

Policy and Procedural Document Development and Management

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Policy and Procedural Document Development and Management

1. Introduction

1.1. Policies and procedures are intended to provide staff with clear rules and a process for given situations where some degree of complexity exists or where requirements for such a policy have been set by an external body. This Procedure sets out how the Trust will achieve this.

1.2. Policies and Procedures are divided into four main categories, representing their directorate usage, as follows:

- Clinical
- Corporate
- Human Resources
- Education and Training.

1.3. Overall responsibility for policies and procedures in these areas lies with the 'Lead Director', as follows:

Clinical	Medical and Quality Director or the Clinical Chief Operating Officer
Corporate	Deputy Chief Executive
Human Resources	Director of Human Resources
Education & Training	Director of Education & Training

1.4. The Lead Director is responsible for ensuring that policies and procedures:

- Are up to date
- Have appropriate approval

- Are available on the Trust's website and intranet.

1.5. The Trust is committed to reducing and managing risk and ensuring effective and safe practice. The Trust seeks to ensure that policies and procedural documents are developed that:

- Meet the Trust's needs, fit with its values and culture and are easy for staff to understand
- Enable the Trust to deliver its strategic objectives
- Provide a framework for safe, effective and acceptable practice
- Comply with NHS identity guidelines and are standardised in the Trust format and style
- Are easily available and comprehensible
- Follow a clear approval process
- Promote diversity and do not discriminate in their application
- Are subject to a formalised review and revision process at specified intervals of not more than 5 years
- Are subject, when applicable, to consultation with the trade unions
- Give clarity on the appropriate level of authority for the approval of different types of policy / procedure.

2. Purpose

2.1. The purpose of this Procedure is to ensure that there is a consistent approach to the processes involved in developing and controlling policy and procedural documents from inception to review, through to withdrawal and archiving.

3. Scope

- 3.1. This Procedure applies to all policy and procedural documents developed for the Tavistock and Portman NHS Foundation Trust.
- 3.2. All policy and procedure documents are to be developed following the principles laid out within the content of this Procedure.
- 3.3. Regulations agreed with university partners applicable only to students of that institution or processing of business in relation to the courses of that institution will be approved by the Director of Education and Training / Dean of Postgraduate Studies.

4. Definitions

The following definitions are used by the Trust:

- 4.1. **A Policy:** is a statement of organisational intent in respect of a given issue. The Executive Management Team is responsible for ratifying original and updated policies.
- 4.2. **A Procedure:** is a statement setting out structured steps, which need to be adhered to, in order for a given task to be completed.
- 4.3. **Policy Master Log:** this is an electronic list of active and archived Trust-wide policies and key procedures.
- 4.4. **Regulations:** applicable **only** in the Department of Education and Training may be named by other institutions as 'policies' but the scope of such documents will be limited to situations agreed jointly by the Trust and the respective institution as set out in the respective agreement.
- 4.5. **Technical Policies:** ICT staff and contractors often refer to rules applied within computer programs and algorithmic decision making as 'policies', however, this should be taken as a technical term and such rules have no effect outside the given ICT system.

5. Duties and Responsibilities

5.1. Policies and procedures are divided into four main categories, representing their directorate usage, as follows:

- Clinical
- Corporate
- Human Resources
- Education and Training.

5.2. Overall responsibility for policies and procedures in these areas lies as with the 'Lead Director', as follows:

Clinical	Medical and Quality Director or the Clinical Chief Operating Officer
Corporate	Deputy Chief Executive
Human Resources	Director of Human Resources
Education & Training	Director of Education & Training

The following have the roles / responsibilities assigned to them below:

5.3. The Chief Executive: is responsible for ensuring that all staff follow policies and procedures.

5.4. The Director of Human Resources and Corporate Governance: will monitor compliance with this Procedure and report compliance to the audit committee.

They will provide, or arrange for the provision of, advice on equality and diversity issues for staff and honorary contract holders that arise during the development and/or implementation of policies.

As the Trust's Company Secretary, they will also provide advice and guidance in respect of corporate governance matters.

