



**Coventry and
Warwickshire**
Integrated Care Board

Policy, Procedure and Strategy Approval and Management Policy

Reference Number:	G/011
Version:	1.0
Name of responsible Committee and date approved or recommended to ICB Board	Audit Committee
Date approved by ICB Board or Committee	
Next Review Date:	April 2027
Expiry Date:	October 2027
Name of author and title:	Julie Seaborne, Governance Officer
Name of reviewer and title:	Laura Whiteley, Governance Manager
Department:	Governance Team

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
	1.0	New policy	

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1.0 Scope

- 1.1 This policy applies to all Coventry and Warwickshire ICB staff and other persons working within or on behalf of the ICB when developing and reviewing ICB-wide policies, procedures and strategies (PPS), which are an integral part of the ICB's overall corporate governance framework and system of internal control.

2.0 Introduction

- 2.1 Coventry and Warwickshire ICB is committed to ensuring a robust process is in place for the lifecycle management of PPSs from when the need for the record is identified, through its creation, development, approval and management to its ultimate disposal. This is to ensure staff have immediate access to reliable and up to date PPS at all times. These are managed within the Public Records Act 1958.
- 2.2 This policy is in place to ensure that the ICBs have a comprehensive process for the management of PPSs to ensure:
- A systematic approach to PPSs from creation to archival/destruction;
 - Improvements in the quality and flow of PPSs from creation to archival/destruction; and
 - An awareness of the importance of PPS management at all levels.

3.0 Details of the Policy

- 3.1 PPSs must be written in clear plain English, avoiding the use of abbreviations wherever possible.
- 3.2 Mandatory PPS templates are available in appendices 3 and 4.

3.3 PPS Consultation Process

Consultation is required for specialist input and consistency of decision making. It is the author's responsibility (in conjunction with the relevant Director at the outset) to agree key stakeholders together with relevant ICB consulting and approving committees (see Appendix 1 for Engagement and Decision Flows).

3.4 Equality and Quality Impact Assessment (EQIA)

The public sector equality duty (Equality Act (2010) places a statutory duty upon the ICB. Amongst other requirements, for eliminating unlawful discrimination, harassment and bullying, advancing equality of opportunity and fostering good relations, the ICB has to demonstrate how it assesses the positive or negative impact of any policy, strategy, guideline, or service and organisational change introduced. Currently, the ICB uses an equality impact assessment tool to do this and it should be applied to any of the functions listed above. In undertaking the equality impact assessment (EQIA) the ICB aims to minimise the risk of causing any adverse impact on any particular group and to provide services that are personal, fair and diverse for all. It is the duty of the author to complete an EQIA.

All new and reviewed PPSs must have an Equality Impact Assessment (EIA) to determine if there is an equality dimension to be addressed. Some PPS may also require a Quality Impact Assessment (QIA). For guidance on whether a QIA is required please refer to the Equality Impact Assessment Policy.

All EIAs/EQIAs must be signed by the relevant ICB Quality Lead and the Equality Lead is responsible for 'signing off' the EIA/EQIA before it is progressed for quality assessing by Policy, Procedure and Strategy Assurance Group (PAG). The EIA/EQIA must be included as an appendix to the PPS.

Please refer to the Equality Impact Assessment Policy for further information and for the associated templates.

3.5 Quality Assurance

Following review or development of a PPS by the author, a senior manager in the relevant area (the 'reviewer') should undertake a quality check of the reviewed or new PPS. The reviewer's name and title should be documented on the PPS front sheet.

The Policy, Procedure and Strategy Assurance Group (PAG) is responsible for further quality assurance of all reviewed and new PPSs. PAG will also receive requests for extension of PPSs before escalating to ICB approving committees. The membership of PAG includes the Deputy Director of Corporate Affairs, the Governance and Corporate Affairs Manager and the Governance and Corporate Affairs Officer.

A Quality Assurance Checklist for PPS to be utilised by the PAG is available in Appendix 4.

3.6 Approval Process for PPSs

Following quality assurance by PAG, the document will be submitted by the author to the appropriate group or Committee as per the PPS Engagement and Decision Flows (see Appendix 1).

A flowchart for the review / development process of a PPS is available in Appendix 2.

3.7 Expiry of PPSs

PPS will expire 6 months after the agreed review date. When PPSs reach their expiry dates without having been reviewed the author may be required to provide a report to the responsible Committee explaining the reason why it has not been reviewed.

