

**Template for Developing Policy Document**

This template has been developed to assist staff in Leicestershire Partnership Trust NHS Trust (LPT) in the development of Policy Documents.

Before embarking on the development of a document please read the Trust Policy for ‘The Governance of Policies, Guidelines, Procedures and Protocols’.

Tips for writing a policy

* + Words in red italics are guidance for you to remove once section complete.
  + Documents should be written in Arial font, minimum size 12, with single line.
  + Abbreviations should only be used after the term has been displayed in full.
  + Do not use hyperlinks to other Trust policies as they may change frequently.
  + Try to use simple flowcharts/process charts if necessary to help staff to understand the process in the policy.
  + All sections must be completed; however, you can add more sections as required to support easy comprehension of the pertinent points by the reader.
  + Please avoid long paragraphs, you can use bullet points and short paragraphs to help the reader.
  + You must complete a Due Regard Assessment and attach to your policy.
  + You must ensure that a Privacy Impact Assessment has been carried out and included in the policy.
  + You must ensure that any training needs has been approved by Learning and Development
  + Consider the use of appendices if you have a lot of guidance or templates.
  + The policy author must ensure references have been included.
  + The policy author must liaise with Clinical Safety Officers and/or the LPT IM&T Delivery Group if documentation is required within the electronic patient record.
  + Ensure the Policy does not include electronic links or embedded documents to other policies/guidelines.
  + Ensure the policy checklist appendix is adhered to.

Delete this page prior to distributing policy for consultation.

**[Add name of policy here] Policy**

This policy sets out [add detail here]. DO WE NEED REFERENCE OR CATEGORY??

**Key words:** Add key words here

**Version:** Add version number here

**Approved by:** Add committee here

**Ratified By:** Add committee here

**Date this version was ratified:** Add date here

**Date issued for publication:** Add date here

**Review date:** Add date here

**Expiry date:** Add date here

**Type of Policy:** Delete as appropriate clinical / non-clinical / clinical and non-clinical / public/sensitive.

Please add if this policy is sensitive and cannot be made Public on the website.

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**Policy On A Page**

# SUMMARY & AIM

What is this policy for?

# KEY REQUIREMENTS

What do I need to follow?

# TARGET AUDIENCE:

Who is involved with this policy?

# TRAINING

What training is there for this policy?

# 1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

## 1.1 Version control and summary of changes

| **Version number** | **Date** | **Comments (description change and amendments)** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

For Further Information Contact:

## 1.2 Key individuals involved in developing and consulting on the document

* Add name and designation
* Add name and designation
* Trust Policy experts – see checklist for list of current contact details

## 1.3 Governance

**Level 2 or 3 approving delivery group – Name of group**

**Level 1 Committee to ratify policy – name of Committee**

## 1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

## 1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

* Strategies, policies and procedures and services are free from discrimination.
* LPT complies with current equality legislation.
* Due regard is given to equality in decision making and subsequent processes.
* Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

## 1.6 Definitions that apply to this policy.

**Consent:** a patient’s agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

* + be competent to take the particular decision;
  + have received sufficient information to take it and not be acting under duress.

**Due Regard:** Having due regard for advancing equality involves:

* Removing or minimising disadvantages suffered by people due to their protected characteristics.
* Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

# 2.0 Purpose and Introduction/Why we need this policy

Concise purpose and introduction which allows the reader to know whether it will be relevant to their needs;

* Explain why this policy has been developed
* Make reference to any national and regional guidance

# 3.0 Policy Requirements

Details of the principles and core standards to be used in the development and management of policies.

# 4.0 Duties within the Organisation

Add content here

Policy, Guideline or Procedure / Protocol Author

Lead Director

Directors, Heads of Service

Senior Managers, Matrons and Team Leads

Staff

Corporate Affairs Team

Responsibility of Clinical Staff (To be added to all clinical policies)

# 5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient’s capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

* Understand information about the decision
* Remember that information
* Use the information to make the decision
* Communicate the decision

# 6.0 Monitoring Compliance and Effectiveness

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated.

Be realistic with the amount of monitoring you need to do and time scales

| Page/Section | Minimum Requirements to monitor | Method for Monitoring | Responsible Individual /Group | Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).  Frequency of monitoring |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# 7.0 References and Bibliography

Include a list of all documents referred to in the Policy including those from other Trust’s policies. The date of the document should be included. Do not include electronic links or embedded documents to other policies/guidelines and are in a standard format.

# 8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix - Flowchart(s)

Flow charts show the step-by-step process for the key aspects of the policy and are a very good visual aid for staff. Consider filling x1 page with a process chart - as it could also be used as a poster or leaflet at meetings – flowcharts are not accessibility friendly so please consider other ways of providing this information or follow the guidance for making word documents accessible. If you need to use a flowchart, please provide a description of what the flow chart says for those who use a screen reader.

