

# Policy for the Development and Management of Policies (Policy on Policies)

February 2026 – February 2029

## Policy purpose and key messages

This policy sets out the arrangements for developing, approving, implementing, and monitoring policies across the ICBs. Its purpose is to ensure a consistent, coordinated approach to policy management, including the use of standard formats, corporate style, and version control.

It is important to note that this framework applies to corporate policies only (including commissioning-related policies). As commissioning organisations, the ICBs do not deliver services and, therefore, do not hold or maintain clinical policies.

| <b>CONTROL RECORD</b>  |   |
|--|---|
| <b>Title</b>   | Policy for the Development and Management of Policies   |
| <b>Reference number</b>  | DLN-GOV-003   |
| <b>Version</b>   | 1.0   |
| <b>Status</b>  | Final   |
| <b>Policy Author</b>   | ICB Governance Leads  |
| <b>Responsible Officer</b>   | Director of Corporate Governance and Assurance  |
| <b>Team</b>  | Corporate Governance and Assurance  |
| <b>Amendments</b>  | Not applicable  |
| <b>Superseded documents</b>  | <ul style="list-style-type: none"> <li>• NHS Derby and Derbyshire ICB: Policy Management Framework</li> <li>• NHS Lincolnshire ICB: Policy for the Development and Management of Policies</li> <li>• NHS Nottingham and Nottinghamshire ICB: Policy for the Development and Management of Policies</li> </ul> |
| <b>Audience</b>  | All staff within NHS Derby and Derbyshire ICB, NHS Lincolnshire ICB, and NHS Nottingham and Nottinghamshire ICB   |
| <b>Consulted with</b>  | Not applicable  |
| <b>Equality Impact Assessment</b>  | December 2025   |
| <b>Approving body</b>  | Audit Committees of NHS Derby and Derbyshire ICB, NHS Lincolnshire ICB, and NHS Nottingham and Nottinghamshire ICB  |
| <b>Date approved</b>   | 18 February 2026  |
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| <b>Review date</b>   | February 2029   |
| <b>Policy retention period</b>   | Life of organisation plus six years   |
| <p><i>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICBs' document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</i></p> |   |

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## 1. Introduction

- 1.1 This policy is applicable to NHS Derby and Derbyshire ICB, NHS Lincolnshire ICB and NHS Nottingham and Nottinghamshire ICB, collectively referred to in this policy as 'the ICBs'.
- 1.2 Policies provide guidance, accountability and clarity on how an organisation 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. From a risk management perspective, corporate policies support an organisation's second line of defence.
- 1.3 This policy sets out the processes in place for the development, approval, implementation and monitoring of corporate policies for the ICBs. It ensures that a co-ordinated and consistent approach is followed within the ICBs regarding corporate style and format.
- 1.4 All policy documents will become part of the ICBs' corporate information once formally approved in accordance with this policy.
- 1.5 The ICBs will comply with the legal requirements and national guidance in the development of the management of policy documentation.
- 1.6 In line with the Freedom of Information Act 2000, approved policies and procedural documents will be published on the ICBs' websites.

## 2. Purpose

- 2.1 This policy describes the approach of the ICBs to:
  - a) Ensure that all policy documents are systematically managed and controlled across the ICBs from the moment of creation until their ultimate disposal.
  - b) Explain the process for the development, approval, implementation, and maintenance of policy documents within the ICBs.
  - c) Ensure that all policy documents in use by the ICBs, including external policy documents, are centrally registered and monitored as part of the ICBs' overarching policy work programme.
  - d) Ensure any review of an existing policy and/or development of a new policy will be subjected to an Equality Impact Assessment (EIA).
  - e) Ensure that all policy documents are routinely reviewed in an appropriate timeframe, updated immediately when a change in legislation occurs and are accessible and understood by all members of staff.

### 3. Scope

- 3.1 This policy covers all employees, including Board Members, those appointed by the ICBs, and anyone working within the ICBs on a temporary basis or under a contract for services (either individually or through a third-party supplier), collectively referred to as 'individuals'
- 3.2 Policies have a clear target audience and will be developed in conjunction with the relevant stakeholders, including patient groups and third-party organisations if appropriate.
- 3.3 For joint policies with health and social care partners, which require a collaborative working approach, please contact the Corporate Governance and Assurance Team for guidance.
- 3.4 Partner approval will be required for all policies created collaboratively across health and social care where a joint working approach is adopted.

### 4. Definitions

- 4.1 Definitions of key terms referenced in this policy are described in Appendix A.

