

## Integrated Care Board

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| <b>Date of meeting</b> | 2 November 2022  |
| <b>Title of paper</b>  | Policies and Procedures Assurance Update                             |
| <b>Presented by</b>    | Sam Proffitt, Chief Finance Officer                                  |
| <b>Author</b>          | Debra Atkinson, Company Secretary / Director of Corporate Governance |
| <b>Agenda item</b>     | 11   |
| <b>Confidential</b>    | No   |

|  |             |                 |            |                 |
|--|-------------|-----------------|------------|-----------------|
| <b>Purpose of the paper</b>  |             |                 |            |                 |
| To provide an update and assurance on the progress of the policy management programme of work, further to the policies adopted by the Integrated Care Board at its establishment on 1 July 2022.   |             |                 |            |                 |
| <b>Executive summary</b>   |             |                 |            |                 |
| This paper aims to provide assurance to the Board on the progress made in the review, alignment and approval of policies and procedures since the last update to the Board on 1 July 2022. It provides a progress update on guidance, processes and oversight that are now in place, supported by a prioritisation plan to manage the ratification of existing and new policies and to enable effective management and review of all policies going forward. |             |                 |            |                 |
| <b>Recommendations</b>   |             |                 |            |                 |
| The Board is requested to: <ul style="list-style-type: none"> <li>• <b>Note</b> the contents of the report</li> <li>• <b>Note</b> the progress made in relation to policy development and management</li> <li>• <b>Note</b> the framework to continue development and reviews of policies.</li> </ul>  |             |                 |            |                 |
| <b>Governance and reporting</b> (list other forums that have discussed this paper)   |             |                 |            |                 |
| <b>Meeting</b>   | <b>Date</b> | <b>Outcomes</b> |            |                 |
|  |             |                 |            |                 |
| <b>Conflicts of interest identified</b>  |             |                 |            |                 |
| Not Applicable   |             |                 |            |                 |
| <b>Implications</b>  |             |                 |            |                 |
| (If yes, please provide a brief risk description and reference number)   | <b>Yes</b>  | <b>No</b>       | <b>N/A</b> | <b>Comments</b> |
| Quality impact assessment completed  |             |                 | n/a        |                 |
| Equality impact assessment completed   |             |                 | n/a        |                 |

|   |  |  |     |  |
|---|--|--|-----|--|
| Data privacy impact assessment completed                |  |  | n/a |  |
| Financial impact assessment completed                   |  |  | n/a |  |
| Associated risks  |  |  | n/a |  |
| Are associated risks detailed on the ICB Risk Register? |  |  | n/a |  |

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| <b>Report authorised by:</b> | Sam Proffitt, Chief Finance Officer |
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# Integrated Care Board - 2 November 2022

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## Policies and Procedures Assurance Update

### 1. Introduction

- 1.1 This paper provides an update to the Board on the progress made to date in the review, alignment and approval of organisational policies and procedures since the last update to the Board on 1 July 2022.
- 1.2 It provides an update on guidance, processes and oversight that are now in place, supported by a prioritisation plan to manage the review and ratification of existing and new policies and to enable effective management and review of all policies going forward.
- 1.3 A designated lead and support team has been identified within the Corporate Governance Function to develop and embed a clear system for the development, review and implementation of procedural documents, and ensure oversight of a comprehensive policy register for the organisation.

### 2. Policy for the Development and Management of Policy, Procedures and Guidance Documents

- 2.1 A Policy for the Development and Management of Policy, Procedures and Guidance Documents ('Policy for Policies') was ratified by the Executive Management Group in September 2022.
- 2.2 This policy sets out:
  - Lancashire and South Cumbria (LSC) Integrated Care Board's (ICB) definitions of policy, procedure, protocol and guidelines
  - The required style and format of policy and guidance documents
  - Clear roles and responsibilities
  - The engagement process
  - Requirements for undertaking an Equality Impact Assessment (EIA)
  - The process for the development, approval and ratification and dissemination of policy documents.
- 2.3 This policy enables the organisation to manage and control the development of ICB policies and procedures and ensure consistent standards. It is an integral element of a systematic and planned approach to the development of policies and their associated guidance documents for the ICB.

### **3. Policy Register**

- 3.1 A central policy register has been developed which will ensure corporate oversight of all policies within the organisation. It will be held within the corporate function and will assist in ensuring policies are quality assured against the criteria of the Policy for the Development and Management of Policy, Procedures and Guidance Documents, and that when presented for final approval it meets ICB's requirements.
- 3.2 The register also includes all review by dates and policy owners will be prompted to review all policies in a timely manner.

### **4. Decision-making Committees**

- 4.1 To manage the formal review and approval process, and aligned to the ICB's Scheme of Reservation and Delegation (SoRD) it has been agreed which committee/groups are accountable for the policy types as detailed at **Appendix A**.

