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Corporate Policies, Procedures and Other Written Control Documents Management Procedure

Introduction and Aim

This Procedure supports the Corporate Policies, Procedures and Other Written Control Documents Management Policy and provides detailed instructions and guidance for staff responsible for the review and development of these documents.

The Corporate Policies, Procedures and Other Written Control Documents Management Procedure outlines the overarching principles and the process for the review and development of corporate policies, procedures and other written control documents.

This procedure seeks to:

- Confirm the principles that guide the development and review of corporate policies, procedures and other written control documents ,
- Establish a standardised procedure to ensure that corporate policies, procedures and other written control documents are developed, approved, monitored and reviewed consistently,
- Provide a comprehensive, single point of reference for information relating to the development and review of corporate policies, procedures and other written control documents.

This procedure ensures that PHW:

- Has a clear process and supporting guidance in place for the review or development of a new corporate policies, procedures and other written control document.
- Has a clear definition for each of the different types of documents within the remit of this procedure.
- Clearly defines the role of those who have a role in developing / reviewing corporate policies, procedures and other written control documents.
- Clearly outlines the requirements relating to consultation, Impact Assessments, and Welsh Language.
- Has consistent templates and format for corporate policies, procedures and other written control documents.
- Provides guidance as to the style and content of the documents, to ensure that all corporate policies, procedures and other written control documents are in keeping with the organisational tone and culture.

Supporting Procedures and Written Control Documents

Corporate Policies, Procedures and Other Written Control Documents Management Policy

Data Protection Impact Assessment Procure and Template

Guidance on Retention of Documents

Scope

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

A corporate policy, procedure and other written control documents are those that relate to more than one directorate or division and where there is a wider impact on the whole organisation.

This procedure **does not** extend to Local Procedures (Directorate, Division and Departmental Specific Documents). Where written control documents relate to a single Directorate or Division and there is no wider impact on the organisation, it is the responsibility of the Director to determine that an appropriate approval and scrutiny process is in place within the directorate. Examples of such documents include Standard Operating Procedures explaining an internal process.

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| Equality and Health Impact Assessment | Completed for Corporate Policies, Procedures and Other Written Control Documents Management Policy (see PHW47). |
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| Date of Publication: | 1 August 2022 |
| Accountable Executive Director/Director | Board Secretary and Head of Board Business Unit |
| Author | Deputy Board Secretary and Board 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 [the Board Business Unit](#)

| 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 – Procedure for the Management and Development of Public Health Wales Policies (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 – Process for the Development and Approval of Public Health Wales Policies was developed as a result of a review and superseded C01/10. |
| 3 | 06/06/15 | 29/06/16 | 21/10/16 | PHW47 - Policies, Procedures and Other Written Control Documents Management Procedure developed to support PHW47 (Policy) as result of process review in May-August 2016. PHW47 and PHW47/TP01 supersede the previous process document PHW01. |
| 4 | 22/11/19 | | | Amendments made to existing procedure including: Amendments to delegated authorities in table at end of document to reflect revised ways of working. Amendments to include new Knowledge, Research and Innovation Committee Additional requirements to comply with Welsh Language Standards Additional requirements to comply with completion of Data Protection Impact Assessment introduced via GDPR |

| Summary of reviews/amendments | | | | |
|--------------------------------------|-----------------------|-------------------------|-----------------------|---|
| Version number | Date of Review | Date of Approval | Date published | Summary of Amendments |
| | | | | <p>Section added advising on action to take when documents are due for review, including considering whether the document is still required</p> <p>Leadership Team added to roles and responsibilities section</p> <p>Requirement to complete a risk assessment of policies due for review.</p> <p>Update of titles to reflect changes.</p> <p>Addition of an Appendix – Welsh language consultation questions.</p> <p>Updated flowchart at Figure 1 to incorporate updated requirement and better reflect the process.</p> |
| | | | | <p>Further changes were made to this document following feedback:</p> <p>Additional information on the classifications of control documents;</p> <p>Clarification and simplification of the flowchart and additional charts included (no change to information only presentation);</p> <p>Direction on Welsh language strengthened following determination that all policies and procedures need to be translated as they are available online</p> <p>Clarification on roles and responsibility for training sitting with the Author.</p> <p>Further information on the approval process contained within the body of the procedure extended to conclude key contacts.</p> <p>Changes also in response to the Audit Wales Quality Governance Report to strengthen the requirement to review compliance and understanding of the policy as part of the ongoing review. (Section 4.7)</p> <p>Approval flow chart added.</p> |

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1. Introduction

Public Health Wales maintains corporate policies, procedures and 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, financial and health and safety policy and procedures

A corporate policy, procedure and other written control document is one which applies to two or more directorates or is applicable organisation wide.

