

Policy on the Development and Management of Procedural Documents

Version 2.0

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Name and Title of Author:	Carol Gardner, Associate Director of Corporate Affairs
Name of Responsible Committee/Individual:	Chief Executive
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Contents

Section		Page
1	Introduction	4
2	Purpose	4
3	Scope	4
4	Responsibilities	4
4.1	Chief Executive	4
4.2	Directors	4
4.3	Associate Director of Corporate Affairs	4
4.4	Board and Committees/Sub-Committees	4
4.5	Authors	4
4.6	Staff side	5
4.7	Managers	5
4.8	Staff/Office Holders	5
5	Definitions	5
6	Equality and Diversity	5
7	The NHS Constitution	5
8	Development of New, and Review of Existing, PPGs	6
8.1	Justification	6
8.2	Timeliness	6
8.3	Identification and Involvement of Stakeholders	7
8.4	Style and Format	7
8.5	The NHS Constitution	7
8.6	Monitoring Compliance with and Effectiveness of the PPG	7
8.7	Standards/Key Performance Indicators	7
8.8	References	7
8.9	Associated Documentation	7
8.10	Author's Equality Impact Assessment	7
8.11	Covering Report	8

Section		Page
9	Formal Approval Process	8
10	Dissemination of PPGs	8
11	Review of PPGs	9
12	Register of PPGs	9
13	Library/Archive of PPGs	9
14	Monitoring Compliance with and Effectiveness of this Policy	9
15	Standards/Key Performance Indicators	9
16	References	9
17	Associated Documentation	9
18	Review	10
	Glossary of Terms	11
	Appendix 1	12
	Appendix 2	13

1 Introduction

Procedural documents (Policies, Procedures and Guidelines) provide staff with advice, guidance and instruction, based on legislation; national guidance; best practice and/or the PCT's rules and principles.

1.1 Establishing a clear system for the management of such documents is a critical component of a transparent risk management and integrated governance programme.

1.2 The consistent and systematic development and review of the PCT's procedural documents will ensure that staff have an accurate and robust framework within which to commission and deliver high quality healthcare for local people.

2 Purpose

2.1 The purpose of this document is to provide guidance to staff on:

- The responsibilities for the development and control of the PCT's Policies, Procedures and Guidelines (PPGs), and
- The process by which they are to be produced, approved/validated and reviewed.

3 Scope

3.1 This policy applies to all employees of the PCT, any staff who are seconded to the PCT, contract and agency staff and any other individual working on PCT premises.

4 Responsibilities

4.1 Chief Executive

4.1.1 The Chief Executive has overall responsibility for the PCT's PPGs and ensuring that a structured approach to policy development and interpretation is in place.

4.1.2 They will also approve any PPGs not falling within the powers of the PCT Board or it's Committees/Sub-Committees.

4.2 Directors

4.2.1 Directors are responsible for ensuring PPGs are produced/reviewed, where necessary, and that the requirements of this Policy are followed.

4.3 Associate Director of Corporate Affairs (ADCA)

4.3.1 The Associate Director of Corporate Affairs (ADCA) is responsible for the management of the PCT's PPGs and, on receipt of the final draft/reviewed document, will ensure the formal approval procedure detailed in this policy is followed.

4.4 Board and Committees/Sub-Committees

4.4.1 The PCT Board and its Committee/Sub-Committees will be responsible for any PPGs falling within the remit of their retained/delegated powers.

4.5 Authors

4.5.1 Authors are required to follow this Policy when creating new, and reviewing existing, PPGs.

4.6 Staff Side

4.6.1 Staff Side Representatives are responsible for negotiating and co-approving all HR and employment PPGs. They may also have input into the PCT's Health and Safety PPGs.

4.7 Managers

4.7.1 All Managers are responsible for ensuring their staff are aware of, and following, the most up-to-date PPGs.

4.8 Staff/Office Holders

4.8.1 All staff, and Office Holders (e.g. Board and Committee/Sub-Committee Members) where applicable, are responsible for following the most up-to-date PPGs, by checking any hard/downloaded copies against the version on the intranet/website.

5 Definitions

Policy

A high level document which sets the boundaries within which action will take place. It provides a prescribed plan which must be followed and not deviated from. A breach of a policy may have serious consequences for both PCT and its staff.

Procedure

A set of detailed step-by-step instructions which describe an appropriate method for carrying out tasks/activities with a view to achieving a stated outcome to the highest possible standards. This ensures efficiency, consistency and safety.

Guidelines

An outline procedure of best practice that assists in decision-making. Guidelines should be evidenced-based and comply with best practice whenever possible.

6 Equality and Diversity

6.1 The PCT is committed to:

- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

6.2 To ensure the above, this Policy has been Equality Impact Assessed. Details of the assessment are available on the PCT's website or by calling the PCT on (01482) 344700.

- 6.3 Where employees have difficulty expressing themselves because of language or other difficulties help should be sought from their Trade Union or other employee representatives or colleagues.
- 6.4 Consideration should be given to the provision of an interpreter or facilitator if there are understanding or language difficulties (perhaps a friend of the employee, or co-employee).

7 The NHS Constitution

- 7.1 The PCT is committed to:
- the achievement of the principles, values, rights, pledges and responsibilities detailed in The NHS Constitution, and
 - ensuring they are taken account of in the production of its PPGs.
- 7.2 To this end, this Policy requires authors to specify how their PPG supports The NHS Constitution or where The NHS Constitution has an impact on the PPG.

8 Development of New, and Review of Existing, PPGs

8.1 Justification

- 8.1.1 The need for the creation of new PPGs must be justified and checks carried out to ensure that they will not duplicate documents already in existence or due to be disseminated nationally.
- 8.1.2 Directors are required to authorise the creation of new PPGs so authors must get their written authorisation to proceed before undertaking any work. In some cases, it may be necessary for authors to obtain approval to commence from the Board or one of its Committees/Sub-Committees. Written authorisation will be required on the Submission for Approval Form (New PPGs) which can be found on the U: Drive under Corporate Policies, Procedures and Guidelines.
- 8.1.3 When reviewing existing PPGs, the need for their continuation should be considered and the checks outlined in 8.1.1 carried out by the reviewer. Directors will be required to provide written authorisation to proceed the review. Written authorisation will be required on the Submission for Approval Form (Review of PPGs) which can be found on the U: Drive under Corporate Policies, Procedures and Guidelines.

8.2 Timeliness

- 8.2.1 Authors should be mindful of the timescales required to obtain formal approval, particularly where Board/Committee/Sub-Committee and/or Staff Side approval is required.
- 8.2.2 The statutory requirement to submit them for Equality Impact Assessment screening may also delay the approval process.

8.3 Identification and Involvement of Stakeholders

- 8.3.1 Authors are required to identify and involve all relevant stakeholders in drafting, and reviewing, PPGs. A list of the stakeholders involved/consulted will be required at the Submission for Approval stage.
- 8.3.2 Advice should be sought from the Patient and Public Involvement (PPI) team as to whether or not patients and the public should be involved/consulted in the creation of new, or revision of existing, PPGs. Evidence of the advice given will be required at the Submission for Approval stage.
- 8.3.3 PPGs which are likely to impact on staff contracts must be discussed with the relevant HR Business Partner who will involve Staff Side representatives. Evidence of their involvement will be required at the Submission for Approval stage.

8.4 Style and Format

- 8.4.1 All new PPGs must be produced in the PCT's corporate format, a copy of which is available on the U: Drive under Corporate Policies, Procedure and Guidelines). The areas in black must be incorporated.
- 8.4.2 Existing PPGs will need to be converted to the PCT's corporate format at the next review stage.
- 8.4.3 Reviewed PPGs which are already in the new format must be produced in a document which highlights the changes made. This will ensure that all amendments are recorded in the Register.
- 8.4.4 All PPGs should be written in a style which is concise and clear using unambiguous terms and language, with the minimum use of abbreviations. If necessary, a Glossary of Terms should be attached.

8.5 The NHS Constitution

- 8.5.1 Authors are required to include details as to how the PPG supports The NHS Constitution or where The NHS Constitution has an impact on the PPG. (A copy of The NHS Constitution is available on the U: Drive under Corporate Policies, Procedures and Guidelines for reference purposes).

8.6 Monitoring Compliance With, and the Effectiveness of, PPGs

- 8.6.1 All PPGs must include the process to be used to monitor their effectiveness. Whichever method is chosen, it must be explicit and documented, e.g. audit, survey, review, questionnaire.

8.7 Standards/Key Performance Indicators

- 8.7.1 PPGs should, where relevant, include a description of the standards or KPIs to which they apply.

8.8 References

- 8.8.1 PPGs should, where relevant, provide details of their evidence base with up to date references. All references should be cited in the following format:

8.9 Associated Documentation

8.9.1 PPGs should, where relevant, provide details of any supporting/linked documents.

8.10 Author's Equality Impact Assessment

8.10.1 On completion of the final draft/review, authors must carry out an initial equality impact assessment, of which is available on the U: Drive under Corporate Policies, Procedures and Guidelines. Any potential discriminatory impact must be identified during this initial assessment and suggestions made as to the action required to avoid/reduce this impact.

8.10.2 The assessment will be required at the Submission for Approval stage.

8.11 Covering Report

8.11.1 In readiness for the PPG's consideration by the Board/relevant Committee(s)/Sub-Committee(s), authors are required to submit a report seeking formal approval at the Submission for Approval stage. The report must be in the corporate report format.

NOTE: Checklists are available for authors on the U: Drive under Corporate Policies, Procedures and Guidelines).

9 Formal Approval Process

9.1 On completion of the final draft/review, PPGs should be submitted to the ADCA, together with the relevant Submission for Approval form.

9.2 The ADCA will, on receipt:

- Record details in the central register;
- Determine the formal approval process required and advise the author of this, together with the estimated timescales;
- Version Control the document and keep a record of all amendments made throughout the formal approval process (and throughout the lifetime of the PPG);
- Arrange for PPGs to be equality impact assessed, where appropriate;
- Make staff aware of the draft PPG via email and invite them to submit views and comments before its consideration at the first identified meeting;
- Arrange for PPGs to be submitted to relevant meetings/Chief Executive and request/confirm the author's attendance at those meetings if required;
- Complete/update the front sheet when final approval has been obtained and return a copy to the author;
- Arrange for approved PPGs to be put on the intranet and website;

- For HR PPGs, obtain signatures from a Staff Side Representative and HR Director before approval from the Chief Executive;
- Add the PPG to the U: Drive (Corporate Policies, Procedures and Guidelines);
- Advise all staff of their existence via email, and
- Record the review date to remind authors when due for review.

10 Dissemination of PPGs

- 10.1 The ADCA will arrange for new, and reviewed, PPGs to be uploaded to the intranet, website and U: Drive on final approval.
- 10.2 Staff will be advised of the availability of new, and reviewed, PPGs via email, and Team Brief where necessary.
- 10.3 In order to reduce the risk of staff using out-of-date PPGs, hard copies will not be disseminated.

11 Review of PPGs

- 11.1 The ADCA will issue reminders 3 months before PPGs are due for review. This should allow time for any major changes* to be approved. If this proves not to be the case, the timescale will be reviewed and this Policy amended accordingly. (*Note: No changes, however small, can be made to HR/employment PPGs without the HR Director's/Staff Side approval).
- 11.2 When submitted for approval, reviewed PPGs which are already in the new format must be produced in a document which highlights the changes made. This will ensure that all amendments are recorded in the Register.

12 Register of PPGs

- 12.1 The ADCA will keep a register of all PPGs which have been through the above approval process.

13 Library/Archive of PPGs

- 13.1 The ADCA will keep a library of all current and previous documents which have been through the above approval process.
- 13.2 Supporting information will show the amendments and comments made at each stage.

14 Monitoring Compliance with and Effectiveness of this Policy

- 14.1 The ADCA will monitor compliance with this Policy by checking Board/Committee/Sub-Committee Agendas and recording/addressing any deviation.
- 14.2 Any PPGs which have not been submitted through the formal approval process will be removed from Agendas and the author reminded of the need to adhere to this Policy.

15 Standards/Key Performance Indicators

- 15.1 This Policy will ensure the PCT's PPGs meet the requirements of the NHS Litigation Authority's Risk Management Standards.

16 References

[NHSLA Risk Management Standards for Primary Care Trusts](#). NHS Litigation Authority. Available at www.nhsla.com

17 Associated Documentation

17.1 This Policy links to the PCT's:

- Disciplinary Procedure, and
- Records Management Policy.

18 Review

18.1 This Policy will be reviewed within two years of the date of implementation.

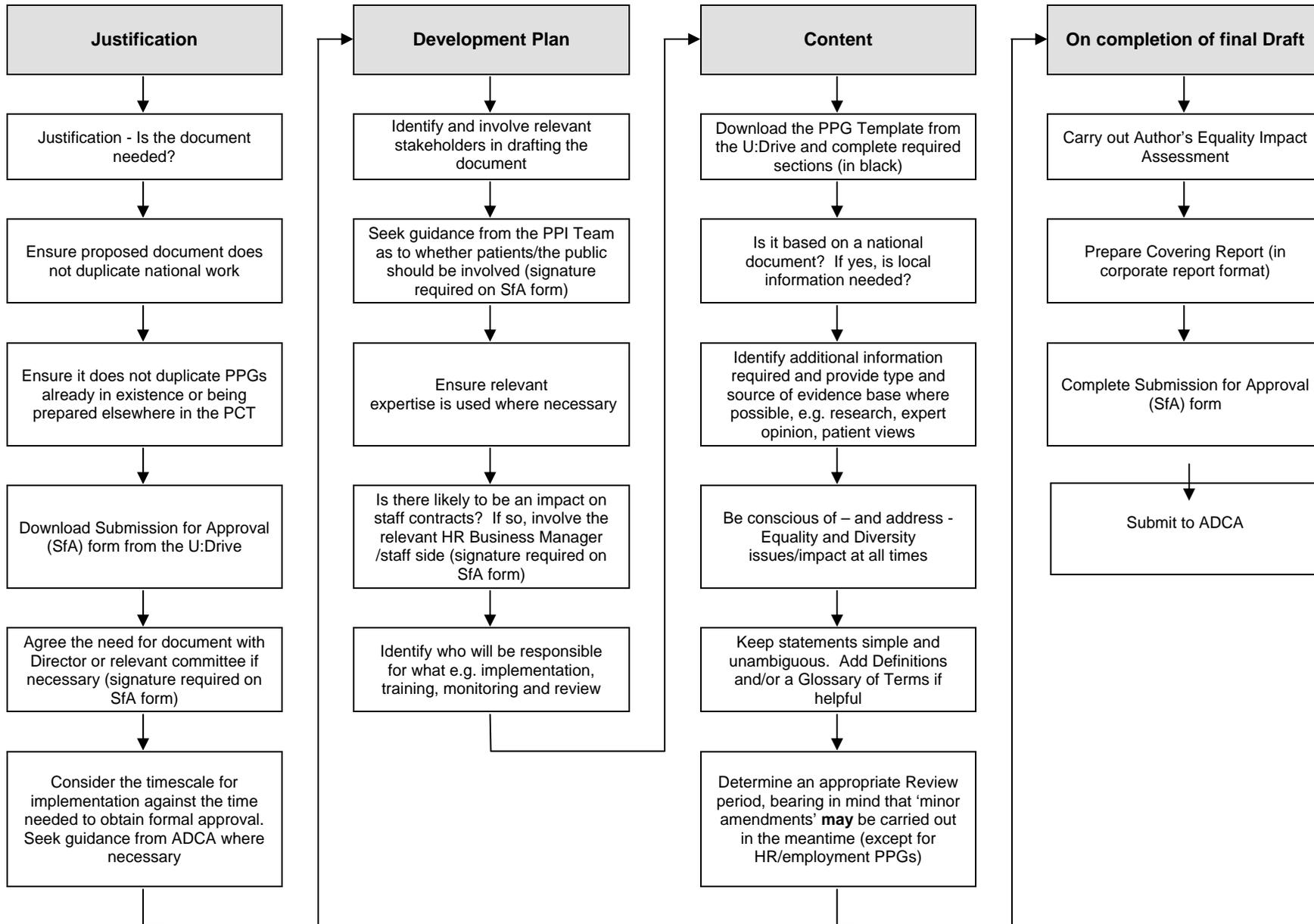
18.2 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Associate Director of Corporate Affairs in consultation with the Director of Human Resources and Trade Union Representative(s) where relevant. Such amendments will be recorded in the PPG Register and a new version of the PPG issued.

Glossary of Terms

ADCA	Associate Director of Corporate Affairs
HR	Human Resources
KPIs	Key Performance Indicators
NHSLA	NHS Litigation Authority
PCT	Primary Care Trust
PPG	Policies, Procedures and Guidelines
PPI	Patient and Public Involvement
Staff Side	Trade Union Staff Representatives

Flowchart for the Creation of Policies, Procedures and Guidelines

Appendix 1



Flowchart for the Review of Policies, Procedures and Guidelines

Appendix 2

