

Policy for the development and management of corporate policy, procedure and guidance documents

Key information

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Version control

Version no.	Date	author	Description	Circulation
1.0	July 2020	Sarah Dick, head of corporate governance	First version for BD&C CCG. Approved by BD&C audit & governance committee June 2020	CCG wide
2.0	Sept 2020	Tracy Gill, corporate governance manager	Document updated for accessible content requirements and amended policy template. Approved by A&G committee by email Sept 2020.	CCG wide

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Contents

1 Introduction	3
2 Scope of the policy.....	3
3 Associated documentation	3
4 Policy statement.....	3
5 Aims and objectives	4
6 Definitions / explanation of terms	4
6.1 Policy	4
6.2 Procedure	5
6.3 Guidelines.....	6
7 Duties, accountabilities, roles and responsibilities	5
7.1. All employees & contractors	5
7.2. Corporate governance team	5
7.3. Policy authors	7
7.4. Associate directors and senior/heads of service	7
7.5. Strategic director of organisation effectiveness	7
7.6. Governing body & committees	7
8 Policy and procedure details	7
9 Dissemination, implementation and training	9
10 Review and monitoring.....	10
11 Public sector equality duty.....	10
12 Consultation.....	11
13 References.....	11
14 Appendices	11
14.1 CCG policy template	

1 Introduction

To ensure robust governance, organisations need formal written documents, such as policies, which communicate standard organisational ways of working. These help clarify requirements and ensure consistency within day to day practice and support the achievement of objectives.

NHS Bradford District and Craven clinical commissioning group (CCG), hereafter referred to as 'CCG' has a duty to have policies and procedural documents in place which comply with legislation and which are retained in line with document retention requirements.

Policies support staff to fulfil the requirements of their role safely and effectively. A common format and approval structure for policies will reinforce the corporate identity of the CCG.

This document sets out:

- the CCG's definitions of policy, procedure, protocol and guidelines
- the required format of policy documents
- accountabilities and responsibilities for policy documents
- the process for the development, approval and ratification of policy documents

For the purpose of this policy, the term 'policy' refers to policies, procedures, guidelines, etc., unless the different types of document are otherwise specifically differentiated.

2 Scope of the policy

The policy applies to the CCG and must be followed by all those who work for the organisations, including the governing body, senior leadership team, those on temporary or honorary contracts or secondments, contractors and students.

Where corporate support services are involved in the development of policy, procedural or guidance documents, they should adhere to the process set out in this document.

All employees and contractors must be aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

This policy relates to the policies, procedures and guidance developed by the CCG to govern the way in which it operates as a corporate organisation. It does not apply to commissioning policies.

3 Associated documentation

This policy should be read in conjunction with the:

- records management & information lifecycle policy
- information governance framework

4 Policy statement

The CCG will have a systematic and planned approach to the development of a policy and its associated guidance documents. Corporate policies should provide a clear understanding of what is expected of employees and, where applicable, CCG members.

Policies will only be developed when there is a clear identified need for them to enable achievement of objectives and standards which would not be possible without written policy and guidance. This will enable the CCG to manage and control the development of policy and support other external standards.

5 Aims and objectives

The objectives of this policy are to:

- implement a co-ordinated and uniform approach to policy development and management to ensure there is a standardised corporate style and format
- provide clarity and consistency to the process of policy preparation, approval, implementation and review
- promote consultation to ensure that policies are well researched, evidence based and reflect the views of stakeholders
- ensure all policies are accessible to all relevant staff and are up to date
- ensure registers and archives of all policies are maintained to ensure that applicable documentation can be retrieved to identify organisational practice at a particular time and to comply with data retention requirements

6 Definitions / explanation of terms

The CCG aim to have a clear understanding of the terms policy, procedure, protocol and guidelines and a common approach to the development and management of policy and associated guidance documents.

6.1 Policy

“A policy framework says what you must know or do.”

A policy is a statement of intent, describing an approach or course of action to be adopted or pursued in respect of a particular issue. Each policy should have a purpose and specific requirement as to how the policy is to be implemented.