Public Health Wales has a statutory duty to ensure that appropriate policies (supported by procedures and other control documents) are in place in order to comply with legislation and regulation. Having effective, up to date and accessible corporate policies, procedures and other 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 corporate policies, procedures and other written control documents.

This procedure **does not** extend to Local Procedures (Directorate, Division and Departmental Specific Documents). Where written control documents relate to a single Directorate or Division and there is no wider impact on the organisation, it is the responsibility of the Director to determine that an appropriate approval and scrutiny process is in place within the directorate. Examples of such documents include Standard Operating Procedures explaining an internal process.

Policy, procedures and other written control document 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 Deputy Board Secretary and Board 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.

2. Roles and responsibilities

This section outlines the roles and responsibility for:

- Public Health Wales Board
- Board Secretary and Head of Board Business
- Deputy Board Secretary and Board Governance Manager
- Business Executive Team
- Executive Directors/Directors
- Director(s) of the NHS Wales Collaborative
- Trade Unions
- Policy Leads / Authors

2.1 Public Health Wales Board

The Public Health Wales Board will either approve policies, or delegate this responsibility to a Committee.

The approval of policies can only be delegated to committees or sub-committees of the Board. Some Policies, Procedures and other written control documents can only be approved by the Board, in line with Standing Orders and Public Health Wales Scheme of Delegation and Reservation of Powers.

Procedures and other written control documents can and may be approved by Committees or other groups but this must be in line with Standing Orders and Public Health Wales Scheme of Delegation and Reservation of Powers.

2.2 Board Secretary and Head of Board Business Unit

The **Board Secretary and Head of Board Business Unit** is responsible for making sure that:

- The appropriate arrangements are in place:
 - Ensuring a central record of all relevant written control documents is maintained in line with the Guidance on Records Retention
 - Uploading documents onto the intranet/internet in accordance with the Publication Scheme.
 - A clear processes for the approval of documents.
- The Corporate Policy, Procedures and Other Written Control Documents Register is reported annually to the Board, and the relevant sections reported twice yearly to Committees of the Board, unless the Committee deems it necessary to receive the register more frequently.

2.3 Deputy Board Secretary and Board Governance Manager

The **Deputy Board Secretary and Board Governance Manager** will act as the 'Policy Process Manager' and is responsible for:

- Managing the maintenance of the Corporate Policy, Procedures and Other Written Control Documents Register, (including a record of Equality and Health Impact assessments and other impact assessments where applicable),
- Document control of all documents held on the Corporate Policy Procedures and Other Written Control Documents Register, ensuring all final approved documents are published on the [internet](#),
- Ensuring that approval arrangements are clear and in line with the Standing Orders and Scheme of Delegation,
- Maintaining the templates for policies, procedures and other written control documents,
- Providing advice as required on the arrangements for development, consultation, approval and review,
- Maintaining an archive of previous versions of revised or reviewed written control documents held on the database,
- Providing regular reports (bi-annually) to Executive Directors/Directors so that they know when documents are due for review/out of date,
- Requesting document authors undertake a risk assessment of any corporate policies, procedures and other written control documents for which the review date has passed. These risk assessment should be signed off by the relevant Executive Director prior to the risk assessment being provided to the Deputy Board Secretary and Board Governance Manager. A summary of this risk assessment is recorded on the Corporate Policy, Procedures and Other Written Control Documents Register.

2.4 Business Executive Team

The Business Executive Team are collectively responsible for ensuring that the required corporate policies, procedures and other written control documents are developed and maintained. The Business Executive Team consider regular updates on the status of the policies, procedures and other written control documents across the organisation.

Many of the Corporate Procedures and other written control documents can and may be approved by Business Executive Team, in line with Standing Orders and Public Health Wales Scheme of Delegation and Reservation of Powers. (Refer [appendix 1](#) for full of delegations.

2.5 Executive Directors/Directors (including the Board Secretary) will make sure that their area of responsibility is supported by the necessary policies, procedures and other written control documents.

