SHREWSBURY HOUSE

COMMUNITY ASSOCIATION

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POLICY ON POLICIES & PROCEDURES

(Development, authorisation, Dissemination & Control)

Approved by SHCA Board November 2018

Review Date: November 2021

Charity No. 1011659

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supported by

ROYAL *borough of*
GREENWICH

Policy on Policies and Procedures

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1.0   Summary

This document outlines the process that should be followed in identifying the need for writing, development, approval, dissemination and review of the policies and procedures developed in the Shrewsbury House Community Association (SHCA). This provides assurance to the Board that policy documents are reviewed on a regular basis and are up to date with current legislation. External assurance will be sought through GAVs on policy documents as appropriate.

It is the intention that:

- a new policy or procedure will be approved by the SHCA Board of Trustees
- all policies and procedures must be written to the appropriate standard and in the corporate style
- there is a clear approval process for each policy and procedure which takes into account the wider implications for the organisation
- all policies and procedures have a documented process for monitoring and review
- all policies must be issued with a scheduled date for review and author/lead

Only the most up to date version will be made available to staff. The Centre Manager will keep version control information and notify that a policy is due for renewal. Policy development, renewal and review is tracked through the policy database.

All policies and procedures will be made available to all staff via the website.

2.0   Introduction and Objectives

To ensure the organisation (SHCA) provides a robust and clear governance framework within which it can operate, SHCA needs to develop and implement policies and procedures that are appropriate and practical.

SHCA has a statutory duty to have in place appropriate policies and procedures to comply with relevant legislation and to enable staff to fulfill the requirements of their role safely and competently. In addition, there needs to be an effective process for managing and reviewing these policies and procedures on a regular basis to ensure they are safe, legal and efficient. These should be in a standard format, reviewed at specific intervals, dated and appropriately approved. Having effective, up to date and easy to follow policies, procedures and other guidance documents minimises risk to those using the community centre, employees and the board of Trustees.

This policy has the following objectives:

- To ensure that staff have access to the most up to date copies of policies and procedures.
- To ensure that all policies in use are current and relevant are reviewed every three years or earlier if legislation changes are required.
- To develop and maintain a database of policies, procedures, and guidelines and other relevant information
- To establish a corporate style and ensure all policies and procedures are of a consistently high standard

- To ensure the maintenance of an archive of past policies and procedures for reference and legal requirements

3.0   Scope

This policy applies to all SHCA staff and Board of Trustees

4.0 Definitions

Strategy

A long-term plan designed to achieve particular goals or objectives. A strategy is often a broad statement of an approach to accomplishing these desired goals or objectives and can be supported by policies and procedures.

Policy

A policy is a statement of intent, describing the approach or course of action the organisation is taking in respect of a particular issue that will apply to more than one area. Policies are underpinned by relevant evidence based procedures and guidelines. Policies enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the SHCA's aims and objectives. Policies must be approved by the Board of Trustees.

Procedure

A procedure is a documented series of actions, performed in an orderly manner, to achieve a desired outcome. This will ensure that all concerned undertake the task in an agreed and consistent way.

5.0   Roles and Responsibilities

5.1   Board of Trustees

The Board of Trustees have overall responsibility for ensuring the organisation has appropriate policies and procedures in place to ensure it works to best practice and complies with all relevant legislation, and this is delegated to the Centre Manager. They also have responsibility for ensuring there are suitable resources to support its implementation.

5.2   Centre Manager

The Centre Manager is responsible for ensuring that this policy is implemented, a database of policies and procedures is maintained and that the documents are readily accessible to all staff. They are also responsible for ensuring appropriate distribution and review of policies.

5.7   All staff

All staff, including contracted staff, must ensure that their practice is in line with the current policies, procedures and guidelines in use and specific to their areas of work.

Information regarding the failure to comply with the policy (e.g. lack of training, inadequate equipment) must be reported to the Centre Manager and the incident reporting system used where appropriate.