### 5. Roles and responsibilities

- 5.1 Key responsibilities for specific roles and staff groups are described in the table below:

| <b>Role</b>               | <b>Responsibilities</b>  |
|---------------------------|--|
| Boards                    | The Boards are responsible for the approval of all ICB policy documents but may delegate authority to approve specific documents to their committees.  |
| All committees            | Committees of the Boards are responsible for the approval of policy documents within the remit of their terms of reference, as delegated by the Boards.  |
| Audit Committees          | The Audit Committees are responsible for monitoring progress against the ICBs' overarching policy work programme.  |
| Chief Executive           | Overall accountability for ensuring that there are systems and processes in place to effectively manage policy documents is the responsibility of the Chief Executive.   |
| Executive Management Team | Individually and collectively, members of the Executive Management Team are responsible for ensuring that the ICBs are complying with statutory requirements, and for identifying any requirement for policy documents relevant to their respective areas of responsibility. |

| Role   | Responsibilities  |
|--|---|
|  | The Executive Management Team is also responsible for ensuring that resources are in place to achieve the implementation of agreed policies.  |
| Director of Corporate Governance and Assurance | <p>The Director of Corporate Governance and Assurance is responsible for the overall policy work programme and for:</p> <ul style="list-style-type: none"> <li>• Maintaining a central record of all policy documents in development and in existence.</li> <li>• Ensuring that current policy documents are accessible to staff and that their existence is highlighted to staff through in-house communication procedures.</li> <li>• Quality assuring final policy documents (before issue) to ensure they are compliant with the requirements of this policy.</li> <li>• Ensuring that any training requirements necessitated by policy documents are incorporated into the organisation's statutory and mandatory training arrangements.</li> </ul>  |
| Policy Author(s) and Responsible Officer       | <p>The Policy Author (this could be a group of people or single person) is responsible for drafting policy documents as detailed within this policy. The Policy Author is also responsible for the ongoing review of the document and for making any necessary amendments. Any change in legislation will require an immediate update of the policy document, even if this is before the agreed review date. The Policy Author is responsible for completing an Equality Impact Assessment (EIA) when drafting, and subsequently reviewing, the policy document.</p> <p>The Responsible Officer is the senior manager who is corporately responsible for the document and should, therefore, be satisfied that this policy has been followed during the development phase and be fully aware of the document's contents. Draft policy documents are to be reviewed and endorsed by the Responsible Officer before commencing to the approval stage.</p> |
| Line Managers                                  | <p>All line managers are responsible for ensuring that staff have access to and are made aware of policy documents that apply to them (at induction and as part of their ongoing role requirements).</p> <p>Line managers are responsible for ensuring compliance with policy documents, including the undertaking of any training (e.g. mandatory and statutory training) required to enable policy requirements to be adhered to.</p>   |

| Role        | Responsibilities   |
|-------------|--|
| Individuals | <p>All individuals are responsible for reading and complying with policy documents and for ensuring they have undertaken any training necessary to enable them to comply with requirements.</p> <p>Individuals are also responsible for ensuring they are using the correct version of any policy document (by accessing this from the shared document management system and not printing or saving copies to local drives).</p> |

## 6. Development, approval and review process

### *Development of policy documents*

- 6.1 The requirement for policy documents is identified taking into account statutory and national requirements, quality standards, organisational needs and best practice recommendations. Any intent to develop a new policy document should be discussed with the Corporate Governance and Assurance Team to minimise any risks of duplication.
- 6.2 Policy documents can be developed by a team or an individual as long as the processes described in this policy are followed.
- 6.3 All policy documents will be:
- a) Fully justified as to their existence. It is not always necessary to develop new policy documents when it may be possible to update a current document to reflect any new requirements.
  - b) When necessary, developed with the involvement of key stakeholders and with adequate and appropriate consultation. The ICBs' solicitors should be consulted where appropriate.
  - c) Developed in line with current best practice and national guidance.
  - d) Kept as brief as possible and clearly written, using unambiguous terms and language.
  - e) Consistent with, and cross referenced to, other policy documents where applicable.
- 6.4 All policy documents requiring approval (and external policy documents requiring adoption) will follow the process as described in the diagram as shown in Appendix B.
- 6.5 The corporate policy document template is shown at Appendix C. All policy documents will be written in accordance with the ICBs' corporate style and include:
- a) A standard front cover.
  - b) A document control page.

- c) An introduction.
- d) Header and footer.
- e) Main and sub-headings.
- f) Page numbering.
- g) References to any associated corporate documents or external documents.
- h) References to any applicable legislation.

