

Corporate	CCG CO04 Policy for the development and approval of policies
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Version Number	Date Issued	Review Date
V6.2	April 2019	April 2022

Prepared By:	Governance & Assurance Manager, North of England Commissioning Support Unit (NECS)
Consultation Process:	Governance Group, NHS Northumberland Clinical Commissioning Group
Formally Approved:	Governance Group

Policy Adopted From:	V6.1
Approval Given By:	Governance Group

Document History

Version	Date	Significant Changes
1	28/02/2013	First issue
2	02/10/2013	Significant changes to reflect CCG management processes and decision making structures
3	17/10/2013	Template, page 16, Section 8.1: insertion of policy writer prompt at the end of the paragraph
4	14/05/2014	Formatted into CCG policy
5	18/12/2014	Policy formatting amendments actioned as requested by CCG Governance Lead
6	May 2017	Reviewed in line with natural expiration date.
6.1	April 2019	Reviewed in line with natural expiration date.
6.2	January 2021	Extended for 12 months in light of COVID19

Equality Impact Assessment

Date	Issues
April 2019	See section 9 of this document

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.



Policy users should ensure that they are consulting the currently valid version of the documentation.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact norccg.enquiries@nhs.net

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1. Introduction

This document sets out the corporate approach to developing policies. It applies to all staff involved in writing, reviewing, approving and implementing policies.

1.2 Status

This policy is a corporate policy.

1.3 Purpose and Scope

This policy is designed to give a corporate framework for all policy documents within the CCG. It applies to the creation and revision of all policies. Section 3 and appendices 1, 2 & 3 describe the framework for development, approval, ratification, adoption, dissemination and review of policies to achieve a consistent approach.

This policy applies to every employee of the CCG and to all committees accountable to the organisation either individually or jointly.

2. Definitions

2.1 Strategy

A high level document describing a set of principles and/or course of action to be adopted by the organisation in order to achieve a desired outcome and provide a general description of how this will be achieved.

2.2 Policy

A policy is a deliberate plan of action to guide decisions and achieve rational outcome(s).

2.3 Procedure or protocol

A document describing detailed steps to be taken in defined circumstances, which is normally based on expert opinion, best practice, research and experience. May stand alone or be attached as appendices to strategies / policies, giving specific implementation details.

2.4 Guideline

A detailed plan or explanation to guide you in setting standards or determining a course of action.

2.5 Ratify/Ratification

A process undertaken on completion of a policy to ensure that all the necessary steps have been completed and that it complies with the Policy for the Development and Approval of Policies

2.6 Approval

A process which confirms the final status of a policy and provides the authority for the issue and use of a policy.

3. Policy Development: Principles and Process

- 3.1 This section describes what is to be done i.e. detailed instructions for undertaking a particular process. It may be supported by flowcharts and reference documents as appendices.
- 3.2 A flowchart for the process is shown at appendix 1, which includes the proposed timeline from development to approval.
- 3.3 The CCG is committed to the development of a 'just' culture'. It is essential that all policies reflect this ethos, outlined in the CCG's values, which are stated in each of their constitutions.
- 3.4 To have formal status, policies must be prepared and approved in accordance with the process described in this document.
- 3.5 All policies must be sponsored by a director, who will identify the lead author(s) and/or appropriate group to develop the policy.
- 3.6 Once the need for a new policy has been identified and agreed by the relevant director, or where policy development is already in progress through an existing group, or where a policy written by another organisation is to be adopted (see 3.14), the North of England Commissioning Support (NECS) Governance team should be contacted to ensure that duplication is not taking place. The flowchart at appendix 1 provides a step-by-step outline of the process for policy development.
- 3.7 Policies that are to be developed or reviewed will be subject to consultation. The range of consultation will be dependent upon the policy, and those involved will be chosen by the author.
- 3.8 All policy documents will be prepared in a consistent corporate style, using the policy template at appendix 2.
- 3.9 The development or review process must include an independent comprehensive equality impact assessment using the Equality Analysis guidance and template document found at Appendix 4 and 5. This will be undertaken by the policy subject expert / author.
- 3.10 On completion of the policy, which will include any revisions following the consultation phase and completion of the equality impact assessment, the appropriate group within the CSU will undertake a quality assurance check of the policy.

