

## **Policy for the Development & Management of Policies & Procedural Documents**

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**Version Control Sheet**

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1		New Policy	September 2010	C Wylie
2	Complete Policy	Review following organisational change	December 2011	R Bennett/B Wormald
3	Complete Policy	Procedure refinement and update	October 2012	K Stinson
4		Complete review and update of monitoring and escalation processes	August 2014	K Stinson
5	All	Full review	February 2016	Corporate Assurance Manager
5.1		Logo change	April 17	Corporate Assurance Team
6		Full Review	January 2018	Corporate Assurance Manager
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# **Policy for the Development & Management of Policies and Procedural Documents**

## **Contents**

	i. Version control sheet	
	ii. Policy statement	
	iii. NHSLA Monitoring Template	
1.	Introduction	6
2.	Purpose	6
3.	Duties / Responsibilities	6
4.	Procedural Document Development	9
5.	Definitions	10
6.	Style and Format of Procedural Documents	11
7.	Consultation, Approval and Ratification process	13
8.	Review and revision arrangement including version control	14
9.	Dissemination and Implementation	14
10.	Document Control including Archiving Arrangements	15
11.	Monitoring Compliance with and the Effectiveness of Procedural Documents	16
12.	References	17
13.	Associated Documentation	17
Appendix A	Checklist for the Review and Approval of Procedural Documents	18
Appendix B	Flowchart for the Creation and Implementation of Procedural Documents	20
Appendix C	Procedural Document Consultation, Approval and Ratification Groups	22
Appendix D	Human Rights Assessment Tool	25
Appendix E	Use of Terminology to be Adopted	26
Appendix F	LCHS Procedural Document Template – Pages 1 to 4	27
Appendix G	NHSLA Monitoring Template	31
Appendix H	Equality Analysis Template	32
Appendix I	Implementation Plan Template	38
Appendix J	LCHS Policy Checklist	39
Appendix K	Equality Analysis for this Policy	40

## **Policy for the Development & Management of Policies and Procedural Documents**

### **Policy Statement**

#### **Background**

The purpose of this guidance is to implement a co-ordinated and uniform approach to strategic, operational and clinical management by ensuring the development and management of procedural documents which are clear and consistent.

#### **Statement**

Lincolnshire Community Health Services NHS Trust will develop policies to fulfill all statutory and organisational requirements. These will be comprehensive, formally approved and ratified, disseminated through approved channels and implemented.

#### **Responsibilities**

Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services NHS Trust staff. Authors of policies are responsible for undertaking appropriate consultation during the development of any policy. Nominated Committees and the Lincolnshire Community Health Services NHS Trust Board are responsible for ratification of policies, as outlined in the Trust Standing Orders, Reservations & Delegation of Powers and Standing Financial Instructions document.

#### **Training**

Directors and Service Leads are responsible for making policy authors aware of the development and management process of all policy documents to be adopted by Lincolnshire Community Health Services NHS Trust.

#### **Dissemination**

Website, Newsletters, Team Brief.

#### **Resource implication**

Policies should act as a useful resource for staff, giving easy access to clear guidance. This policy has been developed in line with NHS Resolution guidelines to provide a framework for staff within NHS organisations to ensure the appropriate production, management and review of organisation wide policies.

#### **Consultation**

As indicated throughout this policy, any policy should include both formal and informal consultation throughout its development. This should enable all interested parties to be involved in, and have the opportunity to influence, policy development so as to ensure the process is logical and efficient and the outcome meets the corporate needs of Lincolnshire Community Health Services NHS Trust.

**Policy for the  
Development & Management of Policies and Procedural Documents**

**NHSLA Monitoring Template**

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ Group/ Committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
<b>In accordance with this policy, monitor compliance</b>	Annual Audit of 10% sample of all Policies against Appendix J	Corporate Assurance Manager/ Trust Board Secretary	Annually	Trust Board Secretary / Trust Leadership Team	Trust Board Secretary / Trust Leadership Team	Trust Board Secretary / Trust Leadership Team

## 1. INTRODUCTION

A policy is defined as a statement of strategic intent or principle endorsed by the Trust Board, setting out Lincolnshire Community Health Services' NHS Trust (LCHS) position on a particular issue and reflecting the organisation's values and core purpose. This guidance applies to all policies and other procedural documents that are developed by Lincolnshire Community Health Services NHS Trust for implementation.

Policies and procedural documents should address:

- What must be done to reduce, manage or eliminate risk
- The organisation's approach to strategic, operational or clinical management issues
- Guidelines, protocols and procedures that set out a process to enable staff to comply with a procedural document.

## 2. PURPOSE

The purpose of this guidance is to implement a co-ordinated and uniform approach to procedural document development and management; and to provide clarity and consistency to the process of document production, approval, implementation and review.

LCHS will develop procedural documents to fulfill all statutory and organisational requirements. These will be comprehensive, formally approved and ratified, disseminated through approved channels, and implemented. Procedural documents are designed to cover key issues relating to the spectrum of the organisation's business.

## 3. DUTIES / RESPONSIBILITIES

An overview of the individual, department and committee duties, including levels of responsibility for document development, is provided below:

### 3.1 Duties/Responsibilities within the Organisation

- The **Chief Executive** has overall responsibility for the strategic and operational management of LCHS, including ensuring that the organisation's procedural documents comply with all legal, statutory and good practice requirements.
- All **Managers and Service Leads** are responsible for identifying and implementing procedural documents relevant to their area of responsibility. Draft documents are to be reviewed and checked by nominated leads and submitted to the appropriate sub-committee for approval prior to being forwarded to Trust Board for ratification. All procedural documents sent through for approval should be presented to the appropriate sub-committee by either the document author or a nominated designate with in-depth knowledge of document subject matter.
- The **LCHS Trust Board** is responsible for setting the strategic context in which organisational procedural documents are developed and for formal approval and ratification. The Board may delegate approval authority to Formal Committees to the Board and sub-committees. The Trust Board will have access to copies of all procedural documents presented for approval and ratification via the Corporate Assurance Team.

