

## Development and Management of Controlled Documents Policy

<b>Job title of Policy Author/Lead</b>	Head of Governance
<b>Responsible/Approving Committee</b>	Audit Committee
<b>Ratification body</b>	Integrated Care Board
<b>Date of Ratification /Effective from</b>	xx-xx-2025
<b>Review date</b>	xx-xx-2028
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<b>Target audience</b>	All ICB staff, Non-executive directors, temporary staff and contractors

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CONSULTATION SCHEDULE	
Title of Individual	Groups consulted
Associate Director of Corporate Governance	
Director of Nursing - Quality Assurance and Improvement	
Assistant Chief Nursing & Therapies Officer	
Director of Corporate Governance	
EDI Business Partner	

IMPACT ASSESSMENTS			
		Date Completed	Comments
Equality Assessment (EIA)	Impact	24 September 2024	No impact identified
Quality Assessment (QIA)	Impact	N/A	
Data Protection Assessment (DPIA)	Impact	N/A	

VERSION CONTROL				
Version	Job Title of Policy Author/Lead	Ratification Date	Ratification Body	Summary of Amendments
3.0	Head of Governance	10/06/2022	ICB Board	Adapted for ICB
4.0	Head of Governance	Xx/xx/2025	ICB Board	Full review – multiple amendments throughout, revival of Policy Review Group, new policy template

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## 1. Introduction

To ensure robust governance, organisations need formal written documents, such as policies, which communicate standard corporate organisational ways of working. These help to clarify strategic and operational requirements and ensure consistency within day to day practice. In addition, they can improve the quality of work and increase the successful achievement of objectives. The NHS relies on a strong policy framework to give staff the information they need which underpins all clinical and non-clinical processes and practices within the organisation.

It is recognised that systems need to be in place to ensure policies are user friendly, up-to-date and easily accessible. A common format and approval structure for policies reinforces corporate identity. More importantly, this will help to ensure that policies and related procedures in use are current and reflect an organisational approach. It will also avoid confusion and assist members of staff to readily access information within the document in a consistent manner.

This policy applies to the Staffordshire and Stoke on Trent Integrated Care Board, hereafter referred to as 'the ICB'. ICB Policies provide guidance, accountability, and clarity on how the ICB operates. They are also a vital element of the organisation's corporate assurance function, as adherence and application of policies supports a robust risk management framework. All policy documents will become part of the ICB's corporate information once formally approved in accordance with this policy. The ICB will comply with the legal requirements and national guidance in the development of the management of policy documentation.

## 2. Purpose

The purpose of this policy is to provide an organisation-wide process for the production, agreement, management and monitoring of all policies and procedures. It ensures that a coordinated and consistent approach is followed within the ICB regarding corporate style and format. This policy aims to:

- Enable the ICB to meet its statutory responsibilities, legal and other Governance or compliance standards.
- Provide a clear and robust process for approving and ratifying policies and procedures.
- Ensure a process for the management (review /updating) of policies and procedures.
- Ensure a robust system of risk management.
- Ensure consistency in the delivery of practices and procedures within the ICB.
- Ensure policies and procedures are available for all staff within a recognised format.

Policies are designed to cover key issues relating to the spectrum of the organisation's business. The ICB will develop policy documents to fulfil all statutory and organisational requirements. These will be comprehensive, formally approved (see section 6.6) and ratified by the Integrated Care Board, disseminated through approved channels, and implemented. The policy approval route is detailed in Appendix A.

All strategies, policies, guidance and procedures must be accessible to all staff at all times i.e. published on the organisation’s Intranet site.

When policies need to be developed through system and partnership working, they may have a different format than that described here. For Integrated Care System (ICS) Policies, the ICS logo and branding should be used instead. In these instances, the policy itself will be adopted but will still be quality-assured against the criteria of this document to ensure that when presented for ratification it meets the ICB’s/ system partners’ requirements and standards.

### 3. Scope

This policy covers all aspects of the development and management of the Policies, Procedures and Protocols developed across the Staffordshire & Stoke-on-Trent ICB and applies to all ICB Board members and staff (including temporary/bank/agency staff and volunteers).

### 4. Definitions

Policy	A policy is an organisational statement of intent. It’s a way of ensuring that the governing principles, actions and plans are applied uniformly throughout the ICB, forming a framework within which everyone works. ICB-wide policies include statutory/legislative policies, are binding and breach of them can lead to disciplinary action. The Standards of Business Conduct policy is an example. A policy says, <i>‘what you must know or do.’</i>
Standard Operating Procedure (SOP)	A SOP is an instructional document to take staff through how to do a specific task or undertake a specific process. These include the mandatory steps taken to fulfil a policy. A procedure does not have to be attached to a policy. A procedure tells you <i>‘how it must be done.’</i>
Protocol	A protocol is a local (e.g. directorate or service) variation of a procedure that sits beneath an existing Policy or Procedure where variations in local practice are detailed. Protocols are prescriptive and do not allow for individual discretion.
Guideline	A guideline is a general rule, principle or piece of advice based on accepted good practice. Guidelines may reinforce policies, procedures or protocols. However, they may also provide information to staff about an ICB strategy, action plan or initiative. Guidelines are often used to underpin a procedure.
Strategy	A method or plan chosen to bring about a desired future, such as achievement of a goal or solution to a problem over a period more than a year and typically between three and five years. A strategy tells you <i>‘how we will get from A to B.’</i>
Consultation	The process whereby a draft copy of a newly created or amended document is circulated amongst key interested parties for comment and input prior to being finalised.

