

# Policy:

## CG 006 - Policy on Policies

*(Extension to Review Date ratified on 21/07/2020 by ARC)*

<b>Executive Director Lead</b>	Chief Executive
<b>Policy Owner</b>	Director of Corporate Governance (Board Secretary)
<b>Policy Author</b>	Director of Corporate Governance (Board Secretary)
<b>Document Type</b>	Policy
<b>Document Version Number</b>	V7.4
<b>Date of Ratification</b>	22/08/2019
<b>Ratified By</b>	Executive Directors' Group
<b>Date of Issue</b>	30/08/2019
<b>Date for Review</b>	31/10/2020 <i>(Extended from 31/07/2020 by ARC)</i>

### 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).

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

This is Version 7.4 of this policy which has been amended to reflect the "Extension to review date" ratified by ARC on 21/07/2020.

This is Version 7.3 of this policy which has been amended as EIA Form was not listed on the Contents Page.

This is Version 7.2 of this policy which was amended in April 2020 to include Policy Verification and Ratification Groups on the Checklist as agreed at PGG.

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
	<b>Executive Lead</b>		
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?		
	<b>Development and Management of Policies</b>		
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		
<b>Policy Content</b>			
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?		
23.	Has the EIA Form been completed (Appendix A)?		
<b>Policy Verification and Ratification</b>			
24.	<p>Have Staff Side (or equivalent) approved the document (HR policies only)?</p> <p>All policy documents must be initially verified through the appropriate governance group to ensure that they are accurate, valid and fit for purpose. Advice on which governance group to approach is available from the Director of Corporate Governance.</p> <p>These groups include:</p>		

		<b>Type of Policy</b>	<b>Governance Group</b>
		Corporate	Quality Assurance Committee (QAC) Audit Risk Committee (ARC)
		Health and Safety	Service User Safety Group Health and Safety Committee
		Human Resources	Joint Consultative Forum Policy Group (JCF)
		IT	DIGB
		Local Guidance, etc	Local Governance Group
		Medicines	Medicine Management Committee
		Mental Health	Mental Health Act Group
		Risk Management	Service User Safety Group Health and Safety Committee
		Safeguarding	Safeguarding Children and Adult Steering Group
		<b>Dissemination and Implementation</b>	
25.	Does the dissemination plan identify how dissemination will be implemented, see 11 of Policy on Policies		
26.	Does the dissemination plan include the necessary training/support to ensure compliance?		
		<b>Document Control</b>	
27.	Have you included version control on the document?		
28.	Does the document identify where it will be held? See Storage on policy cover sheet.		
		<b>Process for Monitoring Compliance</b>	
29.	Is there a plan to: <ul style="list-style-type: none"> <li>i. Review</li> <li>ii. Audit compliance with the document</li> </ul>		
		<b>Review Date</b>	
30.	Is the review date identified?		
		<b>Overall Responsibility for the Document</b>	
31.	Who will be responsible for co-ordinating the: <ul style="list-style-type: none"> <li>i. Dissemination</li> <li>ii. Implementation</li> <li>iii. Evidencing</li> <li>iv. Monitoring</li> </ul>		Appendix 1



# Policy:

Enter name of policy document here using Arial bold point 24

<b>Executive Director Lead</b>	Which Executive Director (no names just job title)
<b>Policy Owner</b>	Who is responsible for ensuring the policy is produced (no names just job title)
<b>Policy Author</b>	Who is responsible for writing the policy (no names just job title)

<b>Document Type</b>	If using this template this will always be a policy
<b>Document Version Number</b>	Use the version control agreed in the organisation
<b>Date of Ratification</b>	Write the date approved by the approving body
<b>Ratified By</b>	Executive Directors' Group
<b>Date of Issue</b>	Insert in DD/MM/YYYY format
<b>Date For Review</b>	Insert MM/YYYY format

<b>Summary of Policy</b>
Provide a summary description of the policy

<b>Target Audience</b>	List those staff who should read this policy
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<b>Keywords</b>	Identify key words
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<b>Storage</b>
Version ....of 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.

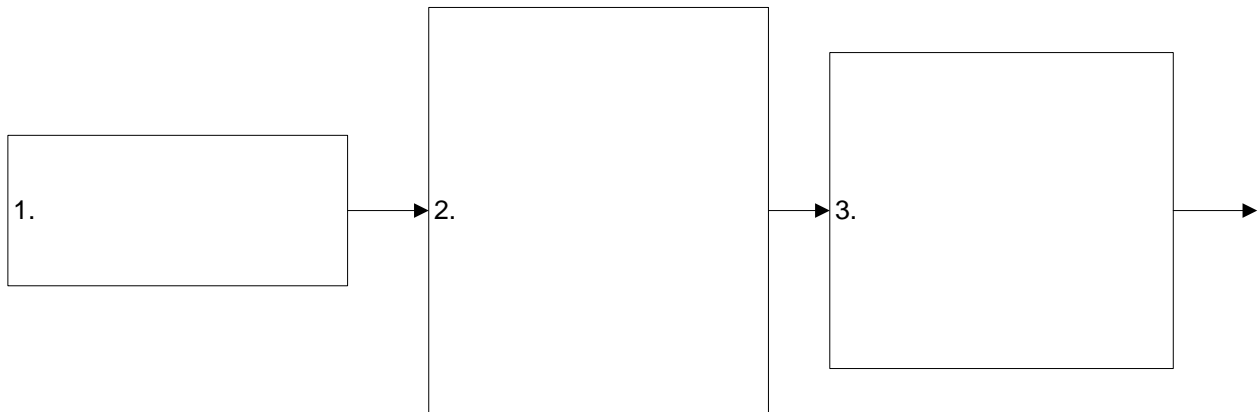
## Version Control and Amendment Log (Example)

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
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

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## 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.*

<b>Monitoring Compliance Template</b>						
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.*

<b>Title</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>

## Appendix A

### Equality Impact Assessment Process and Record for Written Policies

**Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** – No further action is required – please sign and date the following statement.  
**I confirm that this policy does not impact on staff, patients or the public.**

***I confirm that this policy does not impact on staff, patients or the public.***

Name/Date:

**YES, Go to Stage 2**

**Stage 2 Policy Screening and Drafting Policy** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age			
Disability			
Gender Reassignment			

<b>Pregnancy and Maternity</b>			
<b>Race</b>			
<b>Religion or Belief</b>			
<b>Sex</b>			
<b>Sexual Orientation</b>			
<b>Marriage or Civil Partnership</b>			

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Name /Date
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