

Policy:

CG 006 - Policy on Policies

Executive Director lead	Chief Executive
Policy Owner	Director of Corporate Governance (Board Secretary)
Policy Author	Director of Corporate Governance (Board Secretary)

Document type	Policy
Document version number	V7
Date of approval	22/08/2019
Approved by	Executive Directors' Group
Date of issue	30/08/2019
Date for review	31/07/2022

Summary of policy

This policy provides staff with the information they require for the completion of a new policy. It also provides details of how to update a policy and when and how to write a Standing Operating Procedure (SOP).

Target audience	All SHSC staff (including staff seconded into or working in SHSC services)
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Keywords	Policies, procedures, Standard Operating Procedures, SOP, guidelines, guidance, protocols, document, author, write.
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Storage

Version 7 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V6 June 2018). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Yes/No	Evidence
	Executive Lead		
1.	Is the Executive Lead sighted on the development or review of the policy?		
2.	Is the team/Directorate PGG member sighted on the development of the review of the policy?		
	Development and Management of Policies		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process, <i>insert hyperlink to Case for Need process?</i>		
4.	State the reasons for development of the document		
5.	Please confirm the individuals involved in the development of the policy?		
6.	Is the policy title clear and unambiguous and meets the requirements of the Policy on Policies, <i>insert hyperlink to policy,</i>		
7.	Does the style and format of the policy meet with the requirements of the Development, Management and Review of Policies?		
8.	Has it been completed in line with the template?		
9.	Is the policy in Arial font 12?		
10.	Have page numbers been inserted? Please make sure that there is no page number showing on the front cover, version control or contents		

	pages		
11.	Does the policy contain a list of definitions of terms used?		
12.	Has the policy been quality checked for typographical errors, links, accuracy etc.		
13.	Does the policy include any references to other associated policies and key documents		
14.	Is there evidence of consultation with all relevant teams and directorates e.g. HR, Finance, Procurement?		
15.	Has the policy been discussed and agreed by the local governance groups e.g. Medicines Optimisation Committee, or Trustwide specialist groups e.g. Resuscitation and Physical Health Group		
Policy Content			
16.	Is the document linked to a strategy?		
17.	Is the purpose of the policy clear?		
18.	Are the intended outcomes of the policy described?		
19.	Does the policy reference requirements of the CQC or other relevant bodies e.g. NHSLA RMSAT, if applicable?		
20.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.		
21.	Are supporting references cited in full?		
22.	Are Trust supporting documents referenced?		
Approval			
23.	Have Staff Side (or equivalent) approved the document (HR policies only)?		
Dissemination and Implementation			
24.	Does the dissemination plan identify how dissemination will be implemented, see 11 of Policy on Policies		

25.	Does the dissemination plan include the necessary training/support to ensure compliance?		
Document Control			
26.	Have you included version control on the document?		
27.	Does the document identify where it will be held? See Storage on policy cover sheet.		
Process for Monitoring Compliance			
28.	Is there a plan to: <ul style="list-style-type: none"> i. Review ii. Audit compliance with the document 		
Review Date			
29.	Is the review date identified?		

Overall Responsibility for the Document			
30.	Who will be responsible for co-ordinating the: <ul style="list-style-type: none"> i. Dissemination ii. Implementation iii. Evidencing iv. Monitoring 		Appendix 1



Policy:

Enter name of policy document here using
Arial bold point 24

Executive Director lead	Which Executive Director (no names just job title)
Policy Owner	Who is responsible for ensuring the policy is produced (no names just job title)
Policy Author	Who is responsible for writing the policy (no names just job title)

Document type	If using this template this will always be a policy
Document version number	Use the version control agreed in the organisation
Date of approval	Write the date approved by the approving body
Approved by	Executive Directors' Group
Date of issue	Insert in DD/MM/YYYY format
Date for review	Insert MM/YYYY format

Summary of policy
Provide a summary description of the policy

Target audience	List those staff who should read this policy
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Keywords	Identify key words
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Storage
Versionof this policy is stored and available through the SHSC intranet/internet.. This version of the policy supersedes the previous version (Vx Insert month date). Any copies of the previous policy held separately should be destroyed and replaced with this version.

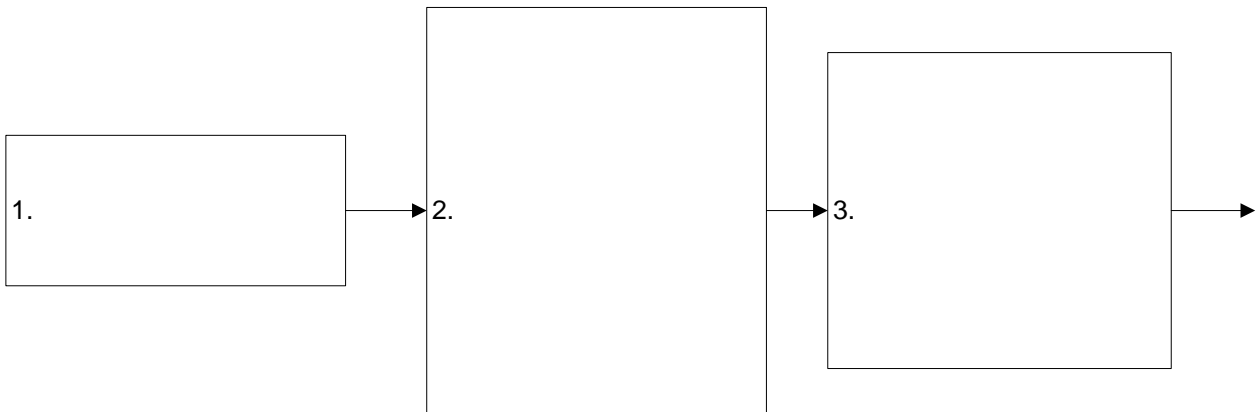
Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	MM/YYYY	New policy commissioned by EDG on approval of a Case for Need.
1.0	Approval and issue	MM/YYYY	Amendments made during consultation, prior to ratification.
2.0	Review / approve / issue	MM/YYYY	Early review undertaken to update the policy to in order to comply with new regulatory requirements.
2.1	Review on expiry of policy	MM/YYYY	Committee structure updated
3.0	Review / approval / issue	MM/YYYY	Full review completed as per schedule

