NHS

Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 11 March 2026

TB2026.22

Title:	**Review of Developing and Managing Policies and Procedural Documents Policy**

Status:	**For Decision**
History:	**TME 12 February 2026; Audit Committee 25 February 2026**

Board Lead:	**Interim Chief Executive Officer**
Presenter:	**Simon Crowther, Interim Chief Executive Officer**
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Confidential:	**No**
Strategic Pillar:	**Patients, People, Performance**

Review of Developing and Managing Policies and Procedural Documents Policy

1. Purpose

1.1. To brief Trust Board members on the programme for the review of the Developing and Managing Policies and Procedural Documents Policy and seek approval of Phase 1 changes.

2. Background

2.1. The Developing and Managing Policies and Procedural Documents Policy ("the Policy") was last reviewed by TME in April 2021, to align it with amendments to the Trust's Scheme of Delegation [TME2021.99]. The current Policy has been placed in the Reading Room for reference.

2.2. The Policy formed part of programme of work to revise the policy management framework for the Trust. This programme of work was only partially completed and is effectively paused.

2.3. Since the Policy was approved, the Trust intranet has been moved to a SharePoint platform, with a dedicated Policies and Procedures area. This improved architecture provides a foundation for improvement and simplification.

2.4. As Trust Board will be considering revisions to the Trust's Board Reservation and Delegation, this is an opportune moment to review the Policy (which was due for review in March 2022).

2.5. TME reviewed the principles and phased approach. The principles underpinning the review were supported.

2.6. TME recognised that the programme could have a substantial impact on the quality, accessibility and currency of Trust policies and procedures. This would in turn have a positive impact on any regulatory review. As such, the work should be owned corporately, not just by the governance team. This would be especially relevant for Phases 2 and 3.

2.7. The Audit Committee was supportive of the proposed changes, particularly those which enhanced assurance.

3. Review Programme

Three Phases

3.1. This review has been on the Corporate Governance Team's workplan for some time but has not been progressed due to capacity constraints. To make the review manageable, it will be undertaken in three main parts:

- Phase 1: Review of the principles behind the policies reserved to the Trust Board for approval and the approvals delegated to other Committees to streamline Board business along with factual corrections of committee names and job titles.

- Phase 2: A broader review of the Policy, to include:
  - clear definitions to determine whether a document should be drafted as a policy or a procedure,
  - a list of policies and procedures for which regular review was required (to support good governance and ensure those policies and procedures most likely to undergo regulatory scrutiny were owned and up to date);
  - a simplified approval and review process for policies and procedures;

- Phase 3: Update of policy template to make policies and procedures easier to understand, support clear monitoring and reporting and to comply with accessibility requirements.

3.2. It is intended to complete Phases 2 and 3 during the 2026/27 financial year, subject to operational requirements and capacity in the Corporate Governance team.

Principles behind Phase 1 Changes

3.3. Principle 1: Board approval of a policy gives visibility, but it does not give robust assurance that policies are being applied correctly and consistently.

3.4. Principle 2: Where the Trust already has assurance mechanisms in place (annual report, IPR indicator, Annual Governance Statement), Board approval of a policy should be delegated, subject to Principle 4.

3.5. Principle 3: Policies should be approved as close as possible to the level at which the detailed expertise sits.

3.6. Principle 4: The Trust Board should only approve those policies where there is a legislative or regulatory requirement for the Trust Board to approve.

3.7. Principle 5: All procedures should clearly support a policy (or policies) and approval of procedures should delegated to TME sub-committees.

3.8. Principle 6: Any changes should simplify and streamline policy approvals.

Detail of Phase 1 Changes

Background / Current Arrangements

3.9. Appendix 1 contains an extract from the current Policy for ease of reference.

3.10. The Board currently has reserved the power to approve the following:

- those policies for which it cannot gain assurance through other means, for example by an annual report (a list of annual reports to the Trust Board and Integrated Assurance Committee is provided as Appendix 2).

- those policies that relate to the delivery of a specific regulatory or legislative requirement or a significant gap in internal control as per the guidance for the Annual Governance Statement.

- policies related to the management of risk and the management of health and safety.

- policies that represent a "significant, substantive change affecting arrangements for the appointment, retention, removal or remuneration of staff" are reserved to the Trust Board.

3.11. Non-Executive Directors have identified that Board meeting packs are too long. The current Policy requires Board approval of all health and safety management, risk management and many staff policies, even where assurance through an annual report is available.

