

MANAGEMENT OF POLICIES, PROCEDURES AND OTHER WRITTEN CONTROL DOCUMENTS

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Scope:	All PtHB employees

To ensure that you are always using the latest version please refer to the online issue.

Disclaimer

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board

Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Oct 2003
2	Reviewed following change from Trust to Local Health Board	Jan 2004
3	Reviewed and updated following Organisational changes	Jun 2009
4	Reviewed and further minor updates made following departmental changes	Aug 2010
5	Interim adjustments pending confirmation of organisation restructure	Aug 2013
6	Full review and update undertaken to meet Internal Audit recommendations and organisational restructure. Clarification of responsibilities and approval routes.	Dec 2014
7	Recoded CGP 004 (Previously CP 012)	Dec 2017

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Engagement & Consultation

Key Individuals/Groups Involved in developing this document

Role / Designation
Corporate Governance Manager
Corporate Governance Executive Assistant

Circulated to the following for consultation

Date	Role / Designation
12/01/15	Circulated the all PtHB Heads/ Leads or Managers of Departments and Services and to any additional key staff identified during the scoping session undertaken during the review of this policy.
01/04/15	Circulated to Internal Audit.
01/04/15	Agreed by Executive Team

Evidence Base

Please list any National Guidelines, Legislation or Standards for Health Services in Wales relating to this subject area?

This Policy has taken into consideration all national guidance and legislation.

This Policy takes account of the Standards for Health Services in Wales and underpins Standard 1 Governance and Accountability.

Impact Assessment Summary

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					<p>This document been developed to support PtHB employees in the development and implementation of policies, procedures and other written control documents. It has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender, sexual orientation, race, religion / belief or human rights.</p> <p>PtHB does not routinely translate all its policies and other written control documents into Welsh, there is therefore an impact on staff for whom, Welsh is the first language.</p>
Age	X				
Disability	X				
Gender	X				
Race	X				
Religion/ Belief	X				
Sexual Orientation	X				
Welsh Language		X			<p>A redacted version will be uploaded to the internet in Welsh and English. The procedural sections apply to staff not the general public.</p>
Human Rights	X				
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>No. This policy and procedure have been developed to reduce / manage risks to the organisation, by ensuring that there is a robust system in place for Powys teaching Health Board to deliver its aims, objectives, responsibilities and legal requirements transparently and consistently. Developing and describing its “ways of working” in policies, procedures, guidelines and other written control documents</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No information governance issues have been identified from the implementation of this policy and procedure.</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>No specific staff training is required to implement this procedure. Advice and support with the process is provided within the supporting Toolkit and via the Corporate Governance Department.</p> <p>Increased involvement of the Corporate Governance Department for central management, overview, support/advice, database maintenance and the publication of documents to PtHB’s intranet and internet.</p> <p>Increased involvement of PtHB’s Professional / Service Groups and Committees in the consultation and/or approval of policies, procedures and other written control documents.</p>					

Management of Policies, Procedures and other Written Control Documents

1. Policy Statement

To ensure Powys teaching Health Board (PtHB) delivers its aims, objectives, responsibilities and legal requirements transparently and consistently. PtHB will develop and describe its “ways of working” in policies, procedures, guidelines and other written control documents.

Our documents will be written in plain language so that all staff, stakeholders and where appropriate, our patients and the people we serve are clear about what is expected. Our documents will be aligned to the values and behaviours of the organisation, contribute to staff engagement and meet the characteristics of being a teaching Health Board.

It will be possible to find these documents easily on our Intranet and/or Internet sites.

2. Objective

To ensure consistency in the format, consultation, approval, dissemination and application of the organisation’s written control documents so that they are:

- Aligned with the values and behaviours of the Health Board and contribute to promoting staff engagement
- Aligned with the characteristics of being a teaching Health Board
- Developed and reviewed when required and in a timely manner
- Owned – each document will have an Owner - a Senior Manager or Lead, who has responsibility for making sure that it is regularly reviewed and kept up to date
- Written in plain language so that they can be understood and people are clear on what is expected
- Subject to Equality and Health Impact Assessments where required
- Recorded, stored and archived in accordance with PtHB’s policy and procedure. (*IG 005 Policy and Procedure for the Destruction of Records*)
- Appropriately consulted on and co-produced where required
- Considered and approved by the appropriate Forum/Senior Officer with delegated powers
- Shared with staff and stakeholders as needed
- Supported by appropriate learning, education and development where required
- Available to the public in line with Freedom of Information Act requirements and our Publication Scheme

3. Definitions

3.1 Written Control Documents.

This is a group name used in reference to any of the document types defined below.

