



**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales

**Reference Number:** PHW47/TP01  
**Version Number:** v3/290916  
**Date of Next review:** 29/09/19

## Policies, Procedures and Other Written Control Documents Management Procedure

### Introduction and Aim

This Procedure supports the Policies, Procedures and Other Written Control Documents Management Policy and provides detailed instructions and guidance for staff responsible for the development of these documents. It sets out the standards for document development, enables consistency in their format, compilation and dissemination in addition to the arrangements for approval and review.

### Supporting Procedures and Written Control Documents

Policies, Procedures and Other Written Control Documents Management Policy

### Scope

This procedure is applicable to all staff with responsibilities for the development of Public Health Wales policies, procedures or other written control documents.

### Equality and Health Impact Assessment

Completed for Policies, Procedures and Other Written Control Documents Management Policy (see [PHW46a](#)).

### Implementation Plan

Completed (see [PHW46b](#)).

### Approved by

Public Health Wales Board

### Approval Date

29 September 2016

### Review Date

29 September 2019

### Date of Publication:

20 October 2016

### Accountable Executive Director/Director

Melanie Westlake, Board Secretary and Head of Corporate Governance

### Author

Andrew Richardson, Interim Corporate Governance Manager

### Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or [Corporate Governance](#).

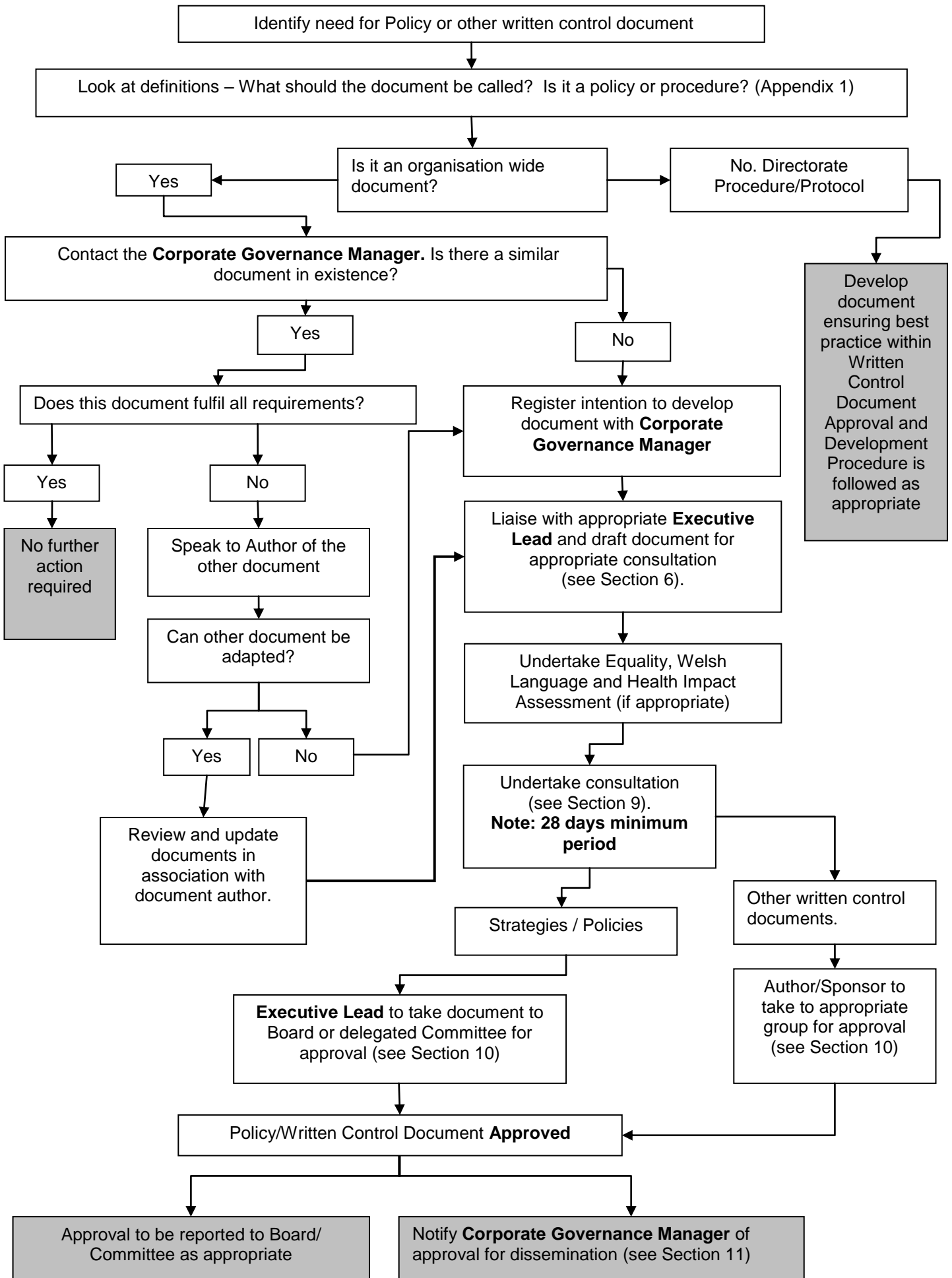
### Summary of reviews/amendments

Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1	31/12/10	16/05/10	16/05/10	C01/10 – <b>Procedure for the Management and Development of Public Health Wales Policies</b> (original document) was reviewed after its initial introduction in June 2010. The review made minor amendments to the process.
2	16/11/11	06/06/12	06/06/12	PHW01 – <b>Process for the Development and Approval of Public Health Wales Policies</b> was developed as a result of a review and superseded C01/10.
3	06/06/15	29/06/16	21/10/16	PHW47 - <b>Policies, Procedures and Other Written Control Documents Management Procedure</b> developed to support PHW47 (Policy) as result of process review in May-August 2016. PHW47 and PHW47/TP01 supersede the previous process document PHW01.

<b>Contents</b>		<b>Page</b>
1.	Policies, Procedures or other Written Control Documents Flowchart	4
2.	Introduction	5
3.	Definitions	5
4.	Roles and Responsibilities	5
5.	Policy and Written Control Document Development	9
6.	Document Format	9
7.	Implementation Plans	10
8.	Impact Assessments	10
9.	Consultation	12
10.	Approval Process	13
