

# Policy for the Development and Management of Policy and Procedural Documents (‘Policy for Policies’)

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Purpose	The purpose of this policy is to provide the approved framework, template and forms to facilitate a consistent, structured and systematic approach to the development and management of policies and procedural documents.
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Cross reference to other Policies/Guidance	This policy should be read in conjunction with the following ICB policies, procedures and guidance: ICB Constitution and Standing Orders. Scheme of Reservation and Delegation. Other policies and procedures, as required.
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*This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.*

<b>Document control:</b>		
<b>Date:</b>	<b>Version Number:</b>	<b>Section and Description of Change</b>
September 2022	V1	Policy amended to reflect Lancashire and South Cumbria ICB procedures and approvals process
April 2025	V2	Policy amended to reflect Lancashire and South Cumbria ICB procedures and approvals process.  Section 1 Introduction updated Section 2 Purpose updated Section 5 Roles and Responsibilities updated Section 13 Revision and Review update review period from two yearly to three yearly

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## 1. Introduction

The Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) has a statutory duty to have in place procedural documents which comply with relevant legislation and which support staff to fulfil the requirements of their role safely and effectively.

Organisational policies and procedures provide guidance, accountability and clarity on how the organisation operates. They are a vital part of the assurance function, and the adherence and application of policies and procedures supports the ICB's risk management and governance frameworks as a "second of line of defence" and therefore provides assurance of the management of risk.

This policy sets out the processes in place for the development, approval, implementation and monitoring of the ICB's policies to ensure that a co-ordinated and consistent approach is following within the ICB regarding corporate style and format.

All policy documents become part of the ICB's corporate information once formally approved in accordance with this policy.

## 2. Purpose

The ICB intends that its organisational policies should provide a clear understanding of what is expected of employees and Board and Committee members. The purpose of this policy is to provide the approved framework, template and forms to facilitate a consistent, structured and systematic approach to the development and management of procedural documents.

Whilst this document is particularly relevant to staff that are given responsibility for writing or reviewing policies it is equally important that all employees understand the relevance of having these in place

This document outlines the process for policy development from inception through to ratification, and implementation. A flow chart detailing this process is shown at **(Appendix A)**.

The policy aims to :

- Ensure that all policy documents are systematically managed and controlled across the ICB from their creation to their disposal.
- Explain the process for the development, approval, implementation and maintenance of policy documents within the ICB.
- Ensure that all policy documents in use by the ICB including external policy documents, are centrally held and monitored as part of the overarching governance arrangements.
- Ensure all policy documents are routinely reviewed in an appropriate timeframe, updated immediately when a change in legislation occurs and they are accessible and understood by all members of staff.

### **3. Scope**

This policy is applicable to all staff, including temporary, agency and contractor staff who are employed by or work on behalf of the ICB.

### **4. Definitions**

#### **Policy**

A policy is a statement of intent, describing an approach or course of action to be adopted or pursued in respect of a particular issue. Each policy should have a purpose and specific requirements as to how the policy is to be accomplished. A policy enables managers and staff to make correct decisions, comply with relevant legislation and follow specific rules. It is a formal document which outlines one or both of the following:

- How the ICB will comply with legislation, directives, guidance etc.
- A corporate framework regarding a specific subject matter, with which all employees are required to comply.

Compliance with policies is mandatory and as such affects the terms and conditions of individual employees. Non-compliance with a policy may therefore result in disciplinary action.

#### **Procedure**

A procedure is a set of step-by-step instructions that describe the appropriate method for carrying out tasks or activities to achieve the highest standard possible and to ensure efficiency, consistency and safety. Procedures may be used to support policies.

#### **Protocol**

A protocol is a formal set of procedures which are to be followed in order to achieve specific outcomes.

#### **Guidelines**

A guideline is a document that outlines best practice. Guidelines are not mandatory; however, it is expected that staff will follow guidelines except when exceptional circumstances determine otherwise.

### **5. Roles and Responsibilities**

#### **All Employees**

All staff have a responsibility to work in line with the ICB's ratified procedural documents and should:

- Be aware of how to access them.

- Be aware of those which are relevant to their area of work.
- Act in accordance with them.
- Attend any relevant training which is offered in relation to them.
- Report any issues affecting compliance with them to their line manager, in order that these can be taken account of.

