

**Joint Policy for Cumbria Partnership Foundation Trust & North  
Cumbria University Hospital NHS Trust**

## **Policy Management Policy**

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<b>Accountable Director</b>	Joint Company Secretary
<b>Policy Author</b>	Corporate Governance Manager

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*Any printed copies or copies held on any other web page should therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments.*

## Policy On A Page

### **SUMMARY & AIM**

The Board is committed to ensuring that key stakeholders, employees, Governors and other workers are fully aware of the Trusts' objectives and the way employees are required to operate to achieve these objectives. The Policy Management Policy aims to define the standard approach to communicating these requirements within the Trusts through organisation-wide policies.

### **KEY REQUIREMENTS**

- All policies reviewed at least every 4 years or earlier if requirements change
- All policies must use the appropriate Policy Template, referring to the Policy guidance
- Policy text must be equality impact assessed
- All changes must seek appropriate consultation of stakeholders
- All changes must be approved and ratified, and be accompanied by the Policy Author Checklist
- All policies must have a completed monitoring section; and this must be implemented and checked

### **TARGET AUDIENCE:**

- Executive Directors who are the policy owners
- All staff involved in writing policies
- All staff involved in consultation, approval and ratification
- Corporate Governance team to manage this process centrally

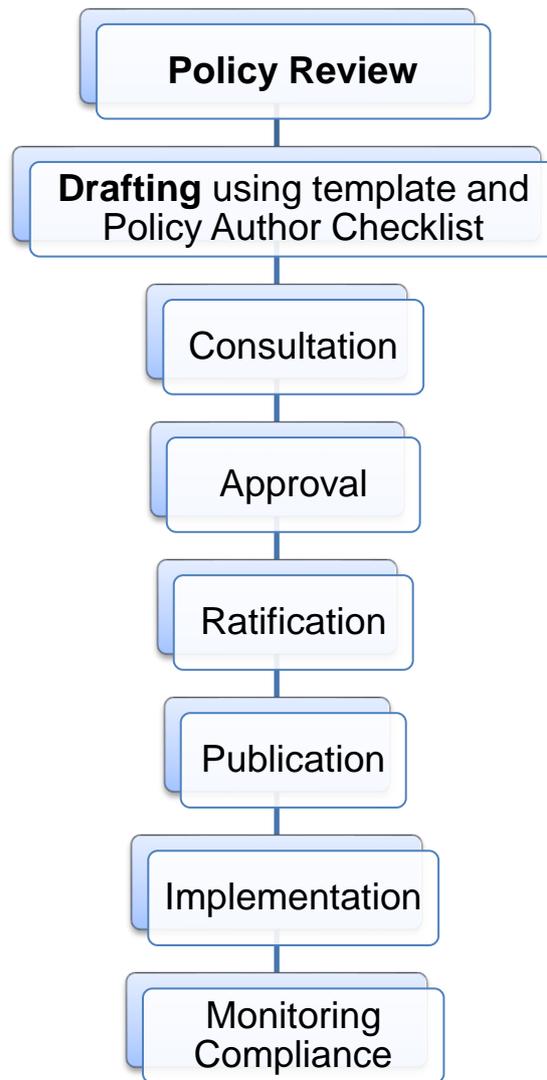
### **TRAINING:**

No formal training however support from the Corporate Governance team to authors on the use of the Policy template and approval process.

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**0. SUMMARY FLOWCHART: POLICY DEVELOPMENT**



## **1. INTRODUCTION**

The Trusts have a statutory duty to have in place appropriate organisation-wide policies/procedural documents to comply with requirements, including legislation, Care Quality Commission Standards and NICE (National Institute for Health and Care Excellence) Guidance.

Well maintained documentation that meets current requirements and good practise will improve the quality of patient care and general safety by providing standard ways of working.

Policy documents should be high level, fairly static documents that describe 'what we do', supported by operational procedures, guidance, etc. that describe 'how we do it' in detail.