3.12. In the current challenging climate, it is important that governance processes support Board focus on key institutional priorities, with appropriate delegation to sub-committees. The proposed changes would reduce the number of Board reserved policies and clarify where the Trust Board would obtain its assurance on policies across the Trust.

3.13. At present, any policy in relation to fixed-term contracts, probationary periods, sickness absence, or conduct and behaviour could result in dismissal and are therefore in scope of the Policy. The Board is able to receive assurance through the IPR, updates on the People Plan, and regular employee relations reporting on these matters. All Trust policies on pay on appointment and pay progression implement national terms and conditions; there is limited utility in the Board approving these.

3.14. Perhaps due to its length and complexity, the current Policy is not being fully followed: of the 10 policies reserved to the Trust Board, five are the subject of annual or regular reporting to the Trust Board and two have been approved by committees other than the Trust Board.

Proposed Changes

3.15. Applying the principles in 3.3 to 3.8 above paragraphs 73 – 75 in the current Policy would be replaced by the following:

73. *Under the Scheme of Delegation, the Board reserves to itself the power to determine what policies will require its approval (the "reserved policies").*

74.   *Power is expressly reserved to approve the following policies:*

1	*Declarations of Interests, Gifts, Hospitality and Sponsorship Policy*
2	*Investment Policy: Revenue and Capital Cases*
3	*Cash and Treasury Management Policy*
4	*Health and Safety Management Policy (Trust-wide policy only)*
5	*Policy on the Development of the Policies and Procedural Documents*

75.   *The Board reserves the power to approve any policy that could have a significant reputational impact or upon request of a Chief Officer, and subject to the recommendation of the Head of Corporate Governance.*

76.   *The list of specified reserved policies is not exhaustive. The Board may exercise its power to determine that any other policy or policies will require its approval.*

77.   *The list of reserved policies will be subject to review and may be modified at any time.*

78.   *In case of any doubt as to whether a policy requires approval by the Board, reference should be made to the Head of Corporate Governance, who may be contacted via email to company.secretary@ouh.nhs.uk*

3.16. Approval of all supporting procedures would sit with the relevant TME sub-committees, and the Policy would be updated to make this clear.

3.17. Table 1 (pages 11-12) in the current Policy sets out the approving committee for those policies not reserved to the Trust Board. It is proposed to update this table (below) to include the correct committee names and to clarify where approved policies should be reported.

3.18. It is proposed that the Trust Board be made aware of any policy approval by the Trust Management Executive or its sub-committees through the regular Trust Management Executive report.

Table 1: Policy Document Approval Process (to replace existing Table 1 in the Policy)

Policy Subject Area	*Executive Director*	*Approving Committee and upward reporting of approvals*
Clinical (Nursing and Allied Health Professionals)	*Chief Nursing Officer*	*Clinical Policy Group, reporting to Clinical Governance Committee and summary reporting to Trust Management Executive and Trust Board*
Clinical (Medical)	*Chief Medical Officer*	*Clinical Policy Group, reporting to Clinical Governance Committee and summary reporting to Trust Management Executive and Trust Board*

Policy Subject Area	Executive Director	Approving Committee and upward reporting of approvals
Estates and Facilities	Chief Estates and Facilities Officer	Trust Management Executive, reporting to Trust Board
Financial	Chief Finance Officer	Trust Management Executive, reporting to Trust Board
Human Resources, except policies relating to recruitment, pay and dismissal	Chief People Officer	People and Communications Committee, reporting to Trust Management Executive and Trust Board
Human Resources policies relating to recruitment, pay and dismissal	Chief People Officer	Trust Management Executive, reporting to Trust Board
Practice Development and Education – Nursing	Chief Nursing Officer	Education and Training Committee, reporting to Trust Management Executive and Trust Board
Learning and Development	Chief People Officer	People and Communications Committee, reporting to Trust Board and Trust Board
Health and Safety policies which support the Health and Safety Management Policy including Incident Response Policy; Major Incident Plan; and Business Continuity Plan	Chief Nursing Officer	Health and Safety Committee, reporting to Trust Management Executive and Trust Board
Infection Control	Chief Medical Officer	Hospital Infection Prevention and Control Committee, reporting to Clinical Governance Committee and summary reporting to Trust Management Executive and Trust Board
Information Governance	Chief Digital and Information Officer	Digital Oversight Committee, reporting to Trust Management Executive and Trust Board
Risk Management	Deputy Chief Executive	Risk Committee, reporting to Trust Management Executive and Trust Board

