NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Policy for the Management of Operational Policies

Document Status:

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Implementation Plan

Development and Consultation:	The following individuals were consulted and involved in the development of this document: ▪ Chief of System Assurance & Corporate Services ▪ Deputy Chief of System Assurance & Corporate Services ▪ Corporate Governance Team ▪ Quality Team
Dissemination:	Staff can access this document via the website and will be notified of new / revised versions via staff briefing emails. This document will be included in the organisation's Publication Scheme in compliance with the Freedom of Information Act 2000.
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Review:	The Document Owner will ensure this document is reviewed in accordance with the review date on page 2.
Equality, Diversity and Privacy:	Appendix 1 - Equality Impact Assessment Appendix 2 - Data Protection Impact Assessment
Associated Documents:	The following documents must be read in conjunction with this document: ▪ Data Protection Policy
References:	The following articles were accessed and used to inform the development of this document: ▪ Equality Act 2010 (Statutory Duties) Regulations 2011https://www.legislation.gov.uk/uksi/2011/2260/contents/made ▪ Health and Social Care Act 2012 Health and Social Care Act 2012 (legislation.gov.uk) ▪ Records Management Code of Practice for Health and Social Care 2016 https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care

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1.0 Introduction

1.1 NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) aims to ensure robust governance through its formal written procedural documents, such as this document, which communicate standard organisational ways of working. These documents help clarify operational requirements and consistency within day-to-day practice. They can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. The ICB aims to ensure its procedural documents are user friendly, up-to-date and easily accessible.

1.2 The ICB must design and implement procedural documents that meet the diverse needs of our service and workforce, ensuring that none is placed at a disadvantage over others, in accordance with the Equality Act 2010. The Equality Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to the individual protected characteristics is incorporated at Appendix 1.

1.3 A Data Protection Impact Assessment is a process which helps assess privacy risks to individuals in the collection, use and disclosure of personal information. The Data Protection Impact Assessment initial screening, which was used to determine the potential impact this policy might have with respect to an individual's privacy is incorporated at Appendix 2.

1.4 Operational policies and processes are essential to comply with NHS and statutory requirements, and offer advice, guidance and instruction enabling staff within the ICB to fulfil their roles competently.

1.5 Establishing a clear and robust framework for the management of operational policies is a key component in the management of the ICB's governance processes and statutory responsibilities.

1.6 The environment within which the ICB operates is one of constant change, and the organisation must be in a position to respond to the challenges of the external and internal environment.

1.7 This policy has been developed to formally set out the processes in place for the development, approval, implementation and monitoring of operational policies.

2.0 Scope

2.1 This policy applies to all ICB staff members, including Members of the Board of the ICB, involved in policy-making processes, whether permanent, temporary or contracted-in under a contract for service (either as an individual or through a third-party supplier).

2.2 This policy applies to 'operational policies' only.

2.3 Clinical policies are out of scope for this policy.

3.0 Definitions

3.1 This section provides an explanation for terms used within this policy.

Consultation	The process whereby a draft of a new or amended policy is circulated amongst key interested parties for comment and input prior to being finalised for approval.
Guidance	Guidance sets out a preferred method of operation. Other methods may be permitted but a reason for deviation from the guidance should be fully justifiable and line management agreement should be sought in all cases of doubt.
Key ICB Policy	Key ICB Policies are noted in the ICB's Governance Handbook as: • Conflicts of Interest Management and Standards of Business Conduct Policy • Risk Management Framework and Policy • Working With People and Communities Policy The approval of key ICB policies is reserved to the Board of the ICB.
Policy	A policy is a statement that represents a definite course of action adopted by the ICB. Enabling consistently and effective decisions making and actions, in line with relevant legislation, guidance and good practice.
Procedure/Process	A procedure or process defines the mandatory steps to be taken to achieve compliance with a policy.
Review Period	Within three months of the review date.
Standard Operating Procedure	A Standard Operating Procedure (SOP) is an agreed set of instructions for performing a particular task.
Stakeholder	A stakeholder is a person or group with a direct interest, involvement or investment in something.

