Policy for the Development and Management of Procedural Documents

NHS Devon

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Version	3.0
Policy Sponsor	Chief Communications and Corporate Affairs Officer
Policy Lead	Director of Governance
Approver	NHS Devon Board
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To be reviewed by	31/03/2026

Document change history (to add rows, copy and paste)

Date	Change	Version number of policy	Comments
04/10/2023	New Policy	1.0	
01/03/2024	Policy Amendment	2.0	Update for Executive Committee to approve all new documents and agree approval routes
27/03/2025	Policy Amendment	3.0	Updates to EDI statement; EQIA information; names of decision-making bodies; approval routes; and references to section numbers aligned. Flowcharts in appendices streamlined.

Equality, diversity and inclusion statement

Section 14Z35 of the National Health Service 2006 Act imposes the general inequality duty on Integrated Care Boards that they must have regard to the need reduce inequalities between those accessing health care services and in respect of the outcomes achieved for those who access health care services.

NHS Devon is committed to reducing health inequalities. These are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. These are sometimes referred to as wider determinants of health.

We will ensure that we reduce inequalities by considering them as a key part of all our policies plans and monitoring process and by using an Equality and Quality Impact Assessment whenever we make changes to services

We are also committed to the promotion of equal opportunities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Care Act 2022 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment;

marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Care Act 2022 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: d-icb.patientexperience@nhs.net

1. Introduction

1.1. The Devon Integrated Care Board (NHS Devon) is required to have procedural documents acknowledging and complying with the Health and Care Act 2022, other relevant legislative and regulatory requirements and national standards relevant to fulfilling planning and allocation decisions and promoting collaboration in the health and care system, as well as quality and safety of the

population of Devon. This policy sets out how NHS Devon will go about developing, approving and reviewing these procedural documents.

2. Purpose and objectives

2.1. The purpose of this policy is to ensure a well governed, structured and systematic approach to the development, approval, implementation and review of all procedural documentation in use throughout NHS Devon.

2.2. This policy will:

- Ensure that NHS Devon complies with the Health and Care Act 2022 and other relevant legislation and national standards in developing and reviewing its procedural documents.
- Provide a standard format and corporate style for drafting all NHS Devon procedural documents.
- Set out the requirements for the development and approval of all NHS Devon procedural documents.
- Establish the requirements for regular reporting and provision of assurance with regard to the efficacy and effectiveness of the NHS Devon policy framework.

3. Definitions

3.1. “Procedural documents” is a collective term relating to any of the following documents in the hierarchy set out below:

Figure 1: Procedural Document Hierarchy

Table 1: Definitions

Terms	Definition
Law/ Regulations	Laws are created by an Act of Parliament or statute. The Health and Social Care Act 2006 and the Health and Care Act 2022 are the key statutes providing the law governing health and care in the UK.

	Regulations are secondary to statute as they are made under the authority derived from a statute. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009 are examples of regulations.
Constitution	The NHS Constitution establishes the principles and values of the NHS in England and sets out rights to which patients, public and staff are entitled, and pledges that the NHS is committed to achieving. The NHS Devon Constitution outlines how it will comply with its statutory duties set out in the Health and Care Act 2022 and associated regulations.
Strategy	A high level plan of action designed to achieve a long-term or overall aim. Strategies identify the medium- to long-term aims and objectives of a given subject (for example the Digital Strategy).
Policy	A high level agreed statement intended to assign responsibility and to direct subsequent decisions, actions and other matters. Should state NHS Devon's commitment to deliver one or more duties and will be written for audiences at all levels. Acknowledges legislation, regulation, Department of Health and Social Care and NHS England direction or guidance and best practice that will be complied with in the discharge of NHS Devon's duties.
Procedure/ Protocol	An established or official way of doing something in the organisation. Describes the activities that, in support of the relevant policy, will deliver the discharge of NHS Devon's duties. Can be amended when NHS Devon assesses that the current procedure is not effectively supporting the relevant policy.
Supporting Documents	Describes the steps that are taken by individual teams in support of relevant procedures. These steps may be used a few or many times. Includes Guidelines, Forms, Handbooks and Manuals providing general advice but allow for local discretion.

4. Style and format of procedural documents

4.1. A standard template has been developed for the formation of NHS Devon policies. This can be found at Appendix D. There is no standard format requirement for any other procedural documents used by NHS Devon. The Corporate Governance team, with support from the Communications team, will be responsible for ensuring that the authors of procedural documents are aware of corporate style requirements. Procedural documents should be concise and

clear, using unambiguous terms and language. The organisation's Style Guide should be referred to when drafting these documents.

4.2. Titles should be simple and informative of the document's contents. They should ensure that the procedural document is easy to find via the NHS Devon website search function. Document titles should not begin with "Approved", "Final" or a date.

4.3. NHS Devon is signed up to a number of countywide interagency documents which support local practice and collaborative working arrangements as part of integration. For these documents, the lead agency is responsible for the style and format, distribution and archiving arrangements of the publication, regardless of whether it adheres to NHS Devon's recommendations. Wherever possible, each interagency document must have a relevant member of NHS Devon's staff on its working group to ensure that appropriate consultation at the development stage is achieved.

5. Developing a new procedural document

5.1. NHS Devon will identify the need to develop new procedural documents in line with the priorities of the organisation e.g., national guidance, legislation, organisational changes, service requirements and evidence-based practice whether in the form of the latest research, audit findings, national inquiries, or serious investigation reports.

5.2. Any proposals for a new procedural document should be discussed with the Corporate Governance team to determine applicable legislation, regulations, and standards. The Corporate Governance team will advise policy leads of the requirements of this policy and relevant approval routes for proposed procedural documents (see section 9 below).

5.3. The Corporate Governance team will also advise on the process and expected timeframes for the approval of any proposed procedural documents.

5.4. Once a procedural document requirement has been identified, a policy sponsor (relevant Chief Officer) and policy lead should be confirmed to the Corporate Governance Team. The policy sponsor and/or policy lead, will be responsible for confirming the nature of the procedural document (whether it is a strategy, policy, procedure/protocol or supporting document).