3.8 Archiving of PPSs

Archived PPS are stored within the relevant folder on the Governance shared drive. Archived PPS will be managed in accordance with the ICB's Records Management Policy. A record of all archived PPS is held within the Document Tracker spreadsheet.

4.0 Duties / Responsibilities

4.1 The Director of Corporate Affairs is the accountable officer for this Policy.

4.2 The Director of Corporate Affairs has strategic responsibility for the management of PPSs.

4.3 The Governance and Corporate Affairs Manager has operational responsibility for the management of PPSs.

4.4 Directors are responsible for ensuring all PPSs are accurate and in date. This includes identifying an author responsible for the development and review of PPSs and for identifying the appropriate specialty group(s) the PPS should be consulted at, prior to progressing for final ICB

approval. This should include consideration of stakeholders such as Staff Forum, Boards, unions etc.

4.5 Authors are responsible for developing, reviewing and processing PPSs for consultation and progressing to the PAG for quality assurance and escalation for final ICB approval. Authors will:

- Ensure correct template and formatting is used depending on the type of document;
- Ensure the EQIA is completed;
- Ensure appropriate evidence has been used in the development of the document;
- Ensure appropriate consultations and approvals have taken place; and
- Ensure that implementation and monitoring have been sufficiently considered.

If a new or existing PPS is required to reflect a change of practice that may have training or resource implications, the author must discuss this with the appropriate Director, following which a business case may be required. Only after the business case is approved should the PPS be progressed for approval.

4.6 Reviewers are responsible for undertaking a quality check of the reviewed or new PPS. The reviewer should be a senior manager in the relevant area.

4.8 The Director of Corporate Affairs has responsibility for:

- the management process for the quality assurance and approval of PPSs;
- the recording of approved PPSs;
- maintaining master versions of all approved PPSs and archiving;
- ensuring authors receive the required templates.

4.9 ICB Managers are responsible for ensuring that they and their staff (including new starters):

- ensure they maintain up to date and accurate PPSs to comply with national legislation and guidance; and
- operate a single source of truth model, with the versions on the ICB website being the only authorised version
- notifying all staff via the Communications Team of all newly approved PPSs
- disseminating the PPSs further as necessary
- Compliance with PPSs.

4.10 The Policy, Procedure and Strategy Assurance Group (PAG) is responsible reviewing the PPS ahead of review by committee:

- Ensuring document type is correctly allocated (Policy, Procedure, Strategy);
- Reviewing the document for compliance with this policy and advising and feeding back to authors where the policy does not meet the criteria set out in this guidance.

5.0 Dissemination and Implementation

- 5.1 The author must send a full electronic copy of the document including completed details of the approval process to the Governance Team for logging.
- 5.3 Authors must communicate the approval of PPSs to relevant groups and by promoting the use of the ICB website to access the most up to date approved version.
- 5.4 Following approval, PPS will be registered on the Document Tracker spreadsheet.

6.0 Training

- 6.1 Authors must include any training needs identified (and to what timescales) within the content of the PPS. Where the training is deemed mandatory, this must be agreed with the relevant Director and approved at the appropriate Committee.
- 6.2 If there is training associated with a PPS, for example role essential training, it must be agreed by the relevant Director and the arrangements for accessing such training should be contained within the PPS.
- 6.3 No formal training is required to support this Policy.

7.0 Monitoring Compliance

- 7.1 The table included in the 'Monitoring Compliance' section of the PPS template is designed to assist authors in setting out monitoring arrangements in a way that clearly demonstrates that the monitoring requirements have been considered and addressed and for this reason, completion of the Monitoring Table is mandatory and should this not be explicit, the PPS will be returned to the author for review.

If the record of monitoring does not assure the PAG that the PPS is being complied with and/or implemented effectively, a review of the methods of monitoring may be required. Where changes to these methods are made, the PPS should be reviewed and re-presented to PAG before being escalated for ICB approval.

7.2 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual/department responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
PPSs that are approaching or past review/expiry date registered on the Document Tracker spreadsheet	Monitor PPS activity of current, under review, expired PPSs on Document Tracker spreadsheet.	Governance Team	Quarterly	PAG	PAG
Timeliness of approval from receipt of PPS by PAG to publication on ICB websites	Annual review of a sample of PPS journey from receipt by PAG to ICB approval	Governance Team	Annual	PAG	PAG

8.0 Staff Compliance Statement

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.

