Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies

Co-ordinator:	Reviewer:	
Joint Chairs of GAPF Policies Subgroup	GAPF Policies Subgroup	

Uncontrolled When Printed

Version 8.00

The provisions of this policy, which was developed by a partnership group on behalf of Grampian Area Partnership Forum, apply equally to all employees of NHS Grampian except where specific exclusions have been identified.

NHS Grampian

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245.

Revision History:

Document Title	Policy Version	Review Date
Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies	2.00	January 2016
	3.00	April 2016
	4.00	May 2018
	5.00	September 2018
	6.00	May 2019
	7.00	August 2020
	8.00	January 2023

NHS Grampian

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies

Contents:

NHS Grampian

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies

1.   Introduction:

This document describes the Procedure for the development, approval, review, revision and communication of Non-Clinical Policies. A Policy document will be written or reviewed as soon as the need for a standardised policy has been identified and/or agreed by the GAPF Policies Subgroup.

2.   Scope and definitions:

2.1   This procedure applies to any individual delegated with the task of writing, reviewing, managing or distributing NHS Grampian Policies. The complete process is illustrated in a flowchart at Appendix 1.

2.2   When devising a policy the following definitions may be useful:

2.3   **Policy documents -** A policy is an operational statement of intent in a given situation, which outlines the broad principles that describe what should be done in particular situations or circumstances. A policy enables management and staff to make correct decisions, deal effectively and comply with legislation, organisational processes and good working practices.

2.4   **Procedure documents -** Procedures are the steps and processes followed to achieve a specific outcome. Procedures establish a method of doing something that usually includes a detailed series of actions/steps that should be followed in a set sequence. Pathways and Standard Operating Procedures (SOPs) also come under the definition of Procedure documents as these convey the steps required within a given situation as well. In some cases these can be depicted in the form of a flow chart.

2.5   **Protocol documents -** Protocols are operational instructions which regulate and direct activity. They are written to support the implementation of operational guidance. They can be described as the 'rules' that should be followed in order to achieve an objective. The need for production of local protocols can be to implement national standards or to determine provisions if no national standards are available.

2.6   **Guideline documents -** A guideline is a set of criteria that assists in deciding how a policy should be implemented. Guidelines outline the recommended way a service should be provided, a procedure is carried out and they allow flexibility to make decisions according to individual needs.

2.7 **Guidance documents -** Guidance documents are normally less formal than guidelines, and suggest a course of action of information which may assist the reader. These can include:
- interim information while other documents are updated/reviewed,
- basic guidance which is not required to be formally produced, or
- general information which is beneficial to the individual unit/staff accessing it.

2.8 It is accepted that this NHS Grampian protocol will be used in conjunction with local documented procedures for the development and review of local policies and protocols. These local documents will not be subject to this development and review process but must comply with guidance documented in Appendix 2.

2.9 Within Health and Social Care the employers should be mindful and respective of each other's policies.

3. Responsibilities:

3.1 The NHS Grampian Area Partnership Forum (GAPF) Policies Subgroup is responsible for implementing and maintaining a system to ensure that NHS Grampian non-clinical policies are developed, approved, reviewed, revised, communicated and reported in compliance with NHS Grampian and applicable regulatory requirements. A full remit and terms of reference of the Policies Subgroup is available in Appendix 3.

3.2 The GAPF Policies Subgroup is responsible for ensuring policies are communicated through global email.

3.3 Managers and individual staff members are jointly responsible for ensuring all appropriate members of staff have read and understood all relevant policies.

3.4 The GAPF Policies Subgroup is responsible for ensuring that policies are current and regularly reviewed. The decision making process relating to the prioritisation of policy commission and/or review will be recorded in the minute of the GAPF Policies Subgroup meeting.

3.5 The GAPF Policies Subgroup is responsible for creating, implementing and maintaining an electronic timetable to log all NHS Grampian policies and associated template documents. This will record the document title, version number, review date and list of associated documents. This will be held in an electronic folder. The timetable will be updated by the Joint Chairs of GAPF Policies Subgroup and shared with members of the Policies Subgroup at each Subgroup meeting.