5.5. The Corporate Governance team will be responsible for ensuring that all new policies are presented to the NHS Devon Executive for approval, including the approval route for any future amendments. A full list of approval routes for all strategies and policies can be found at Appendix C(i).

5.6. The policy sponsor will be responsible for ensuring that any proposed strategy or policy (procedures/protocols do not require a policy sponsor) is appropriate for consideration via the relevant approval route. The policy lead will be

responsible for the content and drafting of the proposed strategy, policy, or procedure/protocol.

5.7. Any proposals for a new procedural document should be discussed with the Corporate Governance team to determine applicable legislation, regulations, and standards.

6. Reviewing and amending existing procedural documents

6.1. All approved strategies and policies will be published on either the NHS Devon intranet, the NHS Devon internet or in some cases both. Any strategy or policy available on the intranet should be considered to be the current version and the one by which NHS Devon stands, even if the review date has passed. An expired date does not automatically indicate that the strategy or policy has been superseded.

6.2. Policy sponsors and policy leads are responsible for maintaining and updating procedures/protocols and other supporting documents. These will not be included on the Policy Register maintained by the Corporate Governance team.

6.3. All procedural documents should be reviewed at least every three years and preferably annually. However, a review may take place earlier if new evidence becomes available that renders this necessary e.g., changes in legislation, or to reflect changes to working practices.

6.4. The Corporate Governance team will take responsibility for contacting policy leads and policy sponsors 3 months before their policies are due to become overdue to advise on the process and expected timeframes for approval.

6.5. If, when undertaken, a review indicates that only minor amendments are required, which will not alter current practice and as such involve no significant change to the document, the requirement to consult on a revised strategy or policy (see section 9) does not apply. Similarly, appendices, which can be reviewed, revised and replaced at any point without the need to follow the consultation process set out below. Proposed minor updates to strategies or policies can go forward for approval via the relevant approval route (see section 9 below), once the relevant impact assessments (see section 8) and implementation plans (see section 9) have been completed.

6.6. If a review indicates significant changes in current practice and major amendments to the document will be required, the procedures outlined in this policy apply and must be followed.

6.7. If a policy lead is unclear whether the proposed changes to a procedural document constitute a significant change to current practice or not, they should consult with the Corporate Governance team, who will provide advice on this matter.

7. Accountabilities, duties and responsibilities

5.1 Chief Officers will act as policy sponsors and will determine if a new strategy, policy, or other approved document is required. They will support policies appropriate to their responsibilities and approve the strategy or policy as set out in section 9 of this policy.

5.2 Policy owners are staff charged with producing or reviewing policies and must follow the guidance contained in this policy when writing their documents. They will be identified by the Chief Officer and tasked with producing a draft policy or taking responsibility for the review of an existing policy, and where appropriate forwarding to the appropriate group for feedback. They will then work through and consider any feedback on the policy. Policy owners will also be responsible for the review process which occurs on a regular basis.

5.3 The Corporate Governance team will maintain a Policy Register to prevent part or whole duplication of another approved strategy or policy in operation. Policy leads should liaise with the Corporate Governance team, who will check the Policy Register to ensure that proposed strategies or policies do not duplicate any other work. Where a potentially similar strategy or policy is already in operation, the policy lead will be asked to discuss with the policy sponsor whether it is more prudent to develop the existing document further, rather than develop a new one.

8. Impact assessments

8.1. All public bodies have a specific duty under the Equality Act 2010 to carry out equality analysis and to have clear arrangements to assess and consult on how their policies and functions impact on the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

8.2. An Equality Quality Impact Assessment (EQIA) should be completed for all NHS Devon's new and reviewed (with significant changes) strategies and policies to ensure fairness, transparency and that the strategy or policy will not adversely impact individuals in protected groups as provided in the Equality Act 2010. An EQIA will also help the organisation to open services up to new groups and ensure focus on the impact of the change on the user. Further information on EQIAs can be found via this link.

8.3. In 2012, the National Quality Board (NQB) issued guidance that quality impact assessments should be completed. This guidance aims to ensure proper scrutiny by provider boards and commissioning authorities and encompasses six key quality components:

- **Safety**: Ensuring that patients are not harmed by the healthcare they receive.
- **Effectiveness**: Providing care, treatments, interventions, support, and services that are based on evidence and deliver the best outcomes.

- **Patient Experience**: Ensuring that the patient's experience is positive and centered on their needs and preferences.
- **Well-Led**: Leadership that is collective and compassionate, fostering a culture of high-quality care.
- **Sustainably Resourced**: Achieving optimal health outcomes within available financial resources, while minimising environmental impact and promoting public health.
- **Equity**: Ensuring everyone has access to high-quality care and reducing variations and inequalities in health outcomes.

8.4 NHS Devon wants to ensure that all the decisions it makes are informed by a clear understanding of:

- Potential impacts on quality (safety, effectiveness and experience)
- Potential impacts on health inequalities (access, experience and outcomes)

9. Implementation

9.1. All strategies and policies need to identify arrangements for training, support and implementation as necessary. An implementation plan (template at Appendix B) should be completed by the policy lead and included in the consultation on the policy (see below).

9.2. For strategies and policies with minor changes following a review, if the document already has an implementation plan in place, then a new one is not required to be completed. If a strategy or policy which requires minor changes following a review does not have an implementation plan in place, then one should be completed.

9.3. Completed implementation plans should be submitted alongside the proposed strategy or policy to the policy sponsor for sign off and with the final draft submitted for approval.

9.4. In order to obtain approval for a strategy or policy, it must be accompanied by evidence of robust consultation. The policy sponsor will identify those stakeholders directly or indirectly involved and engaged with the policy area, who should take part in the consultation process and the policy lead should ensure that this takes place accordingly. The consultation process should be managed by the policy lead and the outcomes should be submitted alongside the proposed strategy or policy to the policy sponsor for sign off and with the final draft submitted for approval.

