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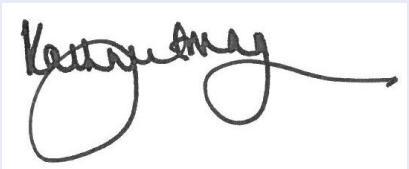
Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

	Yes/No/ Unsure	Comments
Title of Document		POLICY FOR THE DEVELOPMENT, RATIFICATION AND IMPLEMENTATION OF POLICIES AND RELATED PROCEDURAL DOCUMENTS
Could this policy be incorporated within an existing policy?	N	
Does this policy follow the style and format of the agreed template?	Y	
Has the front sheet been completed?	Y	
Is there an appropriate review date?	Y	
Does the contents page reflect the body of the document?	Y	
Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y	
Are all appendices appropriate and/or applicable?	Y	
Have all appropriate stakeholders been consulted?	Y	
Has an Equality Impact Assessment been undertaken?	Y	
Is there a clear plan for implementation?	Y	
Has the document control sheet been completed?	Y	
Are key references cited and supporting documents referenced?	Y	
Does the document identify which Committee/Group will approve it?	Y	

Is there an implementation plan in place for this policy?	Y	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Caroline Hall Chief Finance Officer	Date	May 2018
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Kathryn Magson	Date	May 2018
Signature			

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Policy for the development, ratification and implementation of policies and related procedural documents

Version number	1.6
Ratified by	Exec team
Date ratified	May 2018
Name of originator/author	Amanda Yeates
Responsible director	Chief Finance Officer
Staff audience	All staff
Date issued	June 2018
Next review date	May 2020

DOCUMENT CONTROL

Plan Version	Page	Details of amendment	Date	Author
V1		New plan	Jul 13	AY
V1.1	14	Field for policy title added to the checklist	Sep 13	AY
V1.2	3&16	Field for responsible director and staff audience added to front sheet	Sep 13	AY
V1.3	6-7	Definitions updated to include examples	Jan 16	AY
V1.3	7-8	Roles and responsibilities reviewed and updated	Jan 16	AY
V1.3	9	Links removed in favour of generic networks	Jan 16	AY
V1.3	10	Section 6 updated to reflect changes to roles and responsibilities	Jan 16	AY
V1.3	11	Section 10 updated as above	Jan 16	AY
V1.3	11	Section 11 updated to reflect introduction of the policy brief	Jan 16	AY
V1.3	12	Section 12 updated to reflect other changes	Jan 16	AY
V1.3	9	Section 4.1.6 updated to indicate responsibility for draft of policy brief and communication of policy	Feb 16	AY
V1.3	9	Staff Involvement Group included in list of potential stakeholders	Feb 16	AY
V1.3	21	Policy brief added as appendix 4	Jan 16	AY
V1.4	9	Patient reader group added to stakeholders	Aug 16	AY
V1.4	10	Section 5 updated instructing for a summary of key points to be included where appropriate	Aug 16	AY
V1.4	13	Flow chart in appendix 1 updated	Aug 16	AY
V1.4	22	Policy brief updated to include a section which highlights policy revisions	Sep 16	AY
V1.4	12	Section 12 updated to advise policy brief must be updated with specific changes if a policy is reviewed	Oct 16	AY
V1.5	14	Frequency of presentation of the policy register to Exec Team updated	Sep 17	AY
V1.5	All	Role of Accountable Officer updated to Chief Executive	Sep 17	AY
V1.5	15	Flow chart in appendix 1 updated	Sep 17	AY
V1.5	25	New format for equality impact assessment included	Sep 17	AY
V1.6	All	Changes to text to bring document in line with the CCG “style guide”	Apr 18	AY
V1.6	14	Flow chart updated	May 18	AY
V1.6	8-9	Section 4.1 in relation to roles and responsibilities updated	May 18	AY
V1.6	12	Section 12 guidance for policy review updated	May 18	AY

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CONTENTS

Appendices

1. Introduction

This document provides a framework for the development and management of all policies and related procedural documents within the Herts Valleys Clinical Commissioning Group (Herts Valleys) and applies to all such policies and related procedural documents. This policy should be read in conjunction with the Herts Valleys "Style Guide" http://hertsvalleysccg.nhs.uk/news/455-writing-and-style-guide

2. Purpose

Herts Valleys intends that its organisational policies should provide a clear understanding of what is expected of employees and are understood by member practices. This policy outlines the process for the development, ratification and implementation of policies and related procedural documents in order to achieve a consistent approach across the Clinical Commissioning Group (CCG).