All staff need to ensure they are aware of the system for policy dissemination. This includes a requirement on receipt of new policies to review their contents and assess the relevance to their role.

All staff must be aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

### **Chief Executive**

Procedural documents are vital to the organisation for effective management, service delivery and the management of associated risks. It is therefore essential that responsibility is placed at the highest level. The Chief Executive is responsible for ensuring there is a structured approach in place for procedural document development and management. Although responsibility for procedural document development may be delegated to other officers, accountability remains with the Chief Executive.

### **Senior Responsible Officer**

Day to day responsibility for the development and review of procedural documents is with Senior Responsible Officers (SROs). Each policy must have a named sponsor which will usually be an executive officer. The sponsor must ensure that an appropriate author is nominated to develop the policy within the requirements of this document.

SROs must also ensure that, through management lines, all staff have an awareness of all policies, with emphasis given to those that are specifically relevant to their area of work.

### **The ICB Board**

The board is responsible for the approval policy documents but may delegate approval of specific documents to its committees.

The ICB's Scheme of Reservation and Delegation (SoRD) sets out those decisions that are reserved to the board and those decisions that have been delegated to an individual or to a committee or sub-committee.

Where the board has reserved responsibility for the approval of policies or procedural documents, these are set out below:

<b>Policies/Procedures reserved to the board</b>	<b>To be reviewed and assured prior to board approval</b>
Anti-Fraud, Bribery and Corruption Policy	Audit Committee
Complaints Policy	Quality and Outcomes Committee
EPRR and Business Continuity	N/A
Managing Conflicts of Interest (including gifts and hospitality)	Audit Committee
Standards of Business Conduct	Audit Committee
Information Governance Policies and Procedures	Audit Committee
Freedom of Information	Audit Committee
Risk Management Policy and Framework	Audit Committee
Public Sector Equality Duties Policies	People and Culture Committee

The Board will receive formal notification from the relevant committees for policies that have been reviewed through the committee Assurance and Escalation Report ("Assure, Advise Alert").

### **ICB Committees**

Committees are responsible for the approval of policy documents within the remit of their Terms of Reference as below.

### **Remuneration Committee**

The responsibility of this committee is to formally ratify the following policies with the assurance they have been through the correct process:

- Human Resources policies
- Fit and Proper Persons Framework and Policy

### **Quality and Outcomes Committee**

The responsibility of this committee is to formally ratify the following policies with the assurance that they have been through the correct process:

- Clinical; Medicines Management
- Safeguarding
- Special Educational Needs and Disability (SEND)
- CHC policies

The committee is responsible for ensuring that any policies that need to be ratified by the board have undergone the appropriate approval process before submission to the board

### **Audit Committee**



The responsibility of this committee is to review the following policies prior to submission to the board for ratification:

- Risk Management
- Conflict of Interests/Standards of Business Conduct
- Anti-Fraud /Counter Fraud
- Information Governance Policies

### **Finance and Contracting Committee**

The responsibility of this committee is to formally review and ratify the following policies with the assurance that they have been through the correct process:

- Financial Policies
- Procurement and Contracting Policy

The committee is responsible for ensuring that any policies that need to be ratified by the board have undergone the appropriate approval process before submission to the board.

### **Executive Committee**

The Executive Committee consists of the Chief Executive and core ICB Executive Directors. The role of this committee is to ratify corporate policies (including Estate and Facilities Management) and Communications and Engagement Policies (including social media) and ensure that a robust process is in place for the development and review for all organisational policies, and that any policies that need to be ratified by the Board undergo the approval process before submission to the Board.

### **Policy Authors**

Authors are responsible for ensuring that policies assigned to them are developed, monitored, and reviewed in line with this policy (in particular section 7) and the ICB Policy Template which gives guidance to what is required.

If an existing policy is being reviewed / amended the author should use the track changes function in order that changes to can be identified and discussed when presented for approval and ratification.

### **ICB Corporate Governance Team**

The Company Secretary/Director of Corporate Governance will ensure the provision of a robust process for the oversight, development, ratification and publication of policies. To ensure a consistent and co-ordinated approach to policy development,

staff wishing to develop a policy should contact the Head of Risk, Assurance and Delivery who will be responsible for:

- Providing the templates, checklist and forms needed to develop the document
- Ensuring the intention to develop a policy is logged on the relevant policy register
- Identifying and confirming the correct ratification route
- Ensuring ratified policies are published on to the ICB website or staff intranet (as appropriate)
- Ensure the maintenance of the register of active policies
- Archiving old policies
- Informing authors and sponsors of upcoming review dates and provide support regarding the review process
- Providing advice and guidance to policy authors

## **6. Style and Format of Procedural Documents**

All policies and procedures will be developed using the agreed ICB Policy Template. Requirements in respect of font style and content are detailed in the template itself and it also includes advice on sections and headings and contains all the relevant forms for completion. The template is available **here**.