- **Sub Committees** have delegated authority from the LCHS Trust Board to approve all procedural documents within their specialty area. They must ensure that all documents are comprehensively reviewed for accuracy and meet the necessary quality, statutory and national regulations and best practice recommendations. Committees are responsible for allocating authors for the drafting of procedural documents as detailed, ensuring that drafts are circulated for consultation with all relevant staff groups and that:
  - The procedural document reflects national and local guidance
  - The procedural document is presented in the approved format, as documented within this policy. The checklist for the Review and Approval of Procedural Documents has been completed – see Appendix A.
  - The document should be presented to an appropriate Committee by the author, or a designate with in-depth knowledge of the subject area. Once approved at committee the author should ensure that a copy of the procedural document is provided to the Corporate Assurance Team in Word format, who will then submit the document for inclusion on the Trust Board agenda for ratification.
  - The document is reviewed every two years, or sooner in line with significant legislative or organisational changes, with updates/amendments being implemented as required.
- **Service Leads / Managers** are responsible for ensuring that all staff have access to, and are made aware of, procedural documents that apply to them. They are also responsible for auditing compliance with procedural documents within their service.
- The **Trust Board Secretary** is accountable to the Chief Executive and is responsible for:
  - Policy and other procedural documentation control and administering the process for approval and ratification
  - Maintaining a central record of all new and revised policies and procedural documents produced by Lincolnshire Community Health Services NHS Trust
  - Ensuring that policies and other procedural documents are reviewed in a timely manner
  - Maintaining an archive system in case of future litigation
- **All Staff** – are responsible for co-operating with the development and implementation of Lincolnshire Community Health Services' NHS Trust procedural documents as part of their core duties. All staff are responsible for ensuring they maintain an up to date awareness of such documents.

All members of staff are also responsible for bringing to the attention of their manager or employer, any circumstances that could be more effectively managed or a risk minimised by the introduction and review of a policy, procedure, guidelines or service standards.

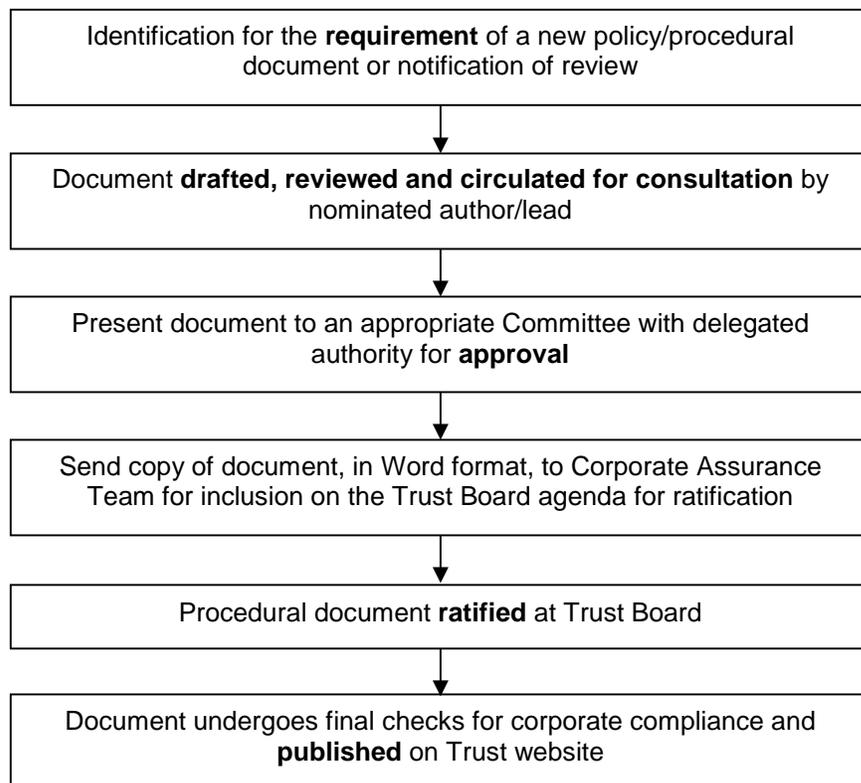
### 3.2 Consultation and Communication with Stakeholders

Development of new procedural documents and amendments to existing documents should involve adequate and appropriate consultation with those affected by the proposed document including service users, carers, staff representatives and relevant Lincolnshire Community Health Services' NHS Trust staff.

### 3.3 Approval and Ratification of All Procedural Documents (including Policies, Guidelines, and Guidance)

All policies and procedural documents should be presented for approval at an appropriate Committee with delegated authority by the author, or a nominated designate with in-depth knowledge of the subject area (see flowchart below). Following approval at the appropriate Committee the author must ensure that a copy of the policy or procedural document (in Word format) is forwarded to the Corporate Assurance Team as soon as possible for inclusion on the Trust Board agenda for ratification.

#### Approval/Ratification Process Flowchart



## 4 PROCEDURAL DOCUMENT DEVELOPMENT

The requirement for a procedural development should be identified by taking into account statutory and national requirements, quality standards and best practice recommendations. This should be undertaken by the lead director or manager responsible for implementation. The flowchart in Appendix B guides the process for developing/implementing/reviewing procedural documents.

