Shropshire Community Health NHS Trust

Policy Approval and Ratification Framework

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Executive Director Owner	Shelley Ramtuhul, Director of Governance/Corporate Secretary
Author	Gill Richards, Associate Director of Governance
Version No.	1.1
Date review commenced	1 October 2023
Date consultation commenced	October 2023
Date of approval	October 2023
Date of ratification	18 October 2023
Date of expiry	31 December 2026
Publication date	

Equality Impact Assessment (EIA) Screening Checklist

Use the checklist below to establish if there are any negative characteristics that need to be addressed and a full QEIA completed.

EQUALITY IMPACT ASSESSMENT			
What impact will this policy have on the following groups in terms of impact on service, delivery, patients and staff. Explain below: *This section must be completed*			
Protected Characteristic	**Positive/ Negative**	**None (why)**	**Actions to be mitigated**
Age	Positive		
Disability	Positive		
Gender Reassignment	Positive		
Marriage and Civil Partnership	Positive		
Pregnancy and Maternity	Positive		
Race	Positive		
Religion or Belief (or No Belief)	Positive		
Sex	Positive		
Sexual orientation	Positive		

EIA Approval	**Role**	**Name**	**Date**
	Policy Owner	Shelley Ramtuhul, Director of Governance	01/10/2024
	Policy Author	Gill Richards, Associate Director of Governance	

If you have a negative response, please complete a full Quality and Equality Impact Assessment (QEIA) as set out in the Trust policy here: Quality and Equalities Impact Assessment Process
Further national guidance here:
Public sector equality duty - GOV.UK (www.gov.uk)
Equality Impact Assessment - GOV.UK (www.gov.uk)

Document Details	
Document Title	Policy Approval and Ratification Framework
Trust Ref No	1361-28127
Category (as set out in the Trust structure)	Audit
Sub-category	Governance
Main points the document covers	Management of procedural documents
Briefly describe who the document is aimed at	All staff who write procedural documents
Executive Director/Lead (title)	Director of Governance
Job title of Author	Head of Information Governance
Initial Equality Impact Screening	completed
Full Equality Impact Assessment	Not needed
Briefly describe the main points in the document	The framework for managing Trust policies and procedural document. Including the review, consultation, approval, ratification; and publication.
Required by CQC	Yes/ No
Key words	Policy, policies, procedures, documents, procedural documents, SOPs, Operating procedures, standard operating procedures.
Consultation details	
Briefly describe who has taken part in the consultation e.g. individuals, groups, committees that were invited to participate in the consultation	Executive team, chairs of committees and groups To be updated
Briefly describe any stakeholder engagement that took place	Head of Quality
Approval details	
State the name of the committee/ group that approved the document	Audit Committee
Briefly describe any amendments/actions that were agreed and completed	The policy has been thoroughly reviewed and updated due to changes within the organisation and changes to governance procedures.
Ratification details	
State the name of the committee/group that ratified the document	Audit Committee
Communication and Dissemination details	
How will the document be distributed and communicated to staff.	Staff Zone, Public Website, Staff Newsletter, Local agenda item, all staff, Line Managers, Senior Managers.
Document Links	

Other	No

Brief description of amendment history (incl date)
September 2015 updated post and committee names Inclusion of SOP template
November 2018 review, minor changes to names
September 2023 documents rewritten with significant changes to procedure

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Contents

1. Policy statement

The policies and procedures of the Trust are intended to provide a framework to ensure that the work of the Trust is conducted in such a manner as to enable the organisation to provide world class care and fulfil its statutory and contractual obligations.

All new and existing policies and procedures throughout the Trust will be created, developed, reviewed, updated, maintained; and managed in accordance with the Trust's 'Approval and Ratification Framework'. See Appendix 1

2. Document Library

Trust policies will be published and made accessible on the Public Website and Staff Zone

3. Purpose

To ensure that documents receive appropriate review, consultation, approval and ratification through an assurance framework; and that documents are standardised, accessible, understandable and reviewed and updated by staff within the specialist areas within defined time periods.

