

Policy for the Development and Management of CCG Policies

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Lead Manager:	Paul Winter (Head of Performance & Governance)		
Clinical Leads:	n/a		

Revision History

Author	Version	Revised	Previous Revision	Summary of Changes	Changes Marked
P Winter	1	08.07.13	n/a	No Changes – initial draft text	n/a
P Winter	1.1	26.09.13	08.07.13	Minor change to Policy Format section (pp. 5-6)	n/a
P Winter	1.2	27.04.15	26.09.13	Amendments to policy approvals: delegated powers to Committees from Governing Body (pp. 4-7)	Throughout section

Note: This document is only valid on the day it was printed

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Lead Officer: Head of Performance & Governance

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(1.1) Purpose

This document is to provide a CCG-wide, recognised process for the production, agreement, management and monitoring all relevant policies and procedures. The reasons for this are to:

- *Enable the CCG to meet legal and other Governance or compliance standards*
- *Provide a clear and robust process for approving and ratifying policies and procedures*
- *Ensure a process for the management (review / updating) of policies and procedures*
- *Ensure a robust system of risk management*
- *Ensure consistency in the delivery of practices and procedures within the CCG*
- *Ensure policies and procedures are available for all staff within a recognised format*

(1.2) Definitions

Policy	A <i>policy</i> is a way of ensuring that philosophy and goals are applied uniformly throughout the CCG, forming a framework within which everyone works. Essentially it provides the CCG with rules.
Procedures	The term <i>procedure</i> implies that it is an established local sequence and uniform method for performing an activity – it gives specific information for those performing the activity.
Protocol	A <i>protocol</i> is a series of <i>procedures</i> that identifies the boundaries of action for a single complete process.
Guidelines	A suggested course of action that provides advice as to when and how an activity should be performed.
Standards	A required level of quality or competence for a specific practice.

(1.3) Responsibilities

• The Governing Body

Delegated authority will be given to the Joint Quality Committee, QIPP Finance & Performance Committee, Audit Committee and Remuneration Committee to approve and ratify the specified policies outlined in Appendix One on the Governing Body's behalf.

The Governing Body will only formally ratify the *most contentious* policies and procedures.

For the avoidance of doubt, contentious implies likely to cause significant argument among the CCG's stakeholders about principles contained; or to be highly controversial (e.g. requiring liaison with Overview & Scrutiny Committee, other public engagement methods).

• The Head of Performance & Governance

- ✓ Leads on governance arrangements and consistency checks
- ✓ Co-ordinates the over-arching process on behalf of the CCG's Audit Committee
- ✓ Liaises with other CCGs to provide consistency and to avoid duplication wherever possible
- ✓ Ensures policies and procedures are provided in all key areas
- ✓ Ensures management and associated progress reports
- ✓ Notifies Policy Leads of documents requiring review or those have not been ratified
- ✓ Co-ordinates the approval and initial ratification process

- ✓ Ensures that audit is carried out as part of monitoring and review process
- ✓ Transfers final versions of ratified policies to the CCG's website in line with the Freedom of Information (FOI) Publication Scheme and the CCG's shared Network drive
- ✓ Maintains a "Policy Tracker" management system for policies and procedures
- ✓ Ensures policies are catalogued / archived appropriately in case of legal action
- ✓ Co-ordinates the review of policies and procedures within the allotted timescale
- ***The Senior Leadership Team***
 - ✓ Co-ordinates service-specific policies and procedures within their remits (e.g. Finance, Commissioning) and conducts any review within agreed timescales
 - ✓ Ensures that the necessary Impact Assessments have been completed (an example is provided as Appendix Two)
- ***Line Managers***
 - ✓ Ensure policies and procedures are accessible to staff, and that they're familiar with them
 - ✓ Ensure that these are included in the departmental induction process
 - ✓ Ensure out-of-date policies and procedures are replaced when reviewed and re-issued
 - ✓ Participate in audit and complete monitoring forms relating to policies and procedures
 - ✓ Maintain a record of policy receipt by staff members
- ***Individual Employees***
 - ✓ Ensure that they read, understand and adhere to CCG policies and procedures
 - ✓ Report any concerns with implementation to their Line Manager
 - ✓ Participate in appropriate audit relating to policies and procedures

(1.4) The Process for Reviewing and Ratification

It is best practice to consult staff on policy development, bearing in mind that the contents of some are a statutory requirement.

If there is an element within a policy or procedure being developed that may require consultation, then this should be considered by the Staffordshire & Stoke on Trent CCG Trade Union Forum for Consultation.

All policies or procedures must:

- *Be clearly marked as "Draft" until ratified by the processes described below*
- *Adhere to, and follow, all specified ratification processes*
- *Demonstrate an evidence-based approach with references clearly identified*
- *Be made available in draft format for consultation across the CCG, prior to ratification*
- *Be submitted to the Head of Performance & Governance for consistency check of the necessary Impact Assessment forms (Appendix Three) before ratification*

The formal CCG ratification process is described within Appendix One, but will broadly be as follows:

- ***Clinical Commissioning Policies and Procedures***

These may be required to be discussed by the Steering Group first. Drafts will be shared with the Chief Nurse and Steering Group Chair (as necessary), who will consult with appropriate specialists, then to the Joint Quality Committee for formal approval and ratification.