### 4.1 Prioritisation of Procedural Documents

In prioritising procedural document development, the following should be considered:

- Information should be included regarding the justification and support for developing the document;
- How the policy links with service priorities;
- Ensure that it is not duplicating other work, either nationally or locally (including checking against the local register / library of policy documents);
- Confirm that implementation is achievable within the resources of the service / organisation.

### 4.2 Identification of Stakeholders

Relevant stakeholders, including their level of involvement, should be a consideration in the development process e.g. development, consultation or receipt of final procedures.

Stakeholders may include:

- Staff groups
- JCNC
- Patients and the public
- Lead groups i.e. Effective Practice Assurance Group, Health and Safety
- Individuals with lead roles and responsibilities

### 4.3 Responsibility for Document Development

For each procedural document, LCHS will identify a lead individual to oversee the development of the document together with an individual, staff group or committee to provide oversight for the consultation, approval and ratification process, as detailed in Appendix C.

### 4.4 Equality Analysis

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

- Eliminate advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them.

Lincolnshire Community Health Services NHS Trust aims to design and implement services, procedural documents and measures that meet the diverse needs of our service, population and work force ensuring that none are placed at a disadvantage over others.

The Equality Analysis tool is a way of considering the effect of the policy on different groups protected from discrimination by the Equality Act, such as people of different ages; an Equality Analysis (Appendix H) should be completed for each procedural document.

#### 4.5 Human Rights Act

The Human Rights Act, which came into force in October 2000, incorporates into domestic law the European Convention on Human Rights to which the UK has been committed since 1951. Section 6 of the Human Rights Act makes it unlawful for a public authority to act in a way that is incompatible with a Convention right. The underlying intention of the Act is to create a Human Rights culture in public services.

If you think that the policy may have Human Rights implications the Human Rights Assessment form should be completed - see Appendix D.

If the answer is “yes” to any of the questions on the proforma can the policy be amended to avoid impacting upon Human Rights? If not, seek legal advice from the Trust Board Secretary before proceeding.

#### 4.6 Resource Implications

The financial and physical impact associated with the implementation of the procedural documents should be considered, planned for and consulted upon.

### 5. **DEFINITIONS**

As the various terms are used are open to different interpretation, the definitions adopted for the purpose of this document are set out in Appendix E. This includes a definition of the following:

- Policy
- Guideline
- Protocol
- Procedure
- Strategy

## 6. **STYLE AND FORMAT OF PROCEDURAL DOCUMENTS**

All policy documents should be written in a style that is concise and uses clear terms and language. Consideration should be given to producing appropriate documents in alternative formats upon request (e.g. other languages, large print or Braille, via text Relay) to respond to the needs of the diverse community of Lincolnshire.

In order for documents to be implemented and used effectively they should be:

- Easy to read and understand
- Logically written
- Brief and to the point (flow charts should be used to assist understanding)

To project a professional corporate image and produce a user friendly document it is important to:

- Explain any abbreviations and terminology
- Avoid jargon
- Pay attention to correct grammar, spelling and document formatting
- Use clear and concise language

### 6.1 **Procedural Document Template and Style**

In developing a procedural document, please adhere to Lincolnshire Community Health Service's procedural document template (see Appendix F). An electronic version of the template will be held by the Corporate Administrator and will be supplied to Trust staff on request.

All documents should be produced as a word document using Arial font, size 11. The layout should be correctly formatted, using appropriate tabulation and hanging indents as required.

### 6.2 **Format**

All procedural documents will fall into one of the following categories and will be allocated a unique reference number:

- Clinical Governance (CG)
- Clinical Services (CS)
- Corporate Governance (CoG)
- Finance (F)
- Human Resources (HR)
- Medicines Management (MM)
- Infection Prevention (IPC)
- Information Governance (IG)
- Risk Management (RM)
- Safeguarding (SG)
- Health and Safety (HS)

Reference numbers will also indicate the type of document (eg. Policy (P) and Guidance (Gu)).

For example a risk management policy may be referenced as P\_RM\_01 etc.

All documents will be produced in a corporate format, as used for this policy (also see Annex F), and shall include:

- A standard front cover
- A document control page
- A policy statement page
- A contents page
- The organisations corporate header and footer, with appropriate page numbering
- Main and sub headings
- An NHSLA monitoring template (Appendix G)
- An equality analysis (Appendix H)
- References to sub-policies, procedures and other related documents.

### 6.3 Structure

A selection of headings is likely to be helpful and should be used as appropriate. These may include:

- Title (clear and briefly defined for easy classification)
- Introduction (should include the rationale)
- Definitions (with a clear explanation of terminology)
- Aim and objectives
- Duties, roles and responsibilities
- Processes
- Monitoring and reporting
- Resources implications
- Training
- References and associated legislation/documentation
- Equality analysis

Other headings can be used to suit the document/subject matter.

### 6.4 New Policy Implementation Plans

When a new procedural document is created, whereby no previous version exists, it should also be accompanied by a plan which will detail its phased implementation and offer the opportunity for feedback and further amendment. Should any changes be required it should be re-referred back to the appropriate committees for alteration, approval and ratification. Once the implementation phase has been concluded, the document will be accepted as fully implemented. An Implementation Plan template is attached at Appendix I and should be completed and monitored by the procedural document author, until fully implementation is concluded. Responsibility for the creation, monitoring, approval and retention of implementation plans lies with the document author.

## **7 CONSULTATION, APPROVAL AND RATIFICATION PROCESS**

### **7.1 Consultation Process**

All procedural documents should be put through an appropriate consultation process to improve and further inform the content and quality of the document. Consultation may be required from a wide range of people and it is the responsibility of the author to ensure appropriate, suitable and sufficient consultation is sought and evidence of that consultation is detailed within the document itself. For example, consultation may involve representation from staff, unions, human resources, finance, external stakeholders and service users, in addition to the specific areas of expertise detail in Appendix C.

