

Report to the Merton Clinical Commissioning Group Governing Body

Date of Meeting: 23rd January 2014

Agenda No: 6.5

Attachment: 8 – 12

Title of Document: Clinical Commissioning Group Policies	Purpose of Report: For Agreement
Report Author: Louise Morgan, Corporate Affairs, South London Commissioning Support Unit	Lead Director: Jenny Kay, Director of Quality, Merton CCG
<p>Executive Summary</p> <p>The Merton Clinical Commissioning Group (CCG) requires an agreed and documented process for developing and reviewing policies and for general policies management. This is captured in the Policy Development, Management and Review Policy. This policy was initially developed during the CCG authorisation process with an agreed review date falling within the first year of the CCG's business. The Policy has now been reviewed and minor changes have been made to reflect current CCG governance and accountability arrangements.</p> <p>Policy management is an iterative process and it is recommended that the first iteration of all major CCG policies receive Governing Body approval. Going forward, it is suggested that the CCG Governing Body delegates responsibility for approval of policies to the main CCG committees (Clinical Quality Committee and Audit and Governance Committee) as outlined in the policy, unless updates to a policy require a change to the CCG's constitution.</p> <p>The CCG Governing Body will retain accountability for policies and the policy process and will be informed of policy approvals via the minutes of the Committees. The CCG Governing Body will retain the ability to approve policies where this is required or where the subject matter warrants Governing Body consideration.</p>	
<p>Key sections for particular note (paragraph/page), areas of concern etc:</p> <p>*In the interest of streamlining Governing Body papers electronic copies of the full policies are available on request from the Board Secretary for Merton CCG.</p>	
<p>Recommendation(s):</p> <p>The Merton Clinical Commissioning Group Governing Body is requested to ratify the following policies:</p> <ul style="list-style-type: none"> • Policy Development, Management and Review Policy (Attachment 8) • Anti Bribery Policy (Attachment 9a* - see note in previous section) • Counter Fraud and Corruption Policy (Attachment 9b*- see note in previous section) • Non-Clinical Incidents policy (Attachment 10*- see note in previous section) • Serious Incident Policy (Attachment 11*- see note in previous section) • Patient Advice and Liaison Service and Complaints Policy (Attachment 12* - see note in previous section) • That, going forward, the Merton CCG Governing Body delegates responsibility for approval of policies to the main CCG committees (Clinical Quality Committee and Audit and Governance Committee) as outlined in the policy, unless updates to a policy require a change to the CCG's constitution. 	

Committees which have previously discussed/agreed the report:

Policy	Committee approval date
Anti Bribery Policy	Audit and Governance Committee (18 th June 2013)
Counter Fraud and Corruption Policy	Audit and Governance Committee (18 th June 2013)
Non-Clinical incidents policy	Clinical Quality Committee (due 17 th January 2014)
Serious Incident Policy	Clinical Quality Committee (due 17 th January 2014)
PALS and Complaints Policy	Clinical Quality Committee (due 17 th January 2014)

Financial Implications:

n/a

Other Implications: (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing)

n/a

Equality Analysis:

As per Equality Impact Assessment contained within the documents

Information Privacy Issues:

n/a

Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)

As per Freedom of Information Act (2000)

POLICY DEVELOPMENT, MANAGEMENT AND REVIEW POLICY

CCG Policy Reference: 01 (Merton CCG)

THIS POLICY WILL BE APPROVED BY THE CLINICAL COMMISSIONING GROUP (CCG) GOVERNING BODY, AND WILL HAVE EFFECT AS IF INCORPORATED INTO THE CONSTITUTION AS PART OF THE SCHEME OF DELEGATION.

Target Audience	Governing Body members, Committee or sub-Committee members and all staff working for, or on behalf of, the CCG
Brief Description (max 50 words)	This policy sets out the principles by which the CCG will develop, manage and review all policies and associated documentation.
Action Required	<p>Following approval at the CCG Governing Body, The Chief Officer will ensure that the requirements of this policy will be raised at all team meetings, and confirm the requirements with the chairs of each Committee or Sub-committee, and with CCG executives.</p> <p>Chairs of Committees or sub-Committees will identify the programme of review with the Accountable Director for each policy within their committee remit.</p> <p>Accountable Directors will identify policy owners for each policy within their remit.</p> <p>The Corporate Affairs 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.</p>

Approved: **To be completed**

Review date: 01.01.2015

Document Information:

Policy title: Policy Development, Management and Review Policy
 Reference/ version number: V8 FINAL
 Policy owner/author: Ben Vinter, South London Commissioning Support Unit
 Date approved: **To be completed**
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 Page 1 of 33

Title /Version Number/(Date)	Policy Development, Management and Review Policy
Document Status (for information/ action etc) and timescale	For implementation (01/01/2014)
Accountable Director	Chief Officer
Responsible Post holder/Policy Owner	Corporate Affairs Manager
Date Approved	To be completed
Approved By	CCG Governing Body
Publication Date	To be completed
Review Date	(01/01/2015)
Author	Ben Vinter, Deputy Director Integrated Governance, South London Commissioning Support Unit
Stakeholders engaged in development or review	Merton CCG Policy Quality Governance Group Merton CCG Executive Management Team
Equality Analysis	
This Policy is applicable to the Governing Body, every member of staff within the CCG and those who work on behalf of the CCG. This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This document demonstrates Merton CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.	
Contact details for further information	SLCSU.governance@nhs.net

Amendment History

This Policy is substantially based on a Policy developed by NHS North East Essex CCG and NHS South West London. This is gratefully acknowledged.