4.0 Policy Statement

4.1 The purpose of this document is to provide guidance to staff leading on the development of operational policies to ensure they are developed, reviewed, up-to-date and approved in a consistent way.

4.2 The ICB will ensure that:

- Operational policies are produced in a standard format using a consistent corporate approach.
- The development and review of operational policies is coordinated and progressed through appropriate approval routes, as outlined in the ICB's Scheme of Reservation and Delegation.
- The format and content of operational policies follow a consistent corporate approach and are reviewed and updated routinely.

- Operational policies are disseminated via the established communication mechanisms and where relevant, published on the ICB's staff intranet and/or public website and the BLMK Health and Care Partnership website where applicable.

5.0 Roles and Responsibilities

5.1 The following have specific responsibilities in relation to this policy.

5.2 **Chief Executive Officer** has overall responsibility for the strategic and operational management of the ICB, including ensuring that the organisation's operational policies comply with all legal, statutory and good practice requirements.

5.3 **The Board** is responsible for setting the strategic context in which operational policies are developed.

5.3.1 Approval of key ICB policies as listed in section 3.1 of this policy.

5.3.2 The Board has delegated approval of operational policies (which are not defined as key ICB policies, to the ICB's Executive Team. This task is undertaken by the ICB's 'Operational Group' on behalf of the Executive Team.

5.4 **Executive Directors** are responsible for ensuring the operational policies which fall under their directorate are developed in line with this policy, reviewed by the review date shown on each policy and are implemented and monitored effectively.

5.5 **Operational Group** is responsible, on behalf of the Executive Team for the approval of operational policies.

5.6 **Policy Authors** are responsible for ensuring:

- They use the most recent operational policy template when reviewing a policy or developing a new one – available from the governance section of the staff intranet or by contacting the Corporate Governance Team blmkicb.corporatesec@nhs.net
- The correct language, format and content is followed.
- Where relevant to the policy, the consultation process is inclusive and duly recorded – see section 6.1.
- An Equality, Diversity and Inclusion screening assessment and a Data Protection Impact Assessment screening is undertaken and any findings addressed and actions taken.
- That the policy follows the necessary review and approval route.
- The Corporate Governance Team receives a copy of the policy for quality checking prior to the policy being sent to the Operational Group for approval.
- The policy is reviewed prior to the review date for each policy.

- They remain up to date with changes in NHS regulations, national and local guidance, statutory and best practice guidance and reflecting such changes to the relevant policy.
- They communicate amendments to the policy to known regular users of the policy.

5.7 **Communication Team** is responsible for:

- Providing policy authors with support and guidance when consultation with service users, carers and/or the general public is required for the policy.
- Uploading policies to the ICB's public website and where relevant, the Health & Care Partnership public website.
- Including a list of newly developed and recently reviewed operational policies in the Staff Briefing email (list to be provided by the Corporate Governance Team – see 5.10 below).

5.8 **Human Resources Team** is responsible for ensuring appropriate consultation with staff side representatives for all Human Resource policies.

5.9 **Line Managers** are responsible for ensuring their direct reports have access to and are made aware of operational policies that apply to them.

5.10 **Corporate Governance Team** is responsible for:

- Maintaining an up to date database of all ICB operational policies and ensuring notification of review dates are sent to policy authors.
- Ensuring obsolete versions of the ICB's operational policies are archived and kept for the life of the organisation plus 6 years.
- Ensuring operational policies are uploaded to the staff intranet and/or the ICB and/or Health and Care Partnership website, where relevant.
- Ensuring this policy and the operational policy template remain fit for purpose.
- Arranging for the relevant committee of the Board to be informed when an operational policy has been reviewed and updated.

5.11 **All staff** are responsible for co-operating with the development and implementation of the ICB's policies as part of their normal duties.

6.0 Processes and Procedures

6.1 Review and Approval Process

6.1.1 The approval of key ICB policies is reserved to the Board of the ICB.

6.1.2 Unless otherwise stated in the ICB's Governance Handbook, all other Operational Policies MUST be approved by the ICB's Operational Group.