11.	Policy Organisation, Publication and Dissemination	15
12.	Training	17
13.	Audit	17

<b>Appendices</b>	
Appendix 1	Definition of Terms
Appendix 2	Subject Areas and Approving
Appendix 3	Templates for Documents
Appendix 4	References

**Figure 1: PHW Policy/Written Control Document Development Flowchart**



## **1 Policies, Procedures or other Written Control Documents Flowchart**

Prior to the development of a policy, procedure or other written control document reference should be made to **Figure 1**. This explains who to contact and the arrangements for consultation etc.

## **2 Introduction**

Public Health Wales maintains policies, procedures or other written control documents on a wide variety of topics and matters. These range from employment related policies, which may impact on staff terms and conditions, to directorate/divisional procedures or protocols which are specific to a particular area of the organisation.

Public Health Wales has a statutory duty to ensure that appropriate policies (supported by other control documents) are in place in order to comply with legislation and regulation. Having effective, up to date and accessible written control documents also helps to promote governance best practice, guide staff and minimise risks.

This document establishes a process for the development, approval and review of policies and written control documents.

## **3 Definitions**

Terms used to describe different types of written control documents can be confusing. Clear definitions highlighting the differences are provided in **Appendix 1**.

## **4 Roles and Responsibilities**

**4.1** The **Public Health Wales Board** will either approve policies and written control documents, or delegate this responsibility to another committee/group.

The approval of policies can only be delegated to committees or sub-committees of the Board.

Other written control documents may be approved by groups or individual employees but this must be in line with the Public Health Wales Scheme of Delegation and Reservation of Powers.

**Appendix 2** shows the subject areas for documents and the approving committees or sub-committee. Some documents can only be approved by the Board.

**4.2 The Board Secretary and Head of Corporate Governance and** is responsible for making sure that:

- a record of all relevant written control documents is maintained in line with the [Records Management Policy](#) and [Record Storage, Retention and Destruction Procedure](#)
- the register of policies and written control documents is reported annually to the Board, and the relevant sections reported twice yearly Committees of the Board
- there are arrangements for uploading documents onto the intranet and internet in accordance with the Publication Scheme
- there are clear processes for the approval of documents.