4. Scope

This framework applies to all staff that are responsible for developing, implementing; and authorising the following documents:

- Strategies
- Policies
- Procedures, including Standard Operating Procedure (SOP)
- Protocol
- Guidelines

The definitions of procedural documents are given in Appendix 4.

5. Applicability

All staff that are required to work within the organisation, employed and non-employed, must adhere to this policy, including, but not limited to:

- Employed staff (including Bank staff)
- Volunteers
- Student Placements
- Medical Placements
- Allied Healthcare Placements
- Locums
- Agency
- Temporary and Fixed Term contracts

6. Responsibilities

6.1 The Board of Directors will be responsible for setting the overall strategic direction of the Trust and is responsible for approving core, corporate policies that relate to effective governance. These policies require ownership at Board level and the executive and non-executive members are expected to be familiar with the content of these corporate policies. The Board will approve and ratify such policies.

6.2 Chief Executive Officer will have an overall responsibility for the strategic and operational management of the organisation which includes ensuring that all documents comply with all legal, statutory and good practice requirements.

6.3 The Executive Directors/Lead will be responsible for determining when a new policy needs to be created and for what purpose and reviewing existing policies and procedural documents.

Executive Directors will be accountable to the Chief Executive for:

- identifying and developing policies relevant to their area of responsibility as set out in the organisational chart and portfolios;
- ensuring that these policies are reviewed and updated in accordance with this framework;
- ensuring the implementation of policies relevant to their area of responsibility.

6.4 Director of Governance/Corporate Secretary will be responsible for overseeing compliance of the framework and providing assurance to the Board and Audit Committee.

6.5 Trust committees will be responsible for ratifying policies and procedural documents and giving assurance to the Board in accordance with their respective terms of reference. Due to the nature, broadness and technical aspects that may be outlined in each policy members are not expected to be familiar with the detail. Committees may also seek additional assurance on the existence of, and compliance with, policies that are relevant to their remit. A structure of the Trust's committees is set out in Appendix 3 and a library of Terms of Reference will be published on the Public Website and Staff Zone.

6.5.1 The Audit Committee will have an associated role to provide assurance to the Board that the Trust "complies with its own policies and all relevant external regulations and standards of governance and risk management". The Audit Committee will have a particular role in:

- Approving policies relating to counter-fraud and managing conflicts of interest. The committee is expected to be familiar with the content of these corporate policies;
- Reviewing the adequacy of certain policies on behalf of the Board (and making a recommendation to the Board on their approval). These chiefly relate to the corporate policies that are reserved for approval by the Board;
- Providing assurance to the Board on particular elements of the Annual Report and Accounts and associated financial policies; and making a recommendation to the Board on their approval and ratification.

6.5.2 The People Committee will ensure that members have a particular role in monitoring and supporting the development of the Trust's plans for talent management,

succession planning, staff engagement, performance, reward and recognition strategies and policies.

6.6 Director of Nursing, Director of Nursing, Clinical Delivery & Workforce will be accountable to the Trust Board for ensuring compliance with this framework in all parts of the Trust.

6.7 The Authors, in conjunction with the respective Executive lead, will undertake the following approach and considerations when developing or revising policies:

- changes to legislation, regulatory requirements, statutory guidance, national and local guidance; and good practice.
- seek appropriate expert / professional advice;
- seek to involve the relevant advisory / decision-making groups within the Trust;
- seek to engage key external stakeholders, where appropriate; and
- seek support from relevant senior executive

6.8 The Governance Team will be responsible for managing the procedure for developing and maintaining a digital register and audit trail; that will allow for monitoring compliance within the framework. The governance team will provide regular reports to the Director of Governance/Corporate Secretary. Regular reports will be provided to the relevant Committees and Trust Board.

6.9 All Managers will ensure that all staff are made aware of Trust policies and procedural documents through the induction programme; and continuous awareness raising and communications.

6.10 All staff will have access to the policy library through the Staff Zone (Intranet) and staff are responsible for ensuring that they keep up to date with changes and new policies. The Trust will have a procedure in place to monitor staff compliance through audits and assessments.

