NHS Cornwall and Isles of Scilly

NHS Devon

Joint Policy on the Development & Management of Procedural Documents

NHS Devon
NHS Cornwall and Isles of Scilly

Document Reference	Policy on the Development & Management of Procedural Documents
Version	V1
Senior Responsible Officer	Company Secretary
Author/s	Head of Corporate Governance
Approved by	NHS Devon Integrated Care Board NHS Cornwall and Isles of Scilly Integrated Care Board
Date Approved	28 May 2026
Date Issued	1 June 2026
Date of next Review	31 March 2027

Equality, diversity and inclusion statement

NHS Devon and NHS Cornwall and Isles of Scilly are committed to promoting equal opportunities, addressing health inequalities, and fostering good relations between people protected under the Equality Act 2010, the Health and Social Care Act 2012, and Human Rights legislation. We are equally committed to eliminating 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):

Policy Summary

Summary & Key Aims	Target Audience
This Policy sets out the process for developing and reviewing all procedural documents. The Policy aims to support staff in developing or reviewing documentation to determine whether it constitutes a Policy. Where there is a requirement to develop or review a Policy document, the key actions and approval pathway are set out in this Policy.	ALL staff who are involved in the writing, review, approval, implementation, and monitoring of procedural documentation on behalf of NHS Devon/ NHS Cornwall & Isles of Scilly ICBs. Members/groups who are responsible for approving procedural documents.
Key Requirements	**Previous Policy Names**
Formal consultation is required during the development of all strategic documents and certain policies. Relevant Impact Assessments must be completed for Policies. The staff partnership committee must consider all policies that affect employees' working lives.	This Policy supersedes the individual policies of NHS Cornwall and Isles of Scilly and NHS Devon of the same name.
Risks to the ICB if the policy isn't followed	**What could happen if staff don't follow the policy**
The key risks may include: Non-compliance with statutory and regulatory requirements, such as the Health and Care Act 2022. Increased exposure to risk if procedural documents are not properly ratified or monitored, as they can have corporate implications and pose risks to the ICB. Inconsistent or unclear governance, which may lead to confusion or gaps in accountability, especially if delegation of policy development is not clearly defined or followed.	The Author may experience delays in obtaining approval because procedural documents that do not comply with this policy will be returned to the Author for revision.

Table of Contents

1. **Introduction** 5
2. **Purpose** 5
3. **Scope** 6
4. **Definitions** 6
5. **Developing a New Document** 7
6. **Review and Refresh of Existing Documents** 8
7. **Consultation** 9
8. **Approval Process** 9
9. **Accountabilities and Responsibilities** 10
10. **Impact assessments** 11
11. **Accessibility Standards** 12
12. **Implementation** 12
13. **Monitoring compliance and effectiveness** 13
14. **Approval and Review** 13
15. **References** 13

1. Introduction

1.1. The effective management of policies and other procedural documents is a core component of good governance. This includes the development, approval, implementation, and review.

1.2. The effective control, management, review and monitoring of procedural documents contribute to the assurance of:

- Safe Operations
- Risk Reduction
- Staff awareness of current practice
- Good Governance
- Delivery of high-quality patient care
- Effective Quality Control
- Transparency for Stakeholders

1.3. The environment in which NHS Devon and NHS Cornwall and Isles of Scilly Integrated Care Boards (ICBs) operate is constantly changing, and the organisation must be able to respond to challenges from both external and internal sources.

2. Purpose

2.1. The purpose of this policy is to ensure a well-structured, systematic approach to the development, approval, implementation, review and monitoring of all procedural documents in use across NHS Devon and NHS Cornwall and Isles of Scilly.

2.2. This policy is designed to:

- Ensure that NHS Devon and NHS Cornwall and Isles of Scilly comply with the Health and Care Act 2022 and other relevant legislation and national standards in developing and reviewing its procedural documents.
- Outline the standards relating to content, structure, approval and monitoring of policies.
- Set out the requirements for the development and approval of all NHS Devon and NHS Cornwall and Isles of Scilly procedural documents.
- Establish the requirements for regular reporting and provision of assurance about the efficacy and effectiveness of the NHS Devon and NHS Cornwall and Isles of Scilly policy framework.

3. Scope

3.1. This policy applies to all staff, including Board Members, involved in policy-making processes, whether permanent, temporary, or contracted for services (either as individuals or through third-party suppliers).

