

Document title:	Policy for the development and management of policies, procedures and guidelines		
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Approval:	XXX Governing Body	Date approved:	
Delegated body for approval of any future revisions to the document	Audit committee		
Date effective from:		Review date:	
Target audience/policy relevant to:	All CCG staff		
Related documents:	Equality impact assessment toolkit Disciplinary Policy		
Author/further information:	Joanna Howard, deputy director of compliance		
Lead director:	Ben Westmancott, director of compliance		

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Date:	Version:	Owner	Comments/summary of changes including page number	Committee approval and date:
16.12.14	0.1	Joanna Howard	Draft policy	N/A
23.12.14	0.2	Joanna Howard	Following input from governance leads and director of compliance. For consideration by audit committees	

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1. Introduction and Purpose

This policy applies to all Clinical Commissioning Group (CCG) employees. The policy details the processes and responsibilities for approving, publishing and disseminating policies, guidelines and procedures within the organisation, ensuring all documents are available to all CCG staff.

Legislation exists that governs the way that the CCG must operate e.g. The Health and Social Care Act 2012. The CCG has a number of policies in place which set out the rules by which we operate in order to conduct our business in line with prevailing legislation and other national guidance.

Some policies will be underpinned by a detailed procedure explaining step by step how something should be done. In some instances a guideline will be written to provide further advice.

It is important that all CCG policies, procedures and guidelines are prepared in a corporate style and to a consistent set of standards to support staff to carry out their functions appropriately.

2. Definitions

Policy

A policy is a statement of governing principles which members of staff are expected to follow and is mandatory for all staff.

Procedure

A series of operational steps, that when undertaken in the sequence described, is expected to produce the desired result or outcome described in a policy.

Guideline

A recommendation that allows for a degree of professional judgment.

For clarity, a procedure must be linked to a policy and the documents must be cross-referenced. A guideline can be a stand-alone document.

3. Accountability and Responsibility

CCG Governing Body

The governing body has ultimate accountability for ensuring that the organisation operates in the correct way. Part of creating a system of internal control is by approving policies. All new policies must be approved by the governing body after review by the appropriate committee. When a policy that has been approved by the governing body is reviewed and amendments have been made it will need to be presented to a committee for approval. The governing body has delegated this authority through the approval of this policy.

Committees

CCG committees are responsible for the review of all policies relating to their remit. Procedures and guidelines can be approved by committees and do not need

governing body approval. Committees also have delegated authority for the approval of revised policies.

Directors

Each policy must have a lead director. The lead director is responsible for ensuring the policy is accurate, up to date, provides sufficient advice to staff, and that it is audited and reviewed.

Director of Compliance

In line with the above the director of compliance is accountable for this policy (policy for the development and management of policies, procedures and guidelines). A log will be maintained of all CCG policies including lead director and review date. The collaborative governance and compliance team has a role in quality assuring policies and coordinating the schedule of policy reviews.

Communications Team

This team is responsible for advising staff on the best method of communication as well as the publication of all new and revised policies. Documents will only be disseminated if evidence of governing body approval has been provided.

All Staff

All staff are expected to follow CCG policies and seek clarity where needed. Failure to follow a CCG policy may result in disciplinary action being taken. All staff are responsible for following this policy and ensuring that documents they are involved in writing are produced and approved according to this policy.

4. Style and format of documents

All policies, procedures and guidelines must be written in a style that is clear using unambiguous terms and language. A template coversheet can be found in appendix 1.

Abbreviations should be used sparingly and only if an explanation of the abbreviation is provided at its first use in the document.