- 3.11 Existing policies which have previously been approved by the CCG, and have been updated to include changes in legislation, financial requirements or legal requirements, will be re-submitted to the CCG for continued approval.
- 3.12 Where a policy is not approved, it will be returned to the author with clear comments outlining the reasons for not approving. The sponsoring director will also be notified of the decision.
- 3.13 Policies developed by other organisations may be adopted for use by the organisation following acquisition of approval from the original author. A Front sheet (as page 1 of this document) should be attached and completed. Where appropriate, the content should be transferred into the approved format, and must acknowledge the original author.
- 3.14 Following formal approval, policies will be posted on the CCG website by the CCG. This will allow staff and public access, ensuring compliance with Freedom of Information regulations. Organisation-wide distribution will be via a suitable method as preferred by the CCG.
- 3.15 Compliance with policies will be monitored through quality standards, assurance and audit. All staff will be required to read and understand their responsibilities in relation to all policies that relate to their role.
- 3.16 When a new or updated policy has been read, the staff member must indicate that they have read and understood it and this record retained to indicate compliance for governance purposes.
- 3.17 The author, in agreement with their sponsoring director, will ensure that the necessary training or education needs and methods required to implement the policy are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.
- 3.18 On-going review, version control and archiving will be managed by NECS Governance team via a policy management system.
- 3.19 Policies will be grouped into four categories, each policy being assigned an alphanumeric prefix to assist identification and version control:

Code	Policy Category
CO	Corporate (including Finance and Estates)
HR	Human Resources
IG	Information Governance
SOP	Standard Operating Procedure

4. Duties and Responsibilities

CCG	The CCG has delegated responsibility to the Governing Body for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Accountable Officer	The Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
NECS	<p>NECS will oversee the development and approval of organisational policies for the CCG in accordance with the Policy for the Development and Approval of Policies. The specific role is:</p> <ul style="list-style-type: none"> • To advise on organisational policy management, having regard to any guidance issued by The Department of Health, central and local government, and professional organisations. • To oversee the organisation-wide coordination, prioritisation and development of policy issues and provide assurance that there is continuing development of all aspects of policies. • To determine the appropriateness of policies in use or proposed for development. • Where policies are updated due to changes in legislation, financial requirements or legal requirements, they will be directed to the appropriate CCG Committee for approval. • To ensure that the CCG is updated on the nature and titles of approved updated policies, and the perceived impact they will have on the organisation. • To ensure that existing policies are reviewed in a timely fashion by the designated author. • Identify the appropriate process for regular evaluation of the implementation and effectiveness of this policy. • Identify and implement revisions to this policy and arrange for superseded versions of this policy to be retained in accordance with Records Management: Code of Practice for Health and Social Care 2016). • Maintain the policy management system.

All Staff	<p>CCG employees are responsible for actively co-operating with managers in the application of this policy to enable the CCG to discharge its legal obligations and in particular;</p> <p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant applicable documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.
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5. Implementation

- 5.1 This policy will be available to all staff for use in the circumstances described on the title page.
- 5.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.
- 5.3 Detailed guidance on implementing the policy and assistance with writing policies may be obtained from the NECS Senior Governance Manager.

6. Training Implications

- 6.1 It has been determined that there are no specific training requirements associated with this policy.