A policy is a formal document which enables managers and staff to make correct decisions comply with relevant legislation and follow specific rules. Policies apply to all staff and compliance is mandatory and legally binding between employer and employee. Non-compliance with a policy may therefore result in disciplinary action.

All policies require approval by either the governing body or a committee of the governing body, with the exception of HR policies.

HR policies (other than those that specifically require approval by the remuneration committees, i.e. the relocation & expenses policy or any other remuneration related policy which is outside of the agenda for change framework) can be approved by the senior leadership team following consultation with the Bradford District Care Foundation Trust policy forum.

6.2 Procedure

“A procedure tells you how it must be done.”

A procedure is a standardised series of actions / instructions that describe the appropriate method for carrying out tasks or activities to achieve the highest standards possible and to ensure efficiency, consistency and safety.

Procedures do not require approval by the governing body or a committee but may be approved by these groups if considered appropriate. Procedures can be approved by the senior leadership team or the associate leadership team where the procedures apply across the CCG or to multiple teams. Team / hub procedures can be approved by the relevant senior/head of service.

6.3 Guidelines

A guideline is a document that outlines best practice. Guidelines are not mandatory, though staff are expected to follow guidelines except when exceptional circumstances determine otherwise.

Guidelines can be approved by the senior leadership team, the associate directors group or by the relevant senior/head of service.

7 Duties, accountabilities, roles and responsibilities

7.1. Duties within the organisation

All employees and contractors have a responsibility to work in line with the CCG's approved policy documents and should:

- be aware of how to access them
- be aware of those which are relevant to their area of work
- act in accordance with them
- attend any relevant training which is offered in relation to them
- report any issues affecting compliance with them to their line manager, in order that these can be taken account of

All employees and contractors need to ensure they are aware of the system for policy dissemination. This includes a requirement on receipt of new policies to review their contents and assess the relevance to their role.

All employees and contractors must be aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

Associate director and senior/heads of service must also ensure that, through management lines, all staff have an awareness of all policies, with emphasis given to those that are specifically relevant to their area of work.

7.2. Responsibilities for approval

The corporate governance team has a responsibility to ensure the implementation of the process for the development and management of policies and staff should liaise with them if they have any queries or concerns regarding the process.

The corporate governance team will maintain a central schedule of policies with review dates and contact the policy author and relevant manager prior to the policy review date to highlight that the policy is due for review. The schedule is reported to the audit & governance committee and can be found at: <M:\Data\Core Docs\policies>

The corporate governance team is responsible, with the support of the communications team, for ensuring that policy documents are made available once approved on the CCG website (where appropriate) and CCG intranet.

7.3. Policy authors

Each policy document must have a named author(s).

Nominated policy authors are responsible for ensuring that:

- policy documents are developed in line with this policy and the CCG's policy template
- policy documents are reviewed in line with the policy review date
- new or updated documents are circulated as appropriate and brought to the attention of relevant staff, in conjunction with the communications team
- arrangements for any training support for the policy are identified and that staff can be released to attend training as required to enable policies to be successfully implemented

7.4. Associate directors and senior/heads of service

Associate directors or senior/heads of service may approve procedure and guidance documents for the areas within their remit (unless expert advice indicates otherwise), but not policies.

Associate directors or senior/heads of service may determine that approval of procedures and guidance documents should be undertaken by the senior leadership team or the associate leadership team.

7.5. Strategic director of organisation effectiveness

Policy documents are vital to the organisation for effective management, service delivery and the management of associated risks. It is therefore essential that responsibility is placed at the highest level. The Strategic director of organisation effectiveness is accountable for ensuring there is a structured approach in place for policy and procedural document development and management. Although responsibility for this will be delegated to other officers, accountability remains with the Strategic director of organisation effectiveness.

7.6. Governing body and committees

The governing body will have overall responsibility for approving corporate policies; however the following committees have delegated responsibility to approve relevant policies within the remit of their terms of reference:

- audit & governance committee
- remuneration committee
- primary care commissioning committee
- finance & performance committee
- quality committee
- senior leadership team (HR policies)

The governing body will receive formal notification from the relevant committees of policies that have been approved via minutes and the annual report of the committee. This will provide assurance that the committees have undertaken their delegated responsibilities in this regard.

