

**APD TEMPLATE FOR THE DEVELOPMENT OF A PROCEDURAL DOCUMENT**

**APD TEMPLATE FOR THE DEVELOPMENT OF A PROCEDURAL DOCUMENT**

*[Note: contact the APD Process Co-ordinator for a reference* number and insert it as a header].

**Insert Procedural Document Name**

**This procedural document supersedes: insert ref. no. – insert title**

[Note: include the reference number and name of any APD that this procedural document supersedes]

**Did you print this document yourself?**

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

|  |  |
| --- | --- |
| Executive Sponsor(s): | Insert name and job title of executive sponsor(s) |
| Author/reviewer: (this version) | insert name and job title of author/reviewer |
| Date written/revised: | insert date written or revised |
| Approved by: | insert name of approval group/committee |
| Date of approval: | insert date approved |
| Date issued: | [to be inserted by APD Process Co-ordinator] |
| Next review date: | insert next review date |
| Target audience: | insert target audience e.g. Clinical staff, Trust-wide |

**Amendment Form**

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

[Note: please record the latest version number first. For a new procedural document, enter ‘this is a new procedural document, please read in full’ - example below:]

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date Issued** | **Brief Summary of Changes** | **Author** |
| **Example:**  Version 2 | January 2010 | * References updated * **Appendix 1** updated and re-designed | A N Other |
| Version 1 | November 2008 | * This document has been reviewed, without change. | A N Other |
| Version 1 | November 2007 | * This is a new procedural document, please read in full | A N Other |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Contents

**Page No.**

[1 Introduction 5](#_Toc2169914)

[2 PURPOSE 5](#_Toc2169915)

[3 Duties and Responsibilities 5](#_Toc2169916)

[3.1 Sub Headings – use if necessary 5](#_Toc2169917)

[4 PROCEDURE 5](#_Toc2169918)

[4.1 Sub Headings – use if necessary 5](#_Toc2169919)

[5 Training/support 6](#_Toc2169920)

[5.1 Sub Headings – use if necessary 6](#_Toc2169921)

[6 Monitoring compliance with the procedural document 6](#_Toc2169922)

[7 definitions 6](#_Toc2169923)

[8 Equality impact assessment 7](#_Toc2169924)

[9 Associated Trust procedural documents 7](#_Toc2169925)

[10 DATA PROTECTION 7](#_Toc2169926)

[11 REferences 7](#_Toc2169927)

[Appendix 1 – insert name of appendix 8](#_Toc2169928)

[APPENDIX ? - Equality Impact assessment part 1 initial screening 9](#_Toc2169929)

**If relevant, insert flowchart showing procedure/process at a glance (policy on a page principle)**

1. Introduction

Insert here……[Note: include an outline of the procedural document, its scope and statement of intent, any relevant legislative and organisational requirements].

1. PURPOSE

Insert here.….

1. Duties and Responsibilities

Insert here ….. [Note: always need to include duties and responsibilities of:

* + - * Relevant formal groups
      * Managers
      * ‘All staff’ who ………]

3.1 Sub Headings – use if necessary

Insert here ……

1. PROCEDURE

Insert here ….

**4.1 Sub Headings – use if necessary**

Insert here ......

If this is a Patient Care policy, add:

**PATIENTS LACKING CAPACITY**

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

* A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
* Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
* Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

**There is no single definition of Best Interest**. Best Interest is *determined on an individual**basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

1. Training/support

Insert here……

Please note: The Standard Training Needs Analysis (TNA) – The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

**5.1 Sub Headings – use if necessary**

Insert here ….

1. Monitoring compliance with the procedural document

[**NOTE:**  The author must use the framework below to identify and detail the key issues within the policy which need to be monitored to ensure compliance.]

Include:

* **WHAT** is being monitored,
* **WHO** is responsible for carrying out the monitoring,
* **HOW OFTEN**, e.g. weekly, monthly, quarterly, annually, or on review of the APD,
* **WHERE** the results will be reported and who is responsible for addressing any shortfalls.

|  |  |  |  |
| --- | --- | --- | --- |
| **What is being Monitored** | **Who will carry out the Monitoring** | **How often** | **How Reviewed/**  **Where Reported to** |
| **Example:**  List identified key issues relevant to this policy……. | Include title of person or group carrying out the monitoring … | Include the frequency e.g. weekly, monthly, quarterly, annually etc… | Include how reviewed, where reported and who will address any shortfalls … |
|  |  |  |  |

1. definitions

Insert here (list in alphabetical order) …..

1. Equality impact assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality Diversity and Inclusion Policy (CORP/EMP 59).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix ?)

1. Associated Trust procedural documents

Insert here…….[Note: list any associated Trust procedural documents.

For new or revised patient care procedural documents, reference must be made to the Trust’s Mental Capacity Act 2005 Policy and Procedure, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19 and the Privacy and Dignity Policy - PAT/PA 28].

1. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

1. REferences

Insert here ….. [Note: use the Harvard referencing style – list in alphabetical order]

If this is a Patient Care policy, add:

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf>Use separate pages for each appendix

**Appendix 1 – insert name of appendix**

Insert here... [Note: should you need to include any relevant flow-charts, graphs, forms etc., use these headings]

[Note: Please complete this and include it as the final appendix and insert the relevant appendix number in heading.]

**APPENDIX ? - Equality Impact assessment part 1 initial screening**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Service/Function/Policy/Project/Strategy** | **Division** | **Assessor (s)** | **New or Existing Service or Policy?** | **Date of Assessment** |
|  |  |  |  |  |
| 1. **Who is responsible for this policy?** Name of Division/Directorate: | | | | |
| 1. **Describe the purpose of the service / function / policy / project/ strategy?** Who is it intended to benefit? What are the intended outcomes? | | | | |
| 1. **Are there any associated objectives?** Legislation, targets national expectation, standards: | | | | |
| 1. **What factors contribute or detract from achieving intended outcomes?** – | | | | |
| 1. **Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?** Details: [see Equality Impact Assessment Guidance] - | | | | |
| * **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] – | | | | |
| 1. **Is there any scope for new** **measures which would promote equality?** [any actions to be taken] | | | | |
| 1. **Are any of the following groups adversely affected by the policy?**  |  |  |  | | --- | --- | --- | | **Protected Characteristics** | **Affected?** | **Impact** | | 1. Age |  |  | | 1. Disability |  |  | | 1. Gender |  |  | | 1. Gender Reassignment |  |  | | 1. Marriage/Civil Partnership |  |  | | 1. Maternity/Pregnancy |  |  | | 1. Race |  |  | | 1. Religion/Belief |  |  | | 1. Sexual Orientation |  |  |  1. **Provide the Equality Rating of the service / function /policy / project / strategy – tick (🗸) outcome box**  |  |  |  |  | | --- | --- | --- | --- | | **Outcome 1** | **Outcome 2** | **Outcome 3** | **Outcome 4** |   *\*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.** | | | | |
| **Date for next review:** | | | | |
| **Checked by: Date:** | | | | |