Policy Development Guide

Document Reference Information

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Author:	Tony Ciriello, Corporate Governance Manager
Directorate responsible:	Corporate
Directorate lead:	Associate Director of Corporate Services
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Target audience:	All HWCCG staff

Version Control Record

Version	Description of change(s)	Reason for change	Author	Date
1	New document		Tony Ciriello, Corporate Governance Manager	August 2018
2	Refreshed guide for HWCCG	Update and refresh required	Tony Ciriello	October 2020
3	Accessibility Requirements	Adapted to meet requirements	Tony Ciriello	January 2021

Policy Development Guide

Contents

1. Introduction

1.1 Why Policies?

A policy is defined as a "Set of statements documenting the standards, intentions and/or expectations of how a practice or course of action will be implemented and adopted".

It formally and explicitly sets out requirements which all staff are expected to follow.

The purpose for doing so is:

- To define and communicate organisational ways of working
- Clarify strategic and operational requirements
- Achieve consistency to day to day practice
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1.2 What Could Trigger the Need to Develop a Policy?

The following factors could also trigger consideration for the development of a policy document

- An issue or matter is identified which, if not managed in a systematic and coordinated way, could pose a risk to effective working

- External directive is received which necessitates a change to local practices and procedures

- A change to national policy which would need to be reflected locally, in order to demonstrate compliance

1.3 CCG Policies in Place

The CCGs have a suite of policies, which fall under the following broad categories:

- Area Prescribing Committee*

- Commissioning/Individual Funding Requests*

- Corporate which also encompasses Information Governance

- Counter Fraud

- Health & Safety

- Human Resources

- Quality

- Safeguarding – Adults and Children

* The development of clinical and commissioning policies is subject to a separate process. Please contact a member of the contracting or medicines management team to obtain further detail regarding commissioning and medicines management policies respectively.

1. Roles, Responsibilities and Definitions

Policy Authors – Refer to the guidance set out within this policy and to follow steps outlined within the charts overleaf regarding the creation of new policies and updating of existing policies.

Corporate Team – Corporate Governance Manager to act as operational lead for policy management processes, ensuring all systems operate efficiently and CCGs demonstrate compliance with national guidance and mandated responsibilities.

To provide advice and guidance to policy authors and to assume specific responsibility for all actions detailed within the "Post Submission of Policy" section of the flowchart overleaf.

Executive Lead – Assumes lead responsibility for policy area, ensures compliance with national and local guidelines; and oversees successful implementation.

Approval Committee – Approval of policy, seeks assurance that appropriate stakeholders have been consulted; and that plan for implementation is in place. Please note that Policies should state the number of minor changes that can be made before the document requires further ratification and that major changes must result in immediate review of the document and Group/ Committee approval obtained.

Stakeholders/Contributors – All those involved in producing the policy document have a responsibility to make sure that consultation has taken place with appropriate stakeholders/contributors, who may be part of the policy's target audience or are able to provide specialist expertise.