# Appendix 1 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to lpt.tel@nhs.net for review.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training topic/title:** |  | | | |
| Type of training:  (see Mandatory and Role Essential Training policy for descriptions) | ☐ Not required  ☐ Mandatory (must be on mandatory training register)  ☐ Role Essential (must be on the role essential training register)  ☐ Desirable or Developmental | | | |
| Directorate to which the training is applicable: | ☐ Directorate of Mental Health  ☐ Community Health Services  ☐ Enabling Services  ☐ Estates and Facilities  ☐ Families, Young People, Children, Learning  Disability and Autism  ☐ Hosted Services | | | |
| Staff groups who require the training: (consider bank /agency/volunteers/medical) |  | | | |
| Governance group who has approved this training: |  | Date approved: | |  |
| Named lead or team who is responsible for this training: |  | | | |
| Delivery mode of training: elearning/virtual/classroom/ informal/adhoc |  | | | |
| Has a training plan been agreed? |  | | | |
| Where will completion of this training be recorded? | ☐ uLearn  ☐ Other (please specify) | | | |
| How is this training going to be quality assured and completions monitored? |  | | | |
| **Signed by Learning and Development Approval name and date** | A close up of a handwritten text  Description automatically generated | | Date: | |

# Appendix 2 The NHS Constitution

* The NHS will provide a universal service for all based on clinical need, not ability to pay.
* The NHS will provide a comprehensive range of services.

**Shape its services around the needs and preferences of individual patients, their families and their carers Answer** **yes/no to all**

**Respond to different needs of different sectors of the population yes/no**

**Work continuously to improve quality services and to minimise errors yes/no**

**Support and value its staff yes/no**

**Work together with others to ensure a seamless service for patients yes/no**

**Help keep people healthy and work to reduce health inequalities yes/no**

**Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes/no**

# Appendix 3 Due Regard Screening Template

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Section 1 | | | | | | |
| Name of activity/proposal | | | |  | | |
| Date Screening commenced | | | |  | | |
| Directorate / Service carrying out the  assessment | | | |  | | |
| Name and role of person undertaking  this Due Regard (Equality Analysis) | | | |  | | |
| Give an overview of the aims, objectives and purpose of the proposal: | | | | | | |
| AIMS: | | | | | | |
| OBJECTIVES: | | | | | | |
| Section 2 | | | | | | |
| Protected Characteristic | If the proposal/s have a positive or negative impact please give brief details | | | | | |
| Age |  | | | | | |
| Disability |  | | | | | |
| Gender reassignment |  | | | | | |
| Marriage & Civil Partnership |  | | | | | |
| Pregnancy & Maternity |  | | | | | |
| Race |  | | | | | |
| Religion and Belief |  | | | | | |
| Sex |  | | | | | |
| Sexual Orientation |  | | | | | |
| Other equality groups? |  | | | | | |
| Section 3 | | | | | | |
| Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below. | | | | | | |
| Yes | | | No | | | |
| High risk: Complete a full EIA starting click [here](http://www.leicspart.nhs.uk/Library/MasterDueRegardTemplateOct2013.docx) to proceed to Part B | | | Low risk: Go to Section 4. | | | |
| Section 4 | | | | | | |
| If this proposal is low risk please give evidence or justification for how you  reached this decision: | | | | | | |
|  | | | | | | |
| Signed by reviewer/assessor | |  | | | Date |  |
| *Sign off that this proposal is low risk and does not require a full Equality Analysis* | | | | | | |
| Head of Service Signed | |  | | | Date |  |

# Appendix 4 Data Privacy Impact Assessment Screening

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual’s expectations of privacy.  The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering ‘yes’ to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved. | | | | |
| **Name of Document:** |  | | | |
| **Completed by:** |  | | | |
| **Job title** |  | | | **Date** |
| **Screening Questions** | | | **Yes / No** | **Explanatory Note** |
| **1.** Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document. | | |  |  |
| **2.** Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document. | | |  |  |
| **3.** Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document? | | |  |  |
| **4.** Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used? | | |  |  |
| **5.** Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics. | | |  |  |
| **6.** Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them? | | |  |  |
| **7.** As part of the process outlined in this document,is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private. | | |  |  |
| **8.** Will the process require you to contact individuals in ways which they may find intrusive? | | |  |  |
| **If the answer to any of these questions is ‘Yes’ please contact the Data Privacy Team via**  **Lpt-dataprivacy@leicspart.secure.nhs.uk**  **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.** | | | | |
| **Data Privacy approval name:** | |  | | |
| **Date of approval** | |  | | |

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

[Checklist for the review and approval of policies](file:///\\bpplptfs2\Data\Corporate%20Governance%20and%20Risk\Policy%20Assurance\Policy%20Toolkit%20Docs\Archive\Procedural%20Documents%20inc%20policy%20&%20toolkit\Template%20Documents\Checklist%20for%20the%20Review%20and%20Approval%20of%20Procedural%20Document%20-Feb%202024.docx)

[Document on how to make a word document accessible](file:///\\bpplptfs2\Data\Corporate%20Governance%20and%20Risk\Policy%20Assurance\Policy%20Toolkit%20Docs\How%20to%20make%20Word-documents%20accessible%20LPT.docx)