5.5. Responsible Managers: develop policies and procedures based on the best available evidence and in line with current guidance (e.g. NICE, NHSLA) and mandatory requirements. The Responsible Manager is

responsible for preparing a proposal for the approval process, and if approved, for ensuring that it is publicised and understood by staff.

- 5.6. Executive Management Team: has delegated authority from the Board of Directors to approve any Trust policy or procedural document.
- 5.7. Joint Staff Consultative Committee: is the consultative partnership body between the Trust and the trade unions, which seeks to reach agreement on policies affecting terms and conditions of employment.
- 5.8. Directors have the responsibility to ensure that arrangements are in place in their directorate for the implementation of policy. Directors also have authority to develop and approve procedures, guidelines, protocols, etc. where these would affect only their directorate or area of work on which their directorate leads. These will be administered at directorate level.
- 5.9. Line Managers: are responsible for ensuring that their staff comply with applicable policies
- 5.10. All staff: Staff are required to ensure they are aware of the content of policies relevant to their work and how to access them. It is everyone's responsibility to ensure that they are familiar with the policies within the Trust that apply to them.

6. Procedures

Style and Format

- 6.1. All policy documents are to be prepared in the corporate NHS style and format and should always have an equality impact assessment provided.

Naming Documents

- 6.2. For ease of referencing and searching, Responsible Managers should choose concise names that immediately convey the purpose of the document. Policies or procedures should NOT start with "The".

Equality Analysis

- 6.3. The Trust aims to design and implement services, policies, procedures and measures that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. Responsible Managers will make this assessment using the Equality Analysis Tool, without which any proposed document cannot be considered. Any issues arising from the analysis should be referred to the Trust’s Equality Lead. The completed equality analysis for this document is Appendix A.

Consultation Process

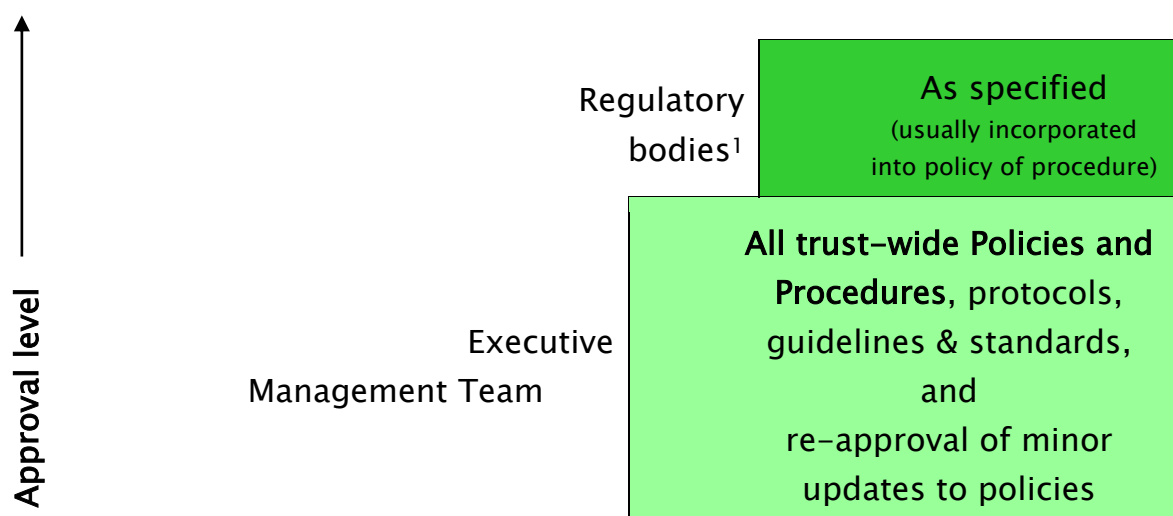
- 6.4. The Responsible Manager is responsible for ensuring that appropriate consultation takes place with relevant staff and other stakeholders during the drafting of the policy or procedure. If the proposed or revised policy would affect staff terms and conditions then this should, subject to the advice of the Director of Human Resources, include consultation with the Joint Staff Consultative Committee.

