

Development and Management of Controlled Documents Policy

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Ratified by:	Governing Bodies - virtual
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Name of originator/author:	Deputy Director of Corporate Services and Governance
Name of responsible committee/individual:	Communications, Engagement, Equality & Employment Committee
Date approved by Committee:	September 2018
Date issued:	10 th May 2019
Review date:	November 2021
Date of first issue	April 2013
Target audience:	All CCG staff

CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date Consulted
Director of Quality & Safety	Internal	23/08/18
Equality and Inclusion Business Partner	CSU	23/08/18

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date
Communications, Engagement, Equality and Employment Committee	29 January 2019
Governing Bodies (in common)	

VERSION CONTROL

Version	Version/Description of amendments	Date	Author/amended by
1	Combination of existing policies from six CCG	17.08/18	Jane Chapman
2	Amendments: Director of Quality & Safety & Equality & Inclusion business Partner	24/08/18	Heather Johnstone Granville Thelwell
3			
4			

Impact Assessments – available on request

	Stage	Complete	Comments
Equality Impact Assessment	1	22/11/18	Strengthened Equality statement
Quality Impact Assessment	N/A		
Privacy Impact Assessment	N/A		

Policy for the Development and Management of Controlled Documents

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1.0 Introduction

A policy is defined as a statement of strategic intent or principle, setting out the organisation's position on a particular issue and reflecting the organisation's values and core purpose.

2.0 Aims & objectives

The purpose of this document is to provide an organisation-wide process for the production, agreement, management and monitoring of all policies and procedures. The reasons for this are to:

- Enable the CCG to meet legal and other Governance or compliance standards
- Provide a clear and robust process for approving and ratifying policies and procedures
- Ensure a process for the management (review /updating) of policies and procedures
- Ensure a robust system of risk management
- Ensure consistency in the delivery of practices and procedures within the CCG
- Ensure policies and procedures are available for all staff within a recognised format

The CCGs' will develop policy documents to fulfil all statutory and organisational requirements. These will be comprehensive, formally approved and ratified, disseminated through approved channels and implemented. Policies are designed to cover key issues relating to the spectrum of the organisation's business. The policy approval route is detailed in **Appendix A**.

3.0 Scope

This document covers all aspects of the development and management of the Policies, Procedures and Protocols developed across the six Staffordshire CCGs.

4.0 Definitions

Definitions of terms used in this policy are given below:-

POLICY	A policy is an organisational statement of intent. It's a way of ensuring that philosophy and goals are applied uniformly throughout the CCG, forming a framework within which everyone works. Essentially it provides the CCG with rules. This includes statutory/legislative policies such as prime financial policies
PROCEDURE	The mandatory steps taken to fulfil a policy. <i>In other words precisely how the CCGs are going to do something. A procedure does not have to be attached to a policy. It is a step by step plan of action – who does what, where and when</i>
PROTOCOL	A protocol is a series of procedures that identifies the boundaries of action for a single complete process
CONSULTATION	The process whereby a draft copy of a newly-created or amended document is circulated amongst key interested parties for comment and input prior to being finalised.
RATIFICATION/ APPROVAL	The review and formal approval of a policy document, undertaken by a group or committee. This may be undertaken at different levels before ultimate ratification / approval is undertaken by the Governing Bodies.

5.0 Principles

Policies will:

- Support the delivery of the CCGs' vision and key objectives.
- Support the delivery of quality in both the services we commission and all that we do.
- Ensure the CCGs meet their statutory, financial and legal responsibilities whilst providing, wherever possible, a degree of flexibility for local application/interpretation.
- Ensure the CCGs' meets their legal responsibilities in relation to Information Governance Standards Legislation including Data Protection Act 1998, Freedom of Information Act 2000, Human Rights Act 1998 and the NHS Code of Confidentiality. This will be impact assessed (Section 7 refers).
- Be developed and consulted on in an open and inclusive way with all relevant stakeholders.
- Avoid all forms of illegal direct or indirect discrimination against a protected characteristic as identified in the 2010 Equality Act or other vulnerable groups e.g. carers or seldom heard groups as identified in the Social Care Act 2012
- Be based on the most up-to-date Department of Health, professional or other guidelines, directives or best practice.
- Adopt the Accessible Information Standard, ensuring they are written in plain English and available in diverse formats as appropriate.

6.0 Roles and Responsibilities

An overview of the individual, departmental and committee duties, including levels of responsibility for document development.