Version	Date	Reviewer Name(s)	Comments	Approving Committee
1	31/1/13	Ben Vinter	Development	N/A
2	28/2/13	Richard Moss	Review	N/A
3	1/4/13	Ben Vinter	Localised	N/A
4	17/04/13	Wasia Shahain	Review and amend	N/A
5	18/04/13	Jackie Moody	Review and amend	N/A
6	23/8/13	Jenny Kay	Review and amend	Policy Quality Governance Group

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

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

Associated Policy Documents

Reference	Title
Appendix 8: Section 5 p86	Merton CCG Constitution

Glossary

Policy title: Policy Development, Management and Review Policy
Reference/ version number: V8 FINAL
Policy owner/author: Ben Vinter, South London Commissioning Support Unit
Date approved: **To be completed**
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Page 2 of 33

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

CONTENTS

POLICY OVERVIEW	6
SECTION 1: LEGAL BASIS OF CCG POLICIES & TERMINOLOGY	7
SECTION 2: GOVERNING BODY RESERVATION OF & SCHEME OF DELEGATION FOR POLICY APPROVAL	9
SECTION 3: ROLE OF GOVERNING BODY COMMITTEES, SUB-COMMITTEES, ACCOUNTABLE DIRECTORS& POLICY OWNERS.....	13
SECTION 4: DUTIES OF POLICY OWNERS	15
SECTION 5: ENGAGEMENT IN THE REVIEW PROCESS	17
SECTION 6: POLICIES WITHIN THE CCG’S CORE BUSINESS	18
SECTION 7: POLICY REPOSITORY, ACCESS & ARCHIVING: ROLE OF CORPORATE AFFAIRS MANAGER	19
SECTION 8: DEFINING PROCEDURES SUBSIDIARY TO POLICIES.....	20
SECTION 9: MANAGING POLICY IMPLEMENTATION & TRAINING AND AUDITING POLICIES	21
SECTION 10: CCG FORMAT FOR POLICIES	22
SECTION 11: IMPLEMENTATION AND TRAINING PLAN FOR POLICY DEVELOPMENT POLICY	24
SECTION 12: AUDIT PLAN FOR POLICY DEVELOPMENT POLICY - Monitoring Statement	25
APPENDIX A – POLICY FRONT SHEET Template.....	26
APPENDIX B – DOCUMENT INFORMATION Template	27
APPENDIX C – CHECKLIST FOR APPROVAL OF POLICIES AND ORGANISATIONAL DOCUMENTS Template	28
APPENDIX D: IMPLEMENTATION AND TRAINING PLAN TEMPLATE	30
APPENDIX E: Merton CCG POLICY - Monitoring Statement Template.....	31
APPENDIX F: POLICY DEVELOPMENT and APPROVAL SUMMARY	32
APPENDIX G: EQUALITY ANALYSIS INFORMATION.....	33

INTRODUCTION

High quality organisational documentation is an essential tool of governance, which will help Merton Clinical Commissioning Group (CCG) achieve our strategic objectives, operational requirements and bring consistency to day to day practice. A common format and approved structure for such documents helps reinforce corporate identity, helps to ensure that policies and procedures in use are current and reflect an organisational approach.

All documents must undergo a rigorous process of development and be approved and monitored by the appropriate designated committee or subcommittee. This is to provide assurance to NHS England on relevant legal and statutory requirements, NHS Guidance and policy.

POLICY OVERVIEW

1. The CCG Governing Body will develop a range of policies to enable it to deliver the functions and duties of the organisation and will clearly define the requirements of policies and other documents.
2. The CCG Governing Body will identify those policies, which require Governing Body approval and establish a scheme of delegation for development & approval of policies.
3. Governing Body committees and sub-committees will establish arrangements for allocation, review, management and approval of policies that have been delegated.
4. A task and finish Policy Group will be established for 2013/14 to quality assure the policy development process.
5. All policies will have a designated owner within the CCG.
6. 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.
7. Policies will be incorporated into the core business of the CCG.
8. CCG policies will be accessible to all interested parties and only held in one place.
9. 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 or hyperlink.
10. Policies will have a clear and costed implementation plan attached as an appendix together with an appendix detailing the proposed audit arrangements.
11. Policies will be drafted in a standardised format.
12. All relevant policies will be assessed using Equality Analysis to identify impact on equalities. A flow chart summarising the policy development and approval process is set out at Appendix F.

