NHS
**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

TEMPLATE FOR THE DEVELOPMENT OF POLICY DOCUMENTS

Instructions on how to complete the policy document template are written through this template in blue italics – please ensure you delete these instructions before the policy document is finalised and put forward for approval.

Insert **Document** *Title (short and snappy) ending in document type i.e.* **Policy**
(font 18)

(If required add additional text under the title to complete the description)

DOCUMENT CONTROL:	
Version:	*Insert version number – check previous version with Corporate Assurance Policy Officer*
Approved by:	*Insert name of group with authority to approve this policy – check Procedural Documents (Development and Management) Policy.*
Date approved:	*Insert the date the policy was approved by the approving committee/group*
Name of originator/author:	*Insert the job title (not the name) of the document Author*
Name of responsible individual:	*Insert the name of the committee/group responsible for this document i.e. implementation and monitoring.*
Unique Reference number:	*If not already inserted, will be inserted by Corporate Assurance Policy Officer*
Date issued:	*The Corporate Assurance Policy Officer will complete this box on the day the policy is loaded onto the website.*
Review date:	*Insert the month and year the policy is due for review – usually this will be 3 years from the ratified date unless otherwise agreed.*
Target Audience	*Insert an overview of who this document is for i.e. clinical or non-clinical staff, all staff, managers etc.*

CONTENTS

1.   INTRODUCTION

XXX

2.   PURPOSE

XXX

3.   SCOPE

XXX

This document applies to and is relevant across the following services/departments/Care Groups:-

- *Insert*
- *Insert*

With the exception of; *insert here any services that are specifically excluded or state* 'no exceptions'.

4.   RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

XXX

5.   PROCEDURE/IMPLEMENTATION

XXX

5.1   XXX

XXX

6.   TRAINING IMPLICATIONS

There are two choices regarding training implications so choose the one that applies to this document and delete the others:

Option 1 - Trust training implications model template
Use this format below where specific training needs are identified - see section 5.2.9 of the Procedural Documents (Development and Management) Policy.

POLICY TITLE					
Staff groups requiring training	How often should this be undertaken	Length of training	Delivery method	Training delivered by whom	Where are the records of attendance held?
	DO NOT USE THE TERM "AD HOC"				*Electronic Staff Record system (ESR)*

Option 2 – Trust Standard Training Statement
Where no specific training needs are identified Insert the following standard statement and adapt as required – see section 5.2.9 of the Procedural Documents (Development and Management) Policy.

"There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents: *(INSERT LIST OF ROLES WHO NEED TO BE FAMILIAR WITH THE DOCUMENT)* and any other individual or group with a responsibility for implementing the contents of this policy).

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through: (ENTER AWARENESS RAISING METHODS TO BE CONSIDERED, examples below.)

A variety of means such as;

All user emails for urgent messages	One to one meetings / Supervision
Continuous Professional Development sessions	Posters
Daily email (sent Monday to Friday)	Practice Development Days
Group supervision	Special meetings
Intranet	Team meetings
Local Induction	

7.   MONITORING ARRANGEMENTS

Area for Monitoring	How	Who by	Reported to	Frequency

8.   EQUALITY IMPACT ASSESSMENT SCREENING -

The completed Equality Impact Assessment for this Policy has been published on this policy's webpage on the Trust Policy Library/Archive website.

8.1   Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, 'not just clinically but in terms of dignity and respect'. As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).	**Indicate how this will be met** *Consider any issues regarding the content of this policy in relation to privacy, dignity and respect and detail how these will be met.* *If there are no issues identified please state:* *No issues have been identified in relation to this policy.*

8.2   Mental Capacity Act 2005

	Indicate How This Will Be Achieved
Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individual's informed consent, or the powers included in a legal framework, or by order of the Court. Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the rights of individual are protected and they are supported to make their own decisions where possible and that any decisions made on their behalf when they lack capacity are made in their best interests and least restrictive of their rights and freedoms.	*All individuals involved in the implementation of this policy should do so in accordance with the Principles of the Mental Capacity Act 2005.*

9.   LINKS TO ANY ASSOCIATED DOCUMENTS

This section should provide details of any documents which are referred to at any point in the document, in order that the user can refer to these for further guidance as required.

XXX

10.   REFERENCES

References provide an evidence base for procedural documents. The Harvard style will be used to provide a uniform approach to referencing, as set out in the Procedural Documents (Development and Management) Policy on page 17.

XXX

11.   APPENDICES

If there are no appendices, please state 'none'. If there are, please insert any appendices to the policy on the next page.
(Once the policy document has been completed and you have consulted with the relevant people you must notify the relevant administrator of the approving Group that the document needs to be presented to the next meeting for approval.

The committee/group will need an electronic copy of the following documents usually a week in advance of the meeting: a completed cover sheet, the policy document with track changes if reviewed, a copy of the approved Equality Impact Assessment Screening Tool and a completed copy of the Tracking Document. The policy Author is usually expected to present the policy document for approval unless alternative arrangements have been made.)

Definitions/Explanation of Terms Used

XXX