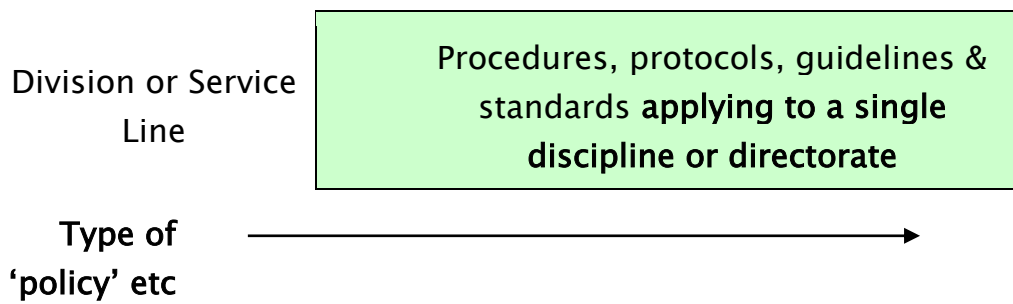
Local Counter Fraud

- 6.5. If relevant, amendments to policies and procedures should be discussed with the Local Counter Fraud Specialist.

Ratification/Approval Process

- 6.6. The appropriate approval authority in respect of proposed policies and procedures will depend on the type of policy or procedure. Final approval would normally be preceded by consideration at a ‘lower’ level.





6.7. The Responsible Manager is responsible for the document and will lead on ensuring the policy / procedure meets the requirements of this Procedure prior to submitting it for approval.

6.8. Once approved, the Lead Director shall ensure that the policy / procedure is appropriately logged and published on the intranet.

Publication, Dissemination and Implementation

6.9. Once a policy or procedure has been approved, the master copy will be stored on the Trust's Policies and Procedures folder. **This will be done in both Word and pdf.** This shall be the responsibility of the Lead Director.

6.10. Access to policies and procedures is via the Trust's website and will be promoted at induction, on INSET days and via the Trust intranet.

6.11. Line Managers are responsible for ensuring that their staff comply with policies and procedures.

Review and revision arrangements including version control

6.12. The Lead Directors are responsible for ensuring that policies and procedures are kept up to date and are reviewed and re-approved in a timely manner.

Archiving arrangements

6.13. The Lead Director will ensure old versions of policies and procedures are archived in a dedicated folder on a Trust server. These documents will be retained in a "pdf" format and indexed by document number, date of version and full title. Policies approved at directorate level shall not be archived centrally unless there is a legal requirement so to do.

7. Training Requirements

7.1. There are no specific training requirements of this procedure.

8. Process for monitoring compliance with this Procedure

8.1. The **Director of Human Resources and Corporate Governance** will monitor the implementation of this Procedure and make status and progress reports to the Executive Management Team, highlighting exceptions from good practice and overall performance and will be responsible for monitoring any action plan agreed to address deficits.

9. References

The Equality Act (2010)

10. Associated documents²

Risk Management Strategy and Policy
Procedure for Patient information
Corporate and DET Records Procedure

² For the current version of Trust procedures, please refer to the intranet.

Appendix A : Equality Analysis for Policies and Procedures

Completed by	Craig de Sousa
Position	Director of Human Resources and Corporate Governance
Date	22 June 2020

The following questions determine whether analysis is needed	Yes	No
Does the policy significantly affect service users, employees or the wider community? The relevance of a policy to equality depends not just on the number of those affected but on the significance of its effect on them.	X	
Is it likely to affect people with particular protected characteristics ³ differently?		X
Is it a major policy, significantly affecting how Trust activity is delivered?		X
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		X

If the answer to *all* of these questions was no, then the assessment is complete.

³ Age, disability, gender reassignment, marriage/ civil partnership, pregnancy & maternity, race, religion and belief, sex, sexual orientation.

If the answer to *any* of the questions was yes, then undertake the analysis below:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?		X	
What are the key findings of any engagement you have undertaken?			n/a
If there is a greater effect on one group, is that consistent with the policy aims?			n/a
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			n/a
Will the policy deliver practical benefits for certain groups?		X	
Does the policy miss opportunities to advance equality of opportunity and foster good relations?		X	
Do other policies need to change to enable this policy to be effective?		x	
Additional comments			