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# Organisational Policy for the Development of Policies

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<b>Version:</b>	2.0
<b>Ratified by:</b>	Senior Management Team
<b>Date ratified:</b>	July 2018
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<b>Responsible Committee / individual:</b>	Senior Management Team
<b>Date issued:</b>	September 2018
<b>Review date:</b>	July 2020
<b>Target audience:</b>	NHS Bury Clinical Commissioning Group Members and Staff
<b>Impact Assessed:</b>	Yes

## Further information regarding this document

<b>Document name</b>	Organisational Policy for the Development of Policies CCG.GOV.001.2.0
<b>Category of Document in The Policy Schedule</b>	Governance
<b>Author(s) Contact(s) for further information about this document</b>	Lisa Featherstone, Deputy Director of Business Delivery
<b>This document should be read in conjunction with</b>	All Policies
<b>This document has been developed in consultation with</b>	NHS Bury Clinical Commissioning Group Development Team
<b>Published by</b>	NHS Bury Clinical Commissioning Group <b>NHS Bury Clinical Commissioning Group (CCG)</b> Townside Primary Care Centre 1 Knowsley Place, Knowsley Street, Bury, BL9 0SN <a href="http://www.buryccg.nhs.uk">www.buryccg.nhs.uk</a>
<b>Copies of this document are available from</b>	The Corporate Office

## Version Control

<b>Version History:</b>		
<b>Version Number</b>	<b>Reviewing Committee / Officer</b>	<b>Date</b>
<b>0.1 = draft 1</b>	NHS Bury Clinical Commissioning Group	26 <sup>th</sup> September 2012
<b>1.0 = Policy once ratified</b>	NHS Bury Clinical Commissioning Group	27 <sup>th</sup> March 2013
<b>2.0 = policy once reviewed if changes)</b>	NHS Bury Clinical Commissioning Group	July 2018

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# Organisational Policy for the development of Policies

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# 1. Introduction

- 1.1 Policies and procedures approved by the NHS Bury Clinical Commissioning Group (the CCG) Governing Body and its nominated groups need to ensure compliance with all applicable legislation, codes of practice, examples of good practice as well as any relevant statutory or ethical obligation. All approved documents represent the NHS Bury Clinical Commissioning Group statement on any particular issue while providing guidance for the implementation of effective procedures and protocols.
- 1.2 These documents in addition to reinforcing corporate objectives and defining actions to be followed in order to accomplish a task may also be used by external bodies to assess the CCG's ability to define the rules by which it operates and evidence full compliance with them.
- 1.3 This policy standardises the formation, updating and distribution of policies within the CCG. It applies to all policies and protocols produced by CCG staff for use within the organisation and wherever the organisation carries responsibility for the staff it employs.
- 1.4 In developing policy, the CCG recognises the importance of promoting both equality and diversity which should be considered and embedded into all policies and protocols. The applicability of undertaking an Equality Impact Assessment should be assessed and if appropriate must be undertaken. The CCG is committed to ensuring that policies are assessed in accordance not just with the letter, but with the spirit of the law.

## 2. Responsibilities

### 2.1 The NHS Bury Clinical Commissioning Governing Body

- 2.1.1 The CCG's Governing Body is ultimately responsible for all documents approved for use and for those in place at any time in its history irrespective of the documents operational status.

### 2.2 Policy Development Task and Finish Group

- 2.2.1 The responsibility of the Policy Development Task and Finish Group is to support the review, refresh and development of policies, referring key items for decision to the Senior Management Team for consideration before distributing policies for engagement/consultation with colleagues and Trade Union representatives as appropriate. This process should be undertaken in a timely manner prior to policies being formally approved as part of the CCG's Governance Structure as outlined at Section 2.3 of the policy.
- 2.2.2 The Policy Development Task and Finish Group will maintain oversight of the policy schedule to ensure progression of the policy developments within the CCG.

## **2.3 Nominated Groups**

- 2.3.1 The following groups have been nominated by the CCG Governing Body to approve documentation behalf of the Governing Body.
- 2.3.2 The Policy schedule developed by the Policy Development Task and Finish Group outlines which Policy is attributed to which CCG Committee from a governance, review and approval perspective:
- Governing Body
  - Audit Committee
  - Clinical Cabinet
  - Quality & performance Committee
  - Patient Cabinet
  - Remuneration Committee
  - Finance, Contracting and Procurement Committee
- 2.3.3 However, these nominated groups are not eligible to approve documentation that stipulates how the CCG will operate in terms of defining strategy. To avoid conflicts of interest such documentation can only be approved by the CCG Governing Body.