### **7.2 Procedural Document Approval Process**

Once the consultation process has been completed, all procedural documents should be submitted for approval to a relevant Committee with delegated authority, by the document author.

Procedural documents should be presented by either the author themselves or a nominated representative with sufficient, detailed knowledge of the document.

Any procedural document that could have a pecuniary effect should also be approved by the Deputy Chief Executive/Director of Finance and the Lincolnshire Community Health Services' NHS Trust Board.

Following approval, it is the responsibility of the document author to notify the Corporate Assurance Team that the approval process has been completed and ensure that a copy of the approved document is forwarded, in Word format, for inclusion on the Trust Board agenda for ratification.

This formal approval process provided by delegated authority Committees, should provide assurances that the procedures and protocols outlined in the document are accurate, relevant and effective in order to meet the aims and objectives specified within.

### **7.2 Ratification Process**

Ratification is the process to confirm assurances provided by the relevant committees and formally accept the adoption of the procedural document.

Once the Corporate Assurance Team have been notified that the document approval process has been completed and have been provided with a copy of the approved document, final checks will be carried out to ensure that it complies with this policy and is included on the next Trust Board agenda for ratification.

Once ratified the Corporate Assurance Team will upload the document onto the 'Policies and Guidelines' section of the Trust website. Staff will be notified of new and updated policies through the Trust weekly newsletter and monthly Team Brief.

## **8 REVIEW AND REVISION ARRANGEMENTS INCLUDING VERSION CONTROL**

### **8.1 Process for Reviewing a Procedural Documents**

All procedural documents will have a review date recorded on the front cover; this date will also be recorded by the Corporate Administrator on the central database for procedural documents. Regular reviews should be scheduled every two years, with further reviews being carried out, as required in light of significant legislative or organisational changes.

Review dates for documents will be monitored by the Corporate Assurance Manager. Where documents are reaching their review date, notification will be sent to the relevant committee to ensure that a nominated author and appropriate Lead can be allocated. A copy of the latest version of the policy in Word format will be available from the Corporate Assurance Team on request.

The committee will then monitor progress of the policy review until its final approval has been completed. Once approved at Committee it should be forwarded to the Corporate Assurance Manager to allow the document to be included for ratification at the next Trust Board. It is the responsibility of each committee to ensure that once it has been notified that a policy requires updating, all policies are continuously monitored until they have been updated, approved and forward back to the Corporate Assurance Team in accordance with this policy.

Where a document is in use beyond its review date, staff are expected to continue to follow the principles contained within it and seek advice and guidance from appropriate professional/managerial sources.

Extensions to review dates may be agreed on a case by case basis and must be approved by the policy lead, Chair of the relevant approval committee and the Trust Board Secretary or Corporate Assurance Manager. All extensions authorized will be notified to Audit Committee for monitoring and review.

All reviews and revisions to any procedural documents must be approved according to the process described in section 7 of this document and recorded on the Version Control sheet within the relevant procedural document.

Should a procedural document require only a limited, minor change which is unlikely to have an impact on the effective use and implementation of the document (for example, a name change), this can be agreed by the policy lead, chair of the delegated authority committee and Corporate Assurance Team without the need to go through the normal approval and ratification process detailed in section 7. The existing review date should not, however, be altered unless agreement has also been sought for an extension to the date, as detailed above.

### **8.2 Version Control**

All new procedural documents should be marked as Version 1. Each time the document is subsequently reviewed and re-issued the version number will increase sequentially. If, however, a document receives a minor amendment in between scheduled reviews, the current version number will proceed by ' 1, .2, .3 ' etc.

For example:

On initial issue	-	Version 1
Following minor amendment prior to scheduled review.	-	Version 1.1
Second minor amendment prior to scheduled review.	-	Version 1.2
Scheduled two year review	-	Version 2

## **9 DISSEMINATION AND IMPLEMENTATION**

The Corporate Assurance Team will be responsible for the issuance of new or updated procedural documents on the Trust website once they have undergone the approval and ratification processes.

### **9.1 Dissemination**

Service Leads and Managers are responsible for ensuring that all staff are made aware of and have access to all procedural documents which that apply to them.

All staff will be able to access copies of procedural documents via the 'Policies and Guidelines' section of the Lincolnshire Community Health Services' NHS Trust website at:

<http://www.lincolnshirecommunityhealthservices.nhs.uk>.

Notification of new or updated procedural documents will be made to all staff via the monthly Trust Team Brief.

A minimum of 10 working days should be allowed for documents to be uploaded onto the website following ratification at Trust Board

### **9.2 Implementation of Policy Documents**

All procedural documents should identify arrangements for training, dissemination and any resource implications. It is the responsibility of the document author to ensure that all arrangements are implemented, as appropriate.

## **10 DOCUMENT CONTROL INCLUDING ARCHIVING ARRANGEMENTS**

### **10.1 Register/Library of Policy Documents**

The Corporate Assurance Team will be responsible for administering the process related to the production of procedural documents and will maintain an up to date register of all policies and guidelines. The register will include:

- Document reference number
- Document title
- Author and lead
- Document approval date
- Document review date

The Corporate Assurance Team will maintain an electronic copy of all procedural documents on the Lincolnshire Community Health Services' NHS Trust electronic Corporate filing system, including archived versions.

#### 10.2 Archiving Arrangements

Once a procedural document has been superseded or is no longer required, it will be archived by the Corporate Assurance Team who will be responsible for the process for archiving old documents to enable retrieval if required. All archived documents will be stored electronically on the secure part of the LCHS central server with access restricted to the Corporate Assurance Team and Trust Board Secretary.

