

***Policies, Protocols, Guidelines and Procedures***

**POLICY PROTOCOL**

***This document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000.***

**The most up to date policy will always be available under Policies and Procedures on the PCT's Intranet and copies should be downloaded (only when absolutely necessary) and hard copies date stamped. Therefore hard copies of this document can only be assured to be accurate on the date of issue or date stamp on the document. If you require this document in a different language or format please contact Gina Mann – Corporate Administrative Assistant - 01452 389428.**



Author: Gina Mann, Corporate Administrative Assistant

Approval Date: 16/02/06

Issue Date: \* *This is only to be used when hard copies are to be used as the cascade method* Page 1 of 9

Version No: 1

## POLICY AUTHORISATION FORM

<b>1</b>	<b>NAME OF POLICY:</b>	POLICY PROTOCOL
	<b>JOB TITLE OF AUTHOR:</b>	CORPORATE ADMINISTRATIVE ASSISTANT
	<b>DIRECTOR:</b>	DIRECTOR OF PERFORMANCE & CORPORATE DEVELOPMENT
	<b>NAME OF GROUP:</b> (if applicable)	
<b>EQUALITY AND DIVERSITY</b>		
	An Equality & Diversity assessment has been completed (Please contact the Equality & Diversity Manager 01452 389496 email:Heather.Ross@glos.nhs.uk )	<b>Date Completed:</b> *
<b>2</b>	<b>CONSULTATION</b>	
	<b>NAME OF GROUP (S)</b> (complete where relevant)	<b>DATE CONSIDERED</b>
	Name of Local Committee or Specialist Group? DIRECTORS BUSINESS MEETING	1 <sup>ST</sup> FEB 2006
	Name of Countywide Committee or Specialist Group?	*
	Other relevant Forum/Individual?	*
<b>3</b>	<b>APPROVED BY BOARD/AUTHORISED GROUP</b>	
	<b>NAME OF GROUP OR BOARD</b> i.e. Trust Board	<b>DATE APPROVED</b>
	<b>WEST GLOS PCT TRUST BOARD</b>	16 <sup>TH</sup> FEBRUARY 2006
	<b>TO BE REVIEWED BY: (Author)</b>	<b>DATE TO BE REVIEWED:</b>
	CORPORATE ADMINSTRATIVE ASSISTANT	16 <sup>TH</sup> FEBRUARY 2007
<b>4</b>	<b>TO BE COMPLETED BY CO-ORDINATOR</b>	
	<b>DATE PUT ONTO SPREADSHEET:</b>	21 <sup>ST</sup> FEBRUARY 2006
	<b>POLICY NUMBER:</b>	<b>74</b>
	<b>DATE PLACED ON INTRANET:</b>	

Author: Gina Mann, Corporate Administrative Assistant

Approval Date: 16/02/06

Issue Date:\* *This is only to be used when hard copies are to be used as the cascade method* Page 2 of 9

Version No: 1

<b>DATE COMMUNICATED TO STAFF:</b>			
<b>POLICY UPDATES/CHANGES</b>			
<i>(AFTER BOARD/DESIGNATED GROUP APPROVAL)</i>			
<b>Date</b>	<b>Summary of Changes</b>	<b>Author/Editor</b>	<b>Version No.</b>

## **CONTENTS**

<b>Section</b>	<b>Section Heading</b>	<b>Page Number</b>
1	INTRODUCTION	4
2	STATEMENT OF PROTOCOL	4
3	DEFINITION	4
4	POLICY DETAILS <ul style="list-style-type: none"> <li>• Policy Template</li> <li>• Policy Authorisation Form</li> </ul>	4 - 8
5	CONSULTATION	8
6	TARGET AUDIENCE	8
7	COMMUNICATION OF POLICY	8
8	TRAINING	8
9	COST IMPLICATIONS	8
10	AUTHORISED GROUPS	9
11	AUDIT	9
12	REFERENCES	9
<b>SUPPORTING DOCUMENTS</b>		
Appendix 1	Policy Template	
Appendix 2	Policy Process	
Appendix 3	Policy Co-ordinator Role	

Author: Gina Mann, Corporate Administrative Assistant

Approval Date: 16/02/06

Issue Date: \* This is only to be used when hard copies are to be used as the cascade method Page 3 of 9

Version No: 1

## POLICY PROTOCOL

### 1.0 INTRODUCTION

- 1.1 The attached Protocol has been produced because –
- it has been highlighted that some WGPCT staff were not aware of certain Trust policies
  - the PCT is required under Audits and external assessments to show documentation of policies as evidence of complying with certain standards
  - old policies are due for review
  - old policies have not been replaced by more recently adopted policies
  - there is a lack of audit trail of how policies are developed and updated
  - there is an increase on the number of policies the PCT is developing partly due to the demand from the Department of Health through for example Standards for Better Health

### 2.0 STATEMENT OF PROTOCOL

- 2.1 This paper describes how Policies and underpinning documents will be managed and monitored within West Gloucestershire Primary Care Trust. This Protocol will ensure that West Glos PCT has a detailed list of all Policy documents, which are current and accessible to staff.