### *Equality impact assessments*

- 6.6 All policy documents should reflect the ICBs' commitment to embed equality and diversity considerations into their commissioning functions and employment practices. They should also demonstrate how the ICBs have given due regard to relevant requirements of the Equality Act 2010, including the Public Sector Equality Duty (PSED).
- 6.7 Equality Impact Assessments (EIAs) provide a structured means to examine the effects (or impact) of a proposed or existing policy on protected characteristic and inclusion health groups. The EIA template (see Section 13) is designed to help Policy Authors consider and assess the impact of each policy document. Consideration of the impact of policies and procedures on those who identify with a protected characteristic, or other inclusion health groups, is set out in the PSED. Further information can be found at [http://www.acas.org.uk/media/pdf/s/n/Acas\\_managers\\_guide\\_to\\_equality\\_assessments.pdf](http://www.acas.org.uk/media/pdf/s/n/Acas_managers_guide_to_equality_assessments.pdf).
- 6.8 EIAs should be reviewed as part of the policy document review process. EIAs should also be reviewed in light of any necessary changes to policies, where this might be performed sooner than the required review date.
- 6.9 When completing an EIA, Policy Authors must:
  - a) Ensure their approach is proportionate to the significance of the policy; greater importance requires more rigorous attention.
  - b) Accurately represent the actions they will take to address any adverse impacts.
  - c) Utilise relevant and insightful information in their analysis to identify their target audience and assess how they may be affected by the proposed change.
  - d) Work collaboratively with stakeholders throughout the process.

### Approval process

- 6.10 All policy documents requiring approval (and external policy documents requiring adoption) will follow the process as described in the diagram as shown in Appendix B.
- 6.11 The ICBs' Boards have delegated the approval of the different policy categories to the committees described in the table below. The Policy Author should consult with the Corporate Governance and Assurance Team to agree the relevant committees to approve or adopt the document.

| <b>Policy Ref Prefix</b> | <b>Policy categories</b>   | <b>Approved by</b>                               |
|--------------------------|--|--|
| DLN-GOV-xxx              | Risk Management Policy   | Boards   |
| DLN-GOV-xxx              | Standards of Business Conduct Policy   | Boards   |
| DLN-EDI-xxx              | Equality, Diversity and Inclusion policies   | Boards   |
| DLN-COM-xxx              | Commissioning policies (including policies relating to arrangements for continuing healthcare and individual funding requests) | Joint Strategic Commissioning Committee          |
| DLN-PROC-xx              | Procurement and Provider Selection Regime (PSR) policies   | Joint Strategic Commissioning Committee          |
| DLN-ENG-xxx              | Public Involvement and Engagement policies (including policies relating to co-production)                                      | Joint Strategic Commissioning Committee          |
| DLN-QUAL-xxx             | Quality policies (including policies relating to safeguarding and complaints)  | Joint Quality and Service Improvement Committee  |
| DLN-HR-xxx               | Human Resources policies   | Joint Remuneration and Human Resources Committee |
| DLN-EPRR-xxx             | Emergency Preparedness, Resilience and Response policies   | Audit Committees                                 |
| DLN-FIN-xxx              | Fraud, Bribery and Corruption Policy   | Audit Committees                                 |
| DLN-GOV-xxx              | Governance policies  | Audit Committees                                 |
| DLN-H&S-xxx              | Health and Safety policies   | Audit Committees                                 |
| DLN-IG-xxx               | Information Governance policies  | Audit Committees                                 |

- 6.12 Partner approval will be required for all policies created collaboratively across health and social care where a joint working approach is adopted.
- 6.13 All of the development stages of the policy document should be complete before the document is presented for approval. There should be no

requirement for any major changes when approval is sought. Any requirement for amendments, as suggested at the approval stage, should be made before the policy document is issued.

- 6.14 The approval of policy documents will be clearly stated within the minutes of the relevant meeting.
- 6.15 No policy document will become a valid corporate document or should be in use by the ICBs until the document has been formally approved.
- 6.16 Where the ICBs need to implement a policy that has been developed and approved by an external body, these will still require adopting internally by the appropriate committee and maintaining in accordance with this policy.

*Review and amendment process (including policy extensions)*

- 6.17 The standard timeframe for re-approval of policy documents is every three years. Approving committees can specify a shorter timeframe for the review and re-approval process if it is felt necessary. Likewise, Policy Authors can request a shorter timeframe, if considered necessary.
- 6.18 Any new legislation/national guidance or change to operational procedures that may warrant significant changes to the policy document should also initiate an earlier review date.
- 6.19 Minor amendments made during the policy document lifecycle do not require re-approval, but these should be clearly stated within the control record and highlighted to staff, if necessary.
- 6.20 No policy document will lapse until the revised policy has been approved (even if the review date has expired); however, it must be apparent that the policy has been regularly reviewed by the Responsible Officer to ensure it is still fit for purpose.
- 6.21 Policies requiring extensions to existing review dates will be presented to the relevant authorising committee for approval of the extension with a rationale as to why the extension is required. This will be documented on the ICBs’ policy management frameworks.