A well written policy should:

- be clear, concise, jargon and acronym free and written in straightforward language
- take account of the relevant views of stakeholders where appropriate
- be sound / evidence based
- have clear objectives
- specify how it will be implemented, monitored and audited
- describe a consequence of any breaches

## **7. Development of New or Existing Policies**

All policies must be compliant with current legal and statutory requirements that are relevant to their development. There must also be compliance with NHS policies and guidance.

The author will also develop the document based on the guidance set out in this policy and the ICB policy template, forms and the Policy Assurance Checklist (**Appendix B**).  
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This will provide assurance to the author the document is being developed within the agreed policy development requirements.

The Head of Risk, Assurance and Delivery has overall responsibility to ensure the implementation of the process for the development of policies and the author should liaise with them if they have any queries or concerns regarding the process. General enquiries can be directed through:

[Lscicb.governanceteam@nhs.net](mailto:Lscicb.governanceteam@nhs.net)

The author should ensure that the relevant expertise and advice is sought where necessary. Whilst it is good practice to review policies from other similar organisations, it is vital to ensure the ICB's needs are fully met, and the policy remains appropriate to this organisation.

## **7.1 New Policy**

An author may be requested to develop a new policy based on organisational needs, changes in legislation or national requirements. The author should check that they are not duplicating any work undertaken locally or nationally.

## **7.2 Revision of an Existing Policy**

An author who is reviewing an existing policy is expected to review the contents of the current version for its continued relevance and to ensure that the organisational history, where necessary, is carried forward to the new policy. Any changes should be highlighted or the track changes function in order that changes to can be identified and discussed when presented to the relevant committee/group for approval.

The author will also be responsible for undertaking a new Equality and Health Inequalities Impact and Risk Assessment (see more detail under section 8).

## **8. The Equality and Health Inequalities Impact and Risk Assessment (EHIRAs)**

All public bodies have a statutory duty under the Equality Act 2010 (Statutory Duties) Regulations 2011 to provide evidence that an analysis has been undertaken to assess how its policies and practices impact on equality and prevent discrimination. The ICB aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage to others. The Equality and Health Inequalities Impact and Risk Assessment (EHIRAs) guide is designed to help authors consider the needs of everyone and assess the impact of their policy. This tool must be completed for all new policies and policy reviews and should be submitted with the draft policy for approval.

The Equality and Health Inequalities Impact and Risk Assessment guide (EHIRAs) can be found on the ICB staff Intranet under the Equality, Diversity and Inclusion Section –

[Equality, diversity and inclusion – Lancashire and South Cumbria ICB Intranet](#)

## **9. Process for Monitoring Compliance**

The procedural document should describe how the policy will be monitored and its effectiveness measured and evaluated. It should also state how non-compliance will be reported.

### **9.1 Key Performance Indicators**

All procedural documents should contain a section describing auditable standards and/or key performance indicators, and state how these will assist the ICB in the process for monitoring compliance.

## **10. Engagement**

Once the author is confident that the draft policy is in a fitting and reasonable condition, they will then proceed to wider consultation to ensure all appropriate views are considered.

Consultation should be to secure the support and experience from all relevant individuals and groups. Expertise and experience of all relevant parties should be considered, particularly those who will be expected to implement the requirements of the policy. Consultation should involve appropriate expert groups and other stakeholders where appropriate and it is the responsibility of the author to ensure relevant people have been consulted. Areas to consult may be:

- Key staff including staff representatives from the professional associations and trade unions (as appropriate)
- Patient/user representatives (as appropriate)
- Carer representatives (as appropriate)
- Third sector (voluntary and community) organisations relevant to the subject
- and other ICB/Trust/Stakeholders (as appropriate)

The consultation process is an opportunity to influence the policy content and a draft policy when sent out to stakeholders should be as near to the 'final' draft version as possible and include all relevant references with details of associated documentation. This will help to ensure that the stakeholders are able to review and make appropriately informed comments.