Contents

Section		Page
	Version Control and Amendment Log	
	Flow Chart	1
1	Introduction	2
2	Scope	2
3	Purpose	2
4	Definitions	2
5	Details of the policy	2
6	Duties	2
7	Procedure	2
8	Development, consultation and approval	2
9	Audit, monitoring and review	3
10	Implementation plan	3
11	Dissemination, storage and archiving (control)	4
12	Training and other resource implications	5
13	Links to other policies, standards, references, legislation and national guidance	5
14	Contact details	5

Flowchart



Flowchart – *Where appropriate, a flowchart or diagram which summarises the policy and processes to be followed should be included here. It is recommended that this it is placed here at the start of the document for ease of access. However; this must not imply that staff should only refer to the flowchart and not the text of the policy. The flowchart should include references to sections of the policy to assist staff in finding the right place in the full document.*

- 1 Introduction** (Headings within the policy should be written in Arial bold, point 12)
The introduction should explain the rationale for the policy and provide an overview. It should place the policy in its strategic and policy context. If the policy is needed in order to meet legislation, a standard or key performance indicator and should say what this is.

(Text within the policy should be written in Arial, point 12)

- 2 Scope**
This section gives the scope of the policy and any limitations or exceptions to its application. It will normally indicate that a policy is trust-wide.
- 3 Purpose**
The purpose of the policy, its objectives and intended outcomes should be stated clearly.
- 4 Definitions**
Any key terms should be defined and any acronyms or abbreviations used within the policy explained.
- 5 Detail of the policy (title needs to be changed as appropriate)**
This section should describe any broad overview detail that needs to be included.
- 6 Duties**
This section gives an overview of the roles and responsibilities of staff with regard to the policy.
- 7 Procedure**
This is the heart of the policy which describes in clear and unambiguous language the actions or performance expected of staff, teams or committees. It will describe procedures to follow, and set standards to be met. It should follow the flow diagram, so there is a cross relationship between the flow diagram and the procedural detail.

It must include staff roles and responsibilities, performance standards and any timescales that apply.
- 8 Development, consultation and approval**
This section should include details of:
- *Who was involved in developing the policy and any guidance followed?*
 - *Groups and individuals consulted (including staff side groups and service user carer involvement including link back to the Equality Impact Assessment).*
 - *Any changes made as a result of the consultation including key changes e.g. legislative changes*
 - *Which governance group reviewed the document*
 - *Dates for consultation and review.*

9 Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date should be written here.

10 Implementation plan

All policies should include an outline implementation plan (this will summarise sections 7, 8 and 9 above). It should include consideration of:

- *Dissemination, storage and archiving*
- *Training and development requirements and who will provide the training*
- *Any new job roles and responsibilities and how these will be implemented*
- *Resources needed*
- *Timescales*
- *Lead role and responsibilities for implementation*
- *Audit or monitoring of implementation planned*

The implementation plan should be presented as an action plan and include clear actions, lead roles, resources needed and timescales. The Director of Corporate Governance team can provide advice on formats for action plans however; an example layout for the plan is shown below:

Action / Task	Responsible Person	Deadline	Progress update
<i>e.g. Upload new policy onto intranet and remove old version</i>	<i>Chief Nurse</i>	<i>01/12/2016</i>	<i>Completed 30/11/2016</i>
<i>e.g. Make team aware of new policy</i>	<i>Team manager</i>	<i>17/12/2016</i>	<i>On agenda for team meeting 17/12/2016</i>

11 Dissemination, storage and archiving (Control)

This section should describe how the new policy will be disseminated. It says where the policy will be made available and to whom. This will normally be that the policy is available on the Trust's intranet and available to all staff.

It makes it plain that any previous versions must be deleted and describes the archiving and storage arrangements for the current and previous versions of the policy.

It says who is responsible for archiving and version control, and what they should do.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0				
2.0				
3.2				
4.0				

12 Training and other resource implications

The policy must include a consideration of any training and development requirements for its effective implementation. Where training needs are identified, these must be discussed with the Education, Training and Development Team and reflected in the Trust's Training Needs Analysis.

Other resource implications to consider include the cost of dissemination and any new job roles or functions which are not in current job descriptions or work plans. Any anticipated savings and efficiencies as a result of implementing the policy should also be considered.

13 Links to other policies, standards (associated documents)

Any policies, procedures, guidelines which link to this policy should be indicated here. The document should include key references for the evidence base, and relevant legislation or government policy.

14 Contact details

The document should give names, job titles and contact details for any staff who may need to be contacted in the course of using the policy (sample table layout below). This should also be a list of staff who could advice regarding policy implementation.

Title	Name	Phone	Email