North East Hampshire and Farnham
Clinical Commissioning Group

NORTH EAST HAMPSHIRE AND FARNHAM CLINICAL COMMISSIONING GROUP

POLICY FOR THE MANAGEMENT OF POLICIES AND CORPORATE DOCUMENTS

Document Control Sheet

Version	1
Date	22 October 2013
Status	Draft
Author	Justina Jeffs, Interim Head of Corporate Governance
Lead Director/SMT	Jackie Stevens, Associate Director for Development and Business Services
Effective date	November 2013
Date of Formal Review	March 2015
Committee	Senior Management Team
Related Documents:	CCG House style guide

Contents

1. Introduction 4
2. Purpose 4
3. Scope 4
4. Definitions 4
5. Process/Requirements 5
   5.1 Process 5
   5.2 Statutory Requirements 5
6. Style and format 6
7. Content 7
8. Non CCG Policies/Special Circumstances 7
9. Approval Process 7
10. Dissemination/Publication 8
11. Monitoring 9
12. Review and Revision 9
13. Roles and Responsibilities 9
14. Training Requirements 10
15. Monitoring of this policy 10
16. Stakeholder/Consultation 10
17. Review of this policy 10
18. References and Links relating to this Policy 10

Appendix 1 – Process 11

Appendix 2 – Equality Analysis Information 12

Appendix 3 Policy Template 13

1. Introduction

1.1 The use of policies and procedures enables staff working for, and with us, to do so in a way that is efficient, consistent, safe and in keeping with our values, objectives and purpose.

1.2 The development, approval and monitoring of the use of our policies, also ensures that we meet statutory, legal and insurance requirements as well as best practice in relation to corporate and clinical governance.

2. Purpose

2.1 The purpose of this document is to provide a framework for the development, approval and monitoring of policies and procedures in accordance with our values regarding transparency and openness.

2.2 The environment within which we operate is one of constant change, and we must be in a position to respond to the challenges posed by these changes. This document seeks to ensure that our policies and procedures remain relevant by setting out our process for developing, ratifying, communicating, managing and reviewing policies and procedures.

3. Scope

3.1 This policy applies to all staff employed by, and staff working on behalf of North East and Farnham Clinical Commissioning Group.

3.2 This policy applies to all strategies, policies, procedures, protocols, guidelines and plans being issued under our CCG logo.

3.3 We may also utilise policies and procedures developed for us by third parties. This policy should be used for the purposes of approval and monitoring as well as assistance to those third parties in the development and format of such policies bearing our CCG logo. (See Section 8 for further information)

4. Definitions

4.1 A **STRATEGY** is a plan designed to achieve a longer term aim or goal. These timeframes can range from 2-3 years through to 15-20 years.

4.2 A **POLICY** sets out an organisations statement of intent and defines the course of action to be taken to meet this. It outlines processes specific to the particular organisation.

4.3 A **PROCEDURE** is a set of detailed step-by-step instructions that describe the appropriate method for carrying out tasks or activities to achieve the stated outcome.

4.4 A **PROTOCOL** is an explicit detailed plan of a procedure (usually locally defined).

4.5 A **GUIDELINE** is a broad statement of good practice. There is a degree of flexibility in the application of guidelines. Guidelines can themselves assist in determining strategies, policies, procedures etc.

4.6 A **PLAN** is a detailed document of what needs to be done and how this will happen.

5. Process/Requirements

5.1 Process

5.1.1 A brief summary for the policy development, approval and ratification process can be found in **Appendix 1**.

5.1.2 All proposed policies must be registered with the Governance Manager for inclusion on the central register of corporate documents.

