

Access to Health Records Policy

Reference Number:	This will be applied to all new ICB-wide PPSs by the Governance and Corporate Affairs Team and will be retained throughout its life span.
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Name of author and title:	Kelly Huckvale, Information Governance Officer, ICB
Name of reviewer and title:	Laura Whiteley, Corporate Governance Manager
Department:	Governance

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
November 2024	v2.0	Updated role titles Associate Director of Corporate Governance to Director of Corporate Governance, Inserted Corporate Governance Team. Amended Information Commissioners Office telephone, number, updated Corporate Governance Team email address, updated associated policies to include Information Governance Policy, formatting changes, updated retention period information, updated appeals procedure	

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1. Scope

- 1.1 This policy has been created to enable NHS Coventry and Warwickshire Integrated Care Board (“the ICB”) to comply with the Access to Health Records Act.
- 1.2 This policy is complementary to other ICB policies and should be used/read in conjunction with them.

2 Introduction

- 2.1 Coventry and Warwickshire ICB is committed to ensuring a robust process is in place for Access to health record requests for deceased persons. Applications are made under the Access to Health Records Act 1990.
- 2.2 This policy provides the right of access to the health records of deceased individuals for their personal representative and others having a claim under the estate of the deceased.
- 2.3 A request by a patient, or a request by a third party who has been authorised by the patient, for access under the UK GDPR (and DPA 2018) is called a subject access request (SAR).
- 2.4 Health records contain personal information of all relevant clinical findings, the decisions made, information given to patients, and drugs or treatment prescribed.

3 Procedure

3.1 Receiving an Access to Health Records Request

All requests should be sent to the Corporate Governance team email at icb.cwgoovernance@nhs.net where they will be logged on receipt.

The ICB can only provide records produced and owned by the organisation. These do not include acute/general hospitals, mental health, learning disability and GP records.

3.2 Patient or Relative Requests

The access request letter will be reviewed to make sure that it contains the minimum data required, as follows:

- Full name of the patient
- Full address of the patient
- Date of Birth of the patient
- 10-digit NHS number of the patient (if available)
- Signature of the patient or person representing the patient
- There must be evidence of the relationship to the deceased patient and evidence of the death
- Sufficient information to be clear as to the exact records required – this could state all records or physiotherapy records for example
- Specific dates of the records required

If this minimum data requirement is not met, the requestor will be sent the Access to Health Records Application form at Appendix 1.

3.3 **Requests by a Solicitor or Other Agency**

In addition to the information above, the request must be accompanied by signed authorisation from the patient giving their consent to release the information.

3.4 **Requests from the Police**

Duty of confidentiality extends to deceased patients, but where the police are working on behalf of the coroner's office, they are entitled to obtain copies of medical information that is relevant and necessary to their investigations.

Otherwise, the consent of the executor of the estate or the personal representative would be needed before such information could be released, unless you believe the situation justifies a breach of confidentiality (i.e. it is in the public interest).

3.5 **Requests from the Court**

- All Court Orders will come directly from the court and will have the relevant court's seal or stamp.
- The Court Order must be date stamped on receipt.
- The Court Order should be specific in its requirements. If necessary, the Access to Health Records Officer can seek clarification from the Clerk of the Court over any points of concern.
- Where appropriate, the court will be advised that all other organisations e.g. Acute/General Hospital, Mental Health and Learning Disability and GPs and Local Government, will require individual court orders.
- The Governance team will note the timescale given by the court for producing the relevant records.
- The Court Order will be accompanied by a court letter, the content of which must be followed. The Corporate Governance team will be required to serve non-redacted notes to the court/authorised Solicitor.

3.6 **Processing an Access to Health Records Request Obtaining the Records**

- Once the validity of the request has been established, the Corporate Governance team will take steps to locate the records and obtain copies.
- Legislative changes to the Data Protection Act 2018 has also amended the Access to Health Records Act 1990 which now states access to the records of deceased patients, and any copies, must be provided free of charge.
- If the request is for all healthcare records for an individual, the Governance team will liaise with the relevant healthcare professionals and service leads to ascertain which records relate to services provided directly by the ICB.
- Where specific records only are requested, the Governance team will write to the relevant healthcare professional(s) detailing which records are being requested.
- Once the records are available and forwarded to the Governance Team, the team will take copies and return original records to the relevant healthcare professional.
- The copies then need to be scrutinised by the relevant healthcare professionals to determine if any information contained therein needs to be restricted. The Arden GEM CSU Information Governance Lead can also be contacted directly for further advice/guidance.

- Copies of the redacted/restricted records(s) should then be returned to the Director of Corporate Governance and with a signed 'Clinical Consent to Release' form (Appendix 2), for release to the requestor.