9.5. It should be noted that NHS Devon is committed to full Staff Partnership consultation on its people-related policies. People-related policies should always be subject to full Staff Partnership Forum consultation before being submitted for approval.

9.6. To allow a reasonable time for responses, a consultation period of two-four weeks is generally appropriate. All comments received should be recorded by the policy lead and amendments to the document considered accordingly. If the decision is taken not to amend the document in line with comments received during consultation, relevant consultees should be provided with a written response explaining why. If the consultation process results in a substantial change to the consultation document, a revised draft document should be sent out again to stakeholders for further consultation and comment.

9.7. For strategies and policies with minor changes following a review, a consultation period is not required.

9.8. Consultation is not required for the approval of protocols, procedures or other supporting documents; however, it is recommended.

9.9. The approval routes for procedural documents are shown below:

Procedural document	Review	Assurance	Approval
Strategy	NHS Devon Executive and approval of onward submission to Board	Relevant Board Committee	ICB Board
Policy	**Core corporate governance and finance policies** - NHS Devon Executive and approval of onward submission to Board	Audit and Risk Committee	ICB Board
	New policies – Relevant Chief Officer	N/A	NHS Devon Executive
	Existing high risk or high impact policies other than core corporate governance and finance policies - Relevant Chief Officer	N/A	NHS Devon Executive
	Remaining existing policies - Relevant Chief Officer with the consultation of at least one other Chief Officer	N/A	Chief Officer
Procedure/ Protocol	N/A	N/A	Senior Leadership Team member with responsibility for relevant policy area.
Supporting Documents	N/A	N/A	Team Leader with responsibility for implementing relevant policy area.

9.10. The review routes set out in the table above are a formal part of the corporate governance process for the approval of procedural documents and not part of the consultation process set out above, which should be completed prior to the document's submission for review.

9.11. In the absence of a specified Chief Officer to approve a policy, policies can be approved by their nominated deputy for that period of absence. It is not possible for policies to be approved by any other member of staff than Chief Officers, or their nominated deputy in the event of their absence.

10. Monitoring compliance and effectiveness

10.1. All policies and procedures can be accessed electronically via the NHS Devon intranet. All newly uploaded policies and procedures are highlighted in the latest documents area on the intranet, to alert and direct staff who access the intranet, to their publication and availability. The Corporate Governance team

will also provide a notification and a link to the policy or procedure via the staff bulletin.

10.2. Departmental managers, team leaders and professional leads are responsible for having a system in place within their sphere of responsibility that ensures their staff are aware of and have read and understood relevant new and revised policies.

10.3. The Corporate Governance team will make available a report to the NHS Devon Executive on a quarterly basis setting out the details of all new policies and procedures that have been ratified and uploaded on to the intranet and those which are due for review in the next quarter.

APPENDIX A – Glossary of terms used

Terms	Definition
Health and Care Act 2022	The law establishing Integrated Care Boards as statutory bodies
NHS Devon	Name that will be used for the Devon Integrated Care Board (ICB).
Equality Quality Impact Assessment (EQIA)	The EQIA process considers the extent to which a policy or strategy (including strategic decisions, service or function) may impact, on any groups of the community within Devon. The impact may be neutral, negative or positive and where appropriate the EQIA process allows recommendations or alternative mitigation measures to be made to ensure equal access to services and opportunities
Dissemination	Policy dissemination will include publication of policies and enable target audience internally and externally to access and understand the policy
Implementation Plan	The Implementation Plan identifies the steps and communication strategies for new or amended policies and procedures.
Policy Sponsor	The policy sponsor should be a Chief Officer, who will be responsible for ensuring that any proposed strategy or policy (procedures/protocols do not require a policy sponsor) is appropriate for consideration via the relevant approval route.
Policy Lead	The policy lead will be responsible for the content and drafting of the proposed strategy, policy or procedure/protocol.
Chief Officer	A Chief Officer is a direct report of the Chief Executive.
NHS Devon Board	The NHS Devon Board is the “controlling mind” of NHS Devon – it acts as the agent for the organisation and exercises power on its behalf.
NHS Devon Executive	The NHS Devon Executive consists of the direct reports of the NHS Devon Chief Executive. It supports the Chief Executive in the discharge of their NHS Devon executive functions.
Policy Register	The Policy Register is the formal list of NHS Devon strategies and policies. It includes information about approval routes and review dates.
Law/ Regulations	Laws are created by an Act of Parliament or statute. The Health and Social Care Act 2012 and the Health and Care Act 2022 are the key statutes providing the law governing health and care in the UK.

Terms	Definition
	Regulations are secondary to statute as they made under the authority derived from a statute. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009 are examples of regulations.
Constitution	The NHS Constitution establishes the principles and values of the NHS in England and sets out rights to which patients, public and staff are entitled, and pledges that the NHS is committed to achieving. The NHS Devon Constitution outlines how the organisation will comply with statutory duties set out in the Health and Care Act 2022 and associated regulations.
Strategy	A high level plan of action designed to achieve a long-term or overall aim. Strategies identify the medium- to long-term aims and objectives of a given subject (for example the Risk Management Strategy).
Policy	A high level agreed statement intended to assign responsibility and to direct subsequent decisions, actions and other matters. Should state NHS Devon's commitment to deliver one or more duties and will be written for audiences at all levels. Acknowledges legislation, regulation, Department of Health and Social Care and NHS England direction or guidance and best practice that will be complied with in NHS Devon's duties.
Procedure/ Protocol	An established or official way of doing something in the organisation. Describes the activities that, in support of the relevant policy, will deliver NHS Devon's duties. Can be amended when NHS Devon assesses that the current procedure is not supporting the relevant policy.
Supporting Documents	Describes the steps that are taken by individual teams in support of the relevant procedure. These steps may be used a few or many times. Includes Guidelines, Forms, Handbooks and Manuals providing general advice but allow for local discretion.