5.2 Statutory Requirements

5.2.1 All policies etc must comply with the relevant statutory requirements, any subsidiary legislation and subsequent amendments, including but not limited to the following Acts:

- Health & Safety at Work Act 1974
- Health and Social Care Act 2008 (Regulated Activities), Regulations 2010
- Health Act 2009
- Care Quality Commission (Registration), Regulations 2009.
- Equality Act 2010, Equality Act 2010 (Specific Duties) Regulations 2011
- Human Rights Act 1998
- Promoting Equality and Human Rights in the NHS: a guide for Non-Executive Directors of NHS Boards (2005) Department of Health
- Mental Health Act 2007
- Mental Capacity Act 2005
- Civil Contingencies Act 2005
- Finance Act 2011
- Freedom of Information Act 2000
- Re-use of Public Sector Information Regulations 2005
- Data Protection Act 1998
- Environmental Information Regulations 2004
- Corporate Manslaughter & Corporate Homicide Act 2007

5.2.2 *"The public sector Equality Duty (section 149 of the Equality Act 2010) came into force on 5 April 2011. The Equality Duty applies to public bodies and others carrying out public functions. It supports good decision-making by ensuring public bodies consider how different people will be affected by their activities, helping them to deliver policies and services which are efficient and effective; accessible to all; and which meet different people's needs. The Equality Duty is supported by specific duties, set out in regulations which came into force on 10 September 2011. The*

specific duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives."
Source: The Advisory, Conciliation and Arbitration Service (ACAS).

5.2.3 In accordance with the CCG's commitment to Equality and Diversity, we aim to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and promote good relations between groups. We need to do this for the 9 protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. **Appendix 2** shows the Equality Analysis Template and guidance which is designed to help you systematically analyse the needs and impact of your policy or other document on each equality group or protected characteristic.

5.2.4 Document Authors are instructed to undertake an Equality Analysis for all new policies/documents. Results of the assessment, consultation and monitoring process should be detailed under the section heading 'Equality, Diversity and Mental Capacity Act' in the policy document. Existing policies should already have been Equality Impact Assessed and so only a review will be necessary where this is the case.

5.2.5 The completed Equality Analysis will need to be submitted as part of the approval process, and may be published to demonstrate compliance with the specific equality duty to publish equalities information.

6. Style and format

6.1 All policies and standard operating procedures should be presented in accordance with the standard template **(see Appendix 3).**

6.2 The basic style and format requirements are as follows;

- The policy title (cover page) should be written in black, capitals in font Arial Bold 14 or greater.
- The CCG logo should be at the top right corner of the title page. If the policy is a joint policy then the partner organisation logo should be on the top left side of the title page. It should be noted that joint policies will require ratification by all partner organisations concerned prior to implementation.
- The body text should be written using black Arial 11 font, with headings written in bold, capitalisation and/or underlined.
- The policy should be written in Plain English. Jargon should be avoided and abbreviations should be explained in their first use and subsequently where necessary.
- All sections of the document should be numbered sequentially, including paragraphs and appendices.
- All documents should include a footer (including the title of the document, page number and version number).

This information is also identified in the CCG's House Style Guide.

7. Content

7.1 It is evident that each policy or corporate document will contain information specific to the subject area however, the basic content requirements are as follows:

- Document Control Information
- Contents page
- Introduction and/or background
- Purpose and scope
- Definitions – these can be in the form of a glossary
- Equality Analysis (including costs, resources and manpower associated with any implications)
- References (where these have been used as evidence base in the document)
- Training considerations
- Consultation and stakeholder information
- Monitoring arrangements
- Roles and responsibilities for that particular document

8. Non CCG Policies/Special Circumstances

8.1 Local Authority, Local NHS, Local Area Team or Department of Health policies do not need to be rewritten into the CCG format if the CCG is intending to adopt them. A separate front sheet should be attached to the policy showing the title and CCG policy reference. Details of the consultation process and the standard document control requirements must also be given on this sheet with a nominated CCG Owner, rather than the Document Author, who would be responsible for reviews and CCG re-approval.

9. Approval Process

9.1 The policy should be presented to the appropriate CCG sub-committee for approval prior to final ratification by the CCG Governing Body.