3.2 Guidelines.

Give general advice and recommendations for dealing with specific circumstances. They differ from procedures and protocols by giving options of how something might be carried out. They are used in conjunction with the knowledge and expertise of the individual using them.

Guidelines are not prescriptive. However, whilst guidelines are not mandatory, it could prove difficult to defend a case where agreed guidelines had not been followed and the rationale for this has not been justified.

3.3 Policy

A written statement of intent, describing the broad approach or course of action that the tHB is taking with a particular issue. Policies may be underpinned by evidence based procedures and guidelines and are mandatory.

The formulation of policies allows the tHB to produce formal agreements, which clearly define the commitment of the Organisation and the obligations of individual staff to meet the Organisation's strategic goals.

3.4 Procedure.

A standardised method of performing clinical or non-clinical tasks by providing series of actions to be conducted in an agreed and consistent way, to achieve a safe, effective outcome.

This will ensure all concerned undertake the task in an agreed and consistent way. Procedures are often the documents detailing how a policy is to be achieved. Procedures are considered mandatory in PtHB.

3.5 Protocol.

Protocols are different from policies as they lack the mandatory element and, by allowing professional judgement, individual cases and competency play a role. They are flexible working documents.

Within a protocol it must be clear by whose authority it is being implemented and what the scope of the protocol is. If a protocol is not to be followed, it

is necessary to record the alternative action that is to be taken and the rationale for this.

In the case of clinical protocols, clinicians must be advised in every document that it is for their guidance only and that the advice should not supersede their own clinical judgement.

3.6 Standards.

The Royal College of Nursing definition is:

“.. to provide a record of service or representation of care which people are entitled to experience, either as a basic minimum or for use as a measure of excellence”

Standard Statements are accompanied by a description of the structure and process needed to attain specified observable outcomes.

Standards are not generally prescriptive however it could prove difficult to defend a case if a standard is not adhered to.

3.7 Strategy

A long term plan designed to achieve particular goals or objectives.

A strategy is often a broad statement of an approach to accomplishing these desired goals or objectives and can be supported by policies and procedures.

The above definitions are taken from a range of sources. There is no single legal definition and the terms can mean different things to different organisations.

4. Responsibilities

In addition to the responsibilities detailed below, all PtHB employees have a responsibility for making sure that they meet the requirements of their role profiles and any other responsibilities delegated to them.

4.1 Executive Directors

Executive Directors have responsibility:

- For ensuring each Service / Department under their portfolio has an identified Document Owner
- Ensuring the Corporate Governance Department is notified of Document Owner changes

- To ensure / agree transfer of policies or other written control document ownership when changes occur to Director's portfolios or when there are questions raised regarding ownership.

4.2 Corporate Governance Department

The Corporate Governance Department has responsibility for:

- Maintaining a central database of PtHB's written control documents
- Ensuring an appropriate "toolkit" is available to support the Document Owners / Authors in the development, review and management of said documents
- Final Quality Check and confirmation of approval pathway
- Maintenance of PtHB's website policy pages including publication of approved documents to PtHB's intranet and internet sites as required and in line with the Publication Scheme and removal of expired written control documents
- Notifying Document Owners of pending review dates

4.3 Document Owners (*Service Leads / Department Heads / Responsible Managers*)

A Document Owner (Owner) is responsible for:

- Ensuring the service or department has the appropriate policies, procedures, guidelines or other written control documents in place and for the ongoing management of those documents.
- Maintaining a list of the departmental/service policies, procedures, guidelines and other written control documents and making sure that these documents are up to date and reviewed in line with the review date or as a result of changes to practice, organisational restructure or legislation
- Ensuring their staff have read, understood and implement all policies, procedures, guidelines and other written control documents applicable to their roles. (A form has been provided in the toolkit for staff to sign that they have read and understood a written control document)
- Undertaking, or identifying a document author, to develop, review or update the departmental documents when needed (including re-allocating responsibility if the author leaves or moves to another role)
- Confirming that consultation has taken place and equality/risk/health impact assessments have been undertaken where necessary.
- Making sure that any training requirements specific to the document have been referenced
- Making sure that where a process of audit &/or review has been agreed that this is maintained and reported on
- Personally checking the final document for accuracy of content / referenced material prior to approval submission