### 3.0 DEFINITION

- 3.1 This document is a Protocol which must be followed and states responsibility and accountability.

### 4.0 POLICY DETAILS

#### 4.1 POLICY TEMPLATE

Any 'Policy' must be produced by using the attached Policy Template (*Appendix 1*). This Template includes a Policy Authorisation Form which must both be completed and forms part of the overall document. The Policy Authorisation Form is explained in section \* of this document. This section will go through each part of the Policy Template.

Completion of the Template is the responsibility of the document author.

The Trust will ensure that policy documents are available on request in Braille, large print, symbols or in languages other than English. Any requests should be made to the Policy Co-ordinator.

## **Freedom of Information**

The Policy Template includes a sentence stating 'this document may be made available to the public and persons outside of the Trust as part of the Trust's compliance with the Freedom of Information Act 2000'. If an author finds this inappropriate it must be discussed with the FOI Lead.

## **Why a policy is needed**

The document should detail in the introduction section why the policy is needed. Therefore before an author begins to write a Policy document they must ensure that -

- Adequate consultation has been undertaken to ensure there is a need for a policy document and to ascertain staff/users ideas/views. The reason for a new policy must be stated in the background of the paper (see point 4.2 below).
- There is no other document already approved. This can be done by searching the Policies section on the Intranet and by checking within Gloucestershire Health Community (as detailed below).

## **Definitions**

An understanding of the different policy documents and their relationships may be helpful to authors therefore listed below are some definitions that are in line with other examples from the NHS.

### **Policy**

A policy is a statement of intent, which staff are expected to follow and should state responsibility and accountability. It is not open to interpretation, or professional judgement and is non negotiable. It forms the 'why and what' for the whole organisation and details any local variations.

### **Procedures**

Procedures should reflect the policy and provide the details necessary in order to implement the policy and state 'how' things will be done. The following are types of procedural documents that can be used:-

#### Protocol

A protocol is a procedure which must be followed and applies to the whole organisation. It describes specific intent, plans or processes, and specifies the criteria/boundaries which must be adhered to. It supports individuals or groups of staff to implement the protocol and is related to the specific skills and knowledge required.

#### Guidelines

Guidelines are recommendations which should be followed unless there are reasons not to. Individuals would be allowed to use their professional judgement and local variations would be permitted based on risk and needs assessments. Guidelines should be evidence based/referenced and be a set of principles/best practice which underpin a procedure. They may be based on national best practice or professional manuals.

#### Process

A process is a step by step method on how to do something and can be, for example, a flow chart.

## **Consultation**

The author should provide assurance that appropriate consultation has taken place and that the policy has been considered by the appropriate committees within the Trust. The Author's Director will help decide which groups the policy should be directed to. Appropriate time must be allowed to enable proper consultation on policies before submission to the Board or authorised group. Consultation could take place with -

- Professional or service area groups within the trust who may have an interest
- Directors (Directors Business Meetings)
- Individuals hosted elsewhere
- Countywide counterparts
- Patient & Public Involvement Group
- Integrated Governance Committee
- Gloucestershire Health Community i.e. PCTs and Trusts. (This will ensure that no other relevant policy exists that would meet the 'need'.)
- Overview & Scrutiny Committee if appropriate
- Service users/external stakeholders if appropriate
- Other partners as deemed appropriate

## **Credible**

The Author and Director will also be responsible for assuring the accuracy and relevance of the policy and should ensure that they reflect current NHS best practice. They should research and benchmark against other organisations' practice, particularly in the same sector or location. These organisations should be noted in the 'References' section of the document.

## **Target Audience**

The Target Audience you wish your policy document to be aimed should be detailed whether it is relevant to 'all staff' or specific groups 'community nurses'.

## **Communication**

The Policy should include a section on how the Author is going to communicate the policy to staff. In the first, and 'ideal' instance an email should be sent however in some instances the Author may decide that it would be appropriate for paper copies to be sent as well.

Email - An Author will need to decide whether 'all staff' should be informed or whether specific areas of staff need to be informed. The 'Communications Cascade' email group should be used when 'all staff' need to be informed. This can be found in the address book on the email system. The email should contain details of the new policy and direct staff to the Intranet. The Policy Co-ordinator will ensure that the Policy is placed on the Trust Intranet/Website and is highlighted in 'Look West' and 'Look West Express'.

Paper – If it is deemed absolutely necessary then paper copies can be sent along with the email as an attachment. It is recognised that there will be valid operational or training reasons for managers and staff to have copies of policies as working documents. The Author must ensure that the attachment copy is ran off from the Intranet as this will ensure that the copy is up to date and has all the relevant spreadsheet information included. They must also input the 'Issue date' on the document which can be found in the Footer, this is the date when they ran if off from the Intranet. The document states on the front cover that *'Hard copies of this policy can only be assured to be accurate on the date of issue marked on the document.'*

Author: Gina Mann, Corporate Administrative Assistant

Approval Date: 16/02/06

Issue Date: \* *This is only to be used when hard copies are to be used as the cascade method* Page 6 of 9

Version No: 1

*The most up to date policy will always be available under Policies and Procedures on the PCT's Intranet.'*

Ward/Departmental managers are responsible for ensuring that all staff are aware of new policies, changes to existing policies and have access to current policies and procedures. Such information should be given to all new staff on induction.

