

**Policy for polices, strategies and procedures**

Board library reference	Document author	Assured by	Review cycle
P072	Head of Corporate Governance/Deputy Company Secretary	Executive Team	3 years

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## 1. Introduction

Avon and Wiltshire Mental Health Partnership NHS Trust (the Trust) is committed to having a relevant library of documentation in place to govern how the organisation is managed. This documentation clarifies strategic and operational requirements and brings consistency to day to day practice by providing clear direction to employees.

The outcomes specified by the Board in strategies and policies will be congruent with the Board's overall strategy and business planning objectives and shall take into account applicable legal, regulatory and compliance requirements and any additional parameters set by the Board (for example, the Board's appetite for risk, or specified measures of performance and quality, or within an approved budget, etc.).

The common format of documentation reinforces the corporate identity of Trust guidance and can contribute to successful achievement of Trust objectives.

Approved strategies and policies are an extension of the Trust's Standing Orders, for which the Board reserves the right of approval. The Board has delegated authority for the approval of strategies and to its Board sub-Committees and policies to the relevant Executive team member. The approval process ensures that procedural documents have undergone appropriate development and quality checking processes.

Trust strategies and policies will be supported by procedures where necessary.

## 2. Purpose

The purpose of this policy is to ensure the production of documents which guide practice (strategies, policies and associated documents) adheres to consistent standards and that the lifecycle of these documents is managed in accordance with current corporate governance arrangements. This policy defines the standard approach required by the Trust.

## 3. Scope

This policy is to be referred to by all staff employed by the Trust when assigned responsibility for development of any document which guides practice (strategies, policies, standard operating procedures and procedures).

## 4. Definitions

### 4.1 Strategy

A detailed plan for achieving organisational success.

### 4.2 Policy

A statement of the Trust's agreed position and governing principles relating to particular issues or situations.

### 4.3 Standard Operating Procedure (SOP)

A procedure for undertaking a particular task to meet a required standard.

### 4.4 Procedure

A set of actions which are the official or accepted way of doing something.

#### **4.5 Guidance**

Advice or information aimed at resolving a problem or difficulty, especially as given by someone in authority – usually provided by a regulatory/professional body.

#### **4.6 Enabling strategy**

A strategy defined by the Trust as key to achieving its Clinical Strategy, which has been recognised as the Trust's leading strategy.

#### **4.7 Governing document**

Any document approved by the Trust to govern how the organisation is run. This includes strategies, policies, SOPs, procedures and other guidance documents.

### **5. Policy description**

#### **5.1 Document Lifecycle**

The lifecycle of a document shall consist of the following stages:

- Authoring
- Consulting
- Scrutiny and approval
- Publishing and circulation
- Maintenance and review
- Disposal or archiving

#### **5.2 Authoring**

The Executive Director shall nominate a lead author to write the relevant document (strategy, policy, SOP or procedure as appropriate) and advise on the involvement of stakeholders as necessary.

All strategies, policies, SOPs and procedures must be produced and reviewed in line with this policy. It is the responsibility of the author to ensure that the document meets the style requirements of the Trust, and takes account of the standards set by this policy.

Each new document shall be written using the appropriate template contained within the document development standard operating procedure found at section 9.

#### **i) Impact Assessments**

Authors are responsible for undertaking impact assessments prior to submitting a strategy or policy for approval.

#### **5.3 Consulting**

The document author shall identify all relevant stakeholders to be consulted with as part of the authoring process and lead a process of consultation as part of the development of the document. Effective involvement and participation is required to ensure that, so far as is practical, stakeholders feel that they have an advance understanding of the intentions and implications of any new governing document.

Any policy that impacts on terms and conditions of employment shall be subject to formal consultation with the General Negotiating Group. This includes relevant policies in relation to staff safety.

## 5.4 Scrutiny and approval

Governance arrangements for approval of governing documentation are as follows:

Document type	Approval route
Enabling strategies	Trust Board
Strategies	Board Committees
Policies	Relevant Executive Director
Standard Operating Procedures (SOPs)	Deputy Director or Associate Director or Head of Department
Procedures	Deputy Director or Associate Director or Head of Department
Guidance	Head of Department

Trust management groups may review draft documents prior to recommending them to the relevant Executive Director, or other staff member for approval. Scrutiny by management groups will ensure that each document achieves the highest standards of fitness for purpose and suitability for implementation in the Trust. This must include an assessment of whether the document is factually correct, is constructed and developed in accordance with this policy, and the impact it will have if approved.

Management groups do not have the authority to approve any governing document.

Once the document has been approved, it must be forwarded onto the Head of Compliance for publishing as detailed below.

## 5.5 Publishing and Circulation

### i) Strategies and policies

Strategies and policies must be published in the Board Document Library on Ourspace.

### ii) SOPs and procedures

All SOPs and procedures should be related to a policy.

SOPs must be published in the Document Library on Ourspace.