## **2. PURPOSE**

This policy provides a system for the Corporate Governance team to centrally administer the management, identification and authorisation of Cumbria Partnership Foundation Trust (CPFT) and North Cumbria University Hospitals (NCUH) documents to ensure that policy documents are:

- Clear and consistent in their format, compilation and dissemination
- Appropriately named and referenced for easy access
- Evidence based, referring to best practice
- Consulted on with appropriate stakeholders
- Communicated to staff and easily accessible by those who need to use them
- Reviewed and updated at regular intervals
- Securely stored and version controlled
- Monitored to ensure that they are being followed

## **3. POLICY DETAILS:**

(Referring to Summary Flowchart)

### **3.1 Policy Review**

It is the responsibility of Executive Directors to ensure that policies are reviewed timely for the policies they have responsibility for, with the support of the Corporate Governance team for reminders.

#### **3.1.1 Frequency of review**

Policy documents will be reviewed at a maximum of four yearly intervals, with the Policy Author proposing a review frequency based on the level of risk of the policy and likely frequency of changes. E.g. where non-compliance provides a high risk to the Trust, then the policy's review should be more frequent.

The Policy Author may carry out a review sooner than the planned review cycle if changes are required e.g. following new national guidance, or to reflect learning following serious incidents.

### **3.1.2 Reminders to review**

The Corporate Governance team will maintain a register of all approved policies and their planned review dates.

The team will issue reminders 6 months before a policy is due for planned review and again at 3 months before, to known Policy Authors.

It is the responsibility of the Policy Author to provide updates to the Corporate Governance team on progress and raise any issues they might have in meeting the review deadline.

### **3.1.3 Policy Status Reports**

The Corporate Governance team will provide a regular report of policy status to the Executives responsible for each policy and to senior operational teams. This provides a summary of those policies coming up for or due for review to help managers manage reviews timely.

## **3.2 Policy Document Development**

### **3.2.1 Style and Format**

All policies must use the relevant standard Policy Template and be written in a style which is concise and clear using unambiguous terms and language.

Policy Templates and Policy Guidance for its completion are available on the Trust's policy pages.

CPFT: - <http://nww.staffweb.cumbria.nhs.uk/policies/policy-template.docx>)

NCUH: - <http://nww.staffweb.cumbria.nhs.uk/policies/index.aspx>

These include the style and format which must be followed for all policy documents.

### **3.2.2 Naming Convention**

Policies must be titled to make it easier for users to find e.g. using a key word. They should preferably start with a key word, and not with the word 'policy'.

Changing the name of a policy should be avoided as this can cause confusion for staff. However, if this is required, the previous policy title must be clearly stated in the Statement of Changes section.

### **3.2.3 Referencing Convention**

All policy documents will be uniquely referenced, with the Corporate Governance Team controlling this centrally, issuing the policy reference for each new document.

### **3.3 Policy drafting to meet requirements**

For each policy review there will be a designated Policy Author, identified and assigned by the Executive Director or Head of Service relevant to the scope of the policy.

The Policy Author, who will be a subject expert, will carry out a review of the policy, taking into account statutory and national requirements, current legislation, standards or best practice e.g. Care Quality Commission standards, NICE Guidance).

Library & Knowledge Services can carry out a literature search on request, where appropriate, of current evidence and good practice, including relevant legislation & national guidance updated/referenced in the policy (e.g. NICE, Royal Colleges guidance). The use of this service is not mandatory but is highly recommended.

#### **3.3.1 Impact on associated Standard Operating Procedures**

When considering new policies and changes, the Policy Author must consider whether related operational procedures will need to be revised.

#### **3.3.2 Equality (& Quality) Impact Assessment**

All public bodies have a statutory duty under the Equality Act 2010 to 'set out arrangements to assess and consult on how their policies and functions impact on equality'.

When drafting new policies or making changes, the Policy Author should follow the Trust's relevant EIA Guidance and record any review on the Policy Author Checklist.

Guidance notes and relevant forms can be found in these links and by searching staff websites:

[NCUH-Equality-Impact-Assessment-Guidance-Notes.pdf](#)

<http://cptportal.cumbria.nhs.uk/SiteDirectory/WF-OD/Shared%20Documents/Integrated%20Equality%20and%20Quality%20Impact%20Assessment%20V.04%20September%202017.docx>

#### **3.3.3 Policy Author Checklist**

This checklist is to assist Policy Authors and approving groups to ensure the policy meets the requirements of this policy.

The Policy Author should fill this in as the policy is being developed to detail key changes from the previous version and as a check that the correct format has been followed. It will accompany the policy document as it goes through approval and ratification, to record the outcomes.