### **Training**

Where there is a training element to the policy this should be detailed in the policy along with relevant course details, contact names and telephone numbers. Any training should be discussed with the HR department.

### **Cost Implications**

Any cost implications should be included and if there are any costs the Author should discuss with the Finance Department. If a Policy is unable to be implemented due to lack of resources it should go through risk assessment and be entered onto the risk register.

### **Supporting Documents**

Appendices – Any procedures (guidelines and processes) should be attached here and detailed in the Contents section.

## **4.2 POLICY AUTHORISATION FORM**

The Policy Authorisation Form is part of the overall policy template and is at the front of the document. This form must be completed and the attached flowchart (Appendix 2) will help you complete it.

### **Equality and Diversity - Part 2 of the form**

The policy should be checked to see if it has any adverse effect on any personal group covered by Discrimination Legislation. In order to do this 'Impact Assessment' must be completed. Further advice can be obtained from the Equality and Diversity Manager - Heather Ross Tel: 01452 389496.

### **Approval & Review - Part 4 of the form**

Once the Policy has been approved the name of group/individual and date of approval should be included. The policy document should be sent to the Policy Co-ordinator to log on the Trust Policy Spreadsheet. A list of authorised groups/individuals can be found on the flowchart. (*Appendix 2*).

Review and amendments are the responsibility of the Author and Director of the Policy and a date for review must be set and included on the form. However, the Policy Co-ordinator will give a reminder to an author when a policy is overdue a review. The review date must be at least every two years.

If, after a review, changes are made the document must be resubmitted, by the Author, for approval and therefore the 'Policy Protocol' must be followed again (see flowchart). Any changes should be included in the necessary 'Policy updates/changes' section at the beginning of the document.

### **Trust Policy Spreadsheet- Part 5 of the form**

The Policy Co-ordinator will input the approved policy onto the Trust Policy Spreadsheet and allocate a Policy Number which will be inserted onto the authorisation form and also communicated to the Author via email. The Policy Co-ordinator will ensure that after a review any changes are noted on the Policy & Procedures Spreadsheet.

## **5.0 CONSULTATION**

- 5.1 Details of the consultation that this document went through is included on the Approval form at the front of this document.

## **6.0 TARGET AUDIENCE**

- 6.1 This policy is appropriate to all those responsible for developing policies, procedures and supporting documents and those responsible for reviewing such documentation.

## **7.0 COMMUNICATION OF THIS PROTOCOL**

- 7.1 This protocol will be disseminated by using the 'Communications Cascade' email group on the email system, this will activate a cascade to staff. The email will highlight the new policy and direct staff to the Intranet.
- 7.2 It will be highlighted as a 'New Policy Document' in Look West, Look West Express and on the front page of the Trust Intranet for a month (as well as being filed under the Policy section on the Intranet).

## **8.0 TRAINING**

- 8.1 No formal training will be required as the policy template, approval form and flowchart are documents intended to be comprehensive. However the Policy Co-ordinator will be available to give guidance if necessary.

## **9.0 COST IMPLICATIONS**

- 9.1 There are no direct cost implications from implementing this Policy.

## **10.0 AUTHORISED GROUPS/INDIVIDUALS**

- 10.1 Part of the approval process states that policy documents can be approved by the Board or Authorised Groups/Individuals. All of these groups/individuals can report to the Board so could include details of policy approval within their Board reports. This will need to be approved by the Board.
- Directors
  - Professional Executive Committee

Author: Gina Mann, Corporate Administrative Assistant

Approval Date: 16/02/06

Issue Date:\* *This is only to be used when hard copies are to be used as the cascade method* Page 8 of 9

Version No: 1

- Audit Committee
- Integrated Governance Committee

## **11.0 AUDIT**

- 11.1 The Policy Co-ordinator will schedule Audits on an annual basis to check that:
- Staff have access to Policies either via the Intranet or in hard copy
  - These policies are the most up to date
  - Current policies are in the correct format
  - Policies have been implemented adequately
  - This Policy Protocol is operating effectively and policies are reviewed to schedule.

## **12.0 REFERENCES**

- 12.1 Please find listed below details of organisations used in researching this protocol.
- Gloucestershire Hospitals NHS Foundation Trust – Policy Framework
  - Cheltenham & Tewkesbury PCT – Protocol for the Production, Management and Dissemination of Policies & Procedures in Cheltenham PCT
  - Bristol South & West PCT – Policy on the Production of Clinical Policies, Protocols, Guidelines & Procedures.
  - 5 Boroughs Partnership Trust – Policy Development Manual