

## Appendix A



### Template for Policy or Procedural Document

Plymouth Community Healthcare CIC

**[Insert the Title of Procedural Document]**

Version No [insert version number]

#### Notice to staff using a paper copy of this guidance

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

Author: [Title]

Asset Number: [obtainable from PRG Secretary]

## Reader Information and Asset Registration

<b>Title</b>	<b>[Title of Procedural Document]</b>
<b>Information Asset Register Number</b>	Author to obtain from the Policy Ratification Secretary ☎ 01752 435104 (internal: 35104)
<b>Rights of Access</b>	Author to advise - Public or Limited?
<b>Type of Formal Paper</b>	Author to advise - Policy or Procedure?
<b>Category</b>	Author to advise - Corporate, Clinical, Workforce or Finance?
<b>Format</b>	Microsoft Word 2003 and PDF
<b>Language</b>	English
<b>Subject</b>	Author to advise - key words and phrases indicating subject of resource
<b>Document Purpose and Description</b>	Author to advise - description of use of document
<b>Author</b>	Author to advise - job titles only
<b>Ratification Date and Group</b>	
<b>Publication Date</b>	
<b>Review Date and Frequency of Review</b>	Two years after publication, or earlier if there is a change in evidence.
<b>Disposal Date</b>	The Policy Ratification Group will retain an e-signed copy for the database in accordance with the Retention and Disposal Schedule; all previous copies will be destroyed.
<b>Job Title of Person Responsible for Review</b>	Author to advise - job titles only
<b>Target Audience</b>	Author to advise – All Plymouth Community Healthcare staff / other?
<b>Circulation List</b>	Electronic: Plymouth Healthnet and PCH website  Written: Upon request to the Policy Ratification Secretary on ☎ 01752 435104.  Please note if this document is needed in other formats or languages please ask the document author to arrange this.
<b>Consultation Process</b>	Author to advise - please state what consultation took place in the development of this guidance.
<b>Equality Analysis Checklist completed</b>	Yes/No
<b>References/Source</b>	Author to advise - names of the documents you referenced to write the document, including Author 1, Initials. Title of the Book. Year of publication.
<b>Supersedes Document</b>	All previous versions
<b>Author Contact</b>	By post: Local Care Centre Mount Gould Hospital

<b>Details</b>	200 Mount Gould Road Plymouth Devon PL4 7PY  Tel: 0845 155 8085 Fax: 01752 272522 (LCC Reception)
<b>Publisher</b> (for externally produced information):	Author to advise – N/A / other?

### Document Review History

Version No.	Type of Change	Date	Originator of Change	Description of Change
			Job Title only	

Contents of [name of procedural document]		Page
1	Introduction	
2	Purpose	
3	Definitions	
4	Duties & Responsibilities	
5	[Main body of document]	
6	Training	
7	Monitoring Compliance and Effectiveness	
8	Associated Documentation	
Appendix A		
Appendix B		
Appendix C		

# **[Heading - title of document – Arial font, bold and size 16]**

[One line spacing – font size 12]

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

[One line spacing – font size 12]

- 1.1 [An overview of the importance and role of the policy or practice – all document body text: Arial font, size 12]

[Two lines spacing – font size 12]

## **2 Purpose**

[One line spacing – font size 12]

- 2.1 [Purpose of the document to be written, including the rationale for development. Outline the objectives and intended outcomes of the process/system being described.]

[Two lines spacing – font size 12]

## **3 Definitions**

[One line spacing – font size 12]

- 3.1 [List and describe the meaning of the terms used in the context of this document if considered necessary, and ensure all acronyms have been defined. List the different types of documents used within the organisation, define which type of document is to be used for what purpose.]

[Two lines spacing – font size 12 – etc throughout the document]

## **4 Duties & Responsibilities**

- 4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.