They will achieve this by:

- identifying a Policy Lead/ Author for each document making sure that if the Policy Lead/ Author leaves the organisation or moves into another role it is clear who assumes responsibility for the ongoing review and development of the document,
- Ensure all corporate policies, procedures and other written control documents within their delegated area are reviewed and updated in a timely manner,
- Ensure all-Wales policies that fall within their delegated area are adopted and reviewed by the organisation in a timely manner,
- Ensure that all corporate policies, procedures and other written control documents within their delegated area have been developed in accordance with the process outlined in this document, and only recommend documents for approval if they can clearly demonstrate they have been developed in accordance with the appropriate process,
- Ensure that all corporate policies, procedures and other written control documents within their delegated area are in keeping with the culture and values of the organisation.
- Review out of date documents ensuring a risk assessment is undertaken for any corporate policies, procedures and other written control documents, for which the review date has passed,
- Overall approval of amendments to any corporate policies, procedures and other written control documents within their responsibility 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,
- Making sure that where a process of audit and/or review has been agreed this is maintained and reported on,
- Provide updates as requested to the Board Governance Manager to ensure Corporate policies, procedures and other written control documents Register contains up to date information.

2.6 Director(s) of the NHS Wales Collaborative

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 corporate policies, procedures and other 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 2.4.

2.7 Trade Unions

Trade Unions should consider and discuss all 'People Policies, Procedures and other written control documents' as part of the consultation process detailed in [the approval section](#) below. The Local Partnership Forum (LPF) is the vehicle for this consultation and will be asked to recommend these policies, procedures and other written control documents for approval to either the Executive team, Board/or a Board Committee as appropriate.

2.8 Policy Leads / Authors

Policy Leads / Authors are employees who have been given the task of writing or reviewing a written control document.

They must:

- Make sure that documents are reviewed in line with the review date or as a result of changes to practice, organisational structure or legislation,
- Liaise with the Deputy Board Secretary and Board Governance Manager before embarking on developing a written document to clearly establish whether there is a need for the written document and, if so, how it will be developed,
- Ensure that appropriate consultation has taken place with the Executive Director/Director of any learning, education or development needs and resource implications which must be considered before approval can take place,
- Engagement with the relevant individuals and groups as part of the review,
- Undertake the necessary impact assessments, including a Equality and Health Impact Assessment as standard.
- Consider the findings and make sure that appropriate action has been taken in response to Welsh Language, equality and health impact assessments and Data Protection impact assessments,
- Undertake a risk assessment for any corporate policies, procedures and other written control documents, for which the review date has passed and obtain sign off by the Executive Director,
- Arrange for the translation of corporate policies, procedures and other written control documents into Welsh in line with the Welsh Language Standards prior to approval,
- **Post approval:** liaise with Executive Directors/Directors to make sure that corporate policies, procedures and other written

control documents are implemented appropriately and, where necessary, compliance with these documents is formally audited.

- Responsible for any training and development requirements of staff to implement the corporate policies, procedures and other written control document including ensuring appropriate promotion of the document to the organisation.

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.

3. Definitions

Terms used to describe different types of written control documents can be confusing.

For clarity, this procedure only applies to corporate policies, procedures and other written control documents and only corporate policies, procedures and other written control documents are retained on the corporate policies, procedures and other written control documents register.

Clear definitions for these documents are provided below:

| | |
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| Corporate Policy | <p>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.</p> <p>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.</p> |
| | <p>People Policies</p> <p>People policies give guidance on a range of employment issues for employees, managers and others with responsibility for people.</p> <p>They provide consistency and transparency for employees and managers, helping to enhance the psychological contract and create a positive organisational culture.</p> |

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| <p>Corporate Procedures</p> | <p>A standardised method of performing clinical or non-clinical tasks that is relevant organisation wide.</p> <p>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.</p> <p>Procedures are considered mandatory within the organisation.</p> <p>Corporate procedures affect all of the organisation, are stored centrally, are listed on the corporate policies, procedures and other written control documents register and published online.</p> |
| <p>Other Written Control Documents:</p> <p>Where these Other Written Control Documents are organisational wide, or effects two or more directorates, this is classed as a Corporate document.</p> | |
| <p>Protocol</p> | <p>A written code of practice, including recommendations, roles and standards to be met, which can also include details of competencies and delegation of authority.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Any proposals in respect of People related documents will be shared with the Trade Unions on a 'For Information' basis.</p> |
| <p>Guidelines</p> | <p>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.</p> |

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| | <p>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.</p> <p>Any proposals in respect of People related documents will be shared with the Trade Unions on a 'For Information' basis.</p> |
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For clarity, the following document types are not covered by this Procedure, and are **not** retained on the corporate policies, procedures and other written control documents register.