6.1.3 As part of the approval process the Operational Group will question

- The purpose and rational of the policy

- The key changes and updates to previous policies in place
- Any cost implications
- Any risks identified
- Clinical sign off / approval / input as/if necessary
- Any implications to other service areas and or contract/contracting processes
- How the policy aligns to neighbouring ICB policies

6.1.4 The processes for the development of a new policy and review and approval of an existing policy can be found at appendix 3 to 5.

6.1.5 Any policy author who is unsure of the processes to be followed is strongly encouraged to contact the Corporate Governance Team for support and guidance blmkicb.corporatesec@nhs.net as this will reduce wasted time, effort and delays.

6.1.6 All new policies MUST be developed using the ICB's operational policy template available from the governance section of the staff intranet or by contacting the Corporate Governance Team blmkicb.corporatesec@nhs.net – see process flow at appendix 3.

6.1.7 **When an existing operational policy is reviewed due to the review date and no changes are required:**
The policy will NOT need to be presented for approval. The review date will be updated to two years following review. However, the policy must still be sent to the Corporate Governance Team together with a completed Policy Checklist – see process flow at appendix 4.

6.1.8 **When an existing operational policy is reviewed due to the review date and requires changes:**
The policy MUST be presented for approval (regardless of how minor the changes) The policy must be sent to the Corporate Governance Team together with a completed Policy Checklist – see process flow at appendix 4.

6.1.9 **When an existing operational policy requires more than minor changes (see section 6.2) prior to the next review date:**
The policy will need to be presented for approval. The next review date shown on page two of the policy will remain the same unless it is confirmed that the entire policy has been reviewed. The policy must be sent to the Corporate Governance Team together with a completed Policy Checklist – see process flow at appendix 5.

6.1.10 **If an existing operational policy requires minor changes (see section 6.2) prior to the next review date:**
The Policy will NOT need to be presented for approval and the next review date will remain unchanged. The policy must be sent to the Corporate Governance Team together with a completed Policy Checklist – see process flow at appendix 5.

6.1.11 All operational policies, regardless of the number of changes or the reason for review, MUST be sent to the Corporate Governance Team.

6.1.12 Every operational policy sent to the Corporate Governance Team MUST be accompanied by a completed Policy Checklist.

6.1.13 Once received the Corporate Governance Team will undertake additional quality checks and discuss next steps with the policy author e.g. presentation for approval, if relevant.

6.1.14 Where relevant the Corporate Governance Team will also:

- Update the ICB's Operational Policies Database.
- Update the version control section of the policy.
- Return a word and PDF version to the author for their records.
- Arrange for the policy to be added to the list of 'new and recently reviewed policies' for the Staff Briefing email.
- Arrange for the policy to be uploaded to the ICB's public website and/or the Health & Care Partnership website and/or the Staff Intranet.
- Where appropriate, arrange for the relevant committee of the Board of the ICB to be informed about new, reviewed and updated policies relating to subjects which fall within the Terms of Reference for the committee and the ICB's Scheme of Reservation and Delegation (see table below). This will be done by adding a note or link to the policy under the 'Any other business' item on the agenda for the committees next meeting.
- Any additional communication needs e.g. to sub groups, forums, stakeholders etc, must be identified and undertaken by the policy author.

Policy Area/Subject	Committee of the Board
➢ Information Governance ➢ Cyber and IT Security ➢ Finance ➢ Risk ➢ Fraud ➢ Conflicts of Interest ➢ Emergency Preparedness, Response and Resilience. ➢ Business Continuity	Audit and Risk Assurance Committee
➢ Contracting	Finance and Investment Committee
➢ Primary Care	Primary Care Commissioning and Assurance Committee
➢ Clinical Quality ➢ Safeguarding ➢ Child Protection ➢ Complaints ➢ Freedom of Information ➢ Continuing Health Care	Quality and Performance Committee

➢ Individual Funding Requests ➢ Fertility ➢ Mental Capacity Act ➢ Deprivation of Liberty	
➢ Human Resources	Remuneration Committee

6.1.15 If the policy is not approved by the Operational Group the Corporate Governance Team will work with the policy author to agree next steps which will depend on the reason for the policy not being approved.

