

Governance of Trust Policies – PB001

Why we need this Policy

Effective Policy management forms part of the Trust’s Risk Management Strategy and is a requirement of assurance processes to ensure that the Trust has safe and effective services. It is also frequently a regulatory requirement.

What the Policy is trying to do

The purpose of this Policy is to describe the Trust’s approach to governance of Policies and applies to all Policies.

Which stakeholders have been involved in the creation of this Policy

- The Trust’s Executive Team
- Trust Policy Board attendees

Any required definitions/explanations

A ‘Policy’ is defined, for the purposes of this document, as ‘a course or principle of action that is formally adopted by the Trust via its Policy Board to ensure that services are safe and effective.’

In addition, departments of the Trust may create protocols, procedures, guidelines and other documents that are not formally adopted by the Trust via its Policy Board.

Any abbreviations used are explained the first time that they occur.

Key duties

- **Trust Policy Board** is the main forum for considering, reviewing and improving the Trust's approach to Policy management and reports to Quality and Governance Committee.
- **The Director of Nursing** chairs Trust Policy Board and acts at the Board's main agent for considering, reviewing and improving Policy.
- **The Trust's Policy Lead** has responsibility for administering Policy and supporting Trust Policy Board and the Director of Nursing.
- **The Equality and Diversity Officer** is responsible for advising to ensure that Policy authors have given due regard to eliminating discrimination in accordance with the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- **Policy Authors** are responsible for originating and managing Policy relating to their specialist areas.
- **Managers, Team Leads and Heads of Service** are responsible for ensuring the effective implementation and dissemination of Policies within their area.
- **The Communications Team** has responsibility for ensuring effective publication of Policy on the Trust's intranet.

Policy detail

General principles. In accordance with the principles of internationally recognised quality management systems, the Trust believes the effective formulation, dissemination and compliance with Policy to be a key tool in the provision of safe, effective care. However, a careful balance needs to be struck between the desire to prescribe how staff should behave and their actual capacity to understand, interpret and apply a body of Policy.

Trust Policy Board therefore intends that all Policy will be scrutinised, and challenged as appropriate, to ensure that it is:

- Absolutely necessary;
- Simple and clearly worded;
- Able easily to be disseminated to relevant staff;
- Able to be complied with; and
- Able to be assessed for effectiveness *as well as* compliance.

Generally, Trust Policy falls into one of the following subject areas:

- Human Resources;
- General clinical Policies;
- Infection prevention & control;
- Medicines management;
- Health and safety;
- Information technology/governance;

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- Finance; and
- Risk Management.

Each area has nominated subject matter experts who can advise on the effective creation of Policy and how it can best be operationalised.

Process. All Policy shall initially be reviewed by subject matter experts and approved by the nominated responsible committee group before being brought forward to Trust Policy Board for ratification. Policy leads will be reminded 6 and 3 months prior to the review date to ensure policies remain within timescales and up to date. Any exceptions for escalation will be raised with Executive Board.

Once ratified the Policies will be stored in the Trust's shared drive and be uploaded to the Trust's Intranet within 2 weeks of the meeting.

In addition to the above, Board members and committees may authorise the issue of Policies outside of the process set out in this Policy when the need arises. When this occurs it will be noted at the next meeting of Trust Policy Board.

The Policy Lead maintains a database of Trust Policies with a RAG system alerting which Policies are due for review.

All Policies will generally be reviewed and refreshed on a three yearly cycle unless there is a requirement to do so on a more frequent basis.

All Policies (and Policy changes) must consider the impact on service users and carers and, where appropriate, Policies should be developed in conjunction with service users and carers. All key stakeholders should be consulted and their engagement recorded in the Policy.

All Policies shall include an Equality Impact Assessment using the same convention as that used in *this Policy* (see below) so as to show that 'due regard' has been taken regarding protected characteristics.

Authors should use the same (or substantively similar) headings as those used in *this Policy*:

- Why we need this Policy;
- What the Policy is trying to do;
- Which stakeholders have been involved in the creation of this Policy;
- Any required definitions/explanations;
- Key duties;
- Policy detail;
- Training requirements associated with this Policy;
- How this Policy will be monitored for compliance and effectiveness;
- For further information;
- Equality considerations; and
- Document control details.

The Microsoft Word template that has been used for the creation of *this Policy* shall be used for all Policies. Key features are summarised below.

- The Trust's logo is appended to the top right hand side of the first page.
- The 'normal' font used is Calibri 11. The 'Heading' fonts used are Cambria (cf the 'styles' tab in Microsoft Word).
- 'Normal' margins are applied.
- All text is left justified.
- Numberings and bullet points may be used where they enhance layout.
- Flow charts, diagrams and tables may also be used at the discretion of the author.
- A standard page numbering convention is used (Calibri 9, bold, italic, right justified).

Trust Policy Board shall notify relevant committees, department heads and relevant Executive Directors of any Policies adopted at the time that they are approved. This shall include advising the relevant person/people of their obligations to ensure that compliance with and the effectiveness of the Policy is appropriately monitored.

Protocols, procedures and guidelines. Departments may create their own protocols, procedures and guidelines. Where appropriate these can be referenced in formally adopted Policies. These do not need to conform to a particular template, do not need to be formally to be adopted or ratified at Trust Policy Board, and should instead be approved by the relevant responsible committee, Executive Director or their nominee. As a general rule, it is recommended that all such documents are stored on the Trust intranet for ease of access and to ensure appropriate document control.

Training requirements associated with this Policy

None.

How this Policy will be monitored for compliance and effectiveness

This Policy will be reviewed for compliance/effectiveness by the Executive Team and Trust Policy Board each year.

For further information

Please contact the Trust Policy Lead, Director of Nursing or Director of Corporate Governance

The Trust's body of Policy can be found here:

<http://thestaffroom.nhft.nhs.uk/documents>

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No further references, bibliography or web links are provided for this Policy.

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;
- Sexual orientation;
- Sex;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy and does not believe that there are any specific equality considerations that need to be taken into account.

(a) Line Managers should ensure that staff returning from maternity or paternity leave are given time to update themselves on any changes made to the policy.

(b) Equality Considerations - Should the reader of this policy or any other group believe they are disadvantaged by anything contained in this policy, please contact the Equality & Inclusion Manager, who will then actively respond to the enquiry.

Reference Guide

All statements, quotes, pictures or ideas taken from another person must be acknowledged within your work. Within your text you cite (quote) brief details at the point at which you refer to it (the citation) and then give full details (bibliographic reference) in a list at the end of the work.

Please see link for Northamptonshire Healthcare NHS Foundation Trust Library Services 'A Guide to References and Citations'.

<http://thestaffroom.nhft.nhs.uk/search?term=citations&search=Search&searchType=all>

Document control details

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Author:	Trust Policy Lead
Approved by and date:	04.12.18
Responsible Committee	Trust Policy Board
Any other linked Policies:	None
Policy number:	PB001
Version control:	Version 2

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
1.0	08.12.2015		08.12.2018	New governance of trust policies template.
2.0	04.12.18	04.12.18	04.12.21	Review – updated job titles and web links