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| <p>Local Procedures (Including Standing Operating Procedures)</p> | <p>Local Procedures are stored locally and not on the corporate policies, procedures and other written control documents register. A standardised method of performing clinical or non-clinical tasks <u>specific to a directorate, division or team.</u></p> <p>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.</p> <p>Procedures are considered mandatory within the organisation.</p> |
| <p>National Clinical Guidelines</p> | <p>The National Institute for Health and Clinical Excellence (NICE) defined guidelines as: <i>"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"</i> (NICE 1999).</p> |
| <p>Standards</p> | <p>The Royal College of Nursing definition is: <i>"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"</i> (RCN 1997)</p> <p>Standard statements are accompanied by a description of the structure and process needed to attain specified observable outcomes. Standards are not generally</p> |

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| | prescriptive, however it could prove difficult to defend a case if a standard is not adhered to. |
| Strategy / Plan | 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. |

4. Corporate Policy, Procedure and Other Written Control Documents : Review Process

(To include the development of a new document and the Review of Existing document).

The Corporate Policy, Procedure and Other Written Control Documents development and review process follows a seven stage model (see below). This ensures that the policy cycle is continuous with regular monitoring and review, allowing Public Health Wales to adapt to change.

Figure 1: Corporate Policy, Procedure and Other Written Control Documents Cycle



The following sections outlines each stage of the cycle

4.1 Review

A need for a new corporate policy, procedure or other written control document may be initiated from a number of sources including the Executive Lead identifying the need, or through a change in legislation.

As part of the initial review, it is important to gather information and undertake research that includes consideration of overarching principles.

Key questions to ask as part of this review include:

- **What are the objectives of document?**

- **Is this existing document still required?**

As part of the review the document author should, in liaison with the Lead Executive /Director, consider whether there is still a requirement / need for the document and whether it could be combined with another document

If it is considered that the document is still required, the review should be undertaken in accordance with the procedure set out in this document.

If it is decided that there is no longer a requirement for the document e.g. it has been superseded by and/or incorporated into another document, the author shall inform the Deputy Board Secretary and Board Governance Manager

An audit trail should be provided to the Deputy Board Secretary and Board Governance Manager outlining the rationale for why the document is no longer required, and confirming in writing the support of the Executive Lead for the document to be removed from the Corporate Register. .

The Deputy Board Secretary and Board Governance Manager will then seek approval from the approving body to remove the document from the corporate policies, procedures and other written control documents register, arrange removal from the internet and archiving from the document database once this approval is obtained.

- **Should it be a policy, procedure or other written control document?**

Check the definitions of a policy, procedure and other written control documents in [section 3](#), to make sure the document is in the most appropriate form.

Policies **should not** contain detailed processes / instructions, they should only be 2-3 pages in length and set the overall policy statement / Commitment for the issue.

- **What other corporate policy, procedure or other written control documents are there in the organisation that impact on this document?**

In order to establish precedent and inform the process, research must be conducted into existing internal corporate policy, procedure or other written control document or similar external examples.

This review should also identify any overlaps or duplication with any other documents on the register to look to merge / amalgamate information where possible.

- **Scope of the document – What are you trying to achieve?**
- **Outside the scope - What is not being covered in the document?**
- **Who is the document aimed at?**
- **Who are the key stakeholders?**
- **Has there been any legislative changes that need to be taken into account in this area?**

All 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.

Impact Assessments

When reviewing the corporate policy, procedure and other written control document, you must consider the impact of the document on the following areas as a minimum:

- Equality
- Health
- Welsh Language
- Data Protection
- Socio-economic Duty

An Integrated Equality and Health Impact Assessment (EHIA) 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.

An EHIA must be completed and submitted alongside the revised corporate policy, procedure and other written control document when it is submitted for approval.

In addition to the EHIA, you must consider the impact of the document on Data Protection and Socio Economic Duty, and where appropriate complete a full assessment in these areas where there is significant impact identified.

The [Data Impact Assessment procedure](#) and template is available on the internet.

There is a section for a summary of this assessment within the [reporting template](#) which must be completed when seeking approval for the policy / procedure / other written control document.