Ratification	The review and formal approval of a policy document, undertaken by the Integrated Care Board.
Responsible/Approving Committee	The committee that will approve, manage and monitor policies for use within the ICB, based on the specialist knowledge and expertise of the group's members and how this aligns to the policy content.
E-governance	The use of Information and Communication Technology (ICT) (e-mail) for the circulation and approval of a document.
Accessibility check	The ICB is committed to making its website (and relevant documents) accessible, in accordance with the Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018. The accessibility check is performed to ensure ICB policies and controlled documents published on the website and intranet are accessible by making them perceivable, operable, understandable and robust.

## 5. Duties and Responsibilities

This section provides an overview of the individual, departmental and committee duties, including levels of responsibility for document development.

- **Chief Executive Officer** – has overall responsibility for the strategic and operational management of the ICB, including ensuring that the organisation's policies comply with all legal, statutory and good practice requirements.
- **Executive Team** – All Executive Directors are responsible for identifying and implementing policies relevant to their area of responsibility. Draft policies are to be reviewed by Executive Directors as appropriate.
- **Integrated Care Board** – The ICB has overall responsibility for ensuring that the organisation has a robust system in place for the development, approval and regular review of policies covering all of its corporate activities.

The ICB Board will receive formal confirmation from the committee sponsoring the policy that it meets the requirements of the Development and Management of Controlled Documents Policy. The ICB Board is responsible for ratifying all ICB policies.

The ICB may delegate approval authority to a Committee or a Sub committee. Committees with delegated approval authority are responsible for approving policies and procedural documents which match the scope and function of the committee and its membership.

- **Committees and Sub committees of the ICB** – Each Committee has delegated responsibility from the ICB for reviewing and approving new and appropriately revised policies. Board Committees are responsible for approving policies and procedural documents which match the scope and function of the committee and its membership. They are also responsible for ensuring that achievable implementation plans are in place to embed the

policy and any associated procedures into practice and that there are clear methods of monitoring the policy's effectiveness, built into the respective Committee's workplan (for more information see section 6.6).

- **Heads of Directorates/Managers** – Heads of Directorates/Managers have a responsibility to ensure that all staff have access to and are made aware of policies that apply to them. They are responsible for reviewing the policies in their area and ensuring they remain fit for purpose and in line with any new national guidance/legislation.
- **Policy Review Group (PRG)** – responsible group for reviewing policies to ensure they are clearly written, consistent in format and approach. The PRG will be also responsible for determining the approval process required for each policy.
- **Corporate Governance Team-** will provide support with policy development by:
  - Offering support and advice to Policy Author(s)/Lead(s).
  - Testing the rationale for the need for an ICB policy.
  - Logging the policy on the relevant policy register and maintaining the register of policies
  - Identifying possible overlap/conflict with any other policies that have been ratified or are in development.
  - Identifying whether the document is a policy or a local procedure or guidance.
  - Identifying and confirming the correct approval route.
  - Maintaining a central record of all new and revised policies produced by the ICB and ensuring notification of review dates for policies are generated to Policy Author(s)/Lead(s).
  - Confirming that a draft policy meets the requirements of the Policy Development Checklist (Appendix D) before it is submitted to the Approving Committee.
  - Ensuring obsolete versions of policies and procedures are archived electronically and kept for a minimum of 10 years for legal, audit and accreditation purposes.
- **Communications Team** – responsible for the document accessibility checks and for uploading the ratified policies and procedures on the intranet and the ICB's website as required.
- **Document/Policy Author(s)/Lead(s)** – are responsible for:
  - Ensuring the correct language, format and content for policies is followed.
  - Ensuring that the consultation process is as inclusive as possible and duly recorded on the relevant section (Appendix B).
  - Ensuring that the contents of the draft policy are reviewed, and impact assessed and duly record that on the relevant section (Appendix B).
  - Providing feedback to comments received where their views have not been incorporated in the redraft (including reasons).
  - Ensuring that the policy follows the necessary approval route through the ICB's specified governance processes.
  - Ensuring that the policy has a supporting implementation plan recorded at the relevant section of the Policy (Appendix B).

- Ensuring that the policy is reviewed within the set timescales and before its expiry date.
  - Ensuring the policy reflects national and local guidance and keeping up-to-date with changes in legal, statutory or best practice guidance and revising the policy as necessary.
  - Providing the Corporate Governance team with the final ratified version.
  - Providing the Communications team with the final ratified version for distribution via the intranet and ICB website.
- **All ICB employees** –are responsible for co-operating with the development and implementation of the ICB’s policies as part of their normal duties. They are responsible for ensuring that they maintain up to date awareness of policies. It is the responsibility of all members of staff to bring to the attention of their immediate line manager any circumstances that could be more effectively managed or risk minimised by the introduction and review of a policy, procedure or guidelines.