Once the consultation has been completed, the author is required to complete the 'List of Stakeholders Consulted' section of the policy, which is part of the Policy Template. This will identify any individual or group that has been consulted and whether comments were received and adopted within the policy.

## **11. Approval and Ratification Process**

All policies ready for approval should be submitted to Head of Risk, Assurance and Delivery, who will ensure that the policy is submitted for approval to the relevant committee/group. The following must be completed before submitting for approval:

- The policy template, with all relevant sections of the front sheet complete
- The Policy Assurance Checklist
- The Equality and Health Inequalities and Risk Assessment
- Consultation

The author may be invited to attend the relevant committee or meeting and respond to any queries that may be raised in relation to the draft policy. If the policy is not deemed ready for ratification at the appropriate committee, the committee/group will agree with the author where clarification or amendments are needed.

The committee/group minutes will record the ratification of any policies.

## **12. Dissemination and Implementation**

### **12.1 Dissemination**

The Head of Risk, Assurance and Delivery will arrange for all ratified policies to be published on the ICB Website or Staff Intranet, and staff will be notified of all policy activity through the ICB's internal email communication system.

The ICB website or staff intranet will be the only point of access for up to date, version controlled ICB policies. A full record of all dissemination activity will be managed by the Corporate Governance Team.

### **12.2 Implementation**

This section of the policy should include how any training that is needed to ensure that policy implementation will be delivered, how it can be accessed and describe who should attend training, frequency of updates and who provides the training.

## **13. Review and Revision Arrangements**

All documents should be reviewed at least every three years from the date of ratification or earlier on changes of legislation/guidance. All procedural documents will show a review date on the front sheet. The document author is responsible for the review and updating of the document.

The author will be contacted prior to the policy review date to highlight that the policy is due for review. If changes are required to the policy, the original process for consultation should be followed. If there are no changes to be made, the author will inform the Head of Risk, Assurance and Delivery and the front cover sheet of the policy will be updated with a new version number and review date. The approving committee (or board where relevant) will receive the policy and agree the updates.

### **13.1 Version Control**

Whilst a policy is in the development and draft stage the author may use version control to keep track of the latest addition. However, once the policy has been formally ratified and before the policy is disseminated, the version control information will be completed, and the policy will also be given a unique reference number.

If an existing policy is reviewed and amended it will be given a new version number, but if there are no changes made to it, its version number does not need to change.