Below is a summary of the requirements to consider as part of your assessment of each area:

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| <p>Equality</p> | <p>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 play an important role in 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.</p> <p>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 EHIA where it is applicable. If an EHIA has not been completed the reason for this will be explained at the beginning of the document. Where an EHIA has been completed the impact will be included in the document.</p> <p>The EHIA Template is included as Appendix 3</p> |
| <p>Health</p> | <p>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.</p> <p>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.</p> |

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| | <p>HIA's 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.</p> <p>The findings of the HIA are incorporated within the policy/control document objectives/aims.</p> <p>The EHIA Template is included as Appendix 3</p> |
| <p>Welsh Language</p> | <p>The Welsh Language Standards (No 7) Regulations 2018 require that when a policy is being formulated or revised, we must "consider what effects, if any (whether positive or adverse), the policy decision 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". Welsh Language Impact Assessments (WLIA) are play an important role in 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.</p> <p>When consulting on policies, we must seek to identify these effects, and also seek to identify actions that could be taken to have positive effects (or increased positive effects) on these two elements, or to remove (or mitigate) negative effects.</p> <p>The Welsh Language elements are included in the EHIA Template (included here as Appendix 3); they must form part of the consultation process.</p> |
| <p>Data Protection</p> | <p>If the policy or written control document will involve the processing of personal data in any form, then consideration must be given to conducting a Data Protection Impact Assessment.</p> <p>The Data Protection Template is included as available on the internet.</p> |

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| <p>Socio-Economic Duty</p> | <p>The Socio-economic Duty came into force in Wales on 31 March 2021 and public bodies including Public Health Wales have a statutory duty to comply. The overall aim of the duty is to ensure we pay due regard in our decision making and therefore consider those who experience socio-economic disadvantage.</p> <p>The process for Socio Economic Duty is currently in development. It will be available on the internet once finalised.</p> |
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Implementation

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.

An implementation plan should be included in the report to the approving body to detail action required. The approving committee/group will need to consider the implementation plan as part of the approval process.

There is a section for this within the [reporting template](#), there is no longer a requirement to produce a separate implementation plan.

4.2 Drafting: Document Format / Content

Document templates have been developed which contain the mandatory sections that must be included.

The content below provides a brief overview and guidance for the content and structure for a Corporate Policy, Procedure, or Other Written Control Document.

Further guidance on the content of the policy is contained within the templates:

- [Corporate Policy Template](#)
- [Corporate Procedure Template](#)

Policies

Policy Definition:

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.

A policy should set out the strategic direction, and will usually contain high level information rather than step by step instructions on how to do something. **As such, a Policy should be relatively short (2 to 3 pages maximum).**

In summary, Policies should

- Enable effective delivery of the priorities for the organisation
- Be consistent with national legislation and institutional statutes, regulations and other policies
- Be in keeping with the organisation tone and culture.
- Be guided by best practice and best value
- Be clear, transparent and easily accessible
- Be informed by consultation and communication with relevant stakeholders
- Be monitored and periodically reviewed to ensure relevance and fitness for purpose]

The Public Health Wales [Policy Template](#) must be used for all Corporate Policies (organisation-wide, or cross-directorate).

Procedure

Procedure Definition:

A standardised method of performing clinical or non-clinical tasks that is relevant organisation wide.

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.

The procedure should be used to describe a mandatory process by which the whole organisation must follow and should include: roles and responsibilities, scope, process steps.

The Public Health Wales [Procedure Template](#) must be used for all Corporate procedures (those that are organisation-wide, or cross-directorate).

Further guidance on the content of the procedure is contained within the template.

Other Written Control Documents

Refer to [section 4](#) for the definitions of the various types of written control documents.

The Public Health Wales [Procedure Template](#) should be used for all Corporate control documents (those that are organisation-wide, or cross-directorate).

The template is designed for use when developing procedures and other written control documents. It may not be suitable for all documents but any deviation will be agreed with the Board Secretary/ Deputy Board Secretary and Board Governance Manager.

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

Style

The following principles should be used when drafting the documents:

- All documents need to be user friendly: they will be read by staff and members of the public.
- All documents should be in keeping with the organisational tone and culture.
- 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.
- All reference material should be listed in full at the end of every document in Harvard style.
- Abbreviations: State in full in first usage with abbreviation in brackets
- 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)
- Use titles rather than names for staff: Individuals with particular responsibilities will be identified by their job title only.
- Documents to state 'Draft' as watermark whilst in development together with version number of draf

If the organisation is adopting an externally approved document (for example an All-Wales Policy) it will require a Public Health Wales external document cover sheet to be developed prior to adoption. However the external document would not require 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.

4.3 Consultation

Policy documents must not be written in isolation

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

This should include:

- Relevant professional groups and/or individuals.
- Staff representatives specifically affected by the document.
- Lead for Service User Experience;
- Stakeholder representatives/organisations/groups.
- Service user representatives/groups (if relevant).
- Equality, Diversity and Inclusion Lead
- Information Governance Lead
- A representative of People and Organisational Development.