The Policy Author Checklist is accessible on the Policy webpages:

CPFT: - <https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents>

NCUH: - <http://nww.staffweb.cumbria.nhs.uk/policies/index.aspx>

### **3.4 Consultation**

All changes to existing policies and new policies must be developed with the involvement of key stakeholders and undergo appropriate consultation on their content prior to seeking approval for the policy. Examples of appropriate consultation may include individual(s) with expertise in their fields (and other appropriate stakeholders such as working groups, committees, service user groups, governors).

The draft document must be accompanied by the Policy Author Checklist when sent for consultation.

Consultation should be proportionate to the changes made to existing policies, and the impact upon the organisation. Any change that affects the role or responsibility of an individual or group referenced within the document should only be made once approval has been gained from that individual/group.

As part of the consultation process the Policy Author will also consider the target audience of the policy i.e. which groups of staff need to know and comply with the content of the policy. The target audience will be clearly identified on the Policy in the Policy on a Page section, for example all nursing staff or all managers.

The Policy Author must detail the details of consultation activities on the Policy Author Checklist and on the Policy before arranging to submit for approval.

### **3.5 Approval by Subject Expert Committee/Board**

Policy approval routes will be through the Trusts' governance structures. This is in order to encourage ownership of policies at a local level.

Policy Approval routes are accessible on the Policy webpages, alongside guidance and templates:

CPFT: - <https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents>  
NCUH: - <http://nww.staffweb.cumbria.nhs.uk/policies/index.aspx>

The Policy Author will submit the final draft of the policy for approval with the Policy Author Checklist for all new or changed policies. Policies should not be approved without sufficient assurance that appropriate consultation has taken place during the development of the policy.

Policy approval groups will consider, in particular the content of the policy and whether:-

- Sufficient and appropriate consultation has occurred.
- The way in which the policy will be monitored is clearly described and achievable.

The approval group may require further changes or further consultation for the Policy Author to seek and they may require the policy to be resubmitted.

Approval must be minuted by the Chair of the appropriate approval group, with the Policy Author adding the date approved on the Document Control section of the policy and on the Policy Author Checklist.

The Policy Author should add details of consultation activities on the Policy Author Checklist and on the Policy before arranging to submit to the Corporate Governance Team for the policy's final ratification.

Contact details are on the Policy webpages:

CPFT: - <https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents>

NCUH: - <http://nww.staffweb.cumbria.nhs.uk/policies/index.aspx>

### **3.6 Ratification**

Following approval at the appropriate approval group, all policies will require ratification by the Policy Management Group (PMG) before they become a valid document for publication.

The Policy Author will submit the final draft of the policy for approval with the Policy Author Checklist to the Corporate Governance team for all new or changed policies.

#### **3.6.1 Screening**

The Corporate Governance team will carry out a Readiness Check of the submitted Policy and Policy Author Checklist to ensure the key information in the Document Control section has been completed in accordance with this policy.

#### **3.6.2 Policy Management Group Meeting (PMG)**

The PMG meeting is managed by the Corporate Governance team. Policies are reviewed at the meeting after they have been checked for their readiness.

All policies will be accompanied by a completed Policy Author Checklist, with details of key changes, consultation feedback and approvals gained.

The PMG will review the quality of all policies, by providing a 'sense check' role, including:

- As a lay person, does content & context make sense
- Are stakeholders relevant to content, and especially for joint policies
- Is Monitoring section clear & reflect key requirements
- Format meets requirements

Policy Authors will be advised of the outcome of this review – either that the policy has been ratified or not. If a policy is not ratified, the Policy Author will be asked to make specific changes and if required, re-submit for further consideration.

### **3.7 Publication and Communication**

The Corporate Governance team will publish ratified policies on the Trusts policy webpages:

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CPFT: -<https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents>.  
NCUH: - <http://nww.staffweb.cumbria.nhs.uk/policies/index.aspx>

If there is to be delay between policy approval and its implementation, the Policy Author must inform Corporate Governance Team in order for timely publication of the policy on the website.

The publication of new policies and changed policies is communicated to all staff using Trust Communication bulletins, with a brief description of the key changes from the previous version.

### **3.8 Implementation**

It is the responsibility of the Policy Author to ensure that there are suitable plans in place to implement the policy and any associated procedural documents and training programmes.

### **3.9 Policy Monitoring**

It is the responsibility of relevant Executive Directors to monitor whether policies are being effectively implemented and complied with.

