



Policy on Policies and Procedures

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1 Aims and Objectives

- 1.1. South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to ensuring it has the right policies and procedures in place to support effective delivery of its services. This policy and procedure sets out the process for the development, revision and withdrawal of all Trust policies and procedures (including Standard Operating Procedures).

2 Principles

- 2.1. The process for the development, revision and withdrawal of policies and procedures is set out in in this document. Use of this process ensures SECAMB documents have the following attributes:
- Defined ownership and accountability
 - Developed and managed through a clear process
 - Underpinned by evidence and where appropriate, supported by training
 - Complete and accessible to employees
 - Supported by a Dissemination Plan to ensure effective dissemination
 - Reviewed regularly and monitored for their effectiveness
 - Withdrawn when no longer required and let people know
- 2.2. Each policy/procedure will be owned by a responsible author to ensure the document is and remains effective and fit for purpose. When the individual changes the current owner is responsible for ensuring hand over is undertaken.
- 2.3. The process outlined uses a series of steps to ensure that the relevant people, with the right expertise and responsibility, are involved during the development and approval of the final document.
- 2.4. Recognised Trade Unions are key stakeholders and this Policy must therefore appropriately reflect the Recognition Agreement.
- 2.5. The Procedure includes relevant impact assessments and one checkpoint and the templates and guidance for each are included in the templates provided for document authors. The following must always be considered:
- That there are no unforeseen financial implications of changes to policy/procedure. All new or substantially revised documents will require Finance to confirm they have seen the document.
 - Any changes we make will not adversely affect people who belong to protected groups.
 - Any impact on the quality and safety of our services to ensure that we do not make changes with unforeseen consequences on our patients or colleagues.

- If a policy or procedure may have an impact on the use or storage of patient data we must also check that we are adequately protecting, storing and using the data according to relevant legislation and good practice.
- Any policy or procedure incurring costs or fees, or involving the procurement or provision of goods and services, may be susceptible to fraud, bribery and corruption so provision should be made with the document to safeguard against these.

- 2.6. A three-week all-employee online consultation period must occur for all new or substantially revised policies and procedures to leverage expertise and experience within the Trust.
- 2.7. Comments received during any impact assessment and the consultation period will be considered and the document updated as required. Please also see section 6.5
- 2.8. It is vital that all relevant employees are able to access the policy/procedure easily via the intranet. All *current* policies and procedures will be made available on The Zone and so staff should not save versions locally.
- 2.9. In the event that an older version of a document is required please contact polsandprocs@secamb.nhs.uk
- 2.10. All policy/procedures will be reviewed regularly (at a maximum of every three years) and updated as best practice, regulation, legislation, guidance or employee feedback requires.

3 Definitions

3.1. Policy

A SECAmb document falls within the definition of a 'policy' in this document if it meets all of the following criteria:

- It sets out an agreed organisational view on a particular topic;
- It is applicable across more than one Team, geographical location or role function;
- It is informed by legislation, regulation, national policy directives or best practice.

3.2. Procedure

A SECAmb document falls within the definition of a 'procedure' in this document if it meets all of the following criteria:

- It sets out a series of related steps designed to accomplish a specific task;
- It is applicable across more than one Team, geographical location or role function;
- It requires employees, and / or others, to perform their roles within defined boundaries.

4 Responsibilities

- 4.1. The Trust Executive Management Board is accountable for the effectiveness of this policy and procedure.
- 4.2. The Senior Management Group is responsible for evaluating the effectiveness of this policy and procedure and reporting to the Executive Management Board on its effectiveness.
- 4.3. The Joint Partnership Forum is responsible for the approval of each document (policy and procedure) covered by this Policy. It is also the forum for any policy requiring specific negotiation / consultation, in particular where they relate to pay, terms and conditions.
- 4.4. Each policy will be allocated to a Management Group who will be responsible for oversight of the effective implementation of the document.
- 4.5. The Corporate Governance Team is responsible for monitoring and recording the application of this policy and procedure.
- 4.6. Any employee with responsibility for the development, revision or withdrawal of a policy and/or procedure must adhere to the process outlined in this document and notify the responsible Management Group of the document's effectiveness review dates.