## 6. Subject Matter of Policy

All ICB Policies will:

- Support the delivery of the ICB’s vision and key objectives.
- Support the delivery of quality in both the services we commission and all that we do.
- Ensure the ICB meets its statutory, financial and legal responsibilities whilst providing, wherever possible, a degree of flexibility for local application/interpretation.
- Ensure the ICB meets its legal responsibilities in relation to Information Governance Legislation including Data Protection Act 2018, Freedom of Information Act 2000 as well as the Human Rights Act 1998, 2010 Equality Act, Health and Social Care Act 2012 and the NHS Code of Confidentiality.
- Be developed and consulted on in an open and inclusive way with all relevant stakeholders.
- Be based on the most up-to-date Department of Health, professional or other guidelines, directives or best practice.
- Adopt the Accessible Information Standard, ensuring they are written in plain English and available in diverse formats as appropriate.

### 6.1 Policy development

The requirement for a policy should be identified taking into account statutory and national requirements, quality standards and best practice recommendations. This should be undertaken by the lead director or manager responsible for implementation.

It is important that the development of policies and related procedures are linked to service priorities and that they do not duplicate other work either nationally or locally. Therefore, the author must ensure that they have researched the background and available evidence prior to consultation and ratification.

A Policy Author/Lead may be requested to develop a new policy based on ICB needs, changes in legislation or national requirements.

An author who is reviewing an existing policy is expected to review the contents of the current version for their continued relevance and maintaining continuity between versions. The author will also be responsible for undertaking a new Impact Assessment as applicable.

Whilst writing the policy, the author should use the Policy Development Checklist/ flowchart (Appendix D) to confirm whether it meets all necessary requirements.

## **6.2 Policy Sections, Style and Format**

Policies often describe complex procedures or are related to in-depth Acts of parliament and should therefore be broken into sections so readers can understand what they have to do, why they should do and how it is monitored.

Each policy or approved document should have a standard set of sections to maintain clarity of purpose, and these are as detailed in the Policy template (Appendix B). Requirements in respect of style and format are detailed on the template itself. An electronic version of the template will be published on IAN and will easily be accessible for all ICB staff to use as required.

The Policy Template has been designed to be accessible in accordance with the requirements of the Equality Act 2010 and the Public Sector Bodies (Accessibility Regulations 2018). It is imperative, therefore, that Policy Authors/Leads use the template provided and do not attempt to modify its format.

For easy reading Arial 12 should be adopted, paragraphs numbered, and pages numbered in the footer using the “page X of Y” style. All policy documents should be written in a style which is concise and uses clear terms and language. Details of the policy need to be outlined using short paragraphs and sub-headings to enable easy reading.

Consideration should be given to producing appropriate documents in languages other than English depending on the population groups served by the ICB.

Each policy must be compliant with all current legal and statutory requirements that are relevant to their development. A well written policy should:

- Be clear, concise, jargon free and written in straightforward language
- Explain abbreviations or acronym the first time they are used
- Take account of the relevant views of stakeholders where appropriate
- Be sound / evidence based
- Have clear objectives
- Specify how it will be implemented and monitored
- Describe a consequence of any breaches (as required)

## **6.3 Consultation and Communication with Stakeholders**

Development of new policies and amendments to existing policies should involve adequate and appropriate consultation with those affected by the proposed policy including service users, carers, staff representatives and relevant ICB staff.

It is vital to the success of the implementation of any policy that the expertise and experience of all relevant parties has been considered, particularly those who will be expected to implement its requirements.

It is the responsibility of the Policy Author/Lead for the policy's development to ensure that the consultation on the policy is as inclusive as possible, including contractor services and partner organisations where appropriate.

A list of all staff and stakeholders consulted during the policy development should be included in the relevant section of the Policy (see Appendix B).

Stakeholders may include:

- Staff groups
- Joint consultations and negotiation committee (JCNC)
- Patients and the public (i.e. Patient Participation Groups)
- Lead groups, i.e. Clinical Governance, Health & safety, Clinical Value
- Voluntary Sector Organisations
- Individuals with lead roles and representation

As a minimum consultation must include:

- All policies will be clearly marked as draft during the consultation period with a version number so that people know what draft they are being asked to comment on.
- Publication of the start of the consultation process through appropriate briefings. This will include details of where to obtain a copy, to whom to send comments and by when.
- The length of the consultation period must be no less than 4 weeks from the announcement of the consultation process.
- Relevant staff side representatives are sent an electronic copy of the policy.
- Circulation of the draft policy to members of relevant ICB Groups.
- Circulation of the draft policy to members of relevant patient/public groups, e.g. Voluntary, Community and Social Enterprise (VCSE) Alliance.
- Comments received from the consultation process must be incorporated in the draft policy wherever possible. Where comments are not incorporated into the redraft then the Policy Author/Lead must give feedback to the commenter as to why.
- If significant redrafting of the policy is required as a result of comments received from consultation, then the revised policy must be reissued for a further period of consultation of no less than 2 weeks.
- Ensure that policies that will or have the potential to affect partner organisations are circulated to Chief Executives (or equivalent) of those organisations for inclusion in the consultation process.

## **6.4 Review and Revision Arrangements**

Review dates for documents will be monitored by the Corporate Governance Team. When policies are reviewed, they should include new or updated guidance that the Policy Author/Lead have identified during the lifecycle of the policy. Policies must be reviewed every 3 years with reviews starting six months in advance of the expiry date.

For all policies that are entering their review period (6 months prior to their expiry date), the Corporate Governance Team will notify the Policy Author/Lead, informing them of the pending expiry date and requesting a review of the policy.