4.2 Responsibilities of **Director(s)** [list and describe]

4.3 Responsibility of **line managers** [list and describe]

4.4 Responsibility of all **staff** [list and describe]

4.5 Responsibility of any other group / individual [list and describe]

## **5 [Main body of document]**

- 5.1 [Use this section to write the body of the policy / procedural document. Following the example in this template, ensure the use of appropriate headings, numbering - adjusting remainder of document numbering as necessary, font size and line spacing in keeping with the framework of this template]

## 6 Training Implications

- 6.1 [An educational and training needs analysis must be considered and undertaken and included in the body of the document. All PCH staff training needs must be considered, but only those for whom training is a requirement should be listed in the document itself]

## 7 Monitoring Compliance and Effectiveness

[The Author will be required to ensure their policy will contain arrangements for monitoring compliance which are relevant to the details of the particular policy which may include:

- Details of audits, review, survey, etc
- Responsibilities for conducting the monitoring/audit
- Methodology to be used for monitoring/audit
- Frequency of monitoring/audit
- Process for reviewing results and ensuring improvements in performance occur]

## 8 Associated Documentation

[List any supporting documentation]

[note to author – every policy should have a footer – follow the example in this policy]

**All policies are required to be electronically signed by the Lead Director** (the policy will not be accepted onto Healthnet until the e-signature is received).

**The proof of signature for all policies is stored in the policies database.**

**The Lead Director approves this document and any attached appendices.**

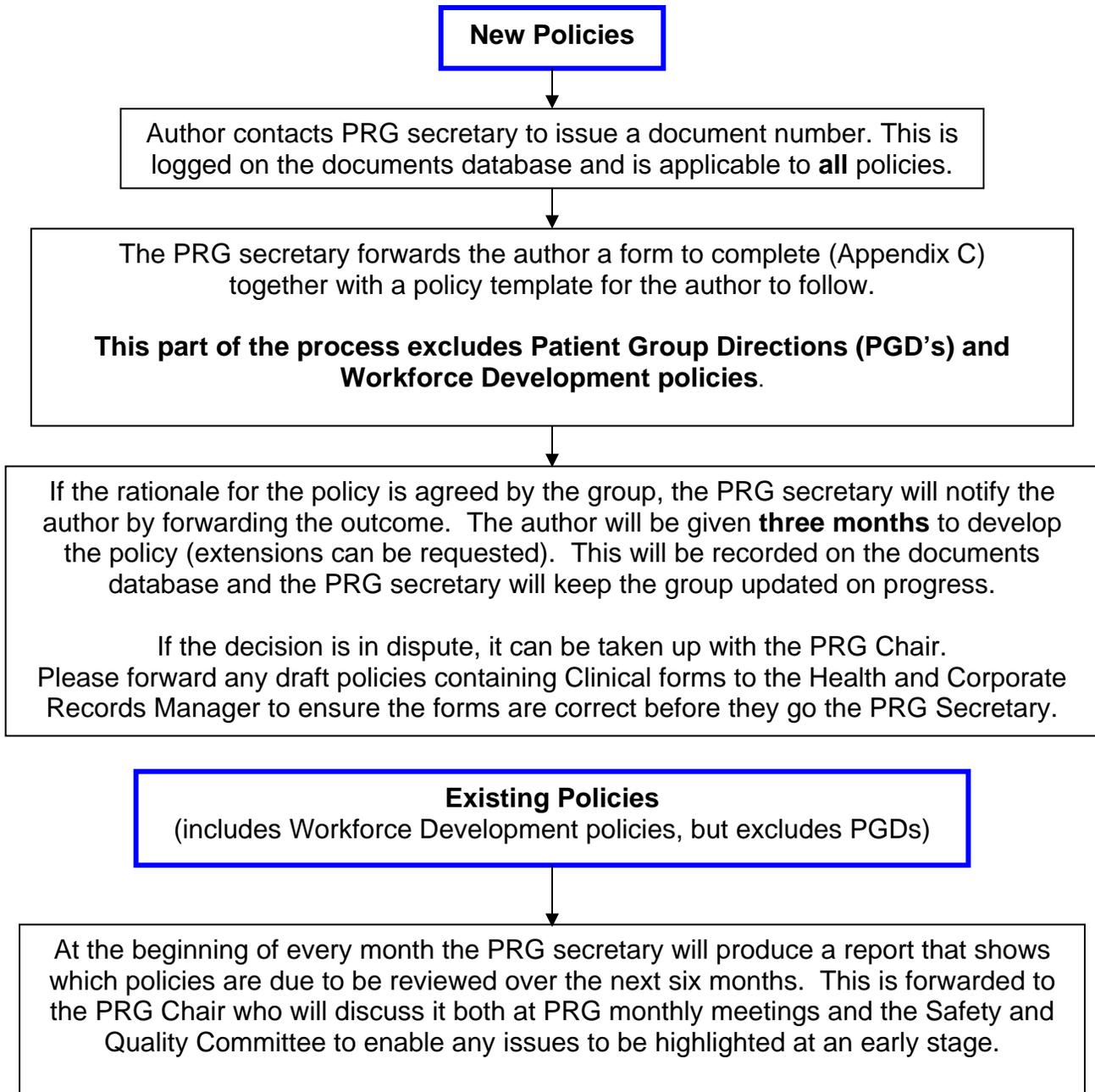
Signed:

Title:

Date:

## Appendix B

### Policy Ratification Group Process Flowchart for the Development & Maintenance of Policies and other Approved Documents



**Reminders for Existing Policies**  
(includes Workforce Development polices, but excludes PGDs)



The PRG secretary forwards six monthly, three monthly and monthly reminders to authors where policies are coming up for review and copies in the relevant locality manager. This is recorded on the document database in the comments section: The message reads:

“This policy has a stated review date of X and will therefore need to have been updated or removed from Healthnet and the Plymouth Community Healthcare website after this date. Would you consider and advise on the following options:

- a) The policy should be removed (note: the Safety & Quality Committee will have final agreement before the policy is formally removed).
- b) The policy is still relevant and either **no changes or minor** changes are required. If this is the case it **does not** need to go to the Policy Ratification Group (PRG), however you will be required to complete a declaration confirming either ‘no changes or minor changes’. (Appendix D). An updated version of the policy should be forwarded to the PRG secretary before the review date. (Please ensure you download your current relevant policy from Healthnet to update your policy).
- 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 by the PRG.

**NOTE:** A minor change will have very little impact/risk on staff, patients and/or the public (i.e. the change will not affect practice). A major change is where it will have an impact / risk on staff, patients and / or the public (i.e. 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. Policies six months before their review date will be discussed at the Safety and Quality Committee to avoid out of date policies being published. If you are having any issues reviewing a policy please discuss this with your line manager. Thank you.**

**Please also follow the current policy format template when reviewing your policy.**

**Removal of policies agreed by the Safety & Quality Committee  
that have passed their review date** (excludes PDG's)



The Safety and Quality Committee will formally agree the removal of a policy that has **passed its review date**. The PRG Chair will notify the PRG secretary regarding the removal of this policy.

“Following reminder emails from the PRG secretary, the above policy has now passed its review date. It has been discussed at the Safety and Quality Committee and agreed that it be removed from Healthnet and Plymouth Community Healthcare website.”

**Policies ratified by PRG**  
(excludes PGDs and Workforce Development policies)



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

The PRG secretary will then forward the policy to the Communications Department to publish on Healthnet and the Communications Department will advise the PRG secretary when this has taken place so that the documents database can be kept up to date.

**Additional notes:**

The PRG secretary will ensure that draft and revised policies are conforming to the format and layout, in accordance with the policy template.

The PRG secretary will file any email exchange or correspondence in the relevant folder that relates to the policy, including the most up to date policy and will have overall responsibility for updating the documents database, i.e. review / publication dates, changing status field, inputting any notes in the notes section of the database, etc.

Although PGDs and Workforce Development policies have their own formal processes for ratification they should still adhere to PCH's Policy and Procedural Document Framework Policy. In order to keep the documents database up to date a monthly report of PGDs will be forwarded to the PRG secretary.

The Communications Department will advise the PRG secretary when strategies have been published on Healthnet so that the documents database can be kept up-to-date.