Policy Subject Area	Executive Director	Approving Committee and upward reporting of approvals
	Officer	
Procurement	Chief Finance Officer	Trust Management Executive and Trust Board
Research Governance	Chief Medical Officer	Research and Development Committee, reporting to Trust Management Executive and Trust Board
Clinical Governance (clinical risk and PSIRF)	Chief Medical Officer	Clinical Governance Committee, reporting to Trust Management Executive and Trust Board
Operational Performance	Chief Operating Officer	Trust Management Executive, reporting to Trust Board
Medicines Management	Chief Medical Officer	Medicines Management and Therapeutics Committee, reporting to Clinical Governance Committee and summary reporting to Trust Management Executive and Trust Board
Public Health	Chief Medical Officer	Clinical Governance Committee, reporting to Trust Management Executive and Trust Board
Any category not included above	Deputy Chief Executive Officer	Trust Management Executive, reporting to Trust Board (unless it is a policy reserved to the Trust Board for approval)
Supporting Procedures	As for the Policy	Approval by the relevant TME sub-committee

3.19. As part of the exercise, all obsolete committee names and job titles will be updated.

4. Recommendations

4.1. The Trust Board is asked to:

- Note the multi-phase approach to the review;

- Approve the approach and proposed changes.

Appendix 1 – extract from the current Developing and Managing Policies and Procedural Documents Policy

Reserved Policies (Policies requiring approval of the Board)

73. Under the Scheme of Delegation, the Board reserves to itself the power to determine what policies will require its approval (the "reserved policies").

74. When determining what policies will require approval of the Board, regard will be paid to the following criteria: 74.1. Unless the Board can otherwise gain assurance (e.g. by submission of an Annual Report), it reserves the power to approve policies that relate to:

> 74.1.1 Delivery of a specific **regulatory requirement**; or
> 74.1.2 Delivery of a specific **legislative requirement**; or
> 74.1.3 Issues in relation to which a **gap in internal control could be determined to be 'significant'**[1];

74.2. If any **significant, substantive changes are recommended to a policy that relates to 74.1.1 to 74.1.3 above**, even if the Board did not approve the current version of the policy, then approval of the revised policy is reserved to the Board; 74.4. If any **new or revised policy** could **represent a significant, substantive change affecting arrangements for the appointment, retention, removal or remuneration of staff,** then approval of the new or revised policy is reserved to the Board;

74.5. The Board reserves the power to approve **any policy upon request of a Chief Officer, and subject to recommendation of the Head of Corporate Governance**, having regard in particular to any risk to compliance with conditions of the Trust's FT Licence, including Condition FT4 under which the Trust is required to apply the "principles, systems and standards of good corporate governance".

74.3. Power is expressly revised to the Board to approve policies relating to:

> 74.3.1 The **management of risk**; and
> 74.3.2 The **management of health and safety**.

75. Applying the criteria outlined in paragraph 74, reserved policies which require approval of the Board will include:

1   Declarations of Interests, Gifts, Hospitality and Sponsorship Policy
2   Fit and Proper Persons Policy
3   Freedom to Speak Up – Raising Concerns (Whistleblowing) Policy
4   Quality Impact Assessment [QIA] Policy.
5   Investment Policy: Revenue and Capital Cases
6   Cash and Treasury Management Policy
7   Pension Contribution Alternative Award Policy
8   Emergency Preparedness:
        Incident Response Policy;
        Major Incident Plan; and
        Business Continuity Plan
9   Risk Management Policy
10   Health and Safety Management Policy

Appendix 2

Annual Reports to the Trust Board

Emergency Preparedness, Resilience and Response (EPRR) Annual Report

End of Life Care Annual Report

Fit and Proper Persons Annual Assurance

Freedom to Speak Up Annual report

Guardian of Safe Working Q4 and Annual Report

Health & Safety Report (Annual Report)

Infection Prevention and Control Annual Report

Learning from Deaths Annual Report

Maternity Safe Staffing Biannual Report

Medical Education Annual Report

Mental Health Act in OUHFT Annual Report

Patient Experience Annual Report

PSIRF Annual Report

Responsible Officer's Revalidation Annual Report

Research and Development Governance Annual Performance Report

Safeguarding Annual Report

Safe Staffing Biannual Review

Annual reports to Integrated Assurance Committee

Claims, Inquests and PFD Annual Report

Clinical Effectiveness Report

OxSCA Annual Report

Legal Services Annual Report