It is the responsibility of the Policy Author/Lead to review the policy within the six-month review period and prior to its expiry date. If necessary, the expiry date may be brought forward or be extended in light of national developments or significant events. Where a document is beyond its expiry date staff are expected to continue to follow the principles contained within it and seek advice and guidance from appropriate professional /managerial sources.

## **6.5 Version Control**

The Corporate Governance Team will be responsible for administering the process related to the production and revision of policy documents. This will be achieved via 'Version Control' of policies which will be documented via the version control sheet included within all policies. Each Policy will have a Reference number which will be issued by the Corporate Governance team and will be clearly stated on the policy's front page.

All policies will be categorised according to the following:

- Commissioning (C-P-xxx)
- Clinical (CL-P-xxx)
- Finance (F-P-xxx)
- Corporate Governance (CG-P-xxx)
- Human Resources (HR-P-xxx)
- Information Governance (IG-P-xxx)
- Medicine Optimisation (MO-P-xxx)
- Quality & Safety (QS-P-xxx)
- Emergency, Preparedness, Resilience and Response (EPRR-P-xxx)

This list is non-exhaustive and other categories may be added as required.

## **6.6 Approval and Ratification of Policies**

Once the policy has been fully consulted upon and comments considered it is the responsibility of the Policy Author/Lead to submit the policy document to the Policy Review Group ('PRG'). The PRG will review each document to ensure it is in line with this policy and to comment in particular on style, format, readability, spelling, punctuation, Equality Impact Assessment and considerations to Public Sector Equality Duty (PSED). PRG members are not experts in the subject matter for each policy and this is why the appropriateness of presentation of subject should be carried out by expert stakeholders during the consultation process and before the document comes to the PRG.

Following PRG approval, it is the responsibility of the Policy Author/Lead to submit the policy for approval to the Responsible/Approving Committee. The Policy Author/Lead may be invited to attend the Committee meeting to present the policy and respond to any queries. Following the policy's approval, it is then considered ready for formal agreement and ratification.

If the policy is not deemed to be ready for approval, the committee will agree with the author where amendment(s) or clarification is required. The author will then re-submit to the next meeting or circulate by e-governance if appropriate.

The Policy Author/Lead should then request that the policy is added to the agenda of the next most convenient ICB Board meeting. Once ratified by the ICB Board, the policy will be ready for publication on the ICB’s intranet.

The approval of all policies will follow the routes as described in Appendix A.

All documents should be approved by the appropriate sub-Committee with designated or delegated Integrated Care Board authority and ratified by Board. Where a policy has only minor amendments, or changes due to legislation, a “AAA” report will detail the changes and should be completed for the appropriate sub-Committee for approval and the same for ratification at Board. Where a new policy has been developed the full policy will be submitted to the appropriate sub-committee for approval and also to the Board for ratification.

All policies must be signed off by the Integrated Care Board.

The following Committees have delegated policy approval by the ICB:

- Audit Committee
- Remuneration Committee
- People & Culture & Inclusion Committee
- Finance and Performance Committee
- Quality and Safety Committee
- Health and Care Senate

It is the Policy Author’s/Lead’s responsibility to ensure that the necessary approval processes are followed. They will need to give thought to:

- Is there any statutory or legal directive which stipulates the level at which the policy must be approved? e.g. Integrated Care Board, Audit Committee
- Does the policy need professional approval? If so, is it one or more?
- Does the policy need Staff Side consultation/approval?
- Does the policy require other organisation’s approval, including agency services?
- Does the policy need operational level approval?

This list is not exhaustive and is meant only as a prompt for the kind of questions a lead person must ask themselves when determining the appropriate approval route for their policy.

Examples of the types of documents that will be approved by the ICB’s Groups/Committees are listed below. This is a non-exhaustive list:

<b>Types of Documents</b>	<b>Committee for overseeing and approving the policy</b>
Quality Patient Safety Clinical Effectiveness	Quality and Safety Committee  Health and Care Senate
Governance Information governance	Audit Committee

Financial policies Commissioning & Planning Medicine optimisation	Finance and Performance Committee
Health & Safety Human Resources	People, Culture & Inclusion Committee

## 7. Training and Implementation

All policies must identify the training requirements associated with them and the frequency with which this training is required.

There is a requirement as part of local induction to ensure that staff are made aware of the importance of policies and procedures and their adherence to them. The Corporate Governance Team may provide support and training to Policy Author(s)/Lead(s) upon request.

Line Managers are responsible for the implementation of policies within their team and addressing any failures to follow agreed processes. All staff need to ensure they are aware of the system for policy development, ratification and implementation.

## 8. Monitoring

A policy's monitoring section should describe the monitoring arrangements that will communicate progress of the policy's aim to a Committee.

Performance indicators will be used to monitor effectiveness of this policy. These will include outcomes, complaints, claims and incidents to identify where failure to follow policy may have impacted on commissioning, service delivery, regulatory compliance or corporate governance.

The Approving Committees will be responsible for ensuring that policies submitted to them for approval are compliant with this policy.

## 9. Review, Ratification and Archiving

The policy will be reviewed every 3 years, or earlier if national policy or guidance, organisational changes are required to be considered. The review will then be subject to review and re-ratification.

The Corporate Governance Team is responsible for ensuring that archive copies of superseded working documents are retained. All policies which have been superseded will be archived.