APPENDIX B – Procedural document implementation plan (Template)

Title	*Add in title of procedural document*
New/Revised	*Is this a new policy or a revision of an existing policy?*
Policy Sponsor	*Add information about Policy Sponsor (Chief Officer)*
Policy Lead	*Add information about Policy Lead (individual responsible for*
Overview	
Provide a brief overview of the proposed procedural document.	
Anticipated impact	
Changes in practice anticipated	*Provide a brief summary of the anticipated impact on working practices arising from the proposed procedural document and the outcomes expected as a result.*
Stakeholders likely to be affected	*Provide a brief summary of the members of staff, patients and the public likely to be affected by the proposed procedural document.*
EQIA outcome	*Provide a brief summary of the outcome of the Equality Quality Impact Assessment undertaken in relation to the proposed procedural document.*
Implications	
Training	*Provide a brief summary of the likely training requirements associated with the proposed procedural document and how these will be addressed.*
Resources	*Provide a brief summary of the likely resource implications associated with the proposed procedural document and how these will be addressed.*
Communications	*Provide a brief summary of how the proposed procedural document will be disseminated.*
Effectiveness	
Monitoring and Measuring effectiveness	*Provide a brief summary of how the anticipated changes in practice and outcomes will be monitored and measured.*
Approval of Implementation Plan	
Policy Sponsor	
Signature: **Date:**	

Appendix C(i) – Approval routes for NHS Devon non-clinical policies and strategies

NB: These are procedural documents separate to the Policy for the Development and Management of Procedural Documents and may be amended without requiring the amendment of the policy.

Strategy Title	Chief Officer	Approval requires the agreement of
Equality Diversity and Inclusion Strategy	Chief Communications and Corporate Affairs Officer	ICB Board
Green Plan	Chief Communications and Corporate Affairs Officer	ICB Board
People & Communities	Chief Communications and Corporate Affairs Officer	ICB Board
5 Year Joint Forward Plan	Chief Executive Officer	ICB Board
Digital Strategy	Chief Finance Officer	ICB Board
Primary Care Strategy	Chief Medical Officer	ICB Board
Community First Strategy	Chief Medical Officer	ICB Board
Children & YP Strategy	Chief Nursing Officer	ICB Board
Women's Health Strategy for England and Women's Health Hubs	Chief Nursing Officer	ICB Board
Workforce Strategy	Director of Workforce	ICB Board
Learning and Education Strategy	Director of Workforce	ICB Board

Policy Title	Chief Officer	Approval requires the agreement of
Policy for the Development and Management of Procedural Documents	Chief Communications and Corporate Affairs Officer	ICB Board
Risk Management Policy	Chief Communications and Corporate Affairs Officer	ICB Board
Standards of Business Conduct Policy	Chief Communications and Corporate Affairs Officer	ICB Board
Policy for Co-option to Board Committees	Chief Communications and Corporate Affairs Officer	ICB Board
Conflict of Interest Policy	Chief Communications and Corporate Affairs Officer	ICB Board

Policy Title	Chief Officer	Approval requires the agreement of
Receipt, Acceptance and Management of Petitions Policy	Chief Communications and Corporate Affairs Officer	ICB Board
Confidentiality & Data Protection Act policy	Chief Communications and Corporate Affairs Officer	Chief Finance Officer
Individual Rights policy	Chief Communications and Corporate Affairs Officer	Chief Finance Officer
Records Management Policy	Chief Communications and Corporate Affairs Officer	Chief Finance Officer
Secure Handling and Transfer of Information (Safe Haven) Policy	Chief Communications and Corporate Affairs Officer	Chief Finance Officer
Data Protection Framework	Chief Communications and Corporate Affairs Officer	Chief Finance Officer
DPIA Framework	Chief Communications and Corporate Affairs Officer	Chief Finance Officer
Freedom of Information Act and Environmental Information Regulations Policy	Chief Communications and Corporate Affairs Officer	Chief Medical Officer
Data Quality Assurance Policy	Chief Communications and Corporate Affairs Officer	Chief Finance Officer

Policy Title	Chief Officer	Approval requires the agreement of
Emergency Preparedness, Resilience & Response Policy	Chief Operating Officer	ICB Board
Procurement Policy for all NHS Devon Expenditure	Chief Operating Officer	Chief Finance Officer

Policy Title	Chief Officer	Approval requires the agreement of
Environmental Policy	Chief Finance Officer	Chief Communications and Corporate Affairs Officer
Password Policy	Chief Finance Officer	Chief Communications and Corporate Affairs Officer
Registration Authority Policy	Chief Finance Officer	Chief Communications and Corporate Affairs Officer
Counter Fraud, Bribery and Corruption Policy	Chief Finance Officer	Chief Communications and Corporate Affairs Officer

Policy Title	Chief Officer	Approval requires the agreement of
Mobile Devices when Remote Working Policy	Chief Finance Officer	Chief Finance Officer and Chief Communications and Corporate Affairs Officer
Privileged Access Acceptable User Policy	Chief Finance Officer	Chief Communications and Corporate Affairs Officer
IT Security Policy	Chief Finance Officer	Chief Communications and Corporate Affairs Officer

Policy Title	Chief Officer	Approval requires the agreement of
Patient Group Direction (PGD) Policy	Chief Medical Officer	Chief Nursing Officer
Defining the Boundaries between NHS & Private Healthcare	Chief Medical Officer	Chief Nursing Officer
Individual Funding Request Policy & Associated SOP	Chief Medical Officer	Chief Delivery Officer
Primary Care Prescribing Rebates Policy	Chief Medical Officer	Chief Finance Officer

