Sandwell and West Birmingham Hospitals **NHS**
NHS Trust

Report Title	Briefing Note on Policy Validation		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Clare Dooley, Head of Corporate Governance		
Meeting	Public Trust Board	**Date**	5th December 2019

1. Suggested discussion points *[two or three issues you consider the Clinical Leadership Executive should focus on]*

The paper confirms that all policies in draft form will be revised by December 24th and in final form by the end of January 2020. The Audit and Risk Management Committee can review progress at its February meeting.

The paper describes a distribution system for policies, which will be implemented Trust-wide by April, and which crucially allows us to track by individual employee which documents have been read and, through testing, understood. The system will also allow for induction and interest declarations to be better managed.

A 'taxonomy' of when the Trust will have a policy and when it will have a procedural note or SOP is to be agreed at the Clinical Leadership Executive on December 17th.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan		Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan		Other *[specify in the paper]*	**X**

3. Previous consideration *[where has this paper been previously discussed?]*

Clinical Leadership Executive

4. Recommendation(s)

The Public Trust Board is asked to:

a.	**NOTE** the current position on the production and backlog of expired controlled documents.
b.	**NOTE** the plan for the implementation of the 4Documents system and the process and timeline to bring Trust wide expired controlled documents back into date.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	-	Risk Number(s):					
Board Assurance Framework	-	Risk Number(s):					
Equality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to Public Trust Board: 5th December 2019

Briefing Note on Policy Validation

1. INTRODUCTION

1.1 The existing system for the production and implementation of Trust wide controlled documents (policies, procedures, guidelines, pathways, SOPs) is currently under review. A manual and backlogged system of producing, approving and publishing controlled documents has led to many documents being out of date for their scheduled review. Assurance on staff implementation (reading, understanding and following) controlled documents is undertaken through a variety of approaches, which are not robustly monitored.

1.2 The electronic 4Documents system, described below, proposes to streamline our production, ownership/approval and implementation processes, reduce the number of controlled documents that are out of date, and records and reports all staff declarations of interest.

2. CURRENT POSITION

2.1 Currently there are 142 out of date organisation-wide policies, although it is known that many of them still reflect current requirements and practice. An action note on the policies concerned confirms that Trust staff should continue to follow each policy until the reviewed/updated document is published.

2.2 The current number of Trust wide expired policies (by accountable Executive Director) is provided below and the number that will be in date by the end of 2019 and by the end of January 2020 is also provided:

Executive Director	Currently Expired	Currently In date	In date by 31/12/19	In date by 31/01/20
Chief Operating Officer	24	5	-	29
Chief Informatics Officer	5	0	5	-
Medical Director	14	15	29	-
Chief Nurse	39	35	48	74
Director of People and OD	31	4	17	14
Acting Director of Finance	0	2	2	-
Director of Governance	16	12	28	-
Director Estates & New Hospital	12	6	18	-
Director of Partnerships & Innovation	1	0	1	-

3. 4DOCUMENTS: CONTROL SYSTEM

3.1 The proposed electronic 4Documents control system will enable staff to access our controlled documents in one place, with a greatly enhanced search function, and to record declarations of interest at their convenience via the portal (tab) on Connect and via the myConnect app.

3.2 All controlled documents will be assigned to a staff member's personal folder (following an extensive profile matching exercise for all staff). This means they are required to read, understand and follow each of those documents as they are applicable to their role. It will show a red marker next to all documents in a personal folder until the staff member has accessed them, read them, undertaken any associated compliance assessments (tests), as set by the author (and approved by the lead Director) and confirmed they will follow/implement them.

4. ACTION PLAN TIMELINE

4.1 Implementing the 4Documents system will not in itself reduce the number of expired controlled documents we have across the Trust. However, with the introduction of the 4Documents system it has reinvigorated the commitment to ensuring that not only are our all controlled documents in a standard we are proud of, are up to date and meaningful, it will also ensure our staff follow these and will support how we measure this. Similarly it will provide exact and accurate reports on our staff interests on a regular basis.

4.2 An implementation team produced an end to end action plan to undertake the actions required to launch the 4Documents system in 2020, to ensure it is populated with the all the correct Trust wide controlled documents and can be optimised to the highest level. To provide assurance of the work being undertaken, a summary of the end to end plan actions to ensure 4Documents can be launched is provided at Annex A.

5. RECOMMENDATIONS

5.1 The Public Trust Board is asked to:

a) **NOTE** the current position on the production and backlog of expired controlled documents.

b) **NOTE** the plan for the implementation of the 4Documents system and the process and timeline to bring Trust wide expired controlled documents back into date.

Clare Dooley
Head of Corporate Governance

28th November 2019

4Documents Launch Sequence

Issue	Action	Deadline
Documents Reconciliation	• One master list of all documents • Alignment to our "Pillars" • Confirmation documents are "live" – are documents Statutory/Regulatory (a must) or do we have a number of documents which cover the same subject, can they be streamlined • Confirmation if Trust-wide or local document • Confirmation hierarchies are accurate (authors, experts, Directors)	Jan 2020
Ensure expired controlled documents are in date	• Issue the Controlled Documents Policy to authors and Directors (which includes templates, guidance and approvals checklists) • Work with Directors to ensure authors review controlled documents over a phased plan between 1/11/19 and 31/1/20	Nov 2019 Jan 2020
Declarations	• Approve the format of the data collection (form) on 4Documents • Ensure the Declarations of Interest Policy is published	Feb 2020 Feb 2020
Folder Allocation	• Undertake cost centre/Directorate matching exercise with ESR to align all personal folders • Ensure staff who do not routinely use a computer have access to the system and their own folders (to ensure they are rated "green") – including Bank Staff • Work with HR to agree which documents might be covered during induction processes	Feb 2020 Dec 2019 Jan 2020
Awareness	• Training Videos on Connect • Demonstration sessions • Trust wide communications • Local induction checklist	March 2020