- Making sure there are arrangements in place to capture, respond to and review documents when external organisations such as the Health and Safety Executive, Royal Colleges and so forth publish new and updated information which requires action by the PtHB
- Ensuring development and review of departmental written control documents is a standing agenda item in Team / Professional groups or committees

If an Owner leaves PtHB or takes up another post, the responsibilities are taken up by their replacement. Where no direct role replacement is appointed, the responsibility for assigning a new “Owner” reverts to the Director.

4.4 Document Authors

Authors are employees who have been given the task of writing or reviewing the department / services’ written control documents or requested to co-produce a multi organisation/ joint service document for PtHB.

Authors are responsible for:

- Ensuring compliance with this Policy and with the organisational style when developing and/or reviewing written control documents.
- Undertaking and documenting any necessary equality, health and/or risk assessments during development, liaising with the Document Owner and making sure appropriate action has been taken in response.
- Liaising with the Document Owner to ensure that appropriate engagement and consultation takes place with the relevant individuals or groups and that feedback is incorporated / actioned.
- Identifying any learning, education or development needs and resource implications which must be considered before approval can take place
- Proof reading the document in liaison with the Document Owner prior to approval submission
- Presenting the final document to the approving Committee.
- Ensuring, in liaison with the Document Owner, that policies and written control documents are implemented appropriately and where necessary, that compliance with these documents is formally audited.

Note: Employment written control documents should always have at least 2 authors i.e. a management representative and a staff representative.

5. Development

Identify the need and consider the health impact. A useful source of information for this stage is the Department of Health's (DoH) health impact assessment form available via the DoH website.

Confirm the type of written control document required (e.g. policy, procedure, guidelines).

5.1 Document Format

A Corporate Governance Document Toolkit (the Toolkit) has been developed, containing templates, forms, flowcharts and information to support the development, review and approval of PtHB policies and other written control documents.

The toolkit is available on PtHB intranet or via the [Corporate Governance Department](#).

All PtHB documentation must be in the agreed corporate format/style.

Where a document consists of, for example, a single flowchart, an alternative format is acceptable but the minimum principles listed below must still be followed:

- Document must have a clear heading
- The scope and objective must be defined
- The status/type of document must be defined e.g. guidance/mandatory requirement
- Instructions/guidance must be logically recorded
- Approval information noted (approved by & when)
- Review date noted
- Author (job title/department)
- Page and number of total pages in the footer (e.g. page 1 of 2)

Use plain language, short sentences and where possible, avoid technical terms. If technical terms are used they should be explained using a glossary or footnotes.

Policies, procedures and other written control documents are not routinely translated into other languages. Where the author / owner is aware that this may cause difficulty for staff, patients or their families, they will ensure that the content is explained by an interpreter or arrange written translation.

Policies that are to be published on PtHB internet website have to be provided in English and Welsh. Translation of the policy can be arranged via the Equalities Manager.

In accordance with the requirements of the Data Protection Act 1998, the names of individuals will not be contained within policies and written control documents. Individuals with particular responsibilities will be identified by their job title only.

If the PtHB is adopting an externally approved document it will not require reformatting providing it meets the standards set above. These documents will be given a reference number, recorded and uploaded as if they were a PtHB document. Once adopted the responsibility for review falls to the Department/Service Lead (the Owner) if the original authors do not provide an update within the standard 3 year period.

5.2 Equality Impact Assessment

The Equality Act 2010 requires the undertaking of Equality Impact Assessments (EqIAs).

PtHB policies, procedures and written control documents will require an EqIA. They are a process to find out whether a 'policy' will affect people differently on the basis of their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

It also takes account of Welsh Language issues. It is designed to ensure that we are taking into consideration the needs of all individuals who work for us and/or access our services.