Please note the authors' responsibilities regarding archiving superseded copies. The author will ensure that a review of the document is carried out in the event of a change in circumstances or immediately prior to the expiry date.

## 10. Dissemination and Publication

Dissemination of the final policy is the responsibility of the author. They must ensure the policy is uploaded on the intranet via the Communications Team. The Communications team is responsible to issue an organisation-wide notification of the existence of the Policy.

Heads of Departments/Managers are responsible for ensuring that all staff (including bank, agency, contracted and volunteers) have access to and are made aware of policies that apply to them.

All staff will be able to access copies of policies via the policy section of the ICB intranet.

## 11. References & Associated Documents

All existing ICB Policies, procedures and plans will be adhered to, including

- Policy Template
- Policy Development Checklist

For this policy the references are:

- Equality Act 2010, (Specific Duties) Regulations 2011
- Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018

## 12. Impact Assessments

Wherever required, Policy Authors will ensure they conduct the relevant Impact assessment (IAs). These are formal, evidence-based procedures that assess the economic, social, and wider effects of policy decisions. The purpose of IAs is to provide objective analysis to support decision-making. IAs often use cost-benefit analysis to ensure good practices in developing organizational policy, based on robust evidence.

### 12.1 Equality Impact Assessment: EIA

All public bodies have a statutory duty under the Equality Act 2010 to provide “evidence of analysis it undertook to establish whether its policies and practices would further, or had furthered, the aims set out in section 149(1) of the [Equality Act 2010]” – in effect to undertake an EIA on all procedural documents and practices.

The ICB aims to design and implement policy documents that meet the diverse needs of our organisation, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010, the Public Sector Equality Duty and the Health and Social Care Act 2012. All policies should be assessed against any potential adverse impact in relation to equality. The Equality Impact Assessment seeks to ensure that fairness and accessibility is underpinning planning and provision by ensuring the Policy Author/Lead considers the likely impact of the policy on different communities/groups.

For more information and in order to complete an EIA see [here](#). Assistance with the completion of the assessment is available from the ICB's Lead for Equality, Diversity & Inclusion.

This policy has been assessed in relation to having due regard to (1) the public sector equality duty (PSED) 3 aims, dropping down from the Equality Act 2010 to: eliminate discrimination, harassment victimisation; advance equality of opportunity; and foster good relations", (2) The Health & Social Care Act 2012 re evidencing showing due regard to reducing health inequalities between the people of England.

The author of this policy has undertaken an EIA and has concluded there is no impact identified. The analysis is available via the Corporate Governance Team.

## **12.2 Quality Impact Assessment: QIA**

The ICB is committed to ensuring that commissioning decisions, possible or actual business cases and any other significant plans and strategies are appropriately evaluated and the potential consequences (impacts) on the quality of services delivered to the residents of our area are considered and any necessary mitigating actions are outlined.

The need for a formal QIA process is essential in a system as complex and interdependent as the NHS, where decisions in one part of the system can impact upon another with many co-dependencies or unintended consequences that are not always easy to predict or assess.

QIA is intended to ensure that quality is the central principle in how health and care services are designed and delivered to enable appropriate decision making. The final decision-making, on progression of 'business decisions' with potential negative quality impacts and acceptance of any unmitigated risk/s, lies with the ICB through appropriate governance routes.

In making a decision about the exercise of its functions, an ICB must have regard to all likely effects of the decision in relation to: (a) the health and well-being of the people of England; (b) the quality of services provided to individuals (c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.

Whenever writing or updating a policy consideration needs to be given whether a QIA should be undertaken to ensure that the ICB discharges its statutory duty. If the policy affects patients in any way, e.g. accessibility and exclusion criteria, making changes to services/pathways of care, medicines optimisation, etc, then a QIA should be undertaken.

For more information on what requires a QIA, when a QIA should be completed, the QIA template and the whole process around QIAs, see [Quality Impact Assessments \(QIAs\) \(sharepoint.com\)](#). For any queries or if you require more information, you may also contact the QIA inbox <[qia@staffsstoke.icb.nhs.uk](mailto:qia@staffsstoke.icb.nhs.uk)>.

### 12.3 Data Protection Impact Assessments: DPIA

A DPIA is a statutory process under UK GDPR / Data Protection Act (DPA) 2018. It is designed to help a Policy Author identify and minimise the data protection risks of their policy. It is unlikely that a DPIA will be needed for developing the policy document. Personal data should ordinarily be restricted to items consented by the individual (unless providing those is in itself a statutory requirement for the policy document).

You must however do a DPIA for processing any personal data that is likely to result in a high risk to individuals during the implementation of your policy requirements. It is recommended to contact the MCLSU IG Hub ([mlcsu.ig@nhs.net](mailto:mlcsu.ig@nhs.net)) to work through their pre-DPIA screening checklists, designed to help the Policy Author decide if they do need to do a DPIA.

Policy requirements may require the ICB to collect personal confidential information about people with whom it deals in order to carry out its business and provide its services for healthcare. Specifically, patients and staff / employees (present, past and prospective), suppliers or other business contacts. In addition, the ICB may occasionally be required to collect and use certain types of personal information to comply with the requirements of the law. No matter how it is collected, recorded and used, personal information must be dealt with properly to ensure compliance with UK GDPR / DPA 2018.