Occasionally policies will be developed through partnership working and may have a different format than that described here (e.g. workforce policies). In these instances the policy itself will be adopted and will be quality-assured against the criteria of this document to ensure that when presented for final approval it meets the CCG's requirements.

3. Definitions

3.1 An **organisation wide policy** is an agreed plan which must be acted on by all relevant staff as an expected or "must do" requirement. It enables managers and staff to make decisions and take action consistently and effectively in line with relevant legislation, guidance and good practice. It says what you must know or do.

3.1.1 An **operational policy** is a formal statement communicating general rules and principles which apply within the CCG. Such policies provide a guide for developing detailed work procedures to effect compliance with established rules and principles. Operational policies provide a framework which allows both legislative and non-legislative matters to be managed consistently. For the purpose of this policy, workforce policies are categorised as operational policies.

3.1.2 A **clinical policy** relates to clinical matters and is likely to have a direct impact on health outcomes and pathways. An example of a clinical policy would be one related to NICE guidance.

3.1.3 A **strategic policy** (e.g. Herts Valleys quality strategy) will impact on the objectives, priorities and plans of Herts Valleys CCG over the longer term and/or will have a significant impact on CCG resources.

3.2 An organisation- wide **procedure** is a standardised series of actions taken to achieve a task in an agreed a consistent manner to attain a safe and effective outcome. A procedure is a formal document that must be complied with as it may be used to support an individual or the CCG in the event of any legal action. It tells you how something must be done.

In most instances the CCG requires that any procedural elements required are contained within the actual policy. However, there will be circumstances where supporting procedures are developed following implementation of the policy and in these instances these will be ratified through the same process.

In this context, procedures define the practical steps to be taken to achieve compliance with a policy and/or guideline. Procedures can be clinical or non-clinical. Some health and safety documents fall into this category, such as the tenant incident controller and fire warden procedures.

3.3 **Clinical guidelines** are evidence based statements used to assist clinicians in the decision making process about appropriate treatment and care in specific circumstances, for example, guidelines relating to procedures of limited clinical value. Where more clinical detail is required, this should be contained within a supporting procedural document.

3.4 A **protocol** is a detailed plan of how to carry out an action (clinical or non-clinical).

3.5 A **controlled document** is a document issued in a numbered, limited format, to ensure that the latest version or revision is readily available. Controlling a document means tracking it to ensure that staff who refer to it always have the correct and most up to date document available. Document control procedures specify measures you can use to control the quality assurance of documents and satisfy the requirement to withdraw issued documents when they are obsolete and replace them as revisions are approved. All of the documents listed above should be issued in a controlled format.

4. Roles and responsibilities

4.1 Roles and responsibilities within the organisation

All CCG staff and board members need to ensure they are aware of the system for policy development, ratification and implementation. This includes a requirement to review new policies and assess the relevance to their own and their team's role.

Compliance with Herts Valleys policies is mandatory for permanent and temporary staff; staff failing to adhere to CCG policies may be subject to disciplinary procedures.

4.1.1 The **Chief Executive** has overall accountability for the strategic and operational management of the CCG, and will ensure that corporate policies comply with all legal, statutory and good practice guidance requirements.

4.1.2 The **Herts Valleys CCG board** is responsible for setting the corporate strategies on which policies will be based. It has also reserved the responsibility for approving the CCGs Equality & Diversity and Health and Safety policies.

4.1.3 The **Audit Committee** is responsible for ratifying/approving the CCG's detailed financial policies, standing orders, the scheme of delegation for the board and should have significant input to all finance/fraud policies via the stakeholder consultation process.