3.7 Sending the Copies of Records

- Once all relevant copies of records have been provided with authority to release, the Corporate Governance team will send them to the requestor.
- In line with the Safe Haven Policy, originals of records should not be sent. If this option is being contemplated because of the volume or for any other reason, then Caldicott Guardian must be contacted for approval prior to sending.
- Copies of records will be securely sent to a named recipient.

3.8 Recording the Access Request

- The data controller must redact or block out any exempt information.
- The relevant Healthcare Professional will make a note of the pages and/or entries that have been redacted or removed and why. This is necessary in case there are any challenges by the patient or their representative to what has and has not been disclosed. It is also helpful if further request is received at a later date or by another legitimate requestor.
- The Corporate Governance team will log all access requests received on the Access to Health Records log and track the ICB's progress and response to all such requests.
- All of the data fields will be completed by the Corporate Governance Team.
- The original request, subsequent correspondence and a record of any information not disclosed should be kept in the patient's health care record.

Timescales

- The records will be sent to the recipient wherever possible within 21 calendar days.
- Where the access concerns information all of which was recorded more than 40 days before the date of application, access must be given within 40 days.
- These timescales will not be applicable in the case of Court Orders as they will stipulate the date records are required.
- The Corporate team will keep copies of the correspondence relating to the access request for 3 calendar years following completion of the request, in case of queries and subsequent access requests.
- Where there has been an appeal relating to the access request the retention period is 6 calendar years following completion of the request.

Exemptions and Data Subject Access Requests

- An individual does not have the right to access information recorded about someone else, unless they are an authorised representative, have parental responsibility, or are acting on behalf of a deceased person.

- Depending on the circumstances, exemptions may be applied and it may be that the data controller should take steps to explain to the applicant how it has applied the relevant exemption.
- The ICB is not required to respond to requests for accessing health records unless it is provided with sufficient details to enable the location of the required information and to satisfy itself as to the identity of the individual making the request.

Appeals Procedure

- (i) If the requestor believes that there is some data that the ICB has not supplied or is not satisfied with the response from the ICB, they should be advised that they will be able to seek an internal review of that decision by a senior ICB officer. An officer who was not involved with the original decision would be commissioned by the Director of Corporate Governance to undertake the internal review. The requestor will be informed of the outcome of the review in due course. Complaints regarding information that individuals consider should have been provided but was not can be made to the Director of Corporate Governance in the first instance.
- (ii) Following the internal review, if the individual still remains dissatisfied, they should be advised that they can seek an independent review from the Information Commissioner. Requests for a review by the Information Commissioner should be made in writing directly to:

The Information Commissioner
 Wycliffe House
 Water Lane
 Wilmslow
 Cheshire
 SK9 5AF

Tel: 0303 123 1113

4. Duties and Responsibilities

4.1 General Staff Responsibilities

This policy applies to full-time and part-time employees of the ICB, lay members, contracted third party organisations and individuals (including agency and Bank staff), students/trainees, secondees and other staff on placement with the ICB, and staff or partner organisations with approved access (hereafter referred to as staff).

4.2 The Board

The ICB has a duty to ensure that the requirements of the Access to Health Records Policy 1990 are upheld.

4.3 **Chief Executive**

The Chief Executive has overall responsibility for the organisation's compliance with the Access to Health Records Policy 1990 and adherence to this policy.

4.4 **Director of Corporate Governance**

As required, the Director of Corporate Governance will regularly report to the Audit Committee in relation to access to health records activities and will liaise with other senior members of ICB staff.

4.5 **Caldicott Guardian**

The Caldicott Guardian is responsible for ensuring that the ICB is compliant with the confidentiality requirements of the Access to Health Records Policy 1990.

4.6 **Corporate Governance Team**

The Corporate Governance team is responsible for processing all access to health records requests and providing regular updates to the Information Governance Steering Group and Clinical Quality and Governance Committee.

4.7 **Managers**

Managers are responsible for ensuring that information within the notes is disclosable under the requirements of the Access to Health Records Policy 1990. They must also ensure that records are provided in a timely fashion in order to meet the timescale for releasing information.

4.8 **All Staff**

All staff across the ICB have a responsibility to ensure they comply with the ICB's statutory obligation under the Access to Health Records Policy, and any policies and procedures laid down by the ICB to ensure compliance. Failure to do so may result in disciplinary action.

4.9 **Coventry and Warwickshire Information Governance Steering Group**

The Information Governance Steering Group is responsible for reviewing the process and reports into Audit Committee all aspects of access to health records within the ICB. This group reports to the ICB's Quality, Safety and Experience Committee

5. **Dissemination and Implementation**

5.1 This policy will be available to all Staff.

6. **Training**

6.1 There are no training requirements in relation to this policy; however, staff will be made aware of this policy via the Corporate Governance induction process and will have to complete the mandatory Data Security awareness training.