You may view the DPIA template [here](#). For more information see [Information Governance \(sharepoint.com\)](#). If you are unsure whether a DPIA is necessary and for any queries you may contact <[mlcsu.ig@nhs.net](mailto:mlcsu.ig@nhs.net)>

**Appendix A – Policy document approval route**



**Name of Policy**  
*(Centred Arial, Blue, Bold 22 pt)*

Name any procedures included in the Policy  
e.g. Organisational Development Policy  
including Finance Study Leave Procedure

<b>Job Title of Policy Author</b>	
<b>Review/Development Body</b>	
<b>Ratification Body</b>	
<b>Date of Ratification/Effective from</b>	
<b>Review Date</b>	
<b>Document Reference Number <i>(supplied by Governance Team)</i></b>	
<b>Target audience</b>	

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CONSULTATION SCHEDULE	
Title of Individual	Groups consulted

IMPACT ASSESSMENTS		
	Date Completed	Comments
Equality Impact Assessment (EIA)		<i>(for no impact insert: No impact identified)</i> <i>(if impact has been identified, see section 12)</i>
Quality Impact Assessment (QIA)		<i>(for no impact insert: No impact identified)</i> <i>(If non-applicable insert N/A)</i>
Data Protection Impact Assessment (DPIA)		<i>(for no impact insert: No impact identified)</i> <i>(If non-applicable insert N/A)</i>

VERSION CONTROL				
Version	Job Title of Policy Author/Lead	Ratification Date	Ratification Body	Summary of Amendments

**Document Status:** This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

## 1. Introduction

*Add a brief background to the policy and any other information needed to contextualize and introduce the policy.*

## 2. Purpose

*Add here an explanation of why we need this policy and what areas it covers.*

## 3. Scope

*This section should note the situation or groups covered by this policy. Add here as applicable 'This policy applies to all ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers)'.*

## 4. Definitions

*Add here definitions of all terms used in the policy.*

## 5. Duties and Responsibilities

*Add here the specific individual or team responsibilities for within the policy. Author to consider whether Policy duties and responsibilities go beyond organisational boundaries and responsibilities of the ICB. Sub-sections with specified duties to be added as required.*

- **Integrated Care Board**

Insert narrative for ICB Board responsibilities.

- **XXXX Committee**

Insert narrative for Committee responsibilities.

- **XXXX Committee**

Insert narrative for XXX Committee responsibilities (if applicable – repeat as necessary).

- **Chief Executive**

Insert narrative for what the Chief Executive is accountable for.

- **Director of XXX**

Insert narrative for what the Executive Director lead is accountable for.

- **Policy Authors/Leads**

Insert narrative for what the Policy Authors/Leads are accountable for.

- **Corporate Governance Team**

Insert narrative for what the Corporate Governance Team is accountable for (if applicable).

- **Line Managers**

Insert narrative for what Line Managers are accountable for.

- **All Staff**

Insert narrative for what all staff are accountable for.

## **6. Subject Matter of Policy**

*This is the main body of the Policy. This section should be broken up into sub-headings and expanded as required. Additional headings can be added instead of subheadings if this aids comprehension. Add here details of the guiding principles associated with this document.*

## **7. Training and Implementation**

*All Policies must identify the training requirements associated with them and the frequency with which this training is required.*

*Add a brief description of how the policy will be shared.*

*For existing policies the following standard text may be added:-*

*'This is an established policy which has been embedded within the organisation for a number of years, hence no implementation plan is needed as relevant processes are already in place.'*

*For new policies you must record how each policy/controlled document is to be disseminated, implemented and any training requirements.*

## **8. Monitoring**

*Policies must be monitored following their implementation so the ICB can be assured that there is adherence to the guidance described in the policy. This section of a policy must include details of how it will be monitored. Insert text regarding Committees responsible for monitoring compliance.*

## **9. Review, Ratification and Archiving**

*All policies must be reviewed at a minimum of three years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.*

*The standard text below may be used:*

*'The policy will be reviewed every 3 years, or earlier if national policy or guidance, organisational changes are required to be considered. The review will then be subject to review and re-ratification.*

*The Corporate Governance Team is responsible for ensuring that archive copies of superseded working documents are retained. All policies which have been superseded will be archived.*

*Please note the authors' responsibilities regarding archiving superseded copies. The author will ensure that a review of the document is carried out in the event of a change in circumstances or immediately prior to the expiry date. '*

## **10. Dissemination and Publication**

*The standard text below may be used:*

*'Dissemination of the final policy is the responsibility of the author. They must ensure the policy is uploaded on the intranet via the Communications Team. The Communications team is responsible to issue an organisation-wide notification of the existence of the Policy.*

*Heads of Departments/Managers are responsible for ensuring that all staff (including bank, agency, contracted and volunteers) have access to and are made aware of policies that apply to them.*

*All staff will be able to access copies of policies via the policy section of the ICB intranet.'*

## **11. References and Associated Documents**

*The author is required to provide details of supporting or linked strategy, policy, procedural or other documents within the ICB that may need to be read in conjunction with the policy or for staff to be aware of their existence.*

*Books, articles, publications, periodicals and websites must all be referenced in this section using the "Harvard" Method of referencing.*

## **12. Impact Assessments**

*This section should be filled in as applicable.*

***For EIAs policies should include the following:***

*"Equality Impact Assessments are carried out to demonstrate due regard to (1) the public sector equality duty (PSED) 3 aims, dropping down from the Equality Act 2010 to: eliminate discrimination, harassment victimisation; advance equality of opportunity; and foster good relations", (2) The Health & Social Care Act 2012 re evidencing showing due regard to reducing health inequalities between the people of England."*

