Policy Governance Group

Date | 30ᵗʰ October 2023   **Item Ref** | 6b

TITLE OF PAPER	**Extension To Review Date – CG 006 Policy Framework- Formerly Policy on Policies Policy)**
TO BE PRESENTED BY	Amber Wild, Head of Corporate Assurance
AUTHOR	Amber Wild, Head of Corporate Assurance

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
✓						

2. Summary

Policy	Author	Old review date	New review date
Policy Framework- Formerly Policy on Policies Policy)	Amber Wild	1/10/2023	29/01/2024

Rationale

The current policy expired on 1/10/2023. The current policy is 'fit for purpose' and the author confirms that extending the review date to 29/01/2024 is low risk.

A register of SOPs is received and monitored at Policy Governance Group and work has taken place with senior leads in each area to provide contemporaneous lists to help build the master register and work is continuing to call in more SOPS. An extension to review until 24ᵗʰ January 2024 is requested to ensure that the new policy reflects this work.

The policy author confirms they will be able to satisfy the five tests for policy approval by the new proposed review date. The five-way tests for policy approval are:

- Test 1. That the policy has been developed using current best practice/evidence practice
- Test 2. Evidence that it has been through appropriate consultation.
- Test 3. That there is an agreed plan for dissemination and training
- Test 4. That audit arrangements have been clearly identified and agreed.

- Test 5. That staff wellbeing has not been negatively impacted, or that the policy update has positively impacted staff wellbeing, and how

PGG are asked to approve this request to extend the review date, as per the full rationale above, and are asked to note that the new review date requested, also takes into account the requirement to submit such requests to the Audit and Risk Committee (ARC)

- Test 1. That the current policy is fit for purpose
- Test 2. That extension of the review date is 'low risk'
- Test 3. That the grounds for extension are reasonable
- Test 4. The policy author confirms they will be able to satisfy the five tests for policy approval (detailed above) by the new proposed review date

3.   Next Steps

Once the new review date is approved by PGG, a recommendation for ratification will be submitted to the Audit and Risk Committee (ARC)

Once ratified –

- Policy Governance to work with the author to ensure that the front sheet of the current policy is amended to reflect the new review date.

- Policy Governance to arrange for the amended policy to be replaced on the intranet and   internet. A message will not need adding to Connect in this instance.

4.   Required Actions

PGG are asked to agree to the above extension to review date, taking into account all rationale.

5.   Monitoring Arrangements

To be confirmed.

6.   Contact Details

For further information, please contact:

Amber.wild@shsc.nhs.net
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Bethan.devonald@shsc.nhs.uk
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Policy:
CG 006 - Policy Framework

Executive Director Lead	Chief Executive
Policy Owner	Director of Corporate Governance (Board Secretary)
Policy Author	Director of Corporate Governance (Board Secretary)

Document Type	Policy
Document Version Number	V8
Date of Approval	14/9/20 – Policy Governance Group
Ratified By	20/10/20 – Audit and Risk Committee
Date of Issue	04/11/20
Date for Review	1/10/23

Summary of policy
This policy provides the organisation's position on the approval of policies and the development of this work in the future.

Target audience	All SHSC staff (including staff seconded into or working in SHSC services)

Keywords	Policies, procedures, Standard Operating Procedures, SOP, guidelines, guidance, protocols, document, author, write.

Storage
This is Version 8 of the policy which has involved a full revision to incorporate the adoption of changes that have been agreed in-year. Version 7.3 included the addition of the EIA Form on the Contents Page. Version 7.2 was amended in April 2020 to include Policy Verification and Ratification Groups on the Checklist as agreed at Policy Governance Group. Version 7 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version. Any copies of the previous policy held separately should be destroyed and replaced with this version.

Policy Statement

Background
The purpose of this guidance is to implement a co-ordinated and uniform approach to strategic, operational and clinical management by ensuring the development and management of procedural documents which are clear and consistent.

Statement
Sheffield Health and Social Care NHS Foundation Trust (SHSC) will develop policies to fulfil all statutory and organisational requirements. These will be comprehensive, formally approved and ratified, disseminated through approved channels and implemented.

Responsibilities
Compliance with the policy will be the responsibility of all. Authors of policies are responsible for undertaking appropriate consultation during the development of any policy. Policy Governance Group is responsible for the approval of policies and extension of review periods and nominated committees are responsible for their ratification.

Resource implication
Policies should act as a useful resource for staff, giving easy access to clear guidance. This policy has been developed to provide a framework for staff to ensure the appropriate production, management and review of organisation wide policies.

Consultation
As indicated throughout this policy, any policy should include both formal and informal consultation throughout its development. This should enable all interested parties to be involved in, and have the opportunity to influence, policy development so as to ensure the process is logical and efficient and the outcome meets the corporate needs of SHSC.