*Version control*

- 6.22 All policy documents must clearly state that they are draft until formally approved by the appropriate committee. The version number of policy documents should be shown in the control record as follows:

| <b>Version Number</b> | <b>Policy ‘Status’</b>  |
|-----------------------|---|
| 0.                    | This shows that the policy is still in development and is yet to be formally approved (e.g. draft). |

| Version Number | Policy 'Status'   |
|----------------|---|
| 0.1            | This reflects that amendments have been made to the draft during the consultation and development period.<br>Any further amendments made during this process should be shown in the version number (e.g. 0.2, 0.3).   |
| 1.0            | The policy document has been formally approved (e.g. final version).  |
| 1.1            | Minor amendments have been made to the final version but there is no requirement for formal re-approval. The actual amendments should be documented in the amendments section of the control record.<br>Any further minor amendments made should also result in a change of version number (e.g. 1.2, 1.3). |
| 2.0            | This shows that the policy document has been formally re-approved in accordance with its timescale or in light of any major changes.<br>Any further re-approvals will result in a change of version number (e.g. 2.0, 3.0).   |

### *Policy storage and dissemination*

- 6.23 Once approved by the appropriate committee, the final version of the policy must be sent to the Corporate Governance and Assurance Team for a formal reference to be assigned and to be converted to a portable data file (PDF). The Corporate Governance and Assurance Team co-ordinates the communication and dissemination of all corporate policy documents. This copy will be the only true copy and will be held centrally by the Corporate Governance and Assurance Team.
- 6.24 All new (or updated) policy documents will be published using routine staff communication methods and be accessible to all staff via the ICBs' websites.
- 6.25 All policy documents will be available to the public (under the Freedom of Information Act 2000) via the ICBs' Publication Schemes.

### *Retention, disposal and archiving of policies*

- 6.26 The disposal of withdrawn or archived policy documents is the responsibility of the Corporate Governance and Assurance Team on the instruction of the Responsible Officer.
- 6.27 At least one copy of the previous electronic document will be kept for reference (archived), and any paper copies of the document should be destroyed. Archived documents will be made available on request to the Corporate Governance and Assurance Team.

- 6.28 The ICBs have adopted the timescales set out within the NHS Records Management Code of Practice for document retention and disposal. Specific information can be found in the ICBs' records management policies.

### *Accessibility standards*

- 6.29 Accessibility regulations came into force for public sector bodies in September 2018. All public sector bodies have to meet the 2018 requirements, unless they are exempt.

- 6.30 Tips to note:

- a) Use style 'Heading 3' for all main headings.
- b) Use style 'Heading 4' for all sub-headings which should be in bold and in the same font as the main text (Arial 12).
- c) Use style 'Normal' for all main text, this should be Arial 12 font, with text aligned to the left margin and lines should be spaced at 1.15 cm.
- d) Add Alt text to all images (Right click on image > View Alt text > add an image description).
- e) Make sure all hyperlinks are underlined and describe what the purpose of the link is.
- f) Use the built in accessibility checker in word to check your documents (choose Review > Check Accessibility > Check Accessibility).
- g) Make sure all tables have header rows and do not split or merge cells as this can be difficult for screen readers to navigate.
- h) Think about colour contrast for text.
- i) [Useful hints and tips for accessibility in word.](#)

## 7. Equality and diversity statement

- 7.1 The ICBs pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as commissioners and as employers.
- 7.2 The ICBs are committed to ensuring that the way services are commissioned, and the experiences of staff does not discriminate against any individuals or groups based on their age, disability, gender identity (trans, non-binary) marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender, or sexual orientation.
- 7.3 The ICBs are committed to ensuring that activities also consider the disadvantages that some people in the diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum

seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, Gypsies, Roma, and Travellers.

- 7.4 To help ensure that these commitments are embedded in day-to-day working practices, an Equality Impact Assessment has been completed, and is included within this policy.

## 8. Communication, monitoring and review

- 8.1 The ICBs will establish effective arrangements for communicating the requirements of this policy and will provide guidance and support to line management in relation to their responsibilities.
- 8.2 The Audit Committees will review the effectiveness and implementation of this policy on an annual basis through the review of the policy work programme.
- 8.3 This policy will be reviewed by the Audit Committees every three years or in light of any legislative changes.
- 8.4 Any individual who has queries regarding the content of this policy or has difficulty understanding how this policy relates to their role, should contact the Corporate Governance and Assurance Team.

## 9. Confidentiality

- 9.1 Final policies should be securely stored in the ICBs' policy management framework and accessed through the ICBs' intranets or websites. Controlled documents must not be kept in individual team folders to ensure the correct version is used.
- 9.2 All confidential or sensitive information referenced in a policy document or produced through the implementation of such policy must be managed in compliance with the Data Protection Act 2018, the UK General Data Protection Regulation (UK GDPR), and the Information Governance policies of the ICBs. Any incidents involving near misses or breaches of confidentiality must be reported to the Corporate Governance and Assurance Team and addressed in accordance with the ICBs' incident reporting and management processes.

## 10. Staff training

- 10.1 The Corporate Governance and Assurance Team will proactively raise awareness of the policy across the ICBs and provide ongoing support to committees and individuals to enable them to discharge their responsibilities. Members of the Corporate Governance and Assurance Team can be contacted for formal training at team meetings (or other forums).