#### 10.3 Process for Retrieving Archived Documents

The Corporate Assurance Team will supply copies of archived policies on request. All requests should be made in writing or by email, together with a brief summary of the reason for retrieval.

### 11 **MONITORING COMPLIANCE WITH AND THE EFFECTIVENESS OF PROCEDURAL DOCUMENTS**

It is intended that the procedural document development process defined within this document will ensure business continuity and support staff in understanding their roles in relation to the policy.

#### 11.1 Process for Monitoring Compliance and Effectiveness

The Checklist for the Review and Approval of Procedural Documents (Appendix A) provides a mechanism to monitor compliance with the document development process. This should be completed by the document author prior to presentation for approval at a Committee with delegated authority.

A random selection of 10% of all procedural documents will be checked on an annual basis by the Corporate Assurance Manager, or nominated deputy, to ensure that all procedural documents comply with this policy using the checklist at Appendix J. Should any deficiencies be identified, these will be reported to the policy lead who will be responsible for ensuring that an action plan to rectify these deficiencies is put in place as soon as possible. The results from this annual audit will be reported to Trust Leadership Team.

## 11.2 Standards/Key Performance Indicators

To ensure compliance against this policy a checklist of policy standards/key performance indicators are included on the Checklist for the Review and Approval of Procedural Documents (Appendix A) and the LCHS Procedural Document Completion List (Appendix J).

## 12 REFERENCES

- NHS Resolution – Template for ‘An Organisation Wide Policy for the Development and Management of Policy and Procedural Documents’ (March 2012)
- Human Rights Act 1998
- Health and Social Care Act (2001)
- Equality Act 2010
- The Equality Act 2010 (Statutory Duties) Regulations 2011

## 13 ASSOCIATED DOCUMENTATION

The policy document author should provide details of any other document which support or link to the procedural document being developed.

