

Livewell Southwest

Policy Guidance & Template

Version No 3.3

Review: July 2017

Notice to staff using a paper copy of this guidance.

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: Policy Ratification Group (PRG)

Asset Number: 35

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Document review history

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| For previous review history please contact the PRG secretary. | | | | |
| 2.7 | Updated | October 2013 | Policy Ratification Secretary | Appendix F amended and minor changes throughout to reflect current practice. |
| 2.8 | Amended | December 2013 | Policy Ratification Secretary | Director sign page amended. Reader sheet – ‘Category’ section amended. |
| 2.9 | Updated | February 2014 | Policy Ratification Secretary | Minor amends. |
| 3 | Reviewed | June 2014 | Policy Ratification Group | Minor amends throughout. |
| 3.1 | Minor amend | November 2014 | Executive Team | Sentence added to Director’s signature section. |
| 3.2 | Minor amend | June 2015 | Information Governance & CPA Lead | Updated Appendix D |
| 3.2 | Minor amend | September 2016 | Information Governance & CPA Lead | Updated reader information page 11in template |

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Policy guidance and template

1 Introduction

- 1.1 This document provides the expected standards and format Livewell Southwest (LSW) authors follow when preparing and reviewing policies or other corporate documentation e.g. strategy, operational procedure etc. for LSW approval.

2 Purpose

- 2.1 The purpose of this guidance is to provide staff with a framework for producing high quality documents that conform to LSW standards and branding guidelines.

3 Definitions

- 3.1 The **Policy Ratification Group** (PRG) is a multi-professional group of clinical and non clinical leads or managers. This is a sub committee of the Safety, Quality and Performance Committee and was established to assure the quality and standardisation of LSW policies.
- 3.2 A **policy** states what staff must know or do. It is a formal, corporate statement of intent of LSW's position, and overall aims and objectives on an issue. There should be only one policy for a particular topic – there should not be, for example, separate nursing and medical policies.
- 3.3 A **procedure** describes how something should be done. Usually, but not always, a procedure supports a policy. Its length may vary, but it must be operational, and written for the staff that are to implement it. There are two types of procedure:
- a) A protocol is the mandatory way of doing something, and must be followed.
 - b) A guideline is an indication of the course that is usually followed, unless there are good reasons for not doing so.

4 Duties & Responsibilities

- 4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.
- 4.2 Only the **LSW Board** or its **sub-committees** with delegated powers can approve new documents. The PRG is one such sub-committee.
- 4.3 **Directors** are responsible for identifying and implementing LSW policies relevant to their area.

- 4.4 Document **authors** (by job title) are responsible for designing, drafting and developing policies in accordance with this policy guidance, ensuring that draft policies are circulated for appropriate consultation, and their implementation. The author is also responsible for conducting a full review of the policy either on a one yearly, two yearly or three yearly basis dependent upon the author's own risk assessment. Please note that minor changes can be made to the policy before its full review date and these do not need to be forwarded to the PRG.
- 4.5 The **PRG Secretary** has responsibility for ensuring that the process set out in Appendix A is followed.
- 4.6 **Line Managers** are responsible for:
- Ensuring that all policies, new policies and changes to policies are communicated to, understood and followed by staff, including any identified training needs.

5 Policy development

- 5.1 The policy template can be found in Appendix B and blank template can be downloaded from the intranet or by contacting the PRG secretary.
- 5.2 When developing, reviewing and removing policies please also refer to Appendices C, D and E.
- 5.3 Policies should:
- Be written in plain English.
 - Be kept to a maximum of 20 pages where possible with the use of flowcharts and hyperlinks.
 - Include duties and responsibilities.
 - Be easily understood by the target audience.
 - Be proof read by the author.
 - Be developed with full involvement of relevant staff, people who use our services and involvement groups.
 - Make reference to other relevant documents.
 - Be indexed.
 - Include page numbers.
 - Contain a list of definitions.
 - Include any training implications.
 - Use Arial font 12.
 - Abbreviations should be defined.
 - Be compatible with equality legislation by completing Appendix F.

6 Training Implications

- 6.1 The PRG have identified no training needs for authors in the development of policies and other procedural documents.

7 Monitoring compliance

- 7.1 The PRG is charged with ensuring that all documents it approves and ratifies follow this guidance.
- 7.2 Where there are interagency documents, the lead agency is responsible for formatting, distribution and archiving. Wherever possible, each interagency document must have a relevant member of LSW staff on its working group to ensure that appropriate consultation at the development stage is achieved.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety & Quality

Date: 10 September 2014

Appendix A Process flowchart for the ratification of policies

New policies/other corporate documents

Author contacts PRG secretary to issue a document number. This is logged on the documents database and is applicable to **all** policies/Patient Group Directions (PGD's).