10.2 As an employer, we are committed to promoting equality of opportunity in recruitment, training, and career progression, and to valuing and increasing diversity within our workforce. Training provision must reflect this commitment and be accessible and inclusive.

## 11. Interaction with other policies

11.1 This policy should be considered alongside other relevant ICB governance and information management policies, including those covering areas such as information governance, records management, data protection, and transparency/access to information.

## 12. References

12.1 The records management elements (version control, access and retention and disposal) of this policy have been developed using the following guidance:

- a) National Archives, Managing digital records without an electronic record management system, 2012.
- b) NHS Digital: Records Management Code of Practice.

## 13. Equality Impact Assessment

|  |   |   |  |   |
|--|---|---|--|---|
| <b>Date of assessment:</b>   | December 2025   |   |  |   |
| <b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b> | Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity? | If yes, are there any mechanisms already in place to mitigate the adverse impacts identified? | Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned. | Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe. |
| <b>Age</b> <sup>1</sup>  | There are no actual or expected impacts on the characteristic of age.   | Not applicable.   | Not applicable.  | Not applicable.   |
| <b>Disability</b> (Including: mental, physical, learning, intellectual and neurodivergent) <sup>2</sup>  | There are no actual or expected impacts on the characteristic of disability.  | Not applicable.   | Not applicable.  | Not applicable.   |
| <b>Gender</b> (including trans, non-binary and gender reassignment) <sup>3</sup>   | There are no actual or expected impacts on the characteristic of gender.  | Not applicable.   | Not applicable.  | Not applicable.   |
| <b>Marriage and civil partnership</b> <sup>4</sup>   | There are no actual or expected impacts on the characteristic of marriage and civil partnership.  | Not applicable.   | Not applicable.  | Not applicable.   |

<sup>1</sup> A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

<sup>2</sup> A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

<sup>3</sup> The process of transitioning from one gender to another.

<sup>4</sup> Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

|  |   |   |  |   |
|--|---|---|--|---|
| <b>Date of assessment:</b>   | December 2025   |   |  |   |
| <b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b> | Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity? | If yes, are there any mechanisms already in place to mitigate the adverse impacts identified? | Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned. | Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe. |
| <b>Pregnancy and maternity<sup>5</sup></b>   | There are no actual or expected impacts on the characteristic of pregnancy and maternity status.  | Not applicable.   | Not applicable.  | Not applicable.   |
| <b>Race<sup>6</sup></b>  | There are no actual or expected impacts on the characteristic of race.  | Not applicable.   | Not applicable.  | Not applicable.   |
| <b>Religion or belief<sup>7</sup></b>  | There are no actual or expected impacts on the characteristic of religion or belief   | Not applicable.   | Not applicable.  | Not applicable.   |
| <b>Sex<sup>8</sup></b>   | There are no actual or expected impacts on the characteristic of sex.   | Not applicable.   | Not applicable.  | Not applicable.   |

<sup>5</sup> Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

<sup>6</sup> Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

<sup>7</sup> Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

<sup>8</sup> A man or a woman.

|  |   |   |  |   |
|--|---|---|--|---|
| <b>Date of assessment:</b>   | December 2025   |   |  |   |
| <b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b> | Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity? | If yes, are there any mechanisms already in place to mitigate the adverse impacts identified? | Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned. | Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe. |
| <b>Sexual orientation<sup>9</sup></b>  | There are no actual or expected impacts on the characteristic of sexual orientation.  | Not applicable.   | Not applicable.  | Not applicable.   |
| <b>Carers<sup>10</sup></b>   | There are no actual or expected impacts on the characteristic of carers.  | Not applicable.   | Not applicable.  | Not applicable.   |

