

Policy Development

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AC/XX/021/D2	4 June 2013	Second draft
AC/XX/021/V1	18 July 2013	Approved by Audit Committee

REVIEWERS

This document has been reviewed by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
M Hartland	May 2013	Chief Finance Officer	D1
Audit Committee	18 July 2013	Delegated responsibility	V1

APPROVALS

This document has been approved by:

NAME	DATE	TITLE/RESPONSIBILITY	VERSION
Audit Committee	18 July 2013	Delegated responsibility from CCG Board	V1

NB: The version of this policy posted on the intranet must be a PDF copy of the approved version.

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RELATED DOCUMENTS

These documents will provide additional information:

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GLOSSARY OF TERMS

TERM	ACRONYM	DEFINITION

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1. Introduction

- 1.1 As part of NHS Dudley Clinical Commissioning Group's (the Group) commitment to reduce risk associated with the management of the organisation and provide guidance to staff, an organisation-wide approach for dealing with all Group policies and protocols has been produced.
- 1.2 This policy standardising the formation, updating and distribution of policies within the Group. It applies to all policies and protocols produced by Group staff for use within the organisation and wherever the organisation carries responsibility for the staff it employs.
- 1.3 All staff must have access to Group policies and where relevant supporting protocols. All current policies will therefore be made accessible on the Group's intranet, and where relevant to the public interest, on the Group's website.
- 1.4 In developing policy, the Group recognises the importance of promoting both equality and diversity which should be considered and embedded into all policies and protocols. The applicability of undertaking an Equality Impact Assessment should be assessed and if appropriate must be undertaken. The Group is committed to ensuring that policies are assessed in accordance not just with the letter but with the spirit of the law.

2. Responsibilities

Governing Body and its Committees

- 2.1 The governing body or one of its Committees retains responsibility for the approval of policy.

Chief Officers and Heads Of

- 2.2 The responsibility for sponsoring the development or updating of a policy will rest with individual Chief Officers and Heads Of, to whom individual cases should be made. They have overall responsibility for policy development within the Group, and will recommend policy for approval by the governing body or one of its Committees.
- 2.3 It is also the responsibility of the Chief Officers and Heads Of to ensure that consultation with Trade Unions, the CCG Governing Body Governance Lead and the Local Counter Fraud Specialist has been undertaken prior to approval in line with Appendix A.
- 2.4 It is the responsibility of all Chief Officers and Heads Of to ensure implementation of all approved policies are supported by integration with education and training programmes, appraisal, clinical supervision, service development and audit plans as appropriate.
- 2.5 Chief Officers and Heads Of must advise the Deputy Chief Finance Officer about:

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- i. the development of new or improved policies and protocols
- ii. the agreed withdrawal date for old policies or protocols
- iii. the approval date of policies and protocols.

To ensure that policy is kept up to date on the Group's intranet and website.

Staff

- 2.6 It is the personal responsibility of all staff to ensure they are familiar with all policies and are able to adhere to the latest versions of approved Group policies and any supporting protocols. If in doubt, staff should speak to their line manager.

Audit Committee

- 2.7 It is the responsibility of the Audit Committee to ensure that all policy is properly approved and has agreed review dates. They must ensure that there are adequate arrangements in place to effectively govern the policy management system

3. Definitions

Policy

- 3.1 A policy is a rule of governance approved by the Group that cannot be changed except by agreement of the governing body or one of its Committees and applies to all members of staff unless specifically exempt. It is a statement of the standard that is to be achieved and provides the scope in which the Group makes decisions. It lays down the response to be made whenever a specified circumstance arises. A policy is typically supported by procedures detailing how the policy is to be accomplished.

Protocol

- 3.2 A protocol is a supporting interpretation of a main policy (national or local) into operational requirements in specified circumstances. They must be authorised by the ET.

Best practice guidelines

- 3.3 Best practice guidelines are Group-wide advisory documents prepared by departments, working groups or other organisations or national guidance and are approved for use by the Group. They advise on best practice and may be integrated into policy but until this is done, remain advice as opposed to instruction.

4 Procedure and guidance for producing policies

- 4.1 Requests for new policies (or amendments to) should be submitted to a Chief Officer or Head Of following the process detailed in Appendix A and using the

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standard pro-forma A (Ref Appendix B).

- 4.2 The Chief Officer/Head Of will then determine whether the policy request should be developed. The process for developing or amending a policy will then be agreed and will include, arrangements with Staff-Side/Trade Unions, CCG Governance Lead and Local Counter Fraud Specialist.
- 4.3 If policies are being reviewed, changes should be clearly highlighted using track-changes and identified/referenced on Pro-forma B.
- 4.4 All policies must give consideration to the needs of all potential users and stakeholders. The applicability of undertaking an equality impact assessment must be assessed and if required to be undertaken. All staff-side issues should be raised with the appropriate personnel.
- 4.5 Policy reviews should incorporate any relevant audit or monitoring information, issues highlighted by staff, incidents and new evidence. This should be recorded on the pro-formas.
- 4.6 Where appropriate a policy must be referenced to current guidelines or legislation.
- 4.7 Draft policies (and amendments) must be quality assured by a person other than the original author before completing Pro-forma B. This assurance process must include a consideration of the following areas to protect the integrity of Group operations:
 - a) legal
 - b) quality and risk
 - c) information governance
 - c) HR and organisational development
 - d) financial
- 4.8 The pro-forma should then be completed and submitted with the quality assured draft policy and Pro-forma A to the sponsoring Chief Officer/Head Of. (Ref Appendix B).
- 4.9 A record of development, review and updating of policies will be maintained by the Deputy Chief Finance Officer who will also arrange for updates on the intranet / website and publicity via in-house communications.
- 4.10 Unless direction is given to the contrary by a Chief Officer/Head Of, an existing policy will remain in force until it is superseded by an update authorised by the governing body or one of its Committees.