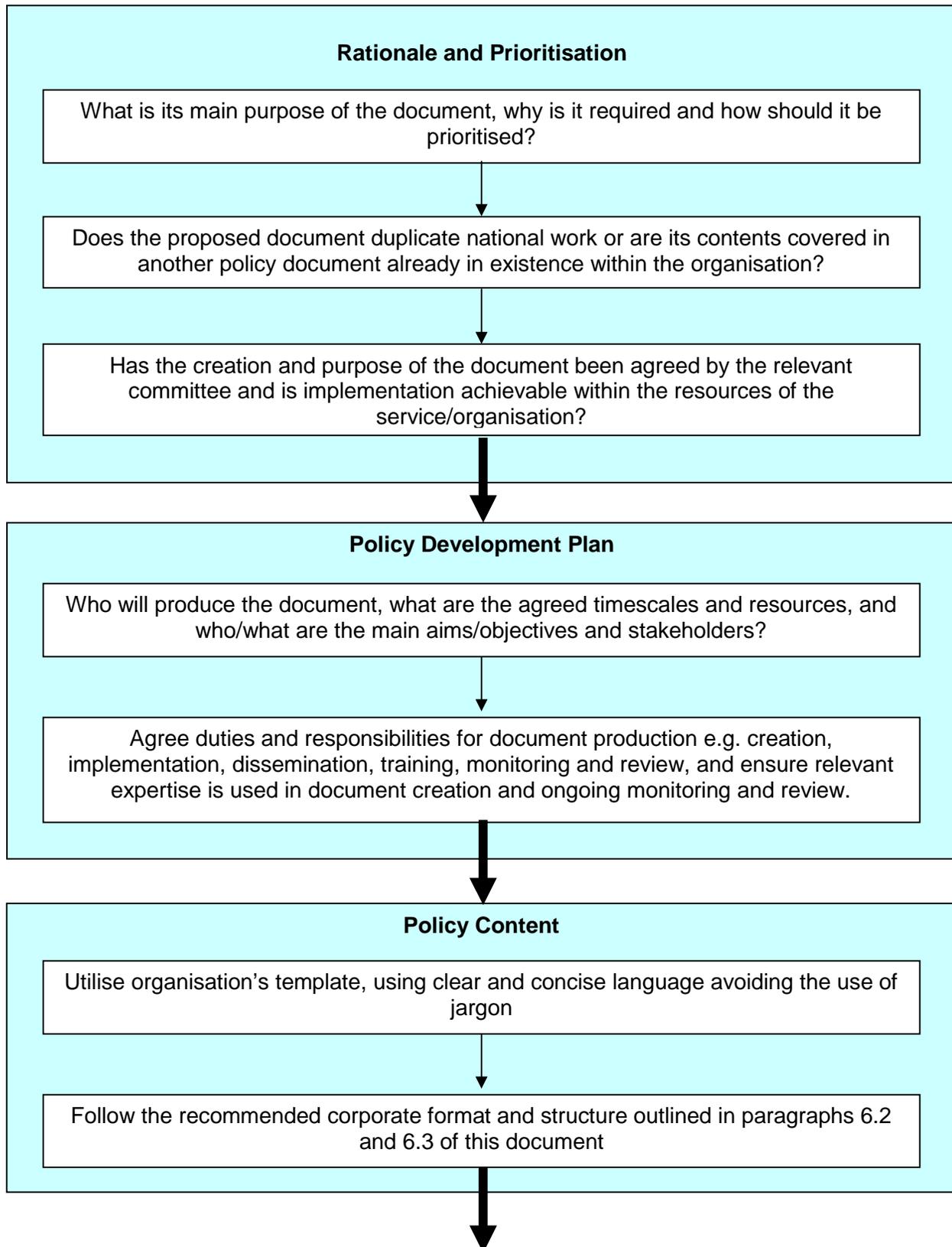
## Appendix A

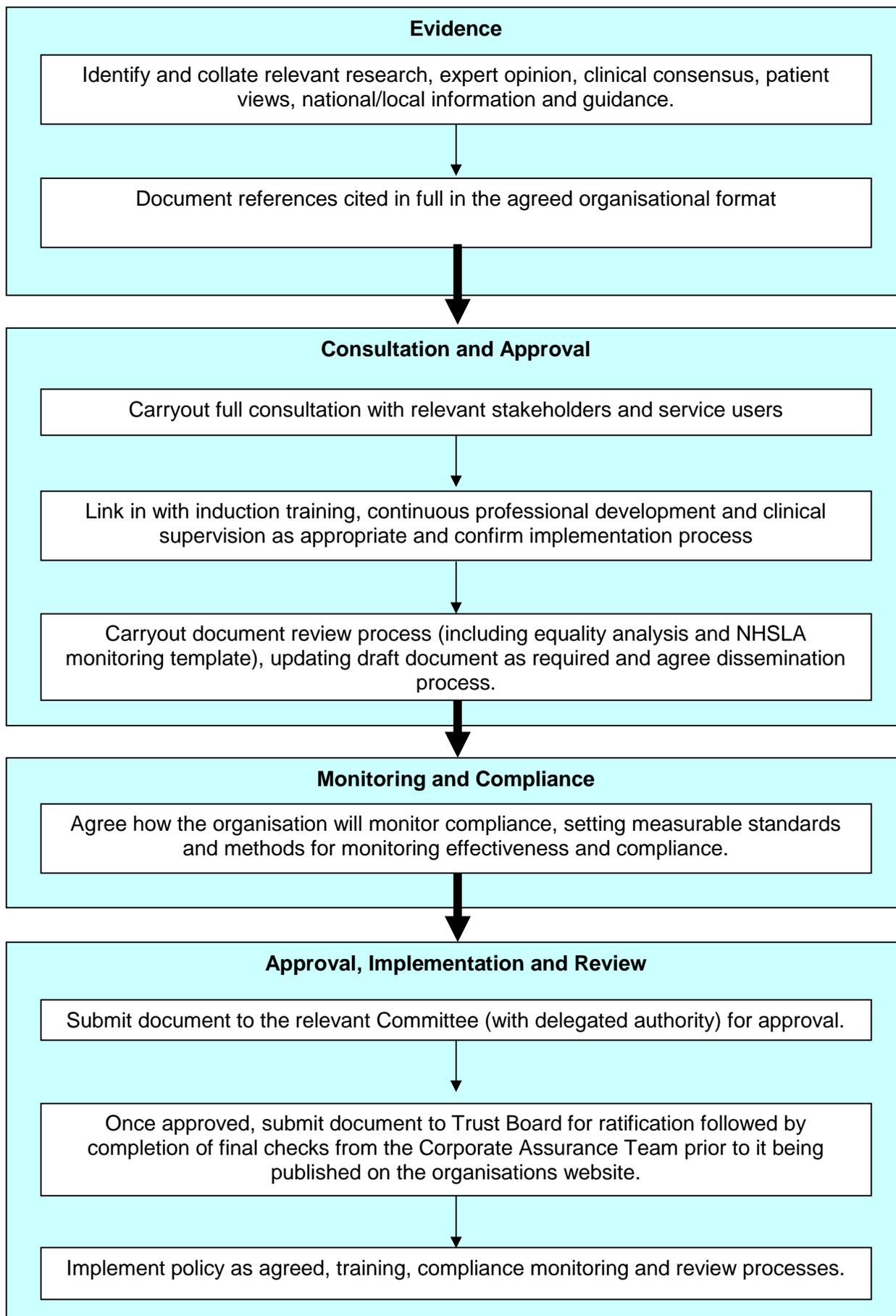
### Checklist for the Review and Approval of Procedural Documents

	Title of document being reviewed:	Yes / No / Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
<b>2.</b>	<b>2. Rationale</b>		
	Are reasons for development of the document stated?		
<b>3.</b>	<b>Development Process</b>		
	Is the method described in brief?		
	Are people involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
	Has the financial impact been assessed?		
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are supporting documents referenced?		
<b>6.</b>	<b>Approval</b>		
	Does the document identify which Committee/group will approve it?		
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		

<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Has an NHSLA monitoring template been completed and included in the policy?		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance with the document?		
<b>10</b>	<b>Review Date</b>		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
	Is it clear who will be responsible for the review of the document?		

**Flow Chart for the Creation and Implementation of Policy Documents**





**Procedural Document Consultation, Approval and Ratification Groups**

All procedural will be submitted to the relevant individual, staff group or committee as follows for consideration, approval and ratification.

<b>Document Type / Subject Matter</b>	<b>Consultation / Involvement in Development Process</b>	<b>1<sup>st</sup> Stage Approval Committee / Forum</b>  <b>For first stage approval documents may be required to be submitted to more than one group / committee</b>	<b>Approved Committee for Ratification</b>
Human Resource	Employment Policy Group  JCNC	Employment Policy Group  JCNC	<b>LCHS Trust Board</b>
Infection Prevention	Local Scrutiny Group  Infection Control Committee  Relevant experts and specialist it DIPC	Infection Control Committee	<b>LCHS Trust Board</b>
Information Governance	Information Governance leads for each service  Local Scrutiny Groups  Effective Practice Assurance Group	Information Governance Committee	<b>LCHS Trust Board</b>