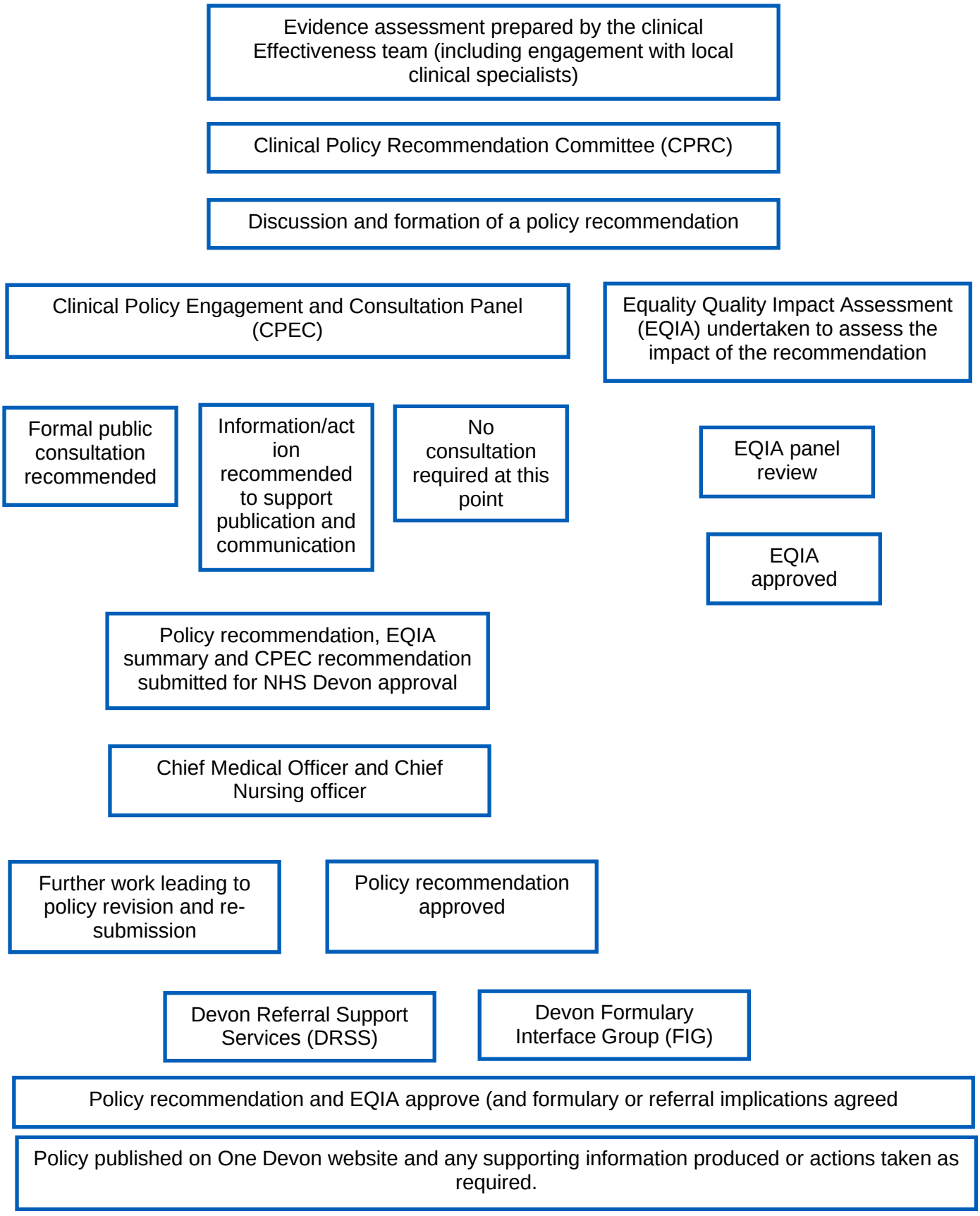
Policy Title	Chief Officer	Approval requires the agreement of
Previously Unassessed Periods of Care (Pupocs) Policy	Chief Nursing Officer	Chief Medical Officer
Individual Packages of Care Policy (IPOC)	Chief Nursing Officer	Chief Medical Officer
CHC Appeals Policy	Chief Nursing Officer	Chief Medical Officer
Personal Health Budgets	Chief Nursing Officer	Chief Medical Officer
Children in Care	Chief Nursing Officer	Chief Medical Officer
Mental Capacity and Deprivation of Liberty Policy	Chief Nursing Officer	Chief Communications and Corporate Affairs Officer
PREVENT Policy	Chief Nursing Officer	Chief People Officer
Safeguarding Adult Policy	Chief Nursing Officer	Chief Medical Officer
Safeguarding Children Policy	Chief Nursing Officer	Chief Medical Officer
Safeguarding Supervision Policy	Chief Nursing Officer	Chief Medical Officer

Policy Title	Chief Officer	Approval requires the agreement of
Dealing with persistent and unreasonable members of the public policy	Chief Nursing Officer	Chief Communications and Corporate Affairs Officer
Informal Feedback and Formal Complaints Policy	Chief Nursing Officer	Chief Medical Officer
Redress Policy	Chief Nursing Officer	Chief Finance Officer
Disputes Policy	Chief Nursing Officer	Chief Medical Officer
CHC Joint Funding Policy	Chief Nursing Officer	Chief Medical Officer
Equality and Quality Impact Assessment (EQIA) Policy	Chief Nursing Officer	Chief Medical Officer
Freedom to Speak Up Policy	Chief Nursing Officer	ICB Board
All Age Continuing Healthcare Operational Policy	Chief Nursing Officer	Chief Medical Officer
Patient Safety Incident Reporting Framework (PSIRF)	Chief Nursing Officer	Chief Medical Officer