<sup>9</sup> Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

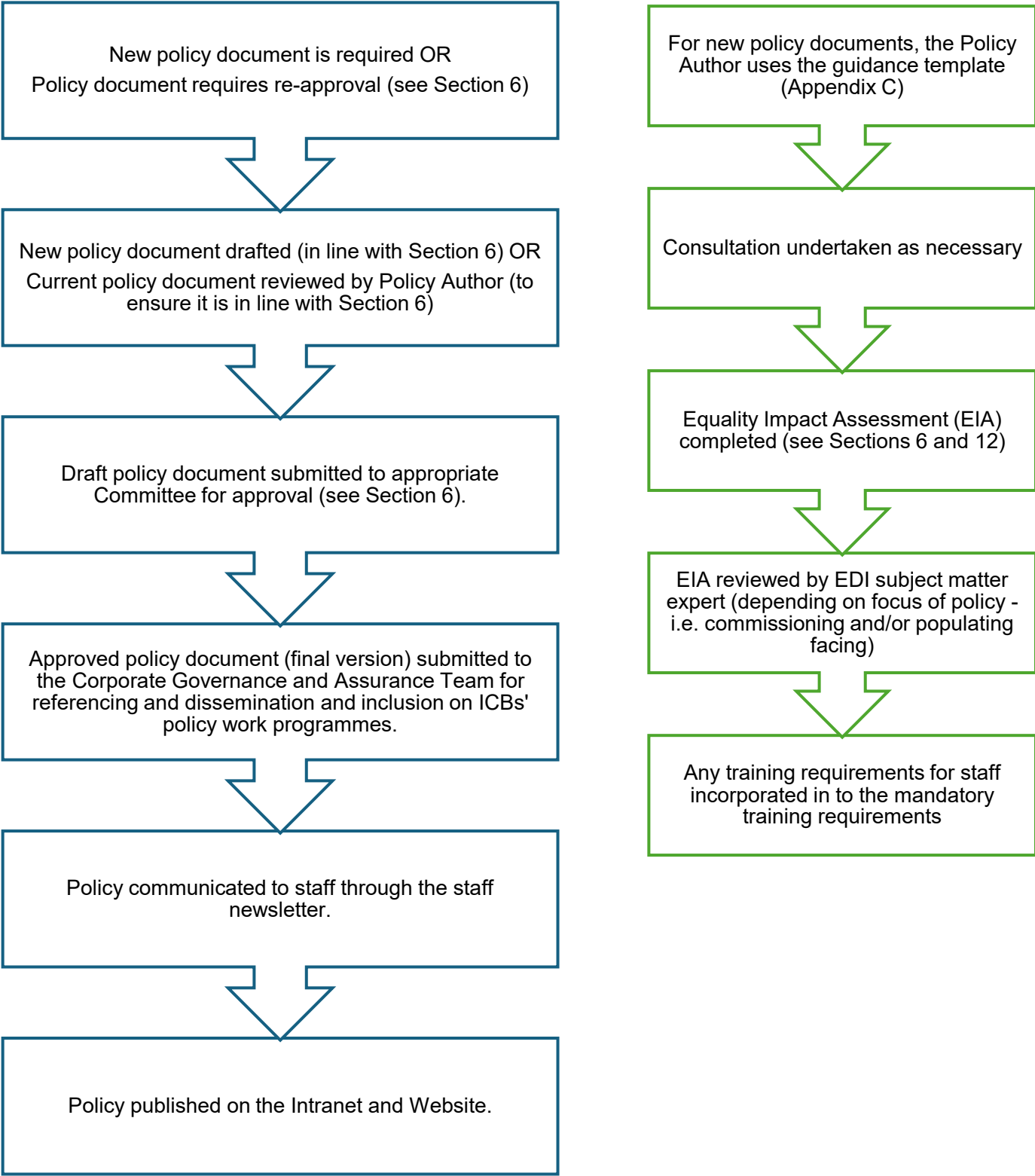
<sup>10</sup> Individuals within the ICB which may have carer responsibilities.

## Appendix A: Definitions and glossary of terms

Definitions of key terms referenced in this policy are described in the table below:

| Term  | Definition   |
|---|--|
| Corporate policies (including commissioning policies) | <p>Corporate policies provide the overarching governance framework required for the effective running of the ICBs as commissioning organisations. This includes commissioning policies, which explain how the ICBs make decisions about the planning, prioritisation and funding of services.</p> <p>Corporate policies set out the standards, principles and expectations that govern how the ICBs discharge their statutory and regulatory duties, support consistent and transparent decision-making, and provide a clear framework for corporate and commissioning activity. They establish what must be done and why, with detailed operational processes set out separately in procedures or guidance.</p> <p>As the ICBs are commissioning organisations and do not provide healthcare services, they do not develop or hold clinical policies. Clinical policies relate to the delivery of clinical care or treatment and sit outside the scope of the ICBs' corporate policy framework.</p> |
| Equality Impact Assessment (EIA)                      | <p>An Equality Impact Assessment is a structured process used to assess the likely impact of a policy on individuals and groups protected under the Equality Act. It helps identify and mitigate potential inequalities, supports compliance with statutory duties, and informs decision-making during policy development and review.</p>  |
| Guidance document                                     | <p>A guidance document provides advice, recommendations or examples of good practice to support the implementation of policies, strategies or procedures. Guidance is not mandatory and does not introduce new requirements; it is intended to assist understanding and promote consistent application where flexibility is appropriate.</p>   |
| Procedure (Standing Operating Procedures)             | <p>A procedure sets out mandatory, operational instructions describing how a specific activity or process must be carried out in practice. Procedures are typically developed to support a policy and define how requirements will be implemented.</p> <p>Procedures are operational in focus, aimed at staff responsible for delivery, and may vary in length depending on complexity. While procedures are not approved or monitored through this policy, they must be developed, maintained and controlled in line with its principles (e.g. version control, access and review).</p>   |
| Policy Framework                                      | <p>A policy framework is a governance document that describes how corporate policies are developed, approved, implemented, reviewed and maintained.</p>  |
| Strategy  | <p>A strategy sets out long-term aims and priorities in a particular area and explains what the organisation is seeking to achieve and why. Strategies provide direction and intent, describe desired outcomes, and may outline high-level approaches or enablers, but they do not set mandatory rules or operational requirements.</p> <p>Strategies are typically supported by policies and procedures that translate strategic intent into governance requirements and day-to-day practice.</p>   |