All policies should include either of the following statements:

**Initial Assessment Statement**

*'This policy has been through an Initial Assessment process and no identifiable or potential adverse impact against any protected characteristics or inclusion health group have been identified or mitigating actions have been taken. In the event of any new data, information or reporting, identifying any adverse or potential adverse impact, this assessment will be reviewed, and a full impact assessment will be carried out where it is deemed necessary to do so. Accessible and inclusive Information and equality monitoring (where it is practical to do so) have been considered.'*

**Full Assessment Statement**

*'This policy has been through a Full Assessment process and identifiable or potential adverse impact against any protected characteristics or inclusion health group have been considered and mitigating actions have been taken. An Objective Justification will provide a rationale where identifiable adverse impacts remain. In the event of any new data, information or reporting, identifying any adverse or potential adverse impact, this assessment will be reviewed. Accessible and inclusive information, and equality monitoring (where it is practical to do so) have been considered.'*

**For QIAs, when applicable, policies should include the following:**

*A QIA has been undertaken and the policy author has concluded that..."*  
*[This section needs to be expanded as required.]*

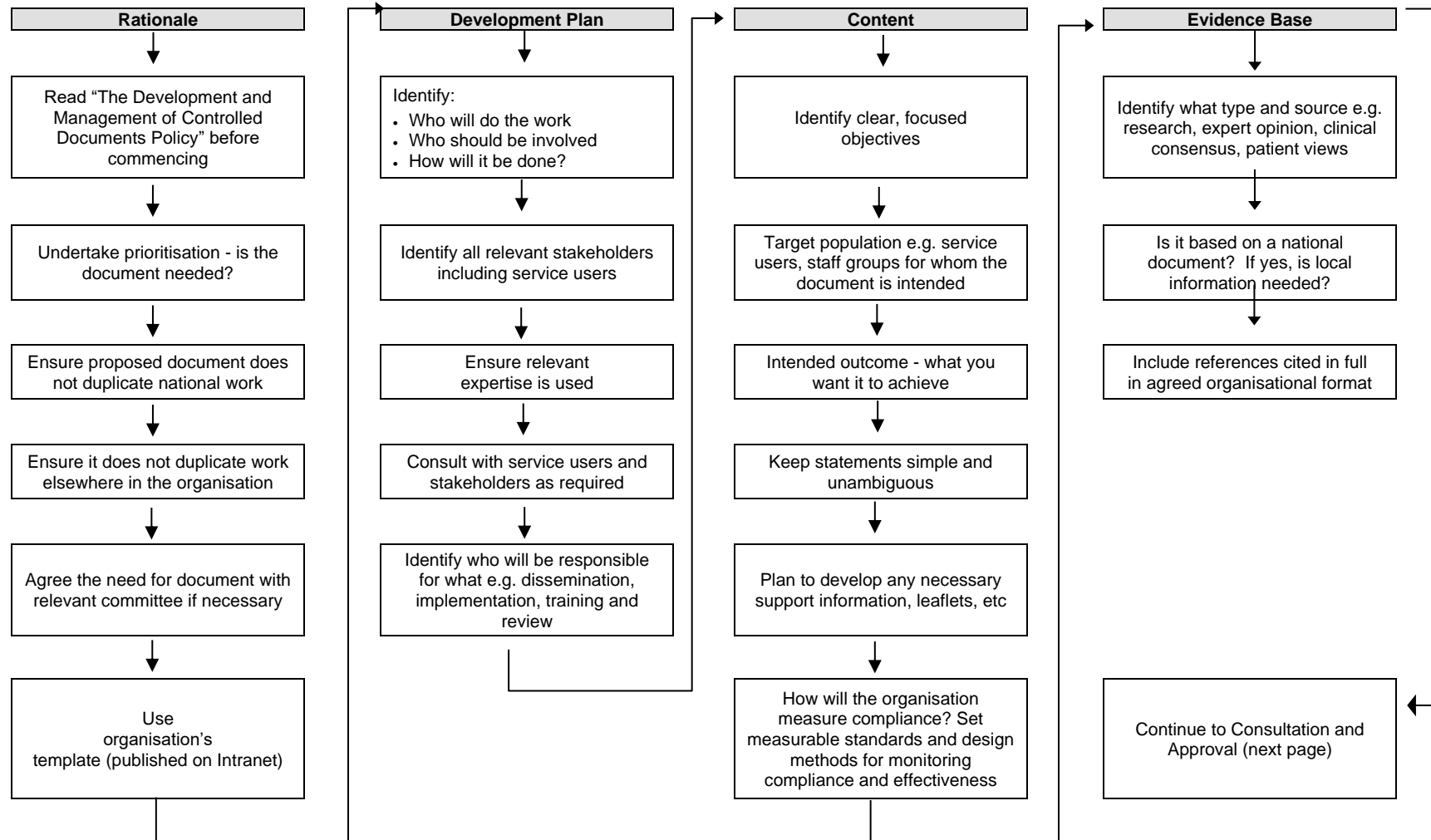
**For DPIAs, when applicable, policies should include the following:**