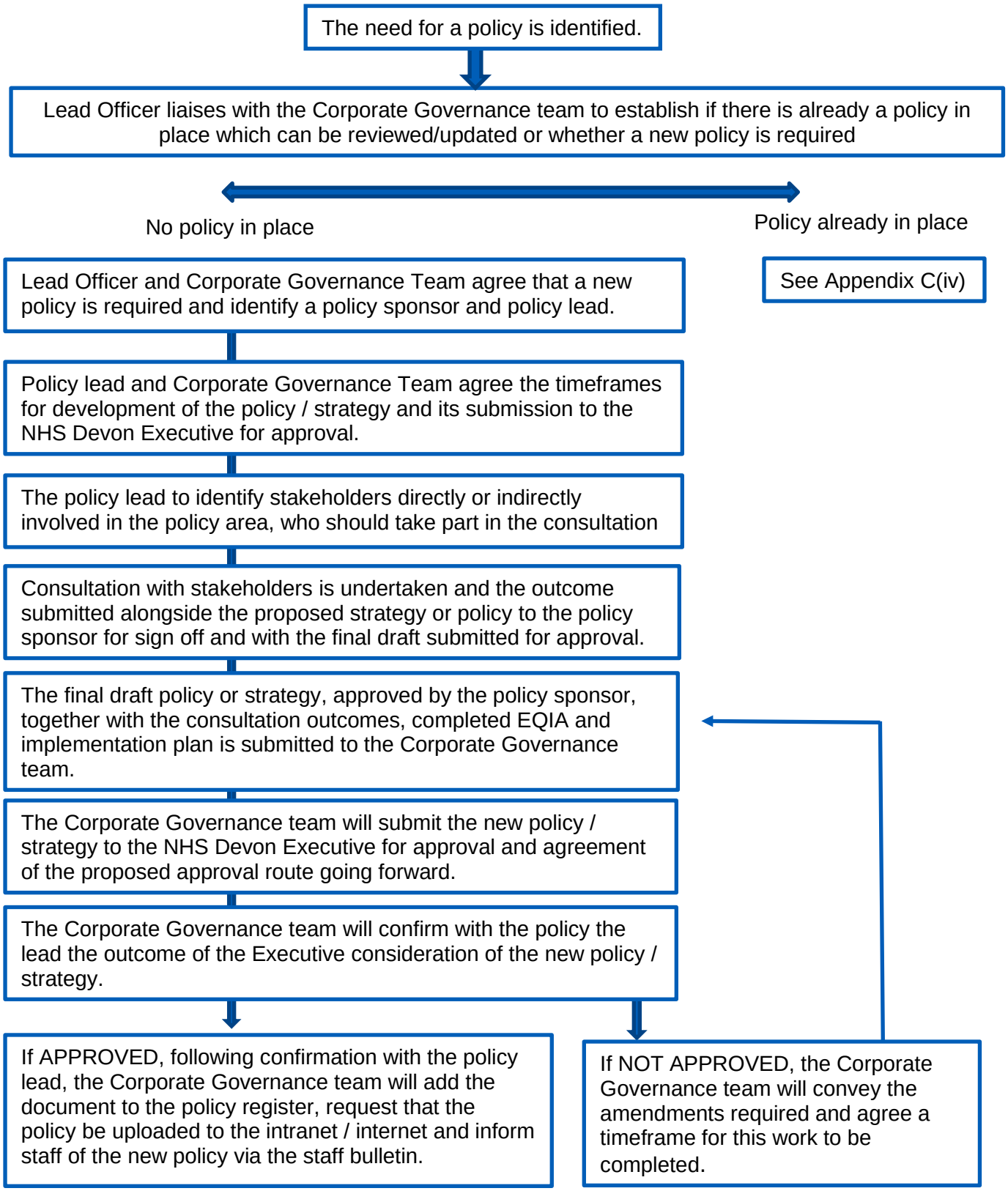
Policy Title	Chief Officer	Approval requires the agreement of
Flexible Working Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Disciplinary Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Developing and Growing our People Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Internal Incident and Accident Management Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Health & Safety Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Equality, Diversity, and Inclusion (EDI) Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Attendance Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Improving Performance Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Fair Treatment Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer

Policy Title	Chief Officer	Approval requires the agreement of
Mutually Agreed Resignation Scheme Policy	Chief People Officer	Chief Finance Officer
Probation Policy Probation period for new starters	Chief People Officer	Chief Communications and Corporate Affairs Officer
Recruitment (Inc. movement of employees) Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Leave and Pay for New Parents Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Time Off Policy	Chief People Officer	Chief Finance Officer
Domestic Abuse & Sexual Violence (DASV) Employee Support Policy	Chief People Officer	Chief Nursing Officer
Social Media Policy	Chief People Officer	Chief Communications and Corporate Affairs Officer
Organisational Change Policy - HR019 NEWD Organisational Change policy	Chief People Officer	Remuneration & Internal ICB Workforce Committee
Organisational Change Policy - HR22A SD&T Organisational Change, Redundancy and Redeployment policy	Chief People Officer	Remuneration & Internal ICB Workforce Committee