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 corporate policy, procedure or other written control document begins the approval process.

Stakeholder/partner organisations/groups will also be consulted 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. Dependent on the policy and the extent of the work required. Workshops are held for People Policies and Procedures People reviewed as standard.

As a minimum, there is [Consultations Database](#) that the draft policy must be uploaded onto for Organisation wide consultation prior to a final decision being sought.

As part of the consultation corporate policies, procedures and other written control documents will be uploaded on the [Consultation Database](#) and will be brought to the attention of all staff via the intranet. This is arranged through the Board Business Unit. Any comments from the consultation will go direct to the Lead /Author to review.

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

The link to the [Consultation Database](#) will also be sent to the Leadership Team and the Business Leads Group to allow them to share the document with their teams as appropriate.

4.4 Review of Consultation outcomes

Comments should be included in the approval sheet and rationale given for accepting/rejecting comments. An Audit trail of comments should be held/kept by the policy lead.

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 document where appropriate. This should include the consultation that has taken place and the groups that have considered the document prior to being submitted for approval.

4.5 Approval Process

It is necessary to ensure that all corporate policies, procedures and other written control documents undergo the appropriate scrutiny and consultation prior to their approval.

The Deputy Board Secretary and Board Governance Manager will advise you as to the appropriate approving body for the specific policy, procedure, and other written control document.

There are a number of groups that can approve policies / procedures. Appendix 1 outlines the remit of each of the following groups:

- Board
- Committee
- Business Executive Team
- Leadership Team
- Health and Safety Group
- Information Governance Working Group.

Please note you must have completed the 28 day consultation prior to submitting your policy, procedure, and other written control document for approval.

When you submit your document for approval, please ensure you also include the following documents:

- Policy approval Report ([Appendix 6](#))
This should include a summary of the changes made to the document since it was last approved, and summary of any feedback received as a result of consultation. See template for further guidance.
- Equality, Health Impact Assessment ([Appendix 3](#))

Approval Flow Chart

The diagram below outlines the **approval process** for Corporate policies, procedures and other written control documents.

Confirm approval

Confirm the approving body and arrange for the document to be added to the relevant agenda.

This is arranged through the Deputy Board Secretary and Board Governance Manager who will also confirm deadlines for submitting the final version for approval.

Submit for approval

Submit the revised document for approval –
Including

- Completed Reporting Approval Cover report ([Appendix 6](#))
- EHIA ([Appendix 3](#))

Meeting held

Your Executive / Leadership team representative will be asked to present the report to the approving body - Please ensure you have briefed your Executive Director / Leadership Team Representative who will be attending the meeting.

Approval

The Policy Lead will receive an email confirming the document was approved, and a link to the published document on the website.

You will be asked to provide a welsh version of the document for publishing on the website.

Dissemination

- News article on intranet (Arranged by the Board Business Unit)
- Through Leadership Team and Business Leads Group (Arranged by the Board Business Unit)
- Policy Lead / Author is responsible for ensuring any further communication with Specific groups to implement the policy.

When submitting corporate policy, procedure or other written control document for approval, the author must attach a completed [covering report](#) which provides a summary of the way in which the document has been developed. This includes

- The reasons for the review of the document, such as impact of legislation
- A summary of the major changes made since the last revision.
- A summary of the consultation that has taken place and the groups that have considered the document prior to being submitted for approval.
- Summary of the impact assessments that have been undertaken, including reference to those that have not been undertaken or where there is no impact.
- An implementation plan.

The [template](#) is available on the Public Health Wales intranet pages

The approval process will depend on the group to which you need to seek approval. Once you have determined the approving body (see [Appendix 2](#)), seek advice from the Deputy Board Secretary and Deputy Board Secretary and Board Governance Manager.

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

Approving Bodies

Policies

The Public Health Wales Board is responsible for the approval of all policy level documents. A significant number, however, have been delegated a relevant Committee in accordance with the Scheme of Delegation in the Standing Orders (see [Appendix 2](#)).

Where a policy is developed on an all Wales basis, Public Health Wales is still required to formally adopt the policy through the same approval route outlined within this procedure.

People Policies/Procedures must first be considered for endorsement by the Local Partnership Forum (LPF) whose role it is to consider the policy prior to its formal approval. This must take place concurrently with the consultation stage. The LPF will not enter into any detailed discussion of the policy at this stage, as it will be considered that all such detailed discussion has already taken place. Should LPF fail to agree to endorse a policy for approval the policy lead will prepare 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 on an all-Wales basis 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.