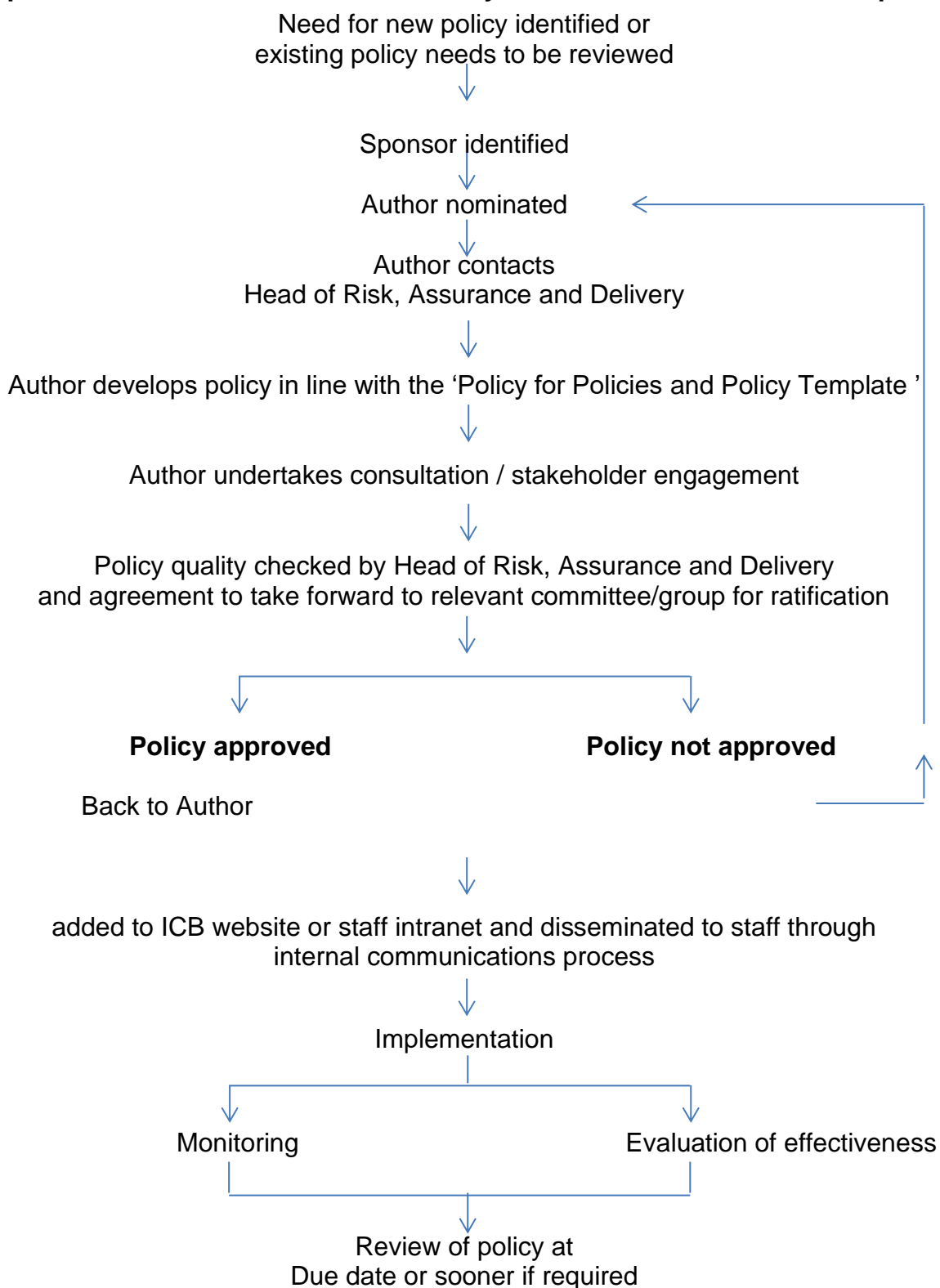
### **13.2 Storage and Archiving**

The Head of Risk, Assurance and Delivery will ensure the upkeep of a central register of all current policy documents, together with a master file of electronic copies. This will also include the upkeep of archived policies in line with record keeping and retention guidance.

## **14. Review of this Policy**

This policy will be reviewed at least three yearly by the author noted on the cover sheet.

## Appendix A: Process Flowchart for Policy/Procedural Document Development



## Appendix B: Checklist for the Review and Approval of Procedural Documents

The author should use this checklist and complete all sections prior to submitting the policy to the Head of Risk, Assurance and Delivery for QA

Author to Complete		
	Yes/No	Comments
<b>1. Format</b>		
Is the title clear and unambiguous?		
Does the policy follow the style and format of the Policy template?		
<b>2. Rationale</b>		
Are reasons for development of the document stated?		
<b>3. Development Process</b>		
Is the method described in brief?		
Have all appropriate stakeholders been consulted and has the stakeholder list been completed?		
Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
<b>4. Content</b>		
Is the objective of the document clear?		
Is the target population clear and unambiguous?		
Are the intended outcomes described?		
Are the statements clear and unambiguous?		
<b>5. Evidence Base</b>		
Is the type of evidence to support the document identified explicitly?		



Author to Complete		
	Yes/No	Comments
Are key references cited?		
Are local/organisational supporting documents referenced?		
<b>6. Approval</b>		
Does the document identify which committee/group will approve it?		
If appropriate, have the Human Resources/staff side forum (or equivalent) approved the document?		
Has an Equality and Health Inequalities Impact and Risk Assessment been undertaken and any findings reflected in the policy?		
<b>7. Dissemination and Implementation</b>		
Is there an outline/plan to identify how this will be done?		
Does the plan include the necessary training/support to ensure compliance?		
Does the policy recognise the impact on: <ul style="list-style-type: none"> <li>Resources</li> <li>Finances</li> <li>Staffing / training</li> </ul>		
<b>8. Process for Monitoring Compliance</b>		
Are there measurable standards or KPIs to support monitoring compliance of the document?		
Is there a plan to review or audit compliance with the document?		
<b>9. Review Date</b>		
Is the review date identified?		

**Author to Complete**

		Yes/No	Comments
	Is the frequency of review identified? If so, is it acceptable?		
10	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		