6.2 Minor Amendments to an Existing Policy

6.2.1 Minor amendments are ones that do not affect working practice and do not impact on the content of the policy, the overall process or intention of the policy e.g.:

- Spelling or grammatical corrections.
- Update of job titles or team names.
- Update to web/document links, website addresses and contact information.
- Update to references to other documents.
- Additional text to provide clarity which does not affect the overall process and intention of the policy.

6.2.2 The decision as to whether an amendment is a minor one or not sits with the policy author and it is their responsibility to decide if those who were consulted in the development of the policy need to be consulted on the minor amendments being made.

6.2.3 As noted in section 6.1 above, when an existing operational policy is reviewed due to the review date and minor changes are required, the policy MUST be presented for approval. The policy must be sent to the Corporate Governance Team together with a completed Policy Checklist – see process flow at appendix 4.

6.2.4 As noted in 6.1 above, if an existing operational policy requires minor amendments prior to the next review date it will NOT need to be presented for approval and the next review date will remain unchanged. However, the policy must still be sent to the Corporate Governance Team together with a completed Policy Checklist – see process flow at appendix 5.

6.3 Consultation and Engagement with Stakeholders

6.3.1 Consultation and engagement with relevant stakeholders helps to ensure policies are developed and reviewed using appropriate knowledge and expertise relevant to the subject of the policy.

6.3.2 During the development or review of any policy, it is important that engagement and consultation is considered and undertaken with the appropriate internal and external individuals, teams, groups, or partners.

6.3.3 Consultation with staff side representatives MUST be considered for all Human Resources and Health and Safety policies.

6.3.4 During the consultation and engagement stage the policy must be marked as 'Draft'.

6.3.5 Support and guidance when consultation with service users, carers and the general public is required must be sought from the ICB's Communications Team.

6.3.6 The policy author is responsible for ensuring consultation takes place with the relevant stakeholders over an appropriate period and must include service users and carers where appropriate.

6.3.7 Comments provided during the consultation and engagement process must be documented and considered but may not necessarily be included, this will be determined by the author of the policy.

6.3.8 Engagement and consultation must be completed prior to being sent to the Corporate Governance Team.

6.4 Equality Impact Assessments Screening

6.4.1 The Equality Act 2010 includes a general duty to:

- Eliminate unlawful direct and indirect discrimination, harassment, victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
- Foster good relations between people who share a protected characteristic and people who do not share it.

6.4.2 Public bodies have to demonstrate due regard to the general duty. This means active consideration of equality must influence decisions reached that will impact on patients, carers, communities, and staff. The ICB's Equality Impact Assessment (EIA) tool is a way of systematically analysing a new or changing policy to identify what effect, or likely effect, it could have on protected groups.

6.4.3 An EIA screening tool forms part of the ICB's policy template and must be completed for all ICB policies and where risks are identified, a full Equality Impact Assessment should be completed.

6.4.4 Further advice and guidance can be sought by sending an email to agcsu.equalities@nhs.net .

6.5 Data Protection Impact Assessment (DPIA) Screening

6.5.1 A DPIA is a process which helps to identify privacy risks to individuals (data subjects) in the processing e.g. viewing, transferring, obtaining, using, sharing, collating, storing etc., of their information/data.

6.5.2 A DPIA screening tool forms part of the ICB's operational policy template and must be completed. Where risks are identified, a full DPIA may need to be undertaken.

6.5.3 Further advice and guidance can be sought by contacting the ICB's Information Governance Team blmkccg.ig@nhs.net

Appendix 1 - Equality Impact Assessment Initial Screening

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	Policy for the Management of Operational Policies
Date of assessment:	07-12-2023
Screening undertaken by:	Corporate Governance Manager

Protected characteristic and inclusion health groups. Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics	Could the policy create a disadvantage for some groups in application or access? (Give brief summary)	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified? If not, please detail additional actions that could help. If this is not possible, please explain why
Age A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).	No. This policy is regarding corporate processes for the development, review and approval of operational policies, the contents of which will have no negative or positive impact on any disadvantage or non-disadvantaged groups or individuals.	
Disability 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.	As above.	
Gender reassignment The process of transitioning from one gender to another.	As above.	
Marriage and civil partnership 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'.	As above.	
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a	As above.	