A copy of the ICB's Disciplinary Policy is available on the ICB website.

9.0 Equality & Diversity Statement

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.

10.0 Ethical Considerations

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 PPS consultation and approval process.

11.0 Definitions

Within the ICB, a document becomes an ICB-wide policy, procedure or strategy (PPS) when it has been through the agreed consultation, quality assurance and approval process in accordance with the ICB committee approval/reporting structure.

PPSs are those records that are intended to cover ways of working by **all staff** across **all operational functions/departments** and internal organisational boundaries.

- 11.1 **Policy:** A policy is a specific and enforceable set of principles or rules that define conduct by ICB members and employees, often outlining best practice or statutory requirements.
- 11.2 **Procedure:** A procedure stipulates the practice required and the action to be taken to implement a policy. They are usually a set of detailed step by step instructions that describe the appropriate method for carrying out tasks or activities to achieve a stated outcome to the highest possible standards and to ensure efficiency, consistency and safety.
- 11.3 **Strategy:** A strategy is a high-level, long-term plan of action, usually covering three to five years to achieve a particular goal in relation to the strategic aims of the ICB.

12.0 References and Bibliography

1. Public Records Act 1958
2. Data Protection Act 2018
3. Freedom of Information Act 2000

13.0 ICB Associated Records

Records Management Policy, September 2024

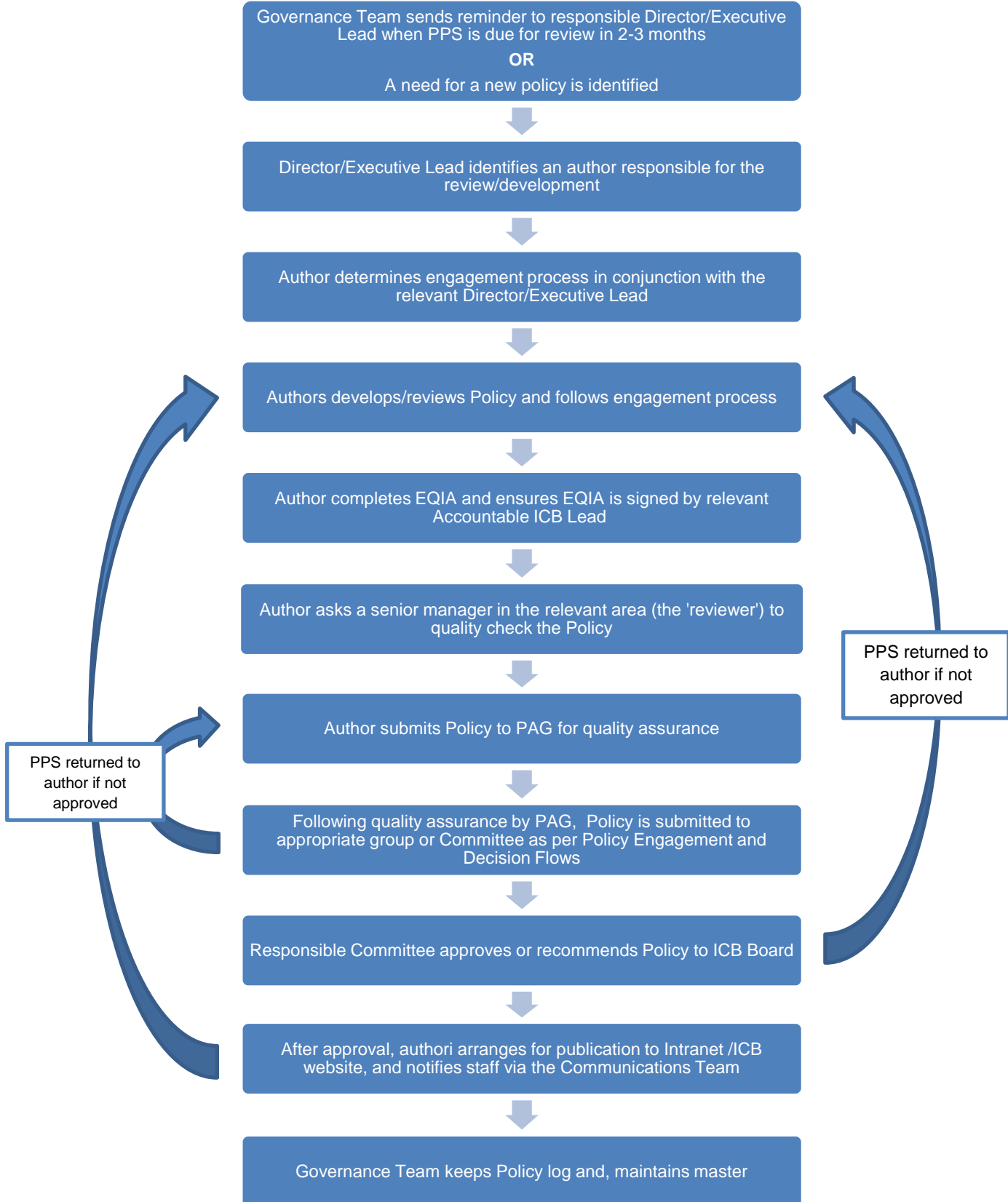
Quality Impact Assessment Policy, December 2022