The PRG secretary forwards the author a form to complete (Appendix C) together with a policy template for the author to follow. **This part of the process excludes Patient Group Directions (PGD's)**

If the PRG agree the rationale for the policy, the by PRG secretary will let the author know the outcome. The author is given **three months** to develop the policy (extensions can be requested). This will be recorded in the policies database and the PRG secretary will keep PRG updated on progress. If the decision is in dispute, it can be taken up with the PRG Chair.

If a policy contains clinical forms please send these to the Records Manager to ensure they are correct before they are forwarded to the PRG secretary.

Reminders for existing policies/PGDs/HR policies

The PRG secretary forwards six monthly, three monthly and monthly reminders to authors where policies are due to be reviewed. Locality managers are copied in. The message reads:

The attached policy has stated a review date of [insert date]. Please would you consider and advise on the following options:

- a) The policy should be removed (note: this will need to be agreed by the Locality Manager/Executive Director).
- b) The policy is still relevant and either **no changes or minor** changes are required. If this is the case please complete a declaration confirming this (see Appendix D). An updated version of the policy should be forwarded to the PRG secretary before the review date with any changes highlighted.
- c) The policy is still relevant and **major** changes are required. If this is the case, please notify the PRG secretary as it will need to be ratified and presented to the PRG.

Dates and times of future PRG meetings are [insert dates].

Note: A minor change will have very little impact/risk on staff, patients and/or the public e.g. the change will not affect practice. A major change is where it will have an impact/risk on staff, patients and/or the public e.g. a service redesign.

You are notified six months before the due date and we therefore appreciate if policies could be reviewed within this time frame. An exception report will be submitted to the Safety, Quality and Performance Committee notifying them of policies that are out of date.

Please use the policy template when reviewing your policy.

Appendix A (continued)

Policies ratified by PRG (excludes PGDs and HR policies)



When a policy has been ratified the PRG secretary will forward it to the relevant Director for an electronic signature. The signed policy should be returned via email to the PRG secretary within **two** weeks.

The PRG secretary will arrange for it to be published on the intranet (website if appropriate) and publicised in the LSW news bulletin. HR policies will be forwarded to PRG for formatting purposes only.



Livewell Southwest

[Insert the Title of Procedural Document]

Version No [insert version number]
Review: Month/year

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: [Insert Title]

Asset Number: [Obtainable from PRG Secretary]

Reader Information

| | |
|--|--|
| Title | [Insert title of document] |
| Asset number | [Author to obtain from the PRG Secretary ☎ 01752 (4)35104] |
| Rights of access | [Advise if it is a public or limited document] |
| Type of paper | [Advise if it is a policy, procedure etc.] |
| Category | [Advise if it is Clinical or Non clinical] |
| Document purpose/summary | [Provide a brief overview of the document] |
| Author | [Name and Job title of Author] |
| Ratification date and group | [PRG Secretary to complete - dd/mm/yyyy] |
| Publication date | [PRG Secretary to complete - dd/mm/yyyy] |
| Review date and frequency | Three years after publication, or earlier if there is a change in evidence. |
| Disposal date | The PRG will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule. All copies must be destroyed when replaced by a new version or withdrawn from circulation. |
| Name & Job title | [Insert the name and job title of person responsible for the review] |
| Target audience | [Author to advise e.g. all Livewell Southwest staff] |
| Circulation | Electronic: Livewell Southwest (LSW) intranet and website (if applicable) Written: Upon request to the PRG Secretary on ☎ 01752 435104. Please contact the author if you require this document in an alternative format. |
| Stakeholders | Please state all those to whom the policy affect, both internal and external to LSW |
| Consultation process | [Please state what consultation has taken place with the stakeholders above] |
| References/sources of information | [List any documents you referenced when compiling, including author, initials, title and year of publication.] |
| Equality analysis checklist completed | [Yes/No/NA] |
| Is the Equality and Diversity Policy referenced | [Yes/No/NA] |
| Is the Equality Act 2010 referenced | [Yes/No/NA] |
| Associated documentation | [List any supporting documentation]. |

| | |
|-------------------------------|---|
| Supersedes document | [Please advise e.g. all previous versions, new version] |
| Author contact details | By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception). |

Document review history

| Version no. | Type of change | Date | Originator of change | Description of change |
|-------------|-----------------------|--------------|----------------------|-----------------------|
| | [Updated/ Amended] | [month/yyyy] | Job title only | |
| | | | | |

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[Insert policy title - Arial font, bold and size 16]

1 Introduction [all sub-headings bold and font 14]

- 1.1 [This is a mandatory heading and it must provide an overview of why the document is important]. [Arial font, size 12].

2 Purpose

- 2.1 [This is a mandatory heading and it must state the reason for its development, outline any aims and objectives. [Arial font, size 12].

3 Definitions

- 3.1 [This is a mandatory heading and must list and explain/define any specific terms]. [Arial font, size 12].

4 Duties & responsibilities

[This is a mandatory heading – please list the individual’s job title and their specific responsibilities].

