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<b>Summary Report – Trust Board Meeting (Part 1)</b>	<b>Date: 31 October 2012</b>
<b>Report Title: Update on Policy for Policies</b>	
<b>Agenda Item: 13</b>	<b>Enclosures: Appendix 1 – Development &amp; Management of Procedural Documents</b>
<b>Sponsor: NCAS Director</b>	<b>Presenter: NCAS Director</b>
<b>Report Author: Head of Risk &amp; Compliance</b>	
<b>Report discussed previously at:</b>	<i>EMT/Board Committee/TWMG/other</i>

<b>Purpose of the Report and Action required</b>		
The purpose of this paper is to seek approval to the revised Policy for Policies	Approval	X
	Discussion	
	Information	

<b>Executive Summary of Key Issues</b>
This policy has been substantially revised and requires Board approval.

<b>Which Strategic Objective does this paper address</b>	
A sustainable value for money business	Yes
Excellent service user access and experience	Yes
Excellent partnership working with other organisations	Yes
Effective engagement and improvement in staff satisfaction	Yes

<b>Link to Fit for the Future Implementation Plan</b>	
<i>Specify objective number</i>	N/A

<b>Corporate Impact Assessment</b>	
Quality and Safety implications	<i>A robust policy framework is a key quality and safety requirement.</i>

<b>Recommendations to other committees</b>
<i>Not applicable.</i>

<b>Recommendation/Decision</b>
The Board is recommended to <b>approve</b> the recommendation at paragraph 4.

# Update on Policy for Policies

## 1. Introduction

The purpose of this report is to seek board approval to the Development and Management of Procedural Documents Policy.

## 2. Analysis and Discussion

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.

Significant changes include:

### Alignment with own Standards

The existing policy did not adhere to its own standards, therefore sections have been added regarding policy statement, standards and training and greater use of hyperlinks to other key documentation have been made.

### Terms of Reference

The current policy scope included terms of reference. These are not policy and seem an odd fit within this policy and have therefore been deleted.

### Committee Structure

Mention of management groups and the requirement for EMT initial verification of policies has been eradicated. The function previously provided by management groups has been reallocated.

The allocation of policy approval authority has been aligned with the new governance system.

### Key Policy Principles

These have been deleted to de-clutter the policy, however, these principles have informed the terms of reference of the Policy Assurance Group, described below.

### Policy Referencing

EMT have previously agreed that it would be desirable to move to a simple sequential numbering system for policies, however, this has never been a priority and impending external inspections have hindered change. The current policy numbering system however is increasingly losing its relevance as the Trust restructures, and therefore a controlled change process to the new numbering system is now underway.

## Update on Policy for Policies

Additions to the policy include:

### Policy Assurance Role

Responsibility for assuring policies has been liberated from the existing management groups but a new function has been taken on by the Risk and Compliance team to assure all policy prior to its submission to the approving committee. They will test that:

- Appropriate consultation has taken place
- The author can evidence that the policy is consistent with the Board's specified aims, objectives and business plans
- The author can evidence that the policy is legally and regulatory compliant
- Clear, concise, and unambiguous language is used.
- Adherence and responsiveness to impact assessments and policy checklist

as well as maintaining the policy library to ensure it is up to date.

### Strategy

EMT has a longstanding wish to adopt standards for Strategy and work to achieve this continues, which will be hyperlinked from the policy.

### 'Policy on a Page'

To address staff and managers' concerns about policy dissemination, policy authors are now additionally expected to produce a policy on a page for their policies, ie, explain why is the policy is relevant and what changes have been made that staff particularly need to be sighted on. This will be distributed alongside the policy via the Policy Alert System.

### Management of Procedures/Guidance Libraries

An unintended side effect of removing procedures, guidance, templates, etc. from policies means that these types of procedural documents are not subject to the same level of scrutiny as policy, yet are often the documents that staff rely upon to fulfil their duties. The revised policy places the responsibility for approving these documents with the responsible Executive Director, supported by their senior management team.

Such procedural documentation is currently posted somewhat randomly on different directorate Ourspace pages and there is no overall log or tracking that these documents remain current, accessible and fit for purpose. Similarly there is no log of Standing Operational Procedures held operationally.

## **Update on Policy for Policies**

To strengthen the control framework, work is underway for each directorate and SBU to have one nominated individual (and a back-up) who has responsibility for maintaining a log of such procedural documentation and working with their Director to ensure currency, etc.

### **3. Conclusion**

This policy is a key CNST policy, which sets the standards for all of the other policies that CNST assess. Extensive consultation has been undertaken in respect of these changes, which have received wide support.

### **4. Recommendation**

The Trust Board is recommended to approve this policy.