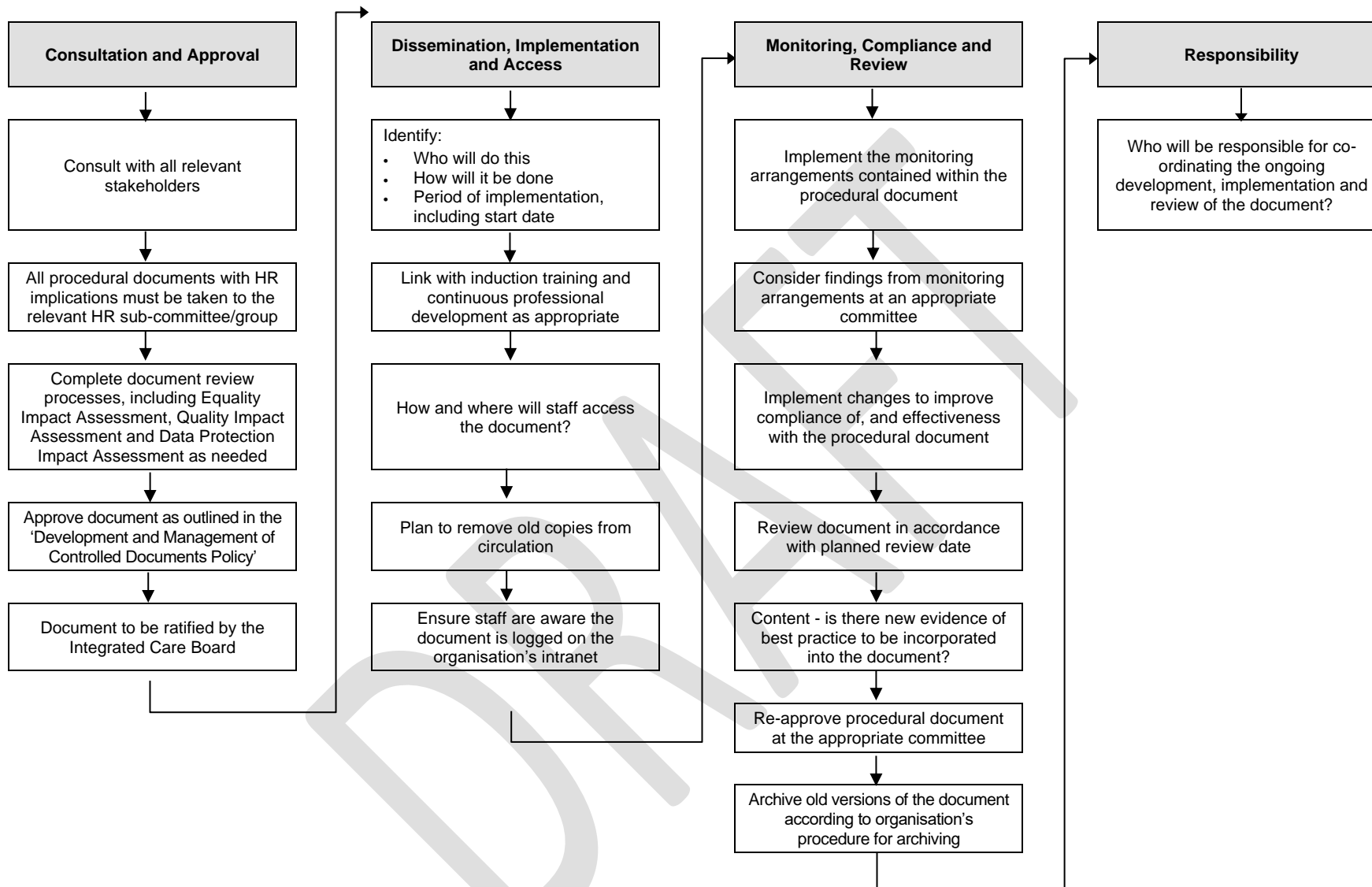
*"A DPIA has been undertaken and the policy author has concluded that..."*  
*[This section needs to be expanded as required.]*

## **13. Appendices**

*Appendices may be added as needed and should be numbered (i.e. Appendix A- Title XXX, Appendix B – Title XXX etc). Appendices should also be mentioned in the table of contents to assist the reader while navigating through the document.*

### Appendix C - Flowchart for the Creation and Implementation of Procedural Documents





## Appendix D – Policy Development Checklist

Policy title:			
Criteria for Compliance	Author Yes/No	Author's Comments	Corporate Governance Team Comments
Could this policy be incorporated within an existing policy? If no explain why.			
If a new policy, has the Governance Team been notified so a policy reference can be allocated?			
Does this policy follow the style and format of the agreed template?			
Has the Front Sheet table been completed?			
Has the Version Control table been completed?			
Is there an appropriate review date? (Explain if less or more than 3 years)			
Have key performance indicators (or other arrangements) been identified to monitor effectiveness of the policy?			
Have all relevant associated policies and references been listed?			
Have all appropriate stakeholders been consulted and identified on the stakeholder list?			
Has an Equality Impact Assessment (EIA) been undertaken?			
Has the policy been amended to address any negative impacts identified from the EIA?			
Is a Quality Impact Assessment (QIA) required? <i>NB: Seek advice from Quality Team if required.</i>			
Is a Data Protection Impact Assessment (DPIA) required?			
Is there a clear indication of how the policy will be implemented?			