9.2 The CCG Governing Body may wish to delegate the role of the CCG policy approval to one of its sub-committees e.g. the Quality and Clinical Governance Committee (for quality policies), the Senior Management Committee (for non-clinical policies) etc. This should also be reflected in the CCG Scheme of Delegation.

Type	Approval Committee	Ratification by
Non-Clinical/ Corporate	Senior Management Team	CCG Governing Body
Finance	Audit and Risk Committee	
HR	Remuneration and Nominations Committee	
Commissioning	Senior Management Team	
Clinical	Clinical Executive Group	
Quality	Quality & Clinical Governance	

	Committee	
IT	Senior Management Team	

9.3 The Governing Body is responsible for the final ratification of policies for use within the CCG. Final ratification will be made via the use of a list of those policies approved by the delegated committee that shows the:

- Policy name in full
- Unique Reference Number
- Approving Committee
- Date of approval
- Outstanding conditions to approval

Policies approved with outstanding conditions may be ratified by Chair's action dependant on the type of condition. This request should be made of the Chair at the time of ratification.

9.4 There is a requirement placed on the CCG by external agencies such as the NHS Litigation Authority, that some policies are formally approved by the Governing Body and this may not be delegated (for example Risk Management Policy). The Governing Body will also be expected to approve policies with significant public interest or where enactment would require a significant change in the way the CCG operates. Policies presented to the Governing Body for approval should first have been considered and agreed at the appropriate sub-committee.

9.5 Ratification is the point at which the approved policy is presented to the CCG Governing Body as final and accepted as ready for publication, and is signed by the Chair of the CCG. Please note that CCG Governing Body minutes must reflect the ratification by Policy Name and Policy Reference Number.

9.6 It is accepted that following approval of a policy or procedure by the appropriate committee or group there needs to be an allowance of time before the policy becomes fully operational in order to allow appropriate dissemination of the new/revised policy within the CCG. It is therefore expected that any policy or procedure approved by the Trust will be fully operational within 3 months of the date of approval unless otherwise notified.

10. Dissemination/Publication

10.1 All policies, strategies and procedural documents will be disseminated to staff via the intranet.

10.2 It is the responsibility of the Governance Manager to ensure that ratified policies and other such corporate documents are uploaded on to the intranet (for staff) and the website (for the general public) and that older copies of corporate documents are removed and stored appropriately within Information Governance guidelines of storage, retention and destruction requirements.

10.3 The document author may also wish to consider other routes of dissemination e.g. notification via newsletters, direct mailings to stakeholder organisations etc.

11. Monitoring

11.1 Monitoring of each document will be undertaken on an individual basis and should be identified within the document, including the relevant committee or group responsible for carrying out the monitoring.

12. Review and Revision

12.1 It is expected that each corporate document will be reviewed after the period of 12 months to allow for any changes, nationally or locally to be identified and included as a revised version.

12.2 In some circumstances documents may require review earlier than the proposed 12 month period. Where this is the case the process remains the same with regard to approval and ratification.

12.3 On review it is expected that all supporting documents within the document are still relevant and up-to-date and that any/all electronic links are still valid.

13. Roles and Responsibilities

13.1 **CCG Chief Officer** – The Chief Officer has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to.

13.2 **CCG Governing Body** – Has the responsibility for ensuring that all policies in use in the organisation are ratified by the CCG Governing Body.

13.3 **Approving Committees** - The Scheme of Delegation identifies the committee that has been delegated responsibility for approval of policies by the CCG Governing Body. This is also confirmed in appropriate committee terms of reference.

13.4 **Stakeholders** – Are responsible for ensuring the following:

- review this policy and provide feedback
- ensuring the policy has been implemented.

13.5 **Governance Manager** - Is responsible for ensuring the following:

- maintaining a central policy register
- ensuring the ratified documents are uploaded to the intranet and CCG websites in a timely manner
- contacting the Document Author when policy is nearing its review date.