5 Procedure

- 5.1. The Corporate Governance Team will support authors in the process for developing policies and procedures. Contact polsandprocs@secamb.nhs.uk if you need support at any stage. You should get in touch at the earliest opportunity to avoid slowing down the progress of your document.
- 5.2. There are four distinct processes, depending on what you wish to do with a policy/procedure:
 - Develop a new policy and/or procedure
 - Substantially revise an existing policy and/or procedure
 - Make minor revisions to an existing document
 - Withdraw a document because it is no longer needed.
- 5.3. Identify which type of document you need to produce, ensuring the document is definitely a policy and/or procedure. The Trust uses different corporate documents for different purposes and there are different governance routes depending on the type of document you need to produce.
- 5.4. To check what type of document you need, refer to Appendix A: Types of documents.

6 Create a new or substantially revise an existing policy or procedure

- 6.1 The steps below must be followed in all cases.
- 6.2 Obtain authority to proceed from your accountable Executive Director or information identify the Trust Management Group that will have oversight of the effectiveness and fitness of the document. If you are unsure which Group would be most appropriate please contact polsandprocs@secamb.nhs.uk. Enter the responsible Management Group on the front of your document.

- 6.3 Email polsandprocs@secamb.nhs.uk to advise that you are revising or creating a document. The team will ensure you have the up to date templates.
- 6.4 Involve the right people to develop/revise your document, including those who will be using the document, to ensure that it is fit for purpose. There are a number of ways to do this:
- If the document relates to pay, terms and conditions then unions **must** be consulted from the outset. Email unionJPF@secamb.nhs.uk. For all other documents you should still email unionJPF@secamb.nhs.uk to seek their views and confirm the extent to which they would like to be involved.
 - Use a meeting of the responsible Management Group (if that group contains the relevant subject matter experts and stakeholders), or
 - Convene a one-off meeting specifically to discuss the document inviting subject matter experts and key stakeholders (including union members).
 - The Inclusion Hub Advisory Group, a diverse cross-section of the public (contact inclusion@secamb.nhs.uk to consult the IHAG) should be consulted if your document will have an impact on patient care. This can be done simply by email or more thoroughly face to face, depending on the complexity and scope of your document.
 - The Staff Engagement Advisory Network and Staff Engagement Champions, a cross-section of SECamb employees (contact staff.engagement@secamb.nhs.uk) should be consulted whenever your document will have an impact on employees across the Trust and is of sufficient complexity to warrant additional consultation in its early stages.
 - Ensure you consider carefully who the key stakeholders in your document are. Stakeholders may be internal or external.
 - Ensure you consider whether the new policy/procedure or the changes you are making to an existing policy/procedure may have an impact on any other policies, procedures or other Trust practices and ways of working. Ensure you engage with any parts of the Trust affected by the changes you are making.
 - **In all cases, Finance must confirm if there is any new and/or increased financial impact.** Email your document to financebusinesssupport@secamb.nhs.uk setting out whether you believe there are any financial implications and if there is a need for additional resource, how this will be funded. Approval from Finance Business Support is required prior to final approval. If there is insufficient budget to fund the expected resourcing requirements, a Business Case may be required before this approval is given.
 - **In all cases, undertake an Equality Analysis (EA)** as you develop the key principles behind the document, to ensure that your policy/procedure meets the Trust's obligations under the Equality Act. This is now completed using Marvel which can be accessed [here](#). A completed and approved EA Form is required to gain final

approval for your document. A copy of the Marvel email confirming approval will be required so please keep this for your records.

- If your document has implications for data protection or the use of personal information, **undertake a Data Privacy Impact Assessment (DPIA)** to ensure the implications are noted and any issues are mitigated. The DPIA guidance and form are included within the relevant [document template\(s\)](#). Contact information.governance@secamb.nhs.uk for assistance. A completed and approved DPIA is required for approval if the document(s) has data protection implications.
- **Consider whether there is any potential for fraud, bribery or corruption** in relation to your policy or procedure. If so, contact the Trust's Local Counter Fraud Specialist for assistance. Their details are available on the Trust Intranet or from the Finance Team.
- **Develop a first draft or amended draft of your document.** Ensure your draft uses the [document template\(s\)](#) available to structure your document(s) in the Trust's agreed format and use consistent terminology.