## **2.4 Staff**

- 2.4.1 It is the personal responsibility of all staff to ensure they are familiar with all policies and are able to adhere to the latest versions of approved CCG policies and any supporting protocols. If in doubt, staff should speak to their line manager.

# **3. Definitions**

## **3.1 Policy**

- 3.1.1 A policy is a rule of governance approved by the CCG that cannot be changed except by agreement of the Governing Body or one of its Committees and applies to all members of staff unless specifically exempt. It is a statement of the standard that is to be achieved and provides the scope in which the CCG makes decisions. It lays down the response to be made whenever a specified circumstance arises. A policy is typically supported by procedures detailing how the policy is to be accomplished.

## **3.2 Procedure**

- 3.2.1 A procedure document details the series of actions to be followed in order to accomplish a task. These actions will have been formulated to ensure compliance with an appropriate policy, where all the documented actions are detailed, providing detailed practical steps to aid greater understanding by all members of staff.
- 3.2.2 A procedure document should also enable processes to be audited against any relevant legislation, guidance national service framework, and CCG objective requirements.

### 3.3 Protocol

3.3.1 A protocol is a supporting interpretation of a main policy (national or local) into operational requirements in specified circumstances.

#### 3.3.1 Best practice guidelines

3.4.1 Best practice guidelines are CCG-wide advisory documents prepared by departments, working groups or other organisations or national guidance and are approved for use by the CCG. They advise on best practice and may be integrated into policy but until this is done, remain advice as opposed to instruction.

## 4. Procedure and Guidance for producing policies

4.1 Requests for new policies (or amendments to) should be submitted to the CCG's Corporate Inbox, Email BUCCG.corporateoffice@nhs.net following the process detailed in Appendix A and using the Standard pro-forma included at Appendix B.

4.2 The Deputy Director of Business Delivery will then determine whether the policy request should be developed in conjunction with the Policy Development Task and Finish Group and the Senior Management Team. The process for developing or amending a policy will then be agreed and will include, arrangements with Staff-Side/Trade Unions and Local Counter Fraud Specialist as appropriate.

4.3 If policies are being reviewed, changes should be clearly highlighted using track-changes and identified/referenced using the Standard pro-forma included at Appendix B and Policy Cover Sheet included at Appendix C.

4.4 All policies must give consideration to the needs of all potential users and stakeholders. The applicability of undertaking an equality impact assessment must be assessed and if required to be undertaken. All staff-side issues should be raised with the appropriate personnel.

4.5 Policy reviews should incorporate any relevant audit or monitoring information, issues highlighted by staff, incidents and new evidence. This should be recorded on the pro-forma.

4.6 Where appropriate a policy must be referenced to current guidelines or legislation.

4.7 Draft policies (and amendments) must be quality assured by a person other than the original author before completing the proformas included at Appendix B and C. This assurance process must include a consideration of the following areas to protect the integrity of the CCG's operations:

- a) legal
- b) quality and risk
- c) information governance

- c) HR and organisational development
- d) financial

- 4.8 A record of development, review and updating of policies will be maintained by the Corporate Affairs and Governance Manager who will also arrange for updates on the intranet / website and publicity via in-house communications.
- 4.9 Unless direction is given to the contrary by the Senior Management Team, an existing policy will remain in force until it is superseded by an update authorised by the governing body or one of its Committees.

## 5. Procedure and Guidance for producing protocols

- 5.1 Supporting protocols should only be developed or amended after the main policy which they support (or changes to that policy) have been approved by the Governing Body or one of its Committees
- 5.2 Protocol approval is via the Deputy Director of Business Delivery using the proformas included as Appendix B and C.
- 5.3 Unless direction is given to the contrary by the Senior Management Team, an existing protocol will remain in force until it is superseded by an authorised update.

## 6. Version Control/identification

- 6.1 The version control of a document is very important as it outlines the history of consultation, amendments that have taken place to produce the final document and ensures that the correct version is used to amend or distribute.
- 6.2 All policies must have a version number. As changes are made to the document, each new “draft” will be given a higher sequential number using the convention 0.1, 0.2 etc. Once the “draft” document is signed off as approved, it will then be given the “final” version number, eg. 1.0.
- 6.3 A table of consultation history should be included at the bottom of the control page of the document. This should be updated with the version, date and consultation as per the example below:

Version	Date	Reviewed by	Comment
Draft v0.1	9/3/18	Corporate Affairs and Governance Manager	Amendments made to take into account revised statutory legislation
Draft v0.2	9/5/18	Deputy Director of Business Delivery	Further amendments suggested
Draft 0.3	9/6/18	Senior	Approved

		Management Team	
1.0	9/6/18	N/A	Policy issued on CCG website

- 6.4 All documentation will conform to the corporate identity protocols at all times. To facilitate this a version controlled template will accompany this policy to aid consistency in the development of the documentation.
- 6.5 The keeping of hard copies of policies and any supporting protocols is not considered best practice as there is a risk of them not being updated when old policies and protocols are replaced.

