & Traceability

Maintain a central diary or movement chart (electronic or paper) in the main office. Record:

- Staff name
- Visit location and time
- Contact numbers
- Vehicle details
- Estimated return time

A Missing Person Procedure must be in place and monitored by a nominated person.

8.2 Log-in/Log-out Systems

- Use paper or electronic logs, backed by phone check-ins.

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- Logs must be monitored continuously when lone workers are active.
- Include escalation steps for missed log-outs. A Missing Person Procedure must be in place and monitored by a nominated person

8.3 Buddy Systems

Communication:

- Each lone worker is assigned a buddy (co-worker, supervisor, safety officer or duty contact number).
- Buddies must know the worker's schedule, location, and tasks.
- Use reliable communication tools (e.g. phone). Ensure both the lone worker and the buddy are trained on how to use these tools effectively

Check-In Schedule:

- **Regular Check-Ins:** Set intervals for check-ins based on the risk level of the tasks being performed. For high-risk tasks, check-ins might be required every 30 minutes to an hour, while lower-risk activities might need fewer check-ins (e.g., every 2-3 hours).
- **End-of-Shift Confirmation:** The lone worker must check in with their buddy or duty worker at the end of their shift to confirm that they are safe and heading home.
- A weekly schedule to be held within the team and managed by the Team Lead. Schedule to include:
 - Time of check in
 - Method (call/text)
 - Status (safe/concern)
 - Notes or actions taken

Emergency Protocols:

- **Missed Check-In Protocol:** If a lone worker misses a scheduled check-in, the buddy or duty worker should attempt to contact them immediately. If they cannot reach the worker within a predetermined time frame (e.g., 10 minutes), they should escalate the situation by contacting a supervisor, security personnel, or emergency services.
- **Distress Signal:** The lone worker should have a method to send an immediate distress signal to their buddy or duty worker if they encounter a dangerous situation. This could be a quick-dial number, a panic button on a mobile app, or a specific code word.
- **Emergency Response:** The buddy or duty worker should have a clear understanding of what steps to take in case of an emergency, including who to contact and how to guide emergency responders to the lone worker's location.

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Documentation & Review:

- **Record Keeping:** Document all check-ins and any incidents that occur. This helps in reviewing the effectiveness of the buddy/duty system and making improvements where necessary.
- **Regular Review:** Periodically review the buddy/duty system to ensure it remains effective. Adjust the check-in frequency, communication methods, or emergency protocols based on feedback from lone workers and any incidents that may have occurred.

Training & Awareness:

- **Buddy System Training:** Ensure that both the lone worker and their buddy are trained on their buddy system's procedures, including how to handle missed check-ins and emergencies. A training record must be kept by the Line Manager.
- **Scenario Drills:** Conduct checks on possible scenarios, such as a missed check-in or an emergency situation, to ensure both the lone worker and the buddy are prepared to act swiftly and correctly.

9. Safety Equipment

Personal Alarms: For distraction and escape

Panic Alarms: Installed in isolated workspaces; must be part of a wider safety protocol

Mobile Phones: Work phones or personal. Staff should be aware of SOS functions on mobile phones, and this should be included in local procedures

Lone Worker Devices:

- Issued following a completed risk assessment and request to Directorate Manager
- Used by high-risk staff
- Must be used per training and kept updated
- It is the responsibility of the person allocated the device to ensure it is in good working order.
- Must be kept on them throughout the visit
- Devices to be handed back when no longer needed

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Pooled Lone Worker Devices:

Pooled lone worker devices can be requested and allocated to teams by the Directorate Manager and must be used in the following situations:

- Known risk or alert to staff safety
- Working alone in hours of severely reduced / no daylight
- Insufficient background information and visit in known area of risk
- First-time visits should be carried out double-handed

Usage Protocols:

- Devices must be checked out and returned using a local tracking system
- Staff must be trained in device operation and escalation procedures
- Changes to personal or escalation contact details must be updated promptly
- Devices are to be used in addition to other control measures
- Must be kept on them throughout the visit

10. Training

- Training and allocation of devices is arranged through the Health and Safety Unit. All employees who are issued with a lone worker device are responsible for properly utilising their device which has been provided for their own personal safety
- All lone workers should undertake Module B (online) and Module C violence and aggression training if identified within the lone worker risk assessment.
- Line Managers are required to make adequate arrangements to ensure that staff complete training and that training is regularly updated.
https://nhs.wales365.sharepoint.com/sites/CAV_Health%20and%20Safety/SitePages/IMS-13-Training%20and%20Competence.aspx
- Training records will provide evidence that training has taken place and training will be recorded on the individuals Electronic Staff Record.

