

# DEVELOPMENT AND MANAGEMENT OF ORGANISATIONAL POLICIES, PROCEDURES AND GUIDELINES

## MAY 2019

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Name of Policy:	Development and Management of Organisational Policies, Procedures and Guidelines
Date Issued:	July 2019
Date to be reviewed:	July 2021

<b>Policy Title:</b>	Development and Management of Organisational Policies, Procedures and Guidelines	
<b>Supersedes: (Please List)</b>	Policy on the Development and Management of Organisational Policies, Procedures and Guidelines 2.2	
<b>Description of Amendment(s):</b>	Updated in line with organisational change / housekeeping elements	
<b>This policy will impact on:</b>	All employees of the CCG, any staff who are seconded to the CCG, contract and agency staff and any other individual working on CCG premises.	
<b>Policy Area:</b>	Corporate	
<b>Version No:</b>	2.3	
<b>Author:</b>	Michelle Longden, Corporate Affairs Manager	
<b>Effective Date:</b>	July 2019	
<b>Review Date:</b>	July 2021	
<b>Equality Impact Assessment Date:</b>	May 2019	
<b>APPROVAL RECORD</b>		<b>Date:</b>
	Integrated Audit and Governance Committee	08.07.19
<b>Consultation:</b>	Senior Leadership Team Directors / All Staff	13.05.19



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## 1. INTRODUCTION

NHS Hull Clinical Commissioning Group has a range of Policies, Procedures and Guidelines which set out its procedural and operational standards. They are applicable, amongst others, to:

- staff;
- individuals seconded to the CCG;
- board and committee members;
- contract and agency staff; and,
- any other individual engaged in CCG business

## 2. SCOPE

This policy applies to all corporate policies, procedures and guidelines.

## 3. POLICY PURPOSE AND AIMS

The purpose of this document is to establish a consistent approach to the development and management of policies and procedural documents ensures that they all:

- Adhere to an established template;
- Up to date and subject to timely review;
- Subject to the appropriate organisational controls;

## 4. IMPACT ANALYSIS

### 4.1 Equality Act 2010

The CCG is committed to:

- Eliminating discrimination, promoting equality and diversity, and fostering good relations 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.

### 4.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

Due consideration has been given to the Bribery Act 2010 in the review of this policy and no specific risks were identified.

## **5. NHS CONSTITUTION**

### **5.1 The CCG is committed to:**

- 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.

### **5.2 This Policy supports the NHS Constitution as follows:**

**The NHS aspires to the highest standards of excellence and professionalism** in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

## **6. ROLES / RESPONSIBILITIES / DUTIES**

### **6.1 Directorate / Team / Policy, Procedures or Guideline Authors**

Each Directorate / team / policy, procedure or guideline author is responsible for the development and maintenance of relevant document in relation to their areas of responsibility/functions. They are also responsible for

### **6.2 Staff and others engaged in the business of the CCG**

All staff and others engaged in the business of the CCG should ensure that they follow this policy when developing a policy, procedure or guidelines on behalf of the CCG.

### **6.3 Line Manager**

Managers are responsible for ensuring their staff are aware of, and adhere to, this policy.

### **6.4 The Associate Director of Corporate Affairs**

The Associate Director of Corporate Affairs is responsible for advising staff/Office Holders on the contents of this policy and will ensure that the formal approval procedure of this policy is followed.

## **7. DEFINITIONS**

### **7.1 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.

7.2 **Procedure** – A procedure outlines what should happen, when and by whom it relates directly to practice. Procedures describe how staff carry out their work in order to achieve the intentions of the organisation.

7.3 **Guidelines** – are advisory or good practice principles designed to set standards or determine a course of action.

## **8. DEVELOPMENT OF NEW, AND REVIEW OF EXISTING POLICIES, PROCEDURES AND GUIDELINES**

### **8.1 Justification**

8.1.1 The grounds for the creation of a new Policy, Procedure or Guideline must be justified and checks carried out to ensure that they avoid duplication.

### **8.2 Timeliness**

8.2.1 Authors should be mindful of the timescales required to obtain formal approval, particularly where Board/Committee and/or Trade Union approval is required.

8.2.2 All policy documents are subject to an Equality Impact Assessment (EIA); this assessment *must* take place during the development stage and be signed off prior to any formal approval of the Policy, Procedure or Guideline itself. Details are available on the Y Drive under Corporate Templates and Forms. It is essential that sufficient time is allowed for approval of the EIA.

### **8.3 Style and Format**

8.3.1 All policy authors should ensure standardisation across the organisation and use the CCG policy template as a guide; this is available on the Y Drive under Corporate Templates and Forms <Y:\HULLCCG\Corporate Templates and Forms>

8.3.2 Existing Policies will need to be converted into the CCG's corporate format at the next review stage.

8.3.3 Policies which are already in the corporate format *must* be produced in a document which highlight the changes made by using the 'Track Changes' tool.

8.3.4 All policies/procedural documents should be written using a writing style which is free from acronyms, concise and clear with unambiguous terms of language.

## **9. CONSULTATION**

9.1 On completion of the development/review of the Policy, Procedure or Guideline decide what level of consultation is required; advice is available from the Corporate Affairs Team if required.

9.2 It is important that members of the CCG and relevant stakeholders have had the opportunity to be consulted on and involved in the review of the policy/procedural document. Staff should be given the opportunity to comment on all policies which they can influence.

9.3 All policies and procedural documents should be discussed within your relevant team; the consultation route will vary depending on the content of the policy/procedural document. The following times for consultation are recommended (where required):

Senior Leadership (allow 7 days)

Staff (allow 14 days) The Communications Team can circulate an email to all staff where required

Health, Safety and Security Group (allow 14 days)

Trade Union Partnership Forum (allow 1-2 months)

9.4 The author of the Policy, Procedure or Guideline is responsible for ensuring that all comments are incorporated into the policy/procedural document where possible and for amending this as required.

9.5 The Policy, Procedure or Guideline author is responsible for ensuring appropriate consultation activities take place.

## 10 APPROVAL

10.1 The Policy, Procedure or Guideline author is responsible for ensuring that the fully updated policy, including a signed equality impact assessment and board report cover sheet/policy review summary is submitted to the relevant committee.

The following is provided as a guide.

Type of Policy / Procedural Document	Approving Body
Financial	Integrated Audit and Governance Committee and/or Council of Members
Human Resources	Trade Union Partnership Forum / CCG Board
Corporate Governance	Integrated Audit and Governance Committee and/or Council of Members
Communication and Engagement	Integrated Audit and Governance Committee and/or CCG Board
Quality	Quality and Performance Committee
Resources / Information Governance	Integrated Audit and Governance Committee
Health and Safety	Health, Safety and Security Group, Integrated Audit and Governance Committee

The approval time can take 1-2 months depending on the approving body.

10.2 Following approval by the relevant body, it is the Policy, Procedure or Guideline author's responsibility to ensure the final fully formatted policy/procedural document is sent to the Corporate Affairs Manager.

10.3 The Corporate Affairs Manager will upload the Policy, Procedure or Guideline onto the CCG website and inform staff that a new/updated document has been published.

## **11. TRAINING AND AWARENESS**

11.1 Although staff and relevant others will be made aware of that the new or updated document has been uploaded onto the website, the Author/Directorate Team may wish to consider how else to communicate the Policy, Procedure or Guideline e.g. staff briefings etc.

## **12. MONITORING AND EFFECTIVENESS**

12.1 The effectiveness of this Policy will be monitored by the Associate Director of Corporate Affairs.

## **13. POLICY, PROCEDURE OR GUIDELINE REVIEW**

13.1 The Policy, Procedure or Guideline Author should keep a record of when Policy, Procedure or Guideline relating to their function requires review and must ensure that they are reviewed in line with the review date.

13.2 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 Senior Leadership Team if applicable.

13.3 Should significant amendments are required, approval needs to be obtained through the processes described in this policy.

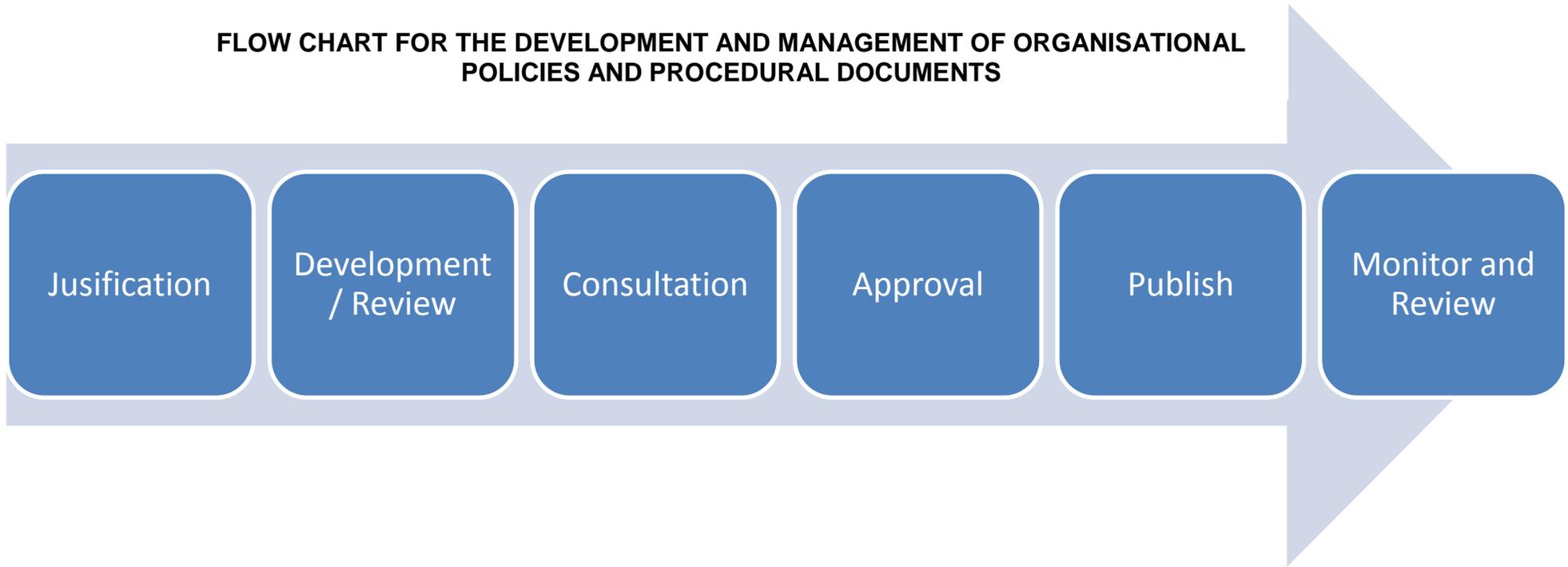
13.4 The author is responsible for ensuring the Corporate Affairs Manager is aware the Policy, Procedure or Guideline has been updated and requires re uploading on to the website.

13.5 This policy will be reviewed within two years from the date of implementation.

## **14. ASSOCIATED DOCUMENTATION**

14.1 This policy links to the Equality Act 2010:<http://www.legislation.gov.uk/ukpga/2010/15/contents>

FLOW CHART FOR THE DEVELOPMENT AND MANAGEMENT OF ORGANISATIONAL  
POLICIES AND PROCEDURAL DOCUMENTS



(Please refer to the EIA Overview & Navigation Guidelines located in Y:\HULLCCG\Corporate Templates and Forms\Equality and Diversity Information before completing your EIA)

<b>Corporate Policy Equality Impact Analysis:</b>	
<b>Policy / Project / Function:</b>	Policy on the Development and Management of Organisational Policies, Procedures and Guidelines
<b>Date of Analysis:</b>	29 May 2019
<b>Completed by: (Name and Department)</b>	Michelle Longden Corporate Affairs Manager
<b>What are the aims and intended effects of this policy, project or function?</b>	<p>The purpose of this policy is to provide guidance to staff on: the responsibilities for the development and control of Policy, Procedure or Guideline and</p> <p>The process, by which they are to be produced, approved and reviewed.</p>
<b>Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?</b>	No
<b>Please list any other policies that are related to or referred to as part of this analysis</b>	N/A
<b>Who will the policy, project or function affect?</b>	This policy applies to all employees of the CCG, any staff who are seconded to the CCG, contract and agency staff and any other individual working on CCG premises.
<b>What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?</b>	<p>With relevant leads to include the following:</p> <ul style="list-style-type: none"> <li>• Associate Director of Corporate Affairs.</li> <li>• Senior Leadership Team</li> <li>• All Staff</li> </ul>
<b>Promoting Inclusivity and Hull CCG's</b>	

**Equality Objectives.**

How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation?

How does the policy promote our equality objectives:

1. Ensure patients and public have improved access to information and minimise communications barriers
2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job
3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve
4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs

This Policy does not directly promote inclusivity, but sets out a process to for the development of policies and procedural documents.

**Equality Data**

**Is any Equality Data available relating to the use or implementation of this policy, project or function?**

Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as '*Equality Groups*'.

Examples of *Equality Data* include: (this list is not definitive)

- 1: Recruitment data, e.g. applications compared to the population profile, application success rates
- 2: Complaints by groups who share / represent protected characteristics
- 4: Grievances or decisions upheld and dismissed by protected characteristic group
- 5: Insight gained through engagement

Yes

No

Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document). If you answered No, what information will you use to assess impact?

## Assessing Impact

**Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?  
(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)**

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> <sup>1</sup> exists (see footnote below – seek further advice in this case)
<p>It is anticipated that these guidelines will have a positive impact as they support policy writers to complete meaningful EIAs, by providing this template and a range of potential issues to consider across the protected characteristics below. There may of course be other issues relevant to your policy, not listed below, and some of the issues listed below may not be relevant to your policy.</p> <p>This policy is intended to support staff in developing policies and procedures, and to promote equality and diversity. Therefore, it is anticipated the policy will have a positive equality impact across all protected characteristics</p>				
<b>Gender</b>		✓		This policy applies to all staff regardless of gender.
<b>Age</b>		✓		This policy applies to all staff regardless of age.
<b>Race / ethnicity / nationality</b>			✓	<p>This policy applies to all staff regardless of race, ethnicity or nationality.</p> <p>All staff require competencies which include the ability to read and understand English, or to request the information in another format available to them</p>
<b>Disability</b> Disability		✓		This policy applies to all staff regardless of disability This policy can be made available in another format, on request.
<b>Religion or Belief</b>		✓		This policy applies to all staff regardless of religion or belief.
<b>Sexual Orientation</b>		✓		This policy applies to all staff, regardless of sexual orientation
<b>Pregnancy and Maternity</b>		✓		This policy applies to all staff regardless of pregnancy or maternity,
<b>Transgender / Gender reassignment</b>		✓		This policy applies to all staff regardless of gender reassignment.

1. <sup>1</sup> The action is proportionate to the legitimate aims of the organisation (please seek further advice)

Marriage or civil partnership		✓		This policy applies to all staff regardless of marriage or civil partnership.
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### Action Planning:

**As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?**

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Incomplete EIAs could lead to adverse impact not being considered or mitigated.	Deliver regular training to staff to support with completing meaningful EalAs	Associate Director of Corporate Affairs	Bi-annually	January 2021
	<i>Ensure EqlAs are completed, reviewed and quality tested</i>	<i>Associate Director of Corporate Affairs</i>	<i>Monthly</i>	<i>Monthly</i>
Published policies may not be in an accessible format	The CCGs internal 'portal' and external website signpost individuals to alternative formats such as large print, braille or another language.	CCG Communications	Next policy review	Next policy review

### Sign-off

**All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs**

**I agree with this assessment / action plan**

**If disagree, state action/s required, reasons and details of who is to carry them out with timescales:**



**Signed:**

**Date: 20.06.19**