4.1.4 The responsibility of the **Executive Team** is to review and ratify new operational and strategic policies and those which have been subject to substantial or significant revisions since the previous version, to ensure they have been through the correct development process. The role of the Executive Team in this regard is essentially one of quality assurance. Provided the Exec Team is satisfied with the content and presentation of Strategic policies, they will ratify them and grant final approval on behalf of the board. The Executive Team have delegated authority to give final approval to operational policies.

In the same way, the **Commissioning Executive** and the **Primary Care Commissioning Committee** are responsible for reviewing and ratifying new clinical policies and those which have been subject to substantial or significant revisions since the previous version. They also have delegated authority to give final approval to these policies.

4.1.5 The **Head of Corporate Support** will provide support in the development of policies. In order to ensure a co-ordinated approach to policy development and to avoid duplication, staff wishing to develop a policy should notify the Head of Corporate Support who will be responsible for:

- Offering support and advice (as appropriate)
- Testing the rationale for the need for an organisational policy
- Logging the intention to develop a policy on the organisational policy register
- Identifying possible overlap/conflict with another policy that has been ratified or is in development
- Identifying the document is a policy rather than a local procedure or guidance
- Identifying and confirming the correct ratification route
- Arranging for the uploading of ratified policies on the HVCCG intranet
- Maintaining the register of active policies
- Archiving old policies

4.1.6 **Policy authors** are responsible for ensuring that policies they are developing are in line with this policy and the checklist for the review and approval of procedural documents in appendix 2 gives a guide as to what is required. They are also responsible for drafting the accompanying policy brief document (appendix 4), which should be sent for approval alongside the accompanying policy. The policy author is also responsible for the communication of finalised policies to staff and should consult with the communications team on the most appropriate method, as this may vary depending on the type of policy.

4.1.7 **Senior managers** are responsible for identifying the requirements for policies in conjunction with their staff, for supporting members of staff through the development and implementation of Herts Valleys policies and for ensuring understanding of and compliance with all such policies.

4.1.8 Individual **directors** are responsible for deciding whether changes to any policy are extensive enough to warrant ratification by the Executive team, or whether these are minor changes that can be signed off at director level.

4.2 Consultation with stakeholders

The policy author is responsible for ensuring that consultation takes place with the relevant stakeholders and consideration must be given to this at an early stage. Consultation must include appropriate expert groups, committees or networks, including the Staff Involvement Group and Patient and Public Involvement Committee where appropriate, or the policy forum for HR policies. Therefore, consideration needs to be given to who the policy will affect, both directly and indirectly.

Consultation should be carried out to secure the support and benefit from the experience of service users and the public. Advice can be sought from the communications team where necessary. It is vital to the success of the implementation of any policy that the expertise and experience of all relevant parties has been considered, particularly those who will be expected to implement the requirements. A list of those groups of staff and stakeholders consulted during the policy development will be included within the relevant section.

5. Content

All policies and any related documents will be developed using the headings in appendix 3. Requirements in respect of style and format are included within the CCG's Style Guide http://hertsvalleysccg.nhs.uk/news/455-writing-and-style-guide
In summary, please:

- Write clearly and concisely, avoiding jargon. Content can usually be reduced and this will help your document be more readable.
- If an abbreviation or acronym is to be used more than once, write the name in full the first time with the abbreviation after it, e.g. staff involvement group (SIG).
- Avoid large blocks of bold text and don't underline headings or for emphasis.
- Capital letters are only to be used for proper names or to start sentences.; policy is not Policy.
- Font size should be 12
- Paragraphs should have a space of one line between them. They should not be indented.
- Use the correct logos correctly and consistently, including the Herts Valleys CCG branding
- Write out 'Herts Valleys CCG' instead of using 'HVCCG'
- Ensure what you are saying is based on evidence and reference this is appropirate and make sure what you are saying is factually accurate.
- Have clear objectives
- Specify how the policy will l be implemented, monitored and audited
- Make use of subheadings and bullet points to help readers find what they want
- Include the name of the policy, version number, issue date and page number in the footer

6. Monitoring compliance

Monitoring tools must be built into all procedural documents in order that compliance and effectiveness can be demonstrated. The approach to be adopted will depend on the policy and could include:

- Audits
- Patient views and experiences
- Benchmarking
- Staff surveys
- Environmental impact analysis
- Complaints monitoring
- Trend analysis
- Incident reporting and monitoring
- Monitoring ethnicity/diversity access

All policies need to identify who is responsible for: conducting the monitoring/audit; the method to be used; the frequency of the monitoring; and how the results of the monitoring/audit will be acted on to ensure improvements in performance.