- ***Human Resources / Organisational Development Policies and Procedures***

These may need to be formally consulted on first at the Staffordshire & Stoke on Trent Staff Partnership Forum (and sense-checked by the CSU Human Resources Team), then to the Remuneration Committee for formal approval and ratification.

- ***Health & Safety Policies and Procedures***

These may need to be formally consulted on first at the Staffordshire & Stoke on Trent Staff Partnership Forum (and sense-checked by the CSU Human Resources Team), then to the QIPP Finance & Performance Committee for formal approval and ratification.

- ***Any Other Corporate Policies and Procedures***

These will be put to either the QIPP Finance & Performance or Audit Committee for formal approval and ratification

(1.5) Format for Policies and Procedures (CCG-produced)

The CCG will maintain an easily-accessible database of policies and procedures, with the majority held on the CCG's website (while some may be retained in the more-restricted Network Drive, depending upon the nature of the document).

Please refer to the checklist below for the proposed style, content and format; specified so as to ensure consistency in documentation.

- ***Checklist***

Determine Format – determine whether the document is a policy, procedure, protocol, guideline or set of standards, as per the definitions on page 3.

Layout – unless used for particular emphasis, the main body text should be Arial 11 and single-line spaced. It needs to be accessible to those needing to use it, so the use of short, headed paragraphs is best. When finalised and ready for distribution, the date shown should be the date of ratification, which in turn sets the date for review. The cover sheet should be the standard CCG cover sheet.

Contents Page – for easy reference to the provisions, the document needs to be user-friendly: i.e. the whole purpose is that it is used as a reference and should be accessible by those who need it.

Title – this should include the word that best defines the format (as per page 3).

Introduction – a purpose for the document should be clearly stated, along with the need or requirement for it (i.e. it reflects the values of the organisation, or policy changes from Government). Any research-based evidence and national / professional policy used in formulating the document should be properly referenced to avoid plagiarism.

☑ **Scope** – should also be stated, i.e. what are the boundaries of the document, who does it apply to and who will carry out the tasks implied by it.

☑ **Definitions** – it might be necessary to include these to ensure clarity. In some cases, especially technical documents, a glossary should be included. Abbreviations or acronyms should be avoided; but if necessary, a clear indication of their meaning must be included and the acronym or abbreviation must follow the full description (in brackets after first usage).

☑ **Roles and Responsibilities** – i.e. who is responsible for implementation aspects need to be stated as relevant.

☑ **Main body text** – specific requirements should be inserted as necessary.

☑ **Reference to other Documents / Policies / Legislation etc** – details may be included as an Appendix. Any references to other CCG policies should be clear so that people can easily find these.

☑ **Training** – outline any specific requirements that underpin the document as necessary (especially for technical policies or procedures).

☑ **Policy Review** - documents need to be reviewed regularly: how often depend on the subject matter. If it deals with an area that is constantly updating, or where more legislation is planned, then the review period will need to be shorter: e.g. 12 months.