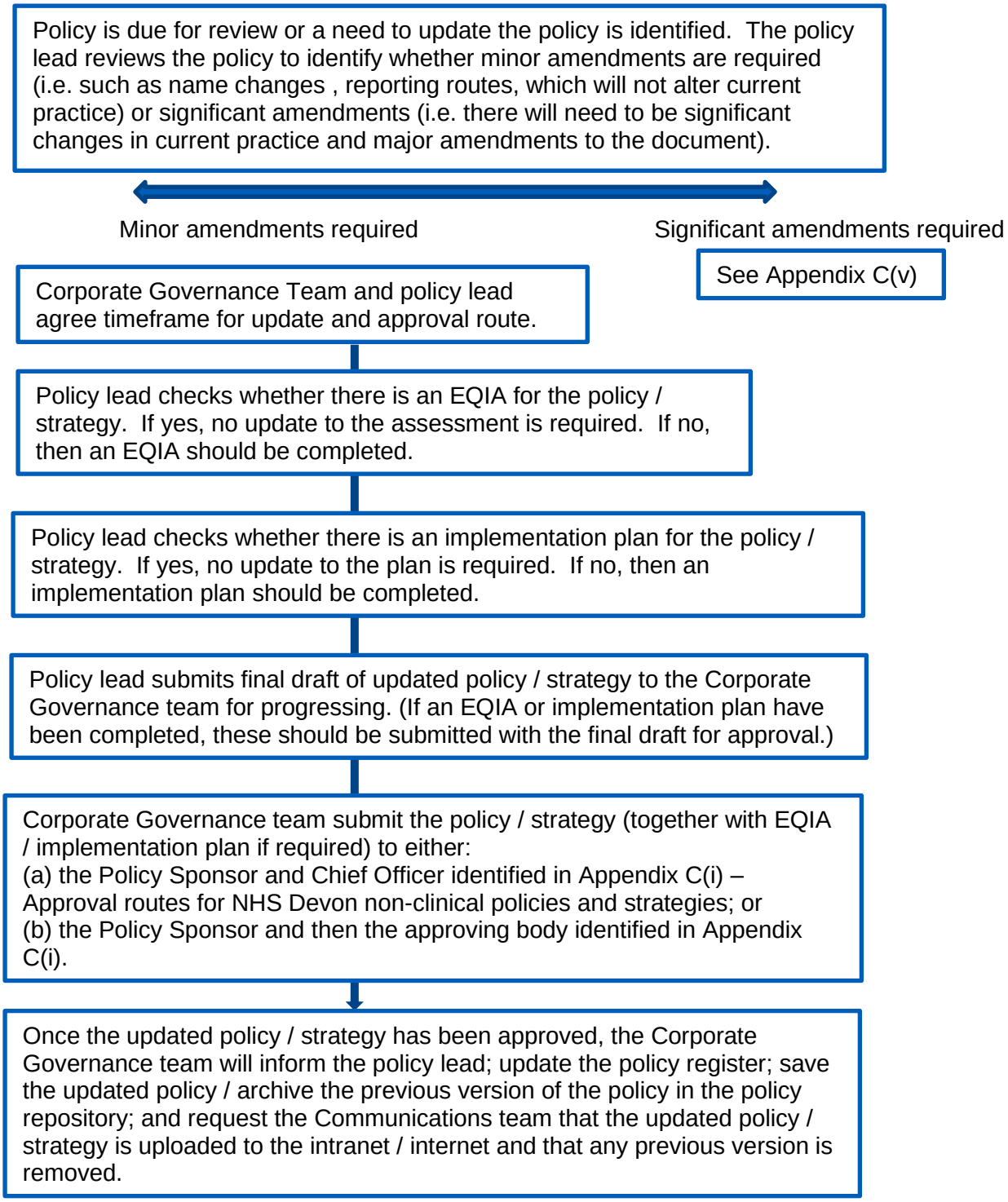
APPENDIX C(ii) – Developing and reviewing clinical policies and strategies (flow chart)



APPENDIX C(iii) – Developing new non-clinical policies and strategies (flow chart)

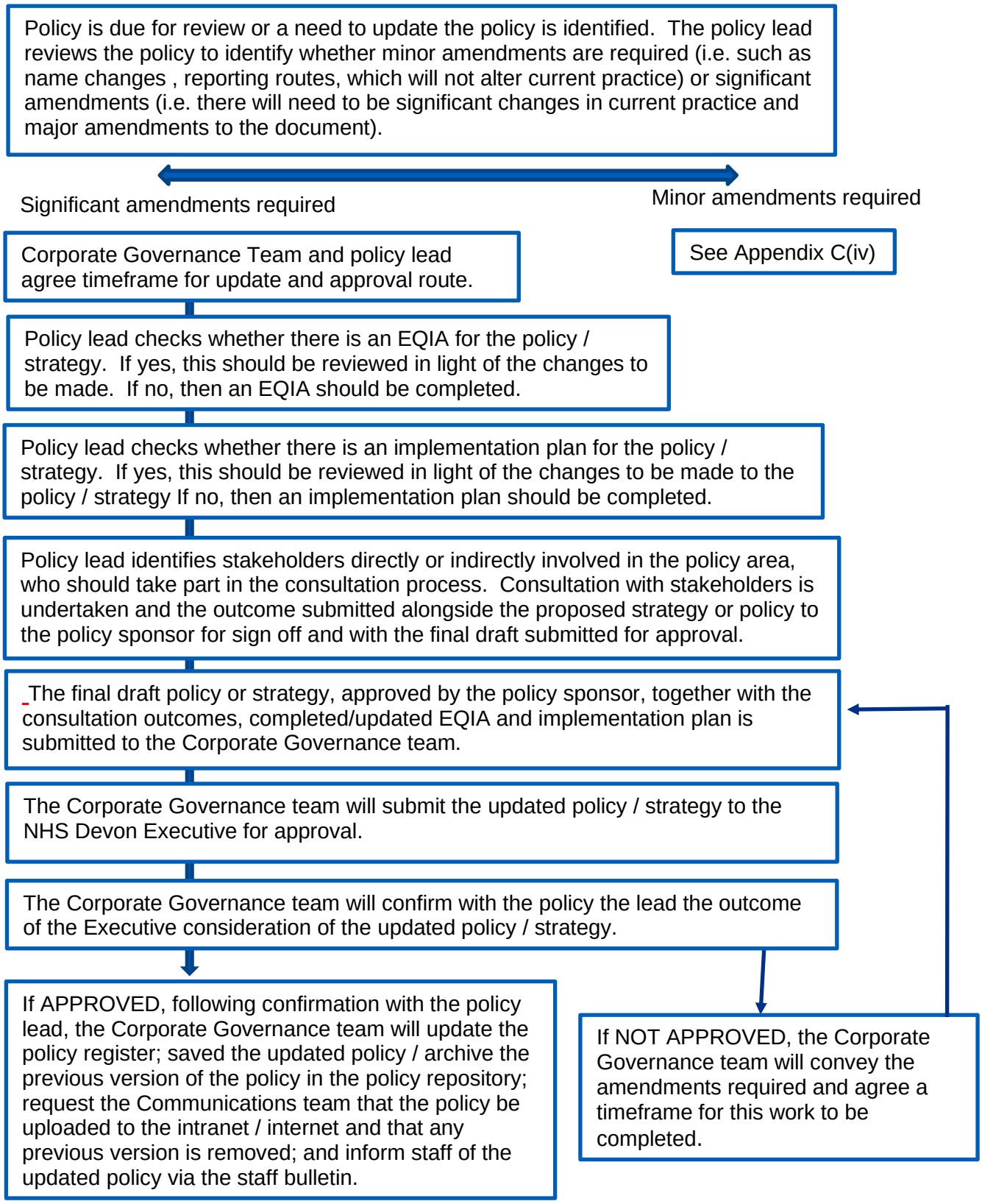


APPENDIX C(iv) – Reviewing and amending non-clinical policies and strategies (minor changes) (flow chart)



Note: There is no requirement to undertake consultation for minor amendments.