6.1 Duties within the organisation

- **Accountable Officer** – The Accountable Officer has overall responsibility for the strategic and operational management of each of the CCGs, including ensuring that the organisation's policies comply with all legal, statutory and good practice requirements.
- **Executive Team** – All Executive Directors are responsible for identifying and implementing policies relevant to their area of responsibility. Draft policies are to be reviewed by Executive Directors as appropriate
- **Governing Bodies** – The Governing Bodies are responsible for setting the strategic context in which organisational policies are developed and for the formal approval and ratification of policies.
The Governing Bodies may delegate approval authority to a committee. The Governing Bodies will have copies of policies available to Governing Body members at CCG Governing Body meetings in common.
- **Sub committees of the Governing Bodies** – Each Committee has delegated responsibility from the Governing Bodies for reviewing and approving new and appropriate revised policies. Policies are then passed to the Governing Bodies for formal approval and ratification.
- **Heads of Service/Managers** – Heads of Services/Managers have a responsibility to ensure that all staff have access to and are made aware of policies that apply to them. Heads of Service/Managers are responsible for reviewing the policies in their area and ensuring they remain relevant e.g. in

line with any new guidance etc.

- **Corporate services** –are responsible for:
 - Allocating all ratified policies a unique reference number and maintaining a database to include;
 - reference number
 - title of policy
 - author of policy
 - date of issue
 - review date
 - policy location
 - approving committee
 - Uploading of ratified policies and procedures on the intranet and the CCGs websites, within two weeks of ratification.
 - Maintaining a central record of all new and revised policies produced by the CCGs and ensuring notification of review dates for policies are generated to policy authors.
 - Ensuring obsolete versions of policies and procedures are archived electronically and kept for a minimum of 10 years for legal, audit and accreditation purposes.
- **Document authors** – are responsible for:
 - Ensuring the correct language, format and content for policies is followed.
 - Ensuring that the consultation process is as inclusive as possible and duly recorded.
 - Ensuring that the contents of the draft policy are reviewed and impact assessed for their potential to discriminate on the grounds of race, gender, age, disability, religion or sexual orientation and to fail with the compliance of Information Governance Standards and Legislation, including Data Protection Act 1998, Freedom of Information Act 2000, Human Rights Act 1998, Mental Capacity Act 2005 and the NHS Code of Confidentiality.
 - Documenting any decisions to identify an individual, staff group or committee responsible for overseeing the development process through.
 - Ensuring that the start of the consultation process is communicated via internal communication and the website.
 - Providing feedback to comments received where their views have not been incorporated in the redraft (including reasons).
 - Ensuring that the policy follows the necessary approval route.
 - Ensuring that the policy has a supporting implementation plan which is submitted for approval at the same time as the policy.
 - Providing the Corporate Governance team with the final approved version for distribution via the intranet and CCGs websites.
 - Ensuring that the policy is reviewed within the set timescales.

- Keeping up-to-date with changes in legal, statutory or best practice guidance and revising the policy as necessary.
- Ensuring the policy reflects national and local guidance
- Ensure that records are kept of the stages of development including discussion, consultation, negotiation and the outcome of the Equality Impact Assessment.
- **All Staffordshire CCG employees** – All staff are responsible for co-operating with the development and implementation of the Staffordshire CCGs policies as part of their normal duties. They are responsible for ensuring that they maintain up to date awareness of policies.
 - It is the responsibility of all members of staff to bring to the attention of their immediate line manager any circumstances that could be more effectively managed or risk minimised by the introduction and review of a policy, procedure, guidelines or service standard.

6.1 Consultation and Communication with Stakeholders

Development of new policies and amendments to existing policies should involve adequate and appropriate consultation with those affected by the proposed policy including service users, carers, staff representatives and relevant CCG staff.

6.2 Approval and Ratification of Policies

The approval of all policies will follow the routes as described in **Appendix A**

All documents should be approved by the appropriate sub-Committee with designated or delegated Governing Body authority and ratified by the Governing Bodies at its meetings in common, through inclusion in the Committee report to the Governing bodies. .

The following Committees have delegated policy approval by the Governing Bodies:

- Audit Committee
- Remuneration Committee
- Communications, Engagement, Equality & Employment Committee
- Joint Strategic Commissioning Committee
- Quality and Safety Committee
- Primary Care Co-Commissioning Committee

7.0 Policy Review

The frequency of the policy review will be stated here and will be a minimum of every three years. The review date will be stated on the front cover of the policy.