SECTION 1: LEGAL BASIS OF CCG POLICIES & TERMINOLOGY

POLICY STATEMENT 1
THE GOVERNING BODY WILL DEVELOP A RANGE OF POLICIES TO
ENABLE IT TO DELIVER THE FUNCTIONS AND DUTIES OF THE
ORGANISATION AND WILL CLEARLY DEFINE THE REQUIREMENTS OF
POLICIES AND OTHER DOCUMENTS

1. The CCG has defined its high-level functions in the Constitution that it has adopted. The Standing Orders in Appendix 10 of the Constitution (version 11) state

“The CCG will from time to time agree and approve policy statements / procedures which will apply to all or specific groups of staff employed by Merton Clinical Commissioning Group. The decisions to approve such policies and procedures will be recorded in an appropriate group minute and will be deemed where appropriate to be an integral part of the CCG’s standing orders.”

2. In developing policies the CCG Governing Body, will take into account:

- Primary legislation – Health and Social Care Act 2012; The Equality Act 2010
- Secondary guidance – The Functions of Clinical Commissioning Groups (DH, Gateway ref 17005, June 2012); and
- Formal guidance – not applicable for this policy

3. During the transition period, and first year of operation to March 2014, the CCG Governing Body will review all policies which were agreed by NHS Merton CCG and assess the business requirement for the future. Policies will either be:

- Deleted
- Adopted without significant revision; or
- Fully revised and developed in accordance with this policy.

4. New or fully revised policies will be commissioned either by the CCG Governing Body or by the relevant CCG Committee or sub-Committee, as set out in the schedule of delegation within this policy at Section 2, and must be submitted for approval to the CCG Governing Body.

5. Until March 2014, all policies that are reviewed and adopted by the CCG Governing Body will be managed and reviewed in accordance with this policy, and future approval may be delegated to the relevant committee or sub-committee.

6. The CCG Governing Body and employees will adopt the following standard definitions of documents across the organisation:

A ‘policy’ is a comprehensive statement that sets out the 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 CCG 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:

- feel it is an inappropriate procedure to follow in the particular and usually extraordinary circumstances they face
- can provide and record documentary evidence to show that the procedure is not appropriate, or that an alternative approach should be taken
- have authority to depart from that procedure by management approval through a formal variation request to the Accountable Director

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 CCG Governing Body.

A 'guideline' is a document, which details rules, or principles that provides guidance for practitioners and others in their clinical or managerial decision-making. It allows choices to be made about how standards are achieved and about appropriate actions or behaviour in a given circumstance. Documentation to support the reasons for variance from the guideline would need to be completed and supported by evidence.

7. This glossary of terminology is not universal and other agencies may use different terminologies. For example, the word "protocol" is in wide use within the NHS, both in terms of clinical procedure & inter-agency agreement. Similarly, the word "policy" has been widely used within NHS organisations and often applied to matters that are (within this document) "procedures".

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

SECTION 2: GOVERNING BODY RESERVATION OF & SCHEME OF DELEGATION FOR POLICY APPROVAL

**POLICY STATEMENT 2:
THE CCG GOVERNING BODY 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 reviewed by the Audit and Governance Committee and
 - Approved by the Governing Body and
 - Have effect as if incorporated into the Constitution

2. Policies relating to procurement will:
 - Be commissioned by the committee(s) responsible for Finance and Performance.
 - Be reviewed by the Audit and Governance Committee and
 - Approved by the Governing Body and
 - Have effect as if incorporated into the CCG Constitution.

3. Financial procedures and any subsequent amendments will be:
 - Commissioned by the committee(s) responsible for Finance and Performance and
 - Reviewed and approved by the Audit and Governance Committee

4. Policies relating to Risk Management will be:
 - Commissioned by the Director of Quality and
 - Reviewed by the Clinical Quality Committee, where there may be an impact on clinical quality, and the Audit and Governance Committee
 - And approved by the Governing Body

5. Human Resource Policies applying to all groups of staff will be:
 - Commissioned by the Director of Quality
 - Reviewed by the Executive Management Team at a formal meeting
 - Approved by the Governing Body

- 6. Policies which involved substantial external consultation or which are likely to attract media attention will be approved by the Governing Body**

7. The responsibility for policy review will be delegated to a CCG Governing Body committee as in the schedule below. The committee will have the delegated power to review and make recommendations to the Governing Body for adoption of the policy. During the transition period and first year of operation of the CCG, that recommendation should determine whether the approval of any further revision of the policy can be delegated to the committee.