Where a procedure or other written control document has been developed in support of a policy it may not be necessary to undertake a further EqIA.

Support and advice for undertaking an EqIA is available via The Equalities Manager, PtHB intranet site and within *PtHB/HR 075 Equality Impact Assessment Policy*. Completed EqIAs are submitted to the Equalities Manager and are available to staff for reference.

A summary of your findings must be recorded within the document. The template design contains impact assessment summary tables for this purpose.

5.3 Health Impact Assessment

A Health Impact Assessment (HIA) is a process that considers how the health and well-being of a population may be affected by a proposed action, be it a policy, procedure, programme, plan, project or change to the organisation. A template and more detailed information is available from the Departmental of Health website and/or the Toolkit.

The findings of the HIA are then incorporated within your objectives / aims.

6. Engagement and Consultation

Engagement and consultation on all PtHB policies, procedures, guidelines and other written control documents should take place with the target audience including appropriate stakeholder, service user/carer, managerial, clinical and staff representation.

Where appropriate, documents should be co-produced with that target audience.

The Toolkit contains a consultation feedback form that can be used during this stage. The completed feedback forms should be retained by the author until the document has been approved.

PtHB is developing a range of mechanisms to involve patients, carers and members of the public in its work. This will strengthen the stakeholder involvement with the PtHB and demonstrate our commitment to working with the local community and develop our services and policies jointly. Authors are asked to contact the Patient Experience and Concerns Manager and /or The Communications Manager, for advice and assistance in identifying the appropriate groups/individuals for co-production and consultation if they require assistance with this.

When a final draft has been developed the formal consultation can start. The recommended consultation period should be a minimum of **14 days** including weekends but excluding bank holidays.

The Document Author / Owner must provide assurance to the approving Committee/Group that consultation has been conducted thoroughly and that comments have been incorporated into the policy or written control document. The groups/individuals consulted must be recorded in the Engagement and Consultation section of the final document.

7. Approval Submission

The final version of the document should be sent to the [Corporate Governance Department](#) who will undertake a quality check and confirm the appropriate approval route.

A submission approval form is provided within the Toolkit and must accompany the document through these last steps. (*Form reference CGD 005*)

7.1 Approval Routes

A map has been provided within the Toolkit (*form reference CGD 006*) indicating the appropriate approving groups or committees. The group/committee will depend on the nature of the document and will be

confirmed by the Corporate Governance Department following the quality check.

It is recommended that the Document Owner or Author presents the document to the approving Committee where possible.

Policies and Strategies. Executive Lead or Document Owner to take to PtHB Board or delegated Committee.

Procedures, Guidelines, Protocols & Standards. Document Author or Owner to present the written control document to the appropriate professional group / committee for approval.

All Wales Policies / Procedures / Guidelines. All Wales documents whether adopted or adapted for use by PtHB must follow the approval routes indicated above.

Other Organisation or other Health Boards' Written Control Documents. Documents from other organisations or health boards may be adapted for use by PtHB providing that:

- Permission is granted, in writing, by the organisation to use or adapt for use
- The source is clearly recorded in the reference section
- It follows the format, consultation and approval path as per PtHB documents.

The Corporate Governance Department will contact the Committee or Group, within 5 working days of the meeting date to confirm the approval status. If approved the document will then be uploaded to the intranet and / or internet as indicated on the approval submission form.

8. Review of Existing Written Control Documents

The standard maximum review period for all PtHB policies and other written control documents is 3 years from the issue date. Some documents are routinely reviewed earlier, for example many Patient Group Directives (PGDs) are reviewed on an annual or two year basis. However, if changes occur that affect the document content e.g. new legislation, recommended best practice, change in equipment used etc. the document should be updated at the earliest opportunity (whether a review is due or not).

The Corporate Governance Department will notify the Document Owner that a review is due 1 month prior to the review date, which equates to 4 months prior to the document expiry date.

Document Owners are responsible for undertaking or arranging the review of their departmental / service documents.

If a review is incomplete by the document expiry date, the Document Owner must notify the Corporate Governance Department via email and a three month extension will be applied. If the review has still not been completed by the end of the extension period the document will be removed from the intranet and /or internet and the appropriate Executive Director will be notified.