APPENDIX C(v) – Reviewing and amending non-clinical policies and strategies (significant amendments) (flow chart)



Appendix D – Policy Template

Policy Title

NHS Devon

Version	0.1 is first draft of new policy and first approved version is 1.0. First draft/amendment of version 1.0 is 1.1 and incremental until approved as version 2.0 edit
Policy Sponsor	Choose an item.
Policy Lead	
Approved by	
Approved on	Select a date
To be reviewed by	Select a date

Document change history (to add rows, copy and paste)			
Date	**Change**	**Version number of policy**	**Comments**
Select a date	Select		
Select a date	Select		

Equality, diversity and inclusion statement

NHS Devon is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: d-icb.patientexperience@nhs.net

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Section	**Title**	**Page**

Red text is provided to support you in writing your policy.
This text is to be removed once the policy is approved.

1. Introduction

Why is this policy needed? Provide a summary of the subject matter, legislation, regulation, national standards, NHS Devon Constitution context.

2. Purpose and objectives

Explain what this policy seeks to achieve e.g., meeting a regulatory or legislative requirement or how the policy will support NHS Devon in achieving its strategic objectives.

2.1 The aim of this policy is

2.2 This policy will:

- Set out clearly and succinctly what will happen or change as a result of the adoption of the policy

3. Definitions

Include in the table brief definitions of the terms contained in the policy, such as abbreviations, technical terms and acronyms. (N.B. if required, more terms can be appended in a Glossary.

Terms	Definition

4. Content – key aspects of your policy [title this section as appropriate and ensure that this is reflected in the content list]

This is the main part of the document – the bit that the reader probably wants to get to and should include all of the key aspects of how NHS Devon will deal with the particular issue which is the subject of the policy.

5. Accountabilities, duties and responsibilities

This section is to clarify the specific duties associated with the policy and where the responsibilities lie.

Chief Executive Officer	The Chief Executive Officer has ultimate accountability for the strategic direction and operational management of NHS Devon, including compliance with all legal, statutory and policy requirements.
Policy Sponsor	The Policy Sponsor is responsible for: • ensuring that policy is appropriate for consideration for approval; • endorsing this policy ahead of submission for approval; • with the Policy Lead, maintaining and updating procedures/protocols and other supporting documents for this policy; • [include any specific responsibilities in respect of this policy]
Policy Lead / Author	It is the responsibility of the Policy Lead / author to: • ensure as far as possible that the policy is in line with Department of Health and Social Care guidance, legal requirements and advice from clinical bodies; • to complete a EQIA and Implementation Plan where required • undertake a fair and proportionate consultation period with the relevant stakeholders as part of the document's development • to ensure that the policy is in alignment with NHS Devon's strategy and values • ensure that the policy is developed, approved, disseminated and monitored as set out in the document; with Policy Sponsors, maintaining and updating procedures / protocols and other supporting documents for this policy. • [include any specific responsibilities in respect of this policy]
Title of any other relevant Officer	[Set out the specific responsibility for implementation of any part of the process, clearly stating what that officer's responsibility is, including who is responsible for drafting and updating any part of the document]
Titles of any Committee	[Set out the specific responsibility for any part of the process, including reviewing the policy and receiving updates on its effectiveness and compliance]
Line Managers	Line managers have a responsibility to ensure their staff comply with NHS Devon policies and standards within their areas of responsibility.
All Staff	Employed or engaged staff have a duty to comply with NHS Devon policies and standards as outlined in their contracts of employment and codes of conduct.

6. Impact assessments

A EQIA should be completed for all new policies and where **significant amendments** are made. The NHS Devon EQIA can be found here

Confirmation that a EQIA has been completed in respect of the policy should be included, together with a brief overview of the findings and any subsequent actions.

The completed EQIA should be submitted with the policy to the Policy Sponsor for sign off with the final draft at the approval stage.

7. Implementation

7.1 All staff will be informed of the approval of the Policy via the Staff Bulletin which will provide a link to the document on the NHS Devon Intranet.

7.2 NHS Devon Senior Managers, or their designated representatives, will implement this policy by:

- Notifying all staff of its existence. New staff will be informed of this policy as part of their induction.
- Destroying all superseded paper-based versions of the policy and electronic versions retained in their area.
- Having adequate knowledge of, and / or access to, all relevant legislation in order to ensure that compliance with such legislation is maintained.
- Discussing with staff as part of their regular one-to-ones how they seek to achieve their individual objectives around policy review and maintenance.

An implementation plan should be completed for all new policies. The template can be found here. The completed implementation plan should be submitted with the policy to the Policy Sponsor with the final draft at approval stage.

If the need for training has been identified for all staff or particular groupings of staff, include an overview here. Reference should be made to who will require the training, the type of training, how it will be delivered and how often it should be undertaken.

8. Monitoring compliance and effectiveness

Explain how the policy will monitored to provide assurance as to its application and effectiveness. Areas to consider are include:

- Is the policy achieving what we said it would?
- Are we doing all of the things that we said we would?
- Is the policy making a difference?

Be realistic around the frequency and detail of the monitoring process. Specify what will be monitored, how this will be done and by whom and where this will be reported and when.

9. References

Other related policy documents

List any other NHS Devon policies which relate to the subject matter of this policy.

Legislation and statutory requirements

List any relevant legislation and statutory documentation including a link the documents referred to.

Best practice recommendations and other key guidance

List any best practice and other guidance including a link the documents referred to.

APPENDIX A – Glossary of terms

List terms/definitions used in this document, including abbreviations, technical terms, and acronyms

Terms	Definition

APPENDIX B – [insert title, which should match the title included on the contents page]