All CCG policies must follow the same style:

- Arial font
- Document title to be bold font size 14
- Section titles must be bold font size 12
- Section contents to be font size 12 (Options for larger font will be available on request for those with visual impairments)
- CCG logo at the top right hand corner or if applies to more than one CCG all logos must be included
- Footer must include page number on the right, document name in the centre and state 'Printed copies may not be the most recent version' to the left.
- Draft must be removed once approved and prior to publication
- Table of content numbers and pages must match actual sections

- Documents are to have single line spacing
- All policies will be issued a number from the collaborative governance and compliance team to be included in the policy title

5. Standard headings

All documents must include but not limited to the following sections:

- Contents
- Introduction and Purpose
- Definitions
- Accountability and Responsibility
- Dissemination and Implementation
- Process for monitoring compliance and effectiveness
- Process for review
- Equality Analysis
- References

The checklist for review can be found in appendix 2.

6. National legislation and guidance and local documentation

Authors must ensure that the document meets legislative requirements and other guidance where applicable. References should be made to relevant legislation and other documentation.

Where the policy relates to internally generated policies and other documents, clear references must be made. Authors are responsible for ensuring consistency with other policies.

7. Equality Analysis

The CCG has a statutory duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination. An equalities analysis must be undertaken on each policy, guideline and procedure. Please see appendix 3 for the equality analysis template. Once the template has been completed this must be sent to the collaborative equalities lead for approval prior to committee review. Guidance on completing the equality analysis can be found at

http://www.equalityhumanrights.com/sites/default/files/documents/EqualityAct/PSED/ehrc_psed_policy_making_web.pdf

8. Consultation and approval

All **policies** must follow a consultation process which will depend on the type of document. Prior to committee review all policies should be consulted on with

stakeholders. The stakeholders will differ depending on the nature of the policy. If in doubt please consult the collaborative governance and compliance team for advice.

Following consultation the draft document including the completed checklist (see appendix 2) should be sent to the collaborative governance and compliance team for review and agree the approval pathway. The final version of the document is to be presented to the governing body for approval. Further details can be found in the flow chart in appendix 4.

Once the document has been approved the approval details are to be included on the front sheet and 'draft' is to be removed.

All **procedures** and **guidelines** need to be consulted on with stakeholders as part of their development. Authors should decide themselves on the best way of doing this. Advice can be obtained from the collaborative governance and compliance team. Approval of procedures and guidelines must be through a committee of the CCG.

9. Dissemination and Implementation

The lead director is accountable for ensuring that the policy is disseminated to all staff and that the author has incorporated a clear dissemination and implementation plan within the policy. Document authors are responsible for ensuring that any resource implications for implementation are identified and agreed prior to submission for approval.

Approved policies, guidelines and procedures will be uploaded to the CCG intranet site and a communication will be sent to all staff informing them that the new policy is available.

CCG governance leads have a role to ensure that all policies are brought to the attention of staff via local dissemination routes e.g. team meetings and extranets.

10. Process for Review

All policies, procedures and guidelines must include a review date which will be no longer than three years from approval. The collaborative governance and compliance team will hold a policy database which will include:

- Policy name and number
- Version number
- Author
- Review date
- Record of approval body
- Responsible director

The policy review process starts six months prior to expiry date and will follow the review process as stated in the policy. All reviewed policies will be presented to the

relevant committee for approval.

A standard format for version control will be put in place. A policy that is currently extant will be assumed to have version number 1.0. Each iteration during the review phase will be numbered sequentially as follows 1.1, 1.2 etc. Once approved the new version will be numbered 2.0. For further guidance please consult with the collaborative governance and compliance team.

This document will be reviewed every three years or sooner if necessary, for example following an organisational change, relevant changes in legislation or guidance. Review of this policy will be undertaken by the collaborative governance and compliance team.

11. Process for monitoring compliance and effectiveness

Compliance with all policies must be monitored. All staff have a responsibility to comply with policies and line managers have a responsibility to ensure that staff are aware of and follow policies. All deviations from policies must be reported to the audit committee. The lead director for a policy is responsible for ensuring mechanisms are in place to monitor compliance.

This policy will be monitored by collaborative governance and compliance team. Compliance with this policy will be reported to the audit committee. This will involve monitoring the production of all new and reviewed policies against the agreed timelines.