Committee	Policy Area delegated (Abbreviations shown for Referencing)
Governing Body	<p>To review and approve all policies associated with:</p> <ul style="list-style-type: none"> • Human Resources (HR); • Emergency Planning (EP); • Risk Management (RM); • Communications (Comm.) (including media and website) • Patient Engagement Strategy and Policy • Prime Financial Policies • Procurement • Regulation and Control /Corporate Governance (CG) (including Business Continuity and Legal Framework) • Clinical Priorities (including Service Restrictions) • Sustainable Development
Executive Management Team	<p>To review all policies associated with:</p> <ul style="list-style-type: none"> • Human Resources (HR); • Emergency Planning (EP); • Communications (Comm.) (including media and website) • Patient Engagement Strategy and Policy • Regulation and Control /Corporate Governance (CG) (including Business Continuity and Legal Framework) • Clinical Priorities (including Service Restrictions) • Sustainable Development <p>and make recommendations to the Governing Body.</p>
Clinical Quality	<p>To review and approve all policies associated with:</p> <ul style="list-style-type: none"> • Safeguarding (SG); • Health and Safety and associated secondary legislation (H&S); • Serious Incident Management (SIs) • Complaints and Patient Advice and Liaison Service (PALS) (C&P) • Patient Safety (PS) (including incident reporting) • Equality and Diversity (E&D) <p>To review and make recommendations where clinical services are affected:</p> <ul style="list-style-type: none"> • Risk Management
Audit and Governance	<p>To review and approve all policies associated with:</p>

	<ul style="list-style-type: none"> • Financial transactions or accounting processes; (FIN) • Claims • Information Governance (IG); • Standards of Business Conduct <p>To review and make recommendations to the Governing Body:</p> <ul style="list-style-type: none"> • Prime Financial Policies • Procurement (inc Competition Disputes) (Proc) • Risk Management
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8. In discharging its responsibilities, the CCG Executive will adopt a “portfolio” approach in which individual executives lead on and are accountable for specific areas of policy development. The Director of Quality will oversee the overall process, through a policy quality governance group, including quality assurance and timeliness of policy development.

Accountable Director (Director)	Policy area for which they are accountable
Chief Officer	<ul style="list-style-type: none"> • Health and Safety and associated secondary legislation (H&S) • Regulation and Control /Corporate Governance (CG) (including Business Continuity and Legal Framework) • Standards of Business Conduct • Sustainable Development
Director of Commissioning and Planning	<ul style="list-style-type: none"> • Provider Performance • Commissioning Intentions • Clinical Priorities (including Service Restrictions) • Education & Training • Sustainable Development
Chief Financial Officer	<ul style="list-style-type: none"> • Claims • Financial Management & Accounting • Financial transactions or accounting processes; (FIN) • Information and Communication Technologies • Prime Financial Policies • Procurement • Security Management • Standards of Business Conduct
Director of Quality	<ul style="list-style-type: none"> • Policy Development and Review (All Policies) • Caldicott Guardianship

	<ul style="list-style-type: none"> • Clinical Engagement • Clinical Quality • Communications (Comm.) (including media and website) • Complaints and Patient Advice and Liaison Service (PALS) • Emergency Planning & Business Continuity • Equality and Diversity • Human Resources • Patient Engagement Strategy and Policy • Patient Safety (including Incident Reporting) • Risk Management • Safeguarding (children & vulnerable adults)
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9. A schedule of policies and allocation /review dates will be maintained by the Corporate Affairs Manager.

SECTION 3: ROLE OF GOVERNING BODY COMMITTEES, SUB-COMMITTEES, ACCOUNTABLE DIRECTORS& POLICY OWNERS

<p style="text-align: center;">POLICY STATEMENT 3: GOVERNING BODY COMMITTEES AND SUB-COMMITTEES WILL ESTABLISH ARRANGEMENTS FOR ALLOCATION, REVIEW, MANAGEMENT AND APPROVAL OF POLICIES THAT HAVE BEEN DELEGATED</p>

1. The Governing Body Committee or sub-Committee Chair will maintain a standing agenda item for “Policy Review and Updates”, and with the assistance of the Corporate Affairs Manager, plan agendas to ensure that all policies associated with that committee are reviewed in a timely manner.
2. The Accountable Director 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.
3. The Governing Body committee or sub-committee will recommend to the Governing Body the review period for each policy associated with that committee. This will normally be three years unless specific circumstances suggest otherwise.
4. The Accountable Director will advise the policy owner of the appropriate approval process and ensure that the policy is discussed and recorded at a full meeting of the Committee or sub-Committee in the presence of the policy owner.
5. The Chair of the Governing Body committee will report the key points of the discussion and recommendations (in an appropriate level of detail) to the CCG Governing Body in Part 1.
6. The Committee secretary will ensure that the latest approved version of a policy is provided in the required format to the Corporate Affairs Manager and recorded in the CCG central register, under configuration control.
7. The Corporate Affairs Manager will ensure that the document is fully compliant with CCG requirements before being placed on the website. This will be achieved through the Policy Quality Governance Group in 2013/14.
8. 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 Committee or Sub-committee and their line manager (if different.)