6.5 Go out to consultation Trust-wide for three calendar weeks.

- The Trust uses Microsoft Forms to conduct surveys when the content is not confidential. [Appendix D](#) sets out instructions on using Forms and going out to consultation.
- The consultation period is set at three weeks to enable all employees to comment on the draft and the consultation period will only be shortened if there are legal, regulatory or patient/employee safety reasons for doing so.
- All consultations will be publicised in the Trust's Staff Bulletin (or equivalent). You may wish to also email your survey link to anyone you think might have a view on the document and/or use the Trust's social media sites to publicise the consultation and engage with stakeholders.
- Once the consultation period is over, consider any feedback and amend the document accordingly.
- To encourage feedback into our Policies and Procedures, please do acknowledge colleague feedback.
- A summary of feedback from the consultation needs to be recorded, to reflect how this has informed the final draft. Where suggestions from the feedback were not incorporated reasons should be documented.

6.6 Complete the [Dissemination Plan](#) to ensure you disseminate the document to all those who need to know.

6.7 Ensure the Executive Lead approves the final policy following consultation prior to the Policy and/or procedure being submitted to the Joint Partnership Forum.

- 6.8 **Submit the document and accompanying forms to the Joint Partnership Forum** for formal approval, via polsandprocs@secamb.nhs.uk. Use this checklist within the appendix to ensure you have all the required forms and permissions.
- 6.9 **Once approved**, the Corporate Governance Team will add the policy or procedure to the Corporate Records Library, and then will add them to the Policy and Procedures page of the Intranet on The Zone and then confirm the same in the next weekly bulletin.
- 6.10 **Implement the Dissemination Plan** to ensure everyone who needs to know about the new/revised document is made aware. The document author is responsible for promoting the document to those who need to know about it. Comms will, in all cases, advise of new Policies and Procedures through the normal channels to ensure all colleagues are made aware. It is the responsibility of the author that if the dissemination requires more support from comms, e.g. training videos, the author will make contact with comms for support. Please e-mail comms@secamb.nhs.uk to arrange a meeting.
- 6.11 **Diarise the review date of the document** and be careful to start the review in good time to enable a full revision of the document if needed (at least three months before it is due for review). Be aware of the need to review the document earlier than the review date if it becomes clear that the process is not working or if legislation, guidance or best practice changes.

7 **Make minor revisions to an existing document (fast-track process)**

- 7.1 A minor revision is a revision which makes no difference to the application of the document nor the process set out in the document. Examples of a minor revisions include:
- Changes to job title(s) or directorate/team name(s).
 - Changes to references to other policies/procedures or legislation.
 - Changes to dates to reflect that a document has been reviewed and no changes are needed.
 - Corrections to minor inaccuracies.
- 7.2 **Obtain authority to proceed** from your Executive Director and responsible Management Group. It is expected that the responsible Management Group will have reviewed the whole document to ensure it is still fit for purpose.
- 7.3 New financial sign off is only required if the previous sign off was received over 12 months ago (as per policy approval date)
Finance must confirm if there is any new and/or increased financial impact. Email your document to financebusinesssupport@secamb.nhs.uk setting out whether you believe there are any financial implications and if there is a need for additional resource, how this will be funded. Approval from Finance Business Support is required prior to final approval. If there is insufficient budget to fund the expected resourcing requirements, a Business Case may be required before this approval is given.
- 7.4 New EIA sign off is only required if the previous sign off was received over 12 months ago (as per policy approval date)
An Equality Analysis (EA) as you develop the key principles behind the document, to ensure that your policy/procedure meets the Trust's obligations under the Equality Act. This is now completed using Marvel which can be accessed [here](#). A completed and

approved EA Form is required to gain final approval for your document. A copy of the Marvel email confirming approval will be required so please keep this for your records.