7. Related Documents

7.1 Other related policy documents

Equality Analysis Toolkit and Template

7.2 Legislation and statutory requirements

Cabinet Office. (2006) *Equality Act 2006*. London: HMSO.
Cabinet Office. (2005) *Mental Capacity Act 2005*. London: HMSO.
Cabinet Office. (2000) *Freedom of Information Act 2000*. London: HMSO
Cabinet Office. (2018) *Data Protection Act 2018*. London: HMSO.
Cabinet Office. (1998) *Human Rights Act 1998*. London: HMSO.
Health and Safety Executive. (1974) *Health and Safety at Work Etc. Act 1974*.
London: HMSO.

7.3 Best practice recommendations

Department of Health. (2016) *Records Management: Code of Practice for Health and Social Care 2016*.

8. Monitoring, Review and Archiving

8.1 Monitoring

8.1.1 The Governance Group will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The Governance Group will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governance Group will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

8.3 Archiving

The Governance Group will ensure that archived copies of superseded policy documents are retained in accordance with *Records Management: Code of Practice for Health and Social Care 2016*.

9. Equality Analysis

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our strategies, policies, services and functions, both current and proposed have given proper consideration to equality and diversity, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership, Carers and Health Inequalities).

A screening process can help judge relevance and provides a record of both the process and decisions made.

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Role: Governance & Assurance Manager

Title of the service/project or policy:

Policy for the development and approval of policies.

Is this a:

Y Strategy / Policy

N Service Review

N Project

If other, please specify:

What are the aim(s) and objectives of the service, project or policy:

Who will the project/service /policy / decision impact?

Consider the actual and potential impacts:

- Staff
- service users/patients
- other public sector organisations
- voluntary / community groups / trade unions
- others, please specify:

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Questions	Yes	No
Could there be an existing or potential impact on any of the protected characteristic groups?		x
Has there been or likely to be any staff/patient/public concerns?		x
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		x
Could this piece of work affect the workforce or employment practices?		x
Does the piece of work involve or have an impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 		x

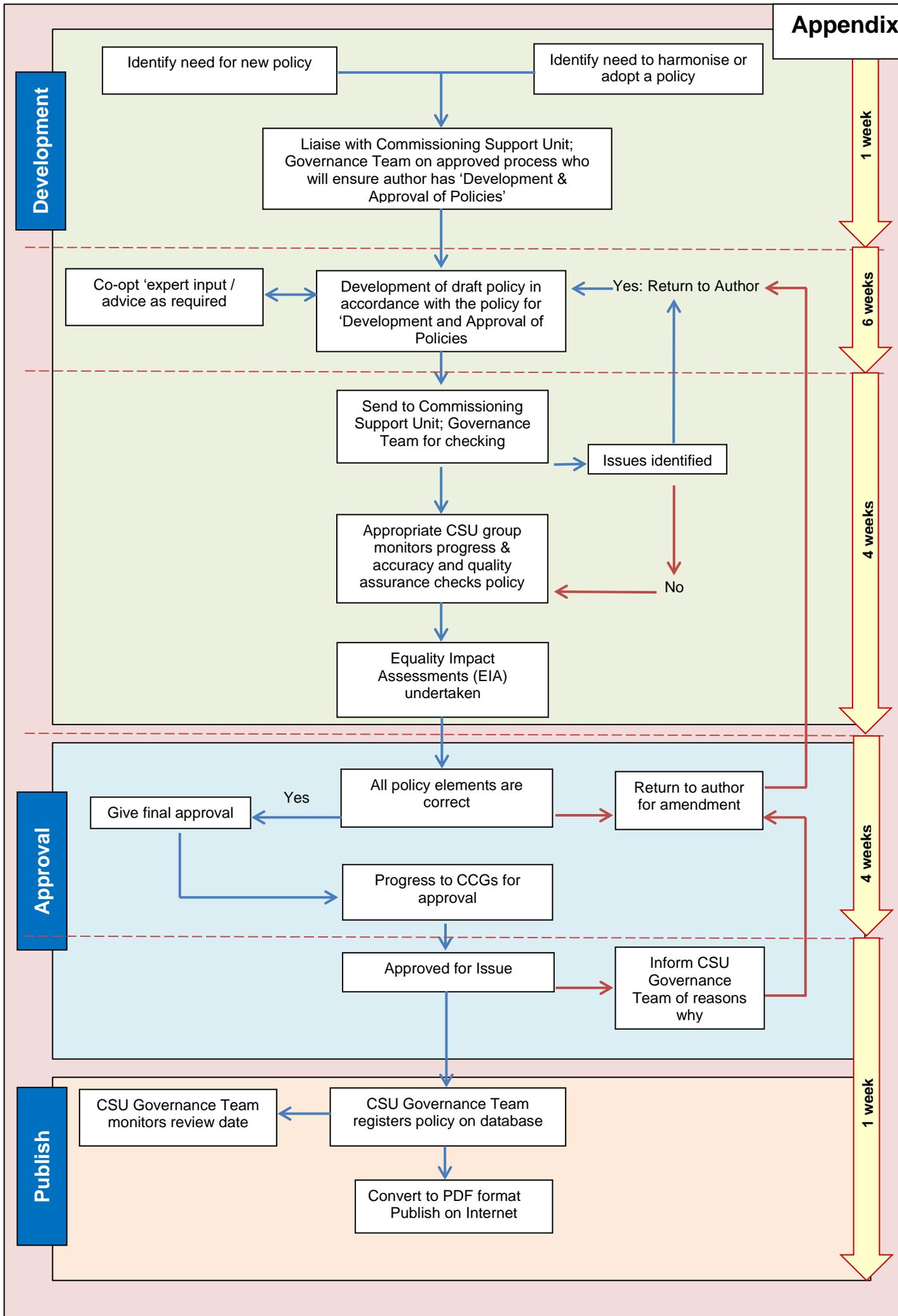
If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This policy is a process that does not impact on any of the above areas or protected characteristics groups.