**4.3 The Corporate Governance Manager** will act as the 'Policy Process Manager' and is responsible for:

- managing the development and maintenance of the organisational policy and written control document database, (including a record of equality impact assessments and health impact assessments where completed)
- providing regular reports to Executive Directors/Directors so that they know when documents are due for review/out of date
- making sure that approval arrangements are clear and in line with the Standing Orders and Scheme of Delegation
- maintaining an archive of previous versions of centrally held revised or reviewed written control documents
- providing advice regarding arrangements for development, consultation, approval and review
- providing guidance to Directorates to allow them to manage written control documents for which they are responsible
- providing advice and assistance when required.

**4.4 Executive Directors/Directors (including the Board Secretary and Head of Corporate Governance)** will make sure that their area of responsibility is supported by the necessary policies and written control documents. They will achieve this by:

- maintaining a list of these policies and written control documents, supported by the Corporate Governance Manager as appropriate
- making sure that these documents are up to date

- identifying an author for each document making sure that if the author leaves the organisation or moves into another role it is clear who assumes responsibility for the ongoing review and development of the document
- having arrangements in place to make sure that they can respond appropriately to publications and standards required of the organisation by external organisations, for example, the Health and Safety Executive, Royal Colleges
- personally checking for accuracy of content prior to submission for consultation and approval
- making sure that consultation has taken place and impact assessments, including for Welsh language, equality and health impact, have been completed where necessary. Where these have not been undertaken a reason for this will be provided, and,
- making sure that where a process of audit and/or review has been agreed this is maintained and reported on.

**4.5** The **Director(s) of the NHS Wales Collaborative** (hosted by Public Health Wales), will make sure that their area of responsibility is supported by necessary policies and written control documents and that document authors comply with this procedure. The Director's responsibilities equate with that of an Executive Director/Director as detailed in 4.4.

**4.5** The **Joint Negotiating Committee (JNC)** will consider and discuss all 'People Policies' as part of the consultation process detailed in Section 9 below. The JNC will recommend these policies for approval to either the Board/or a committee as appropriate.

**4.6** **Authors** are employees who have been given the task of writing or reviewing a written control document. They must:

- liaise with Executive Directors/Directors to make sure policies and written control documents are implemented appropriately and, where necessary, compliance with these documents is formally audited
- make sure that documents are reviewed in line with the review date or as a result of changes to practice, organisational structure or legislation
- Arranging translation of policies into Welsh where appropriate
- make sure that appropriate consultation has taken place with the relevant individuals and groups
- inform the Executive Director/Director of any learning, education or development needs and resource implications which must be considered before approval can take place

- undertake the necessary impact assessments, including a Welsh language, equality impact assessment and health impact assessment if appropriate
- consider the findings and make sure that appropriate action has been taken in response to Welsh Language, equality and health impact assessments.

**If an author leaves the organisation or takes up another post, the responsibility for the ongoing maintenance of the document is taken on by their replacement. Where no direct role replacement is appointed, responsibility reverts to the post holder's line manager. The Executive Director/Director will be informed of the situation to allow them to identify a replacement author if it is not appropriate for the responsibility to stay within that department.**

**4.7 Line Managers** will make sure that the staff for whom they are responsible are aware of and adhere to this procedure. This includes making sure that:

- all staff, including those that have just joined the organisation or department, know how to access documents via the intranet or internet. Where this is not available the manager will ensure that a paper copy of the document is available. They will be responsible for making sure that staff can only access current documents.
- information is circulated on a regular basis, to ensure staff have read and understood the documents that they need to be aware of, together with any new guidance or revisions
- staff have appropriate learning, education or development to allow them to implement the written control documents
- they have arrangements in place for recording, reviewing and making documents available that are specific to their Directorate/Division.

**4.8 All staff** are responsible for making sure that:

- they follow policies, procedures and other written control documents in use across the organisation and specific to their area of work
- they raise any concerns if they are of the view that a policy, procedure or written control document contains inaccurate information
- they inform their line manager if they have any concerns regarding their ability to follow a written control document,



for example as a result of a lack of training, inadequate equipment etc.

