



POLICY DEVELOPMENT FRAMEWORK

Lead Manager:	Corporate Services Manager - Compliance
Responsible Director:	Director of Corporate Services and Governance
Approved by:	Corporate Management Team
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POLICY DEVELOPMENT FRAMEWORK

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1. Introduction

NHSGGC requires a robust framework for the development, approval and management of policies and other associated documents in line with the approach to Active Governance. This framework aims to ensure that:

- There is a consistent and clear approach to policy development, consultation, approval, dissemination/communication, access to documents and review.
- NHSGGC complies with relevant legislation, governance, audit and controls assurance requirements.
- Policy processes are appropriate for new organisational arrangements and single system working.
- The impact of policies is fully assessed and understood.
- Policies in use are current, relevant, up to date, have clear ownership, and formal approval, including agreement with Staff Partnership where necessary.
- NHSGGC meets its commitment to embed an equalities approach into all our functions.

2. Scope

This Framework applies to all NHSGGC staff in all locations. It sets out the route to be followed when developing or updating policies, both clinical and non-clinical, and introducing these within the organisation.

The Framework also extends to procedures and guidelines that act as implementation tools for policies and are contained within their appendices.

The Framework does **NOT** apply to stand-alone procedures and guidelines that are governed within existing specialist frameworks e.g. NHSGGC Clinical Guidelines Framework, NHSGGC Health and Safety Guidelines and Briefing Notes. Nor does this Framework apply to Once for Scotland National Workforce Policies: [NHS Workforce Policies | NHS Scotland](#)

The following broad definitions are applied:

Policy

- A policy is a guiding principle used to set direction in an organisation. It can be a course of action to guide and influence decisions.
- It should be used as a guide to decision making under a given set of circumstances within the framework of objectives, goals and management philosophies as determined by senior management.
- Policies are usually general statements about aims, intentions or an approach to a particular issue, which summarises an organisation's position on an issue, and is presented as a statement of intent or a plan of action.

Procedure

- A procedure is a standardised series of actions taken to achieve a task so that everyone undertakes it in an agreed and consistent way to achieve a safe, effective outcome.

Guidelines (Clinical and Non-clinical)

- Clinical guidelines are evidence-based statement (or series of statements) used to assist clinicians in the decision-making process about appropriate treatment and care in specific circumstances. For further information please refer to: [Clinical Guideline Toolkit \(nhsggc.org.uk\)](https://www.nhsggc.org.uk/clinical-guidelines-toolkit)
- Non-clinical guidelines provide standards and principles to assist staff in demonstrating actions and behaviours that are consistent with a particular policy.

3. Policy Development Principles

All Board policies must meet the following principles and standards:

- Is aligned to NHSGGC Values and Objectives.
- Is evidence-based.
- Has a clear rationale. The reasons for having a specific policy should be clearly articulated.
- Is based on robust information about the affected group of staff or patients and the likely impact.
- Is clear about its scope.
- Meets the requirements set out in this Policy Development Framework in relation to consultation and engagement, working with Staff Partnership, impact assessment, format and style, approval pathways, communication and dissemination, and review.

Policies should only be developed with prior approval from the relevant Director or Approval Body.

Policy Leads will be expected to examine the existing policy landscape and provide assurance of the absence of duplication.

Where there is potential overlap in content, the Policy Lead will be required to liaise with other relevant policy leads to ensure coherence.

Policy Leads should also pay cognisance to complementary policies in their particular area of business in order to promote a wider suite of policies within their published document as necessary.

4. Roles and Responsibilities

Director of Corporate Services and Governance:

- Overall responsibility for Policy Development Framework.
- Provide advice on the policy framework and processes through the Corporate Services function.

Corporate Services Manager:

- Author and lead manager for the Policy Development Framework.
- Provide advice on the policy framework and processes.
- Ensure implementation of the framework, including the development and maintenance of a policy management system.
- Review the framework and processes to ensure it remains fit for purpose.
- Ensure a system is in place for staff access to all policies.

Policy Lead:

- Meet the requirements for consultation, review of evidence, impact assessment and document format as set out in the Policy Development Framework.
- Ensure that the policy is approved by the appropriate approval body in line with the NHSGGC Scheme of Delegation.
- Develop a communication and implementation plan for the policy, working through the general management structure for implementation.
- Disseminate the document as appropriate with support from Corporate Communications if required.
- Ensure that the policy is reviewed at the stated date.

Responsible Directors:

- Ensure that the requirements of the Policy Development Framework are followed.
- Ensure ownership of the appropriate policies under their area of responsibility.
- Provide advice to their nominated Policy Lead throughout the policy development process.
- Ensure the Staff Partnership function is involved in the development and approval of policy where necessary, including the routing of policy through the Area Partnership Forum.

Approving Bodies:

- Ensure that the policy development process has included appropriate consultation and review of evidence prior to approval.
- Ensure an appropriate implementation and communication process is in place.
- Ensure that all necessary impact and risk assessments have been carried out.

- Ensure that policies are not approved outside the authority of the group.

Directors and General Managers:

- Ensure systems are in place to implement relevant policies in their areas.

Line Managers:

- Ensure policies are accessible for all their staff.
- Ensure staff have read and understood the relevant policies.
- Ensure systems exist to identify staff training needs on the implementation of new and updated policies.

Employees:

- All staff must ensure that their working practices cohere with all policies relevant to their area of work.

5. Consultation and Engagement

Policy Leads must identify and involve all relevant stakeholders, both affected by the policy, and responsible for its implementation, appropriately and proportionately. It will be particularly important for policy leads to engage with Staff Partnership and HR at the outset should the policy have implications for staffing, the operating environment or working practices.

Policy Leads must also ensure that any statutory requirements for public involvement are complied with where required and should consult [Planning with People: Community Engagement and Participation Guidance](#). Consideration should be given to the need for formal public consultation where a significant change to services is proposed, with the considerations and process for this set out within the guidance.

6. Impact Assessment

Impact assessment is an integral part of the process of developing policy. As a minimum, all policies must consider the following:

- Cost implications.
- Workforce and staff requirements.
- Service delivery implications.
- Risk (Operating, Legal, Financial/Commercial, Clinical, People/Workforce, Reputational)
- Impact on environment and sustainability.
- Equalities impact (**mandatory**).

Finance and Workforce Impacts

Advice should be sought from **Finance** and **HR** where required regarding cost and workforce implications.

Development of any policy relating to professional disciplines (clinical staff or staff who provide clinical advice – full list [here](#)), should take account of the views of staff – including decision making on staffing, ensure the wellbeing of staff, allocate staff efficiently and effectively. Where in any doubt, the policy lead should consult [Health and Care \(Staffing\) \(Scotland\) Act 2019 \(legislation.gov.uk\)](#) to ensure that any policy gives due regard to the guiding principles and duties within the legislation.

Assessing Risk

Policy Leads are required to complete the **Policy Development Risk Assessment Tool**, available from [Corporate Risk Management \(scot.nhs.uk\)](#) in order to inform their policy development or review. The tool is designed to assist the lead in articulating the risk management impacts of any new policy development, including:

- Detailing any risks that may emerge as a by-product of this new policy
- Planned actions to mitigate those risks
- The extent to which the new policy supports the mitigation of existing Corporate risks

And, if relevant:

- The risk to the organisation were this policy to be withdrawn and not replaced

Guidance on completing the risk assessment tool is also available via the link above. Completed assessments should be submitted along with the **Assurance Checklist** in **Appendix 1**.

Climate Change and Sustainability

NHSGGC is committed to tackling the climate change and sustainability challenge in meeting Net Zero targets by 2040. The 17 United Nations Sustainability Goals ([THE 17 GOALS | Sustainable Development \(un.org\)](#)) are a core part of the Scottish Government's National Performance Framework and a measurable KPI for NHS Scotland Chief Executives.

Policy Leads should ensure that Sustainability and Environmental Social Governance (ESG) considerations are holistically integrated into policy development in order to support a strong sustainability culture within the organisation:

Environment – *Negative and positive impacts a policy and its respective area of operations*

will have on the natural environment and what controls will be put in place to mitigate the impacts.

Social – Consider elements that can affect societal wellbeing for patients, staff and visitors and if this can be improved.

Economic - Improve financial performance through economic sustainability. Examples include: recycling and/or re-using valuable materials to lower operating costs and reduce the intensity of resource consumption.

Policy Leads should contact the NHSGGC Sustainability Team on Sustainability.Team@ggc.scot.nhs.uk for further advice and assistance as required.

Equalities

Equality Impact Assessment (EQIA) is a legal requirement under the Public Sector Equality Duty for policy development or review. Policy Leads must complete an EQIA to ensure policies:

- Eliminate unlawful discrimination, harassment and victimization.
- Advance equality of opportunity between groups of people with different protected characteristics.
- Foster good relations between different protected characteristic groups.

Ahead of undertaking an EQIA, Policy Leads should contact the Equality and Human Rights Team at Equality@ggc.scot.nhs.uk. The team will issue a copy of the NHSGGC screening tool, arrange an introductory session to explain the process, provide a quality assurance service for completed assessments, and will arrange EQIA publication on the NHSGGC website (also a legal requirement).

An **Assurance Checklist**, to ensure all of the requirements set out in Sections 4 – 6 of this Policy have been considered, is provided at **Appendix 1**. The completed checklist should be made available to the relevant Approval Body when presenting the policy, along with the separate **EQIA** and **Risk Assessment Tool**.

A Policy **CANNOT** be presented to an Approval Body without a fully completed Assurance Checklist and associated assessments.

7. Format

Policies should be in a standard format which meets disability access standards, in accordance with the template at **Appendix 2**. Drafts should clearly state version number.

All policies should be in Arial font with a preferred font size 12 (14 where practical). Type should be justified on the left. All sentences should be in lower case. Policies should be printed in a black font on a plain background.

Policies should clearly state the following:

- Policy Lead
- Responsible Director
- Date of approval
- Approving body
- Date for review

Consideration should be given to the expected audience for the policy and the level of understanding of technical terms. Policies should be written in plain English avoiding the use of jargon where possible and with acronyms set out in full.

Where the policy will be published or made available externally, it should include a clear statement on how alternative formats (e.g. alternative languages, large print, audio CD) can be requested, including contact details, in line with the Board's **Accessible Information Policy**.

Electronic versions of policies, including those placed on the intranet, should be in PDF files where possible or read-only files to prevent alteration.

8. Approval Pathway

In determining the appropriate approval pathway, Policy Leads and their Directors must consider whether:

- The Policy is applicable across some, several or all Board specialities or functions.
- The [NHSGGC Scheme of Delegation \(hyperlink\)](#) specifies an expected approval route for the relevant business area.
- There are significant new cost implications beyond a single Board speciality or function.
- There are significant new service implications beyond a single Board speciality or function.

Policy Leads should consult with their Director to identify the most appropriate approval route, whether this be at management, committee or full Board level as deemed necessary. Consideration must also be given for the need to seek approval from Staff Partnership as part of the approval route.

The identified Approving Body may in turn request for the Policy to be approved at a higher or even lower tier in the governance structure if it deems this appropriate, whilst the full Board may use its discretion and elect to call in certain policies for approval given their potential financial, reputational or political implications.

It will important for the approval pathway, once fully determined, to be captured in the NHSGGC Policy Document Management System (see Section 9).

The Policy Development and Review Cycle is included in **Appendix 3**.

9. Communication, Dissemination and Implementation

Following approval by the appropriate Approval Body, the Policy Lead should:

- Ensure that the policy is available on the most appropriate section of the NHSGGC website and that existing versions/links are removed. Policy Leads should contact the Board's Communication function for support as required.
- Take responsibility for communicating the policy to the relevant groups of staff, ensuring that those without access to the network can access paper copies as necessary.
- Ensure that key information about the Policy - document location, ownership, version number, review date, approval pathway and other key classifications is shared with Corporate Services to update the NHSGGC Policy Management System.

The Policy Lead will be responsible for the implementation of the policy, including timescales for roll-out, training, ongoing communication and review.

10. Review

All policies should be reviewed every three years as a minimum, or sooner if there is a specific legislative or service requirement or change in guidance, law or practice.

Reviews should take account of:

- The effectiveness of the current policy.
- Changes to organisational and national policy and context.
- The ongoing requirement for the policy.

In considering the effectiveness of the policy, Policy Leads should:

- Ensure that objectives, outcomes, inputs, processes, impacts and implementation are monitored, and be clear about the purpose and goals.
- Establish what will be monitored and why. If the policy structure is clear, and the provisions are focused, monitoring will be more manageable.
- Monitor the objectives of the policy within a continuous cycle of review to ensure the highest quality provision for all patients and staff.

A guide to undertaking policy evaluation is available from the Scottish Government:
[Evaluation for policy makers - A straightforward guide - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Policy Leads should share the findings of their review with the Approval Body as per the Assurance Checklist in **Appendix 1**.

11. Implementation of the Policy Development Framework

This document will be made available on the NHSGGC website and widely circulated to Directors, Senior Managers and the Approval Bodies listed in Section 8.

This framework will be reviewed three years from the date of approval.

ENDS

APPENDIX 1

ASSURANCE CHECKLIST

Name of Policy

Approving Body or Bodies (in order)

.....

Date of Approval.....

Director/Policy Lead.....

	Requirement	Comment
Scope	The scope is clearly defined. There is clear evidence that it does not duplicate existing policy. Recognition is given where it overlaps with or supplements existing policy.	<i><<Include information, justification and assurance on scope>></i>
Consultation	There has been sufficient consultation with those affected by the policy, including those with responsibility for implementation.	<i><<include information on who was consulted with and response to any significant issues raised>></i>
Staff Partnership	The policy development requires collaboration with, and agreement of, Staff Partnership.	<i><<include information on engagement with Staff Partnership or reason why none was considered necessary>></i>
Communications Plan	There is a comprehensive communication and implementation plan in place.	<i><<summary>></i>
Finance	Cost implications are fully understood and agreed by budget holders, or additional resource Secured.	<i><<include details of likely cost and source of any funding>></i>
Equalities	The policy has been subject to EQIA assessment and shared with the Corporate Inequalities Team.	<i><<attach completed EQIA>></i>

Human Resources	<p>Implications for staff are fully understood and agreed.</p> <p>Where appropriate, the policy has taken into account the Health and Care (Staffing) (Scotland) Act 2019 (legislation.gov.uk)</p>	<i><<confirm that this has been considered>></i>
Sustainability	Impact on the environment (e.g. carbon emissions; travel) is understood and agreed.	<i><<consider the risks and opportunities around sustainability and confirm that any action to minimize impact have been considered>></i>
Risk	Any risks to the organisation are fully understood and agreed as a result of this Policy.	<<attach completed Policy Risk Assessment Tool>>
Service Delivery	Implications for service delivery including achievement of performance targets are fully understood and agreed.	<i><<include details where relevant>></i>
Review	A review has been carried out to evaluate the effectiveness of the current policy.	<i><<summary of evidence>></i>

The completed Assurance Checklist should be submitted to Iain Paterson, Corporate Services Manager (iain.paterson2@ggc.scot.nhs.uk) following approval of the Policy.

APPENDIX 2

TEMPLATE



<<TITLE>>

Lead Manager:	<<post title>>
Responsible Director:	<<post title>>
Approved by:	<< committee or group>>
Date approved:	<<date>>
Date for Review:	<<date>>
Replaces previous version: [if applicable]	<<date of original>>

1. Contents page

Optional: dependent on the length and complexity of the document.

2. Introduction

Introduces the topic and includes reference and applicability of relevant legislation, definitions and context. This section should also include detail of the purpose and objectives.

3. Scope

The target audience for the policy or procedure. For example “this policy applies to all employees of NHSGGC in all locations”

4. Roles and responsibilities

Expectations of staff as a whole and any specific roles and responsibilities associated with particular posts.

5. Body of Policy

6. Review

Arrangements for review, including review date or any triggers for review (e.g. expected legislation).

7. References

Supporting Information (may be included in main policy document, or in separate supporting documentation).

A Communication and Implementation Plan

To include any training required and clear plan for communications with anyone expected to be aware of or implement the policy.

B Monitoring

Arrangements for monitoring the implementation of the policy and whether the aims have been achieved.

C Impact Assessment

Details of the implication of the policy including EQIA, Policy Risk Assessment Tool and other impacts as set out in the Assurance Checklist 1 in the Policy Development Framework.

APPENDIX 3