Procedures should be published on Ourspace on the relevant departmental or local pages.

The Head of Compliance will advise managers of the publication of the document via the 'policy alert system'.

## 5.6 Guidance

Guidance must be published on the relevant department pages of Ourspace

## 5.7 Enacting

A governing document is not considered to be effective until it is published on Ourspace.

The date from which a policy/strategy document is effective and comes into force shall be known as the “go live date”.

Both the approval date and the go live date shall be recorded when the document is published in the relevant repository on Ourspace.

## 5.8 Maintenance and review

### i) Strategies and policies

All new strategies and policies shall adopt a maximum review date of 1 year from the date of approval.

Existing policies may have later review dates up to a maximum of 3 years.

### ii) SOPs and procedures

All SOPs and procedures must be reviewed when the relevant policy is reviewed.

### iii) Guidance

All guidance must adopt a maximum review dates from the year of publishing.

### iv) Minor changes to all documents

Minor changes to all documents, e.g. administrative changes, updates including change of organisations' names that do not change working practice / guidance can be signed off at Executive level or the Executive's nominated deputy, associate director or head of department.

### v) All documents

Review dates of any document may be brought forward should this be appropriate, for example as a result of changes in legislation, statutory guidance, inspection and regulation or recommendations from external monitoring bodies.

## 5.9 Retention and disposal

The documents are corporate records and shall be managed in accordance with the Trust's [Records Management Policy](#).

An audit trail of all previous versions of documents is required for auditing purposes and shall be automatically stored by the designated Ourspace libraries.

Documents must be disposed of in accordance with Trust's [Records Management Policy](#).

## 6. Roles and responsibilities

### 6.1 Trust Board

Trust policies and strategies shall specify the outcomes the Board requires from the Trust, and the parameters within which those outcomes are to be achieved.

## 6.2 Board Committees

Trust Standing Orders state that the Trust Board has delegated responsibility for approval of policies and strategies to its Executive Directors. It is the responsibility of the Executive Directors to ensure that all policies and strategies are reviewed in accordance with this policy.

## 6.3 Company Secretary

The Company Secretary is the accountable director for this policy.

## 6.4 Management Groups

Management Groups are responsible for scrutinising draft or reviewed policies and strategies.

This scrutiny is intended to provide a quality-assurance process to ensure that each policy and strategy document achieves the highest standards of fitness for purpose and suitability for implementation in the Trust. This must include an assessment of whether the document is factually correct, is constructed and developed in accordance with this policy, and the impact it will have if approved.

## 6.5 Head of Compliance

The Head of Compliance has management responsibility for:

- Maintaining the policy and ensuring compliance with the review schedule;
- Uploading approved documents to Ourspace
- Maintaining master versions of all documents
- Archiving superseded and previous versions of policies within Ourspace
- Notifying managers via the policy alerts system of new and updated documents
- Reminding policy authors when a document is due for review
- Providing a monthly report, as appropriate to the relevant committees of the status of the Trust policy library.
- Advising on retention schedules for all documents.

## 6.6 Managers

Managers are responsible for cascading the policy alert to their teams and supporting staff to comply with the requirements of this policy.

## 6.7 All staff

All staff and those persons exercising the functions of the Trust have a personal duty to work within the provisions of approved policies and strategies.

## 7. Monitoring or audit

The Head of Compliance shall review the Board document library at least annually and report on outcomes of this audit to the Executive Team/

## 8. References

[Strategy Template](#)

[Policy Template](#)

[Procedure Template](#)

[Strategy on a Page template](#)

[Policy on a Page template](#)

[Strategy/Policy Summary](#) (for new policies)

[Policy Change Document](#) (for existing policies)

[Conducting Impact Assessments Procedure](#)

[Policy Alert System Procedure](#)

## **9. Appendices**

### **9.1 [Document development standard operating procedure](#)**

Version History				
Version	Date	Revision description	Editor	Status
1.0	27/01/2010	Revised to reflect current Board Governance arrangements, including Board Committees, EMT Management Groups, revised CNST requirements, provisions for the administration of Terms of Reference, and a change to the status of Guidance documents.	Company Secretary	Approved
2.0	03/03/2011	Approved by Trust Board	Head of Risk and Compliance	Approved
3.0	24/10/2012	This policy has been subject to a quite radical re-write to align it with the Trust's changing governance structures, to take account of desired EMT changes regarding this policy and to continue to satisfy CNST requirements.	Head of Risk and Compliance	Approved
4.0	13 February 2014	Policy approved.	Audit and Risk Committee	Approved
5.0	17/05/2016	Approved by Audit and Risk Committee	Head of Corporate Governance/Deputy Company Secretary	Approved
6.0	20/06/2017	Administrative changes to reflect current practice in following review of existing practices and approval of policy management proposal by the Executive Team, August 2016 and renamed.  Approved by the Executive Team	Head of Compliance	Approved