13.5 **Document Author** – Is responsible for ensuring the following:

- documents that they are responsible for (as determined by their role) are regularly reviewed and maintained.

- that the Governance Manager has been notified of any new policies or reviewed policies/corporate documents
- policies that they are responsible for are formally ratified following the correct procedures.
- that documents are cascaded appropriately.
- that all documents follow the corporate format.
- that the effectiveness of the policy is monitored and evidenced.
- that any issues identified through the standard monitoring are followed up and appropriate actions taken.

14. Training Requirements

14.1 No specific training is available to support this policy. Any specific queries should be addressed to the CCG Governance Manager.

14.2 All stakeholders involved in policy development should be aware of the contents of this 'Policy for the Management of Policies Procedures' document.

15. Monitoring of this policy

15.1 The Governance Manager will provide an update on the use of this policy to the Senior Management Team after the first 6 months following its ratification.

16. Stakeholder/Consultation

16.1 This policy has been reviewed by members of the senior management team and executive.

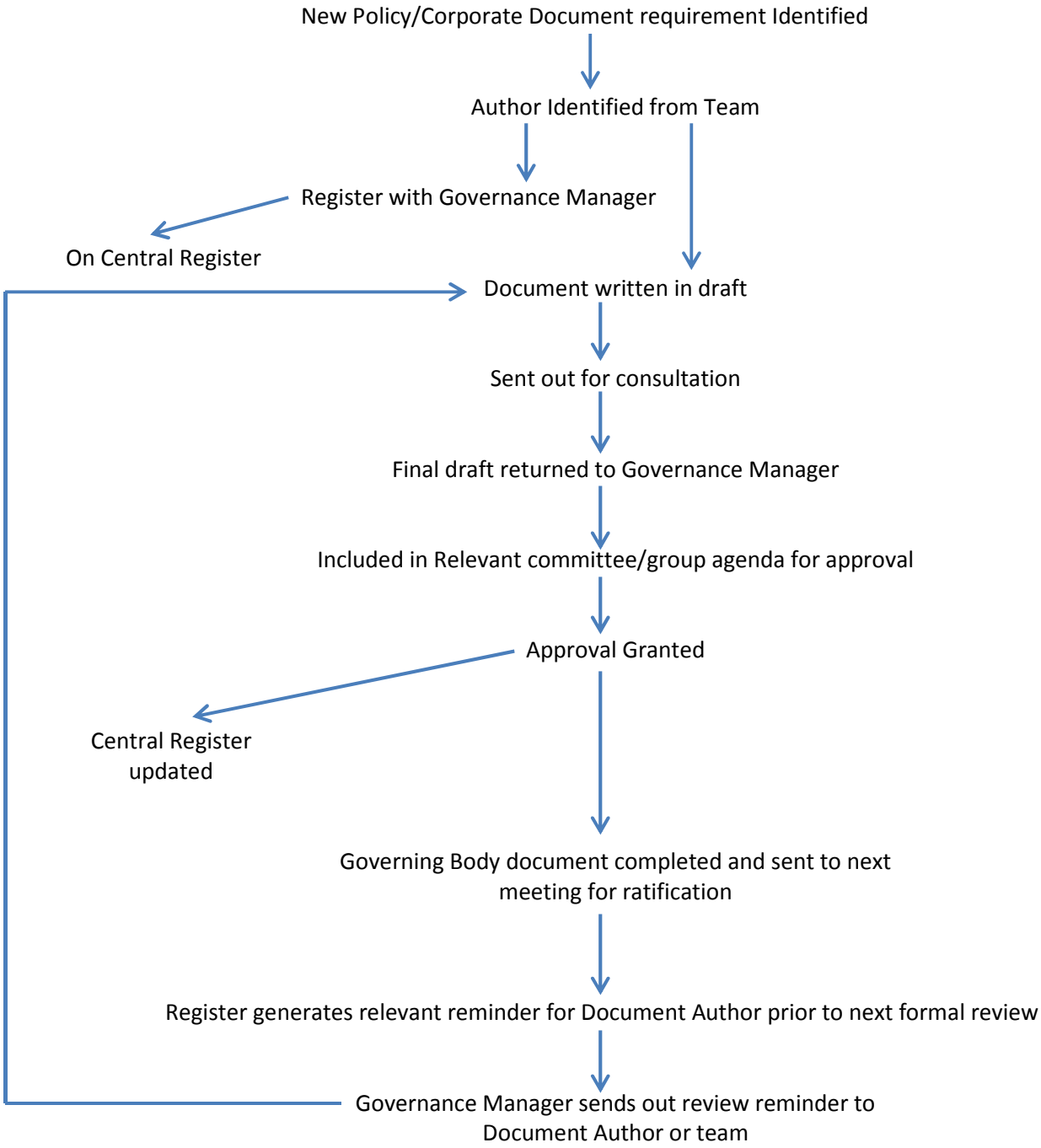
17. Review of this policy

17.1 This Policy will be reviewed 18 months following its ratification.

18. References and Links relating to this Policy

- The Advisory, Conciliation and Arbitration Service (ACAS).
- Good Governance Institute
- NHS Litigation Authority
- Department of Health

Appendix 1 – Process



Appendix 2 – Equality Analysis Information

EQUALITY ANALYSIS

Title of policy/programme/service being analysed	
Author:	**Assessor:**
Director: (Name & Title)	**Date of Assessment:**
Equality Act Duties	
Relevance of the document against the duties of the Equality Act: This should include which aspects of a policy, service, function, etc are relevant to which duties.	
Disability	
Sex	
Race	
Age	
Gender Reassignment	
Sexual Orientation	
Religion or belief	
Marriage and Civil Partnership	
Pregnancy and Maternity	
Carers	
Please state the aims and objectives of this work How is this proposal linked to the organisation's Business Plan and Strategic Objectives	
Who is likely to be affected? e.g. staff, patients, service users	