8.0 Policy development

The requirement for a policy should be identified taking into account statutory and national requirements, quality standards and best practice recommendations. This should be undertaken by the lead director or manager responsible for implementation. See **Appendix D** for flowchart for the creation and implementation of policy documents.

8.1 Format

Policies should be produced using the Staffordshire CCGs' Policy Template. For

easy reading Ariel 11 should be adopted, paragraphs numbered and pages numbered in the footer using the “page X of Y” style.

(Appendix B)

An electronic version of the template will be held by the Head of Governance and will be supplied to staff on request. All policy documents should be written in a style which is concise and uses clear terms and language.

Consideration should be given to producing appropriate documents in languages other than English depending on the population groups served by the CCG.

See Guidance “Writing Reports and Board Papers”

8.2 Identification of Stakeholders

Relevant stakeholders, including their level of involvement, should be a consideration in policy development e.g. development, consultation, or receipt of final procedures.

Stakeholders may include:

- Staff groups
- Joint consultations and negotiation committee (JCNC)
- Patients and the public
- Lead groups, i.e. Clinical Governance, Health & safety
- Individuals with lead roles and representation Midlands and Lancashire CSU

8.3 Consultation

It is the responsibility of the **lead person** for the policy’s development to ensure that the consultation on the policy is as inclusive as possible, including contractor services and partner organisations where appropriate.

As a minimum consultation must include:-

- All policies will be clearly marked as draft during the consultation period with a version number so that people know what draft they are being asked to comment on.
- Publication of the start of the consultation process through appropriate briefings. This will include details of where to obtain a copy, to whom to send comments and by when.
- The length of the consultation period must be no less than 4 weeks from the announcement of the consultation process.
- Relevant staff side representatives are sent a personal copy of the policy, preferably electronically.
- Circulation of the draft policy to members of relevant CCG Groups, again preferably electronically.
- Circulation of the draft policy to members of relevant patient/public groups, e.g. Stoke on Trent Community Health Voice.
- Comments received from the consultation process must be incorporated in the draft policy wherever possible. Where comments are not incorporated into the redraft then the **lead person** for the policy must give feedback to the commenter as to why.

- If significant redrafting of the policy is required as a result of comments received from consultation, then the revised policy must be reissued for a further period of consultation of no less than 2 weeks.
- Ensure that policies that will or have the potential to affect partner organisations are circulated to Chief Executive's(or equivalent) of those organisations for inclusion in the consultation process.

8.4 Equality

Due Regard

All policies should be assessed against any potential adverse impact in relation to equality. This will be mainly accomplished through the equality impact assessment process which assures due regard is given to the Equality Act 2010; (PSED 2011); and the Health and Social Care Act 2012 namely to: eliminate discrimination, harassment victimisation; advance equality of opportunity; and to foster good relations. The Health and Social Care Act 2012 introduced the first legal duties about health inequalities. It included specific duties for health bodies including the Department of Health, Public Health England, Clinical Commissioning Groups, and NHS England which require the bodies to have due regard to reducing health inequalities between the people of England. The Equality Act 2010 established equality duties for all public sector bodies which aim to integrate consideration of the advancement of equality into the day-to-day business of all bodies subject to the duty. (NHS England has produced a document for NHS commissioners on the duties covered by both of these Acts.)

All policies should include the following:

“This policy has been assessed in relation to having due regard to (1) the public sector equality duty (PSED) 3 aims, dropping down from the Equality Act 2010 to: eliminate discrimination, harassment victimisation; advance equality of opportunity; and foster good relations”, (2) The Health & Social Care Act 2012 re evidencing showing due regard to reducing health inequalities between the people of England.

9.0 Main body

Details of the policy need to be outlined using short paragraphs and sub-headings to enable easy reading.

9.1 Resource Implications

Due consideration of the financial impact associated with the implementation of the policy should be given.

10.0 Approval and Ratification process

10.1 Approval Process

Different types of policies will require different levels of approval before issue (see earlier definition, formal policies must be approved/ratified by the Governing Body). A degree of common sense must be exercised by the **lead director** for the “policy” when deciding the appropriate approval route for a policy.

It is the lead person's responsibility to ensure that the necessary approval processes are followed. They will need to give thought to:-

- Is there any statutory or legal directive which stipulates the level at which the policy must be approved? e.g. Governing Body, Audit Committee

- Does the policy need professional approval? If so, is it one or more?
- Does the policy need Staff Side consultation/approval?
- Does the policy require other organisation's approval, including agency services?
- Does the policy need operational level approval?

This list is not exhaustive and is meant only as a prompt for the kind of questions a lead person must ask themselves when determining the appropriate approval route for their policy.