If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document.

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
N/A	Governance Group	September 2019



Appendix 2

Corporate	Name of Policy
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Version Number	Date Issued	Review Date
V1		

Prepared By:	
Consultation Process:	
Formally Approved:	

Policy Adopted From:	
Approval Given By:	

Document History

Version	Date	Significant Changes

Equality Impact Assessment

Date	Issues
	See section 9 of this document

POLICY VALIDITY STATEMENT

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.

Contents

Insert table of content including appendices:

- Main headings should be used and page numbers.

1. Introduction

This section should introduce the policy, i.e. its subject matter, context, legal context etc.

1.1 Status

This policy is a (insert type of policy e.g. Corporate) policy.

1.2 Purpose and scope

Provide an outline of what the policy intends to address, and those to whom it applies.

2. Definitions

The following terms are used in this document: (Definitions of terms used in the document). Each document will differ, but must include abbreviations, technical terms and acronyms.

3. (Title of What the Document Is Describing)

This section should be structured in sequential numbered paragraphs describing the specific process / system. Depending on the length and complexity of the process, you may need to refer to appendices.

There is no 'one best way' of presenting this section. It may be a short description, or a complex system involving many sub headings.

4. Duties and Responsibilities

CCG	The CCG has delegated responsibility to the Governing Body for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents. (This paragraph to be included in all policies)
Accountable Officer	The Accountable Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements. (This paragraph to be included in all policies)
[Author]	<i>The author's title will:</i> List the responsibilities which the author has in relation to the policy.
[Titles of relevant officers]	The titles of any officers who have specific responsibility for implementation of any part of the process, clearly stating what that person's responsibility is, including who is responsible for drafting and updating any part of the document.
All Staff	All staff, including temporary and agency staff, are responsible for: <ul style="list-style-type: none">• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.• Attending training / awareness sessions when provided.

5. Implementation

- 5.1 This policy will be available to all Staff for use *in relation to the specific function of the policy*.
- 5.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described. **(This paragraph to be included in all policies)**

It may be necessary to develop specific implementation plans.

