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| **TITLE:** | | | | | |
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| **Document Category:** | **CLINICAL; (or FINANCE; GOVERNANCE; HUMAN RESOURCES etc)** | | | | |
| **Document Type:** | **PROCEDURE** | | | | |
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| **Keywords:** | words ***not*** in the published title but thought useful when using the intranet search engine to help find the document | | | | |
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| **Version:** | | **Issue Date:** | | **Review Date:** | |
| 1.0; 1.1 etc | | Date/ month/ year  (date published/ uploaded to intranet or issued to staff to access) | | Maximum of 3 years following month of approval (Month/ Year) | |
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| **Supersedes:** | Version X.X, Title of document if changed, Issue Date Month Year to Review Date Month Year or Not Applicable - NEW | | | | |
| **Approved by (committee/group):** | Record name of trust committee/ group | | | **Date Approved:** | Record date of approval meeting (dd/mm/yyyy) |
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| **Scope/ Target Audience:**  (delete as applicable and/ or describe) | **Trust-wide** (for the majority) **OR**  **Divisional OR**  **Specialty/ Department** (for the minority) | | | | |
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| **Evidence Base/ References:** | If long/ large evidence base – add section header and simply refer to it from here (e.g. See Section 7) | | | | |
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| **Lead Division:** |  | | | | |
| **Lead Specialty/ Department:**  **(Or Division if ‘divisionally’ owned)** |  | | | | |
| **Lead Author:**  **(position/ role and name)** |  | | | | |
| **Co-Author(s):**  **(position/ role and name if applicable)** | Not Applicable | | | | |
| **Sponsor (position/ role):** |  | | | | |
|  | | | | | |
| *Name the documents here or record not applicable* | | | | | |
| *(these are documents which are usually developed or reviewed/ amended at the same time – ie a family of documents)* | | | | | |
| Associated Policy | | |  | | |
| Associated Guideline(s) | | |  | | |
| Associated Pathway(s) | | |  | | |
| Associated Standard Operating Procedure(s) | | |  | | |
| Other associated documents  e.g. documentation/ forms | | |  | | |
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| **Consultation Undertaken:** | * Record the individuals, groups of staff (e.g. matrons) and trust committees/ groups consulted during the development or review/ amendment of the document. Also consider consultation with junior staff/ students. * If long/ large consultation – add section header and simply refer to it from here (e.g. See Section 8) | | | | |
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| **Template control:** | v2.0 September 2023 | | | | |

* *To ensure you have selected the correct template for your document, see definitions in the trust’s* [*Development, Approval, Implementation and Review of CLINICAL procedures, guidelines, SOPs and Pathways - PROCEDURE*](https://sfhnet.nnotts.nhs.uk/departments/clinicalguidelines/deptbrowse.aspx?recid=1007&homeid=5586)
* *This document type (procedure) usually* *has the intension of determining, measuring or diagnosing a patient condition/ parameter or describes the official way of doing something which must be followed*
* *The above procedure provides information on the process for developing new documents and for reviewing/ amending current documents*
* *The sections in the contents table below are considered best practice but* ***optional*** *to use apart from the equality impact assessment (EIA) which must be completed unless there is an overarching/ associated policy with an EIA completed to cover this document.*
* *Consider use of the section headings on a case-by-case basis depending on the subject matter of your document – i.e. some documents may require an ‘Education and Training’ section, some may not. Some may require a ‘Monitoring Compliance and Effectiveness’ section, some may not. Some may require both etc.*
* *Throughout – apart from the front sheet, amendment table, flow charts (if font reduced to fit on one page) and the EIA, wherever possible: use Arial 12; either single or 1.15 line spacing; and either left align or justify. Ensure reduced font size is used sparingly*
* *DRAFT or other similar watermark to remain on documents until issued for use in practice.*

**Amendments from previous version(s)**

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| **Version** | **Issue Date** | **Section(s) involved**  **(author to record section number/ page)** | **Amendment**  **(author to summarise)** |
|  |  | E.g. – Whole document – planned review undertaken | * No changes in practice * Evidence base updated |
|  |  | E.g. – Not Applicable | * NEW document |

**CONTENTS**

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|  | **Description** | **Page** |
| 1 | INTRODUCTION/ BACKGROUND |  |
| 2 | AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents) |  |
| 3 | ROLES AND RESPONSIBILITIES |  |
| 4 | PROCEDURE DETAILS (including flowcharts) |  |
| 5 | EDUCATION AND TRAINING |  |
| 6 | MONITORING COMPLIANCE AND EFFECTIVENESS |  |
| 7 | EQUALITY IMPACT ASSESSMENT |  |
| 8 | APPENDICES  Appendix A –  Appendix B – |  |

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| **1** | **INTRODUCTION/ BACKGROUND** |

Write text here – e.g. introduce the subject matter, why it is important, any local statistics if available/ known, what parameters the document will cover

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| **2** | **AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)** |

Write text here – e.g. standardising/ promoting consistent evidence-based practice

**Related Trust Documents**

* i.e. any documents which the reader may need to refer to for additional guidance on a specific element of the document being followed/ implemented. Eg the document may ask the staff member to ensure the correct consent is obtained in which case the ***Consent to examination, treatment and care policy*** could be listed here.

