

Written Control Documentation Policy

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Brief Summary of Document:	This policy describes the process for the development/review, approval, publication and implementation of all written control documents ensuring they are in line with current legislation, guidance and evidence
Scope:	All staff employed by or contracted by the Health Board who are involved with the written control documentation development/review process
To be read in conjunction with:	153 – Equality Impact Policy and Procedure 173 – Freedom Of Information Policy 193 – Retention and Destruction of Records Policy (including Health Records) Version 2 224 – Information Classification Policy HD031 - Production of Patient and Carer Information Policy Records management Policies
Owning Committee/ Group	Written Control Document Review Task & Finish Group

HYWEL DDA UNIVERSITY HEALTH BOARD

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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	10.5.2011
2	Revised policy to reflect new process for written control documentation	24.5.2016
3	Slight amendments – Data Protection Act	26.6.2018

Glossary of terms

Term	Definition
Written Control Document/ Documentation/WCD	A collective word for all policies, procedures, guidelines and strategies that the UHB have put in place to ensure that the organisation is run effectively.
DAF	Document Approval Form
SBAR	Situation, Background, Assessment, Recommendations (Report)

Keywords	Policy procedure guideline written control document documentation WCD
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CONTENTS

1. INTRODUCTION.....	4
2. POLICY STATEMENT	4
3. SCOPE	4
4. AIM	4
5. OBJECTIVES	4
6. THE WRITTEN CONTROL DOCUMENT PROCESS.....	4
6.1. Types of Written Control Documents (Definitions)	4
6.1.1. Strategy	4
6.1.2. Policy	5
6.1.3. Procedure	5
6.1.4. Guideline	5
6.2. Classification of Documents	5
6.2.1. Clinical	5
6.2.2. Corporate.....	5
6.2.3. Employment.....	5
6.3. Identifying the Need for Developing/Reviewing a WCD	5
6.4. Document Approval Form	6
6.5. Starting the Written Control Document.....	7
6.5.1. Written Control Document Format	7
6.5.2. Assessing for Impact	7
6.6. Collaboration with Others	9
6.6.1. Compliance with Legislation/Regulations	9
6.6.2. Interested Parties Involvement	9
6.6.3. Consultation (Global Email)	9
6.7. Approval Process	10
6.8. Post Approval Process	10
6.8.1. Publication	10
6.8.2. Dissemination	11
6.8.3. Implementation	11
6.8.4. Monitoring.....	11
6.8.5. Reviewing the document	11
6.9. Roles.....	12
6.9.1. Scheme of Delegation	12
6.9.2. Sub-Committee/Group/Department who owns the WCD	12
6.9.3. Author	12
6.9.4. Policy Approving Committee.....	13
6.9.5. Policy Co-ordination Officer	13
7. WRITTEN CONTROL DOCUMENT SYSTEM.....	14
8. RESPONSIBILITIES.....	14
8.1. Chief Executive	14
8.2. Nominated Director	14
8.3. Senior Management.....	14
8.4. Department/Service/Ward Management	14
8.5. All Staff.....	15
9. REFERENCES.....	15

1. INTRODUCTION

Hywel Dda University Health Board (Health Board) has a statutory duty to ensure that the appropriate policies, procedures, or guidelines (referred to collectively as written control documents) are in place. Written control documents (WCDs) help ensure that the Health Board complies with legislation, meets mandatory requirements, and provides services that are evidenced-based, safe and sustainable.

Having relevant, up to date and easy to follow WCDs minimises risk to patients, employees and the organisation. Therefore, to ensure the Health Board provides a robust and clear governance framework within which services can be delivered, it has developed a WCD management system. This system includes the organisational arrangements which support the development/review, approval, publication and implementation of WCDs and helps to achieve compliance with corporate and clinical governance standards.

2. POLICY STATEMENT

WCDs provide the Health Board with a clear governance framework to operate within and provide a process of internal control. They define what the organisation does and how it is done, support effective decision making and delegation and provide guidance for staff to follow.

3. SCOPE

This policy applies to all staff employed by the Health Board who have the responsibility for the development/review, publication and implementation of WCDs within their role.

This policy applies to all Health Board WCDs which fall within the definitions contained in this policy, both clinical and non-clinical.

4. AIM

This policy and its supporting procedures aim to describe the process for the development/review, approval, publication and implementation of all WCDs ensuring they are in line with current legislation, guidance and evidence.

5. OBJECTIVES

In order to achieve this aim, the policy sets out the procedures for:

- The development and review of WCDs.
- The standard approach to WCDs including corporate style and templates.
- Completion of equality impact assessments to enable the identification and subsequent elimination of inequality.
- Approval of WCDs in accordance with Scheme of Delegation.
- The publication of approved WCDs, including the WCD system.

6. THE WRITTEN CONTROL DOCUMENT PROCESS

6.1. Types of Written Control Documents (Definitions)

Definitions of the WCDs in use within the Health Board are:-

6.1.1. Strategy

A strategy is a broad statement of an approach designed to accomplish the desired objectives or goals and can be supported by other WCDs. Strategies are always organisational wide and required to be approved by the Board via the Scheme of Delegation.

6.1.2. Policy

A policy is a written directive from the Board which may be driven by statute or law, describing the broad approach or course of action that the Health Board is taking with a particular issue. Policies are underpinned by evidenced based procedures and guidelines and must be adhered to.

Policies are organisation wide and approved on behalf of the Board via the Scheme of Delegation.