Each policy will have a monitoring section, which sets out how compliance with the policy requirements will be monitored and evaluated through the Trust's Governance processes. The Policy Author must consider the level of risk/importance of the policy requirements when deciding what to measure. To avoid duplicated effort, they should consider whether there are any existing measures/reports produced that can be used for this purpose, rather than create new ones. All monitoring detailed should be agreed with the relevant responsible person, team or group.

### **3.10 Document controls including Archiving Arrangements**

The Corporate Governance team is responsible for documentation control, including central storage of policy documentation, archiving and will maintain an up to date register of all policies. These controls are managed under local standard operating procedures.

All policy documents and associated approval documents (e.g. Policy Author Checklists) are stored centrally in a secure location system and referenced to allow easy storage and retrieval when required. Version control is done through recording the ratification and next review date of a policy.

Archived policies are not to be used, other than for historical information. Access is therefore limited to the Corporate Governance team. Expired policies will be deleted from records after 10 years.

If staff wish to access an archived policy document they should contact the policy help desk. [PolicyHelpDesk@cumbria.nhs.uk](mailto:PolicyHelpDesk@cumbria.nhs.uk)

#### 4. TRAINING AND SUPPORT

There is no mandatory training required to fulfil this policy, however limited support and advice is available from the Corporate Governance team for authors requiring assistance/guidance with regard to the policy template and/or process.

#### 5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Effectiveness of the process and arrangements for policy management to support the timely review of policies and associated risks	<p>Review of the current status of the policy register.</p> <p>Sample audit (10%) of policies &amp; Policy Author Checklists submitted to PMG to review compliance.</p> <p>The results of recent Internal Audits on policy management</p>	Corporate Governance team	Audit & Risk Committee	6 monthly

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the Policy Management Group minutes
- Risks will be considered for inclusion in the appropriate risk registers

#### 6. REFERENCES:

None

#### 7. ASSOCIATED DOCUMENTATION:

All policy templates and guidance listed in this policy is available on the trusts' policy webpages:

CPFT: - <https://www.cumbriapartnership.nhs.uk/health-professionals/policy-documents>  
 NCUH: - <http://www.staffweb.cumbria.nhs.uk/policies/index.aspx>

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Equality Impact Assessment Guidance and relevant forms can be found in the Policy webpages:

[NCUH-Equality-Impact-Assessment-Guidance-Notes.pdf](#)

<http://nww.staffweb.cumbria.nhs.uk/trust-information/equality-and-diversity/index.aspx>

The Library & Knowledge Services can be requested by emailing: [library@cumbria.nhs.uk](mailto:library@cumbria.nhs.uk)

## **8. DUTIES (ROLES & RESPONSIBILITIES):**

### **8.1 Chief Executive / Trust Board Responsibilities:**

The Chief Executive and Trusts Board jointly have overall responsibility for the strategic and operational management of the Trusts, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

### **8.2 Executive Director Responsibilities: Associate Director of Corporate Governance**

All policies have a designated Executive Director and it is their responsibility to be involved in the development and sign off of the policies, this should ensure that Trusts' policies meet statutory legislation and guidance where appropriate. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

They will be responsible to ensure that policies are being effectively implemented and complied with.

### **8.3 Head of Strategic Planning & Risk responsibilities**

The Company Secretary is accountable for policy management arrangements within the trusts and discharges these duties through the Head of Strategic Planning and Risk.

The Head of Strategic Planning & Risk is responsible for ensuring an appropriate policy management and oversight framework is in place throughout the Trusts. In particular to include

- Managing a schedule of all policies with key identifying and approval detail
- Overseeing the quality of approved documents
- Making current policies accessible to all staff on the Trust's website
- Maintaining secure storage of current and archived versions of policies
- Regular communication of new and updated policies via the Trust's regular communications tools.
- Providing timely reminders to policy authors and responsible Executive Director when policies are due for review
- Providing reports to Audit & Risk Committee on policy management and any associated risks.
- Providing status updates to relevant governance and operational groups.

#### **8.4 Head of Workforce Futures**

The Head of Workforce Futures is responsible for reviewing equality impact assessments (EIA) for policies as required by relevant EIA guidance and for providing feedback to policy authors on how any identified adverse impacts could be mitigated.

#### **8.5 Policy Author Responsibilities:**

Policy Authors will be responsible for reviewing, developing and consulting upon policies in accordance with the principles of this policy.