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| **3** | **ROLES AND RESPONSIBILITIES** |

Write text here – this section is about any ***specific*** roles/ responsibilities surrounding the implementation of this document. They can include all levels of staff with certain responsibilities:

E.g. 1, taken from the Antenatal Care Provision Guideline:

It is the responsibility of the **Obstetric team** to set the parameters for Maternity Team Care (MTC) referrals and indicate when an appointment should be made for the appointment in Antenatal Clinic at King’s Mill Hospital or at Sherwood Womens’ Centre.

E.g. 2, taken from the trust’s VTE management guideline for inpatients 16+

**Nursing staff:**

* will highlight to medical staff any patient who comes to their notice with swollen leg or shortness of breath
* administer therapy as dictated by the prescription chart
* will teach a patient how to self-administer enoxaparin, if required

If there are no specific roles/ responsibilities remove section or, if felt necessary, include a generic statement around all staff involved in the care/ treatment of patients must follow/ implement the guidance within this document or record any justifications for not doing so.

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| **4** | **PROCEDURE DETAILS (including Flowcharts)** |

Write text/ main narrative for subject matter here and sub-divide if necessary e.g.

**4.1 Sub-section header 1**

**4.2 Sub-section header 2**

**etc**

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| **5** | **EDUCATION AND TRAINING** |

Write text here – e.g. describe if there is any specific/ additional training required for the application of the standards within ***this*** document such as undertaking an e-learning package; undertaking competency based training etc. Alternatively delete this section if not needed or include a generic statement stating there is no additional training, but staff should access the document via the intranet (if published) and/ or seek advice from senior colleagues if needed.

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| **6** | **MONITORING COMPLIANCE AND EFFECTIVENESS** |

Write text here – as per the policy template, this information should include:

* ***what*** element of compliance or effectiveness within the document will be monitored (i.e. which standard/s)
* ***who*** will be undertaking the monitoring (by role e.g. lead author)
* ***how*** will the monitoring be undertaken/ the method used (e.g. internal/ national audit, retrospective case note review, observation, incidents raised on Datix etc)
* ***when*** will the monitoring take place/ the frequency/ how often (e.g. weekly, monthly, etc); and
* ***reporting*** – which individual/ committee or group will the monitoring be reported to, in what format (e.g. verbal, formal report etc including actions for improvements and any areas of good practice)

This information can be in narrative format or be in a table format as per the policy template.

***Ensure the above information is realistic and achievable and if asked, could evidence be provided for assurance to the Trust***

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| **7** | **EQUALITY IMPACT ASSESSMENT** (please complete all sections of form) |

* [Guidance on how to complete an Equality Impact Assessment](http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?ContentId=51199)
* [Sample completed form](http://sfhnet.nnotts.nhs.uk/content/showcontent.aspx?contentid=50947)

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| Name of service/policy/procedure being reviewed: | | | |
| New or existing service/policy/procedure: | | | |
| Date of Assessment: | | | |
| *For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)* | | | |
| Protected Characteristic | a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups’ experience? For example, are there any known health inequality or access issues to consider? | b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening? | c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality |
| The area of policy or its implementation being assessed: | | | |
| Race and Ethnicity: |  |  |  |
| Gender: |  |  |  |
| Age: |  |  |  |
| Religion: |  |  |  |
| Disability: |  |  |  |
| Sexuality: |  |  |  |
| Pregnancy and Maternity: |  |  |  |
| Gender Reassignment: |  |  |  |
| Marriage and Civil Partnership: |  |  |  |
| Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation): |  |  |  |

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| What consultation with protected characteristic groups including patient groups have you carried out? |
| What data or information did you use in support of this EqIA? |
| As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? |

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| Level of impact  From the information provided above and following EqIA guidance document please indicate the perceived level of impact:  High Level of Impact / Medium Level of Impact / Low Level of Impact *(Delete as appropriate)*  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting. |

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| Name of Responsible Person undertaking this assessment: |
| Signature: |
| Date: |

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| **8** | **APPENDICES** |

List appendices here or if list is long record ‘see contents table’ and then start each different appendix at the top of the following page/ a fresh page.