11. Escalation Procedure

Please refer to appendix 1

12. Incident Reporting

Report all incidents or near misses via the UHB incident reporting system. Managers must review and update risk assessments post-incident.

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13. Review and compliance

This procedure should be reviewed annually or after any related incidents.

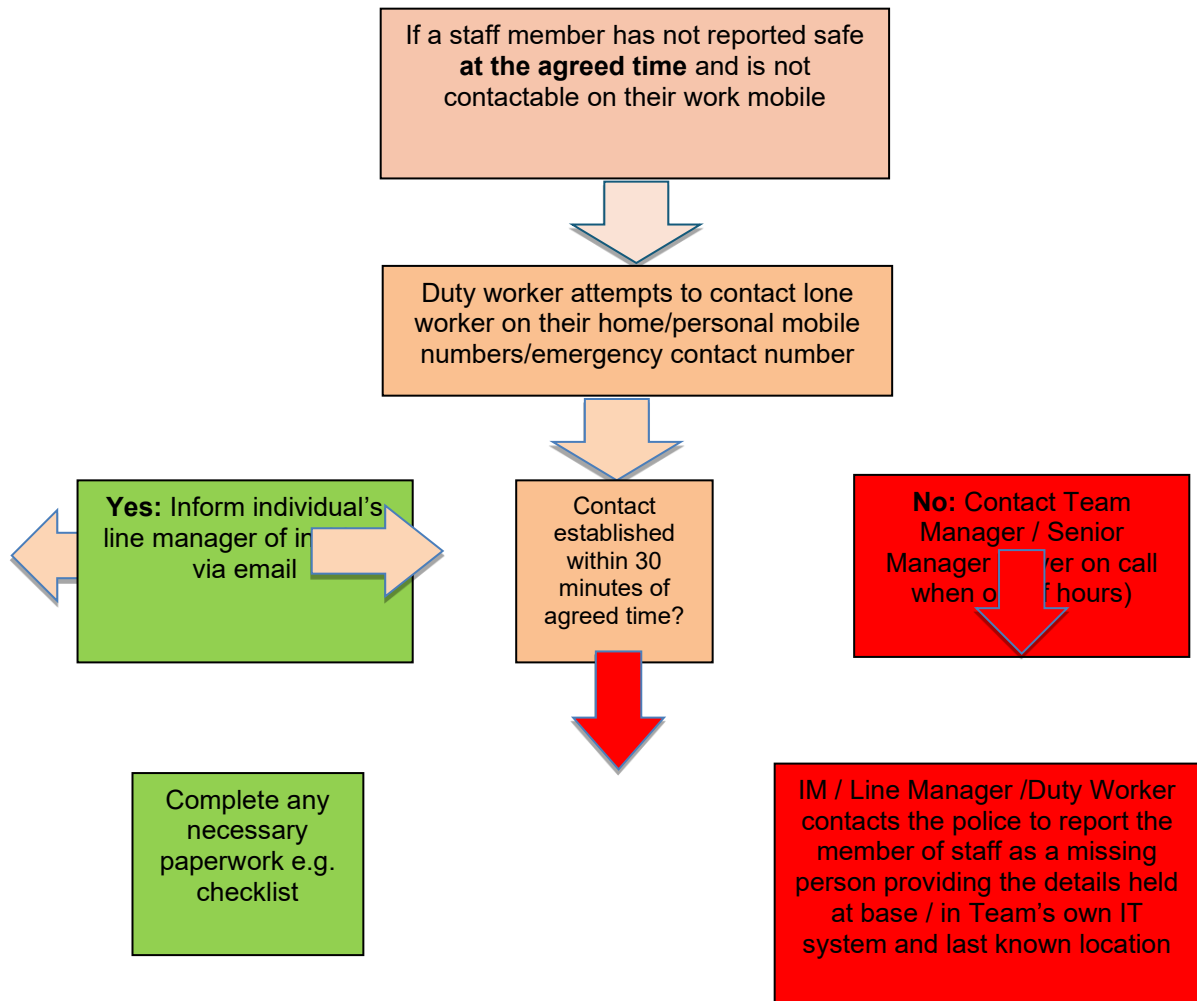
Compliance monitored via audits and supervision.