### **5. Policy Working Groups**

- 5.1 A number of policies working groups that have been established with responsibility for writing, reviewing and updating existing and new policies on behalf of the ICB within their area of specialty:

#### **5.2 Corporate Policy Working Group**

- 5.2.1 The group meets weekly with attendance of the Senior Corporate Business Manager, Corporate Project Manager, Corporate Administrative Support and the Director of Corporate Governance when required. The group is responsible for the monitoring and management of the overall programme of work and quality assuring draft policies.

#### **5.3 Clinical Policy Development and Implementation Working Group**

- 5.3.1 The ICB Quality Committee is responsible for the formal ratification of Clinical, Medicines Management, Quality & Safeguarding, Continuing Health Care (CHC) and Special Educational Needs & Disability (SEND) policies.
- 5.3.2 To support this, a Commissioning Policy Development and Implementation Working Group (CPDIG) is being established; the group will be accountable to the Quality Committee with responsibility for the review and update of existing and new clinical commissioning policies (known as Policies of Limited Clinical Priority/Value and including NHS England/Improvement Evidence Based Interventions) on behalf of the ICB and for monitoring the impact of new or reviewed policies, compliance with commissioned policies

and, for identifying and targeting improvement initiatives in collaboration with wider LSC ICB programme of work as necessary.

5.3.3 The Terms of Reference are currently in development however, it is proposed that the group meets bi-monthly with membership consisting of senior commissioning, clinical and provider collaborative representatives; the group will make recommendations to the Quality Committee on all policy reviews, as well as providing regular updates on the wider work of the group as outlined above.

#### 5.4 **Pharmacy and Medicines Policies Task and Finish Group (PMTFG)**

5.4.1 The PMTFG has been formed to undertake a rapid review of a suite of medicines and pharmacy policies that have been recently updated in order to align policies across Lancashire and South Cumbria (LSC).

5.4.2 The Group agree approval, adoption, and implementation of those policies in a timely manner to ensure equity of access and consistency across LSC.

5.4.3 The Group is chaired by the ICB Medical Director and will be stood down once all recently updated policies have been reviewed.

5.4.4 The **LSC Medicines Management Group (LSCMMG)** is a well-established group that was formed to provide a platform for the consensus decision-making process for the legacy 8 CCGs for the use of medicines across the LSC footprint. This group continues to operate in its current form, and its TOR will be reviewed to ensure alignment with the ICB governance arrangements and the work of the Quality Committee.

#### 5.5 **Safeguarding Policy Group**

5.5.1 The LSC ICB safeguarding policy review group is a working group of the LSC ICB Safeguarding/ICB Designated Nurses/ Professional Network.

5.5.2 The role of the group is to coordinate the review of policies and procedures on behalf of the Safeguarding ICB Designated Nurses/ Professional Network. Policies and procedures developed will be in line with statutory, national and local guidance.

5.5.3 The full suite of safeguarding policies is currently being finalised in readiness for review under the safeguarding governance arrangements of the group prior to submission to the Quality Committee in October for final ratification.

#### 5.6 **Finance Policies**

5.6.1 There has been a review of current financial policies that align with the ICB and work is underway to progress these in readiness for ratification at the

Board meeting in December.

## **6. Communications**

- 6.1 The ICB has a dedicated webpage for access to all public facing policies and an intranet page for policies applicable only to ICB employees. As policies are reviewed and refined, they will be presented to either the Board or relevant sub-committee and once approved, will be made available on the intranet/internet as applicable.
- 6.2 Updates will be provided to staff via the weekly newsletters on recent policy updates with links to the intranet/internet as appropriate.

## **7. Conclusion**

- 7.1 Clearly defined policies, procedures and policy working groups are now in place, with clear lines for ratification and a defined plan for review and ratification of existing and new policies that provide assurance to Board that policy management within the organisation is effective and robust.
- 7.2 Work will continue to progress against a prioritisation plan of those policies yet due for review and ratification, and to manage and monitor existing and new policies going forward.

## **8. Recommendations**

- 8.1 The Board is requested to:
- **Note** the contents of the report
  - **Note** the progress made in relation to policy development and management
  - **Note** the framework to continue development and reviews of policies.

**Debra Atkinson**

**22 October 2022**

## Appendix A

### Decision Making Committees

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| <b>Board</b> <ul style="list-style-type: none"><li>•Financial</li><li>•EPRR/Business Continuity</li></ul>   |
| <b>Quality Committee</b> <ul style="list-style-type: none"><li>•Clinical Commissioning</li><li>•Medicines Management</li><li>•Quality and Safeguarding</li><li>•Special Education Needs and Disabilities (SEND)</li></ul> |
| <b>Remuneration Committee</b> <ul style="list-style-type: none"><li>•Human Resources</li></ul>  |
| <b>Audit Committee (and then Board where appropriate)</b> <ul style="list-style-type: none"><li>•Anti-Fraud</li><li>•Risk management</li><li>•Information Governance</li><li>•Conflicts of interest</li></ul>             |
| <b>Executive Management Group</b> <ul style="list-style-type: none"><li>•Corporate, Estates and Finance</li></ul>   |