## **5 Policy and Written Control Document Development**

Each Public Health Wales-wide policy and written control document will be sponsored by a Lead Executive Director/Director (see Section 4.4).

Figure 1 (above) explains the steps to be taken when considering the development of a policy or written control document. It is important that appropriate consultation and stakeholder engagement has taken place.

All policies and written control documents development should be undertaken in line with current legislation, national and professional guidance. Documentation should also be based on sound evidence and be appropriately referenced.

Particular consideration will be given to the requirements of the Well-being of Future Generations (Wales) Act 2015 and the need to work towards achieving the well-being goals.

The following impact assessments will need to be undertaken if appropriate:

- Equality Impact Assessment
- Welsh Language Impact Assessment
- Health Impact Assessments

For further details see Section 8.

## **6 Document Format**

Document templates have been developed which contains the mandatory sections that must be included in policies and written control documents. These can be found on the Public Health Wales Policies intranet [page](#). Further details are given in Appendix 3.

The Public Health Wales Template must be used for all organisation-wide, or cross-directorate documents. Where a document is only applicable within a single Directorate (or Division within) an alternative format is acceptable.

As a minimum the principles listed below must still be followed:-

- Document must have a clear heading

- The scope and objectives must be defined
- The status of the document must be clear, for example, guidance/mandatory requirement
- Instructions/guidance must be logically recorded
- Date of approval shown
- Date of review shown
- Author(s) details
- Pages numbered
- Version control
- Availability in Welsh and English (where required)

The language used for all documents should be plain English and Welsh ('Cymraeg Clir'), using short sentences and where possible avoiding technical terms. If technical terms are used, they should be explained using a glossary or footnotes. 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.

Authors should refer to the [Public Health Wales Language Style Guide](#).

If the organisation is adopting an externally approved document (for example an All-Wales Policy) it will not need re-formatting where it meets the standards set out above. These documents will be given a reference number, recorded and uploaded as if they were a Public Health Wales document.

## **7 Implementation Plans**

When developing or reviewing a document it is important to consider how it will be implemented.

Implementation Plans which set out the actions needed to enable the delivery of the document should be developed and referenced within the document. Any training requirements and references to supporting documents should be included.

The approving committee/group will need to consider the implementation plan as part of the approval process.

A template can be found [here](#).

## **8 Impact Assessments**

The integrated [Equality and Health Impact Assessment](#) has been developed to streamline Equality, Welsh and Health Impact Assessments. It does not replace the need to undertake full assessments for more complex policies and written control documents.

The integrated assessment and/or in-depth assessments, when required must be published as part of the consultation process and will be available on internet and intranet sites alongside the relevant policy or written control document as appropriate. These documents will be retained in accordance with records management requirements for future reference.

### **8.1 Equality Impact Assessments**

The Equality Act 2010 requires the undertaking Equality Impact Assessments (EIA's). All Public Health Wales policies will require an EIA. This is a process by which we can conduct an analysis of any 'policy' change. EIA's are crucial to improving the quality of our health services and to meeting the needs of staff and those using our services. 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 the Welsh Language. 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 EIA where it is applicable. If an EIA has not been completed the reason for this will be explained at the beginning of the document. Where an EIA has been completed the impact will be included in the document.

### **8.2 Welsh Language Impact Assessments**

The Welsh Language (Wales) Measure 2011 requires that when a policy is being formulated or revised, we must consider the effects, if any (whether positive or adverse, direct or indirect) of a policy decision on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh languages no less favourably than the English

language. Welsh Language Impact Assessments (WLIA) are crucial to improving the accessibility and quality of our bilingual health services and to meeting the language needs and preferences of staff, colleagues in other organisations, and those using our services.

All published consultation documents which relate to policy decisions must consider, and seek views on, the effects that the policy decision under consideration would have on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh languages no less favourably than the English language.

Where Public Health Wales commissions or undertakes research to assist making a policy decision, the research must consider the effects that the policy decision under consideration would have on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh languages no less favourably than the English language.

### 8.3 Health Impact Assessments

A Health Impact Assessment (HIA) is a process that assesses the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups.

HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity.

HIAs increase understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The findings of the HIA are incorporated within the policy/control document objectives/aims.

## **9 Consultation**

***Policy documents must not be written in isolation***

All policies and written control documents should be developed in consultation with their target audience involving appropriate stakeholder, managerial, clinical and staff representation.