Contents

1. Introduction

1.1 A policy is defined as a statement of strategic intent or principle setting out SHSC's position and/or practice and reflecting the organisation's values and core purpose. This guidance applies to all policies and other procedural documents that are developed by SHSC for implementation.

1.2 The purpose of this document is to implement a co-ordinated and uniform approach to policy development and management; and to provide clarity and consistency to the process of policy production, approval, implementation and review.

1.3 SHSC will develop policies as required to fulfil statutory and organisational requirements. These will be comprehensive, formally approved and ratified, disseminated through approved channels, and implemented.

2 Scope

2.1 This policy applies to all policies, procedures and SOP developed and reviewed within SHSC. It applies to all staff working for, or seconded to, Sheffield Health and Social Care Trust.

3. Definitions

Policies

3.1 A policy is a document that describes the principles, rules, and guidelines formulated or adopted by an organisation to reach its long-term goals and support the delivery of strategy. They are published widely in the organisation and would generally be expected to not contain information that would prevent their publication more widely.

3.2 Policies and procedures are designed to influence and determine all major decisions and actions, and all activities take place within the boundaries set by them. Policies should consist of a policy statement and may also include detail on procedures where it is appropriate for this to be contained within the policy document.

Procedures

3.3 A procedure is the specific method employed in day-to-day operations. Whether a procedure is detailed within the policy or a separate Standard Operating Procedure (see below) will depend on the circumstances and judgment of the Policy Owner and Policy Author (see paragraphs 4.2 and 4.3).

Standard Operating Procedures

3.4 A Standard Operating Procedure (SOP) is a set of written instructions that document a repetitive or routine activity and is an integral part of an effective quality system. These are developed locally and relate to a policy. A SOP would ordinarily be an internal document that is available to the service or services to which it applies.

Other documents

3.5 Other documents may be in circulation from time to time such as guidelines, which would normally reflect nationally prescribed practice, or protocols. These are acceptable but services should consider whether the document would best fit under

one of the categories described above for consistency and to ensure appropriate governance channels are followed for development, review and approval.

4.   Roles in reviewing, developing, approving and ratifying a policy

4.1   The **Director of Corporate Governance** is responsible for managing and maintaining an effective policy governance system. The Corporate Governance team will hold a central register of all policies and shall update the register regularly.

4.2   The **Policy Owner** will be notified on a regular basis by the Corporate Governance team of existing policies within their remit which are due for review or beyond their review date. The Policy Owner will also be responsible for identifying where new policies are required or where existing policies can be archived.

4.3   Policies be developed and reviewed by an appropriate **Policy Author**, as nominated by the policy owner. The Policy Author is responsible for ensuring the policy is drafted appropriately, that a Case for Need is completed for a proposed new policy and that any revision to existing policies are completed in line with requirements. The Policy Author is responsible for ensuring that the draft policy has used the appropriate template, been consulted on and has been tracked through the normal governance routes.

4.4   **Policy Champions** are nominated individuals across services who take a dual role in representing their services. In relation to policies that fall within their services, Policy Champions may represent their services in the consideration of proposals such as extensions to review dates, and play a key role in ensuring policies within their directorate are reviewed on time. In relation to policies from other services, Policy Champions will contribute relevant views that need to be taken into account on behalf of their services. These discussions will normally take place at or in advance of Policy Governance Group.

4.5   **Policy Governance Group** is a meeting of Policy Champions, chaired by the Director of Corporate Governance, where the approval of policies and extension to review dates is considered.

4.6   **Board committees** are those committees which report directly into the Trust Board, where the ratification of decisions made by Policy Governance Group is considered.

5.   Policy approval

5.1   Policy Governance Group will meet monthly, or as agreed by the group, to consider any new or amended policies requiring approval. The policy shall be presented by the Policy Owner or Policy Author. The policy may be presented by the relevant Policy Champion where they have consented to represent the Policy Owner or Policy Author.

5.2   In determining whether the policy is fit for approval, Policy Governance Group will consider:
- Whether it takes account of best practice and/or any relevant changes in guidance or legislation;
- Whether it has been appropriately consulted upon and the views arising from that consultation have been taken into account;
- Whether any new or additional training needs, arising from the policy, have been taken into account;

- Whether arrangements for audit and review of the policy have been considered.

5.3 Where Policy Governance Group is satisfied that it can approve the policy, it can be considered a live document with immediate effect although final ratification has not yet been achieved. As a live document actions such as making immediate and urgent changes to procedure can be implemented, and the policy can be uploaded to the intranet and shared.

5.4 The policy checklist to be completed in advance of policies being considered by Policy Governance Group is shown at Appendix 2.