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.		
Race 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.	As above.	
Religion or belief 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.	As above.	
Sex A man or a woman.	As above.	
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	As above.	
Carers Individuals within the ICB which may have carer responsibilities.	As above.	
Please summarise the improvements which this policy offers compared to the previous version or position.		
This is a new policy, so there are no previous versions.		
Has potential disadvantage for some groups been identified which require mitigation?		
No		

Appendix 2 - Data Protection Impact Assessment Initial Screening

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via blmkccg.ig@nhs.net

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

Name of Policy:	Policy for the Management of Policies
Date of assessment:	07-12-2023
Screening undertaken by:	Corporate Governance Manager

Stage 1 – DPIA form	**please answer 'Yes' or 'No'**
1. Will the policy result in the processing of personal identifiable information / data? This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	No
2. Will the policy result in the processing of sensitive information / data? This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	No
3. Will the policy involve the sharing of identifiers which are unique to an individual or household? e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	No
4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information? **Pseudonymised data -** where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. **Anonymised data -** data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No
5. Will the policy result in organisations or people having access to information they do not currently have access to?	No
6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?	No
7. Does the policy result in the use of technology which might be perceived as being privacy intruding? e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them? Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	No
9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?	No
10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.	No

Appendix 3 - Process for the development and approval of a new operational policy

STEP 1

Policy author develops the policy using the ICB's Operational Policy Template and saves it as a 'draft'.

Template is available on the Staff Intranet (in the Governance section) or from the Corporate Governance Team – blmkicb.corporatesec@nhs.net

STEP 2

Engagement and consultation is considered and undertaken with the appropriate internal and external individuals, teams, groups, or partners.

STEP 3

Feedback and comments from the engagement and consultation is documented, considered and the draft policy updated.

STEP 4

Policy author completes the Equality Impact Assessments Screening and the Data Protection Impact Assessment Screening (appendix 1 and 2 of the Operational Policy Template) and completes any relevant actions.

STEP 5

Policy author completes Policy Checklist.

Policy Checklist is available on the Staff Intranet or from the Corporate Governance Team – blmkicb.corporatesec@nhs.net

STEP 6

Policy author sends the policy and the completed Policy Checklist to the Corporate Governance Team blmkicb.corporatesec@nhs.net

The Corporate Governance Team will quality check the policy and liaise with the policy author to arrange for the policy to be added to the agenda for the next Operational Group meeting.

Following presentation at the Operational Group the Corporate Governance Team will contact the author to discuss outcome and next steps e.g.,:

- **If the policy is not approved** the Corporate Governance Team will work with the policy author to agree next steps which will depend on the reason for the policy not being approved.
- **If the policy is approved** and once final amendments (if any) are made by the author the Corporate Governance Team will:
  a) update the ICB's Operational Policies Database,
  b) update the version control section of the policy,
  c) return a word and PDF version to the author for their records,
  d) arrange for the policy to be added to the list of 'new and recently reviewed policies' for the Staff Briefing email,
  e) arrange for the policy to be uploaded to the ICB's public website and/or the Health & Care Partnership website and/or the Staff Intranet and
  f) arrange for the relevant committee of the Board to be informed of the policy.

Appendix 4 - Process for the review and approval of an existing operational policy which is reaching next review date

When an existing operational policy is due for review, the Corporate Governance Team will issue a reminder to the policy author three months before the review date.

STEP 1

The policy author should undertake a review of the policy with relevant individuals then proceed as follows:

If there are no changes to be made to the policy – start from step 5 below.
If there are *minor changes to be made to the policy – start from step 4 below.
If there are more than minor changes to the policy – proceed from step 2 onwards.

**Minor amendments are ones that do not affect working practice and do not impact on the content of the policy, the overall process or intention of the policy e.g.:*

- *Spelling or grammatical corrections.*
- *Update of job titles or team names.*
- *Update to web/document links, website addresses and contact information.*
- *Update to references to other documents.*
- *Additional text to provide clarity which does not affect the overall process and intention of the policy.*

STEP 2

Policy author to consider the need for engagement and consultation and undertaken with the appropriate internal and external individuals, teams, groups, or partners.