The governing body will be responsible for the final ratification of policies that the committees deem require direct approval by the governing body.

Procedures and guidance documents do not normally require approval by the governing body or a committee (unless expert advice recommends otherwise).

8 Policy and procedure details

All policies must be compliant with current legal and statutory requirements that are relevant to their development. There must also be compliance with NHS policies / guidance, this policy and the CCG's policy template (see *Appendix 1*).

The author should ensure that the relevant expertise and advice is sought where necessary. Whilst it is good practice to review policies from other similar organisations, it is vital to ensure the CCG's needs are fully met and the policy remains appropriate to the organisation.

8.1. Version control

Authors are responsible for ensuring there is clear version control of the document and this is recorded in the version history. New policies will begin at 0.1 until approved, when this will become version 1. Subsequent revisions will be 1.1 etc. until finally approved, at which point it will become version 2.

8.2. New policy

An author may be requested to develop a new policy based on organisational needs, changes in legislation or national requirements. The author should check that they are not duplicating any work undertaken locally or nationally. They should also notify the corporate governance team that a policy or procedure is being developed (for inclusion in the CCG schedule of policies and procedures) and confirm the process and timescale for approval.

HR should be consulted whenever a new policy is being developed (note: any new policy that impacts on staff, not just HR policies). On the recommendation of HR, a new policy may be submitted for consultation and review at the BDCFT partnership forum, which includes trade union representation.

8.3. Revision of an existing policy

An author who is reviewing an existing policy is expected to review the contents of the current version for its continued relevance to reflect organisational needs and practice, relevant guidance, legislation and any other requirements.

HR should be consulted on any significant variation to existing policies which would have an impact upon staff. Revisions to existing policies may require submission to the BDCFT Partnership Forum for consultation and review (to be determined by HR).

Changes to an existing policy should be clearly highlighted, ideally using the track changes facility. Alternatively, an accompanying paper should outline the nature of changes made and the reasons for them, along with a summary of these included in the version control table.

8.4. Style and format of policy documents

All policies will be developed using the agreed CCG's policy template to ensure a corporate appearance (see *Appendix 1*). Requirements in respect of font style and content are

detailed in the template itself. The template also includes advice on sections and headings and contains all the relevant forms for completion.

Procedures and guidance documents do not need to adhere to the policy template, but should, as a minimum, include version control.

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

A well written policy should:

- be clear, concise, jargon and acronym free and written in straightforward language
- take account of the relevant views of stakeholders where appropriate
- be sound / evidence based
- have clear objectives
- specify how it will be implemented, monitored and audited
- describe the consequence of any breaches

8.5. Consultation

Once the author is confident that the draft policy is in a fitting and reasonable condition they will then proceed to wider consultation to ensure all appropriate views are considered. The CCG expect stakeholders, including patients and staff where relevant, to be involved in the development of policies and procedural documents.

The expertise and experience of all relevant parties should be considered, particularly those who will be expected to implement the requirements of the policy. Consultation should involve appropriate expert groups and other stakeholders where appropriate and it is the responsibility of the author to ensure relevant people have been consulted. Groups to consult with may be:

- staff
- BDCFT partnership forum (for HR policies, any other new policies and any significant variations to existing policies which have a substantial impact on staff)
- patient and carer representatives (as appropriate)
- partner organisations (as appropriate)

The consultation process is an opportunity to influence the policy content and a draft policy when sent out to stakeholders should be as near to the 'final' draft version as possible and include all relevant references with details of associated documentation. This will help to ensure that the stakeholders are able to review and make appropriately informed comments.

Once the consultation has been completed, the author should complete the 'consultation' section of the policy. The author should also update the review log and version number to outline any changes made to the policy as a consequence of consultation.

8.6. Public sector equality duty

All policies should include a statement that the CCG aim to design and implement services, policies and measures that meet the diverse needs of our service users, population and workforce, ensuring that none are placed at a disadvantage over others.

In this statement also describe any elements of the policy which aim to reduce any inequalities experienced by any group(s) people with any of the equality act protected characteristic(s).

Seek advice on this statement, if necessary, from the CCG's equality and diversity lead.