8.1 Approval of Reviewed Documents

- **If no changes are required** the document can be signed off by the Document Owner, using the submission and approval form provided in the Toolkit and the document will be validated for a further 3 years. Send the form to the [Corporate Governance Department](#).
- **If minor changes are required** (e.g. Re-formatting to current corporate style) the document can be signed off by the Document Owner. Send the updated copy, with the submission and approval form, to the [Corporate Governance Department](#).
- **If content changes are required** the reviewed document must follow the approval route as if it were a new document. The changes must be summarised / noted in the version control table within the document.
- **All Wales & other organisations policies & procedures.** If a reviewed / updated copy is not produced by the original authors within the 3 year timescale, All Wales documents and other organisation's policies and procedures must be reviewed by the Service / Department Lead, annually to ensure they remain applicable / fit for purpose within PtHB until an updated version is then produced by the original authors. If there has been no change in legislation or practice that would affect the document the following statement can be applied to the cover sheet by the Corporate Governance Department *"It is acknowledged that this policy is overdue for review. There have been no changes in legislation that will affect the policy and it therefore remains extant and fit for purpose"*

9. Archive and destruction

If a document is no longer needed, the Document Owner must notify the Corporate Governance Department via email and the central database can be

updated and the document will then be removed and archived in electronic version as per PtHB IGP 005 Policy and Procedure for the destruction of records.

After the retention period the document will be permanently deleted.

10. Publication and Dissemination

The Corporate Governance Department will publish all specified written control documents, in PDF format, within 5 working days of approval confirmation. They will notify Service / Department Leads when the upload is complete. The Service/Department Leads are then responsible for cascading the information to their staff. (see section 4)

Policies and Strategies. To be published on both the PtHB intranet and internet as per PtHB Publication Scheme. The approval submission form includes a section regarding publication to the internet as some documents may require redaction before internet publication and must also be translated into Welsh.

Procedures, Guidelines, Protocols & Standards. To be published on PtHB's intranet site. The Corporate Governance Department will notify Service / Department Leads when the upload is complete. The Service/Department Leads are then responsible for cascading the information to their staff.

11. Monitoring Compliance, Audit & Review

No policy, procedure, guideline or other written control document can be approved unless the processes have been followed. All approved written control documents will be recorded in a Central Database maintained by the Corporate Governance Department.

Approved policies and written control documents can only be published to the internet / intranet by the Corporate Governance Department. If services wish to include policies, guidelines, procedures on their own pages this may only be done by adding a link to the main policy library for that service.