## Appendix C



### Form: Rationale for Developing a New Policy

<b>This section to be completed by the Policy Ratification Group</b>	
<b>Form to be completed by service manager/locality manager</b> (excludes PGDs and Workforce Development policies)	
Document number and title of policy (if known)	
Reasons/rationale for policy to be written	<input type="checkbox"/> NHS litigation authority requirements <input type="checkbox"/> Department of Health guidelines <input type="checkbox"/> Meet legislation requirements <input type="checkbox"/> Local management issue <input type="checkbox"/> Risk treatment <input type="checkbox"/> New clinical evidence <input type="checkbox"/> Other; please advise:
Name of service manager/locality manager	
Date	
Are the rationale / reasons for developing this policy acceptable to the PRG? Yes / No. If no, reasons to be recorded	
Date	

Note: The Policy Ratification Group (PRG) secretary will advise the author / relevant person when the next PRG meeting is taking place for this item to be discussed. 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.

## Form: Declaration of either No Changes or Minor Changes to Policies

**Note:** Please ensure that revised policies include the new Plymouth Community Health care Logo and any reference to PCT, Trust etc. are updated.

<b>Form to be completed by the person undertaking the policy review</b> (excludes PGDs and Workforce Development policies)	
Document number:	
Title of policy:	
Does this document require any minor <sup>1</sup> changes Yes / No?	
Consultation: Have you involved key stakeholders <sup>2</sup> ? YES / NO If yes, please list who you have consulted with to discuss minor/no change(s). If you have not involved key stakeholders please explain why:	
Name of Locality Manager (LM) Confirmation of how LM was informed re the completion of Declaration, e.g. e-mail, 1:1 etc with date this took place. _____	
If your policy contains any forms have they been to the SAP (Single assessment process) group or the CPA (Care Programme Approach) group for ratification	
If applicable, please provide a brief overview of the minor changes required	
Name & title of person undertaking the review	
Date	

Please email this completed form to the Policy Ratification Group (PRG) secretary ([mariecoutts@nhs.net](mailto: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.

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

<sup>2</sup> The PRG would expect to see key stakeholders and locality managers involved in the process.

## Appendix E

### Form: Removal of Policies from Healthnet



**This section to be completed by the PRG Secretary/Chair**

Document number, author and title of policy	
Reasons for the removal of this policy	
Date discussed at PRG	
Date discussed at S&QC	
Has the removal of this policy been agreed by the S&QC? If no, reasons to be recorded and any other comments	
Date removed from Healthnet  The PRG secretary will notify relevant parties regarding the removal of the policy and also notify the Communications Department to advise staff of the removal through PCH Newsletter	

Please email this completed form to the Policy Ratification Group (PRG) secretary ([mariecoutts@nhs.net](mailto:mariecoutts@nhs.net)) who will ensure that the correct process is followed before this policy is removed.

## Appendix F



### Form: Equality Analysis Checklist

1. This form has been prepared to help you consider equality issues within your work.

<b>Name of proposal, document, policy, strategy, service redesign etc, and define its main purpose:</b>	
<b>Name and title of person completing this form:</b>	
<b>Who have you consulted with regarding this piece of work i.e. service user forum, staff members, etc)?</b>	

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 see Section 2 – Publishing.

If yes, please complete the following implementation plan below and Section 2 – Publishing.

Issues identified	Actions required	Responsibility	By when

## 2. Publishing

**Date form completed:** .....

Keep one copy for your records, and email an electronic copy to:

[ply-pct.EQUALITY@nhs.net](mailto:ply-pct.EQUALITY@nhs.net).

This form will be published on the Plymouth Community Health CIC website.



**Staff Distribution Signature Sheet for  
Approved & Ratified PCH 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.

**All policies are required to be electronically signed by the Lead Director**  
(the policy will not be accepted onto Healthnet until the e-signature is received).

**The proof of signature for all policies is stored in the policies database.**

**The Lead Director approves this document and any attached appendices.**

Signed:

Title:

Date: