



## POLICY DEVELOPMENT, MANAGEMENT AND REVIEW POLICY

NEE/CCG/2012/001

**THIS POLICY WILL BE APPROVED BY THE CCG BOARD, AND WILL HAVE EFFECT AS IF INCORPORATED INTO THE CONSTITUTION AS PART OF THE SCHEME OF DELEGATION.**

<b>Target Audience</b>	Board members, sub-committee members and all staff working for, or on behalf of, the NEE CCG
<b>Brief Description (max 50 words)</b>	This policy sets out the principles by which the North East Essex Clinical Commissioning Group will develop, manage and review all policies and associated documentation.
<b>Action Required</b>	The Corporate Business Manager will establish and maintain a corporate register of all policies and their status, and will ensure that these are appropriately reflected on the website.

### Document Information

<b>Title /Version Number/(Date)</b>	Policy Development, Management and Review Policy/Version 4.0/October 2016
<b>Document Status (for information/ action etc.)and timescale</b>	For circulation to all staff, and immediate implementation
<b>Accountable Executive</b>	Director of Resources (CFO)
<b>Responsible Post holder/Policy Owner</b>	Corporate Business Manager
<b>Date Approved</b>	27 <sup>th</sup> October 2016
<b>Approved By</b>	Operational Executive Committee
<b>Review Date</b>	October 2018
<b>Stakeholders engaged in development/review</b>	Business Manager /Admin Officer rep/Performance Lead/ Clinical Quality Lead/Authorisation Lead/ Operational Executive Committee
<b>Equality Impact Assessment</b>	<b>EQUALITY IMPACT ASSESSMENT</b> This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This Policy is applicable to the Board, every member of staff within the CCG irrespective of their age, disability, sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality and ethnic or national origins), sexual orientation, religion or belief, marriage or civil partnership, and those who work on behalf of the CCG
<b>Contact details for further information</b>	Please contact the Corporate Business Manager for any queries.

## Amendment History

Version	Date	Reviewer Name(s)	Comments
2	26.2.14	Angie Roberts Corporate Business Manager	Updated details for review period.
3.0	October 2014	Angie Roberts Corporate Business Manager	Policy reviewed as per review date to produce version 3.0
3.1	November 2014	Angie Roberts Corporate Business Manager	Typo's addressed
3.2	February 2016	Corporate Services Officer	Policy statement 2 amended.
4.0	October 2016	Corporate	Policy reviewed in line with review date. No significant amendments.

**This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes).**

Clear and Credible Plan		Collaborative Arrangements	
Clinical Focus and Added Value		Engagement with Patients/Communities	
Commissioning processes	<input checked="" type="checkbox"/>	Leadership Capacity and Capability	<input checked="" type="checkbox"/>
Equality Delivery System	<input checked="" type="checkbox"/>	NHS Constitution ref	

## Associated Policy Documents

Reference	Title
	North East Essex Constitution

## Glossary

Term	Definition
<b>Accountable Executive</b>	CCG Executive accountable for development, implementation and review of the policy
<b>Policy Owner</b>	Post holder responsible for the development, implementation and review of the policy
<b>Document definitions</b>	These are provided in Section 1

## CONTENTS

Section	Subject	Page number
1	<b>Policy Statement 1</b> THE BOARD WILL DEVELOP A RANGE OF POLICIES TO ENABLE IT TO DELIVER THE FUNCTIONS AND DUTIES OF THE ORGANISATION	3
2	<b>Policy Statement 2</b> THE NEE CCG BOARD WILL IDENTIFY THOSE POLICIES WHICH REQUIRE GOVERNING BODY APPROVAL AND ESTABLISH A SCHEME OF DELEGATION FOR DEVELOPMENT AND APPROVAL OF POLICIES	6
3	<b>Policy Statement 3</b> BOARD SUB-COMMITTEES WILL ESTABLISH ARRANGEMENTS FOR ALLOCATION, REVIEW, MANAGEMENT AND APPROVAL OF POLICIES THAT HAVE BEEN DELEGATED	8
4	<b>Policy Statement 4</b> RESPONSIBILITIES OF THE POLICY OWNER	10
5	<b>Policy Statement 5</b> POLICIES WILL HAVE A CLEAR TARGET AUDIENCE AND WILL BE DEVELOPED IN CONJUNCTION WITH THE RELEVANT STAKEHOLDERS, INCLUDING PATIENT GROUPS AND THIRD PARTY ORGANISATIONS IF APPROPRIATE	12
6	<b>Policy Statement 6</b> CCG POLICIES WILL BE ACCESSIBLE TO ALL INTERESTED PARTIES AND ONLY HELD IN ONE PLACE	13
7	<b>Policy Statement 7</b> PROCEDURES FOR THE DELIVERY OF THE POLICY WILL BE CLEARLY IDENTIFIED AS SUCH AND EITHER SIGNPOSTED WITHIN THE BODY OF THE POLICY OR ATTACHED AS AN APPENDIX	14
8	<b>Policy Statement 8</b> POLICIES WILL BE DRAFTED IN A STANDARDISED FORMAT	15
	<b>Appendices:</b>	
	A Policy Front Sheet	16
	B Policy Approval Checklist	18
	C Equality Impact Assessment	20

**POLICY STATEMENT 1:  
THE BOARD WILL DEVELOP A RANGE OF POLICIES TO ENABLE IT TO  
DELIVER THE FUNCTIONS AND DUTIES OF THE ORGANISATION**

1. The North East Essex Clinical Commissioning Group (NEE CCG) has defined its high level functions in the Constitution that it has adopted. Section 5.1 of the Constitution (version 3.3) states

*The Board will from time to time agree and approve Policy statements/ procedures which will apply to all or specific groups of staff employed by the group. The decisions to approve such policies and procedures will be recorded in an appropriate Board minute and will be deemed where appropriate to be an integral part of the group's Standing Orders and Standing Financial Instructions.*

2. In developing policies the NEE CCG Board will take into account
  - Primary legislation – Health and Social Care Act 2012; The Equality Act 2010
  - Secondary guidance – The Functions of Commissioning Groups (*DH, Gateway ref 17005, June 2012*); and the Health and Safety Executive
3. The NEE CCG Board and employees will adopt the standard definitions of documents across the organisation
  - **A 'policy'** is a comprehensive statement that sets out the NEE CCG position and governing principles with regard to a specific area of work. A 'policy' must be followed by all staff, and is enforceable by management. It may include instructions that must be followed, or prohibit certain behaviour. No member is authorised to deviate from a policy in all but the most extreme circumstances. Deviation from a particular procedure within a policy can occur and such circumstances are described in the paragraph below.
  - **A 'procedure'** is a recommended way of working for staff to follow, usually based on evidence of good practice. Procedures are contained within policy documents, usually as an appendix. A member of staff may depart from a 'procedure' only where they; 1) feel it is an inappropriate procedure to follow in the particular and usually extraordinary circumstances they face AND 2) can provide and record documentary evidence to show that the procedure is not appropriate, or that an alternative approach should be taken AND 3) have authority to depart from that procedure by management approval through a formal variation request to the Chief Officer.

For the purposes of this policy a protocol will be regarded as a type of procedure.

- **A 'strategy'** sets out a plan of action to meet specific goals. Strategies will usually be developed to support and implement long term or organisational goals and will be approved by the NEE CCG Board.

- A '**guideline**' is a statement by which to determine a course of action. A guideline aims to streamline particular processes according to a set routine or sound practice.  
Where a procedure is for a specific departmental task, then it should be referred to within the policy as a Standard Operating Procedure (SOP) and the SOP maintained and updated within the department concerned. (e.g. a financial accounting procedure)

**POLICY STATEMENT 2:  
THE NEE CCG BOARD WILL IDENTIFY THOSE POLICIES WHICH REQUIRE  
GOVERNING BODY APPROVAL AND ESTABLISH A SCHEME OF  
DELEGATION FOR DEVELOPMENT AND APPROVAL OF POLICIES**

1. Prime Financial Policies will be approved:
  - by the Board and
  - and have effect as if incorporated into the Constitution
2. Policies relating to procurement will:
  - be reviewed by the Audit Committee and
  - approved by the Board and
  - have effect as if incorporated into the CCG Constitution.
3. Financial procedures and any subsequent amendments will be:
  - reviewed and approved by the Audit Committee
4. Policies relating to Risk Management will be:
  - reviewed by the Operational Executive and
  - approved by the Board
5. Human Resource Policies applying to all groups of staff will be:
  - reviewed and approved by the Operational Executive apart from the Organisational Change Policy will requires approval by the Board
6. Policies which involve substantial external consultation or which are likely to attract media attention will be approved by the Board
7. The responsibility for policy review will be delegated to a NEE CCG Board Sub-committee as in the schedule below. The Sub-committee will have the delegated power to review and approve the policy apart from those policies that require sole Board approval.