14. Related Documents

- UHB-362 Lone Worker Procedure (June 2023)
- LW Guidance Flowchart
- Lone Worker Risk Assessment Guidance
- Microguard Lone Worker Device Procedure (UHB-497)
- Incident Reporting Policy (UHB-138)

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Appendix 1:



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Appendix 2: Team Lone Working Protocol form

DEPARTMENTAL LONE WORKER PROCEDURE	
DIRECTORATE	
DEPARTMENT	
STAFF GROUP	
1. Training	
<ul style="list-style-type: none"> • Details on training requirements for the position to included in this section. • <i>All staff must have received appropriate Training i.e. Modules A, B and C.</i> 	
2. Contact with Base	
<ul style="list-style-type: none"> • Information on how staff are expected to maintain contact with base e.g. • <i>A list of mobile phone contact numbers must be kept by your line manager. If you change your number it is your responsibility to provide your manager with it.</i> • <i>For community staff, a list of car registration numbers and makes of vehicles must kept by your line manager. If you change your vehicle it is your responsibility to provide your manager with your new details.</i> 	
3. Daily Movements	
<ul style="list-style-type: none"> • Information on staffs daily movements e.g. • <i>All staff must ensure that they provide a list of their daily movements to their line manager. This is achieved by:</i> • <i>At the end of the working shift, all lone workers must have a procedure in place for "signing off". This is achieved by:</i> <p>If you change your schedule, it is your responsibility to notify your line manager of this change.</p>	
4. Motor Vehicles - For Community Staff	
<ul style="list-style-type: none"> • <i>It is the individual members of staff personal responsibility to ensure that their vehicle is kept in a safe and roadworthy condition e.g. oil and water levels topped up, tyres inflated to correct pressure, regular servicing. It is recommended that you hold personal membership of breakdown organisation.</i> • <i>Always park your vehicle in an easily accessible and well-lit area.</i> • <i>You should always hold the vehicle keys in your hand when leaving premises, in order to avoid looking for them outside, which could compromise your personal safety.</i> 	

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- ***You should try and approach your vehicle from the rear, checking, the outside and inside for possible intruders before entering.***
- ***Once inside the vehicle all doors should be locked, especially when travelling at slow speed, when stopped at traffic lights and when travelling in inner-city areas.***

5. Individual Environmental Risk Assessments – For Community Staff

- ***It is the responsibility of each staff member to ensure that an Environmental Risk Assessment form is completed on the first visit and regularly updated as and when required.***
- ***If a problem is found this must be communicated to your line manager as soon as practically possible.***
- ***Once completed, this form must be shared with all other staff who may attend the premises.***
- ***Lone workers should also carry out a “10 second” dynamic risk assessment when they first arrive at the house and the front door is opened. If they feel there is a risk of harm to themselves, they should have an excuse ready not to enter the house and to arrange for an alternative appointment.***

6. In The Event of an Emergency

- ***Dependent upon the nature of the emergency it may be necessary to contact the emergency services (999/112) prior to contacting your line manager.***
- ***Utilise your lone worker device as per instruction and training.***
- ***In all cases your line manager must be contacted as soon as possible.***

7. Incident Reporting

- ***Should an incident or near miss occur, staff must report this, in line with the organisations incident reporting procedure.***

PROCEDURE PREPARED BY:

DESIGNATION:

DATE:

REVIEW DATE:

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Appendix 3: Staff Contact Details for Community / Lone Workers Form

The following form must be completed by all lone workers and stored securely by line managers for emergency use.

Personal Details Form

Name:	
Address:	
<u>Contact Details</u>	
Work mobile:	
Personal mobile:	
<u>Next of Kin details:</u>	
Name:	
Contact Number:	
Relationship to staff member:	
<u>Car Details:</u>	
Make:	
Model:	
Registration:	
Colour:	

Date Form completed:

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Appendix 4: Lone Worker Risk Assessment Form.