12. References

Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Appendix 1 – Document cover sheet template

Document title:			
Type of document:	<i>Policy/procedure/guideline</i>		
Policy number	CWHHE/POL/001/XX		
Approval:	XXX Governing Body	Date approved:	
Delegated body for approval or any future revisions to the document			
Date effective from:		Review date:	
Target audience/policy relevant to:			
Related documents:			
Author/further information:			
Lead director:			

Document review history:				
Date:	Version:	Owner:	Comments/summary of changes including page number:	Committee approval and date:

Appendix 2 – Checklist for reviewing a policy, procedure or guideline

Name of document:	Yes/No/Unsure	Comments
Title		
Is it clear what the document is e.g. policy, procedure or guideline? Is the title clear and ambiguous?		
Introduction and Purpose		
Is the purpose of why the document is needed and what it will be used for clear?		
Definitions		
Are the definitions clear? Have the definitions been used in a previous policy? If so, are they compatible?		
Accountability and Responsibility		
Are the roles clearly defined? Have all stakeholders been included as appropriate?		
Dissemination and Implementation		
Is the process to inform all staff of the new document stated? Is the implementation plan clear and achievable? Are additional resources for implementation required? If so has that been explained and approved?		
Process for monitoring compliance and effectiveness		
Is there a process for monitoring compliance? How will the effectiveness be measured?		
Process for Review		
Does the document identify which approval body will be used? Has the committee(s) for review been identified?		
Equality Analysis		
Has an equality analysis been carried out? Are there measurable standards or key performance indicators (KPIs) to support the monitoring of the document?		
Is there a plan to review or audit compliance with the document?		

To be sent to collaborative governance and compliance team prior to committee review

Appendix 3

Equality Analysis - Template

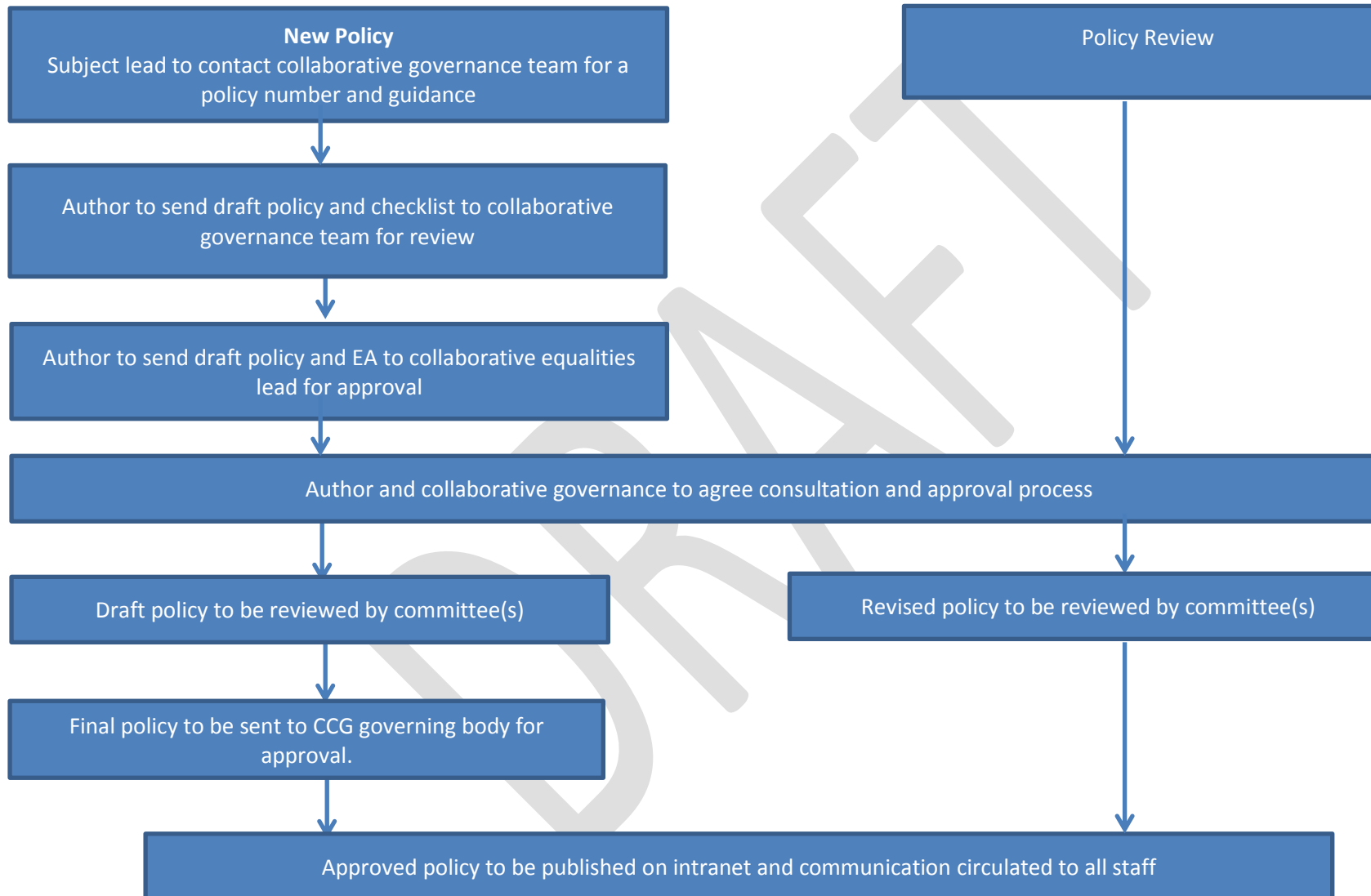
The purpose of an equality analysis is to understand the impact of a new policy on different people and diverse groups within our service population.