9. The Accountable Director will be responsible for reporting this delay to the CCG Executive Management Team and the Corporate Affairs Manager, and proposing to the committee chair any interim extension to the policy if required.
10. Where the policy is delegated, then any delay in the review process and the proposal for interim extension must be notified to the Chair of the Governing Body, together with the proposal for managing the delay.

SECTION 4: DUTIES OF POLICY OWNERS

<p style="text-align: center;">POLICY STATEMENT 4: ALL POLICIES WILL HAVE A DESIGNATED OWNER WITHIN THE CCG</p>

1. The policy owner will be responsible for the drafting and review of the policy, in collaboration with appropriate and knowledgeable members of the CCG, ensuring that it is compliant with the law, regulation, guidance or best practice in place from time to time, and accurate and 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 Analysis (Appendix G) and discuss any issues arising with the Accountable Director and 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 complete an Implementation and Training Plan to identify actions that need to be taken, and by whom, to ensure proper awareness and application of the policy. This may include a range of issues such as:
 - the requirement to incorporate into mandatory training, or team training
 - the revision of contracts
 - Changes to current CCG practice
7. 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 Director.
8. Where minor amendments to a policy are required, the policy owner will amend the document and notify the Accountable Director and relevant committee chair.

9. The policy owner will notify the Corporate Affairs Manager and all those whose work is affected by any minor revisions to the policy of the nature of that revision.
10. Where a policy owner's post is vacant at the point of the review being due, the Accountable Director will inform the committee chair and CCG Executive Management Team and agree the most appropriate course of action.

SECTION 5: ENGAGEMENT IN THE REVIEW PROCESS

**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 Accountable Director and policy owner will identify the requirement for the policy to be maintained, developed or revised by linking it to the relevant primary and secondary legislation and guidance.
2. As a minimum, each policy must be reviewed at least once every three years.
3. 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. CCG staff
 - d. Trade Unions
 - e. Commissioning Support Unit staff
 - f. Any Providers where applicable.
4. 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 CCG Standards of Business Conduct policy. In the event of any doubt or concern, the policy owner will inform the Accountable Director of the facts of the matter. Substantive or potential matters of concern will be reported to the Committee or sub-Committee when it considers the policy.
5. The role of patient and/or carer representatives in the review of a policy will be clearly defined, and support given to ensure that the views of vulnerable groups are adequately represented.
6. Equality Analysis is a risk assessment tool designed to enhance, and also challenge, during the policy development process. It must be carried out early in the planning stage with sufficient time allowed for potential collaboration with other stakeholders. Guidance on Equality Analysis is set out at Appendix G. All policies must be written in plain English, with minimum use of acronyms or management jargon.

SECTION 6: POLICIES WITHIN THE CCG'S CORE BUSINESS

<p style="text-align: center;">POLICY STATEMENT 6: POLICIES WILL BE INCORPORATED INTO THE CORE BUSINESS OF THE CCG</p>

1. The policy owner will liaise with the relevant 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.
2. The CCG Governing Body will agree a core suite of policies that must be incorporated into the specification for any clinical procurement, and the CCG Executive Management Team will agree a standardised means of evaluating the tender responses against those requirements.
3. 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.

SECTION 7: POLICY REPOSITORY, ACCESS & ARCHIVING: ROLE OF CORPORATE AFFAIRS MANAGER

<p style="text-align: center;">POLICY STATEMENT 7: CCG POLICIES WILL BE ACCESSIBLE TO ALL INTERESTED PARTIES AND ONLY HELD IN ONE PLACE</p>
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1. All policies lodged in the central register held by the SLCSU Corporate Governance Team will be published on the CCG website and be available to the public.
2. The Corporate Affairs Manager, in conjunction with the policy owner, will contact all staff and Governing Body 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 CCG Executive Management Team has not agreed an extension date, it will be removed from public display on the website. This must only be done with the permission of the Director of Quality and / or the EMT
4. Only the Corporate Affairs Manager (or nominated deputy in their absence) can request that a policy is published or removed from 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 Affairs Manager or nominated deputy.

SECTION 8: DEFINING PROCEDURES SUBSIDIARY TO POLICIES

**POLICY STATEMENT 8:
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. In general, detailed procedures that are subsidiary to CCG policies should **not** be incorporated within the policy documents, nor created as separate policy documents.
2. Where the policy owner and approving Committee or 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 or as a hyperlink to another website.
3. Where the 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.
4. 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.