3.2. The scope of this policy includes the development, approval, implementation, review, publication and compliance monitoring of procedural documents.

4. Definitions

4.1. "*Procedural Documents*" is a collective term relating to any of the following documents in the hierarchy set out below:

Figure 1: Procedural Document Hierarchy

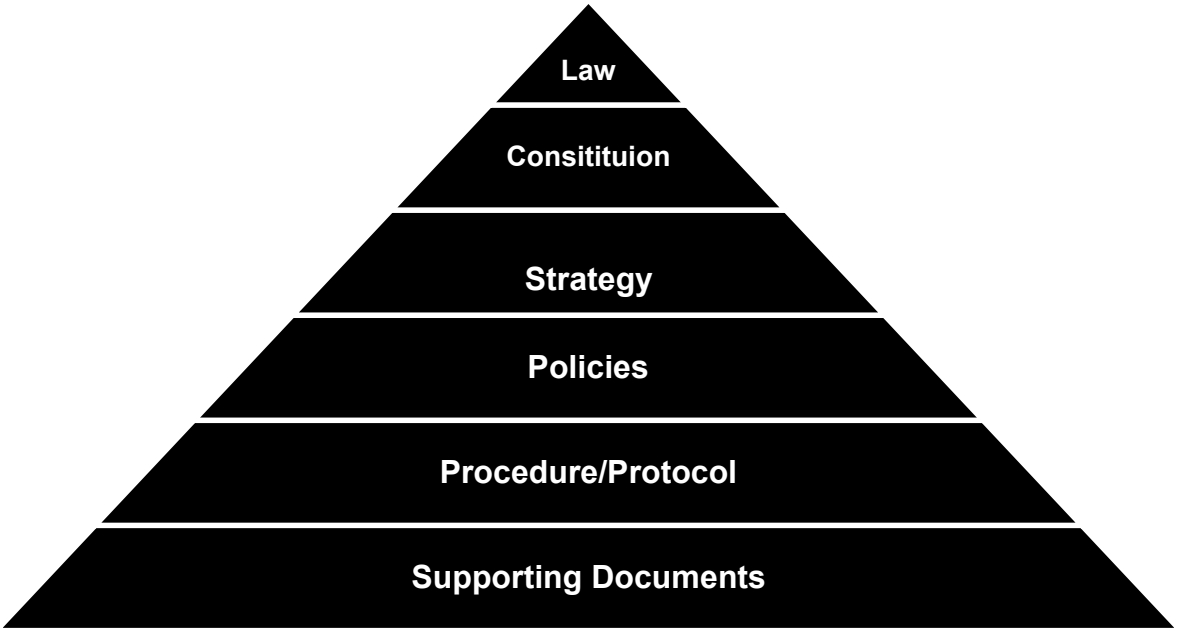


Table 1: Definitions

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 governing health and care in the UK. Regulations are secondary to statutes, as they are made under the authority granted by a statute. The Health and Social Care Act 2008

Terms	Definition
	(Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009 are examples of regulations.
Constitution	The NHS Devon and NHS Cornwall and Isles of Scilly Constitutions outline how they will comply with their statutory duties under the Health and Care Act 2022 and associated regulations.
Strategy	A high-level, long-term plan of action, covering 3 to 5 years, to achieve a particular goal in relation to the strategic aims of the organisation. For example, a commissioning or financial strategy.
Policy	A policy is a statement that represents a definite course of action adopted by the ICB. Enabling consistently and effectively decision-making and actions, in line with relevant legislation, guidance and good practice.
Procedure/Protocol Standard Operating Procedure /	A procedure or protocol defines the mandatory steps required to achieve policy compliance. A Standard Operating Procedure (SOP) is an agreed set of instructions for performing a particular task.
Supporting Documents	Describes the steps that are taken by individual teams in support of relevant procedures. These steps may be used once or multiple times. This can include Guidelines, Forms, Handbooks, and Manuals that provide general advice while allowing for local discretion.

5. Developing a New Document

5.1. NHS Devon and NHS Cornwall and Isles of Scilly will identify the need to develop new procedural documents in line with the organisation's priorities, including national guidance, legislation, organisational changes, service requirements, and evidence-based practice, informed by the latest research, audit findings, national inquiries, and serious investigation reports.

5.2. The author should ensure that relevant expertise and advice are sought where necessary. Any proposals for a new procedural document should be discussed with the Corporate Governance team to determine whether a document already exists and which legislation, regulations, and standards apply. The Corporate Governance team will advise Authors on the requirements of this policy and on the relevant approval routes for proposed procedural documents (see section 8 below).