Title of the policy:	
Name(s) and role(s) of staff completing this assessment:	
Date of assessment:	
Summary of analysis and overall impact	

Equality Area	Evidence considered (main sources of data)	Impact of policy (negative/ positive)	If you have identified negative impact please list the actions taken to address this/these.
Race			
Gender			
Age			
Physical or mental health Disability			
Religion/culture			
Carers			
English as a second language			
Sexual orientation/gender reassignment			
Marriage /Civil Partnership			
Pregnancy /Maternity			
Different work patterns e.g. part time, term time only			

Please send to the collaborative equalities lead for sign off. A full impact assessment may be required.

Appendix 4: Approval Process Flowchart



Equality Analysis

An equality analysis has been conducted on this policy.

Title of the policy:		Policy for the development and management of policies, procedures and guidelines	
Name(s) and role(s) of staff completing this assessment:		Joanna Howard, deputy director of compliance Samira Ben Omar, assistant director, patient experience and equalities	
Date of assessment:		17.12.2014	
Summary of analysis and overall impact		The policy will have a positive impact as it has incorporated an equalities analysis as part of submissions of all policies to be signed off by the CWHHE equalities lead. Staff are already required to undertake equalities training. Authors of policies will be supported by their respective CCG equalities leads to complete the equalities analysis forum	
Equality Area	Evidence considered (main sources of data)	Impact of policy (negative/ positive)	If you have identified negative impact please list the actions taken to address this/these.
Race	Equalities section of this policy	Positive	
Gender		Positive	
Age		Positive	
Physical or mental health Disability	Policy implementation plan	Positive	
Religion/culture	Equality section of the policy	Positive	
Carers	Whole document	Positive	
English as a second language	Implementation plan	Positive	
Sexual orientation/gender reassignment	Whole document	Positive	
Marriage /Civil Partnership	Whole document	Positive	
Pregnancy /Maternity	Whole document	Positive	
Different work patterns e.g. part time, term time only	Whole document	Positive	