5.5 The cover report for consideration of new/amended policies by Policy Governance Group is shown at Appendix 3.

5.6 The policy template is available from the Corporate Governance team. Policy authors should feel empowered to add or remove sections from the template as they see fit provided that it continues to meet the needs of the organisation, provide the required information for staff and/or service users and others as appropraite, include information enabling the Policy Governance Group to consider it and include an Equality Impact Assessment appendix, completed appropriately.

6. Policy Extension

6.1 Where a policy has not been reviewed within the previously agreed timescale, or where it is anticipated that it will not be approved, Policy Governance Group can approved extensions to review dates. These will be presented in line with policy approvals as shown in paragraph 5.1.

6.2 In determining whether the policy review date should be extended, Policy Governance Group will consider:
- Whether the current policy is fit for purpose;
- Any risks arising from extending the review date;
- Whether the grounds for extension are reasonable;
- Whether the policy author is able to confirm that the four tests detailed at paragraph 5.2 will all be satisfied in consideration of an amended or new policy by the time of the proposed extension.

6.3 The cover report for consideration of extensions to review dates by Policy Governance Group is shown at Appendix 4.

7. Ratification

7.1 The relevant Board Committee, at the next opportunity following the Policy Governance Group meeting, will consider any approved policies or review date extensions within their area of responsibility.

7.2 In determining whether the decision should be ratified, the committee will receive a report from the Director of Corporate Governance detailing how it applied the four tests shown in paragraphs 5.2 and 6.2 in reaching its decisions.

7.3 Where an approved policy is not ratified, the Policy Owner and Policy Author will be informed immediately and will be required to prioritise taking immediate steps to alleviate any areas of concern highlighted by the Board Committee in order to report back to the Policy Governance Group and Board Committee at the next opportunity.

7.4   Where a review date extension is not ratified, the policy's status will be changed to 'beyond its review date' with immediate effect.

8.   Openness and transparency in the policy approval process

8.1   As policies have the potential to impact on a wide range of people including staff, service users and the public, the availability of material relating to the approval and ratification of policies shall normally by available to view upon request. Reasons for refusal could include the inclusion of confidential or sensitive information, but the presumption will be in favour of openness at all times.

8.2   Where a person is unable to utilise a written report or minute extract due to a disability or other reasons, the Director of Corporate Governance will make arrangements for this information to be communicated in a means which is deemed reasonable, acceptable and appropriate.

9.   Development of this Policy Framework

9.1   This Policy Framework details the management of policies, as defined at paragraphs 3.1 and 3.2, within the organisation. Procedures and SOPs, as defined in paragraphs 3.3 and 3.4, are managed within services.

9.2   A workstream of the Policy Governance Group will be to bring increased rigour around the awareness and version control of procedures and SOPs. This will be developed during the lifespan of this policy.

10.   Audit, Monitoring and Review of this Policy

10.1   A two-year review date has been proposed to provide for a timely formal review of this policy. If changes to the arrangements detailed in Section 8 can be undertaken more quickly the review date may be brought forward as appropriate.

10.2   The Policy Governance Group shall take regular feedback from its membership around the functionality of this policy and propose changes as required. If these can be adopted without the need for a policy refresh, then any changes will be consulted upon with Board Committees or Board Committee Chairs as appropriate.

10.3   The Director of Corporate Governance shall take feedback from Board Committees and Chairs on the improvement of the process as monthly reports are considered.

11.   Implementation and training needs

11.1   The processes detailed within this policy have been adopted following consultation with Board Committee Chairs in advance of the policy being proposed for approval, to achieve best practice outcomes. The policy will therefore be formally implemented with immediate effect upon its approval.

11.2   No additional training needs have been identified, although these may arise periodically as Policy Champions change within services.

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy <u>potentially</u> impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

<div style="border:1px solid black">

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

</div>

<div style="border:1px solid black">

I confirm that this policy does not impact on staff, patients or the public.
Name/Date:

</div>

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	No	No
Disability	Yes	Yes	Inclusion of Section 8 and specifically paragraph 8.2 to ensure access to information to all.
Gender Reassignment	No	No	No

Pregnancy and Maternity	No	No	No
Race	No	No	No
Religion or Belief	No	No	No
Sex	No	No	No

Sexual Orientation			
Marriage or Civil Partnership			

Please delete as appropriate: - Policy Amended prior to approval

Impact Assessment Completed by: David Walsh
Date: 10 August 2020

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	
2.	Is the local Policy Champion member sighted on the development/review of the policy?	
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	
	Template Compliance	
7.	Has the version control/storage section been updated?	
8.	Is the policy title clear and unambiguous?	
9.	Is the policy in Arial font 12?	
10.	Have page numbers been inserted?	
11.	Has the policy been quality checked for spelling errors, links, accuracy?	
	Policy Content	
12.	Is the purpose of the policy clear?	
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	
15.	Where appropriate, does the policy contain a list of definitions of terms used?	
16.	Does the policy include any references to other associated policies and key documents?	
17.	Has the EIA Form been completed (Appendix 1)?	
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	
20.	Is there a plan to i. review ii. audit compliance with the document?	
21.	Is the review date identified, and is it appropriate and justifiable?	