All policies must be signed off by the Governing Body or a designated sub-committee e.g. Audit Committee, Quality Committee, Organisation and Transition committee, Executive Group .

Examples of the types of documents that will be approved by the CCG's Groups/Committees are listed below. This is not an exhaustive list :-

Types of Documents	Committee for overseeing and approving policy
Quality Patient Safety Clinical Effectiveness	Quality and Safety Committee
Scheme of Delegation/Prime financial policies Governance Information governance	Audit Committee
Commissioning & Planning Medicine optimisation	Joint Strategic Commissioning Committee
Health & Safety HR	Communications Engagement, Equality and Employment

10.2 Ratification Process

All policy documents will be ratified by the Staffordshire CCGs Governing Bodies

11.0 Review and Revision Arrangements including Version Control

Review dates for documents will be monitored by the Governance Directorate. For all policies that are approaching their review date, the Executive Manager will send an email to the author and appropriate Executive Director, informing them of the pending expiry date and requesting a review of the policy.

Where a document is beyond its review date staff are expected to continue to follow the principles contained within it and seek advice and guidance from appropriate professional /managerial sources. If necessary the review may be brought forward in light of national developments or significant events.

Minor policy revisions can be agreed by the Chief Operating Officer.

11.1 Version Control

The Head of Governance will be responsible for administering the process related to the production and revision of policy documents. This will be achieved via:

- Version control of policies which will be documented via the version control sheet (see appendix B) included within all policies
- All policies will be categorised according to the following:

1. Commissioning (Com)
 2. Finance (F)
 3. General (including Governance) (G)
 4. Human Resources (HR)
 5. Information governance (IG)
 6. Medicine Optimisation(MO)
- Sequential numbers will follow the above abbreviations and be allocated by the Executive Manager on registration on the policy author at the commencement of the production of a draft policy.
 - The Policy Document reference will be inserted on the front cover.

The Executive Manager will be responsible for the issuance of new or updated policies.

12.0 Implementation of policy documents

All policies should identify arrangements for training, dissemination and any resource implication on the policy statement page of the policy.

12.1 Dissemination

Heads of Services/Managers are responsible for ensuring that all staff have access to and are made aware of policies that apply to them.

All staff will be able to access copies of policies via the governance /policy section of each CCG website. Staff will be informed of the ratification of new or updated policies by an announcement in Team Breif.

13.0 Document control including Archiving Arrangements

13.1 Register /Library of Policy Documents

The Executive Manager will be responsible for administering the process related to the production of policies and will maintain an up to date register of all policies and guidelines. The register to include :

- Policy document name
- Policy document reference number
- Policy document approval date
- Policy document review date
- Author