Appendix 1: Policy Engagement and Decision Flows*

*This is not a mandatory or exhaustive list and it is the responsibility of the author (in conjunction with the relevant Chief Officer) to agree key stakeholders and relevant ICB consulting and approving committees.

	Information Governance Steering Group	Senior Management Team	Staff Consultation	Policy Development Group	Policy, Procedure and Strategy Assurance Group (PAG)	Quality Safety and Experience Committee	Finance and Performance Committee	Audit Committee	Strategic Commissioning, Planning and Population Health	People Committee	Integrated Care Board
HR Policies		✓ Exec Engag ement	✓ Staff engag ement		✓ Quality Assurance					✓ Approve (where considered appropriate)	✓ Approve)
Prime Financial Policies, Strategies and Plans					✓ Quality Assurance			✓ Recommend			✓ Approve
Policies to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.					✓ Quality Assurance	✓ Approve (where considered appropriate)					✓ Approve
Communication and engagement related strategies and policies.					✓ Quality Assurance	✓ Recommend					✓ Approve
Commissioning Policies				✓ Clinical engagement	✓ Quality Assurance		✓ Approve (where considered appropriate)				✓ Approve
Governance Policies	Review where appropriate	✓ Exec Engag ement			✓ Quality Assurance			✓ Approve (where considered appropriate)			✓ Approve
EPRR and Business Continuity Strategies, Policies					✓ Quality Assurance			✓ Approve			
Counter Fraud and Security related Strategies and Policies					✓ Quality Assurance			✓ Approve			

Appendix 2: Flowchart for the Review / Development of a PPS





PPS Title

Reference Number:	<i>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.</i>
Version:	<i>(to be applied by Governance and Corporate Affairs Team)</i>
Name of responsible Committee and date approved or recommended to ICB Board:	<i>(to be applied by Governance and Corporate Affairs Team)</i>
Date approved by ICB Board or Committee:	<i>(to be applied by Governance and Corporate Affairs Team)</i>
Next Review Date:	<i>(this must be applied by the Author. Record alternative date if required to meet national guidance)</i>
Expiry Date:	<i>(this must be applied by the Author and is the date that the PPS will expire if it is not reviewed. The expiry date should be 6 months after the review date. If PPSs reach their expiry dates without having been reviewed the author may be required to provide a report to the responsible Committee explaining the reason why it has not been reviewed.)</i>
Name of author and title:	<i>(the person who reviewed/developed the PPS)</i>
Name of reviewer and title:	<i>(reviewers are responsible for undertaking a quality check of the PPS. The reviewer should be a senior manager in the relevant area. The reviewer cannot be the same as the author)</i>
Department:	<i>(the department responsible for the area the PPS concerns)</i>

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
		<i>(This table must be complete or the PPS will be returned to the author)</i>	<i>(List all Consulting & Endorsing Stakeholders for this version, this can include direct consultation with individuals, Committees/Forums/Bodies/Groups)</i>

1.0 Scope

(Define the audience to whom this ICB-wide PPS applies.) (Delete upon insertion of text)

1.1

2.0 Introduction

(This section should state why the policy is being developed and must include all relevant national and local guidelines, statutory requirements or other relevant recommendations.) (Delete upon insertion of text)

2.1

3.0 Details of Policy

(Using clear sub-headings, detail the key elements of this ICB-wide PPS.) (Delete upon insertion of text)