Finance	Director of Finance	Chief Executive Audit Committee Finance, Performance and Investment Committee	<b>LCHS Trust Board</b>
Health and Safety	Health and Safety Committee	Health and Safety Committee	<b>LCHS Trust Board</b>
Emergency Planning	Emergency Planning Committee	Emergency Planning Committee	<b>LCHS Trust Board</b>
Corporate	Trust Board Secretary Corporate Assurance Managers	Trust Leadership Team	<b>LCHS Trust Board</b>
Medicines Management	Medicines Management Lead Prescribing Advisors Medical Director	Medicines Optimisation Group Drugs and Therapeutics Committee	<b>LCHS Trust Board</b>
Risk Management	Trust Board Secretary Corporate Assurance Managers Quality Assurance Managers	Trust Leadership Team Audit Committee	<b>LCHS Trust Board</b>
Organisational Development Strategy	Senior Human Resource Business Partners	Trust Leadership Team Work Force and Transformation Board Assurance Group	<b>LCHS Trust Board</b>

Patient and Public Involvement Strategy	Trust Board Secretary  Deputy Director of Operations	Trust Leadership Team  Patient, Public, Staff and Stakeholder Engagement Group  Effective Practice Assurance Group	<b>LCHS Trust Board</b>
Clinical Procedures/Protocols/Guidelines	Experts and specialists within the service area or specialty implementing the procedure/protocol/guideline  Effective Practice Assurance Group	Effective Practice Assurance Group and Safeguarding Governance and Patient Safety Group	<b>LCHS Trust Board</b>
Patient Group Directions	Medicines Management Lead  Relevant experts and specialists in the field appropriate to the PGD  Head of Clinical Services Effective Practice Assurance Group	Relevant Executive Committee for the specified subject matter.	<b>LCHS Trust Board</b>

**Human Rights Assessment Tool**

The Human Rights Act, which came into force in October 2000, incorporates into domestic law the European Convention on Human Rights to which the UK has been committed since 1951. Section 6 of the Human Rights Act makes it unlawful for a public authority to act in a way that is compatible with a Convention right. The underlying intention of the Act is to create a Human rights culture in public services.

		Yes/No	Comments
1	Will it affect a person's right to life?		
2	Will someone be deprived of their liberty or have their security threatened?		
3	Could this result in a person being treated in a degrading or inhuman manner?		
4	Is there a possibility that a person will be prevented from exercising their beliefs?		
5	Will anyone's private and family life be interfered with?		

If the answer is "yes" to any of the above questions on the proforma can the policy be amended to avoid impacting on Human Rights? If not, please refer it to the Equality & Human Rights Lead for advise and guidance.

## Use of Terminology/Definitions to be Adopted

### **Policy**

A statement of strategic intent of principle, endorsed by the Board setting out Lincolnshire Community Health Service's position on a particular issue and reflecting the organisation's Values and Core Purpose.

### **Strategy**

A high level document on what we are going to do to deliver the policy, and how.

### **Procedure**

A process or series of steps, to be adhered to by all clinical and non-clinical staff across Lincolnshire Community Health Services NHS Trust to ensure compliance with the policy. In a clinical setting, this would be a specific action, process, or test, performed for the management of a patient.

### **Protocol**

Protocols refer to written plans, which specify the string of procedures to be followed, for example, providing care for a particular condition, giving a practical examination or conducting research.

### **Guideline (Clinical)**

Clinical guidelines are "systematically developed statements which assist clinical, and patients in making decisions about appropriate treatment for specific conditions" RCN (1995) and NHS Executive (1996). Usually presented in flow chart format – e.g. using the e.g. ulcer example, a care pathway would include care for nutrition, pressure area care, mobility, hygiene needs as well as care for the leg ulcer.

### **Standards**

A standard is an evidence-based definition of the quality of care aimed at a specific objective.

### **Care Pathway**

"The client's/patient's complete journey, designed and formulated on evidence-based practice, encompassing total care and treatment, which reflects the disease process and the needs of the individual" NHS Executive (1996). Usually presented in flow chart format e.g. using the leg ulcer example, a care pathway would include care for nutrition, pressure area care, mobility, hygiene needs as well as care for the leg ulcer.

### **Patient Group Direction**

Written instructions for the supply or administration of medicines to groups of patients who may not be identified individually before presentation for treatment. Patient Group Direction should be drawn up by a multi-disciplinary group involving a doctor, a pharmacist and a representative of any professional groups expected to supply medicines under the Patient Group Directions.

Procedural Document Template



**Lincolnshire Community  
Health Services**  
NHS Trust

**Title – Arial Bold 20**

Reference No:	(Completed by Corporate Admin Team)
Version	
Ratified by:	(Completed by Corporate Admin Team)
Date ratified:	LCHS Trust Board
Name of originator / author:	
Name of responsible committee / Individual	
Date issued:	(Completed by Corporate Admin Team)
Review date:	
Target audience:	
Distributed via	Website

**Appendix F – Page 2**

**(Insert name of policy)**

**Version Control Sheet**

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1				
2				
3				
4				
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6				
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(Insert name of policy)

**Contents**

Version control sheet  
Policy statement

Section	Page
1	
2	
3	
3.1	
3.2	
3.3	
4	
4.1	
4.2	
4.3	
5	
5.1	
5.2	
5.3	

(Insert name of Procedural Document)

**Procedural Document Statement**

**Background**

**Statement**

**Responsibilities**

**Training**

**Dissemination**

**Resource implication**

**Consultation**

## Appendix G

### Monitoring Template

This template should be used to demonstrate compliance with NHSLA requirements for the procedural document where applicable and/or how compliance with the document will be monitored.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multidisciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan

# Equality Analysis

## Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Qurban Hussain Equality and Human Rights Lead.