This must be completed before issuing any lone worker device, including shared devices

Lone Worker Risk Assessment

Date of Risk Assessment:	Date of Visit:
Name of Team Member completing form:	Who will be on the Visit (√) <input type="checkbox"/> Client <input type="checkbox"/> Carer / Relative / Friend <input type="checkbox"/> Other Staff Member <input type="checkbox"/> Other

		Yes	No	Unknown
1.	Have you met the patient?			
2.	Does the patient have a history of previous violent incidents (including verbal aggression) or previous behavioural problems?			
3.	Is the patient a smoker?			
4.	Do you have any concerns about attitudes of relatives/carers? Is there a potential for conflict?			
5.	Violent Alert Warning Marks on Paris / PMS			

Initial Risk Rating Rate Risk for all items **LIKELIHOOD** of Adverse Event
 occurring X Severity of outcome = Working Risk Rating

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Likelihood (PLR) / Severity (PSR)	Almost Certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1	Low risk (1-5)
Catastrophic 5	25	20	15	10	5	
Major 4	20	16	12	8	4	Moderate risk (6-10)
Moderate 3	15	12	9	6	3	
Minor 2	10	8	6	4	2	Unacceptable risk (11-25)
Insignificant 1	5	4	3	2	1	

All Risk assessments completed at referral.

New assessments (1st Point) for all new referrals prior to risk assessment.

Explanation

Score

		Pre.	Post
1.	Risk related to current physical / medical or mental / cognitive condition (eg selfharm, confusion, epilepsy, mobility status, wandering)		
2.	Risk of verbal /Physical Abuse (eg swearing, intimidation, feeling threatened, sexually inappropriate behaviour)		
3.	Presence of pets		
4.	Risk of self neglect, eg not medicating		
5.	Lack of self care, eg poor hygiene		
6.	Risk from other household members or others present on visit to client or staff (eg neglect, abuse, sexually inappropriate behaviour)		
7.	Risk of alcohol /drug misuse by client		
8.	Risk related to the environment (eg type of building, parking facilities, access, state of accommodation, excessive smoke)		
9.	Residential area lived in (eg known to be an unsafe area)		
10.	Risk related to Manual Handling (person or object)		
11.	Risk related to gender (consider specific risks for males/females)		
12.	Any other risk (eg language difficulties)		

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Measures taken to reduce Moderate to Unacceptable Risks (scores of 6 and above)

- List of visits, contact numbers and details of time expected back left at base
- Arranged contact with colleague if return overdue
- Numbers to summon assistance taken on visit
- Appropriate manual handling equipment available
- At least 2 people to attend visit
- Other measures taken to reduce the risk (please state)
- Decision made not to proceed with the visit. Action documented in appropriate notes

With control measures in place, are you now happy to proceed with visit? YES / NO

Other staff consulted:

Signature

Name (Printed)	Grade / Designation	Date
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Comments on completion of the visit:

Date for review of Risk Assessment (if appropriate):

Signature:	Date:
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Equality & Health Impact Assessment for

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{insert title of strategy/ policy/ plan/ procedure/ service}

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	
3.	Objectives of strategy/ policy/ plan/ procedure/ service	
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment 	

¹http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&dad=portal&_schema=PORTAL

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	<ul style="list-style-type: none"> • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 			
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>			
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without</p>			

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going through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.			
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers			

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6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 			
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income,			

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economically inactive, unemployed/workless, people who are unable to work due to ill-health			
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities			
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>			
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease</p>			

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<p>prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>			
<p>7.4 People in terms of their</p>			

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family</p>			

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<p>organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>			
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>			

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Well-being Goal – A globally responsible Wales			

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>				
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>				

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposals <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 				

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)⁴

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁵

⁴ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

⁵ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

- Equality Act 2010⁶
- Well-being of Future Generations (Wales) Act 2015⁷
- Social Services and Well-being (Wales) Act 2015⁸
- Health Impact Assessment (non statutory but good practice)⁹
- The Human Rights Act 1998¹⁰
- United Nations Convention on the Rights of the Child 1989¹¹
- United Nations Convention on Rights of Persons with Disabilities 2009¹²
- United Nations Principles for Older Persons 1991¹³
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁴
- Welsh Government Health & Care Standards 2015¹⁵
- Welsh Language (Wales) Measure 2011¹⁶

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (i.e. their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to

⁶ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁷ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁸ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹⁰ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹¹ <http://www.unicef.org/UNICEFs-Work/UN-Convention>

¹² <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹³ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁴ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁵ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹⁶ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates¹⁷
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide¹⁸

¹⁷ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁸ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁹

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person
13. solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
14. Protocol 1, Article 1 Right to peaceful enjoyment of your property
15. Protocol 1, Article 2 Right to education
16. Protocol 1, Article 3 Right to participate in free elections
17. Protocol 13, Article 1 Abolition of the death penalty

¹⁹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