- As part of the consultation all organisation-wide policies and written control documents will be uploaded on the Consultation Database and will be brought to the attention of all staff via the weekly bulletin. They will also be sent to all Executive Directors/Directors to allow them to share the document with their teams as appropriate.
- Relevant professional groups and/or individuals
- Staff representatives affected by the policy.
- Stakeholder representatives/organisations/groups.
- Service user representatives/groups (if relevant).
- Welsh Language Officer and Equality Officer.

The consultation period must be a minimum of **28 working days**, including weekends but excluding bank holidays.

Stakeholder/partner organisations/groups will also be consulted regarding written control documents as appropriate. The Director of People and Organisational Development, the Executive Director of Quality, Nursing and Allied Health Professionals and the Board Secretary or their representatives will provide advice in identifying the appropriate groups/individuals for consultation.

In the case of People Policies and Procedures, Authors are responsible for engagement with the Trade Unions (who may wish to appoint lead representatives for various policies) and any other stakeholders. Dependant on the policy and the extent of the work required this engagement may take the form of a Policy Development Workshop to which stakeholders are invited or via email in instances where a 'light touch' review is required.

The organisation will develop a mechanism to involve service users and members of the public where appropriate. This will strengthen the stakeholder involvement with the organisation and demonstrate our commitment to working with the local community. All consultations will be led by the author and must be completed before the policy or written control document begins the approval process.

Authors are asked to contact the Board Secretary or their representative, for advice and assistance in identifying the appropriate groups/individuals for consultation if they require assistance with this. The Lead for Service User Experience and a

representative of People and Organisational Development should be also be consulted with.

The author, in association with the appropriate Executive Director/Director, must document the consultation arrangements and provide assurance to the approving Committee/Group that this has been conducted thoroughly and that comments have been incorporated into the policy or written control document where appropriate. The groups/individuals consulted will be clearly identified in the report presented to the approving Committee/group.

## **10 Approval Process**

It is necessary to ensure that all policies and written control documents undergo the appropriate scrutiny and consultation prior to their approval. The Corporate Governance Manager will advise regarding the most appropriate approving group where this is not clear from the information provided below.

### **10.1 Strategies and Policies**

The Public Health Wales Board is responsible for the approval of all strategy and policy documents. A significant number, however, have been previously been delegated to relevant committees in accordance with the Scheme of Delegation in the Standing Orders (see Appendix 2). Some strategies and policies are reserved for approval by the Board.

People Policies/Procedures must first be recommended for approval by the Joint Negotiating Committee (JNC), whose role it is to consider the policy prior to its formal approval. The JNC will not enter into any detailed discussion of the policy at this stage it will be considered that all such detailed discussion has already taken place. Should JNC fail to agree to recommend a policy for approval a report will go to the Executive Team (or in cases of contractual policies to the Board), outlining areas of disagreement. The Executive Team or Board/board sub-committee will make the final decision as appropriate.

All-Wales policies are developed and negotiated and apply to all NHS organisations in Wales. Where policies are written on a national basis, for formal adoption by the organisation, the Board will delegate this function to the relevant Committee. The formal adoption of such documents must be recorded in the minutes of the meeting where it was agreed.

No changes should be made to a Public Health Wales Policy after it has been ratified and approved. The Corporate Governance Manager will ensure that all approved policies are recorded in the Policy Register and published on the intranet/internet site as appropriate.

Where a document requires only a small amendment which is not material to the aims or objectives of the document, for example, to reflect a change in working practice, an interim review may be undertaken. This will be agreed in advance with the Board Secretary to ensure that the completion of an interim review does not expose the organisation to an increased level of risk. The change will be reported to the next available Committee/Board meeting.

The committees will advise the Board of policies that have been approved. The Board maintains the right to call in and scrutinise these policies.

## **10.2 Written Control Documents**

The Board and its committee's may delegate the approval of the organisation-wide written control documents (excluding Strategies and Policies) to a sub-group(s) or individual post holders. The Corporate Governance Manager will advise regarding this where this is not evident from the Scheme of Delegation/Committee Terms of Reference.

The status of a number of People Procedures equate with that of People Policies (see definition in Appendix 1). Consequently, these procedures will be approved at committee-level.

