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| **Tracking Document and Checklist (v5.2)** |

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| 1. **About the Document/Governance**
 |
| Document Title |  |
| Has the title of the policy changed?  | Choose an item. | *If yes please detail the previous title* |
| Document URN (Unique Ref. Number) |  |
| Document Type | Choose an item. |
| Document Version No. being updated |  |
| Category  | Choose an item. |
| What are the key changes from previous version |  |
| Accountable Director |  |
| Lead/Author name, job role and contact details |  |

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| 1. **Tracking Document (Purpose)**
 |
| Why is this Tracking Document required? | Review Extension - complete sections 2.2,6 |
| **2.1 New Document** – If this is a new document has a ‘New Procedural Document Request Form’ been completed and approved?  | Choose an item. |
| * 1. **Review Extension** –

For an extension to review date please see the following: |  |
| * Date to which the extension is requested
 |  |
| * Rationale behind the request for an extension
 |  |
| * When was the last full review undertaken of the document you are requesting an extension for?
 |  |
| * Current document remains valid and fit for purpose
 | Choose an item. |
| * What level of clinical, operational or organisational risk would an extension pose?
 | Choose an item. |
| * Please detail any influencing national guidance e.g. NICE
 |  |
| * The Governance structure remains correct
 | Choose an item. |
| * The roles and responsibilities remain correct
 | Choose an item. |
| * 1. **Removal** –

Please select item from drop down menu to inform whether the information is available elsewhere? | Choose an item. |
| * If the information is to be held elsewhere following removal please state the title where it can be found?
 |  |

**If you have answered ‘NO’ to any of the above questions or you have any queries please contact before continuing:**

* Clinical Policies under the remit of CPRAG – Kay Kharvat, Clinical Effectiveness Lead / Lisa Elder, Clinical Effectiveness Support Officer
* MHA/MCA Policies – Helen Moran, Mental Health Act Manager
* All other documents – Susan Black, Corporate Assurance Policy Officer

| 1. **Policy Checklist *(to be completed by the author)***
 |  | **Comments** |
| --- | --- | --- |
| **Development:**  |  |
| Is the Policy in the Trust Approved Template? (*see template*) | Choose an item. |  |
| Have the following been considered as part of the development process; |  |  |
| * + Safeguarding
 | Choose an item. |  |
| * + Infection Prevention and Control
 | Choose an item. |  |
| **Front Page:** Are all sections completed?  | Choose an item. |  |
| **Introduction:** Does this section introduce the topic and include references to and applicability of any relevant legislation, national policy guidance, external agency recommendations, definitions and explanation of terms used (Definitions can be converted to an appendix and placed towards the end of the document)? | Choose an item. |  |
| **Purpose:** Does this section outline the objectives and intended outcomes of the process/system being described? | Choose an item. |  |
| **Scope:** Are the target audience and activities covered by the document clearly stated in this section? | Choose an item. |  |
| **Responsibilities, accountabilities and duties:** Does this section provide an overview of the individual/ departmental/ service/ including levels of responsibility for document development? | Choose an item. |  |
| **Author/Lead:** Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?  | Choose an item. |   |
| **Training requirements:**If specific training is identified how will this be brought to the attention of the relevant team/service? |  |  |
| **Monitoring compliance:** Are measurable standards in place and documented which support monitoring compliance? | Choose an item. |  |
| **Equality Impact Assessment Screening:*** + Has this section been completed/updated within the policy?
 | Choose an item. |  |
| * + An Equality Impact Assessment (EIA) (separate document) has been completed as part of the document development/review process?
 | Choose an item. |  |
| **Links to any associated documents:**Are local/organisational supporting documents referenced? (*please hyperlink to document’s webpage*) | Choose an item. |  |
| **Referencing:**Are the references cited in full using the Harvard referencing style? | Choose an item. |  |

| 1. **SOP/Procedure Checklist *(to be completed by the author)***
 |  | **Comments** |
| --- | --- | --- |
| **Development Process:** |  |
| Is the SOP in the approved template? (*see template*) | Choose an item. |  |
| Have the following been considered as part of the development process; |  |
| * Safeguarding
 | Choose an item. |  |
| * Infection Prevention and Control
 | Choose an item. |  |
| **Front page:** Are all sections completed?  | Choose an item. |  |
| **Aim:** Is the aim of the document clear? | Choose an item. |  |
| **Scope:** Are the target audience and activities covered by the document clearly stated? | Choose an item. |  |
| **Overarching Policy:** * Does this section state the current title of the RDaSH overarching Policy?
 | Choose an item. |  |
| * Is this SOP/Procedure to be overarched by a Regional (or other non-Trust Policy?)
 | Choose an item. |  |
| **Training requirements:** |  |
| * If specific training is identified how will this be brought to the attention of the relevant team/service?
 | Choose an item. |  |

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| 1. **Consultation Journey**
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* Amanda Smith, Counter Fraud Specialist (360 Assurance)
* Yvonne Taylor, Mental Capacity Act Lead
* Jacqui Hallam, Head of Learning, Development & Education
* Shirley Kirkland, Head of Equality, Diversity, Inclusion and Participation
* Kay Kharvat, Clinical Effectiveness Lead (Clinical Policies only)
* Susan Black, Corporate Assurance Policy Officer

The above are part of the **mandatory** Policy Review Panel that must be included in the consultation process for **new** and **reviewed** **only** documents. Remaining members are Clinical Excellence Lead and Corporate Assurance Policy Officer who will access documents prior to formal approval meetings.

| **Name of Group or individual** | **Date requested and method** | **Comments made** | **Amendments made in response to comments (if none please explain why)** |
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| 1. **Approval**
* **Board of Directors (BoD)**
* **Clinical Policy Review and Approval Group (CPRAG)**
* **Corporate Policy Approval Group (CPAG)**
* **Mental Health Legislation Operational Group (MHLOG)**
 |
| Approval meeting | Choose an item. |
| Date of approval meeting |  |
| Names and Designations of members |  |
| Outcome | Choose an item. |
| Amendments  |  |
| Completed by |  |
| Date this information was recorded |  |
| Amendments –  |  |
| Incorporated by |  |
| Date  |  |