<b>Sub-committee</b>	<b>Policy Area delegated (Abbreviations shown for referencing)</b>
<b>Operational Executive Committee</b>	HR Policies Emergency Planning Risk Management; Communications Corporate Governance and Health and Safety
<b>Quality Committee</b>	All policies associated with: Safeguarding; Information Governance (IG); Complaints and PALS; Patient Safety (including incident reporting )
<b>Audit Committee</b>	All policies associated with: Financial transactions or accounting processes such as

	Anti-Fraud and Bribery Policy; Procurement Managing Conflicts of Interest, Gifts and Hospitality Whistleblowing
<b>Transformation and Delivery Committee</b>	Clinical Priorities Policy (including Service Restrictions) and Consultant to Consultant Referral Policy

8. In discharging its responsibilities, the Operational Executive Committee will adopt a “portfolio” approach in which individual executives lead on and are accountable for policy areas. In terms of policy development, management & review these portfolios are summarised below:

<b>Executive</b>	<b>Policy area for which they are accountable</b>
Accountable Officer	Health & Safety
Director of Resources/Chief Finance Officer	Financial Management & Accounting Risk Management Security Management Procurement Provider Performance Corporate Governance Human Resources Policy Development and Review Sustainable Development IM&T and Information Governance Education & Training
Director of Nursing and Clinical Quality Executive Nurse	Safeguarding (children & vulnerable adults) Patient Safety (including Incident Reporting) Patient Experience (including PPE, PALS and Complaints) Clinical Quality Emergency Planning & Business Continuity CHC Caldicott Guardianship
Clinical Director	Research & Development Clinical Engagement

9. A schedule of policies and allocation /review dates will be maintained by the Corporate Business Manager.

**POLICY STATEMENT 3:  
BOARD SUB-COMMITTEES WILL ESTABLISH ARRANGEMENTS FOR  
ALLOCATION, REVIEW, MANAGEMENT AND APPROVAL OF POLICIES THAT  
HAVE BEEN DELEGATED**

1. The NEE CCG Board will agree a core suite of policies that must be incorporated into the specification for any clinical procurement, and the Operational Executive Committee will agree a standardised means of evaluating the tender responses against those requirements.
2. The Commissioner lead on any procurement project will identify any additional policy or legislation that affects a specific planned procurement, and the evaluation of that requirement.
3. The Corporate Team will work with the policy owner and Board Sub-committee chairs to ensure that all policies associated with that committee are reviewed in a timely manner.
4. The Accountable Executive will identify an appropriate person as the policy owner. The policy owner will be responsible for the development, implementation and review of the policy and will possess the appropriate competence, experience and authority in order to achieve this.
5. The Board Sub-committee will recommend to the Board the review period for each policy associated with that committee.
6. The Accountable Executive will advise the policy owner of the appropriate approval process. The Policy owner is responsible for ensuring the policy is discussed and recorded at a Committee meeting. It is also recommended the policy owner or Accountable Executive is present at the meeting the policy is being discussed.
7. The Chair of the Board Sub-committee will report any policy reviews or details of policies approved by the Committee to the NEE CCG Board.
8. The Sub-committee secretary will ensure that the latest approved version of a policy is provided in the required format to the Corporate Business Manager and recorded in the NEE CCG central register, under configuration control.
9. The Corporate Business Manager will ensure that the document is fully compliant with the NEE CCG requirements before being placed on the website/Intranet.
10. Where the policy owner is unable to complete the work of review prior to the expiry date, they will notify both the Chair of the relevant Sub-committee and their line manager (if different.)



11. The Accountable Executive will be responsible for reporting this delay to the Operational Executive and the Corporate Business Manager, and proposing to the Sub-committee chair any interim extension to the policy if required.
12. Where the policy is delegated to the Operational Executive, then any delay in the review process and the proposal for interim extension must be notified to the Chair of the Board, together with the proposal for managing the delay.
13. The Accountable Executive will identify with the Operational Executive any resources required to implement a policy.
14. As a minimum, each policy must be reviewed at least once every three years. New policies will be reviewed every 2 years unless deemed an earlier review is needed.