3.1

4.0 Duties / Responsibilities

(State the expectations of staff and specific responsibilities of individual posts and committees. Ideally this should cover from 'board to ward') (Delete upon insertion of text)

4.1

5.0 Dissemination and Implementation

(Record the method/process of how the dissemination and implementation of this PPS will be executed and record all underpinning operational policies and procedures developed or to be developed to support this.) (Delete upon insertion of text)

5.1

6.0 Training

(Record all relevant training requirements including training that forms part of the ICB's mandatory training programme, the regularity of training as per the ICB's corporate training needs analysis. (Delete upon insertion of text)

6.1

7.0 Monitoring Compliance

(Record below how the implementation and effectiveness of the PPS will be monitored and details of corporate or local procedures to be developed to support this. (Delete upon insertion of text)

7.1 Monitoring Table *(Do not delete this table - Must be Completed)*

Aspect of compliance or effectiveness being monitored	Monitoring method (i.e. regular audits/reviews)	Individual/department responsible for the monitoring	Frequency of the monitoring activity (i.e. Monthly/Annually)	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed

8.0 Staff Compliance Statement *(Do not delete)*

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.

A copy of the ICB's Disciplinary Policy is available on the Intranet and ICB website.

9.0 Equality & Diversity Statement *(Do not delete)*

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.

10.0 Ethical Considerations *(Do not delete)*

The ICB recognises 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 PPS consultation and approval process.

11.0 Definitions

(List and define short-terms or acronyms used in the document. If there are none, write NONE.) (Delete upon insertion of text)

11.1

12.0 References and Bibliography

Record referenced sources of evidence that underpin this procedural document e.g. statute, NHS, other relevant guidance, information or a professional body and insert bibliography where relevant.) (Delete upon insertion of text)

12.1

13.0 ICB Associated Records

(List all associated strategies, policies and procedures) (Delete upon insertion of text)

13.1

Appendices

Appendix 4: Commissioning PPS Template

Commissioning Policy Title

Reference Number:	
Version:	V*
Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee
Date approved by the Integrated Care Board (if applicable):	
Next Review Date:	+ 2.5 years
Expiry Date:	+ 3 years
Name of author and title:	
Name of reviewer and title:	
Department:	Medical Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.

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1. Category: Prior Approval/Not commissioned/Threshold

(delete above as appropriate)

Prior approval from the Integrated Care Board (ICB) will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity relating to the approach [INSERT TREATMENT] by the Integrated Care Board (ICB).

The policy reflects the relative lack of high-quality research data available to support the use of these treatments.

Threshold procedures and therapies are those in which a clinical threshold has been set which needs to be met before funding will be made available for treatment.

Where the threshold criteria for a procedure or treatment has not been met, an application can be made to the Individual Funding Request Panel if there are clinically exceptional circumstances.

(delete above as appropriate)

2. Background

3. Indication

4. Eligibility Criteria/ Commissioning position

(delete above as appropriate)

For patients who **DO NOT** meet the eligibility criteria, the ICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to the ICB. (delete for 'not commissioned policies')

5. Guidance/References

(delete above as appropriate)

Appendix 5: Policy, Procedure and Strategy Assurance Group (PAG) Quality Assurance Checklist for PPS prior to being escalated for ICB approval

This Checklist is to be completed for **all** PPSs being presented to PAG for quality assurance.

Full Title of PPS:					
New <i>(Version 1.0 and new reference id to be applied)</i>	Reviewed <i>(Original Reference id to be retained)</i>	Extension <i>(Original id to be retained)</i>	Complete Re-write <i>(Original Reference id to be applied unless PPS Title and/or 'type' has changed)</i>		
<i>(Please tick if appropriate)</i>	<i>(Please tick if appropriate)</i>	<i>(Please tick if appropriate)</i>	<i>(Please tick if appropriate)</i>		
Date of PAG:					
Members Present:					
Apologies:					
	Quality Assurance Standard	Yes/No	Identify Page Number	Verified by PAG Yes/No	If 'No' Record reason why and action to be Taken
1.	Title & Structure				
	Is the PPS in the correct template?				
	Is the title clear and unambiguous?				
	Is it clear whether the PPS is a strategy, policy or procedure?				
	Is the footer clear and includes page numbers and title etc.				
	Is the Contents Page complete				
	Does the PPS include all mandatory statements? 1. Scope				