SECTION 9: MANAGING POLICY IMPLEMENTATION & TRAINING AND AUDITING POLICIES

<p style="text-align: center;">POLICY STATEMENT 9: POLICIES WILL HAVE A CLEAR AND COSTED IMPLEMENTATION PLAN ATTACHED AS AN APPENDIX, TOGETHER WITH AN APPENDIX DETAILING THE PROPOSED AUDIT ARRANGEMENTS</p>
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1. 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.
2. The Accountable Director will identify with the CCG Executive Management Team any resources required to implement a policy. . – whether that be time or money or specialist resource (such as facilitators for workshops or legal advice) – and validate these with the Finance Department
3. 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.
4. The policy owner will be required to monitor or audit the implementation plan at an agreed date and provide feedback to the Accountable Director
5. The Accountable Director and policy owner will be required to attend and report to the relevant Committee or sub-Committee the outcome of any audit of the policy.

SECTION 10: CCG FORMAT FOR POLICIES

<p style="text-align: center;">POLICY STATEMENT 10: POLICIES WILL BE DRAFTED IN A STANDARDISED FORMAT</p>
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Each CCG Policy will be allocated a unique identifier, using the conventions set out below:

1. CCG/Policy area/year approved/unique policy number.
2. Draft policies will be watermarked with the word DRAFT
3. Policy documents will be produced in Arial font size 12 and have a paginated, hyperlinked contents table.
4. All sections and paragraphs will be numbered.
5. So far as is possible all policies will be written in plain English.
6. All policies will contain the following sections as a minimum:
 - Introduction
 - Rationale
 - Scope
 - Definitions
7. All pages will contain a footer in font size 8 showing:
 - Policy title
 - Reference/ version number
 - Name of policy author/owner
 - Date approved/date for review
 - Page number and total number of pages.
8. Abbreviations must be kept to a minimum but may be used; 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.
9. The glossary will be included at the front of the policy as part of the Document Information Summary.
10. The front sheet for all policies will be as set out in Appendix A to this policy (see this front sheet for example).
11. A Document Information summary will be included, as set out in Appendix B.

12. The format for the Policy Approval Checklist for policies is included as Appendix C to this policy.
13. The format for the Implementation and Training plan is set out as Appendix D to this policy.
14. The format for monitoring policies, the Policy Audit plan, is set out as Appendix E to this policy.
15. The Approval Flow Chart is set out as Appendix F
16. All policies will be informed by an Equality Analysis, which will consider the effect of the policy on the organisation, and population that it serves. Further information is set out in Appendix G.
17. The policy development and approval process is summarised in a flowchart at Appendix F
18. All policies must demonstrate that they are evidence based.

SECTION 11: IMPLEMENTATION AND TRAINING PLAN FOR POLICY DEVELOPMENT POLICY

Target Group	Implementation or Training objective	Training Method	Individual/Team responsible for training	Target date for commencement	Target date for completion	Resources Required	Method of updating awareness during life of policy
Governing Body members	General awareness	Governing Body Presentation	Chief Officer	01/02/2014	31/03/2014	n/a	Staff briefings and general CCG comms
Accountable Director	Confirmation of accountabilities	One to one	Chief Officer	01/02/2014	31/03/2014	n/a	Staff briefings and general CCG comms
Corporate Affairs Manager	Development of register and subsidiary procedures	N/A	n/a	01/02/2014	31/03/2014	n/a	Staff briefings and general CCG comms
All staff	General awareness	Email notification and individual reading	Corporate Affairs Manager to circulate. Managers to ensure all staff in their team have read	01/02/2014	31/03/2014	n/a	Staff briefings and general CCG comms
Administrative Staff	Confirmation of specific accountabilities	Team meeting	Corporate Affairs Manager	01/02/2014	31/03/2014	n/a	Staff briefings and general CCG comms
Policy Owners	Understanding of Equality Act	Training session as part of OD Plan	Equality and Diversity Lead	01/02/2014	31/03/2014	n/a	Staff briefings and general CCG comms
Meeting Chairs	Managing Effective Meetings	Training session as part of OD plan	Corporate Affairs Manager to circulate	01/02/2014	31/03/2014	n/a	Staff briefings and general CCG comms
Governing Body	Agreement of core suite of policies to be included in procurements	N/A	Chief Finance Officer	01/02/2014	31/03/2014	n/a	Staff briefings and general CCG comms

SECTION 12: AUDIT PLAN FOR POLICY DEVELOPMENT POLICY – MONITORING STATEMENT

Policy Title: Policy development management and review policy

Policy Owner: Chief Officer

Approving Committee: CCG Governing Body

Group/committee responsible for ensuring actions are in place: CCG Executive Management Team

Aspect of the policy to be monitored	Monitoring Method	Individual/Team responsible for the monitoring	Frequency	Group/committee that will receive the findings/monitoring report	Actions taken by the Group/committee
Completion of reviews for all transferring policies	Review of Policy Register	Corporate Affairs Manager	Monthly	Policy Quality Governance Group	e.g. Report to CCG Executive Management Team as required
Completion of Equality Act training by all policy owners	Review of training records	Line managers	Annually	CCG Executive Management Team	e.g. Inclusion in PDPs where necessary
Agreement of standard policies for inclusion in procurements	Review of Governing Body minutes	As appropriate	As appropriate	CCG Executive Management Team	As appropriate