## **POLICY STATEMENT 4:**

### **RESPONSIBILITIES OF THE POLICY OWNER**

1. The policy owner will be responsible for the drafting and review of the policy, in collaboration with appropriate and knowledgeable members of the NEE CCG, ensuring that it is compliant with the law, regulation, guidance or best practice in place from time to time, accurate and is fit for purpose.
2. The policy owner will also identify any requirement for change as the result of emerging guidance, policy or legislation.
3. The policy owner will identify the target audience for a policy and the stakeholders, including patients, carers and partner organisations that need to be involved in development or review of the policy.
4. The policy owner will complete an Equality Impact Assessment and discuss any issues arising with the Accountable Executive and Sub-committee chair before submitting as part of the draft policy for approval.
5. The policy owner will complete the Policy Approval Checklist and submit with the draft policy for approval.
6. The policy owner will commence any scheduled review no less than 3 months prior to the expiry date in order to ensure that necessary stakeholder engagement and approvals can be achieved before the expiry date. If the work cannot be achieved within this timeframe then the policy owner should notify their line manager and the Accountable Executive.
7. Where minor amendments to policy are required, the policy owner will amend the document and notify the Accountable Executive and Sub-committee chair, who may choose to ratify the amendment to the policy.
8. The policy owner will notify the Corporate Business Manager all those whose work is affected by any minor revisions to the policy of the nature of that revision.
9. Where a policy owner's post is vacant at the point of the review being due, the Accountable Executive will inform the Sub-committee chair and Operational Executive and agree the most appropriate course of action.
10. The policy owner will agree with the relevant approving committee a dissemination and training plan where there has been substantial change to the policy, or where the application of the policy is seen through audit or observation to be deficient.
11. The policy owner will identify the associated resources necessary to achieve effective implementation – whether that be time or money or specialist resource (such as facilitators for workshops or legal advice) – and validate these with the Finance Department.

12. The policy owner will consider with stakeholders the most appropriate implementation plan for any new or substantially revised policy. In doing this they will identify who will be responsible for any action within or across organisations, and agree with them a reasonable timescale.

## **POLICY STATEMENT 5:**

**POLICIES WILL HAVE A CLEAR TARGET AUDIENCE AND WILL BE DEVELOPED IN CONJUNCTION WITH THE RELEVANT STAKEHOLDERS, INCLUDING PATIENT GROUPS AND THIRD PARTY ORGANISATIONS IF APPROPRIATE**

1. The policy owner will define the stakeholder map for each policy, and consider the implications of the proposed policy under the Equality Act to ensure that those people or organisations which need to take account of the policy are included in the development or review process. This may include representatives from
  - a. Patients and service users, including carers and those defined as having protected characteristics
  - b. Member practices
  - c. Commissioning Support Unit staff
  - d. Any Providers where applicable.
2. The policy owner will ensure that each individual participant within the review has fully considered whether they have a conflict of interest that must be declared, in accordance with the NEE CCG Managing Conflicts of Interest, Gifts and Hospitality Policy. In the event of any doubt or concern, the policy owner will inform the Accountable Executive of the facts of the matter. Substantive or potential matters of concern will be reported to the Subcommittee when it considers the policy.
3. The role of patient and/or carer representatives in the review of policy will be clearly defined, and support given to ensure the views of vulnerable groups is adequately represented.
4. The policy owner will liaise with the relevant NEE CCG members and staff, the Commissioning Support Unit or other relevant organisations to incorporate the policy into contracts where applicable and agree the relevant monitoring or audit plan.

**POLICY STATEMENT 6:**

**CCG POLICIES WILL BE ACCESSIBLE TO ALL INTERESTED PARTIES AND ONLY HELD IN ONE PLACE**

1. All core CCG policies lodged in the central register will be published on the NEE CCG website and be available to the public. HR Policies will be located on the staff Intranet.
2. The Corporate Business Manager, in conjunction with the policy owner, will contact all staff and Board Members to advise of the publication of a new or revised policy, and to remind each individual of their responsibility to familiarise themselves with the policy.
3. If a policy has passed its review date, and the Operational Executive has not agreed an extension date, it will be removed from public display on the website.
4. Only the Corporate Business Manager (or nominated deputy in their absence) can publish or remove policies on the website in accordance with the content of this policy.
5. Once a policy has been replaced or been made redundant, it will be placed in an electronic archive maintained in accordance with DH Retention of Records standards by the Corporate Business Manager or nominated deputy.