The Board and committees maintain the right to call in and scrutinise policies and written control documents.

## **10.3 Directorate and Division Specific Documents**

Where written control documents relate to a single Directorate or Division and there is no wider impact on the organisation they may be approved by the Directorate Management Team. Such documents will still need to be recorded on the Policy and Written Control Documents Database, issued with a unique reference number and meet the standards set within this procedure. There must also be a clearly documented audit trail to indicate where and by whom the document has been considered.

## 10.4 Departmental Specific Documents

Where written control documents relate to a single division/department and there is no wider impact on the organisation they may be approved by the Line Manager in association with appropriate colleagues. Examples of such documents include Standard Operating Procedures explaining an internal process.

Such documents do not need to be recorded on the central database but records must be maintained at a local level to ensure that there is a full history and document archive.

## 11 Policy Organisation, Publication and Dissemination

The Corporate Governance Manager (or delegate) will maintain the Policies and Other Written Control Documents Database. A list of current documents that have been centrally uploaded can be found here.

All approved written control documents should be uploaded within **14 working days** of approval to ensure this:

- The author will send the document to the Corporate Governance manager within **seven working days** of approval
- The Corporate Governance Manager will arrange for the document and the accompanying Welsh Language, Health, and Equality Impact Assessment (if applicable) to be published on the intranet/internet as appropriate within **14 days**.

Under limited circumstances it may be necessary to redact (remove or hide) some information from a document prior to publication on the internet e.g. direct dial telephone numbers within the Major Incident Plan. The committee/ group approving the document will determine if it is necessary to redact information prior to publication. Where this has been agreed it will be made clear within the body of the text on the document made available via the Internet.

To make sure that all staff and our stakeholders know about any new/revised documents information will be:

- included within the weekly communications update.
- highlighted in a Public Health Wales news item
- hyperlink circulated to relevant teams.



The intranet site will be the primary internal location for all policies and written control documents to ensure that staff can access the most up to date versions. As previously indicated the Line Manager is responsible for making sure that staff who do not have access to the Intranet can access documents.

All documents are to be published in English. If this causes difficulty for patients or their families, staff will take the responsibility of ensuring that the principles of the policies and written control documents are explained to them via an interpreter, translated as appropriate or explained to them with the use of a hearing loop where available.

All documents will be subject to version control and archived in line with legal requirements and the organisation's Records Retention and Destruction Protocol.

Once issued, individual line managers will be responsible for ensuring that all staff are aware of the revisions and that any out of date versions are taken out of local circulation. Each Directorate will put in place a robust documentation control system to ensure that records of distribution of policies and written control documents are maintained.

This procedure and any associated written control documents will be distributed in accordance with this procedure and made available on the Public Health Wales intranet site.

## **12 Training**

Policy Authors will not require any specific training to enable them to develop documents that meet the requirements of this procedure. If, however, they do require support this will be provided by the Corporate Governance Manager.

If an Author requires a specific skill/knowledge to develop a document, for example specialist health and safety training, it will be the responsibility of the Executive Director/Director to make sure they have these skills.

## **13 Audit**

All policies, procedures and written control documents should be part of the Public Health Wales and/or Directorate auditing process to ensure that they:

- have been implemented effectively
- are fit for purpose, and
- are being complied with.

Information regarding the frequency of the monitoring arrangements should be included within the written control document.

It will be necessary to ensure that all documents are being produced, approved and disseminated in accordance with this procedure. Periodic 'spot checks' will be carried out in all areas to ensure that all policies and written control documents comply with this procedure.

Compliance will also be monitored and reported as part of Public Health Wales' Welsh Language Scheme monitoring and reporting arrangements. Compliance will also be monitored as part of the Health and Care Standards internal assessment process.

### Definition of Terms

**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.

**Framework** – A broad overview, outline, or skeleton of interlinked items/principles/concepts which supports a particular approach to a specific objective, and serves as a structure that provides guidance which can be modified as required.

**Policy** – A written statement of intent, describing the broad approach or course of action that the organisation is taking with a particular issue. Policies are underpinned by evidenced based procedures and guidelines and are mandatory.

The formulation of policies allows the organisation to produce formal agreements, which clearly defines the commitment of the organisation and the obligations of individual staff.