7.5 Email polsandprocs@secamb.nhs.uk outlining the reason for revising the document, with a summary of changes document and an EIA (with Marvel acceptance confirmation e-mail), and DPIA (if applicable).

7.6 Set out the minor changes (in the email) in a table like one of these:

Existing text	Revised text
3.2 This policy will be reviewed annually by the Senior Management Team	3.2 This policy will be reviewed annually by the HR Working Group

Or

Changes made	
	Job titles revised throughout
	Responsible Management Group name revised throughout

7.7 The Pols and Procs Team will circulate the document to the Joint Partnership Forum for approval. Approval for minor revisions may be done by email.

7.8 The Joint Partnership Forum may reject the document if it does not think the change is minor enough to warrant fast-track approval and revert you to the process for making substantial changes as outlined in section 6.

7.9 **Once approved**, the Corporate Governance Team will add the policy or procedure to the Corporate Records Library, and the Communications Team will add them to the Policy and Procedures page of the Intranet on The Zone and then confirm the same in the next weekly bulletin.

7.10 **Implement the Dissemination Plan** to ensure everyone who needs to know about the new/revised document is made aware. The document author is responsible for promoting the document to those who need to know about it.

7.11 **Diarise the review date of the document** and be careful to start the review in good time to enable a full revision of the document if needed (at least three months before it is due for review). Be aware of the need to review the document earlier than the review date if it becomes clear that the process is not working or if legislation, guidance or best practice changes.

8 Withdraw a document

- 8.1 A document may be withdrawn for several reasons, for example because it is no longer necessary or because its contents have been included within a new document.
- 8.2 **Obtain authority to proceed** from your Executive Director and the responsible Management Group.
- 8.3 Then email polsandprocs@secamb.nhs.uk to advise of your intention to withdraw the document stating your reasons, which are likely to be one of the following (please give details):
- The document is no longer needed because the issues it addresses (state these) are covered elsewhere (state where)
 - The document is out of date and no longer applicable due to changes in the way we deliver our services/functions or changes in legislation/regulation (be specific)
- 8.4 **Complete the [Dissemination Plan](#)** and consider who needs to know you are withdrawing a document.
- 8.5 The Pols and Procs Team will contact the Joint Partnership Forum to seek approval to withdraw the document, and will let the author know whether this is approved.
- 8.6 Once approved, implement the [Dissemination Plan](#) to ensure everyone who needs to know, knows.
- 8.7 The Corporate Governance Team will then ensure the document is removed from the Corporate Records Library and The Zone.

9 Monitoring and Review

- 9.1. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback indicates that the policy is not working effectively. All changes made to this policy will go through the governance route for development and approval as set out in this policy and procedure.

10 Equality Analysis

- 10.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

- 10.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.



Appendix A: Types of documents

Purpose of your document	Audience	Type of document	Governance you should follow
To set out an organisation-wide view of the way the Trust will operate and to provide a consistent framework for action across functions and directorates. To set out a 'must-do' requirement for employees, which is regarded as legally binding. To state the standard that is to be achieved not how to achieve it. It often covers issues arising from national policy or the Trust's strategy, or seeks to meet regulatory requirements. Its contents will be expressed in broad terms: statements of "what" and / or "why", not 'how'. It addresses significant operational or administrative issues.	Across the Trust	Policy	Use this document.
To set out a standardised series of actions to be taken to achieve a task so that everyone undertakes it in an agreed and consistent way to achieve a safe, effective outcome. It applies to all relevant employees as a 'must do' requirement. Sets out "how" to implement a required standard of working. The actions must be complied with and the document may be used to support an individual or the Trust during legal action. It breaks a process into detailed actions and often arises from an organisation-wide policy.	Across the Trust	Procedure (also known as Standard Operating Procedure)	Use this document.
To incorporate both the elements described above i.e. to set out an organisation-wide	Across the Trust	Policy and Procedure	Use this document.