5.3. All policies must be compliant with current legal and statutory requirements that are relevant to their development. There must also be compliance with NHS policies/guidance, this policy and the NHS Devon and NHS Cornwall and Isles of Scilly standard policy template (including the standard style and format as outlined in the Standard Operating Procedure).

6. Review and Refresh of Existing Documents

6.1. All approved strategies and policies will be published on the NHS Devon and NHS Cornwall and Isles of Scilly public website, intranet, or the internet. Any strategy or policy available on the intranet should be regarded as the current version and the one that NHS Devon and NHS Cornwall and Isles of Scilly adheres to, even if the review date has passed. An expired date does not automatically mean that the strategy or policy has been replaced.

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

6.3. All procedural documents should be reviewed at least every three years or annually if required. However, a review may take place earlier if new evidence becomes available that necessitates it, e.g., changes in legislation or working practices.

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

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 7) does not apply. Similarly, appendices can be reviewed, revised, or replaced at any time without requiring consultation, as outlined below.

6.6. Proposed minor updates to strategies or policies may proceed for approval via the relevant approval route (see section 8 below) once the relevant impact assessments and implementation plans have been completed.

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

6.8. If an author is unsure whether the proposed changes to a procedural document constitute a significant change to current practice, they should consult the Corporate Governance team for advice.

7. Consultation

7.1. Strategies outlined in section 3 and, where applicable, section 14Z45 of the NHS Act 2006, generally require consultation or engagement before approval. Some, like the joint forward plan, have specific legislative consultation rules (see 14Z54). A few policies also mandate formal consultation.

7.2. NHS Devon and NHS Cornwall and Isles of Scilly commit to full Staff Partnership consultation for their people-related policies, which should always involve the Staff Partnership Forum before approval.

7.3. Minor adjustments to strategies and policies don't need a consultation period, and approval isn't dependent on consulting protocols or supporting documents, though it's recommended.

8. Approval Process

8.1. Once any consultation is complete and any appropriate amendments have been made, the document may proceed to the approval stage. It is the responsibility of the author, or their nominated representative, to take a policy or similar document through to ratification, including seeking director endorsement where required.

8.2. In the absence of a designated Chief Officer to approve a policy, it may be approved by the nominated deputy during that period of absence. Policies can only be approved by the Chief Officers or, in their absence, their nominated deputy.

8.3. When submitting a policy or similar document for chief officer approval, authors should include all relevant, complete impact assessments, ensure they have carried out suitable consultation and provide a summary of the consultation responses received on the cover report.

Table 1: Sets out the formal part of the corporate governance process for the approval of procedural documents:

Procedural Document	Review	Approval
Strategy/Long-term Plan	Executive endorsement before onward submission to the Board for ratification.	South West Peninsula Board
Policies	**New policies** – Relevant Chief Officer	South West Peninsula Executive Committee
	Existing high-risk or high-impact policies other than core corporate governance and finance policies - Relevant Chief Officer	South West Peninsula Executive Committee
	Remaining existing policies - Relevant Chief Officer, with the consultation of at least one other Chief Officer	Chief Officer
Procedure/protocol	N/A	Senior Leadership Team member with responsibility for the relevant policy area.
Report	N/A	All reports for Board Assurance Committee or Board meetings, as well as system-level meetings, shall be approved by the appropriate Chief Officer before submission for inclusion in agenda packs.
Guidelines (guidance notes)	Organisation-wide Team level	Chief Officer ratification Deputy director ratification

9. Accountabilities and Responsibilities

9.1. The following provides an overview of the duties of individuals and teams, including the levels of responsibility for developing policy and procedural documents.

The Board	is responsible for setting the strategic context for developing operational policies.
The Chief Executive	Has overall responsibility for the strategic and operational management of the ICB, including ensuring that the organisation's operational policies comply with all legal, statutory and good practice requirements.
Chief Officers	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 ahead of submission for approval.