7. Monitoring and Compliance

- 7.1 The Quality, Safety and Experience Committee will receive regular reports regarding Access to Health Record requests.
- 7.2 The relevant health departments give detailed advice about the minimum retention periods applicable to NHS records.
- 7.3 When healthcare professionals are responsible for destroying health records, they must ensure that the method of destruction is effective and does not compromise confidentiality. Incineration, pulping, and shredding are appropriate methods of destroying manual records. Electronic data should be destroyed using appropriate data destruction software.

8. Staff Compliance Statement

- 8.1 All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB's Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

9. Equality and Diversity Statement

- 9.1 In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.
- 9.2 Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy, race, religion or belief, sex, sexual orientation. No adverse impacts have been identified.

10. Ethical Considerations

- 10.1 The ICB recognise their obligations to maintain high ethical standards across the organisations and seek to achieve this by raising awareness of potential or actual ethical issues through the Policy Procedure and Strategy consultation and approval process.

11. Definitions

11.1 Access to health Records Act 1990

The Access to Health Records Act 1990 grants rights to certain individuals to see what has been written about a deceased patient in a hospital and other health records. This only applies however to written records made on or after 1st November 1991.

Access is available to:

- The patient's personal representative.
- Any person who may have a claim arising out of the patient's death.

11.2 Subject Access Request (SAR)

A SAR is a request made by or on behalf of a living individual for the information which they are entitled to ask for under Article 15 of the UK GDPR. Please refer to the Subject Access Request policy for further information.

11.3 Health Record

A health record can be electronic and/or hard copies form. It may include such documentation as handwritten clinical notes, letters to and from other health professionals, laboratory reports, radiographs and other imaging records, printouts, photographs, videos and tape/digital recordings.

11.4 Personal information

Personal information relating to an individual includes factual information, expressions of opinion, and the intentions of the health professional in relation to the individual concerned.

11.5 Data Protection Act 2018 (DPA 2018).

An Act to make new provision for the regulation of the processing of information relating to individuals, including the obtaining, holding, use or disclosure of such information.

11.6 The General Data Protection Regulations (GDPR)

The regulation was put into effect on May 25, 2018. The GDPR sets out requirements for how organisations need to handle personal data. It is part of the wider package of reform to the data protection landscape that includes the Data Protection Act 2018 (DPA 2018).

12. References and Bibliography

- The General Data Protection Regulations (GDPR)
- Data Protection Act 2018 (DPA 2018).
- Access to Health Records Act 1990
- Caldicott Principles

13. Monitoring Compliance and Effectiveness of the Policy

13.1 The Quality, Safety and Experience Committee will oversee implementation of the policy.

13.2 The policy will be reviewed every three years. Staff will be notified of any key amendments made.

14. Further Reading

14.1 This policy should be read in conjunction with the following ICB policies :

- Subject Access Request Policy;
- Safe Haven Policy
- Information Governance Policy

APPENDIX 1 Application for Access to Health Records

Applications can be made using this form or by email containing the information needed to complete the request to icb.cwgovernance@nhs.net

Application for Access to Health Records

(Access to Health Records 1990)

1. Name of Health Professional(s) from whom records requested <i>(e.g. Doctor, Nurse, Community Dentist, Physiotherapist)</i>	
2. Address of Service <i>(e.g. Royal Leamington Rehabilitation Hospital, Bramcote Hospital,)</i>	
3. Name of the Patient whose records are to be accessed	
Surname	
Forename(s)	

Address (with postcode)	
Date of Birth	
<i>(If applicable)</i> Date of Death	
NHS Number	
4. Type of records to be accessed:	
Please say which records you wish to access (<i>e.g. In patient mental health records, learning disability services records</i>) and if relevant for what dates i.e. records made between July 05 to date)	
5. Name of the applicant	
Surname:	First Name:
Address (with postcode):	

<input type="checkbox"/>	I am a deceased patient's personal representative
<input type="checkbox"/>	I am a person who has a claim arising from the patient's death
<i>(Please tick the relevant box below)</i>	
6. Declaration by applicant:	
<p>I, _____ (<i>name</i>) declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to on page one under the terms of the Access to Health Records Act 1990.</p> <p><i>(please tick as applicable)</i></p>	
<input type="checkbox"/>	<p>I am acting for the patient and attach the patient's written authority/consent form or other proof of authority <i>i.e. for deceased patient - being Executor of the will/or where no will Letters of Administration/for child relevant birth certificate of the child</i></p>
<p>Signed: _____ Date: _____</p>	
<p><i>Please ask someone who knows you, for example an employer, work colleague or personal friend to witness your signature on this form)</i></p>	
<p>Witness' Signature: _____ Date: _____</p>	
<p>Print name: _____</p>	
<p>Address: _____</p>	
<p>Relationship to applicant: _____</p>	

APPENDIX 2 – AUTHORISATION TO RELEASE RECORDS

Director of Corporate Governance
Coventry and Warwickshire ICB

Urgent attention

A request (Under the Access to Records Act 1990) has been received for access to the records of:

Client name:

We enclose the patient's notes for your perusal and authorisation to release copies (which we will process within our department).