6 Development, Format, Approval and Review

6.1 Development of a policy

There will be a number of policies and procedures that are required to be in place relevant to community centres. Some will apply to all staff, and others will be specific to certain areas or activities. For ease of reference, policies will generally fall under the following headings:

Category
Corporate Policies
Safeguarding Policies (Adult & Children)
Health & Safety
Finance & Procurement
Training & Human Resources
Equalities & Diversity

An index of policies, procedures and guidelines will be maintained by the Centre Manager along with a database that will be developed and maintained to manage the review process. The database is a central register for all policies and procedures in SHCA.

When a requirement for a new policy or procedure is identified, the initiator must, in the first instance, review existing policies and procedures to ensure that the issues are not already covered and avoid duplication. The initiator should also consider whether an amendment or addition to an existing policy or procedure is more appropriate than a new standalone document.

The language used should be plain English, using short sentences and, where possible, avoiding technical terms. If technical terms are used, they should be explained using a glossary or footnotes.

The names of individuals must not be contained within policies and procedures. Individuals with particular responsibilities will be identified by their job title only.

The content of each document should demonstrably comply with all relevant legal and statutory requirements, guidance and policy in force at the time of writing or reviewing the policy. This should include, where applicable, consideration of the Equalities Act.

6.2 Document Format

Below are some specific points regarding formatting:

Electronic format   Microsoft Word
Front cover   As per template to this document

Font	Arial point 12 size
Tables and charts	Arial (size as appropriate)
Alignment	Left
Line spacing	Single
Underlining	None (unless for websites)
Headers and footers	Arial point 9 size – footer must include name of policy or procedure with file path underneath (left aligned)
Page numbers	Page x of y (right aligned)
Referencing style	Harvard

6.3   Consultation

The consultation and approval process should be planned and carried out by the author. It is the responsibility of the author to ensure that the consultation is carried out if appropriate, prior to the policy being submitted for ratification and that it includes relevant groups that could be affected by the policy. Where appropriate this may include members of the public.

6.5   Approval Process

Final ratification/approval will be by the Board of Trustees. The author must indicate whether this is a major review or if only minor amendments or updates are required.

6.6   Dissemination Process

The dissemination of policies is the responsibility of the Centre Manager and/or designated lead relevant to the policy (e.g. safeguarding)

All policies and procedures that have been ratified by the Board will be placed on the organisations website.

Information on new and revised policies will be via appropriate communication channels, e.g. staff meetings and/or email. Where appropriate, training programmes will be undertaken to support the implementation and ongoing compliance with policies.

Once policies and procedures are approved, the Centre Manager will notify all staff by e-mail. Once issued, the Centre Manager will be responsible for ensuring that all staff are made aware of the revisions and that any out of date versions are taken out of circulation.

The Centre Manager will move all old versions of policies to secured folders and retain them using strict version control information. This will ensure that old policies can be traced if required for purposes of audit or litigation. Members of staff who require an old version of a guideline or policy should contact the Centre Manager.

A definitive list of all policies and procedures will be maintained by the Centre Manager and reported annually to the Board.

6.7   Document Control

The reference number of any policy (documented on the cover page) will be given by the Centre Manager after approval and will correspond with the reference number on the Policies Database.

6.8   Version Control and Archiving Arrangements

All previous versions are filed electronically by the Centre Manager.   Each policy has its own unique reference number and version control information is kept on the Policies Database.

6.9   Compliance with Policies

All staff have a responsibility to ensure that they are aware of SHCA policies which are relevant to their area of work, and that they act in accordance with these at all times. All policies will contain a paragraph describing to whom they apply and the requirements for compliance.

6.10   Review of Policies

Policies must be reviewed at least every three years.

On occasion it may be necessary for a policy to be reviewed earlier than the agreed review date, e.g. in the light of changing legislation or national guidelines.

The status of all policy documents is tracked through the Policy Database.
External assurance of policy documents will be sought through GAVs as appropriate.

7.0   Training and Awareness

Training will be available as required. Training needs will be assessed through the staff appraisal process.

Date Policy approved by Board:

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Signature of Chair:

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