Staff - All staff have a duty to read and work within current policies. All staff should know where policies are stored and how to gain access to them. If a member of staff identifies that any part of a policy is no longer relevant, they have a responsibility to contact the person responsible for writing or reviewing the policy to inform them of this.
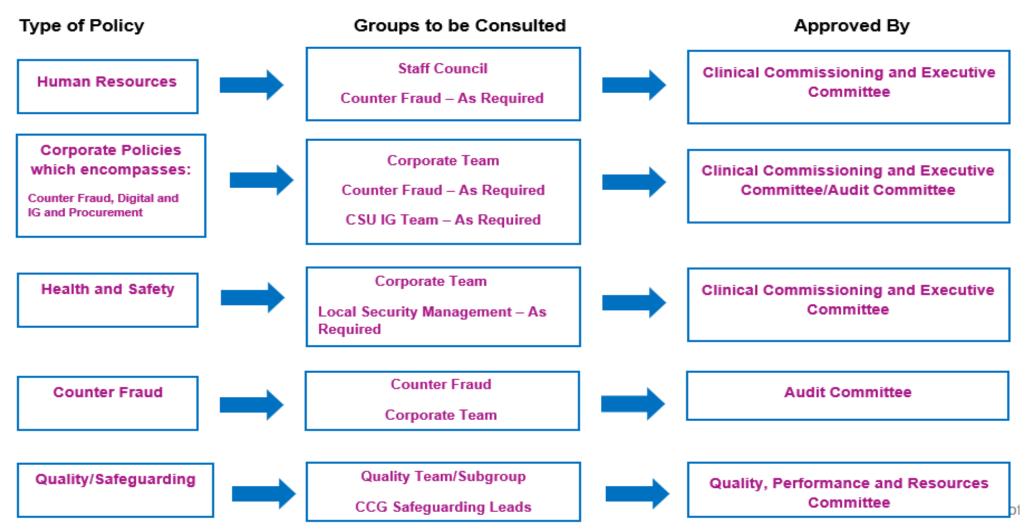
Minor Changes – This would relate to any non-material changes relating to aspects such as job titles, names, grammar or stylistic changes that do not fundamentally change the deployment and scope of the policy

Major Changes – This would relate to any material changes relating to aspects such as systems, processes and responsibilities which do fundamentally change the deployment and scope of the policy. This would therefore require the sign off of the policy's lead committee

Electronic Version - The electronic version of the document should be regarded as the definitive version. All other copies should be classed as uncontrolled and should not be referred to

2. Policy Flowcharts

*Please note that Equality Impact Risk Assessments are required for all policies. Please contact Mohammed Ramzan for guidance (mohammedramzan@nhs.net)

Type of Policy	Groups to be Consulted	Approved By
Human Resources	**Staff Council** **Counter Fraud – As Required**	**Clinical Commissioning and Executive Committee**
Corporate Policies which encompasses: Counter Fraud, Digital and IG and Procurement	**Corporate Team** **Counter Fraud – As Required** **CSU IG Team – As Required**	**Clinical Commissioning and Executive Committee/Audit Committee**
Health and Safety	**Corporate Team** **Local Security Management – As Required**	**Clinical Commissioning and Executive Committee**
Counter Fraud	**Counter Fraud** **Corporate Team**	**Audit Committee**
Quality/Safeguarding	**Quality Team/Subgroup** **CCG Safeguarding Leads**	**Quality, Performance and Resources Committee**

Development of New Policies

Need for New Policy Identified

Key Considerations:

- Seek Executive Team Approval, either via relevant executive or endorsement by ELT
- Owner, author and approving committee agreed

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Source Policy Template from CCGs intranet

Key Considerations:

- Review key headings and populate sections in line with template within appendix 1

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Consult Appropriate Individuals/Groups (Please see chart above)

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Policy Submitted

Key Considerations:

Review and populate relevant committee frontsheet. Report templates available on the Hub.

Authors are also required to:
- State the nature of the change (Scheduled Review & Update, Unscheduled Significant Review/New Policy)
- State key actions to be undertaken post ratification

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Post Submission of Policy

Key Considerations:

Author's responsibility to notify and send approved policy to Corporate Governance Manager who will:

- Update the CCGs Policy Database. This acts as a single repository for all CCG policies and will be monitored in order to identify when policies are due for review
- Upload policies to the appropriate section of the website. The electronic version of the document is the definitive version. All other copies should be classed as uncontrolled and should not be referred to'
- Store an electronic version locally
- Communicate to staff and relevant stakeholders

Review of Existing Policies

Review Date

Key Considerations:
Corporate Governance Manager will notify the policy author of the scheduled review date approximately 2 months in advance

Review Process

Key Considerations:

- Release of new guidance to be reflected within the policy?
- Any changes in roles and responsibilities?
- If material changes are made, consult relevant groups/individuals
- Policies should state the number of minor changes that can be made before the document requires further ratification and that major changes must result in immediate review of the document and Group/ Committee approval obtained.