They will be responsible, along with managers, to ensure that there are suitable plans in place to implement the policy and any associated procedural documents and training programmes.

#### **8.6 Managers Responsibilities:**

Managers are responsible for

- Ensuring that staff are aware of, and understand their responsibilities under policies
- Ensuring that policies are implemented within their service areas.

#### **8.7 Staff Responsibilities:**

All staff are responsible for co-operating with the development and implementation of Trusts' policies as part of their normal duties and responsibilities. They are responsible for ensuring that they maintain up to date awareness of corporate and local policies with regard to their own and their staff roles and responsibilities.

#### **8.8 Approving Committees Responsibilities: Compliance Board**

The Chair of the appropriate approving committee will ensure the policy approval is documented. The committee will agree the approval of the final draft of the policy.

For this policy the approving committee is Compliance Board.

#### **8.9 Audit and Risk Committee Responsibilities:**

The Audit and Risk Committee (ARC) has oversight of all aspects of risk management. It will, through its annual workplan, seek assurance that risks associated with policy management are effectively controlled. It will also make recommendations to the Board of Directors on the suitability of the Trusts' risk management strategy and for approval of a limited number of Trust-wide policies on internal control and compliance, such as the Raising Concerns Policy.

### 8.10 Policy Management Group responsibilities:

The PMG is responsible to ratify the quality of all policies prior to publication by providing a 'sense check' role, including

- As a lay person, does content & context make sense
- Are stakeholders relevant to content, and especially for joint policies
- Is Monitoring section clear & reflect key requirements
- Format meets requirements

## 9. ABBREVIATIONS / DEFINITION OF TERMS USED

Keep lists in alphabetical order

<b>ABBREVIATION</b>	<b>DEFINITION</b>
ARC	Audit & Risk Committee
CPFT	Cumbria Partnership Foundation Trust
EIA	Equality Impact Assessments
NCUH	North Cumbria University Hospitals Trust
NICE	National Institute for Health and Care Excellence
PMG	Policy Management Group

**10. DOCUMENT CONTROL**

<b>Equality Impact Assessment Date</b>	15/5/19
<b>Committee Name &amp; Approval Date</b>	Compliance Board 28 <sup>th</sup> May 2019

**History of previous published versions of this document:**

<b>Version</b>	<b>Ratified Date</b>	<b>Review Date</b>	<b>Date Published</b>
CPFT Document Dev Policy POL/002/001 v1.0	22/1/19	30/6/19	
NCUH Policy Development Policy RM01 v7.0	17/11/16	30/11/19	18/11/16

**Statement of changes made from version published:**

<b>Version</b>	<b>Date</b>	<b>Section &amp; Description</b>
1.0 CPFT POL/002/001	10/5/19	Aligned into Joint Policy v 0.1. Minimal changes from previous version <ul style="list-style-type: none"> <li>• Title change to Policy Management Policy</li> <li>• 3.1.1 Maximum review period extended to 4 years</li> <li>• Added webpage paths to both CPFT and NCUH policy pages.</li> <li>• 3.3.2 Updated with current requirement for Equality impact assessments.</li> </ul>
7.0 NCUH RM01	10/5/19	Aligned into Joint Policy v 0.1  This policy has been updated to reflect the current aligned arrangements for policy management across CPFT and NCUH. The key changes are <ul style="list-style-type: none"> <li>• Into Joint policy template and reordered and streamlined.</li> <li>• Title change to Policy Management Policy</li> <li>• Common templates published in 2018 for CPFT/NCUH are referred to and pathways detailed to their central storage on CPFT webpages</li> <li>• Approval routes for policies is now documented and a pathway to its central location is detailed. This is common for CPFT, NCUH and joint CPFT/NCUH policies</li> <li>• The requirements for all new and changed policies (CPFT, NCUH, Joint) to receive final ratification by the Policy Management Group before they are published</li> </ul>

**List of Stakeholders who have reviewed the document**

<b>Name</b>	<b>Job Title</b>	<b>Date</b>
Members of Policy Management Group	Members are from different Care Groups, both Trusts and Support Services	Sent 10/5/19
Kate North	Head of Workforce Futures & Inclusion (and Equality Impact Assessment Lead)	Sent 10/5/19
Simon Clarkson	Counter Fraud, Audit One	14/5/19