4.   Development Process:

4.1   Prior to the development or review of a Non-Clinical policy, a request should be submitted to the GAPF Policies Subgroup, either by SBAR, email or in person. The request should include details of the document scope, anticipated timescale and NHS Scotland overarching Policy, Health and Safety Executive (HSE) Guidance or Legislation. SBAR's or requests to present the policy proposal to the GAPF Policies Subgroup should be sent via the GAPF Policies Subgroup e-mail address: gram.policiessubgroup@nhs.scot. Staff wishing to implement or review Learning and Development (L&D) Policies should contact L&D Workforce Subgroup directly on gram.partnership@nhs.scot who will be responsible for drafting and reviewing policies up to consultation and approval stage. Thereafter GAPF Policies Subgroup will take on board responsibility for consultation and approval stage.

4.2   The GAPF Policies Subgroup will:
- Ensure there is a Lead to draft and/or review (herein referred to as Review Group Lead), or;
- Agree, but seek to defer review due to competing priorities, or;
- Defer pending further information, or;
- Note that the proposal is out with the scope of the Policies Subgroup.

4.3   A Policy Review Group should comprise of:
- Management members - sought via the NHS Grampian Review Consultation Group Contacts listed in Appendix 4, to request a volunteer(s);
- Staff Side members - sought via the Partnership Support Officer, to request a volunteer(s);
- A specific team if deemed necessary for example the HR Operational Team, Payroll or OHS – sought from direct contact to request a volunteer;
- Where necessary, in collaboration with appropriately qualified and experienced individual(s).

     Once agreed the policy will be drafted by a Policy Review Group. It is recommended that the Policy Review Group meet in person (includes video conferencing) if at all possible. However if for efficiency and practicable reasons this is not possible all group members must be in agreement to proceed in a virtual manner. All Policy Review Group members must be involved in the discussion and agreement of the contents.

4.4   The policy will be written following the standardised format for Non-Clinical Policies (Appendix 2) and set out similarly to this procedure document. The format is based on guidance from Grampian Society for the Blind. Policies will be prepared in accordance with this procedure and with reference to the NHS Grampian checklist (Appendix 5) for the development of Non-Clinical policy documents. Both appendices, in word format, are available on the intranet – Departments, HR, Policies and Guidance – at the top of the page, outwith the alphabetical list of policies.

It is recommended that an employee, from outwith the policy subject area proof read the draft policy to give feedback on the flow of the policy, any missing information and that the contents is understandable i.e. reduced jargon, no unexplained acronyms.

5. Consultation Review and Revision Process:

5.1   Once a policy is drafted and/or ready for formal consultation the Policy Review Group should ensure that the formatting complies with that detailed in Appendix 2, the Review Group Lead will forward a copy of the draft policy in Microsoft Office Word™ document format along with the names of the Policy Review Group members to the GAPF Policies Subgroup via the e-mail address: gram.policiessubgroup@nhs.scot. The Policy would be submitted to the next available Subgroup meeting.

The level of partnership involvement in the production of the consultation draft will be reviewed by the GAPF Policies Subgroup. If it is found, from this review, that the policy had not been developed in partnership, the policy will not proceed to consultation. The GAPF Policies Subgroup will request the Review Group Lead to convene a properly constituted (reference section 4.3) Policy Review Group to discuss and agree the contents before resubmitting for consultation.

The GAPF Policies Subgroup will advise the Review Group Lead after the meeting when the policy will be distributed for consultation.

The consultation period will be normally 6 weeks. Any consultation period shorter than 6 weeks must have approval of both Joint Chairs of the GAPF Policies Subgroup. If Christmas and New Year falls within a consultation period then the length will be extended to 8 weeks.

There will either be only one policy being consulted on at any one time or there may be an overlap with another policy for 3 weeks, giving a maximum of 2 policies out for consultation. Any exception to this must have the approval of both Joint Chairs of the GAPF Policies Subgroup. The GAPF Policies Subgroup will decide the order of consultation if more than one policy is available for consultation.

The GAPF Policies Subgroup will arrange for the policy to be distributed to the previously identified Consultation Group which covers all disciplines within NHS Grampian (Appendix 4) for onward distribution through their own communication channels.

The Review Group lead will be copied into the consultation email so they are aware consultation has begun and the closing date, to ensure arrangements are made for the Policy Review Group to review the consultation comments in a timely manner.

5.2   The e-mail to the Consultation Groups will include the following information:

- A request to distribute and comment on the Consultation Document
- The exact scope of the consultation (normally a complete policy document)
- Any specific consultation questions or points to highlight
- The length of the consultation period (normally 6 weeks)
- The final closing date for return of feedback
- A request for feedback/recommended changes to be using either 'track changes' or by clearly highlighting feedback within the document by using a different coloured font.
- The e-mail address to which feedback is sent i.e. gram.policiessubgroup@nhs.scot.

5.3   Once the consultation period has closed, the Review Group Lead will be sent all consultation comments from the Policies subgroup e-mail address. If the Review Group Lead receives feedback after the formal closing date, this will be recorded as "Late" and the date received documented on the feedback. Late comments may be accepted if received prior to the conclusion of the policy review. Comments received after then will not be incorporated into the current review of the policy, with the contributor informed of this.

5.4   The Review Group Lead will arrange a meeting of the Review Group to discuss feedback and agree amendments to the document as appropriate as soon as possible after the consultation has ended. All comments must then be listed using the form in Appendix 6 and those comments not integrated into the policy will have the rationale noted as to why. The completed form is required by the GAPF Policies Subgroup (see Section 5.6). Each person making comment will receive a response regarding their individual comment(s) from the Review Group Lead prior to the updated policy being returned to the GAPF Policies Subgroup. Any issues that cannot be resolved by the Review Group will be taken to the GAPF Policies Subgroup by the Review Group Lead for discussion and a consensus to be reached. The Review Group Lead should outline the issue with the proposed options, including the opinion of the Policy Review Group.

5.5   Under instruction from the Scottish Government, all documents (especially policies) produced by Health Boards in Scotland require to be impact assessed for equality and diversity to ensure that they do not discriminate against any group. All policies must, therefore, be impact assessed to ensure that they do not contain any provisions which would discriminate against an employee or group of employees, on the grounds of ethnicity, gender, disability, sexual orientation, religious belief, age race, gender or any diversity group.

Once the initial draft has been agreed, the Review Group Lead will arrange for the Equality and Diversity Impact Assessment to be undertaken by an appropriately trained and experienced individual. The Equality and Diversity Manager can provide a name of an individual(s) if needed.

5.6 Once Impact Assessed and any necessary amendments made, the Review Group Lead should complete the NHS Grampian checklist for the development of non-clinical policy documents to ensure all stages have been completed. The Review Group Lead will submit electronically to the GAPF Policies Subgroup via gram.policiessubgroup@nhs.scot:
- the post consultation version of the policy;
- list of consultation comments (using Appendix 6); and
- the Impact Assessment documents as these will be held centrally.

5.7 The GAPF Policies Subgroup will advise the Review Group Lead of the date of the next GAPF Policies Subgroup meeting at which the policy will be discussed. The Review Group Lead or a nominated deputy may attend to discuss the policy on either their personal request or on the request of the GAPF Policies Subgroup.

5.8 The GAPF Policies Subgroup will discuss the policy reviewing the completed Appendix 6 and agree whether any further changes are required prior to submission to the GAPF, discussed as necessary with the Review Group Lead. The GAPF Policies Subgroup will agree that the policy can proceed to GAPF and this will be communicated to the Review Group Lead.

5.9 Once the document is in its final draft, the GAPF Policies Subgroup will check the format of the finalised document against Appendix 2 and the details on the front page. Version numbers will increase by an increment of 1.00. For example V1.00 would become V2.00. The date on which the document becomes effective will be one month after approval by GAPF, allowing time for the document to be placed on the intranet, globally communicated, read and understood by staff. The review date will be five years thereafter, except in exceptional circumstances.

5.10 The GAPF Policies Subgroup will arrange for the completed policy and any associated documents or templates to be presented to the Director of People and Culture for final review prior to being submitted to GAPF for approval.

5.11 Any queries or concerns raised by the Director of People and Culture will be discussed with the Chair(s) of the GAPF Policies Subgroup. The Chair(s) may forward these queries or concerns to the Policy Review Group Lead for clarification and/or amendment of the policy, in conjunction with the Review Group. When this has been concluded the policy must then be re-submitted to the GAPF Policies subgroup to repeat section 5.8.

5.12 Once the Director of People and Culture has agreed the content of the policy, the Director of People and Culture will inform the Chair(s) of the GAPF Policies Subgroup who will arrange for the policy and all associated documentation to be presented to GAPF for approval. The Review Group lead will attend GAPF to present the policy, outlining the main changes. The outcome of the policy review will be recorded in the minute of the GAPF meeting.

5.13 Should the policy fail to gain approval of GAPF, the policy will be subject to

further review by the GAPF Policies Subgroup and Review Group Lead. The review process will continue in line with sections 5.8 – 5.12 until the policy gains approval by GAPF.

6.   Distribution and Communication of new Policies:

6.1   Once approved the GAPF Policies Subgroup will arrange, through the appropriate webmaster, for a Portable Document Format (PDF) version of the policy and associated documents to be uploaded to and registered on the NHS Grampian Document Information Silo.

6.2   The appropriate webmaster will upload the document onto the NHS Grampian Internet site and appropriate topic intranet site ensuring superseded versions of policies (and any associated superseded templates) are withdrawn from the internet and intranet. Thereafter arrange for details of the new or updated policy to be disseminated through NHS Grampian global e-mail system, in conjunction with the GAPF Policies Subgroup. The Protocol for the inclusion of policies on the NHS Grampian Intranet policies page (Appendix 7) must be followed to ensure the links on the generic intranet policy page (Department page – P – Policies and Forms) are kept up-to-date.

6.3   It remains a line managers' responsibility to provide information and training in relation to any policies.

7.   Policy Deviations and Waivers:

7.1   If there are recurrent issues arising from any of the approved policies, these should be highlighted to the GAPF Policies Subgroup. If deemed appropriate the policy will be reviewed early.

7.2   No request for waiver will be considered.

7.3   Agreements reached and agreed prior to new policies being introduced will remain in place.

8.   Management of Policies:

8.1   The GAPF Policies Subgroup will maintain a timetable documenting the stage of policy development review and distribution.

8.2   The Review Group Lead should keep a record of all correspondence and draft copies of documents in relation to the policy and so retaining an audit trail of policy development. This should be retained until the policy is next reviewed.

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

8.3   Original Microsoft Office Word™ document format Master copies of policies (and any associated documents or templates) will be held electronically by the GAPF Policies Subgroup within the NHS Grampian secure networked server. These will be held in a folder with access limited to the Joint Chairs of the GAPF Policies Subgroup; Human Resources Administrator and Partnership Support Officer. Superseded versions will be moved to an archive folder saved in a shared drive accessible to the Subgroup.

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

Flowchart of the process to development, approval, review, revision and communication of non-clinical policies

Policy review or new policy agreed at a Policies Subgroup meeting.

Staff Side members through the Partnership Support Officer.

If a member from a specific team is necessary direct contact.

Review Group Lead and partnership group established with names given to the Review Group Lead.

Management members through Senior Leadership Team.

Policy Review Group meet organised by the Review Group lead. Recommendation to meet in person. All group members must be involved in the discussion and agreement of the contents.

Partnership involvement reviewed. If the policy has not been developed in partnership the Review Group Lead will be asked to convene a properly constituted Policy Review Group to discuss and agree the contents before resubmitting for consultation.

Reminder that if a PIN policy exists it is minimum standard.

Consultation standard policy created.

Submitted to the Policies Subgroup to approve for consultation along with the names of the Policy Review Group members.

The Policies Subgroup will decide the order of consultation if more than one policy is available for consultation.

Policy consulted on for a minimum of six weeks.

Review Group Lead copied into consultation email.

Policy Review Lead provided with all consultation comments at the end of the consultation period.

12

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

```
┌─────────────────────────────────────────────┐
│   Policy Review Group meet to decide if      │
│   consultation comments accepted or          │
│   rejected.  Complete Appendix 6.            │
└─────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────┐
│   Each person making comment will receive a  │
│   response regarding their individual        │
│   comment(s) from the Review Group Lead      │
│   prior to the updated policy being returned │
│   to the GAPF Policies Subgroup.             │
└─────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────┐
│   Policy Review Group creates a post         │
│   consultation version of the policy.        │
└─────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────┐
│   Policy Review Group has the policy impact  │
│   assessed and makes any necessary           │
│   amendments.                                │
└─────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────┐
│   Review Group Lead will submit              │
│   electronically to the GAPF Policies        │
│   Subgroup:                                  │
│   •  the post consultation version of the    │
│      policy:                                 │
│   •  list of consultation comments (using    │
│      Appendix 6):                            │
│   •  the Impact Assessment documents as      │
│      these will be held centrally            │
└─────────────────────────────────────────────┘
                      │
                      ▼
┌─────────────────────────────────────────────┐
│   Policies Subgroup will discuss the policy  │
│   review Appendix 6, agree whether any       │
│   further changes are required prior to      │
│   submission to GAPF; check and amend the    │
│   format to ensure compliance.               │
└─────────────────────────────────────────────┘
```

If agreed for submission to GAPF, Policies Subgroup presents policy to the Director of People and Culture for final review.

If not agreed for submission to GAPF returned to the Review Policy Lead with an explanation for action.

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

```
                              │
                              ▼
┌─────────────────────────────────────────────────────────────┐
│ Any queries and concerns taken forward by the Joint Chairs   │
│ of the Policies Sub-group and Review Group Lead as necessary.│
└─────────────────────────────────────────────────────────────┘
                              │
                              ▼
┌─────────────────────────────────────────────────────────────┐
│        Finalised policy submitted to GAPF for approval.      │
└─────────────────────────────────────────────────────────────┘
            │                                      │
            ▼                                      ▼
     ┌──────────────┐                     ┌──────────────────┐
     │  Approved.   │                     │  Not approved.   │
     └──────────────┘                     └──────────────────┘
            │                                      │
            ▼                                      ▼
┌──────────────────────────┐        ┌──────────────────────────┐
│ Approval date is the date│        │   If the policy fails to  │
│ of GAPF; effective date  │        │   be approved at GAPF the │
│ is one month after GAPF  │        │   policy will be subject  │
│ and the review date is   │        │   to further review by    │
│ five years, except in    │        │   the GAPF Policies Sub-  │
│ exceptional circumstances.│        │   group and the Review    │
│                          │        │   Group Lead.             │
└──────────────────────────┘        └──────────────────────────┘
            │
            ▼
┌──────────────────────────┐
│ Global communication of  │
│ the policy, intranet and │
│ internet updating.       │
└──────────────────────────┘
```

Procedure for the Development, Approval, Review, Revision and
Communication of Non-Clinical Policies Version 8

NHS Grampian

Standard Format for Non-Clinical Policies

1   General:

- In Arial, 12 point. All text highlighting should be in bold type - **no underlining or italics** should be used. This includes footers and sub-headings.

- Capitals can be used at the start of a word but not for the whole word since this is much harder for a partially sighted person to read.

- Text should be justified left; this gives a jagged edge at the right hand side of the page which helps to let people with sight problems know where one line ends and another begins.

- There must be a clear contrast between the text and the background. Often, people put black text over a dark background which makes it difficult to read.

- Text can be put in boxes, but there must be some space between the text and the edges of the box. Text in tight boxes becomes just one mass to a person with sight problems.

- When lists are shown in a paragraph, these should be indented, to make it clear where the list begins.

2   Format Template:

Arial, 16 point, centred

Policy Title

Co-ordinator:	Reviewer:	Approver:
Lead of Review Group	GAPF Polices Subgroup	Grampian Area Partnership Forum (GAPF)

Date approved by GAPF:	Effective date:	Review date:

Uncontrolled When Printed

Version

The provisions of this policy, which was developed by a partnership group on behalf of Grampian Area Partnership Forum, apply equally to all employees of NHS Grampian except where specific exclusions have been identified.

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

NHS Grampian
Policy Name

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245.

This Policy has undergone Equality and Diversity Impact Assessment.

Revision History:

Document Title	Policy Version	Date approved by GAPF	Review Date

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

NHS Grampian
Policy Name

Arial, 14 point, centred

Contents

Section Number	Section Title	Page number
1	Introduction	1
2	Scope	1
3	Roles and Responsibilities	1
3.1	Role of Line Manager*	1
3.2	Role of Employee*	1
4	Detailed Procedure	2

The policy sections thereafter will be those appropriate to the policy subject.

Appendices
List of appendices

*Illustrative

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

NHS Grampian
Policy Name

Main text of the policy which starts with an introduction

Arial, 14 point, centred

An introduction or a succinct policy statement which outlines the purpose and general principles of the policy

1	**Introduction or Policy Statement**
2	**Scope**
3	**Roles and Responsibilities –** should be written in the order of seniority and an individual should only be included if they have a defined role in the policy.
	3.1 Role of the line manager
	3.2 Role of the employee
	3.3 Role of the Trade Union/Professional Organisation representative
	3.3.1.
	3.3.2.
	3.3.3.
4	**Detailed Procedure**

Main sections should be separated by three line breaks*

Sub sections should be separated by two line breaks

Any further sub sections i.e. 3.3.1 and 3.3.2 by one line break

The policy sections thereafter will be those appropriate to the policy subject.

*Use the return key four times. The grid lines are only included to help illustrate the line spacing required and would not be expected in the policy.

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

**Grampian Area Partnership Forum (GAPF) Policies Subgroup
Remit and Terms of Reference**

1. Name of the Subgroup

The Policies Subgroup of GAPF.

2. Role of the Subgroup

The Policies Subgroup is remitted by GAPF to oversee and promote the development, access and use of policies throughout NHS Grampian.

The Subgroup seeks, where possible, to minimise the overall number of policies, and to ensure that all polices are accessible and understandable.

The Subgroup will set its own agenda, taking into account PIN policy, legislative changes and NHS Grampian organisational strategy and vision in their recommendations, and will report to GAPF for formal approval and consideration of further action required should resource commitment be necessary.

The Subgroup will maintain a record of non-clinical policies and their review dates, in order to instigate as required policy reviews to ensure an up-to-date suite of policies.

3. Scope

The scope of the Subgroup extends to:
- Staff Management Policies
- Health & Safety Policies
- Corporate Policies
- Learning and Development Policies (at Consultation Stage)

The scope specifically excludes:
- Clinical Policies

4. Membership

The Subgroup will comprise a minimum of two members of the GAPF (two Staff Side, two Management), one of whom will be responsible for ensuring that GAPF is kept informed of progress on Subgroup issues and vice versa. Other members will be drawn from the Workforce Directorate, Sector Partnership Fora, Local Partnership Groups, or from staff who have a particular expertise or interest which would be of value to the Subgroup.

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

Additional members may be appointed/co-opted to the Subgroup at any time by the agreement of a simple majority of Subgroup members present at a quorate meeting.

Staff Side representatives will be entitled to paid time-off for preparation for and attendance at, meetings of the Subgroup and all members will be entitled to claim travelling expenses for attendance at Subgroup meetings, the detail of which is contained within the Facilities Arrangements for Trade Unions and Professional Organisations Policy.

5. Chair

There are two Joint Chairs, a representative from the Workforce Directorate, (appointed by the Director of People and Culture) and an elected staff side representative.

6. Meetings of the Subgroup

Meetings will be held at least 4 times per year, with dates agreed in advance for a calendar year.

7. Provision of Subgroup papers

Members of the Subgroup will normally receive papers at least five working days in advance of the meeting date.

8. Agenda and Minutes of the Subgroup

The Joint Chairs will agree items for the agenda and ensure that a copy of each approved Subgroup minute is provided for publication on the NHS Grampian intranet.

9. Items for consideration by the Grampian Area Partnership Forum

Where there are specific items which the Subgroup wishes GAPF to consider, request, question etc., will be included in a paper which will be submitted to the GAPF.

10. Amendment to the Constitution

The Remit and Terms of Reference may be amended from time to time by the agreement of a simple majority of Subgroup members.

NHS Grampian Review Consultation Group Contacts:

Group	Specific contact
AHPs	Director of AHPs & Public Protection
Equality and Diversity Impact Assessment	Equality and Diversity Assistant
Senior Leadership Team	PA to the Chief Executive
General Management	General Manager, Mental Health and Learning Disabilities Nominated managers in Sectors
Global Email	gram.globals@nhs.scot
Medical and Dental Joint Negotiating Committee	Workforce Information Manager Operational Workforce Manager
Operational HR Team	Head of People and Change Human Resources Managers
Partnership	gram.partnership@nhs.scot
Policies Subgroup	Joint Chairs
PREVENT Strategy	Joint Training Co-ordinator
Workforce	Director of People and Culture Head of Workforce and Development

Procedure for the Development, Approval, Review, Revision and
Communication of Non-Clinical Policies Version 8

NHS Grampian Checklist for the Development of a Non Clinical Policy			
Title of policy	NHS Grampian		

Please refer to the NHS Grampian document "procedure for the development, approval, review, revision and communication of non-clinical policies".	**Yes**	**No**	**N/A**
Development Process:			
1 Request for new policy/policy review submitted to GAPF Policies Subgroup.	☐	☐	☐
2 GAPF Policies Subgroup agree new policy/policy review	☐	☐	☐
3 Review Group and Review Group Lead identified and members agreed. A Policy Review Group should comprise of Management members; Staff Side members; a specific team if deemed necessary for example the HR Operational Team, Payroll or OHS; and where necessary, in collaboration with appropriately qualified and experienced individual(s). Recommendation to meet in person. All group members must be involved in the discussion and agreement of the contents.	☐	☐	☐
4 Policy drafted in line with this procedure document and by appropriately qualified and experienced individuals.	☐	☐	☐
Consultation, Review and Revision Process:			
5 Once draft policy is ready for consultation, (following steps 1-4) Review Group Lead forwards copy to GAPF Policies Subgroup along with the names of the Policy Review Group members. The GAPF Policies Subgroup will review partnership involvement. If the policy has not been developed in partnership the Review Group Lead will be asked to convene a properly constituted Policy Review Group to discuss and agree the contents before resubmitting for consultation.	☐	☐	☐
6 GAPF Polices Subgroup agrees date of distribution for consultation (policies will be disseminated at intervals).	☐	☐	☐
7 GAPF Policies Subgroup to disseminate draft policy to Review Consultation Group (Appendix 4) in line with agreed timetable.	☐	☐	☐
8 Feedback from consultation provided to the Review Group Lead.	☐	☐	☐
9 Meeting arranged with the review group to discuss and make changes to the draft policy as appropriate.	☐	☐	☐
10 Each person making comment will receive a response regarding their individual comment(s) from the Review Group Lead prior to the updated policy being returned to the GAPF Policies Subgroup.	☐	☐	☐

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

11	Impact Assessment of the draft policy organised by Review Group Lead.	☐	☐	☐
12	Once Impact Assessed and appropriate amendments made, draft Policy (post consultation) submitted to GAPF Policies Subgroup by Review Group Lead with list of comments (Appendix 6) and Impact Assessment documents.	☐	☐	☐
13	GAPF Policies Subgroup to discuss Appendix 6 and agree policy or advise of amendments as required.	☐	☐	☐
14	Once in its final draft, GAPF Policies Subgroup check and update version control and formatting of policy document.	☐	☐	☐
15	GAPF Policies Subgroup will present final policy to the Director of People and Culture for final review prior to being submitted to GAPF for approval.	☐	☐	☐
16	Once the Director of People and Culture has agreed the content of the Policy, the Chairs of the GAPF Policies Subgroup will arrange final draft of policy and associated documents to be presented to GAPF for approval and sign off.	☐	☐	☐
Distribution and Communication of New Policies				
17	GAPF Policies Subgroup arrange, through the appropriate webmaster, for policy document to be uploaded onto document silo; appropriate topic intranet site and internet site ensuring superseded versions of policies (and any associated superseded templates) are withdrawn.	☐	☐	☐
18	Thereafter arrange for details of the new or updated policy to be disseminated through NHS Grampian global e-mail system, in conjunction with the GAPF Policies Subgroup.			
19	The Protocol for the inclusion of policies on the NHS Grampian Intranet policies page (Appendix 7) must be followed to ensure the links on the generic intranet policy page (Department page – P – Policies and Forms) are kept up-to-date.			
20	Local line management and staff provide information and training on new/revised policy document as appropriate.	☐	☐	☐
Management of Policies				
21	GAPF Policies Subgroup will maintain a timetable documenting the stage of policy development review and distribution.	☐	☐	☐
22	The Review Group Lead should keep a record of all correspondence and draft copies of documents in relation to the policy and so retaining an audit trail of policy development. This should be retained until the policy is next reviewed.	☐	☐	☐
23	GAPF Policies Subgroup retain the master Microsoft Office Word™ version of the policy, the Impact Assessment documents and Review Group members.	☐	☐	☐
24	GAPF Policies Subgroup oversee the removal of superseded version of policy and associated templates from the internet and intranet and document silo. Documents retained within an electronic archive folder.	☐	☐	☐

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

Form to be completed by the Review Group and submitted to the GAPF Policies Subgroup to provide decisions on consultation comments

Name of Policy:

Reference section of the Policy	Comment/Feedback	Accepted or Rejected	Rationale for Rejection

25

Procedure for the Development, Approval, Review, Revision and
Communication of Non-Clinical Policies Version 8

Protocol for the Inclusion of Policies on the NHSG Intranet Policies Page

This protocol contains guidance to support the management of access to NHS policies and procedures

Prepared by the Policies & Procedures Review Group

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245.

1. Executive Summary:

This protocol has been developed to define the processes and controls put in place to ensure all NHSG policies and procedures are easily accessed via links under 'P' on the 'Departments' page of the intranet, known as the NHSG Intranet Policies Page i.e.

All non-clinical policies are still available via the intranet 'Departments' page on the appropriate topic intranet page e.g. Finance, HR.

In addition, all policies are now available via the intranet 'Departments' page → P → Policies and Forms → leading to an alphabetic directory of all non-clinical policies and a link to the clinical policies page (under C).

The link will then redirect the user to the appropriate intranet page where the policy document is held.

To ensure all policies, clinical and corporate, are accessed via this link, the following process should be followed by all staff who are responsible for drafting and/or reviewing any NHSG policy document, in conjunction with the webmaster of the topic intranet page and is in addition to any current process.

2.   Process

All members of staff who update any policy on the intranet, clinical or non-clinical, are required to follow this process. If you are reviewing a non-clinical policy please refer to the 'Procedure on how to Review a Non-Clinical Policy' first.

Once your policy is approved at GAPF, or at the Clinical Process Document Review Group, you should:-
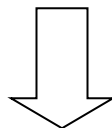
Final check that policy has information detailed such as author/reviewer/effective date and review date; and has a review date.
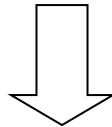
Ensure policy is updated on the topic (egg Finance/HR) intranet pages.
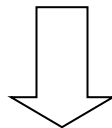
Email gram.policiessubgroup@nhs.scot include link to topic intranet page where your policy document is to be held, egg Finance pages/HR pages etc

Once your policy has been included on the NHS Intranet Policies Page you will receive notification that it is available.

Procedure for the Development, Approval, Review, Revision and Communication of Non-Clinical Policies Version 8

3. Contact Information

P for Policies Intranet Page

To action any updates to the alphabetical list please contact:-

gram.policiessubgroup@nhs.scot

Non-Clinical

For any drafting of non-clinical policy queries please contact:-

gram.policiessubgroup@nhs.scot

or for any HR policy advice please contact:-

HR Hub – gram.hr@nhs.scot or phone: - 01224 552888

Clinical

For any clinical policy queries please contact:-

gram.qiat@nhs.scot   **or**

Debbie Barron - debbie.barron@nhs.scot

Dianne Drysdale
Business Manager Corporate Services
February 2018 (revised September 2018)
Contact details revised January 2023

Procedure for the Development, Approval, Review, Revision and
Communication of Non-Clinical Policies Version 8