5. Procedure and guidance for producing protocols

- 5.1 Supporting protocols should only be developed or amended after the main policy which they support (or changes to that policy) have been approved by the

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governing body or one of its Committees.

- 5.2 Protocol approval is via a Chief Officer/Head Of using Pro-forma A& B.
- 5.3 Unless direction is given to the contrary by a Chief Officer/Head Of an existing protocol will remain in force until it is superseded by an authorised update.

6. Version control

- 6.1 The version control of a document is very important as it outlines the history of policies and protocols, and amendments that have taken place.
- 6.2 All policies and supporting protocols must have version numbers. As changes are made to the document, each new “Draft” will be given a higher sequential number using the convention D1, D2 etc. Once the “Draft” document is signed off as approved, it will then be given the “Final” version number e.g. V1, V2 etc.
- 6.3 A table of consultation history should be included at the start of the policy or protocol (as per Appendix C).
- 6.4 The keeping of hard copies of policies and any supporting protocols is not considered best practice as there is a risk of them not being updated when old policies and protocols are replaced.

7. Policy review and archiving

- 7.1 The need to review existing policy may arise for a variety of reasons including:
 - a) introduction of new or change to existing practice
 - b) in response to learning from an incident
 - c) as part of a risk mitigation plan
 - d) in response to a change in legislation, NHS guidelines and/or best practice
 - e) in response to an Audit Report
- 7.2 Any member of staff may identify the need for a review of policy and should in the first instance raise the matter with a Chief Officer/Head Of.
- 7.3 Existing policies and any supporting protocols will remain in force until revised policies are distributed. The review period for policies is normally one year from date of issue however an earlier review may be determined at the discretion of the responsible Chief Officer/Head Of. Chief Officers/Heads Of will identify staff members who will be responsible for facilitating individual reviews.
- 7.4 As a safeguard in the event of future litigation, copies of withdrawn policies and any supporting protocols will be archived by the Group for 10 years so that they can be accessed for reference when necessary.

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8. Style and format

- 8.1 The presentation, style and format of all policies should be consistent with the Group template.
- 8.2 The document author is responsible for ensuring that policy language adheres to the principles of good English and can access the following guide for more information.

<http://www.plainenglish.co.uk/plainenglishguide.pdf>

- 8.2 The document author is responsible for ensuring that policy is prepared in accordance with the Group's prescribed policy style and format as shown in Appendix D.

Appendix A Policy Development Flow

Instruction received for new policy, policy change and/or scheduled review

Complete pro-forma A. Agree process and determine who will sponsor the policy

Develop draft new/revised policy, having consulted with relevant stakeholders

Ensure draft policy goes through the quality assurance review process by a Chief Officer / Head Of

Prepare final, quality-assured draft and complete pro-forma B, for submission for approval

Submission to governing body or one of its Committees for final approval

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Appendix B: Pro-formas for policy submission

Pro-forma A – Sponsorship for policy change

This Pro-forma should be completed by any Group staff member to:

- Request the production of a new Group Policy or Protocol
- Request an update to a Group Policy or Protocol.

The completed pro-forma must be sent to a Chief Officer/Head Of for agreement/ sponsorship.

Name of Proposed Sponsoring Chief Officer or Head Of	
Name of person making the application	
Date of application	
Job Title / contact email	
Signature of line manager supporting the application	
FOR POLICY:	
Name of proposed policy	
Areas impacted by the policy (e.g. HR, finance, information governance, quality etc)	
Is this a new policy or an amendment to existing policy?	
Reason for request (please provide brief details) e.g.	
DH guidelines/directives	
NHS England guidelines/directives	
Legislative or regulatory change	
Local management issue	
Risk management	
Audit recommendation	
Other	
FOR PROTOCOL:	
Which policy does the protocol support?	
Is this a new protocol or an amendment to an existing protocol?	
Reason for the request (please provide brief details)	

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Pro-forma B - Policy submission cover sheet

This pro-forma must be completed when sponsorship/agreement has been obtained and should be submitted with pro-forma A and the draft policy/ protocol to the sponsoring Chief Officer / Head Of.

Title of policy or protocol & version number	
Name of Sponsor	
Name of author	
Policy or protocol summary (if updating please summarise the changes and the old version number)	
Background information (why the need exists)	
Consultation process undertaken	
Identify any potential risks and/or issues related to implementing the new/revised policy or protocol	
Does the policy or protocol require an Equality Impact Assessment? If 'Yes', has an assessment been done?	
Identify any resource implications related to implementing the new/revised policy or protocol	
Provide any further information relevant to this submission	

Appendix C: Version Control for Policies

As below:

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Contents

POLICY OVERVIEW

- 1 Introduction
- 2 Purpose
- 3 Who This Policy Applies To
- 4 Key Principles
- 5 Legal Considerations

THE POLICY

- 6 [main body]

Appendix A – []

POLICY OVERVIEW

[THIS IS INTENDED TO PROVIDE AN EXECUTIVE SUMMARY OF THE POLICY]

1 Introduction

Set out the context and introduce the policy document

2 Purpose

Describe the purpose of the policy

3 Who This Policy Applies To

Identify who the policy applies to

4 Key Principles

Summarise the key features/principles of the policy

5 Legal Considerations

Identify any legal/regulatory requirements associated with the policy

THE POLICY

[DOCUMENT THE DETAILED POLICY]

6 The Policy – MAIN BODY