## **POLICY STATEMENT 7:**

**PROCEDURES FOR THE DELIVERY OF THE POLICY WILL BE CLEARLY IDENTIFIED AS SUCH AND EITHER SIGNPOSTED WITHIN THE BODY OF THE POLICY OR ATTACHED AS AN APPENDIX**

1. Where the policy owner and approving Sub-committee believe it is in the public interest to publish a procedure that is in place to enable the policy to be delivered, this should not be included in the main body of the document, except in summary form, but included either as
  - an appendix to the policy
  - a hyperlink to another website (e.g. Essex Safeguarding procedures)
2. Where the procedure for applying the policy is expected to be applied across multiple organisations, then those organisations will be required to include both the policy and procedure in the appropriate section or schedule of any contract, multi-agency agreement or “transfer of funding” document.

## **POLICY STATEMENT 8:**

### **POLICIES WILL BE DRAFTED IN A STANDARDISED FORMAT**

1. Each NEE CCG Policy will be allocated a unique identifier, using the conventions set out below:

NEE/CCG /Year approved/unique policy number

2. Policy documents will be produced in Arial font size 12 and have a contents page.
3. All pages will be numbered, and contain a footer in font size 8 showing the Policy reference, version number, date approved and date policy is to be reviewed.
4. Abbreviations may be used, but full details must be given in the first instance followed by the abbreviation in brackets. The abbreviation and full detail should be included in the glossary.
5. The glossary will be included at the front of the policy as part of the Document Information Summary.
6. The front sheet for all policies will be as set out in Appendix A to this policy.
7. A Document Information Summary will be included, as set out in Appendix B
8. The format for the Policy Approval Checklist for policies is included as Appendix C to this policy.
9. An Equality Impact Analysis (EIA) must be carried out on all new policies which will consider the effect of the policy on the organisation and population that it serves. The EIA can be found in Appendix D.



## TITLE OF POLICY

NEE CCG Policy Reference: **NEE/CCG/Year policy developed/Policy ref**

<b>Brief Description (max 50 words)</b>	
<b>Target Audience</b>	
<b>Action Required</b>	

### Document Information

<b>Title /Version Number/(Date)</b>	
<b>Document Status (for information/ action etc.) and timescale</b>	
<b>Accountable Executive</b>	
<b>Responsible Post holder/Policy Owner</b>	
<b>Date Approved</b>	
<b>Approved By</b>	
<b>Review Date</b>	
<b>Author</b>	
<b>Stakeholders engaged in development or review</b>	
<b>Equality Impact Assessment</b>	<b>EQUALITY IMPACT ASSESSMENT</b> This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This Policy is applicable to the Board, every member of staff within the CCG irrespective of their age, disability, sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality and ethnic or national origins), sexual orientation, religion or belief, marriage or civil partnership, and those who work on behalf of the CCG
<b>Contact details for further information</b>	

NEE/CCG/2012/001

Version 4.0

Approved: 27<sup>th</sup> October 2016

Review date: October 2018



## Amendment History

Version	Date	Reviewer Name(s)	Comments

**This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes).**

Clear and Credible Plan		Collaborative Arrangements	
Clinical Focus and Added Value		Engagement with Patients/Communities	
Commissioning processes		Leadership Capacity and Capability	
Equality Delivery System		NHS Constitution ref	

## Associated Policy Documents

Reference	Title

## Glossary

Term	Definition

## Appendix B – Checklist for Approval of Policies and Organisational Documents

To be completed by the Policy Owner and to accompany the policy that requires approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?		
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are supporting documents referenced?		
<b>6.</b>	<b>Approval</b>		
	Does the document identify which CCG committee/group will approve it?		
	If appropriate have third party organisations approved the document? (ie Staff Side bodies for HR matters/ partners for joint documents)		
<b>7.</b>	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to		

NEE/CCG/2012/001

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	<b>Title of document being reviewed:</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
	ensure compliance?		
<b>8.</b>	<b>Document Control</b>		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
<b>9.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance with the document?		
<b>10.</b>	<b>Review Date</b>		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
<b>11.</b>	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?		
<b>12</b>	<b>Equality Impact Assessment (EIA)</b>		
	Has an equality analysis been undertaken in preparation for this policy?		
	Has the Accountable Executive undertaken a review, and signed off any mitigating actions to reduce any impact on protected groups?		

### **Accountable Executive Approval**

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature			

### **Sub-Committee /Board Chair Approval**

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	
Signature			

## Appendix C – Equality Impact Assessment Tool



EIA Template