8.7. Approval process

Document type	Authority to Approve
Policy	governing body committees of the governing body(policies related to the remit of their terms of reference) senior leadership team (HR policies only)
Procedure	associate leadership team associate directors or senior/heads of service procedures may be recommended for governing body, SLT or committee approval.
Guidance	associate leadership team associate directors or senior/heads of service procedures may be recommended for governing body, SLT or committee approval.

Groups / committees approving policies must clearly record approval in the minutes of the relevant meeting.

9 Dissemination, implementation and training

Following approval of a policy, the policy author is responsible for its effective dissemination and should make arrangements as follows:

- upload the policy to the relevant section of the CCG intranet
- provide an electronic copy to the corporate governance team who will ensure that:
 - a Word copy of the policy is saved for retention / archiving purposes on the M Drive:
[M:\Data\Core Docs\policies\ \(or any alternative mechanism that may supersede this\)](M:\Data\Core Docs\policies\ (or any alternative mechanism that may supersede this))
 - the CCG policies & procedures schedule is amended or updated
- provide an electronic copy to the communications team who will ensure that policy is added to the CCG website
- in conjunction with the communications team, undertake any additional methods of dissemination as appropriate. These may include email, staff bulletin, staff briefing etc.

For documents other than policies the authors should consider the most appropriate means of dissemination. It would not normally be appropriate for most procedures and guidance documents to be placed on the CCG website, for example, but these should be available on the intranet.

policies should include details of how they will be implemented, including how any relevant training will be delivered, how it can be accessed, who should attend training and frequency of updates. Procedural and guidance documents should include implementation details where relevant.

10 Review and monitoring

The policy must include the date when it is due to be reviewed. The review date will be determined by the policy author, but should be no more than three years from the date of approval.

For new policies, a shorter review date (e.g. 12 – 18 months) is recommended, to ensure they are working effectively.

Where there has been a change in legislation or other circumstances which affect a policy document, review should be undertaken at the earliest possible opportunity, rather than waiting until the specified review date.

The effectiveness in practice of all policies should be routinely monitored to ensure the document's objectives are being met. The process for how the monitoring will be performed should be included in the policy and should include:

- the aspects of the document to be monitored
- the methodology for monitoring
- frequency of the monitoring
- the designation of who will have responsibility for monitoring and reporting on compliance
- the committee or group who will be responsible for receiving the results and taking action as required

The governance & corporate managers will ensure the upkeep of a central register of all current policy documents, together with a master file of electronic copies. This will also include the upkeep of archived policies in line with the records management policy.

Current versions of policies and procedures, archive versions and a copy of the policies, procedures & guidance schedule can be found here: <M:\Data\Core Docs\policies>

As per the records management code of practice for health & social care 2016, policy and procedure documents should normally be retained for the life of the organisation, plus a further 6 years.

11 Public sector equality duty

[The Equality Act 2010, available on the GOV.UK website](#), includes a general legal duty to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the act
- advance equality of opportunity between people who share a protected characteristic and people who do not share it
- foster good relations between people who share a protected characteristic and people who do not share it

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage or civil partnership (only in respect of eliminating discrimination)
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

All policies should include a statement that the CCG aims to design and implement services, policies and measures that meet the diverse needs of our service users, population and workforce, ensuring that no one is placed at a disadvantage over others.

In this statement also describe any elements of the policy which aim to reduce any inequalities experienced by any group(s) of people with any of the equality act protected characteristic(s).

Seek advice on this statement, if necessary, from the CCG equality and diversity lead.

12 Consultation

As set out in the version control information.

13 References

Information governance Alliance, records management code of practice for Health and Social Care, 2016

NHS Greater Huddersfield CCG policy for the Development and Management of policy, Procedure and Guidance Documents, 2014

NHS Litigation authority: An Organisation-Wide Document for the Development and Management of Procedural Documents, March 2012

14 Appendices

Appendix 1: CCG policy template

Appendix 1: CCG policy template

Policy name (left aligned, set as 'title' in styles)

Each page of the document to be numbered.

Include a brief document summary. One or two lines stating the purpose of the document and who is relevant for.