Written control documents

The Board and its Committee's may delegate the approval of the Corporate procedures and other written control documents (excluding Policies) to a sub-group(s) or individual post holders. The Deputy Board Secretary and Board Governance Manager will advise the appropriate delegation 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 section](#)). 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.

Local Procedures : Directorate, Division and Departmental Specific Documents

This procedure **does not** apply to Local Procedures (Directorate, Division and Departmental Specific Documents). Where written control documents relate to a single Directorate or Division and there is no wider impact on the organisation, it is the responsibility of the Director to determine that an appropriate approval and scrutiny process is in place within the directorate. Examples of such documents include Standard Operating Procedures explaining an internal process.

It is also the responsibility of the Director to ensure that the appropriate Directorate, Division or Departmental specific documents are in place, are kept up to date and any training of staff to ensure compliance with any internal processes.

Directorate, Divisional and Department specific documents do not need to be recorded on the Corporate Policy, Procedures and Other

Written Control Documents Register, but records must be maintained at a local level to ensure that there is a full history and document archive. There must be a clearly documented audit trail to indicate where and by whom the document has been considered.

Amendments to documents following approval

No changes should be made to a Public Health Wales Policy after it has been ratified and approved. The Deputy Board Secretary and Board Governance Manager will ensure that all approved policies are recorded in the Corporate Policy, Procedures and Other Written Control Documents Register and published on the [internet site](#).

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 by the policy lead. 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 Board Business Unit will ensure the document control by archiving the previous version and publishing the new version on the internet.

4.6 Publication and Dissemination

The Deputy Board Secretary and Board Governance Manager (or delegate) will maintain the Corporate Policies, Procedures and other written control documents Register.

Following approval, a document number will be allocated to each policy or written control document prior to publication.

For each procedure or other written control documents, they will be allocated a number that corresponds to the relevant main corporate policy. There may be need for a control document that does not align to a corporate policy. Where this is the case a stand-alone document number will be allocated.

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 in both English and Welsh, and the accompanying Welsh Language, Health, and Equality Impact Assessment and Data Protection Impact Assessment (if applicable) to the Deputy Board Secretary and Board Governance Manager within **seven working days** of approval,
- The Deputy Board Secretary and Board Governance Manager will arrange for the document and the accompanying EHIA and any other applicable Impact Assessments to be published on the 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. 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. A record of what has been redacted will be kept on file by the Board Business Unit.

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

- included and promoted on the policies intranet pages
- Updates on any changes to policies will be included on the Policies intranet page.
- internet link circulated to relevant teams.

The internet site will be the primary internal location for all corporate policies, procedures and other written control documents to ensure that staff can access the most up to date versions. The Line Manager is responsible for making sure that staff who do not have access to the Internet as part of their role can access documents.

Where applicable , if there is any difficulty for patients or their families in understanding the document , 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 Guidance on Records Retention. The Board Business Unit will store the master version of the approved policy. *Local copies should **not** be held elsewhere.*

Once issued and published on the internet, individual line managers will be responsible for ensuring that all staff are aware of the revision.

Welsh Language Requirements

All documents are to be published in English and Welsh.

With the introduction of the Welsh Language Standards (No 7) Regulations 2018, all corporate policies, procedures and other written control documents for use for staff must be available in both English and Welsh. It is the responsibility of the author to arrange for the translation of any documents prior to approval.

Under Welsh Language Standard 38, if we produce a document in Welsh and English we must "ensure that the English language version clearly states that the document is also available in Welsh".

4.7 Corporate Policy, Procedure and Other Written Control Documents Review process

Year 1 Review

During the first year following implementation of a corporate policy, procedure and other written control document, work should be undertaken to monitor and assess its success and, where appropriate, minor revisions proposed.

Generally, this will be undertaken by the responsible officer and should include:

- Feedback from staff using the document on an operational level to ensure the document is understood by relevant staff, and is being complied with.
- A review of compliance with the corporate policy, procedure and other written control document, including any learning / improvements identified to improve compliance / understanding.

Audit

All policies, procedures and other 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 corporate policy, procedure or other 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 corporate policies, procedures and other written control documents comply with this procedure.

Compliance will also be monitored and reported as part of the Welsh Language Standards (no 7) Regulations 2018. Compliance will also be monitored as part of the Health and Care Standards internal assessment process.

Ongoing Review

Once established, all corporate policies, procedures and other written control documents are subject to a full review within three years.

