Tower Hamlets GP Care Group Procedure for the Development and Management of Policies

Date Issued	October 2016
Date to be reviewed	Periodically or if statutory changes are required
Title	Procedure for the Development of
Supersedes	All previous Policies
This policy will impact on	All staff
Financial Implications	No change
Policy Area	Governance
Version No	1
Issued By	Governance Team
Author	Governance Team
Document Reference	
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Approval Record

	Committees / Groups / Individual	Date
Consultation	Quality, Safety & Governance Committee	
Approved by	Dr Joe Hall Chair, Goverance Committee	February 2017

1. Introduction

Good policy management underpins all clinical and non-clinical processes within the THGPCG to ensure that they are consistent, safe and effective.
For the purposes of this procedure the word 'policy' refers to policies, procedures, protocols, patient pathways and guidelines

2. Identifying the need for a new policy

Indicators that a new policy is required include

- An issue has been identified which indicates significant and ongoing risk to staff members, service users or the organization and there is no current guidance for staff
- There is no existing policy which covers the suggested topic
- National or other directives indicate a need for local action
- There is a change to existing national policy which need to be reflected in local guidance

Consideration must be given to whether there is an existing policy in place which could be revised to include any new requirements.
The need to write a new policy should be agreed by the appropriate Director.

3. Document Type

The following definitions can aid the author in deciding what type of document is required.

Policy	A set of statements documenting the standards, intentions and expectations of how a course of action will be implemented and adopted. It is considered binding and may have contractual consequences for the employee
Procedure	Detailed guidance about how a particular task should be carried out. The step-by-step guide will enable anyone not familiar with the organization to complete the task
Protocol	A formal set of steps to follow in order to achieve a specific outcome, specifically agreed for designated staff. Deviation from the protocol is acceptable if this can be justified and the rationale for doing so is documented
Guidelines	Systematically developed, evidence-based statements that assist in decision-making about appropriate healthcare for specific clinical conditions
Standards	Statements specifying a required level of performance for the purpose of monitoring or auditing
Codes of Practice	Laid down specification of standards which have to be met within a legal framework
Codes of Conduct	Standards laid down which have to be adhered to by members of that profession or a specified group
Pathway	A systematic plan and follow up for a service user focused care programme

4. Writing the Policy

4.1. All policies must be written using the THGPCG standardized template

4.2. The policy must
- Clearly state to whom the policy applies
- Associated documents and references must be clearly referred to
- Abbreviations must only be used after being written in full the first time
- The body of the text should be in font Arial 12
- All documents must remain watermarked as draft until they have been approved

4.3 **Leadership, Education and Development Training Needs Analysis**
Where applicable, policies must include a Training Needs Analysis (TNA). If there are no training requirements, this should be clearly documented in the policy

4.4 **Equality Impact Assessment**
The policy must contain clear evidence that the likely impact of any policy on the different communities and groups to whom THGPCG teams deliver services has been considered

4.5 **Privacy Impact Assessment**
if the policy relates to any information governance issues (e.g. data sharing issues, mobile working processes, record keeping policies) the policy must include an assessment of the risks and mitigation solutions.

4.6 **Best Practice**
A literature review should be undertaken to ensure that the most current and evidence based practice are used to inform the policy. The following are examples of useful resources
- Department of Health
- Care Quality Commission
- National Institute for Health and Clinical Excellence
- Royal Colleges and Professional Bodies
- Cochrane Library
- NHS Employers

4.7 **Naming Convention**
Refer to appendix one for naming convention

5. Consultation & Approval

5.1 Consultation: once drafted the policy should be sent to a sample of the target audience for comments

5.2 Approval: the final draft of the policy will be received and approved by the relevant committee and signed by the committee chair

5.3 Appendix two includes a flow chart of the procedure for quick reference

6. Dissemination

Once signed the policy will be sent to the policy administrator who will upload the document to the THGPCG website. A bulletin will then be sent to all relevant staff to inform them of the new/revised policy

7. Implementation

It is important that all directors and authors give consideration to what needs to happen to get a policy embedded in practice. Policy authors should develop an implementation plan as part of the policies development. Policies without an implementation plan should not be approved by the committee

8. Monitoring Compliance

The effectiveness in practice of all policies should be routinely monitored to ensure the documents objectives are being met. The process for how the monitoring will be performed should be included in the policy

9. Review

All policies must be reviewed by the author at least every 3 years. Earlier review will be required if changes in legislation occur or new evidence becomes available.

10. Version Control

The current version of the policy will be made available on the THGPCG website staff section. For

the version numbering convention refer to appendix one. The Policy administrator will maintain a library of the latest and all historic versions of policies. The archive will be available to assist the investigation and resolution of complaints, claims and incidents

Appendix One

Naming Convention

Policy Area	Prefix	Suffix
Corporate	THGPCG	Policy *Title*
Human Resources	THGPCG	Policy *Title*
Governance	THGPCG	Policy *Title*
Information Governance	THGPCG	Policy *Title*
Service Specific S.O.P	Service initials (eg HV for Health Visiting, OOH for Out of Hours)	Standard Operating Procedure then *Title*

Version Numbering

1. New Policies will be called v1 and all subsequent revisions prior to sign off for publication will have a consecutive sub number (eg 1.1, 1.2 etc) the final version retain the last number used for the draft
2. Revised policies will take the next whole number and follow the convention above for subsequent changes prior to final approval (eg 2.0, 2.1 etc)

GP CARE GROUP CIC
LOCAL PEOPLE, LOCAL HEALTH

Appendix Two

Procedure for Developing & Approving Policies

Stage	Description
Identify Need	• Individual or service determines need for policy • At least one member of SMT agrees to sponsor policy
Draft	• SMT sponsor appoints responsible team member to draft policy using THGPCG standard template
Stakeholder Input	• Draft is shared with stakeholders (including staff and service user/patient forums where appropriate) and feedback incorporated
Committee review	• Final draft is sent to relevant committee for comment • Feedback incorporated into final draft
Approval	• Chair of committee circulates to Board members at least 2 weeks in advance of Board meeting for comment and incorporates any changes • Board approve final policy
Commmunicate Policy	• Sponsoring SMT member posts to on line Policy library and liaises with Communications team to issue announcement
Training * Compliance	• Responsible team member delivers additional strategic communication with teams affected by policy and arranges training where required
Review & Update	• Routine review every 2 years will be initiated by Policy Administrator • If service determines need for review they will notify the Policy Administrator
Archive	• Policy Administrator maintain archive of all retired and withdrawn policies