Key information

Responsible director:	
Author:	
Approval body:	
Date approved:	
Version:	

Version control

Version no.	Date	Author	Description	Circulation

Whilst this is not an exhaustive list and can be adapted to each individual document, the policy must include all the sections detailed below as a minimum:

Contents

Key information	1
Version control	1
1 Introduction	3
2 Scope of the policy	3
3 Associated documentation	3
4 Policy statement	3
5 Aims and objectives	3
6 Definitions / explanation of terms	4
7 Duties, accountabilities, roles and responsibilities	4
7.1. Duties within the organisation	5
7.2. Responsibilities for approval	5
8 Policy and procedure details	7
9 Dissemination, implementation and training	9
10 Review and monitoring	10
11 Public sector equality duty	10
12 Consultation	11
13 References	11
14 Appendices	11

Font = Arial
Font style for headings – heading 1 (in styles)
Font style for subheadings – heading 2 (in styles)
Font style for sub-subheadings – heading 3 (in styles)
Font size for other text – 11, normal (in styles)
All text should be left justified

1 introduction

This section should give an overview of the policy document and its particular context.

2 scope of the policy

Who does this policy apply to? Usually the text below will apply.

The policy applies to NHS Bradford District and Craven CCG and all its employees and must be followed by all those who work for the organisation, including the governing body, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

State the consequence of non-compliance with the policy if appropriate.

3 Associated documentation

What other CCG policies / procedures / guidance notes are associated with this document and need to be read in conjunction?

Ensure the policy does not duplicate work elsewhere.

4 policy statement

Provide a broad, overarching statement of the CCG approach / stance to this policy (can be combined with aims and objectives).

5 Aims and objectives

Outline the aims and objectives of the policy.

Explain why the CCG needs this policy document. Refer to any relevant legislation / guidance / national policy.

6 Definitions / explanation of terms

Add in any definitions or explanation of terms or language used in the context of the policy document if appropriate.

7 Duties, accountabilities, roles and responsibilities

7.1. Duties within the organisation

Set out the duties within the CCG for the responsibility for the development, management and implementation of each policy.

For example:

- chief officer - this is the person with overall responsibility for this policy.
- associate director - this is the person responsible for ensuring that a process for implementing this policy is in place.
- Line managers - must ensure that members of staff are aware of this policy and processes to be followed.
- Staff – must comply with the policy

7.2. Responsibilities for approval

Set out which group / committee is responsible for the approval of this policy document.

8 Policy and procedure details

Describe the operational detail of the policy document. This would contain the main section of the policy and may take up a significant section of the document.

Ensure all paragraphs have reference numbers (e.g. 7, 7.1, 7.2 etc.).

9 Dissemination, implementation and training

Explain how the policy document will be circulated, including arrangements to record distribution, receipt (where required) and review of the document.

policies should include details of how they will be implemented, including how any relevant training will be delivered, how it can be accessed, who should attend training and frequency of updates. Procedural and guidance documents should include implementation details if relevant.

10 Review and monitoring

Specify when the policy needs to be formally reviewed.

State how the policy will be implemented and how compliance with it will be monitored and reported. Include the name of the group / individual responsible for the monitoring and how frequently this is undertaken.

11 Public sector equality duty

Include the following text:

[The Equality Act 2010, available on the GOV.UK website](#), includes a general legal duty to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and people who do not share it

- foster good relations between people who share a protected characteristic and people who do not share it

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage or civil partnership (only in respect of eliminating discrimination)
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

All policies should include a statement that the CCG aims to design and implement services, policies and measures that meet the diverse needs of our service users, population and workforce, ensuring that no one is placed at a disadvantage over others.

In this statement also describe any elements of the policy which aim to reduce any inequalities experienced by any group(s) of people with any of the equality act protected characteristic(s).

Seek advice on this statement, if necessary, from the CCG equality and diversity lead.

12 Consultation

Describe how consultation has or will take place with internal and external stakeholders.

If extensive consultation is not required, it may be sufficient to record this information in the version control table ('circulation' information).

13 References

Provide evidence base for the document with up-to-date references, citing these in full (and including hyperlinks to online references where appropriate).

Include any reference materials reviewed in the development of the procedural document.

14 Appendices

List appendices (as required) for the policy, ensuring these are referred to appropriately in the document and list these on the contents page.