**Name of Policy/Procedure/Function\***

**Equality Analysis Carried out by:**

**Date:**

**Equality & Human rights Lead:**

**Director\General Manager:**

**\*In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

**Section 1 – to be completed for all policies**

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be			
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? <b>Please give details</b>			
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? <b>Please give details</b>			
D.	Will/Does the implementation of the policy\service result in different impacts for protected?			
		Yes	No	
	Disability			
	Sexual Orientation			
	Sex			
	Gender Reassignment			
	Race			
	Marriage/Civil Partnership			
	Maternity/Pregnancy			
	Age			
	Religion or Belief			
	Carers			
<b>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</b>				
The above named policy has been considered and does not require a full equality analysis				
<b>Equality Analysis Carried out by:</b>				
<b>Date:</b>				

## Section 2

### Equality analysis

<b>Title:</b>
<b>Relevant line in:</b>

<b>What are the intended outcomes of this work?</b> <i>Include outline of objectives and function aims</i>
<b>Who will be affected?</b> <i>e.g. staff, patients, service users etc</i>

<b>Evidence</b> <i>The Government's commitment to transparency requires public bodies to be open about the information on which they base their decisions and the results. You must understand your responsibilities under the transparency agenda before completing this section of the assessment.</i>
<b>What evidence have you considered?</b> <i>List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.</i>
<b>Disability</b> <i>Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.</i>
<b>Sex</b> <i>Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).</i>
<b>Race</b> <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i>
<b>Age</b> <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i>
<b>Gender reassignment (including transgender)</b> <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i>
<b>Sexual orientation</b> <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i>
<b>Religion or belief</b> <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i>
<b>Pregnancy and maternity</b> <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working,</i>

infant caring responsibilities.

**Carers** Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

**Other identified groups** Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

## • Engagement and involvement

Was this work subject to the requirements of the Equality Act and the NHS Act 2006 (Duty to involve) ? (Y/N)

How have you engaged stakeholders in gathering evidence or testing the evidence available?

How have you engaged stakeholders in testing the policy or programme proposals?

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

**Summary of Analysis** Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.

**Eliminate discrimination, harassment and victimisation** Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

**Advance equality of opportunity** Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

**Promote good relations between groups** Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).

**What is the overall impact?** Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

**Addressing the impact on equalities** Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

**Action planning for improvement** Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Please give an outline of your next steps based on the challenges and opportunities you have identified. Include here any or all of the following, based on your assessment

● **For the record**

**Name of person who carried out this assessment:**

**Date assessment completed:**

**Name of responsible Director/ General Manager:**

**Date assessment was signed:**

**Implementation Plan Template**

<b>Policy Ref:</b>	
<b>Policy Name:</b>	
<b>Name of Author/Originator:</b>	
<b>Date Ratified:</b>	

<b>Implementation Plan (with timescales):</b>

<b>Feedback:</b>

<b>Amendments Required to Policy</b>

<b>Completed By (Policy Lead):</b>	
<b>Date:</b>	
<b>Approved By (Approval Committee / Board – as appropriate):</b>	
<b>Date:</b>	

LCHS Policy Checklist

	Checklist	Details	Date	By
<b>CHECKS</b>				
1	Document is named			
2	LCHS NHS Trust Logo			
3	LCHS footer			
4	No draft markings/changes			
5	Front page details complete (except ref.)			
6	Document contains:			
	a) LCHS NHS Trust throughout			
	b) A completed version on sheet			
	c) A Policy statement			
	d) An NHSLA Monitoring sheet			
	e) An Equality Analysis			
<b>ACTIONS</b>				
7a	Where will policy sit on Internet			
7b	Reference given:			
8	Document added to spreadsheet			
9	a) Previous document in use? Yes/No?			
	If yes, old version reference:			
	b) Date old version removed from spreadsheet:			
10	Review date			
	Added to spreadsheet			
<b>DISSEMINATION</b>				
11	Uploaded to website			
12	Old version remove from website			
13	Team Brief /Comms notified			
<b>ARCHIVING</b>				
14	Previous document archived to folder:			
15	New folder saved in "final" folder			

# Equality Analysis

## Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

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- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help LCHS staff members to comply with the general duty.

Please complete the template by following the instructions in each box. Should you have any queries or suggestions on this template, please contact Qurban Hussain Equality and Human Rights Lead.

**Name of Policy/Procedure/Function\***

Policy for the Development and Management of Policies and Procedural Documents

**Equality Analysis Carried out by: Karen Stinson**

**Date: 22<sup>nd</sup> February 2016**

**Equality & Human rights Lead: Rachel Higgins**

**Director/General Manager: Andrew Morgan**

**\*In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

**Section 1 – to be completed for all policies**

E.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	The purpose of this policy is to provide all staff with an approved framework for the creation, approval, ratification and dissemination of policies and procedural documents across the organization. It enables the implementation of a co-ordinated and uniform approach to strategic, operational or clinical management. LCHS will develop policies to fulfil all statutory and organizational requirements. These will be comprehensive, formally approved and ratified, disseminated through approved channels and implemented.		
F.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? <b>Please give details</b>	The effective production of all organisational policies and procedural documents have an impact on all staff, service users and carers. This policy sets out an approved framework through which this should be done.		
G.	Is there is any evidence that the policy\service relates to an area with known inequalities? <b>Please give details</b>	No		
H.	Will/Does the implementation of the policy\service result in different impacts for protected?			
		Yes	No	
Disability			X	
Sexual Orientation			X	
Sex			X	
Gender Reassignment			X	
Race			X	
Marriage/Civil Partnership			X	
Maternity/Pregnancy			X	
Age			X	
Religion or Belief			X	
Carers			X	
<b>If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2</b>				
The above named policy has been considered and does not require a full equality analysis				
<b>Equality Analysis Carried out by:</b>		Karen Stinson		
<b>Date:</b>		22 <sup>nd</sup> January 2018		