Appendix B: Flowchart of the development and approval process for policy documents



# Policy Title

Dates

## Policy purpose and key messages

In this section, briefly state the purpose of the policy and highlight the key messages or principles it aims to convey, providing readers with a quick overview of its intent and focus.

| <b>CONTROL RECORD</b>  |   |
|--|---|
| <b>Title</b>   | Full title of document  |
| <b>Reference number</b>  | To be issued by the Corporate Assurance Team  |
| <b>Version</b>   | Version of document   |
| <b>Status</b>  | Draft or final (when approved)  |
| <b>Author</b>  | Document Author   |
| <b>Sponsor</b>   | <ul style="list-style-type: none"> <li>Document Sponsor</li> </ul>  |
| <b>Team</b>  | <ul style="list-style-type: none"> <li>Document Department</li> </ul>   |
| <b>Amendments</b>  | Clearly state any amendments that have been made to the previous approved document                                |
| <b>Superseded documents</b>  | List all related documents  |
| <b>Audience</b>  | State who the document is aimed at, i.e. all staff within the NHS Clustered Integrated Care Boards                |
| <b>Consulted with</b>  | <ul style="list-style-type: none"> <li>Describe any other parties involved in the consultation process</li> </ul> |
| <b>Equality Impact Assessment</b>  | Date last completed (see Section xx)  |
| <b>Approving body</b>  | The delegated authority who approved the document   |
| <b>Date approved</b>   | Date of approval (meeting where approval occurred)  |
| <b>Date of issue</b>   | Date the document is effective from   |
| <b>Review date</b>   | Review date   |
| <b>Policy retention period</b>   | To be advised by the Corporate Assurance Team   |
| <p><i>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</i></p> |   |

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## *Document Layout (This section is for information, delete from policy)*

*The accessibility regulations came into force for public sector bodies in September 2018. All ICBs have a legal duty to ensure our website, and its content is accessible.*

*To ensure that our corporate documents are accessible, it is important that the following best practice guidelines are followed.*

- *Use style 'Heading 3' for all main headings.*
- *Use style 'Heading 4' for all subheadings should be in bold and in the same font as the main text (Arial 12).*
- *Use style 'Normal' for all main text, this should be Arial 12 font, with text aligned to the left margin and lines should be spaced at 1.15 cm.*
- *All paragraphs should be numbered starting with the main header number (i.e. 1.1, 1.2 etc.) and lists should be bullet pointed.*
- *Spacing should be at 0pt before and 6pt after.*
- *Add Alt text to all images (Right click on image > View Alt text > add an image description).*
- *Label table and figures using 'Insert Caption' which is on the 'references' tab on the windows ribbon menu.*
- *Make sure all hyperlinks are underlined.*
- *Use the built in accessibility checker in word to check your documents (choose Review > Check Accessibility > Check Accessibility).*
- *Make sure all tables have header rows and do not split or merge cells as this can be difficult for screen readers to navigate.*
- *Think about colour contrast for text.*
- *[Useful hints and tips for accessibility in word](#)*

## 1. Introduction

This section highlights the rationale, standards, legislation etc. and explains why the policy document has been developed.

- 1.1 This policy is applicable to NHS Derby and Derbyshire Integrated Care Board, NHS Lincolnshire Integrated Care Board and NHS Nottingham and Nottinghamshire Integrated Care Board collectively referred to in this policy as 'the ICBs.'

## 2. Purpose

This section explains the purpose and objectives of the policy document.

- 2.1 This policy describes the approach of the ICBs to ....

## 3. Scope

Provide a clear statement of who the policy document is aimed at, for example:

- 3.1 This policy covers all employees, including Board Members, those appointed by the ICBs, and anyone working within the ICBs on a temporary basis or under a contract for services (either individually or through a third-party supplier), collectively referred to as 'individuals'.

## 4. Definitions

- 4.1 Definitions of key terms referenced in this policy are described in Appendix A.

## 5. Roles and Responsibilities

- 5.1 Key responsibilities for specific roles and staff groups are described in the table below:

| Role | Responsibilities |
|------|------------------|
| XXX  | XXX              |
| XXX  | XXX              |

## 6. Body of Policy

- 6.1 This section should include how the policy will be achieved.

## 7. Equality and Diversity Statement

[This is the organisation's agreed statement, and the following paragraphs should be inserted into all policies and frameworks].