## 7. Policy Review and Archiving

- 7.1 The need to review existing policy may arise for a variety of reasons including:
- a) introduction of new or change to existing practice
  - b) in response to learning from an incident
  - c) as part of a risk mitigation plan
  - d) in response to a change in legislation, NHS guidelines and/or best practice
  - e) in response to an Audit Report
- 7.2 Any member of staff may identify the need for a review of policy and should in the first instance raise the matter with the Deputy Director of Business Delivery.
- 7.3 All documents on the CCG website must be given a review date. It is the responsibility of the author to ensure that the document is up to date and fit for purpose.
- 7.4 When a document requires a review of its content, the version number will change. If a document is reviewed and **the content does not change**, the version number will be 1.1. This shows that it's the first version of the document and it has had 1 review. If on the next review the content does not change, it will become 1.2 and so on.
- 7.5 If when the document is reviewed the **content does change**, the document version number becomes 2.0, this will indicate that at review the content has changed. This will change the next sequential number each time the document content changes (3.0, 4.0 etc). **Please note: All previous versions must be saved by the author of the document.**
- 7.6 It is important that the same methodology of version control is adopted within the CCG to ensure consistency and clarity. If you require further information or advice, please contact the Corporate office via [BUCCG.corporateoffice@nhs.net](mailto:BUCCG.corporateoffice@nhs.net).
- 7.7 Existing policies and any supporting protocols will remain in force until revised policies are distributed. The review period for a particular policy can vary dependant by policy however an earlier review may be determined at the discretion of the Senior Management Team. The Policy Development Task and Finish Group/Senior

Management Team will identify staff members who will be responsible for facilitating individual reviews.

- 7.8 As a safeguard in the event of future litigation, copies of withdrawn policies and any supporting protocols will be archived by the CCG for 10 years so that they can be accessed for reference when necessary.