**Procedure** - A standardised method of performing clinical or non-clinical tasks by providing a 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. These are often the documents detailing how a policy is to be achieved.

Procedures are considered mandatory within the organisation.

**People Policies** – These are usually formal rules or procedures that dictate how certain matters should be addressed as far as the workplace / workforce is concerned, including employee rights and duties. People policies tend to be linked to provision of employment law.

**Protocol** - a written code of practice, including recommendations, roles and standards to be met, which can also include details of competencies and delegation of authority.

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

Within a protocol it must be clear by whose authority is it 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 the advice should not supersede their own clinical judgement.

Any proposals in respect of People related documents will be shared with the Trade Unions on a 'For Information' basis.

**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 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.

Any proposals in respect of People related documents will be shared with the Trade Unions on a 'For Information' basis.

**National Clinical Guidelines** - the National Institute for Health and Clinical Excellence (NICE) defined guidelines as:

*"systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. Research has shown that if properly developed, disseminated and implemented, guidelines can lead to improved patient care"* (NICE 1999).

**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"* (RCN 1997)

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.

Appendix 2

	<b>Policies</b>	<b>Procedures and Other Written Control Documents</b>	
<b>Approving Body</b>	<b>Subject Area</b>	<b>Sub-section/Area where clearly defined</b>	<b>Approving Committee/Group/Director</b>
Board	Standing Orders		
	Standing Financial Instructions	Financial Control Procedures	Audit and Governance Committee
	Standards of Behaviour		
	Policies, Procedures and Other Written Control Documents Management Policy	Written Control Documents Development and Approval Procedure	Executive Team
	Major Incident Plan	Directorate Business Continuity Plans	Directorate Management Teams
	Performance and Delivery	TBA	Executive Team
	Putting Things Right (Complaints, Claims and Incidents)	Associated Procedures	Quality and Safety Committee
	Risk Management	Risk Assessment and Risk Register Procedures	Audit and Governance Committee
	Health and Safety (also see People and Organisational Development Policy)		
	Estates and Facilities	TBA	Executive Team

	<b>Policies</b>	<b>Procedures and Other Written Control Documents</b>	
<b>Approving Body</b>	<b>Subject Area</b>	<b>Sub-section/Area where clearly defined</b>	<b>Approving Committee/Group/Director</b>
	Information Management and Technology	TBA	Executive Team
	Waste Management	TBA	Executive Team
	Intellectual Property/Commercialisation	TBA	Executive Team
	Communications/Engagement	TBA	Executive Team
	Partnerships/Collaboration	TBA	Executive Team
Audit and Corporate Governance Committee	Corporate Governance	TBA	
	Counter Fraud	Financial Control Procedures	Audit and Corporate Governance Committee
	Financial Governance (see above) Risk Management (see above)	Risk Assessment and Risk Registers Procedures	Audit and Corporate Governance Committee
People and Organisational Development Committee	Human Resources/People Policies and Procedures	Human Resources/People Guidelines (e.g. Annual Leave)	Executive Team
		Human Resources/People Protocols	
	Learning and Organisational Development Policies and Procedures		
	Welsh Language	Welsh Language Procedures	Welsh Language Committee

	<b>Policies</b>	<b>Procedures and Other Written Control Documents</b>	
<b>Approving Body</b>	<b>Subject Area</b>	<b>Sub-section/Area where clearly defined</b>	<b>Approving Committee/Group/Director</b>
	Equality, Diversity and Human Rights	Equality, Diversity and Human Rights Procedures inc Translation and Interpretation Services	Executive Team
	Employee Wellbeing and Stress Management Policies and Procedures		
	Fire Policies	Fire Safety Procedures	Health and Safety Group
	Health and Safety associated policies (overarching policy reserved for the Board)	Health and Safety Procedures	Health and Safety Group
	Violence and Aggression/ Personal Safety	Violence and Aggression, Personal Safety and Lone Working Procedures	Health and Safety Group
Quality and Safety and Committee (title to be confirmed)	Clinical Governance/Patient Safety	Associated procedures	Quality Management Group
	Medicines Management (including immunisations and vaccinations)	Associated procedures	To be confirmed
	Public/Stakeholder Engagement Information	Associated procedures	Service User Experience and Learning Panel
	Information Governance/ Caldicott/Data	Associated procedures	Information Governance Working Group