<p>view on what, why and how the Trust does something of significance. It is sensible to combine things where the document will not be too long and there are not too many distinct processes to describe. Separate documents are preferable where there are a number of processes which employees may need to refer to separately.</p>			
<p>As above (procedure) but localised and setting out actions and processes applicable to one function or location.</p>	<p>Localised (e.g. restricted to one function – such as Scheduling – or one location – such as Paddock Wood)</p>	<p>Local procedure</p>	<p>Local procedures should be approved by the relevant local Management Group. This document sets out good practice for the development of any procedure, however the involvement of stakeholders will be localised and proportionate to the scope of the procedure, and approval will be at local level. <u>Local procedures MUST NOT contradict Trust-wide policies or procedures.</u></p>
<p>A plan sets out a series of actions that an individual, team or teams propose to take in the future. Any plan that sets out a series of steps that individuals or teams must take if carrying out the activity described in the plan, is a procedure and should be treated as such.</p>	<p>NA</p>	<p>Plan</p>	<p>Anything called a plan MAY be a procedure. Please also consider any impact on a current policy. Please check the definitions above and to the left. If you are uncertain whether you are creating a plan or a procedure, please contact polsandprocs@secamb.nhs.uk for advice.</p>
<p>Guidance is not mandatory and no-one could be held to account for failure to act in the way set out. Consider whether it is really a procedure.</p> <p>A process may well be a procedure. Can someone be held to account for taking the actions set out in a process? If so, it is a procedure.</p>	<p>NA</p>	<p>Guidance, process or manual</p>	<p>Many words can be used to describe things that are essentially procedures. If you are working on a document that is called one of these terms, please check the definition of procedure or contact polsandprocs@secamb.nhs.uk for advice.</p>

<p>A manual may well be a procedure. Can someone be held to account for taking the actions in a manual? If so, it is a procedure.</p>			
<p>To send out essential clinical information, which may be of great urgency for patient safety or more routine but is something all clinical employees should be aware of.</p>	<p>All clinical employees</p>	<p>Clinical Bulletin (Red or Amber)</p>	<p>Use the Procedure for the dissemination of clinical and operational changes to staff The information disseminated MUST NOT conflict with existing policies and procedures unless in extreme circumstances, when it constitutes a 'variation'. Any variation must be incorporated into the relevant policy/procedure as soon as is reasonably practicable, using the process set out in this Policy on Policies. Prior to dissemination of any Bulletin which constitutes a variation, care must be taken to ensure relevant stakeholders (including union colleagues as appropriate) are aware</p>
<p>To send out essential operational information, which may be of great urgency for operational reasons or more routine but is something all operational employees should be aware of.</p>	<p>All operational employees</p>	<p>Operational Bulletin (Red or Amber)</p>	<p>Use the Procedure for the dissemination of clinical and operational changes to staff The information disseminated MUST NOT conflict with existing policies and procedures unless in extreme circumstances, when it constitutes a 'variation'. Any variation must be incorporated into the relevant policy/procedure as soon as is reasonably practicable, using the process set out in this Policy on Policies. Prior to dissemination of any Bulletin which constitutes a variation, care must be taken to ensure relevant stakeholders (including union colleagues as appropriate) are aware</p>
<p>To inform clinical employees of the publication of clinical guidance from the National Institute for Health and Care Excellence (NICE) and the Joint Royal College</p>	<p>Across the Trust</p>	<p>Clinical Guidelines</p>	<p>Use the Implementation of New Clinical Guidelines Policy and the Implementation of New Clinical Guidelines Procedure</p>

Ambulance Liaison Committee (JRCALC) clinical guidelines.			
To set out a high-level plan designed to achieve a particular long term aim for the future success of the Trust e.g. the Human Resources Strategy, the Communications Strategy. This will be organisation-wide and address major issues, principles and beliefs, and should be linked to the overarching Trust Strategy. The contents are likely to apply for a number of years and must have an agreed review date.	Across the Trust	Strategy	<p>All strategies should be developed using the agreed Strategy guidance and template which is available from the strategic planning and transformation directorate.</p> <p>All Trust strategies should be aligned to and supportive of the overarching Trust Strategy. All strategies should be formatted in accordance with agreed formatting and branding.</p>
To set out the requirements of a new time-limited project or programme that you wish to undertake in order to get the go-ahead (or otherwise) to begin a new project or programme.	Across the Trust or localised	Concept Proposal	Contact the Improvement Case Team improvementcaseteam@secamb.nhs.uk

Appendix B: Templates and forms

[Document template\(s\)](#) are available on the Trust intranet for the development of new policies, procedures and joint policy and procedure documents.