Submission of Policy

Key Considerations:
Review and populate relevant committee frontsheet. Report templates available on the Hub.

Post Submission of Policy

Key Considerations:
Author's responsibility to notify and send approved policy to Corporate Governance Manager who will:

- Update the CCGs Policy Database. This acts as a single repository for all CCG policies and will be monitored in order to identify when policies are due for review
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Policy Title

Subtitle

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Section	Content	Page

1. Introduction

1.1   This section should give an overview as to why the subject is a key priority within the organisation.

1.2   Why do we want to develop this document and are there any key drivers (Legislation, national priorities, best practice etc)?

1.3   State the benefits to patients/organisations/key stakeholders.

2. Equality Statement

2.1.   The Herefordshire and Worcestershire CCG aim to design and implement policy documents that meet the diverse needs of our services, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

2.2   In carrying out its functions, Herefordshire and Worcestershire CCG must have due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which Herefordshire and Worcestershire CCGs are responsible, including policy development, review, and implementation.

Please contact Mohammed Ramzan for any guidance (mohammedramzan@nhs.net)

3. Purpose

3.1   Give an outline of the objectives and intended outcomes of the process described in your document.

3.2   Keep it short, no more than a small paragraph or a series of bullet points.

4. Scope

4.1   State which members of staff and which groups of patients this document applies to. Are there any eligibility criteria, geographic restrictions or other factors that would determine the scope.

5.   Definitions

5.1   This section should provide definitions of the terms that are unique to this document.

5.2   Use key terms only, as the list is only a guide and does not need to be exhaustive.

6.   Training/Competencies Required

6.1   Are there any training needs associated with the policy/guideline?

6.2   Should staff have specific qualifications?

6.3   How often do people need training/how long is the training/how do they access it?

7.   Responsibilities and Duties

7.1   The roles and responsibilities of staff and stakeholders involved in the process should be documented in this section. Think about the flow of responsibilities across different organisational layers.

8.   Main Body

9.   Monitoring and Implementation

9.1   This section should identify how the organisation plans to disseminate the document and monitor compliance with guidance set within it. It should describe how we will know that things are being carried out in the manner described within the document. This section links with the responsibilities and duties section which describes what the post holders' responsibilities are.

9.2   What are the monitoring arrangements and methodologies to check for compliance, i.e. it might be an audit, a report, a review, a check on data base figures etc.

9.3   Who is responsible for conducting the monitoring? Is this shared between individuals/departments?

9.4   At what frequency will the policy be reviewed? Policy author to determine policy validity. Typically, policies have a validity of 3 years, with the caveat that they are to be reviewed earlier should any key developments or legislative changes arise.

9.5   This section could contain auditable standards for key performance indicators.

10. Associated Documentation

10.1   This section should provide a cross reference to any other CCG procedural documents

11. Appendices

11.1   This may contain a wide variety of things such as forms, checklists which policy users may require access to.

Appendix 2 – Policy Formatting Guidelines

Paper size	A4
Main text font	Arial 12
Main Paragraph Headings	Bold text, Sentence case, Arial 14 and numbered
Sub-paragraphs	Sub-paragraphs or key points should be numbered. Headings Arial 12 bold text
Footers	Page numbers on right hand side
Underlining	None
Front page (Title Page)	Standard Template
Version Control	Each draft must be numbered on the Version Control Page. The version control page must be revised and updated following each sweep of amendments. Minor amendments should be reflected by adding or changing after decimal point eg V1.1, V1.2. Major amendments should be reflected by changing the primary number e.g V1, V2. The final version is produced following ratification. All versions up until then must be numbered.
Contents List	Numbered subject paragraphs on left side of page. Page numbers on right side of page. Appendices must also be listed with page numbers.
Abbreviations	To be avoided and only to be used after written in full the first time e.g. Area Prescribing Committee (APC).
References	Documents should provide an evidence base with up to date references. References must be cited in full using the Harvard referencing style. (http://libweb.anglia.ac.uk/referencing/harvard.htm)