Corporate Governance Team	Will maintain a Policy Register to prevent partial or complete duplication of any other approved strategy or policy in operation. Arranging for the relevant committee of the Board to be informed when an operational policy has been reviewed and updated. Ensuring obsolete versions of the ICB's operational policies are archived and retained for the life of the organisation.
Comms Team	Ensuring operational policies are uploaded to the staff intranet and/or the ICB website, where relevant. Including a list of newly developed and recently reviewed operational policies in the Staff Briefing email.
People Team	Are responsible for ensuring appropriate consultation with staff-side representatives for all Human Resources policies.
Line Managers	Ensure they know and understand all those policies and procedural documents relevant to their roles. Ensure all their staff comply with relevant policies and procedures and take corrective action for non-compliance in accordance with the ICB's capability and disciplinary policies.
All Staff	Ensure they know and understand all those policies and procedural documents relevant to their roles. All individuals must adhere to applicable policies and procedures. If non-compliance occurs, line managers may take corrective action as necessary, in line with the ICB's capability and disciplinary policies.

10. Impact assessments

10.1. The Equality Act 2010 includes a general legal duty to:

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

10.2. NHS Devon and NHS Cornwall and Isles of Scilly must demonstrate due regard to the general duty. This means active consideration of equality must influence the decision/s reached that will impact on patients, carers, communities and staff.

10.3. An Equality Impact Assessment (EIA) and a Quality Impact Assessment (QIA) should be completed for every policy and in accordance with the ICB's

EIA and QIA toolkits. The EIA is a way of systematically analysing a new or changing policy, strategy, process, etc. to identify what effect, or likely effect, it could have on 'protected groups'. Potential adverse impacts on any protected group identified through the EIA/QIA will be monitored as part of routine compliance monitoring.

10.4. The General Data Protection Regulation (GDPR) / Data Protection Act 2018 require a Data Protection Impact Assessment for any processing likely to result in a high risk to individuals.

10.5. Consideration should be given to any impact the policy may have on individual privacy; please consult the Data Protection Officer.

10.6. All completed impact assessments must be shared with the Chief Officer for sign-off on the procedural document before seeking final approval. Procedural documents without an EIA or a QIA will not be accepted for recommendation/approval.

11. Accessibility Standards

11.1. NHS Devon and NHS Cornwall and Isles of Scilly expect documents to meet the relevant accessibility standards in force at the time of ratification. These standards ensure that we meet our obligations to make content and design clear and simple. This means as many people as possible can use it.

12. Implementation

12.1. All policies and procedures are accessible online through the NHS Devon and NHS Cornwall and Isles of Scilly intranet and/or public website. Newly uploaded policies and procedures are highlighted in the latest documents section on the intranet to inform and guide staff to their publication and availability.

12.2. All staff will be notified of the policy's approval through the Staff Bulletin, which will include a link to the document on the NHS Devon and NHS Cornwall and Isles of Scilly Intranet.

12.3. Departmental managers, team leaders, and professional leads are responsible for ensuring that a system is in place within their respective areas to ensure their staff are aware of, have read, and understand relevant new and revised policies.

13. Monitoring compliance and effectiveness

13.1. Each procedural document must set out suitable arrangements for monitoring compliance with its requirements.

13.2. Procedural documents that are not policies or ICB-wide will be maintained and managed by their Author/team. It is the Authors' and teams' responsibility to ensure documents are kept up to date. Where practicable, the Corporate Governance team may conduct periodic audits of the document library and issue reminders to authors of out-of-date procedural documents.

13.3. The Corporate Governance team will provide the NHS Devon and NHS Cornwall and Isles of Scilly Audit and Risk Committees meeting in common with a quarterly report detailing all new policies and procedures that have been ratified and uploaded to the intranet, as well as any overdue documents and those due for review in the next quarter.

13.4. Internal Audit may be commissioned to undertake periodic reviews of procedural documents, other than policies, to test their compliance. All procedural documents that operate in NHS Devon and NHS Cornwall and Isles of Scilly may be in scope for compliance and assurance testing and reporting by the internal audit teams. The Audit and Risk Committees meeting in common will consider the findings from any audits.

14. Approval and Review

14.1. The approval route for the Policy will be via the NHS Devon and NHS Cornwall and Isles of Scilly Integrated Care Boards.

14.2. This policy will be reviewed every year, or more frequently if required, to ensure it remains current and relevant, and reflects the strategic aims, objectives, organisational structures, and responsibilities of NHS Devon and NHS Cornwall and Isles of Scilly.

15. References

15.1. This Policy doesn’t sit in isolation and should be read in conjunction with the following:

- The Standard Operating Procedure for the Development and Management of Procedural Documents
- Freedom of Information Policy

- Equality and Diversity Policy
- Accessibility Policy