If you are revising an existing document, please check the template(s) to ensure your revised document keeps up with best practice and is consistent with other Trust documents.

The templates include guidance and forms to be used for undertaking:

- Equality Analysis
- Data Privacy Impact Assessment

The appendices (see below) in this Policy on Policies document provide templates and guidance for:

- [Planning dissemination of your document\(s\)](#)
- [Undertaking online consultation](#)
- [Planning and recording an evaluation of the effectiveness of your document\(s\)](#)

Appendix C: Dissemination Plan

Use this form to help you plan how you will ensure people affected know about any changes relevant to them.

Consider: Do colleagues need to know about it now? Or only if they look it up because they need it? Your dissemination plan will need to be full and comprehensive if colleagues need to know now. The purpose of the dissemination plan is, following final approval of your Policy/Procedure is to ensure and give assurance all colleagues who need to know, are made aware – proactively.

Who to notify:	What to send?	Why?	Support Available
Corporate Records	The new authorised policy/procedure	To ensure we have the correct version within corporate records and then within the Zone	Please e-mail polsandprocs@secamb.nhs.uk for support.

As standard, all new Policies/Procedures (including withdrawal/changes to existing policies/procedures) will be included in the weekly comms bulletin.

Please articulate which staff member groups must be aware of this new/amended Policy/Procedure, and how you will ensure colleagues are made aware.

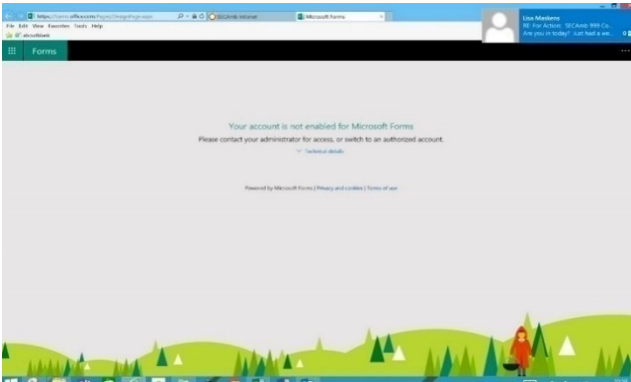
Is Training required for the successful rollout of this Policy/Procedure? If so, please detail how this will be achieved. Please consider liaising with the Training Team and/or liaising with the Clinical Education Team

Any other comments or actions you will take to ensure the effective roll out of the Policy/Procedure?

Appendix D: Consultation

Online Consultation for Policies and Procedures How to set up your online consultation

1. Click on the following link [Consultation Set Up](#)
(If you are not already, you may need to log in to Microsoft Office 365)
2. Click 'Duplicate it' (green box, top right)
Please note if the below screen appears, IT Service Desk will need to unlock this for you.



3. You can now edit the survey to fit your policy/procedure by clicking on 'TEMPLATE Policy and Procedure Survey'.
4. Fill in the blanks
5. To add a question, click 'Add Question' (blue box bottom of page)
6. You can add/remove questions as you wish.
7. When you are happy with the content of your survey, click 'Share' (green box top right).
8. Copy the web link.
9. Email the draft of your document and the web link to the survey to polsandprocs@secamb.nhs.uk and ask for it to be added to the 'Have your say' page for policies and procedures under consultation. Also ask for a short piece to go into the next Staff Bulletin to let people know the survey is open. You may be asked to provide some text to explain what is new/different about your document.
10. You may wish to circulate the survey link by email to people you know will have an interest in the document.
11. Make a note in your diary to go back to Microsoft Forms to collect the responses in three weeks' time.
12. To download responses, log into Microsoft Forms.