	Quality Assurance Standard	Yes/No	Identify Page Number	Verified by PAG Yes/No	If 'No' Record reason why and action to be Taken
	2. Introduction 3. Statement of Intent 4. Definitions 5. Duties/Responsibilities 6. Details of Policy 7. Dissemination & Implementation 8. Training 9. Monitoring Compliance & Table 10. Staff Compliance Statement 11. Equality & Diversity Statement 12. References & Bibliography 13. Associated PPSs				
2.	Equality and Quality Impact Assessment				
	Has an Equality and Quality Impact Assessment (EQIA) been signed off by the Diversity Manager?				
3.	Rationale				
	Is the introduction of the policy clear and concise?				
4.	Development Process				
	Has this PPS been 'signed off' by the relevant Chief Officer?				
	Are duties and responsibilities evident within the PPS?				
5.	Content				
	Is the statement of intent clear for this PPS?				
	Is the target population clear and unambiguous?				
	Are the details of the policy clear and explicit?				
6.	Evidence Summary				

	Quality Assurance Standard	Yes/No	Identify Page Number	Verified by PAG Yes/No	If 'No' Record reason why and action to be Taken
	Are key references cited?				
	Are the references cited in full?				
	Are organisational supporting PPS referenced?				
	For completion at PAG				
7.	Consultation with stakeholders				
	Is there sufficient evidence of consultation with stakeholders and/or users?				
	Does the ICB-wide PPS record all / list in full which ICB committee/group/forums have formed part of the consultation process?				
	If appropriate, have staff been consulted?				
8.	Dissemination and Implementation				
	Is there an outline/plan to identify how this will be done?				
	Does the plan include the necessary training/support to ensure compliance?				
9.	ICB-wide PPS Control				
	Have archiving arrangements for superseded/re-written PPS been highlighted?				
10.	Process for Monitoring Compliance				
	Are there measurable standards or KPIs to support monitoring compliance of the PPS?				
	Is there a plan to review or audit compliance with the PPS?				
11.	Review and Expiry Dates				
	Are the review and the expiry date identified?				

	Quality Assurance Standard	Yes/No	Identify Page Number	Verified by PAG Yes/No	If 'No' Record reason why and action to be Taken
12.	Request for Extension to Review Date				
	Is the original review date stated correctly?				
	Is the extension request for: 3 months after original review date? 6 months after original review date?				
PAG Approval					
	Does this PPS meet the quality standards required:	Yes		Author to be informed and PPS to be progressed for approval by <i>(state ICB approving body)</i> :	
		No		PPS to be returned to author and re-presented to PAG by <i>(state date agreed by Chairperson)</i> :	
Record reasons why this PPS has not been approved by PAG:					
1.					
2.					
3.					
4.					
5.					
Signature of PAG:				Date signed off:	

Appendix 6: Equality Impact Assessment



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

Scheme Title:	Policy Procedure and Strategy Approval and Management Policy		
Project Lead:	Laura Whiteley, Governance and Corporate Affairs Manager	Senior Responsible Officer:	Andy Wilkins
		Quality Sign Off:	n/a – policy does not require quality review
Intended impact of scheme:	To provide a fair, equitable and transparent process for all policies of the NHS Coventry and Warwickshire Integrated Care Board (ICB).		
How will it be achieved:	Through the process detailed in this document.		

Name of person completing assessment:	Julie Seaborne
--	----------------

Position:	Governance Officer
Date of Assessment:	1 March 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 (Please tick one)			Evidence/Comments for answers	Risk rating (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								
	Enhancing quality of life								

NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:									
	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?
To provide a fair, equitable process for all policies of the NHS Coventry and Warwickshire Integrated Care Board.

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

Is a full Equality Analysis Required for this project?			
Yes ✓	Proceed to complete this form.	No	Explain why further equality analysis is not required.
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.
<ol style="list-style-type: none"> 1. Public Records Act 1958 2. Data Protection Act 1998 3. Freedom of Information Act 2000

2. Impact and Evidence:	
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.	
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 degrading way?	N/A
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	N/A	N/A
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):		
N/A		

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

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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.

Requests will be managed on a prior approval basis by the IFR team, activity is monitored through Acute Contracting/Business Intelligence who will monitor the activity and review as appropriate.

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	N/A	N/A	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	05/03/2024
Which committee will be considering the findings and signing off the EA?	Audit Committee	Tbc – 12/03/2024
Approved by the Policy Procedure and Strategy Assurance Group.		Tbc – 07/03/2024

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