All policies should be considered by the relevant stakeholders (including relevant committees of the board). The Executive Team or other ratifying authority will ensure that all policies follow the framework outlined in this policy. Where a policy does not follow this framework it will be referred back to the author of the policy for amendment.

7. References

The author will provide an evidence base for the policy with up-to-date references, where appropriate. It is recommended that all references are cited in full using an agreed uniform approach to referencing. Sources can be acknowledged by listing references at the end of the policy, indicating where ideas or material have come from. The reference list can also include items you have read but not referred to directly in the text.

8. Associated documentation

Make sure you provide references to other supporting or linked strategies, policies and procedures that staff might need to be familiar with and read in conjunction with the new policy.

9. Equality impact assessment

All public bodies are required by the Equality Act 2010 to show they understand and have paid due regard to how their policies and practices impact on equality and prevent discrimination. The organisation does this in part through the equality impact assessment.

Herts Valleys CCG aims to design and implement services, policies and measures that meet the diverse needs of our population and workforce, ensuring that none are placed at a disadvantage over others. The equality impact screening tool (see appendix 5) is designed to help you consider the needs and assess the impact of your policy and establish whether a full equality impact assessment is required. This must be attached to all policies forwarded to the Executive Team or other ratifying authority for ratification. The template for the full assessment is also included in appendix 5 and this should also be attached to the policy when completed.

10. Policy approval process

When the document has been agreed in its final draft form, the Director responsible for the policy should sign the checklist for review and approval of procedural documents (appendix 3) under “individual approval” and forward it to the relevant committee/group as outlined in appendix 1 for ratification, together with the completed equality impact assessment checklist (appendix 5).

The Chief Executive should sign the checklist for review and approval of procedural documents under “committee ratification” when the Executive Team or other ratifying authority has ratified the policy.

11. Dissemination and communication to staff

All approved policies will be published on the CCG’s intranet site and, where appropriate, public websites by the Head of Corporate Support. She/he will also ensure that the old version of the policy is removed at the same time if necessary and update the corporate policy register. The policy author is responsible for notifying members of staff of newly published policies via a policy brief (see appendix 4), and using the staff briefing mechanisms, as appropriate. Where a policy has been reviewed, the policy brief document will outline the specific changes made to the policy in the appropriate section.

12. Review of policies

Policies and related procedural documents should be reviewed no more than bi-annually unless there is a requirement for more frequent review, e.g. interim changes to procedures, protocols and legislation or if specific national guidance dictates this.

If no changes are to be made following a policy review, the review can be signed off by the responsible director, re-issued to staff and the Executive team notified accordingly. Similarly, if only minor changes are made, these can also be signed off by the responsible director before this is notified to the Executive team and the policy reissued.

A policy register is maintained by the Head of Corporate Support and presented to the Executive Team on a regular basis to ensure that policies due for review are identified and progressed. The Head of Corporate Support will ensure that the policy author is aware of policy review dates in advance to ensure that a timely review is undertaken.