Before you do, please identify any information to be restricted. The restrictions only apply in the following circumstances:

- (i) the release of information is likely to cause serious harm to the patient or of any other individual.
- (ii) would identify an individual other than the patient/client who has not given permission for information to be released (other than health professionals concerned)
- (iii) in the case of a child, a patient who is incapable of managing their own affairs, or a patient who has since died, access cannot be given to information which the patient gave in the expectation that it would not be disclosed, or to information obtained as a result of any examination or investigation to which the patient consented in the expectation that information would not be disclosed.
- (iv) in the case of an applicant who has a claim arising out of the patient's death, access can only be given to that part of the records which is relevant to the claim.
- (v) where the patient has died, access cannot be given if the record includes a note made at the patient's request, that access should not be given.

Consultant/Clinician's authorisation to release copies

Signature

Name in Block Capitals

Date

Please return to above address with the attached notes. Thank you.

Appendix 3: Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

1.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Access to health Records Policy		
Project Lead:	Laura Whiteley, Corporate Governance Manager	Senior Responsible Officer:	Geoff Stokes, Interim Director of Corporate Governance
		Quality Sign Off:	N/a
Intended impact of scheme:	This policy has been created to enable NHS Coventry and Warwickshire Integrated Care Board to comply with the Access to Health Records Act. Coventry and Warwickshire ICB is committed to ensuring a robust process is in place for Access to health record requests for deceased persons. Applications are made under the Access to Health Records Act 1990.		

How will it be achieved:	As set out in this policy

Name of person completing assessment:	Laura Whiteley
Position:	Corporate Governance Manager
Date of Assessment:	19 December 2024

Quality Review by:	N/a
Position:	
Date of Review:	

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT	OUTCOME ASSESSMENT	Risk rating
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		(Please tick one)			Evidence/Comments for answers	(For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome								
	Patient experience								
	Patient safety								
	Parity of esteem								
	Safeguarding children or adults								
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life								
	Ensuring people have a positive experience of care								
	Preventing people from dying prematurely								
	Helping people recover from episodes of ill health or following injury								
	Treating and caring for people in a safe environment and protecting them from avoidable harm								

Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors								
	Access to the highest quality urgent and emergency care								
	Convenient access for everyone								
	Ensuring that citizens are fully included in all aspects of service design and change								
	Patient Choice								
	Patients are fully empowered in their own care								
	Wider primary care, provided at scale								
Access Could the proposal impact positively or negatively on any of the following:	Patient choice								
	Access								
	Integration								
Compliance with NHS Constitution	Quality of care and environment								

	Nationally approved treatment/drugs								
	Respect, consent and confidentiality								
	Informed choice and involvement								
	Complain and redress								

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

This policy has been created to enable NHS Coventry and Warwickshire Integrated Care Board to comply with the Access to Health Records Act. Coventry and Warwickshire ICB is committed to ensuring a robust process is in place for Access to health record requests for deceased persons. Applications are made under the Access to Health Records Act 1990.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Representatives of deceased patients can make Access to Health Records Requests and ICB staff will follow the processes required to comply with the requests.

Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.		Explain why further equality analysis is not required.
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If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

- The General Data protection Regulations (GDPR)
- Data Protection Act 2018 (DPA 2018).
- Access to Health Records Act 1990
- Caldicott Principles

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

N/A

Disability: A person has a disability if he/she has a physical, hearing, visual 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

N/A

Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.

N/A

Marriage and civil partnership: A person who is married or in a civil partnership.
N/A
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.
N/A
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
N/A
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.

N/A

Sex: A man or a woman

N/A

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

N/A

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

N/A

Other disadvantaged groups:

N/A

3. Human Rights		
FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	N/A
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	N/A
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	N/A
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or	N/A

	degrading way?	
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	N/A
Right to Life	Will or could it affect someone's right to life? How?	N/A
Right to Liberty	Will or could someone be deprived of their liberty? How?	N/A

4. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	Protected Characteristic/ Group/ Community	Date

N/A		
<p>For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):</p>		
<p>N/A</p>		

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

N/A

6. How will you measure how the proposal impacts health inequalities?

e.g Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities.

You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

N/A

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g disability).

Work needed	Section	When	Dare completed
N/A			

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Laura Whiteley, Corporate Governance Manager	19 December 2024
Which committee will be considering the findings and signing off the EA?	Audit Committee	January 2025
Approved by the Policy Procedure and Strategy Assurance Group.		19 December 2024

Once complete please send to the ICB's Governance Team.