What evidence do you have of the potential impact (positive and negative)?	
Gaps in evidence of potential impact	
Document Consultation	
Action planning for improvement	

Appendix 3 - Policy Template

NHS
North East Hampshire and Farnham
Clinical Commissioning Group

INSERT POLICY TITLE

Document Control Sheet

Version	
Date	
Status	
Author	
Lead Director/SMT	
Effective date	
Date of Formal Review	
Committee	
Related Documents:	

CONTENTS

It may be appropriate to insert a Table of Contents to ease navigation through the document.

1. INTRODUCTION & PURPOSE

1.1 Insert text

2. SCOPE & DEFINITIONS

SCOPE

2.1 It is essential that the document explicitly states who it applies to.

DEFINITIONS

2.2 Insert any definitions for any terms used

3. PROCESS/REQUIREMENTS

3.1 There is no prescriptive way of detailing this section and the main body of the document will be unique depending on the subject matter. Include subsections as required.

4. ROLES & RESPONSIBILITIES

4.6 Outline here (subsections may be necessary) the different roles and responsibilities staff / users may have in relation to this document.

5. TRAINING

5.1 Outline here any training implications or issues as a result of this document. The Document Author must ensure that the Learning & Development Team have been engaged in the development of the document where any learning or training needs have been identified.

Attendance at any training session carried out as a consequence of the policy implementation must be formally recorded and documented.

6. CONSULTATION

6.1 Include information about stakeholder engagement or consultation here.

7. EQUALITY ANALYSIS

7.1 Include a statement summarising the outcome of the Equality Analysis that was conducted in relation to this policy, making reference to the Equality Analysis form which must be appended to the policy.

8. REVIEW

8.1 Include the standard statement: "This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months"

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

9.1 Where applicable, the document must contain a section detailing the Research/Evidence/References that were used to assist with the development of the Policy. Some of this information may be included at the beginning of the document as way of an introduction but should be referenced in full at the back of the policy. The Harvard Referencing System should be used as standard.