APPENDIX A – POLICY FRONT SHEET (Template)



Merton Clinical Commissioning Group

TITLE OF POLICY

CCG Policy Reference:

This policy replaces or supersedes Policy Ref:

Brief Description (max 50 words)	
Target Audience	
Action Required	

APPENDIX B – DOCUMENT INFORMATION (Template)

Vital information about this Document

Title /Version Number/(Date)	
Document Status (for information/ action etc) and timescale	For implementation (**/**/201*)
Accountable Director	
Responsible Post holder/Policy Owner	
Date Approved	
Approved By	
Publication Date	
Review Date	
Author	
Stakeholders engaged in development or review	
Equality Analysis	
This Policy is applicable to the Governing Body, every member of staff within the CCG and those who work on behalf of the CCG. This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This document demonstrates Merton CCG's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.	
Who to contact for further information	

History of Amendments

Version	Date	Reviewer Name(s)	Comments	Approving Committee

Corporate Objectives progressed by this Policy (please tick all relevant boxes).

[CCG to add objectives]			

Other policies associated with this Policy

Reference	Title

Glossary to aid understanding

Term	Definition

APPENDIX C – CHECKLIST FOR APPROVAL OF POLICIES AND ORGANISATIONAL DOCUMENTS (Template)

To be completed by Policy Owner and attached to any document which guides practice or organisational approach when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	Rationale		
	Are reasons for development of the document stated?		
3.	Development Process		
	Is the method described in brief?		
	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?		
	<u>Equality Analysis</u> Has an equality analysis been undertaken on this policy?		
	Has the Accountable Director undertaken a review, and signed off any mitigating actions to reduce any impact on protected groups?		
4.	Content		
	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?		
5.	Evidence Base		
	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?		
6.	Approval		
	Does the document identify which CCG committee/group will approve it?		
	If appropriate have third party organisations approved the document? (i.e. Staff Side bodies for HR matters/ partners for joint documents)		

	Title of document being reviewed:	Yes/No/Unsure	Comments
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
8.	Document Control		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
9.	Process to Monitor Compliance and Effectiveness		
	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?		
10.	Review Date		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?		

Accountable Director Approval

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

Name		Date	
Signature			

Committee or Sub-Committee /Governing Body 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 D: IMPLEMENTATION AND TRAINING PLAN TEMPLATE

Target Group	Implementation or Training objective	Training Method	Individual/Team responsible for training	Target date for commencement	Target date for completion	Resources Required	Method of Updating awareness during life of policy
Governing Body members	General awareness	Governing Body Presentation	Chief Officer	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]
Accountable Director	Confirmation of accountabilities	One to one	Chief Officer	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]
Corporate Affairs Manager	Development of register and subsidiary procedures	N/A		[CCG to Complete]	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]
All staff	General awareness	Email notification and individual reading	Corporate Affairs Manager to circulate. Managers to ensure all staff in their team have read	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]
Administrative Staff	Confirmation of specific accountabilities	Team meeting	Corporate Affairs Manager	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]
Policy Owners	Understanding of Equality Act	Training session as part of OD plan	Transformation and Delivery Manager	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]
Meeting Chairs	Managing Effective Meetings	Training session as part of OD plan	Transformation and Delivery Manager	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]
Governing Body	Agreement of core suite of policies to be included in procurements	N/A	Chief Finance Officer	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]	[CCG to Complete]

APPENDIX E: MERTON CCG POLICY (Monitoring Statement Template)

Policy Title:

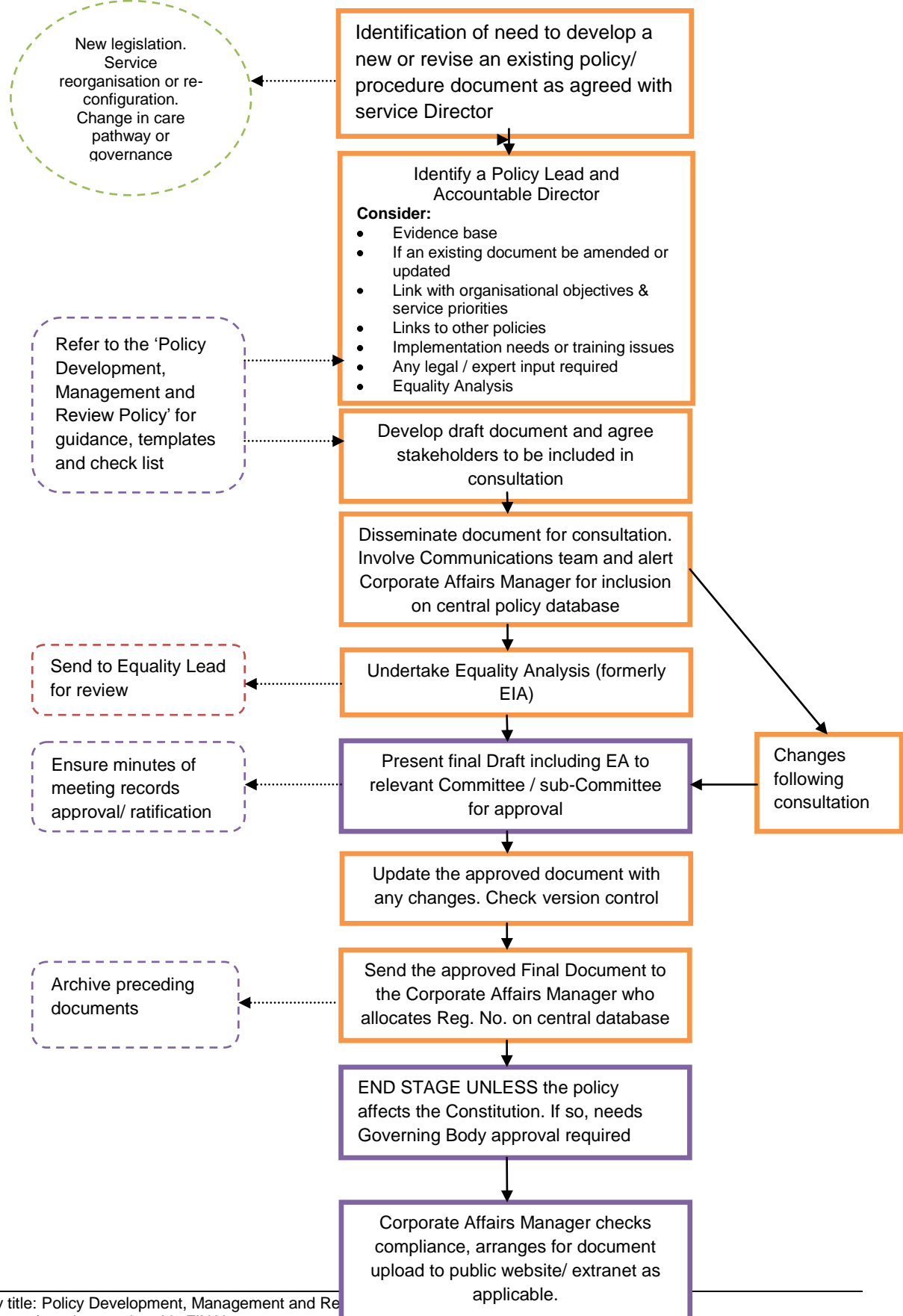
Policy Owner:

Approving Committee:

Group/committee responsible for ensuring actions are in place:

Aspect of the policy to be monitored	Monitoring Method	Individual/Team responsible for the monitoring	Frequency	Group/committee that will receive the findings/monitoring report	Actions taken by the Group/committee
Date Policy Approved by Committee/ GB	Committee Minutes				
Date Policy Rolled Out to Staff	Locate advisory Email				
Date Policy uploaded onto CCG website	Locate on website				
Date Training Started	Audit Against Implementation and training plan				
Date Training Completed	Audit Against Implementation and training plan				
Is Policy still current	Check current Policy has not passed review date				
Date Implementation Audited: [Enter Here]					
Are staff aware of Policy	Interview				
Have appropriate staff been trained	Training Records				
Is training part of the induction process for new starters	Induction Pack				
How are line managers assuring themselves that the Policy is being followed?	Interview				

APPENDIX F: POLICY DEVELOPMENT and APPROVAL SUMMARY



APPENDIX G: EQUALITY ANALYSIS INFORMATION

During the first year of operation to March 2014 the Merton CCG Governing Body has agreed to adopt the policies of its predecessor organisation therefore policy writers are referred to the NHS South West London Equality Analysis Guidance and Template available here:

<http://www.webarchive.org.uk/wayback/archive/20130322064522/http://www.southwestlondon.nhs.uk/About/Policiesandprocedures/Documents/SW%20London%20Equality%20Analysis%20Guidance%20final%20June%202012.docx>

The CCG is required to analyse the effect of any policy, practice, function or service change. The above tool supports the assessment of any document of service to test whether equality considerations and issues have been met, or mitigated.

Further information

For specific Guidance for NHS Employers click on this link.

<http://www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/Pages/Home.aspx>

To learn more about the Equalities Act (2010) click on this link

<http://www.equalityhumanrights.com/legal-and-policy/equality-act/>

To learn more about Protected Characteristics click on this link

<http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/protected-characteristics-definitions/>

To see more resources relating to Equality Analysis click on this link

http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/equality_analysis_guidance.pdf