7. Governance and Compliance

The Trust will set out and implement a 'Document Review Cycle Procedure', illustrated below, to support staff involved in developing and maintaining documents in accordance with the framework. Documents will be reviewed every three years unless changes are required before the expiry date, such as legislation, names, etc. The document review cycle will be conducted over a four-month period to allow time for the author to present the document to relevant groups and committees. Full details in Appendix 5 and 6.

Documents will be reviewed in accordance with this framework or sooner if required. Minor revisions can be made outside of the framework if it does not affect the work practices that the document covers e.g. the author of the owner has changed.

All documents within the scope of this framework must be written in a style and format that is concise and clear using unambiguous terms and language; and adopt the standard format as set out in the Trust's template.

Documents will be categorised in accordance with the Directorates and portfolios set out and approved by the Board. See Appendix 2.

The Author of the document should not embed procedures in the body of the policy document. Procedural documents that are lengthy should be created separately i.e. Standard Procedure, Standard Operating Procedure (SOP) and attached to the policy and

added to the register. Short procedures may be included as an appendices to the policy document.

All new or revised policies and procedures will be implemented in a timely manner following ratification and publication in accordance with this framework.

A digital register of documents within the scope of the framework will be maintained and managed including retention, archiving, version control, categorisation, referencing and publication.

A document with a review date that has expired will stand until the document review cycle has been formally completed.

8. Equality Impact Assessment

All public bodies have a statutory duty under The Equality Act 2010 (Statutory Duties) Regulations 2011 to consider the impact of policies on “protected characteristics”.

The Trust will comply with the legislation and will have a process in place to evidence that an equality screening and assessment has been completed, documented, and published for all policies.

An Equality Impact Assessment Screening will be completed, and the outcome recorded on the front sheet of the document.

9. Communication and Dissemination

This framework will be published on the staff intranet and communicated to staff via the regular corporate communication channels.

The Executive Director will be responsible for disseminating policies and procedures across the Trust.

Authors will be responsible for implementing policies and procedures, delivering appropriate training, raising awareness; and providing advice and guidance.

10. Advice and Guidance

The governance team will provide support to staff to ensure compliance with the approving and ratification framework; and the procedures that are in place.

11. Training and Awareness

The governance team will provide appropriate training for all staff involved in the developing of documents within the scope of the framework; and raise awareness across the Trust.

12. Contact

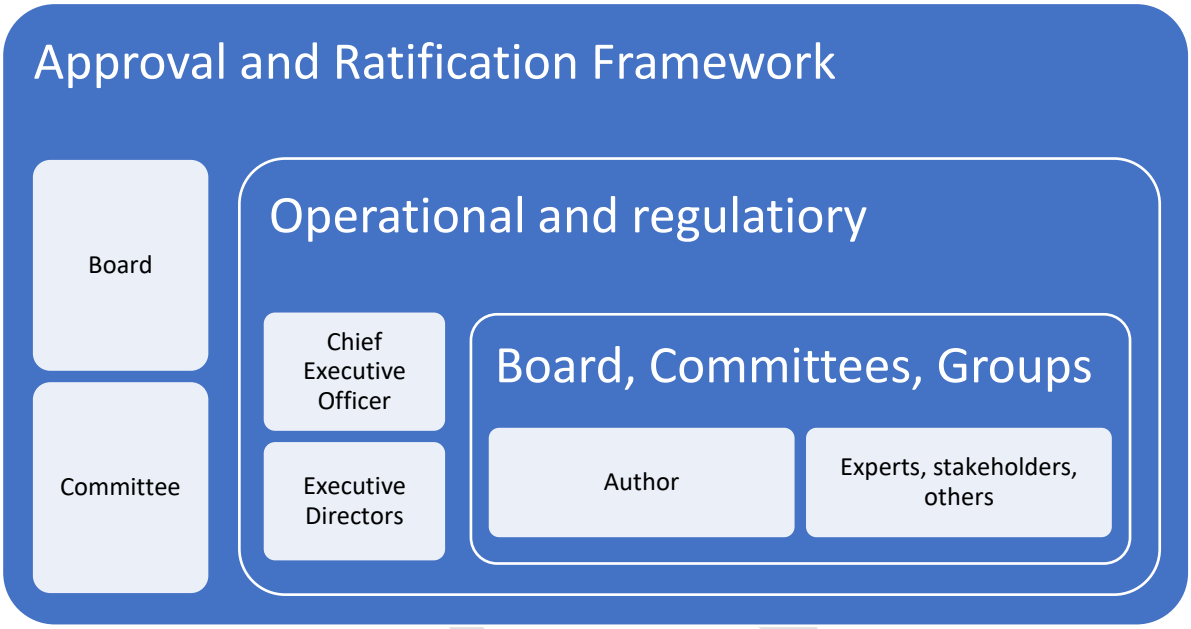
Any queries with regards to this document will be directed to Email the Risk Office

13. Review and Maintenance

This Policy will be reviewed every three years or in response to significant changes due to security incidents, variations of law and/or changes to organisational or technical infrastructure.

14. Appendices

Appendix 1 - Approval and Ratification Framework diagram



14.2 Appendix 2 – Categorisation

Policies will be categorised in accordance with the Trust directorate structure and portfolios as agreed by the Board.

The top-level category will be determined as:

Quality and Safety

Audit

Resource and Performance

People

Nomination and Remuneration

Board

Quality

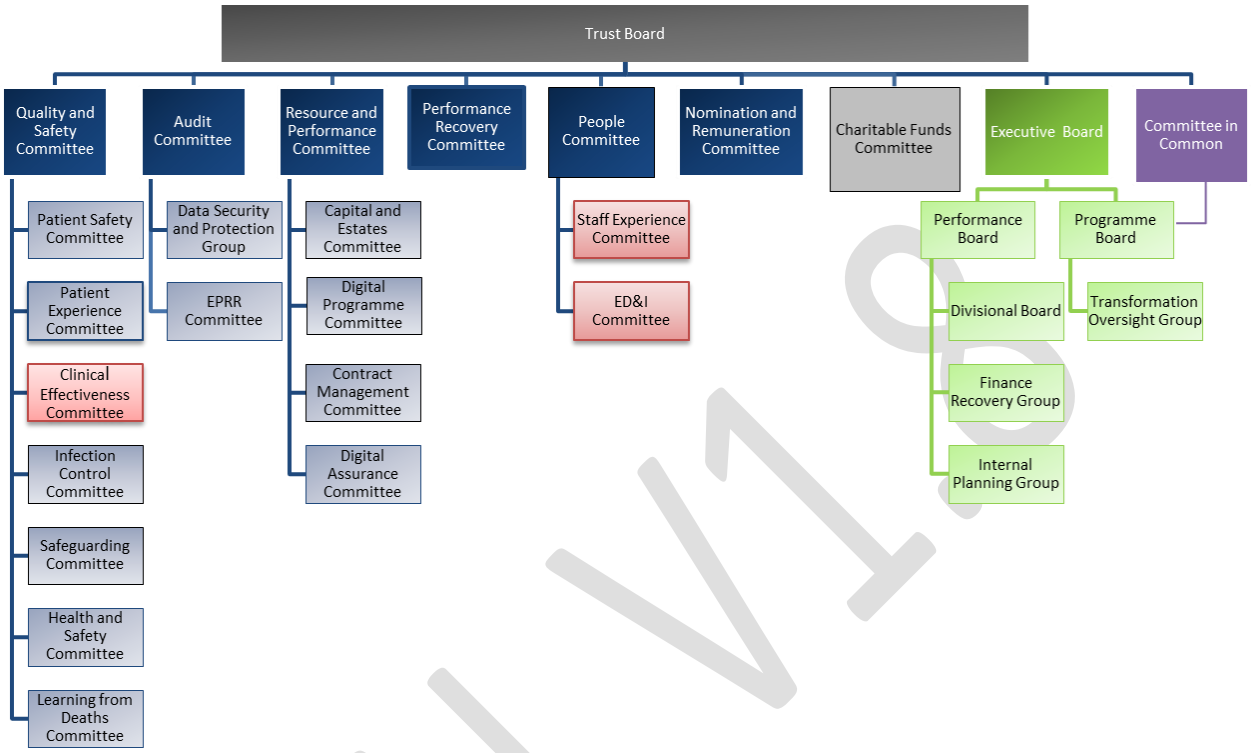
Finance and Risk

Workforce

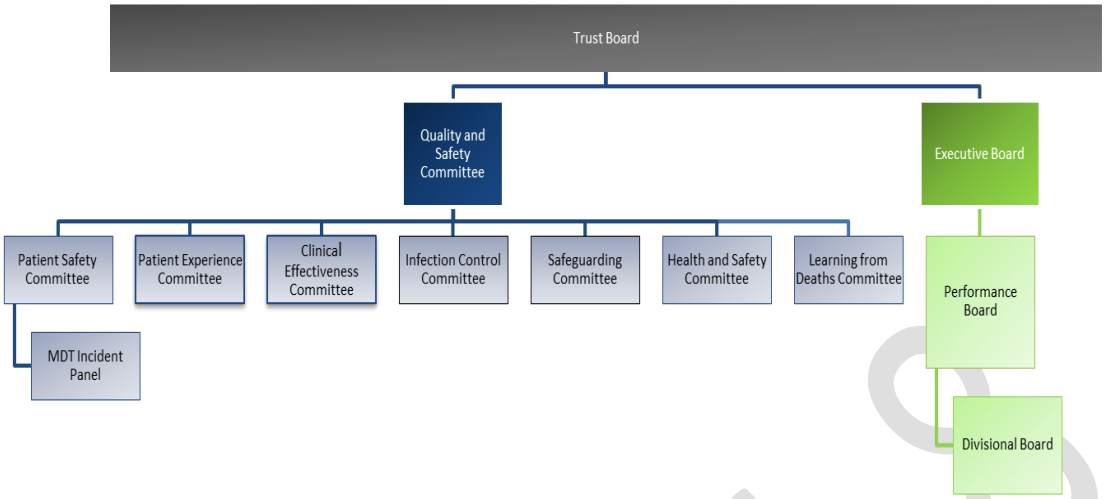
Operational and Delivery

14.3 Appendix 3 Committee Structures

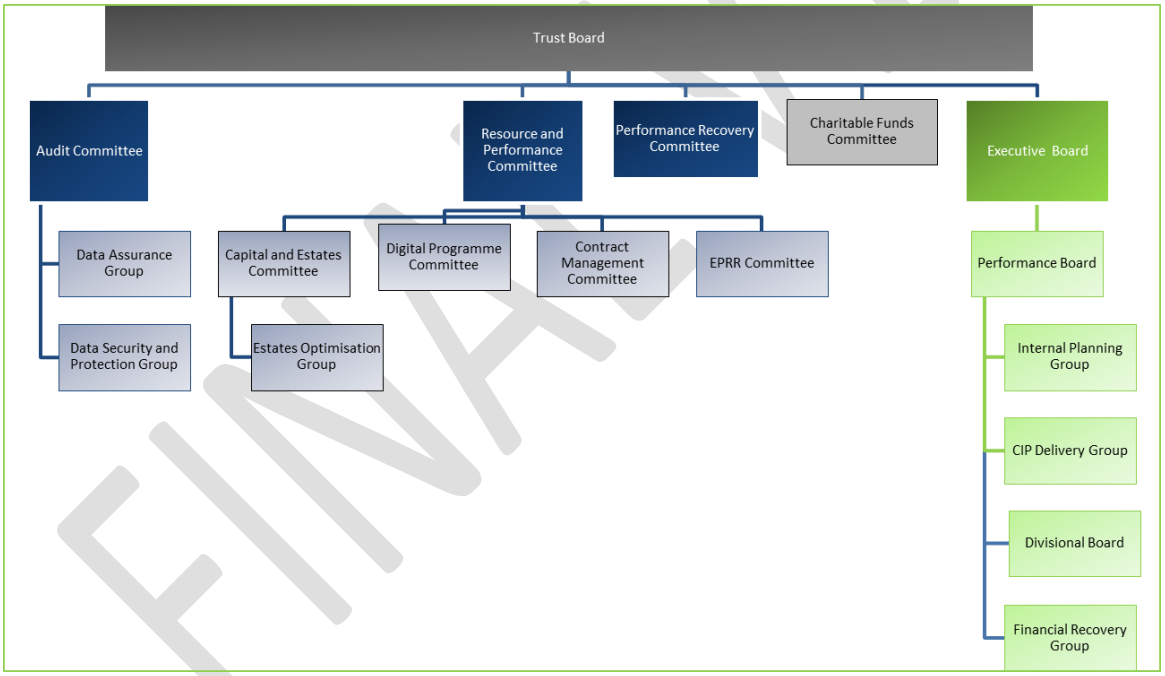
Board Assurance Meeting Structure (new meetings identified in red)



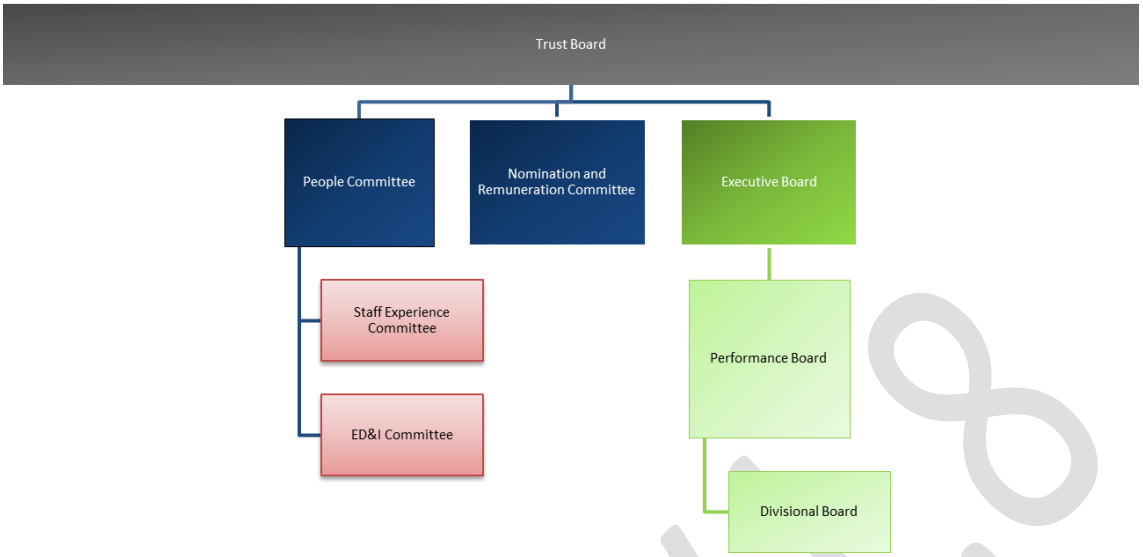
Quality Governance Structure



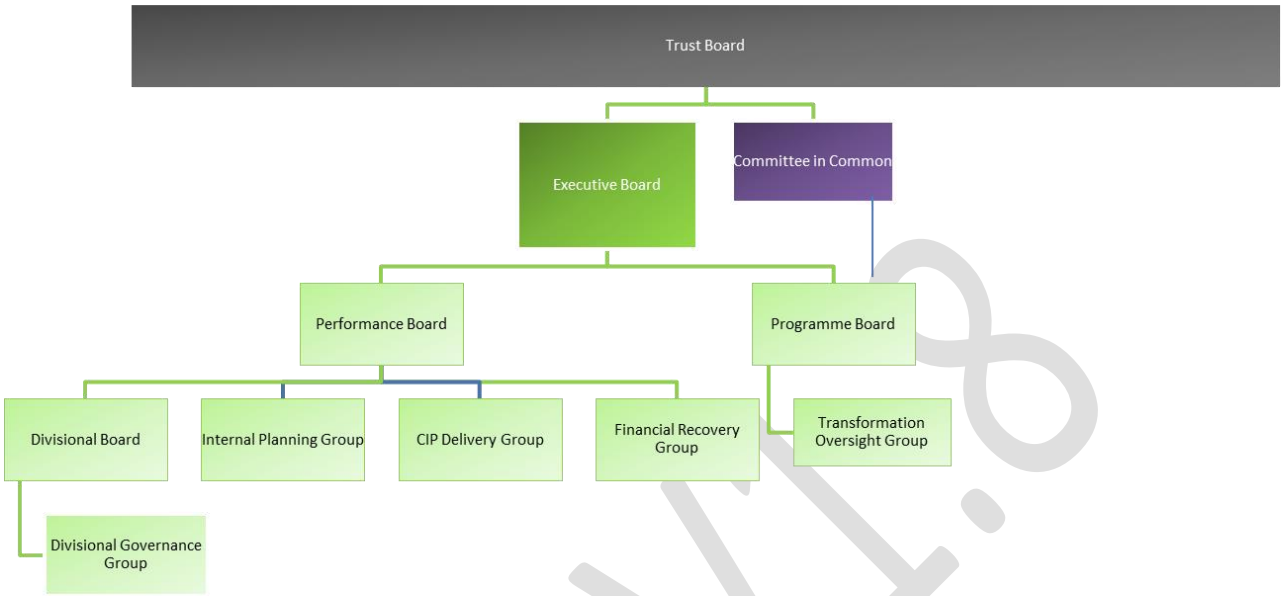
Financial and Risk Governance Structure



Workforce Governance Structure (new meetings identified in red)



Operational Delivery Governance Structure



14.4 Appendix 4 – Glossary

Strategy: a long-term view (e.g. two years plus) and direction of the Trust in relation to a particular service area, outlining what it plans to achieve in that time, and allowing annual updates to tighten up broader intentions.

Policy: a plan of action, or way of doing things, to be adopted or pursued by the organisation. A policy reflects an objective and guides managers and employees toward that objective in situations requiring discretion and judgement. The use of policies increases the chances that different managers and employees will make similar choices when independently facing similar situations.

Procedure (including Standard Operating Procedure): the method or approach by which a policy will be implemented. Procedures set out the way things should be done e.g. Codes of Practice/Standard Operating Procedures. They define activities and how actions are to be performed to reflect practice.

Protocol (similar to procedure): this type of document tends to be used more frequently in clinical areas e.g. criteria. Clinical protocols are agreements to a particular sequence of activities that assist clinicians to respond consistently in complex areas of practice. They may be established on a uni-disciplinary or multi-disciplinary basis.

Guidelines: set of directions or principles that give general advice; and allow for local discretion e.g. standards.

Stakeholder: a party with an interest in the organisation, and that is likely to have an interest in the contents of the document. They may be internal or external to the organisation.

Consultation: a method of requesting individuals or groups to take part in a review of the content of documents; methods include discussion, questionnaires, informal meetings, research of other similar documents. The content of the document to be amended and adjusted as appropriate.

Approval: the document has been agreed as fit for use by the Executive Lead and the approving group as defined in the Approval and Ratification Framework.

Ratification: the document has been deemed “ratified” when the appropriate Committee agrees that document has satisfactorily completed the “Policy and Procedure Review Cycle’. A document can only be ratified by a committee.

Policy and Procedure Review Cycle: a robust procedure set out and approved by the Director of Governance.

Publication: a document has been finalised and is formally ready to be available to staff and the public.

Minor revision: a revision that does not affect the work practices that the document covers.

14.5 Appendix 5 - Standard Procedure - Step by Step

Step 1 – Quarterly Status reports

- The Executive Team will receive quarterly status reports from the governance team to identify policies that are due for review.
- Executive Leads to inform Authors that policies/procedures are due for review.

Or

- Executive Lead identifies a need and purpose for a new policy.

Step 2 – Review

- Policies and procedures will normally be reviewed every three years unless agreed otherwise at the time of approval or in the event of a change to guidance or legislation that requires the policy to be updated; in order for it to remain current.
- The author will follow the Policy for Approval and Ratification Framework;
- The author will consult with and seek advice and guidance from appropriate stakeholders, experts, others as required to develop the document;
- The author will adopt the Trust style and format as set out in the Trust's digital system;
- The author will complete an Equality Impact Assessment (EIA) Screening. If a negative response to the screening is recorded a full QEIA will be completed in accordance with the Trust's: Quality and Equalities Impact Assessment Process
- If a policy/procedure is updated before the next document review cycle is due the following options are available to the author:
    - Minor changes which do not materially change the spirit of the policy can be made with the approval of the responsible Executive Director without recourse to the ratifying body;
    - If a review results in the identification of material changes to the spirit of the policy or an impact on existing processes, the policy must be submitted to the appropriate ratifying body; or
    - The review includes reviewing the existing Equality Impact Assessment (EIA) in accordance with Trust policy.

Step 3 – Consultation

- As part of developing the document the Author will engage and consult with others with regards to the content of the policy. This must include the Executive Lead, members of an appropriate group and/or the approving group; and may also include other experts, such as the governance team;
- Authors are encouraged to consult with a wide range of relevant stakeholders, internal or external, and to think beyond simply those who have been consulted historically. The following are stakeholders that could be involved:

Stakeholder	Notes
Professional Leads	e.g. Professional discipline leads.
Advisors/ Specialists	e.g. Medical Adviser, Risk Manager.
Directors	Where the document will have an impact on directorates other than that which is developing the document.

Unions	For HR policies.
Patient Groups	e.g. for key clinical treatment policies.
Other providers	Where the policy may have an impact on them.
Other Trust Committees	Other than the approving committees.
Managers/ Directors	Where the policy will need to have their agreement or where the policy has a significant effect on their services.
Others as identified by the Author/director responsible	

- The document must be amended and adjusted following a satisfactory consultation period that is aligned to the document review cycle;
- The Executive Lead will confirm that the policy is ready for approval.

Step 4 - Approval

- The author will agree with their Executive Lead that the policy/procedure is ready for approval.
- The author will present the latest version of the policy/procedure to the appropriate forum for approval;
- The document may be subject to additional changes or amendments by the approving group before it can be submitted for ratification;
- The author will take appropriate action as agreed by the approving group;
- The approving group will formally record in the minutes that the document is approved; including any agreed changes or amendments;
- The author will notify the governance team that the document is approved.

Step 5 - Ratification

- The governance team will give assurance to the Director of Governance/Corporate Secretary that all policies, in the review cycle for the current quarter, have met the framework requirements as follows:
  - that the document is on the standard Trust template;
  - that an Equality Impact Assessment has been completed;
  - that document has been through a consultation process;
  - that the document has been formally approved.
- All policies that have reached the ratification stage will be submitted to the appropriate committee.

Note: If the author is unclear as to the approving and ratification route Executive Lead shall make a recommendation to the Executive Team.

Step 6 – Register

- The policy register will be updated throughout the document review cycle;
- Each document will be assigned a unique reference number, categorised and version control applied;
- The author is responsible for keeping the governance team informed of the review cycle progress via the Trust's digital document register;

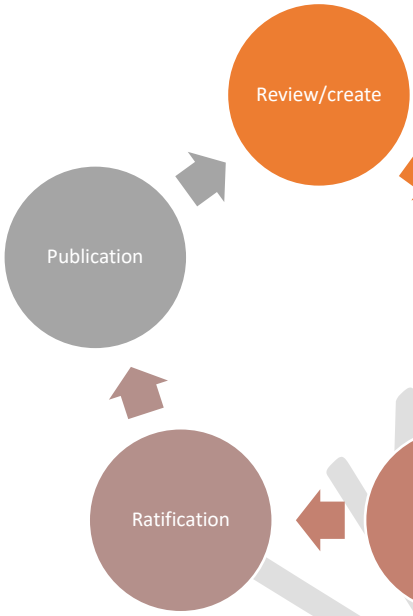
- The governance team is responsible for the management and maintenance of the digital document register.

Step 7- Publication

- The governance team will publish policies/procedures on the Trust's Public website and the Staff zone.

14.6 Appendix 6 Illustrations of Standard Procedure

The Document Review Cycle



Document Review Cycle in more detail