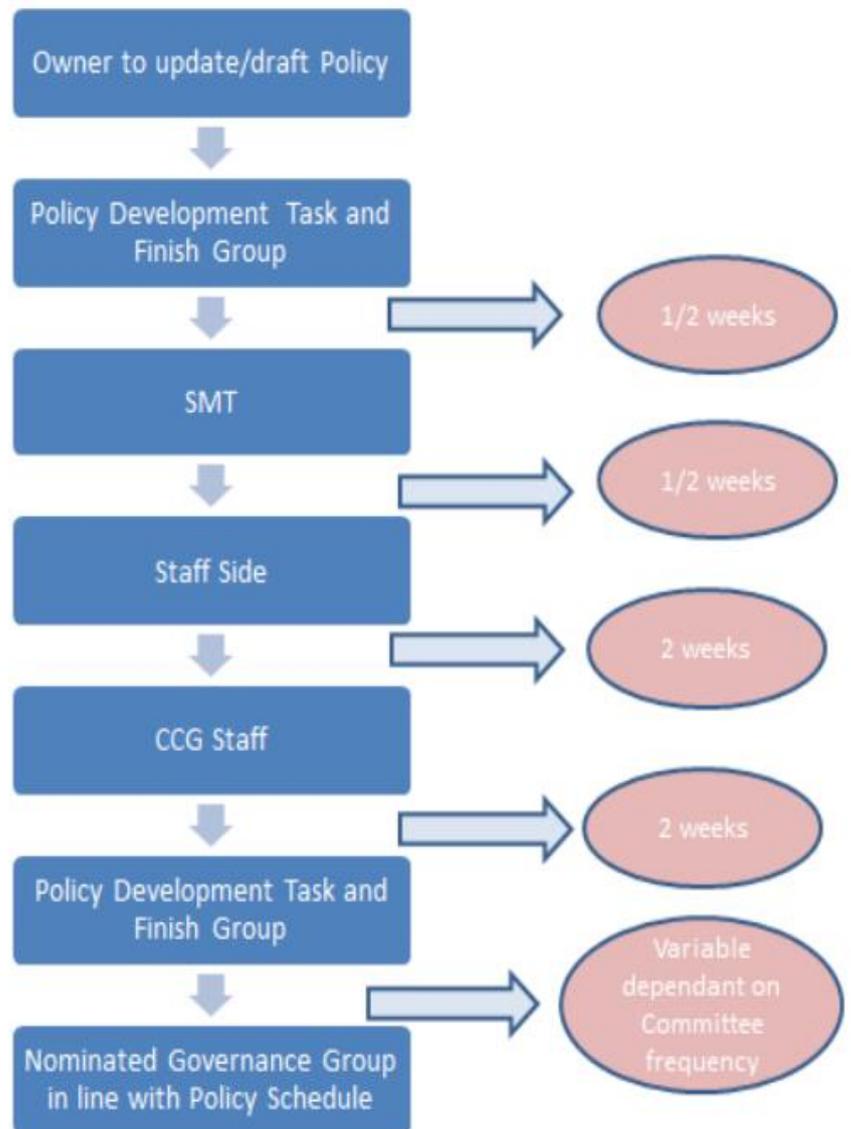
## **8. Dissemination**

- 8.1 The presentation, style and format of all policies should be consistent with the CCG template.
- 8.2 The document author is responsible for ensuring that policy language adheres to the principles of good English and can access the following guide for more information.

<http://www.plainenglish.co.uk/files/howto.pdf>

- 8.3 The document author is responsible for ensuring that any policy is prepared in accordance with the CCG's prescribed policy style and format as shown in Appendix C.

Appendix A – Policy Development Flow Chart



## Appendix B – Sponsorship for Policy Change

This Pro-forma should be completed by any CCG staff member to:

- Request the production of a new Group Policy or Protocol
- Request an update to a CCG Policy or Protocol.

The completed pro-forma must be sent to the Corporate Inbox, [BUCCG.corporateoffice@nhs.net](mailto:BUCCG.corporateoffice@nhs.net)

Name of Proposed Sponsoring SMT Member	
Name of person making the application	
Date of application	
Job Title / contact email	
Signature of line manager supporting the application	
<b>FOR POLICY:</b>	
Name of proposed policy	
Areas impacted by the policy (e.g. HR, finance, information governance, quality etc)	
Is this a new policy or an amendment to existing policy?	
Reason for request (please provide brief details) e.g.	
DH guidelines/directives	
NHS England guidelines/directives	
Legislative or regulatory change	
Local management issue	
Risk management	
Audit recommendation	
Other	
<b>FOR PROTOCOL:</b>	
Which policy does the protocol support?	
Is this a new protocol or an amendment to an existing protocol?	

Reason for the request (please provide brief details)	
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Appendix C – Policy Cover Sheet

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## Insert the Name of the Policy

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<b>Version:</b>	0.1
<b>Ratified by:</b>	(insert the name of the committee or individual who has ratification powers in capitals eg SMT)
<b>Date ratified:</b>	Eg July 2017
<b>Name of originator /author (s):</b>	Insert the name of the author eg: People Services
<b>Responsible Committee / individual:</b>	(insert the name of the committee or individual who has responsibility for the upkeep of the policy eg SMT)
<b>Date issued:</b>	Eg July 2017
<b>Review date:</b>	Eg July 2020
<b>Target audience:</b>	NHS Bury Clinical Commissioning Group Members and Staff
<b>Impact Assessed:</b>	Eg July 2017

## Further information regarding this document

<b>Document name</b>	Insert the name here Insert the number here
<b>Category of Document in The Policy Schedule</b>	HR/ GOV / FIN (remove the ones that are not relevant)
<b>Author(s) Contact(s) for further information about this document</b>	Eg People Services
<b>This document should be read in conjunction with</b>	Insert the names and numbers of any policies which should be used in conjunction with this document
<b>Supersedes</b>	Insert the name and number of any policy that this supercedes eg Flexible Working Hours Scheme 02.11.1999
<b>This document has been developed in consultation with</b>	Insert the name of any consultation groups eg Local Partnership Forum
<b>Published by</b>	NHS Bury Clinical Commissioning Group  <b>NHS Bury Clinical Commissioning Group (CCG)</b> Townside Primary Care Centre 1 Knowsley Place, Knowsley Street, Bury, BL9 0SN <a href="http://www.buryccg.nhs.uk">www.buryccg.nhs.uk</a>
<b>Copies of this document are available from</b>	The Corporate Office People Matters

## Version Control

Version		
Draft v0.1	9/3/18	Corporate Affairs and Governance Manager


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# Insert Name Policy

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9.0	MONITORING AND REVIEW	13
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**1. POLICY STATEMENT**

1.1 XX.

1.2 XX

1.3 XX

**2. XX**

2.1 XX.

2.2 XX

2.3

**3. XX**

3.1 XX

- XX

3.2 XX

3.3 XX

3.3.1 XX

3.3.2 XX

**4. XX**

4.1 XX

4.2 XX

- XX
- XX

**5. XX**

5.1 XX

5.2 XX

**6. XX**

6.1 XX

**7. XX**

7.1 XX

**8. EQUALITY**

8.1 XX

**9. MONITORING & REVIEW**

9.1 XX