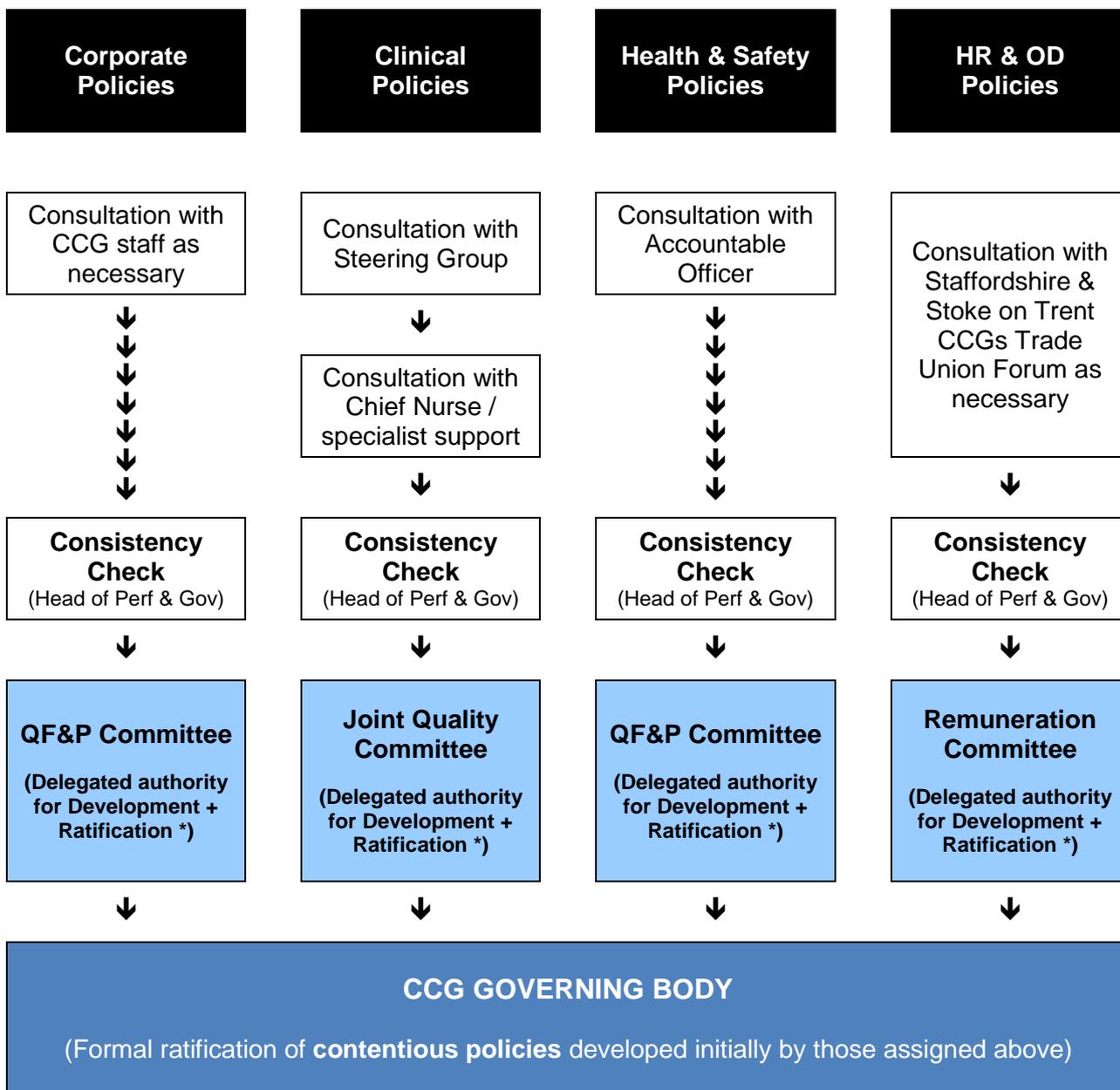
☑ **Monitoring and Evaluation** – it is good practice to include this information. It should say who will monitor the effectiveness of the Policy or Procedure and how it will be evaluated. This might include reporting requirements. It might refer to internal or external audit. It might include information about KPIs to be used or how we benchmark our effectiveness.

☑ **References** – where not made in the main body text (e.g. footnotes), then there is a need to include a dedicated section for any studies, national guidance, articles or legislation etc.

☑ **Appendices** – these might include:

- Any specific supporting Procedures needed to give effect to the Policy
- Monitoring forms to be used in practical implementation
- Key extracts from national legislative guidance etc
- Flow charts: for example, showing a process or accountability through the CCG
- Any other documents / tools that help put the Policy or Procedure into practice

APPENDIX ONE – Policy Ratification Route



APPENDIX TWO – Equality Analysis (EA) Template

Piece of work being assessed:

Aims of this piece of work:

Name of lead person: Other partners / stakeholders involved:

Date of assessment:

Who is intended to benefit from this piece of work?

Single Equality Scheme Strands	Baseline data and research on the population that this piece of work will affect: what is available; what does it show; are there any gaps? Use both quantitative & qualitative research, user data & consultation with users if available	Is there likely to be a differential impact? Yes or No
Gender Reassignment Race, Religion or Belief Disability Sex and Sexual Orientation Age Marriage & Civil Partnership Pregnancy & Maternity	The principles of CCG Policies or Procedures will meet the CCG's Public Sector Equality Duty, as guided by the core requirements of the Equality Act 2010 and the NHS Constitution. All organisational, governance, legal or policy requirements are necessarily broad and aim to wholly cover all Protected Characteristic groups employed by the CCG. They are therefore not expected to have any negative impact on the promotion of equality as a consequence of designing and implementing these. This includes the subsequent implementation of any practices, operational activities of the CCG or any clinical / managerial interventional approaches (on defined issues), as set out by the main body text of the document.	NO
Human Rights	Will this piece of work impact on anyone's human rights?	NO

Equality Analysis Action Plan

Strand	Issue	Action required	How will you measure the impact / outcome?	Timescale	Lead
n/a	n/a	n/a	n/a	n/a	n/a

APPENDIX THREE – Checklist for Ratifying Policies, Standards, Procedures & Guidelines

To be completed by the Lead Officer with responsibility for development of the Policy / Standard / Procedure / Guideline

Title of Policy / Standard / Procedure / Clinical Guideline	
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Have the relevant staff groups been consulted on the content and implementation of the policy?	Yes	No
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Please give the title and the date of the Group(s) the Policy / Standard / Procedure / Guideline has been through for agreement

Group / Panel / Committee	Date (MUST BE INCLUDED)

Has the evidence base for the Policy / Standard / Guideline / Procedure been referenced, including any requirements of the Mental Capacity Act?	Yes	No
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Has the Policy / Standard / Guideline / Procedure been through the Staffordshire & Stoke-on-Trent Trade Union Forum?	Yes	No
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If “No”, what is the rationale for not submitting it to the Staffordshire & Stoke on Trent CCG Trade Union Forum?

Have staff training or development needs been considered and clearly identified where these are necessary?	Yes	No
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If “Yes”, how will these be delivered?