	<b>Policies</b>	<b>Procedures and Other Written Control Documents</b>	
<b>Approving Body</b>	<b>Subject Area</b>	<b>Sub-section/Area where clearly defined</b>	<b>Approving Committee/Group/Director</b>
	Protection/Freedom of Information		
	Safeguarding	Associated procedures	Safeguarding Group
	Infection Prevention and Control	Associated procedures	Infection Prevention and Control Group



**Templates for Documents**

The template is designed for use when developing policies, procedures and other written control documents. It may not be suitable for all documents but any deviation will be agreed with the Head of Corporate Governance and Board Secretary/ Corporate Governance Manager. Documents should be formatted in line with the Public Health Wales Language Style Guide. Key elements can be summarised as follows:

Electronic format	Development - Microsoft Word  Publishing - PDF Read only (this will be arranged by the Corporate Governance Team after the reference number has been added).
Document Style	Policy Template - English - Welsh  Procedures and other written control documents - English - Welsh
Audit trail	Record information regarding consultation during development.
Body text	Verdana 12
Headings	Verdana 12 – Bold and lower case
Tables and charts	Verdana (size as appropriate)
Use of bold	Headings only or to emphasise text
Alignment	Justified
Line spacing	Paragraphs - Single
Paragraph spacing	One line between paragraphs and section headings
Underlining	None

Contents page Contents page if >3 pages	As template Use judgement - help reader to find relevant information more easily
Staff Names	Use titles rather than names
Logo	Use Public Health Wales logo as incorporated in document templates
Headers and footers	Verdana 10
Margins	Top and bottom of page 2.54cm, sides 3.17cm
Document Title	To be included in the header on every page after first page
Section Referencing	Numbers not letters should be used
Page numbering	To be included in the footer on every page after first page. It will include the page number and total number of pages (page x of x)
Bullets	<ul style="list-style-type: none"> <li>• Use standard bullets only, as they do not always format across different systems</li> </ul>
Abbreviations	State in full in first usage with abbreviation in brackets
Printing	A4 / double sided
Referencing	All reference material should be listed in full at the end of every document in Harvard style.
Glossary of terms	<p>All documents need to be user friendly. They will be read by staff and members of the public. Therefore all necessary abbreviations, technical terms, jargon and specific wording must be clearly explained to the reader.</p> <p>Where possible always use plain Welsh and plain English. Information to help with this is available on the <a href="#">Plain English Campaign website</a> and <a href="#">Cymraeg Clir</a>.</p>

Version Control	Reference Number will be provided by the Corporate Governance Manager. Documents to state 'Draft' as watermark whilst in development together with version number of draft in accordance with the Public Health Wales <a href="#">Document and Version Control Protocols</a> .
-----------------	--

**REFERENCES**

Cardiff and Vale University Health Board, 2014. *Policies, Procedures and Other Written Control Documents Management Policy, UNB 001*

Cardiff and Vale NHS Trust, 2006. *Policy for the Management of Policies, Procedures and All other Written Control Documents, Ref No 68*

Welsh Health Specialised Services Committee, 2010. *Memorandum of Understanding – Relating to Joint Committee of Welsh Health Specialised Services Committee*

Betsi Cadwaladr University Health Board, 2010, *Equality Impact Assessment – Policy for the Management of Policies, Procedures and Other Written Control Documents*

Cornwall and Isles of Scilly Primary Care Trust, 2008, *Initial Equality Impact Assessment Proforma - Policy for the Development and Ratification of Corporate Documentation*

Cornwall and Isles of Scilly Primary Care Trust, 2008, *Policy for the Development and Ratification of Corporate Documentation*

North East London NHS Foundation Trust, 2011, *Policy for the Drafting and Implementation of Procedural Documents and Equality Impact Assessment*

Metropolitan Police Service, 2011, *The Management of Policy Development in the Metropolitan Police Service and Equality Impact Assessment*

Cumbria Partnership NHS Foundation Trust, January 2013, *Document Development Policy*

NHS Litigation Authority, November 2011, *Policy for the Development and Implementation of Procedural Documents*