13. Click 'Responses' at the top of the page. Click 'View Results' and you can choose the format you prefer for your results. Save the file as you will need it when taking the document for final approval.
14. When the consultation deadline has passed, ask comms@secamb.nhs.uk to update the intranet to show that the consultation is closed.

Appendix E: Evaluating the effectiveness of your document

The following provides a number of options to help evaluate the effectiveness of your document. Some may be more useful than others, depending on the scope, complexity and impact your document has on the Trust.

If you are not confident using these tools please contact polsandprocs@secamb.nhs.uk for support and advice.

This guidance sets out:

- Why it's important to undertake regular and meaningful checks on whether your policy and/or procedures are working effectively;
- Some practical tips on how best to conduct simple but meaningful evaluations; and
- Links to templates and tools to help you.

Why should I evaluate my policies and procedures?

Simply, so that we know whether they're achieving whatever we want them to achieve. These documents are sometimes viewed as pieces of paper the Trust uses to tick a compliance box – but for our patients and all employees, what's ultimately important is whether Trust policies and procedures:

- Set out ways of working that are effective in achieving the aims of the policy;
- Have actually been read and understood by the relevant people; and crucially
- Have been acted upon by those you need act on it.

Unless you check these things have happened and continue to happen, you have no idea how effective any policy is. If you need an acronym, try ERUA.

Three questions to ask in a simple evaluation

1. Does the policy/procedure describe something that, if followed accurately, will achieve the aim of the document?
2. Have the people the policy/procedure is aimed at actually read and understood it, or do they know where to find it if they did need to read it occasionally?
3. Have the key elements been acted upon, and do they continue to be acted upon (sometimes we say 'are they embedded?') by the relevant people?

How can I find these things out?

The simplest way is to ask people who use the policy/procedure what they think.

You can do this face to face, on the phone, by email, on social media or use an online survey (see Appendix C for log in details).

Involving your responsible management group

The management group responsible for the document(s) should help you design your evaluation and review the findings. The following templates are designed to help you 1. Plan your evaluation and 2. Record the outcomes and actions to be taken as a result.

The templates are only here to help plan and record your evaluation: you may prefer to do these things in a different way.

Planning a Policy/Procedure Evaluation

Who are the key audience(s) for the document(s)?	List the employee group(s) your document(s) is relevant to (suggestions below).	
All employees	Operational employees	EOC
Clinicians	Line managers	Finance employees
First Responders	Governors	HR employees
How can you best get responses from each group of people your document(s) is intended for?	Consider existing mechanisms or set something up specifically, such as those methods listed below. Think about which method(s) will work best for your audience	
Team/group meeting	Staff bulletin article with email address to send comments to	Social media discussion
Online survey	Phone conference	One to one meetings
Consult Staff Engagement Champions or the Staff Engagement Advisory Group		
Is there any NHS regulation or best practice guidance that you can compare your document to?	The NHS has a number of templates and guidance documents relating to many areas of operation. While relevant operational guidance may be limited you might compare with other ambulance trusts.	
What questions do you want to ask?	You will likely wish to use questions such as those below. Be sure to record the responses if you are asking the questions face to face (e.g. use a flipchart for writing up later)	
Have you read the document(s)?	Are the document(s) clear and easy to understand?	How can the document(s) be made clearer and easier to use?
Would you know where to find the document(s) if you need to refer to them?	Does the process described work well?	How could the process be improved?
Are your colleagues all aware of the documents and what they describe?	Is there anything we could do to make more of the relevant people aware of the importance of following these processes?	Is there anything else you want to tell me about the effectiveness of this policy/procedure?
What other evidence can you gather about whether the policy/procedures are being used regularly?	You might be able to spend time on shift with crews and observe for yourself, or look at meeting notes, patient records, spreadsheets etc. What you are looking for is some evidence about whether the policy/procedure is being followed effectively.	
What do you intend to do as a result of the feedback?	Based on what you have heard, you may be content that the document(s) are fit for purpose, everyone relevant knows about them, understands them and uses them. But you may also learn ways that things could be improved. If so, plan what you will do to address them, and share your plan with those who helped you in the evaluation to check your understanding.	
Implement any necessary changes	Take action. The point of the evaluation is to improve things. Put a reminder in your diary to re-evaluate how things are going after a sensible amount of time (frequency will depend on the impact of the policy/procedure NOT being followed).	

