**Policy in a Nutshell**

The request to extend the following policies was ratified by the Quality Committee

**Policy and Procedure for the Development, Review and Control of Trust Approved Procedural Documents**

The purpose of this policy is to ensure that:

* All procedural documents are developed and reviewed within a clearly defined accountability framework;
* Staff involved in the process have access to appropriate guidance and support;
* All new procedural documents are generated due to a clearly identified need;
* There is consistency in the development, format, implementation and review of all Trust procedures;
* All Trust procedural documents are compliant/consistent with the Trust’s strategic objectives, national guidance and relevant legislation;
* Appropriate consultation takes place when procedural documents are being developed;
* All procedural documents are properly disseminated throughout the Trust;
* Appropriate training is provided to staff;
* All procedural documents are subject to regular review of their effectiveness.

This policy and procedure seeks to reduce risk by having a robust document control process in place, so that the right procedures are available to the right staff at the right time, by ensuring that staff receive appropriate training, and ensuring that each procedure is regularly reviewed.

**Duty of Candour Policy**

The purpose of this policy is to set out the Trust’s expectations for all Healthcare Professionals and the contractual, statutory and professional responsibility to be honest with patients in their care if things go wrong. The Trust will support staff by fostering a just culture.

This policy applies to all Trust staff at all times; we all have a responsibility for being open, honest and transparent with service users, their families and carers.

Duty of candour applies to all patient safety incidents, which have an actual impact of moderate harm or where a patient safety incident resulted in severe harm, prolonged psychological harm or prolonged pain or death.

**Transgender Policy**

Transgender mental health is influenced by multiple socio-political factors and minority status. Transgender individuals experience an excess health burden and have difficulties that are poorly understood by many health practitioners.

Inpatients facilities can send a positive and welcoming message to transgender service users and create a safe environment, which provides high quality care to transgender patients.

This protocol aims to provide inpatients staff with good practice guidelines to enable them to achieve these aims for transgender service users.

**Lone Working Policy**

This policy is aimed at those responsible for managing community services and Lone workers, both on and off Trust premises. It is intended to minimise risks to staff as is reasonably practicable.

Lone Workers may be described as *any* staff member in *any situation, or location who works without a colleague nearby or is out of ‘earshot’/sight of another colleague*. This could be outside of a hospital or Trust Unit or, internally, where staff care for patients or service users on their own.

The Policy recognises that all staff working alone are potentially at risk and these risks must be minimised as far as reasonably practicable.

The Policy also gives guidance to Lone Workers and highlights their own responsibilities within this role.

**PALS & Complaints Policy**

This purpose of this policy is to provide a robust framework for all staff involved with informal and formal complaints within the Trust, in line with the objectives of the Local Authority Social Services and NHS Complaints (England) Regulations 2009 (The Regulations) and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 16.

This policy and the processes followed by the Trust are also underpinned by the Parliamentary and Health Service Ombudsman (PHSO) Principles of Good Complaint Handling and the Department of Health – Listening, Responding, and Improving: A guide to Better Customer Care (2009) and Healthwatch - Shifting the Mindset January 2020.

An extension to the 31/08/2024 is requested to allow for findings of the current Complaints QI project to be incorporated.

**Additional Update**

The Trust-specific Research Governance Policy has been superseded by the [UK Framework for Health and Social Care Research](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.hra.nhs.uk%2Fplanning-and-improving-research%2Fpolicies-standards-legislation%2Fuk-policy-framework-health-social-care-research%2Fuk-policy-framework-health-and-social-care-research%2F&data=05%7C02%7Crashida.khatun2%40nhs.net%7C0606b417cdcc4834ada508dc83bf94ce%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638530106053480046%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=eMg3e8uFIJRv0M1De%2BxpMZLi4M1WuWeEPHIFPVbD%2Fro%3D&reserved=0)