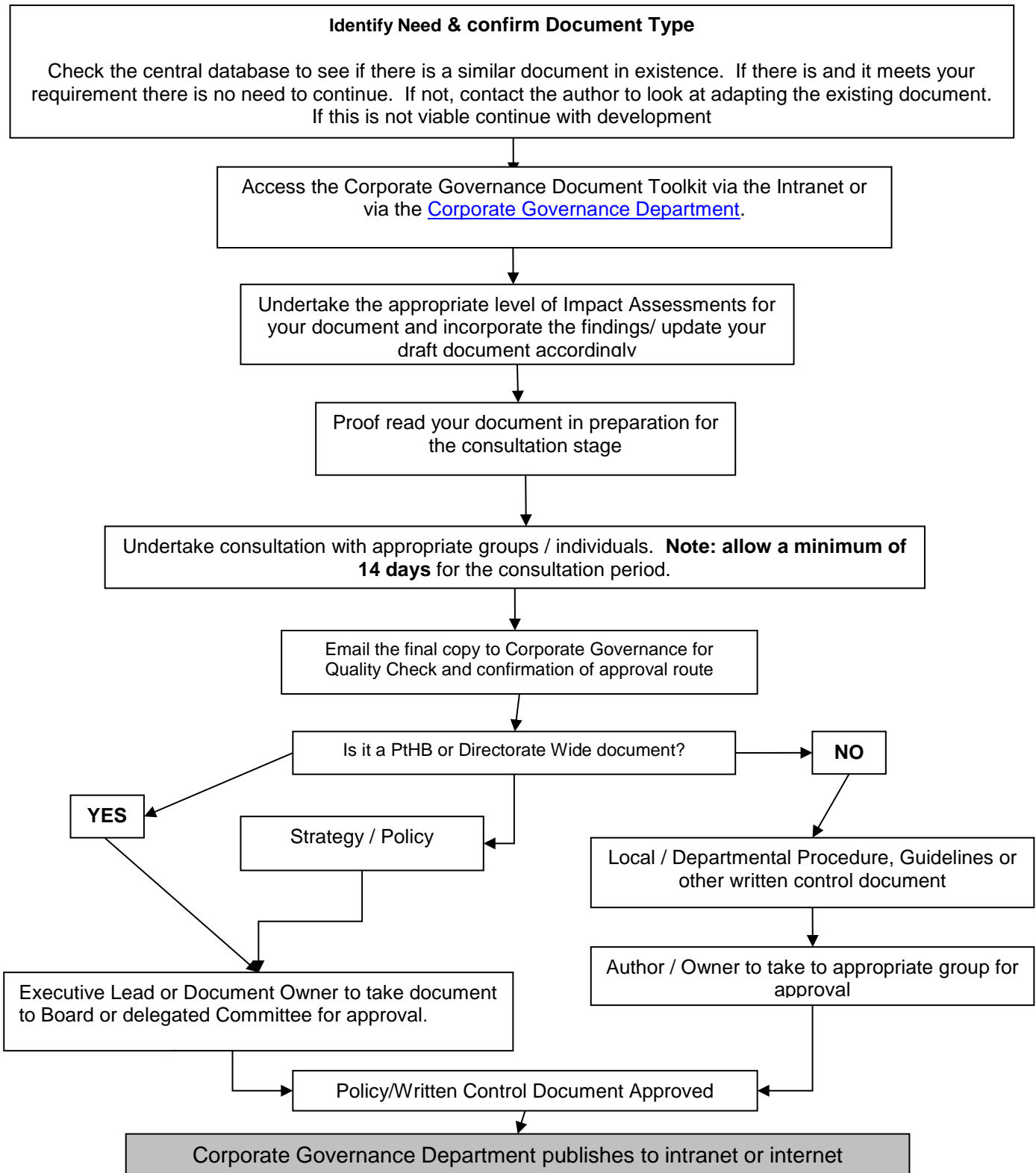
Internal audit will assess the effectiveness of and compliance with, this policy on a periodic basis

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PtHB indicate otherwise.

12. References

- The Equalities Act 2010
- Welsh Language Scheme
- PtHB Publication Scheme
- Doing Well, Doing Better – Healthcare Standards for Wales
- PtHB / HR 075 Impact Assessment on Equality Procedure 2014
- PtHB / IGP 002 FOI & EIR Policy 2012
- PtHB / IGP 004 Data Protection & Confidentiality Policy 2012
- PtHB / IGP 008 Records Management Policy 2013
- PtHB / IG 009 Records Management Strategy 2013
- Cardiff & Vale University Health Board: UHB 242 Written Control Documents Development and Approval Procedure. 2014
- Cardiff & Vale University Health Board: UHB 001 Policies, Procedures and Other Written Control Document Management Policy 2014
- Department of Health – [Health Impact Assessment Tool](#)

FLOWCHART



Appendix B

Corporate Governance Written Control Document (WCD) Toolkit

The documents listed below are all contained in the Toolkit. Use of all of these documents is not mandatory with the exception of the formatting documents (CGD 003/003a or 003b) and the approval submission form (CGD 005) that are highlighted in green.

The remaining documents have been included for support or advice purposes.

Toolkit Contents

- CGD 001 Process flowchart
- CGD 002 PtHB Written control document definitions
- CGD 003 PtHB Corporate style and format details
- CGD 003a PtHB Corporate skeleton document for policies and strategies
- CGD 003b PtHB Corporate skeleton document for procedures, protocols and guidelines
- CGD 004 Consultation feedback record
- CGD 005 Approval submission form
- CGD 006 Approving committee structure – *this document may undergo further amendments following any structural change or if a Committee is stood down*
- CGD 007 Staff sign off record – confirming they have read and understood a particular document
- CGD 008 Author/ reviewer checklist
- CGD 009 Useful contacts
- CGD 010 Health Impact Assessment Tool from the Department of Health