- 4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review. [Arial font, size 12].
- 4.2 Responsibilities of **Director(s)** [list and describe]. [Arial font, size 12].
- 4.3 Responsibility of **line managers** [list and describe]. [Arial font, size 12].
- 4.4 Responsibility of all **staff** [list and describe]. [Arial font, size 12].
- 4.5 Responsibility of any other group / individual [list and describe]. [Arial font, size 12].

5 [Main body of document]

- 5.1 [Use this section to write the body of the document. Following the example in this template, ensure the use of appropriate headings, numbering, font size and line space as necessary].

6 Training implications

- 6.1 [This is a mandatory heading and all LSW staff training needs must be considered]. [Arial font, size 12].

7 Monitoring compliance

[This is a mandatory heading and should contain arrangements for monitoring compliance which are relevant to the details of the document which may include

details of audits, reviews, surveys, frequency of monitoring/audit and the process for reviewing results]. [Arial font, size 12].

[The following should be included as standard in all policies].

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed:

Date:

Appendix C

Form: Rationale for developing a new policy



| Form to be completed by service manager/locality manager (excludes Patient Group Directions [PGDs]) | |
|---|--|
| Document number and title of policy (if known). | |
| Reasons/rationale for policy to be written. | <input type="checkbox"/> Department of Health guidelines <input type="checkbox"/> Meet legislative requirements <input type="checkbox"/> Local management issue <input type="checkbox"/> Risk management <input type="checkbox"/> New clinical evidence <input type="checkbox"/> Other - please advise: |
| Name of service manager/locality manager. | |
| Date. | |

| This section to be completed by the Policy Ratification Group | |
|--|--|
| Are the rationale/reasons for developing this policy acceptable to the PRG? Yes/No. If no, reasons to be recorded | |
| Date | |

Note: The outcome of the decision will be fed back as soon as practicable after the PRG meeting by the PRG secretary. If the decision is in dispute it can be taken up with the PRG Chair.

Appendix D

Form: Declaration of either no changes or minor changes to policies

Note: Please ensure that revised policies include the new Livewell Southwest Logo and any reference to PCH, PCT, Trust etc. are updated.

| Form to be completed by the person undertaking the policy review (excludes Patient Group Directions [PGDs]) | |
|---|--|
| Document number | |
| Title of policy | |
| Does this document require any minor ¹ changes Yes/No? | |
| If yes, please list in detail the minor changes required and ensure your Director is consulted. | |
| Name of Locality Manager (LM), and confirmation of how they have been informed regarding the completion of declaration e.g. email, meeting etc. and the date it took place. | |
| Have any of the forms that relate to patient information changed? Yes/No | |
| If they have changed have they been ratified at the SystemOne/ Records Management Meeting ? Yes/No. | |
| Name & title of person undertaking the review. | |
| Date. | |

Please email this completed form to the Policy Ratification Group (PRG) secretary (mariecoutts@nhs.net) with the updated policy before the review date. The PRG secretary will ensure that the policy follows the correct format and layout.

¹ A minor change will have very little impact/risk on staff, patients and/or the public e.g. the change will not affect practice.

Appendix E

Form: Removal of policies from the intranet

| To be completed by the Policy Ratification Group (PRG) Secretary | |
|---|--|
| Document number, author and title of policy. | |
| Reasons for the removal of this policy. | |
| Has the removal of this policy been agreed by the Locality Manager/Executive Director or equivalent? Insert the name and date when this was agreed. | |
| Date discussed/emailed to PRG. | |
| Date removed from intranet. | |

The PRG secretary will notify parties of its removal and will contact the Communications Department to include the policy removal in LSW's staff news bulletin.

Appendix F

Form: Equality analysis checklist

Title and asset number of policy:

1. This form has been prepared to help you consider equality issues within your work.
2. Will any of the following protected characteristics covered by the Equality Act 2010 (Equality Duty) be disadvantaged (workforce, service users or the public)?
 - Age
 - Disability - this includes physical and mental impairment
 - Gender reassignment
 - Marriage and civil partnership (but only in respect of eliminating unlawful discrimination)
 - Pregnancy/maternity
 - Race – this includes ethnic or national origins, colour or nationality
 - Religion or belief – this includes lack of belief
 - Sex (male/female)
 - Sexual orientation

If no, please insert rationale below:

If yes, please complete the following implementation plan below.

| Issues identified | Actions required | Responsibility | By when |
|-------------------|------------------|----------------|---------|
| | | | |
| | | | |

3. Date form completed:

Keep one copy for your records, and email an electronic copy to: mariecoutts@nhs.net

Appendix G

Staff distribution signature sheet for approved & ratified LSW policies and procedural documents

Training requirements must be communicated to staff on dissemination.

Name of Policy:

Policy No:

Statement: I have read the above approved and ratified document and understand its contents. If there are any difficulties regarding implementation or any training needs, I have raised and resolved these with my line manager.

I agree to implement the content of the above approved and ratified document.

| Staff Name (please print) | Signature | Date |
|---------------------------|-----------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

On completion of this record, this sheet will be kept by the line manager and become part of the training record.