6. Training Implications

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

*Insert here **EITHER**:*

It has been determined that there are no specific training requirements associated with this policy/procedure.

OR:

The training required to comply with this policy are:

7. Related Documents

7.1 Other related policy documents

Any related policy documents, in alphabetical order using a modified Harvard System (see appendix C).

7.2 Legislation and statutory requirements

Any legislative documents (e.g. Acts of Parliament) in chronological order using a modified Harvard System.

7.3 Best practice recommendations

List here any other sources that have influenced the production of the document, in chronological order using a modified Harvard System.

8. Monitoring, Review and Archiving

8.1 Monitoring

The Governance Group will agree with the [Title of author] a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

8.2 Review

8.2.1 The Governance Group will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. **No policy or**

procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision. **(This paragraph to be included in all policies)**

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document. **(This paragraph to be included in all policies)**

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process. **(This paragraph to be included in all policies)**

8.3 **Archiving**

The Governance Group will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice for Health and Social Care 2018=6. **(This paragraph to be included in all policies)**

9. Equality Analysis



EIA - Step 1 - Initial
Screening Assessment



EIA - Step 2 - Policy -
Strategy - Guidance :

Appendix 3

Ways of Referencing

Harvard System as used by the University of Teesside http://lis.tees.ac.uk/skills/Dissertation_Section10.pdf

There are two ways of referencing: Direct and Indirect. Both show that you have used somebody else's research and indicate where another person could locate this information.

Direct quotation

Hart stated "as a researcher you need to become completely familiar with your topic" (Hart, 2001, p.2)

Indirect Quotation

Hart expanded on this point by saying (Hart, 2001, p.35)

You then need a full description at the end of your paper:

Hart, C. (2001) *Doing a literature search: a comprehensive guide for the social sciences*. London: Sage.

By putting this full description at the end, you are acknowledging where you got your research from.

References and Bibliographies

List of References

This list occurs at the end of your work and lists the full references of all the items referred to in your assignment. When using the Harvard System, the list should appear in **alphabetical order by author** and should include all the bibliographic information about the work used.

Bibliography

A list of all the items you have read in researching your development – whether or not you have referred to it. It enables people to find your sources and demonstrates the thoroughness of your research

Examples of References

Book Reference

To find a particular book you would need to know the full reference. A book reference will usually look something like this:

Northedge, A. (2005) *The good study guide*. 2nd ed. Milton Keynes: Open University.

Book references with multiple authors

Book references with two authors are usually the same as for books with one author, except the authors are separated with an '&':

Inglis, J. & Lewis, R. (1993) *Clear thinking*. London: Collins Educational.

If there are three authors then they are generally listed as follows:
Smith, B., Jones, R. & Brown, M.

If there are more than three authors then simply name the first author and then use the term et al. (short for et alii, Latin for 'and others')

Bailey, V. et al. (2001) *Essential study skills*. London: Collins Educational.
If it is an editor rather than an author put (ed.) after their name. e.g. Smith, J. (ed.)

Typical Reference for a Chapter within a Book

Thomas, J. (1997) Writing and assignments, in Northedge, A. et al. *The sciences good study guide*. Milton Keynes: Open University, pp.228-269

Journal Reference

To find a particular journal article you would need to know the full reference. A journal article reference will usually look something like this:

Kelly, W. (2003) No time to worry: the relationship between worry, time structure and time management. *Personality and Individual Differences*, 35(5), 1119-1126.

Typical Web Reference

There is currently no set standard for referencing websites, but to trace a website you would typically need the following:

Author (if available)

Date (if available)

Website title

Website address (URL)

Date website accessed

It is important to put more details in your reference than just the website address. If you have typed this in incorrectly, or if the website address changes (which is a common occurrence) it may be impossible to trace the site. A website reference will look something like this: