Policy on Policies

Approved by:	Governing Body
Date approved:	04/04/2013
Name of originator/author:	Associate Director of Integrated Governance
Name of responsible committee/individual:	Governing Body
Effective from:	14 September
Review date:	September 2020
Target audience:	NHS Lewisham CCG Members and employees

Version Control

Version:	2.0
Supersedes:	Version 1.1

Change History

Version	Status	Date	Author	Reason
1.2	Draft	06 June 2017	Victoria Medhurst	Expired Policy
1.3	Draft	13 July 2017	Victoria Medhurst	Comments from Susanna Masters
1.4	Draft	31 July 2017	Victoria Medhurst	Comments from Staff Engagement Group
1.5	Draft	05 September 2017	Victoria Medhurst	Minor Amendments
2.0	FINAL	14 September 2017	Governing Body	Approved

Implementation

Implementation plan in place?	
Tools for dissemination	
Date of dissemination	

Public Sector Equality Duty

The general equality duty requires public sector bodies, in the exercise of their functions, to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between people who share a relevant protected characteristic and those who do not share it

The NHS Lewisham CCG Policy on Policies ensures that there is a regulated approach to the development of policies and procedural documents. This Policy requires all policy and procedural documents developed by the CCG and for the CCG to describe how they meet the Public Sector Equality Duty.

Introduction

1. NHS Lewisham CCG has a range of approved documents, such as policies, procedures, protocols and guidelines which help guide or direct our work. These documents are required to ensure that the vision and priorities for commissioning are achieved, that risks to these are identified and mitigated and that legal and regulatory obligations are met.

2. The Policy on Policies provides a framework to allow a systematic approach to the review, approval and dissemination of approved NHS Lewisham CCG documents. This ensures all documents are consistent, up to date, regularly reviewed and approved by the Governing Body or relevant approving body.

Policy Statement

3. Policies will be prepared where there is a requirement for a regulated or consistent approach which all staff and identified others are required to conform to.

Scope

4. This policy applies to all policies developed for and used by NHS Lewisham Clinical Commissioning Group.

Plain English

5. As far as possible, policies should be written in plain English. Plain English is "something that the intended audience can read, understand and act upon the first time they read it. Plain English takes into account design and layout as well as language."[1]

Definitions

Policies

6. A policy is a statement of organisational intent and principal. A policy applies to all employees regardless of location or job.

7. Policies should not be prepared for facilitating methodology, since Protocols, Guidelines and Procedures are issued for this purpose.

Protocols

8. A protocol defines the boundaries for what course of action is (or is not) permitted when completing a task.

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[1] http://www.plainenglish.co.uk/free-guides.html

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Guidelines

9. A guideline provides information intended to give advice on how something should be done. Guidelines must be, as far as is practicable, evidence-based and in compliance with recognised best practice

Procedures

10. A procedure is a series of specific steps taken to accomplish an end, as dictated by a protocol or guideline

Statutory Compliance

11. All Policies, protocols, guidelines and procedures will comply with the relevant statutory requirements, including the following Acts, any subsidiary legislation and subsequent amendments:
    a. Health & Safety at Work etc. Act 1974
    b. Human Rights Act 1998
    c. Freedom of Information Act 2000
    d. Children Act 2004
    e. Mental Capacity Act 2005
    f. Civil Contingencies Act 2004
    g. The National Health Service Act 2006
    h. Equality Act 2010
    i. Health and Social Care Act 2012

Content

12. All policies shall include:
    a. Document identification panel
    b. Policy statement
    c. Scope (to include whether the policy applies to CCG Members, including Governing Body members and any members of its sub-committees or CCG Employees including all full and part time staff; any staff on sessional or short term contracts; any students and trainees (including apprentices); agency staff; Seconded staff and contracts, or both.)
    d. Definition of terms
    e. Roles and Responsibilities
    f. Relevant legislation and standards
    g. Cross reference to other policies / procedures
    h. A statement describing how the policy meets the General Equality Duty as defined in the Equality Act 2010
        i. Policy Implementation Training and Awareness
        ii. Monitoring and Audit
        iii. Review

13. The foot of each page must include:
    a. Version Number
    b. Effective Date
    c. Review Date
    d. Name of Sponsor
    e. Page Number
    f. Number of Pages

Format

14. All policies are to be prepared using a San Serif font, point 12 or larger and with due regard to guidance published by the Plain English Campaign[2]

Responsibilities

Accountable Officer (AO)

15. The AO has overall responsibility for ensuring the CCG has appropriate strategies, policies and procedures in place to ensure the CCG works to best practice and complies with relevant legislation.

Employees

16. All employees must follow the principles laid out in this policy when drafting policy and guidance on behalf of the CCG.

Managers

17. Managers and the Heads of Departments who are reviewing draft policies, procedures or guidance documents are responsible for ensuring that the standards contained in this policy are met.

Committees

18. Committees ratifying policy documents are responsible for ensuring that the standards contained in this policy are met, that the policy is compliant with the CCG's statutory and regulatory requirements and is consistent with corporate objectives.

The Sponsor

19. The Sponsor shall be the first point of contact for any person wishing to comment on, or suggest amendments to the policy.
20. The Sponsor shall ensure that comments or suggested amendments received are considered during the consultation process and at review
21. The Sponsor shall ensure that policies are reviewed at the stated interval, record the date of the review and the individual(s) group(s) or committee(s) involved in the review

22. The Sponsor shall ensure that policies move to the next stage of the consultation and ratification process
23. The Sponsor shall ensure that ratified policies are forwarded to the Head of Integrated Governance for distribution and for placement on the CCG intranet and / or website as soon as possible after the ratification date

Authorisation

Policies

24. Authority to approve policy is set out in the CCG Constitution (Scheme of Delegation) as shown in the table below

Policy Area	Approved by:
BCP and EPRR policies	Accountable Officer (or nominated deputy)
CCG leadership succession planni	Clinical Directors Committee
Clinical Risk and Quality policies	Governing Body
Complaints policies	Accountable Officer (or nominated deputy)
Counter Fraud and security polici	Accountable Officer (or nominated deputy)
Detailed financial policy	Governing Body
Disciplinary Policy	Governing Body
Freedom of Information Policies	Governing Body
Health and Safety Policies	Accountable Officer (or nominated deputy)
HR Policies (Other than those list	Accountable Officer (or nominated deputy)
IFR Policy	Governing Body
Information Governance Policies	Governing Body
Prime financial policy	Membership Forum
Risk Management Policies	Accountable Officer (or nominated deputy)
Risk sharing / pooling policies	Governing Body
Standing Orders	Membership Forum

Protocols

25. Protocols should be agreed by the relevant Committee and bear the name of a contact person and the date of agreement.

Guidelines

26. Guidelines should be agreed by the relevant Committee. Clinical guidelines should reference source documents and evidence upon which the guidelines are based, and bear the name of a contact person and the date of agreement.

Procedures

27. Procedures developed separately from the policy or guidelines they are designed to implement should be approved by the relevant Committee and bear the name of a contact person and the date of agreement. These should be appended to the policy.

Training

28. Induction training will ensure that new employees are aware of the requirements of all CCG policies. For those policies which exist to implement a statutory requirement e.g. health and safety, additional training will be provided.
    If there is a training need associated with a new or revised policy, the sponsor is responsible for identifying that need and informing the Deputy Director (Strategy & Organisational Development)

Dissemination and Archiving

29. The Associate Director of Integrated Governance shall ensure that all relevant people are informed when a policy comes into effect or is revised. In most cases this will be by email containing a link to an electronic version of the policy which shall be stored on the CCG intranet and / or website as appropriate.

30. The Corporate Services Officer will maintain an archive of the signed policies, including revisions, in accordance with the NHS Code of Practice.[3]

31. Publishing to the CCG website, through the Head of Communications and Engagement.

Version Control

32. A numerical system of version control will be used:

33. The first draft will be 0.1, the second 0.2 and so forth. The first ratified version will be version 1.0. When the policy is revised, the first draft revision will be version 1.1. On ratification this will become version 2.0.

Review System

34. Policies will be reviewed every three years unless otherwise agreed or required by statute or regulations.

35. **Technical amendments** are amendments made in response to e.g. changes to statute, organisational structure or posts which need to be included in revised policies, but do not fundamentally change the purpose or philosophy of the policy. Technical amendments do not require consultation or re-submission to the appropriate authorising body (see paragraph 24) and therefore will not have a change in version control.

36. **Substantive amendments** that fundamentally change the policy require appropriate consultation and re-submission to the appropriate authorising body (see paragraph 24) and therefore will have a change in version control.

Monitoring Compliance

37. The Governance Team will carry out an annual audit of the proportion of policies ratified and / or revised according to the standard set out in this policy. The Corporate Director will monitor the timely production of these audits.

[3] Dept of Health, (2006) Records Management: NHS Code of Practice, London.
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Approved by appropriate body

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Consider consultation with key stakeholders e.g. CCG Membership, Local Medical Council

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Consider Consultation with Senior Management Team

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Consider consultation with Staff Engagement Group

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Draft Policy