STEP 3

Policy author to ensure feedback and comments from the engagement and consultation are documented, considered and the draft policy updated.

STEP 4

Policy author completes the Equality Impact Assessments Screening and the Data Protection Impact Assessment Screening (appendix 1 and 2 of the Policy Template) and completes any relevant actions.

STEP 5

Policy author completes Policy Checklist.

Policy Checklist is available on the Staff Intranet or from the Corporate Governance Team – blmkicb.corporatesec@nhs.net

STEP 6

Policy author sends the policy and the completed Policy Checklist to the Corporate Governance Team blmkicb.corporatesec@nhs.net

The Corporate Governance Team will quality check the policy and liaise with the policy author to arrange for the policy to be added to the agenda of the next Operational Group.

Following presentation at the Operational Group the Corporate Governance Team will contact the author to discuss outcome and next steps.

If the policy is not approved the Corporate Governance Team will work with the policy author to agree next steps which will depend on the reason for the policy not being approved.
If the policy is approved and once final amendments (if any) are made by the author the Corporate Governance Team will:

a) update the ICB's Operational Policies Database,
b) update the version control section of the policy,
c) return a word and PDF version to the author for their records,
d) arrange for the policy to be added to the list of 'new and recently reviewed policies' for the Staff Briefing email,
e) arrange for the policy to be uploaded to the ICB's public website and/or the Health & Care Partnership website and/or the Staff Intranet and
f) arrange for the relevant committee of the Board to be informed that the policy has been reviewed.

Appendix 5 - Process for making amendments to an existing operational policy outside of the review period.

STEP 1

Policy author to make required amendments to the policy and assess if they are *minor or not.

If *minor changes have been made to the policy it does not need to be approved. Please forward the policy to the Corporate Governance Team with a completed Policy Checklist, available on the Staff Intranet or from the Corporate Governance Team – blmkicb.corporatesec@nhs.net

If there are more than minor changes have been made to the policy – start from step 2.

**Minor amendments are ones that do not affect working practice and do not impact on the content of the policy, the overall process or intention of the policy e.g.:*

- *Spelling or grammatical corrections.*
- *Update of job titles or team names.*
- *Update to web/document links, website addresses and contact information.*
- *Update to references to other documents.*
- *Additional text to provide clarity which does not affect the overall process and intention of the policy.*

STEP 2

Policy author to consider the need for engagement and consultation and undertaken with the appropriate internal and external individuals, teams, groups, or partners.

STEP 3

Policy author to ensure feedback and comments from the engagement and consultation are documented, considered and the draft policy updated.

STEP 4

Policy author completes the Equality Impact Assessments Screening and the Data Protection Impact Assessment screening (appendix 1 and 2 of the Policy Template) and completes any relevant actions.

STEP 5

Policy author completes Policy Checklist.

Policy Checklist is available on the Staff Intranet or from the Corporate Governance Team – blmkicb.corporatesec@nhs.net

STEP 6

Policy author sends the policy and the completed Policy Checklist document to the Corporate Governance Team blmkicb.corporatesec@nhs.net

The Corporate Governance Team will liaise with the policy author to arrange for the policy to be added to the agenda for the next Operational Group meeting.

Following presentation to the Operational Group the Corporate Governance Team will contact the author to discuss outcome and next steps.

If the policy is not approved the Corporate Governance Team will work with the policy author to agree next steps which will depend on the reason for the policy not being approved.
If the policy is approved and once final amendments (if any) are made by the author the Corporate Governance Team will:

a) update the ICB's Policy Database,
b) update the version control section of the policy,
c) return a word and PDF version to the author for their records,
d) arrange for the policy to be added to the list of 'new and recently reviewed policies' for the Staff Briefing email,
e) arrange for the policy to be uploaded to the ICB's public website and/or the Health & Care Partnership website and/or the Staff Intranet and
f) arrange for the relevant committee of the Board to be informed that the policy has been reviewed.