- 7.1 The ICBs pay due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation, as commissioners and providers of services, as well as employers.
- 7.2 The ICBs are committed to ensuring that the way services are provided to the public and the experiences of staff does not discriminate against any individuals or groups based on their age, disability, gender identity (trans, non-binary) marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 7.3 The ICBs are committed to ensuring that activities also consider the disadvantages that some people in the diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, Gypsies, Roma and Travellers.
- 7.4 To help ensure that these commitments are embedded in day-to-day working practices, an Equality Impact Assessment has been completed, and is included within this policy.

## 8. Communication, Monitoring and Review

- 8.1 This section should highlight when and how the policy document will be highlighted to staff. For example, if it is a key policy, managers may be required to show staff during their induction period. It should also state where the policy document is stored.
- 8.2 This section should also highlight the monitoring process, how this will be achieved and by whom (name of committee). Measurable standards should be set for monitoring compliance and effectiveness.
- 8.3 The following sentence should be included:
- 8.4 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role, should contact the [Document owner].

## 9. Confidentiality

- 9.1 This section should highlight when and how the policy document will be highlighted to staff. For example, if it is a key policy, managers may be required to show staff during their induction period. It should also state where the policy document is stored.
- 9.2 This section should outline how confidential information related to the policy will be handled, accessed, stored, and shared.
- 9.3 It should describe responsibilities for maintaining confidentiality in accordance with legal requirements (e.g., Data Protection legislation) and organisational policies (e.g., Information Governance).
- 9.4 Any specific restrictions or safeguards related to the policy topic (e.g. access to sensitive records) should also be detailed here.

## 10. Staff training

- 10.1 Any training that staff will need to fulfil the policy objectives should be described here and incorporated to the organisation's mandatory and statutory training requirements if necessary. Outline the training required for staff to implement and comply with this policy effectively. This should include any mandatory or statutory training needs.
- 10.2 Describe how the training will be delivered (e.g. online module, face-to-face, induction) and how compliance will be monitored.
- 10.3 As an employer, we are committed to promoting equality of opportunity in recruitment, training, and career progression, and to valuing and increasing diversity within our workforce. Training provision must reflect this commitment and be accessible and inclusive.

## 11. Interaction with other Policies

- 11.1 This section should outline which other documents this policy document should be read in conjunction with (if applicable). This could be other local policy documents or regional/national documents and legislation.

## 12. References

An appropriate literature review should have been undertaken in the development of the document and references should be stated.

- 12.1 The following legislation and guidance have been taken into consideration in the development of this procedural document:

### 13. Equality Impact Assessment

|  |   |   |  |   |
|--|---|---|--|---|
| <b>Date of assessment:</b>   | XXX   |   |  |   |
| <b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b> | Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity? | If yes, are there any mechanisms already in place to mitigate the adverse impacts identified? | Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned. | Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe. |
| <b>Age</b> <sup>11</sup>   |   |   |  |   |
| <b>Disability</b> (Including: mental, physical, learning, intellectual and neurodivergent) <sup>12</sup>   |   |   |  |   |
| <b>Gender</b> (including trans, non-binary and gender reassignment) <sup>13</sup>  |   |   |  |   |
| <b>Marriage and civil partnership</b> <sup>14</sup>  |   |   |  |   |
| <b>Pregnancy and maternity</b> <sup>15</sup>   |   |   |  |   |

<sup>11</sup> A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

<sup>12</sup> A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

<sup>13</sup> The process of transitioning from one gender to another.

<sup>14</sup> Marriage is a union between a man and a woman or between a same-sex couple.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

<sup>15</sup> Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

|  |   |   |  |   |
|--|---|---|--|---|
| <b>Date of assessment:</b>   | XXX   |   |  |   |
| <b>For the policy, and its implementation, please answer the questions against each of the protected characteristic and inclusion health groups:</b> | Has the risk of any potential adverse impact on people in this protected characteristic group been identified, such as barriers to access or inequality of opportunity? | If yes, are there any mechanisms already in place to mitigate the adverse impacts identified? | Are there any remaining adverse impacts that need to be addressed? If so, please state any mitigating actions planned. | Are there any positive impacts identified for people within this protected characteristic group? If yes, please briefly describe. |
| <b>Race<sup>16</sup></b>   |   |   |  |   |
| <b>Religion or belief<sup>17</sup></b>   |   |   |  |   |
| <b>Sex<sup>18</sup></b>  |   |   |  |   |
| <b>Sexual orientation<sup>19</sup></b>   |   |   |  |   |
| <b>Carers<sup>20</sup></b>   |   |   |  |   |

<sup>16</sup> Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

<sup>17</sup> Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

<sup>18</sup> A man or a woman.

<sup>19</sup> Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

<sup>20</sup> Individuals within the ICB which may have carer responsibilities.

## DLN ICB Policy Template - Appendix A: Definitions and Glossary of Terms

Definitions of key terms referenced in this policy are described in the table below:

| Term | Definition |
|------|------------|
|      |            |
|      |            |
|      |            |
|      |            |
|      |            |
|      |            |

## Appendix B: [If applicable]

Appendix B: Flowchart of the development and approval process for policy documents