Policy/Procedure Evaluation Template

Name of policy and any associated procedure(s)	
Date(s) of evaluation	
Who was consulted?	
Questions asked: [insert below one per line]	Responses received: [insert summary of responses against each question below]
Summary of all feedback received	
Conclusion	The policy/procedure(s) is/is not [delete as applicable] operating effectively at present.
In order to improve the effectiveness of the document(s) I will: [set out remedial actions with timescales and responsibilities]	

Appendix F: Summary of process to develop a new policy/procedure or substantially revise an existing policy/procedure

Required	Area	Evidence required	Email / Link
Required in all cases	Exec colleague aware and permission granted to proceed	None – assuming approval.	
	Advise Pols and Procs Team that work has started on a new policy / amending a policy		
	Union offered to be involved in the development of Policy	The Corporate Governance Team will regularly be in touch with unions to ensure they are aware of upcoming Policies/Procedures to cross-check.	
	Finance Approval	Signature from the finance team on the Policy. Corporate Governance Team to spot-check at random.	
	EIA	Marval confirmation email of approval. EIA approved form	
Only required if your document has implications for data protection or the use of personal information,	Undertake a Data Privacy Impact Assessment (DPIA) to ensure the implications are noted and any issues are mitigated	A completed and approved DPIA is required for approval if the document(s) has data protection implications.	

Only required if you consider any potential fraud, bribery or corruption.	Contact the Trust's Local Counter Fraud Specialist for assistance. Their details are available on the Trust Intranet or from the Finance Team.		
Required in all cases	Trust-wide for three calendar weeks	Feedback document + "you said/we did" document confirming what action has been taken based on feedback.	
	Dissemination Plan	Copy of the dissemination plan	
	Responsible Executive to sign off Policy prior to it being added to JPF agenda.	None – assuming approval.	
	Who will attend Joint Partnership Forum?	Ensure that someone attending the Joint Partnership Forum will be able to present the document and answer any questions – or plan to attend yourself. The dates of the relevant meeting will be available from	

In all cases please refer to the detailed procedure before beginning to develop a new document. The steps are summarised here for reference only.

Appendix G: Summary of process to make minor changes to a document (fast-track)

In all cases please refer to the detailed procedure before beginning to make minor changes to a document. The steps are summarised here for reference only.

Required?	Area	Evidence required	Email / Link
Required in all cases	Responsible Executive aware and permission granted to proceed	None – assuming approval.	
	Finance Approval	Signed Policy by finance team	
	EIA	Marval confirmation email of approval. EIA approved form	
Only required if your document has implications for data protection or the use of personal information,	Undertake a Data Privacy Impact Assessment (DPIA) to ensure the implications are noted and any issues are mitigated	A completed and approved DPIA is required for approval if the document(s) has data protection implications.	
Required in all cases	Dissemination Plan	Copy of the dissemination plan	Dissemination Plan.docx (sharepoint.com)
	Responsible Executive to sign off Policy prior to it being added to JPF agenda.	None – assuming approval.	
	Email the drafted Policy to pols and procs	Summary of changes	polsandprocs@secamb.nhs.uk

Appendix H: Summary of process to withdraw a document

In all cases please refer to the detailed procedure before beginning the process to withdraw a document. The steps are summarised here for reference only.

Required?	Area	Evidence required
Required in all cases.	Exec / SMG colleague aware and permission granted to proceed	None – assuming approval
	Dissemination Plan	Copy of the dissemination plan
	Rationale Email	<p>Email to advise of your intention to withdraw the document stating your reasons, which are likely to be one of the following (please give details):</p> <p>The document is no longer needed because the issues it addresses (state these) are covered elsewhere (state where)</p> <p>The document is out of date and no longer applicable due to changes in the way we deliver our services/functions or changes in legislation/regulation (be specific)</p>