Each approving body will receive a summary of the status of all corporate policies, procedures and other written control documents within their remit on a bi-annual basis. The Executive lead will consider the need to review existing corporate policies, procedures and other written control documents supported by the appropriate Lead author.

Corporate policies, procedures and other written control documents may also be reviewed or amended before their review date.

Supporting Documents list (with links)

- Appendix 1 : [Approving body and appropriate delegations](#)
- Appendix 2: [PHW Corporate Policy, Procedure or Other Written Control Document Development Flowchart: Example timeline](#)
- Appendix 3: [Equality and Health Impact Assessment Template](#)
- Appendix 4: [Policy Template](#)
- Appendix 5: [Procedure Template](#)
- Appendix 6: [Policy/ Procedure / other written control document Approval Reporting Template \(Cover Report\)](#)

Appendix 1 Approving body and appropriate delegations

| | Policies | Procedures and Other Written Control Documents | |
|-----------------------|---|---|---|
| Approving Body | Subject Area | Sub-section/Area where clearly defined | Approving Committee/Group/Director |
| Board | Standing Orders | | |
| | Scheme of Delegation and Reservation of Powers | | |
| | Standing Financial Instructions | Financial Control Procedures | Audit and Corporate Governance Committee |
| | Standards of Behaviour (included in Declarations of Interest, gifts, hospitality and sponsorship) Policies and Procedures | | |
| | Policies, Procedures and Other Written Control Documents Management Policy | Associated procedures, Guidelines and Protocols | Business Executive Team |
| | Performance and Delivery | Associated procedures, Guidelines and Protocols | Business Executive Team |
| | Risk Management Policy | Risk Assessment and Risk Register Procedures. Associated procedures, Guidelines and Protocols | Audit and Corporate Governance Committee |
| | Estates and Facilities | Associated procedures, Guidelines and Protocols | Business Executive Team |
| | Communications/Engagement | Associated procedures, Guidelines and Protocols | Business Executive Team |

| | Policies | Procedures and Other Written Control Documents | |
|---|---|---|---|
| Approving Body | Subject Area | Sub-section/Area where clearly defined | Approving Committee/Group/Director |
| | Partnerships/Collaboration / Joint Working Framework | Associated procedures, Guidelines and Protocols | Business Executive Team |
| Audit and Corporate Governance Committee | Corporate Governance | Associated procedures, Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| | Counter Fraud | Associated procedures, Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| People and Organisational Development Committee | Human Resources/People Policies and Procedures | Human Resources/People Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| | Welsh Language | Welsh Language Procedures inc Translation and Interpretation Services | Business Executive Team |
| | Equality, Diversity and Human Rights Policies and Procedures | Equality, Diversity and Human Rights Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| | Raising Concerns / Whistleblowing Policy and Procedures | | |
| Quality, Safety and Improvement Committee | Clinical Governance/Patient Safety | Associated procedures, Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| | Putting Things Right (Complaints, Claims and Incidents), Policy and associated procedures, Guidelines and Protocols | | |
| | Medicines Management (including immunisations and vaccinations) | Associated procedures, Guidelines and Protocols | Leadership Team (delegated by Executive Team) |

| | Policies | Procedures and Other Written Control Documents | |
|---|--|---|---|
| Approving Body | Subject Area | Sub-section/Area where clearly defined | Approving Committee/Group/Director |
| | Public/Stakeholder Engagement Information | Associated procedures, Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| | Infection Prevention and Control | Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| | Safeguarding | Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| | Violence and Aggression/ Personal Safety | Guidelines and Protocols | Leadership Team (delegated by Executive Team) |
| | Health and Safety Policies | Associated procedures, Guidelines and Protocols | Health and Safety Group |
| | Fire Policies | Associated Procedures | Health and Safety Group |
| | Waste and Water Management | Associated procedures | Leadership Team (delegated by Executive Team) |
| Knowledge, Research and Information Committee | Information Governance/ Caldicott/Data Protection/Freedom of Information | Associated procedures, Guidelines and Protocols | Information Governance Working Group |
| | Official Statistics | Associated procedures, Guidelines and Protocols | Official Statistics Group |
| | Intellectual Property/Commercialisation | Associated procedures, Guidelines and Protocols | Knowledge, Research and Information Committee |
| | Information Management and Technology | Associated procedures, Guidelines and Protocols | Knowledge, Research and Information Committee |

Appendix 2 PHW Corporate Policy, Procedure or Other Written Control Document Development Flowchart: Example timeline

