



ST. PATRICK'S CENTRE (KILKENNY)
KELLS ROAD KILKENNY

Policy Document

POLICY TITLE: Policy Pathway

Prepared by: Corporate Governance Officer	Approval Date: 09.03.2018	Review Date: 09.03.2019
Policy Number 27 – Other Policies	Approved By: Signed: <u>David Kieran</u> Operations Manager Signed: <u>[Signature]</u> Board Member	

Mission Statement

To enable people to live a good life, in their own home, with supports and opportunities to become active, valued and inclusive members of their local communities.

To enable a supported self-directed living (SSDL) model of provision which is underpinned by our beliefs, values and vision.

Review Date: Revision No: _____	Amendments required: _____	New Revision Status: _____
Reviewed by:	Approved By: Signed: _____ Operations Manager	

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POLICY PATHWAY

1.0 Introduction

- 1.1 All policies shall be developed, approved, published, disseminated and reviewed in a standardised and effective manner. All policies shall be made available via St Patrick's Centre website, DMS and Q Drive. Where not available, effective processes shall be put in place to make the policies accessible to employees and people using the service.
- 1.2 Where available, the relevant HSE policy should be adopted by St Patrick's Centre and adapted, if necessary, to suit the specific needs of the Organisation.

2.0 Definitions

- 2.1 Policy – A Written operational statement of intent intended to guide staff actions in particular circumstances (HIQA 2009).
- 2.2 Document Owner – The Document Owner is the function area Line Manager who has responsibility for managing the development of the document in accordance with this policy and has responsibility for reviewing the policy within referenced timeframes.
- 2.3 Document Author – Document author(s) can be employee(s) who (as appointed member(s) of the policy sub-group set-up to develop that policy) is / are responsible for writing the document, in consultation with relevant reviewers.

3.0 Process

- 3.1 A formal process is required to ensure that appropriate governance arrangements are in place to sign off a policy. This is outlined below in a flow chart on page 5.
- 3.2 The need to develop or review a policy and procedure may occur as a result of the introduction of a new process, change of practice or update in evidence-based practice. All employees have the authority to initiate the development of a policy.
- 3.3 The employee shall notify their Line Manager of the request to develop a policy.
- 3.4 Where the policy exists but it is considered that it requires review, the Line Manager can authorise the review.
- 3.5 Where the Line Manager does not authorise the development or review of a policy, the employee shall receive feedback on the decision.

- 3.5** Where approval to proceed with development of a policy is received, a unique reference number shall be assigned to the policy. The Policy Owner and Policy Author shall be determined by the Head of Function.
- 3.6** The Policy Owner has the responsibility for overseeing the development, implementation and review of the policy.
- 3.7** The Policy Owner and the Policy Author may be the same person or may be different.
- 3.8** Consideration should be given by the Policy Author (during the policy development) to best practice, risk assessments and statutory requirements, where available.
- 3.9** A working group is convened by Policy Owner
- 3.10** Once a draft policy is developed, it is identified as draft with a draft watermark, inserted by the Policy Author. It is then referred for review by the QA Committees within two weeks.
- 3.11** Following review by the QA Committee, the draft policy is referred (within two weeks) to St Patrick's Centre's Senior Management Team (SMT) for review and approval.
- 3.12** Following approval by the SMT, the policy is referred to the Trade Unions for comment. Comments will be accepted up to a period of two weeks.
- 3.13** Following comment by the Trade Unions, the policy is referred to the Operations Manager for approval within a time frame of two weeks.
- 3.14** Following approval by the Operations Manager, the policy is signed off in draft form and becomes operational.
- 3.15** Approved draft policy is referred to Quality and Standards Sub-Committee of Board of Governance, for review and recommendation/s.
- 3.16** Following approval by the Quality and Standards Sub-Committee, the policy is referred with any recommendations to Board of Governance for formal approval and sign off at the next scheduled meeting of Board.
- 3.17** Following sign off by Board, the draft watermark is removed, and the policy is fully endorsed.

St Patrick's Centre - Policy Pathway

*Need identified for
New Policy/Urgent Review/
Annual Review of Existing Policy*



Step 1- Working Group Convened



Step 2- Working Group Devise Draft Policy



*Step 3 - Draft Policy Referred to
Quality Assurance Group (QA) for Review*



*Step 4
Draft Policy to Senior Management Team for Approval*



Step 5 - SMT Approve Policy



Step 6- Policy Referred to Unions for Comment



*Step 7
Policy Referred to Operations Manager for Approval*



*Step 8 Operations Manager Approves Policy
and signs off in draft form*



Step 9- Draft Policy Becomes Operational



*Step 10
Draft Policy Referred to QA Sub Committee of Board*



*Step 11
Draft Policy Approved & referred to Board for Sign Off*



Step 12 - Board Approves Policy



*Step 13
Draft Policy Referred to Board for Endorsement*

4.0 Content & Layout

- 4.1 Policies should be clear, simple and as brief as possible.
- 4.2 All policies should include a cross reference to any other related policies.
- 4.3 All policies to be written in Calibri font, size 12 and size 8 for headers and footers.
- 4.2 All policies shall be reflective of or similar to this policy, in terms of format;
- All policies should have a cover sheet similar to the coversheet on this policy
 - Align the text throughout the document to the left and right
 - Use single line spacing
 - Use double line spacing between paragraphs
 - Section headings should have bold typeface
 - Every entry in a policy must be numbered
 - Abbreviations should be kept to a minimum
 - When working with draft document, ensure a draft number and date is identified on the cover sheet and the footer
 - Include a draft watermark on all draft policies
- 4.3 The following must be specified at all times
- Title of the policy
 - Reference number of the policy
 - Document owner
 - Review by – cover sheet only
 - Scope
 - Revision date – first draft should have a revision number of 0
 - Date from which the policy is operational from

5.0 Review

- 5.1 Responsibility for the review of a policy shall lie with the document owner. Policies should be reviewed on an annual basis. Where changes in evidence based best practice and/or legislation require or where there are changes in local practice, documents may be updated more frequently. Where a document is being reviewed, the process is repeated from 3.10 above.

6.0 Communication

- 6.1 Responsibility for distribution of all policies lies with the People Cultural and Development Manager who has a responsibility to ensure all relevant employees have received the policies and are aware of any changes.
- 6.2 Human Resources shall maintain a record of this communication with employees via staff sign off on relevant policies. It is the responsibility of the Line Manager to ensure their staff team is;
- Aware of all policies
 - Aware of where to find the policies
 - Aware of and understands the policy content and has signed to demonstrate this
- 6.3 All policies will be available on;
- St Patrick's Centre Website
 - DMS System
 - Q Drive
- 6.4 Obsolete policies will be stores on the DMS system 'obsolete' register indefinitely. For hard copy versions, it is the responsibility of the Line Manager to ensure that these are destroyed once the policy has been updated.

7.0 Audit & Evaluation

- 7.1 An annual audit shall be undertaken to determine compliance with this policy. The Relevant Person shall complete this via a review of relevant records, including incident reports, through direct observation and by utilising the appropriate audit tool. Results of these audits are presented to the Senior Management Team.