13. Document controls and archiving

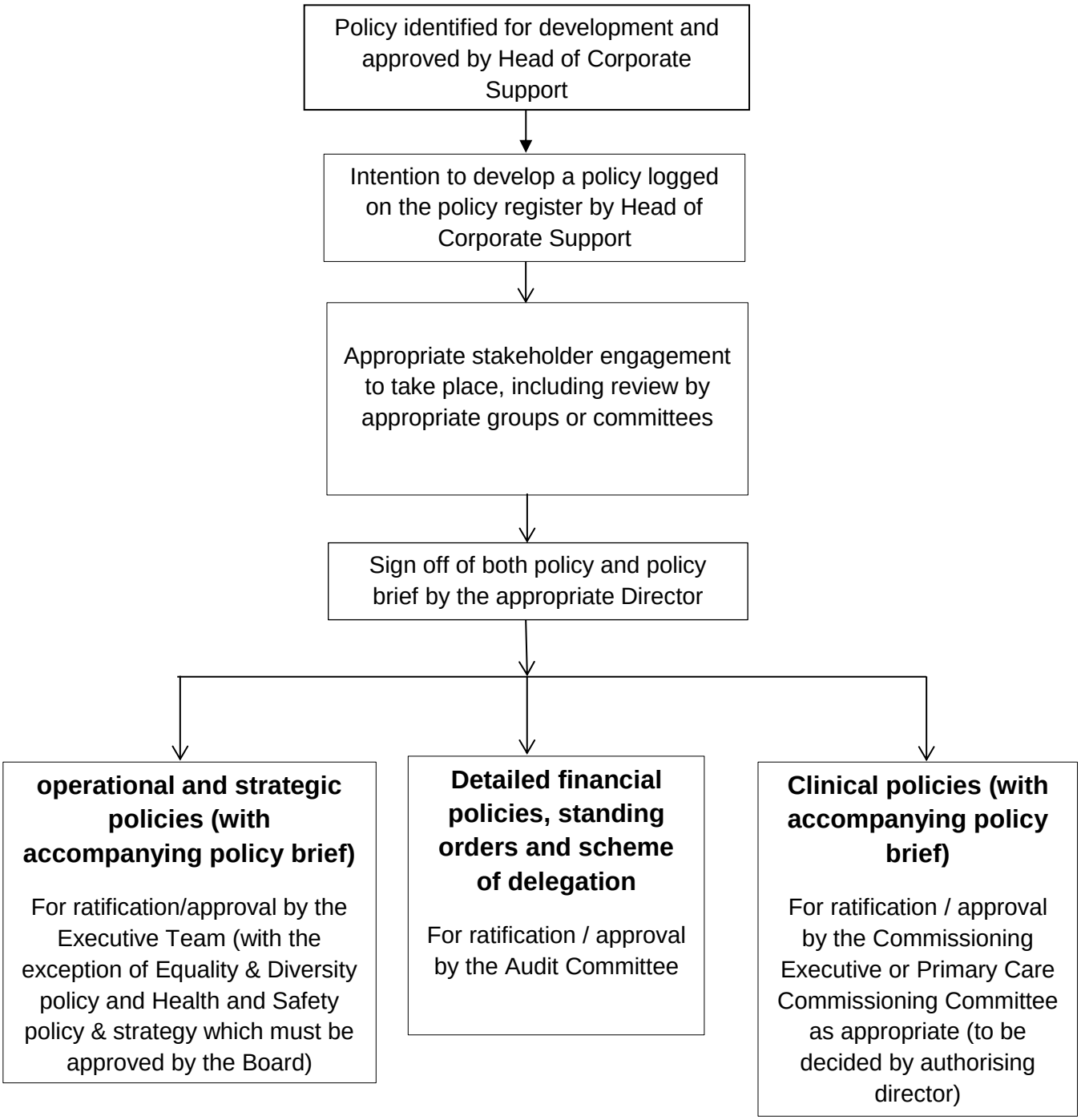
The Head of Corporate Support will hold a central register of all current policy documents, together with a master file of electronic copies, including archived documents.

14. References for this policy

- Herts Valleys CCG policy for the development and management of procedural documents v1 25/6/13
- Basildon and Brentwood Clinical Commissioning Group Policy for the development, ratification and implementation of policies and related procedural documents v1.0 14/2/13
- Herts Valleys style guide March 2016

Appendix 1

Approval process for policies and related procedural documents



***Please note that policies that are of particular public interest or are potentially novel or contentious may be approved by the CCG Board. The decision on which policies this will apply to will be made by the Chief Executive Officer.**

Appendix 2 - Checklist for the review and approval of procedural documents

To be completed and attached to any document which guides practices when submitted to the appropriate committee for consideration and approval.

	Yes/no/ unsure	Comments
Title of document		
Could this policy be incorporated within an existing policy?		
Does this policy follow the style and format of the agreed template?		
Has the front sheet been completed?		
Is there an appropriate review date?		
Does the contents page reflect the body of the document?		
Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
Are all appendices appropriate and/or applicable?		
Have all appropriate stakeholders been consulted?		
Has an equality impact assessment been undertaken?		
Is there a clear plan for implementation?		
Has the document control sheet been completed?		
Are key references cited and supporting documents referenced?		
Does the document identify which committee/group will approve it?		

