

## APPROVED PROCEDURAL DOCUMENT (APD) CHECKLIST

**Author MUST** complete sections 1 to 3 of this checklist and attach it to the final draft copy of the new/revised procedural document/policy when submitting it for approval to the relevant approval group. **Chair of the approval group MUST** sign and date section 4 as confirmation of approval.

<b>Procedural Document Title:</b>	<b>Reference No:</b>
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**Criteria to consider when developing a procedural document/policy:**

<b>1. <u>STYLE, FORMAT AND STRUCTURE</u></b>			
Indicate compliance with each aspect by marking a ✓ or X in the relevant box. Where X is marked, the reason <b>must</b> be given in the comments box.		<b>Yes</b> ✓	<b>No</b> X
<b>a</b>	Document developed using the style and format of the Approved Procedural Document (APD) Template.		
<b>b</b>	The front sheet is fully completed with the relevant details.		
<b>c</b>	Definitions of terms used are provided.		
<b>d</b>	Relevant duties of directors, managers, employees and other workers are described.		
<b>e</b>	The content is clearly and concisely written.		
<b>f</b>	The process for monitoring implementation and effectiveness is described within the monitoring table.		
<b>g</b>	I have got evidence of monitoring compliance.		
<b>h</b>	Other relevant associated procedural documents or information sources and references are included.		
<b>i</b>	Completed Equality Impact Assessment Part 1 Initial Screening form is included as the final appendix in the policy. (See CORP/EMP 27)		
<b>j</b>	The Mental Capacity Act 2005 (see policy PAT/PA 19) and the Privacy and Dignity Policy (see policy PAT/PA 28) has been considered.		

<b>2. <u>CONSULTATION</u></b> List individuals and committees consulted: (Where there may be an impact on equality or patient choice, then the consultation should also include the Ethics Committee Chair.)

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<b>3. <u>AUTHOR/REVIEWER APPROVAL:</u></b>	
Author to sign and date below and forward, with the final draft copy of the procedural document/policy to the appropriate committee/group for approval. You may be asked to supply evidence to support the above.	

Name of Author: (please print name)	Department:
Signature:	Date:

<b>4. <u>COMMITTEE/GROUP APPROVAL:</u></b>	
Chair of approval committee/group to sign and date below and forward to the APD Process Co-ordinator as confirmation of approval.	
<b>NOTE: Approval of the document MUST be noted in the minutes of the meeting.</b>	

Name of Chairperson: (please print name)	Committee/Group:
Signature:	Date:

<b>COMMENTS:</b>
Continue on reverse, if necessary

<p><b>Following Approval:</b> <b>Approval Group MUST</b> send the completed checklist to the APD Process Co-ordinator at the Education Centre, Bassetlaw Hospital as confirmation of approval. <b>Author MUST</b> send an electronic copy of the approved document to the APD Process Co-ordinator at the Education Centre, Bassetlaw Hospital to enable the document to be published on the Trust's Internet/Intranet and for the historical copy to be archived. Please contact ext. 2737 if you have any queries.</p>
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