NHS
Sheffield Health and Social Care
NHS Foundation Trust

Policy Governance Group (PGG)

Date	DATE OF PGG MEETING	**Item Ref**	TBC

POLICY GOVERNANCE WILL ADD THE ITEM REF

TITLE OF PAPER	Policy Name to be typed here
TO BE PRESENTED BY	Name and Job Title of Person presenting the policy to PGG
AUTHOR	Name and Job Title of Author

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
√						

2. Summary

The attached Policy has been consulted on across the network:

Please insert which groups have been consulted

- The author confirms that the policy reflects current national guidance and best practice as a CQC 'Must Do' requirement.

- The author confirms that cross referencing to other policies has been undertaken and the appropriate section of the policy reflects this.

- The author confirms that the policy follows the governance process: -

  1. Ensuring appropriate internal and external expertise and adherence to good practice, and that the existing policy has;

  2. been circulated for consultation to appropriate groups as described above;

  3. dissemination of the policy and training implications have been considered (author should include details of dissemination/training/audit of implementation elaborating on saying they've been reviewed. And referencing what external expertise has been sourced etc);

4. arrangements for implementation have been considered

3   Next Steps

Following approval by the Policy Governance Group, Corporate Governance to arrange for the
to be submitted to the appropriate Board Committee for ratification.

4   Required Actions

The Policy Governance Group are asked to approve the attached policy because
delete as appropriate –
the current version has reached the date for review
new legislation has been received and the policy updated
an interim review was necessary because..…………

5   Monitoring Arrangements

Please complete this section accordingly.

6   Contact Details
- ADD AUTHOR'S DETAILS (using format below)

  brenda.russell@shsc.nhs.uk,
  PA Corporate Affairs
  Tel: 0114 22 64786

PLEASE ADD TO THIS TEMPLATE BUT DON'T LEAVE ANYTHING OUT AS THIS COULD MEAN THE POLICY ISN'T APPROVED, PLEASE REMOVE PROMPTS (including this box) AND TURN RED TEXT TO BLACK.

All black text needs to stay

Policy Governance Group

Date	Insert Date of PGG Meeting		Item Ref	TBC

TITLE OF PAPER	Extension To Review Date ~ Insert Name of Policy Here
TO BE PRESENTED BY	Name and Job Title of Person presenting the policy to PGG
AUTHOR	Name and Job Title of Author

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
✓						

2. Summary

Policy	Author	Old review date	New review date
Insert name of policy	Insert name	Insert	Insert

Rationale

The current policy expires on insert date here. The current policy is 'fit for purpose' and the author confirms that extending the review date to DD/MM/YY is low risk.

Insert text as appropriate.

PGG are asked to approve this request to extend the review date, as per the full rationale above, and are asked to note that the new review date requested, also takes into account the requirement to submit such requests to the XXXX Committee (insert which Board Committee the policy will be ratified by).

- The author confirms that, by the new review date, they will (1) undertake thorough review of the policy; (2) consult with various stakeholders / relevant managers / Staff Side / other Groups; (3) present for approval by PGG; (4) present for ratification by the Workforce & OD Committee; (5) arrange for the policy to be replaced on the intranet/website and in Connect.

- The new review date takes into account all rationale and the extended governance process.
- The author confirms that governance processes will be followed to review the policy –
  (1) ensuring appropriate internal and external expertise and adherence to good practice, and that the policy has
  (2) been circulated for consultation to appropriate groups
  (3) dissemination of the policy and training implications have been considered
  (4) arrangements for implementation have been considered
- The author also confirms that the policy will –
  (5) reflect latest guidance

  (6) feature relevant equality impact assessments (EIA)

  (7) be effectively and appropriately consulted upon and;

  (8) consider any wider implications.

3. **Next Steps**

   Once the new review date is approved by PGG, a recommendation for ratification will be submitted to . XXXX Committee (insert which Board Committee the policy will be ratified by.

   Once ratified –

- Policy Governance to work with the author to ensure that the front sheet of the current policy is amended to reflect the new review date.

- Policy Governance to arrange for the amended policy to be replaced on the intranet and internet. A message will not need adding to Connect in this instance.

4. **Required Actions**

   PGG are asked to agree to the above extension to review date, taking into account all rationale.

5. **Monitoring Arrangements**

   Complete as appropriate

6. **Contact Details**

   For further information, please contact:

- ADD AUTHOR'S DETAILS (using format below)

  brenda.russell@shsc.nhs.uk,
  PA Corporate Affairs
  Tel: 0114 22 64786