Is there an implementation plan for this policy?		

Individual approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Signature			

Committee approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Signature			

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Corporate policy template **Appendix 3**

POLICY NAME
(CENTRED IN FONT 20 ARIAL BOLD)

The font type must be Arial 12 point throughout the remainder of the documents.

Line spacing to be single.

Each page of the document shall be numbered.

The title of the document, version number, date and page number will appear on each page as a footnote.

Version number	
Ratified by	
Date ratified	
Name of originator/author	
Responsible director	
Staff audience	
Date issued	
Next review date	

DOCUMENT CONTROL

Plan version	Page	Details of amendment	Date	Author

The policy should include a contents page, as set out below, and be structured around all of the headings shown (although not necessarily in the same order).

Contents

6. Monitoring compliance

Outline the arrangements for monitoring and reviewing the policy, including the person responsible and the date of review. Monitoring tools must be built into all procedural documents in order than compliance and effectiveness can be demonstrated. The approach to be adopted will depend on the policy but could include

- *Audits*
- *Patients views and experiences*
- *Benchmarking*
- *Staff surveys*
- *Environmental impact analysis*
- *Complaints monitoring*
- *Trend analysis*
- *Incident reporting and monitoring*
- *Monitoring ethnicity/diversity access*

7. Education and training

Identify here the education and training requirements for staff in implementing this policy

8. References

An evidence base for the policy using up-to-date references. All references should be cited in full using an agreed uniform approach to referencing

9. Associated documentation

For example, other CCG policies, national service frameworks, DH publications, Health and Safety Executive guidance.

Appendices (to include a glossary for abbreviations and an equality impact screening form / full assessment)

Appendices:

Each appendix will be numbered to follow on from the policy document.

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Appendix 4 – Policy brief

Policy brief
<Name of policy>

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Date

In this briefing

National guidance

Click on the following link to access the national guidance

<insert link>

Further information

<Refer to the full policy and where this could be obtained, and Please contact <insert title of policy holder, i.e. Head of Governance, Head of HR, etc>.

Background

Insert background

Definition

Definition of the subject title (e.g. what is a conflict of interest)

Procedures to be followed

Summarise any procedures outlined in the policy document which must be followed....

- ....
- ....

Consequences of a breach

Breaches of this policy could lead to:

- ...
- ...
-

Specific changes made to policy

Draw attention to the policy revisions in the case of a policy update

- …
- …

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Appendix 5 – Herts Valleys equality impact assessment screening Form

Very occasionally it will be clear that some proposals will not impact on the protected equality groups and health inequalities groups.

Where you can show that there is no impact, positive or negative, on any of the groups please complete this form and include it with any reports/papers used to make a decision on the proposal.

Name of policy / service	
What is it that is being proposed?	
What are the intended outcome(s) of the proposal	
Explain why you think a full equality impact assessment is not needed	
On what evidence/information have you based your decision?	
How will you monitor the impact of policy or service?	
How will you report your findings?	

Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full equality impact assessment is not required.	
Assessors name and job title Date	

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Equality analysis – full equality impact assessment

Title of policy, service, proposal etc being assessed:

What are the intended outcomes of this work? Include outline of objectives and function aims
How will these outcomes be achieved? What is it that will actually be done?
Who will be affected by this work?

Evidence **What evidence have you considered?**
Age
Disability
Gender reassignment (including transgender)

Marriage and civil partnership
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Carers
Other identified groups

Engagement and involvement
How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?
How have you engaged stakeholders in testing the policy or programme proposals?

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Summary of Analysis

Now consider and detail below how the proposals could support the elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups (the General Duty of the Public Sector Equality Duty).
Eliminate discrimination, harassment and victimisation
Advance equality of opportunity
Promote good relations between groups

Next Steps
How will you share the findings of the equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public. The completed EqIA will be published on the Herts Valleys CCG website either as part of the report on the proposals or separately on the equality and diversity pages.