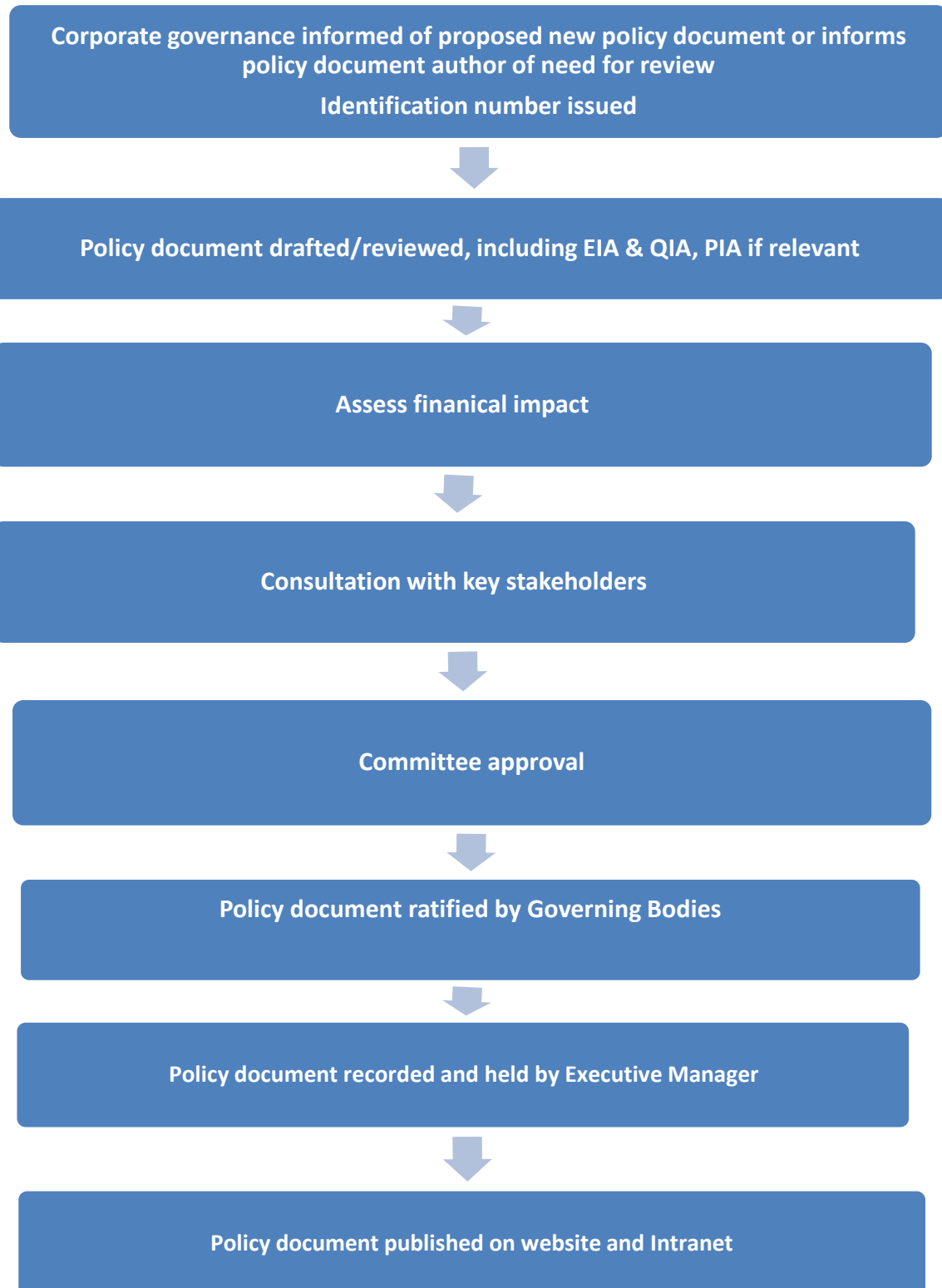
The Executive Manager will maintain an electronic copy of all polices on the CCG central server.

13.2 Archiving Arrangements

The Executive Manager will be responsible for the process for archiving old policies to enable retrieval if required.

All policies which have been superseded will be archived. Electronic copies to be maintained by the Governance Team on the CCG central server. Archived Documents can be retrieved via the Head of Governance.

Staffordshire CCG Policy document approval route



Name of Policy
(Centred Arial, Bold 22 pt)

Name any procedures included in the Policy
e.g. Organisational Development Policy
including Finance Study Leave Procedure

Policy Folder & Policy Number	
Version:	
Ratified by:	
Date ratified:	
Name of originator/author:	
Name of responsible committee/individual:	
Date approved by Committee/individual	
Date issued:	
Review date:	
Date of first issue	
Target audience:	

CONSULTATION SCHEDULE

Name and Title of Individual	Groups consulted	Date Consulted

RATIFICATION SCHEDULE

Name of Committee approving Policy	Date

VERSION CONTROL

Version	Version/Description of amendments	Date	Author/amended by
1			
2			
3			
4			

Impact Assessments – available on request

	Stage	Complete	Comments
Equality Impact Assessment			
Quality Impact Assessment			
Privacy Impact Assessment			

Staffordshire CCGs
(insert Name of Policy)

Contents

Section	Page
1 Introduction <i>Add a brief background to the policy area</i>	
2 Aims and objectives <i>Add here an explanation of why we need this policy and what areas it covers</i>	
3 Scope <i>The situation or groups covered by this policy</i>	
4 Definitions <i>Add here definitions of all terms used in the policy</i>	
5 Principle <i>Add here details of the guiding principles associated with this document</i>	
6 Roles and responsibilities <i>Add here the specific individual or team responsibilities for within the policy</i>	
7 Review date <i>All policies must be reviewed at a minimum of three yearly.</i>	
8. Policy development <i>Add here how the stakeholders were identified, details of consultations, the Equality Duty statement, resource implications & references</i>	
9. Main body of the policy <i>This section should be broken up into sub-headings and expanded as required.</i>	
10 Approval and ratification <i>Names of the committees that have approved and ratified the policy</i>	
11. Implementation <i>Brief description of how the policy will be shared and any associated training</i>	

Appendix C - Flowchart for the Creation and Implementation of Procedural Documents

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