6.1.3. Procedure

A procedure is a standardised method of performing tasks by providing a series of actions to be conducted in an agreed and consistent way, to achieve a safe and effective outcome. A procedure often sets out how a policy is to be achieved however procedures can also be stand-alone documents. Clinical procedures are underpinned by evidence based guidance from recognised bodies and must be adhered to.

6.1.4. Guideline

A guideline gives general advice and recommendations for dealing with specific circumstances. Staff use guidelines in conjunction with their existing knowledge and expertise to make decisions about the appropriateness of actions. Guidelines can also be stand-alone documents.

Clinical guidelines are underpinned by evidence based guidance from recognised bodies. Clinical guidelines are not prescriptive, however it could prove difficult to defend a case where agreed guidelines had not been followed and the rationale for this not justified.

A clinical pathway is a specific example of a guideline.

No other document type should be used.

6.2. Classification of Documents

6.2.1. Clinical

Clinical WCDs relate to the care and treatment of patients within the organisation and offer an evidence-based approach to making a series of clinical decisions for patients with a given condition.

6.2.2. Corporate

Corporate WCDs relate to the management of the organisation and formulate the organisation's response to known situations and circumstances.

6.2.3. Employment

Employment WCDs relate specifically to the management of employees (however defined) within the organisation and are a written source of guidance on how a wide range of issues should be handled within an employing organisation, incorporating a description of principles, rights and responsibilities for managers and employees

6.3. Identifying the Need for Developing/Reviewing a WCD

The reason to develop a new or review an existing WCD can come from a variety of sources, i.e. legislation, national guidance, external reviews, audits, to clarify/improve working practice, to mitigate an identified risk or to adopt an all Wales WCD. It is up to managers of a service, staff or function to recognise when a WCD is required to minimise risk to patients, staff and the organisation. An example is, as a result of an investigation following incident reporting, which

recommends additional system controls to prevent the risk of reoccurrence of a similar incident. This can equally apply to action required following the investigation of a complaint and claims management.

Whilst most WCDs are developed internally for internal use within the Health Board, there will be occasions when a WCD requires to be developed jointly with another organisation, for example, the Local Authority or other partner agencies. Some WCDs are issued on an all Wales basis with the expectation of local adoption. These documents must also be subject to formal approval for use in the Health Board (See Section 6.7).

When the requirement for a developing a new or reviewing an existing WCD arises, it is recommended that contact is made with the Policy Co-ordinator who will be able to provide advice and support about each stage of the WCD development/review process.

The most important thing to note is that that development of a new or review of an existing WCD must not be undertaken in isolation and that it must be owned and overseen by the appropriate committee/sub-committee/group/department. WCDs are best developed/reviewed in collaboration with others to ensure that the final document is one that is in line with current legislation, guidance and evidence and can be implemented seamlessly within the organisation.

In addition, strategies and policies only must be sponsored by an Executive Director. If not already identified, the sub-committee/group/department must nominate an author who will be responsible for ensuring that the process outlined in this policy is adhered to, starting with the completion of the Document Approval Form (see section 6.4 below).

WCDs which are developed in conjunction with external bodies, eg, local authorities, must follow the same procedure (below) as Health Board -only WCDs.

All Wales WCDs which are required to be adopted by the Health Board still need the lead person/group/committee to complete the following stages - completion of a Document Approval Form, local equality impact assessment and formal approval process, ie completion of a SBAR providing assurance to the approving sub-committee/group.

6.4. Document Approval Form

The first step in the development/review of a WCD is the completion of the Document Approval Form (DAF).

The DAF must be completed when the WCD is multi-disciplinary and/or multi-agency in nature. The DAF must also be completed for all Wales or jointly developed WCDs.

A department only/uni-professional WCD, which is a local procedure or guideline which sets out the requirements for staff in a discrete department or professional group and does not have wider implications outside of this, may not require a DAF. Further clarity can be sought from the Policy Co-Ordination Officer.

The overarching rationale for completion of the DAF is to aid the responsible sub-committee/group/department (see section 6.9.2) in being clear about the reason for the document, the potential impacts of the document and the support required to facilitate the implementation of the document. It is best practice to consider these prior to developing or reviewing all WCDs.

The DAF specifically aims to ensure that:-

1. The right type of document is developed (see above definitions).
2. The WCD is developed/reviewed within the context of existing WCDs.
3. There is a plan of involvement with interested parties who will be essential to the implementation of the WCD.
4. Consideration is given to the possible wider implications of the WCD to the Health Board.

Consideration of the above at the outset will help ensure that the development/review process is robust and efficient and will also enable the Policy Co-ordination Officer to keep track of WCDs which are under development or review.

The DAF must also be completed for all Wales or jointly developed WCDs.

The completed DAF must be signed off by the Chair of the sub-committee/group/department who owns the WCD and forwarded to the Policy Co-ordination Officer.

6.5. Starting the Written Control Document

A WCD must not be developed or reviewed in isolation. Whilst an individual will be the author and nominated lead, they must ensure that the WCD is developed /reviewed with the involvement of interested parties and the process is overseen by the sub-committee/group/department who owns the WCD, and who has the relevant knowledge and expertise within its membership to contribute to the process.

The development and review of a WCD requires proper planning and time for collaboration with others, to ensure that the WCD is robust and in line with current legislation, guidance and evidence. The time to undertake this process should not be underestimated.

All WCDs are subject to the Freedom of Information Act 2000 and therefore following approval will be in the public domain. Further information on classifying documents appropriately can be found in 224 - Information Classification Policy.

6.5.1. Written Control Document Format

Once the type of document has been agreed, the correct template must be used to ensure that the minimum information required is contained within the WCD. WCDs not following this format will not go out for consultation via Global email and proceed to the approval stage. The templates can be found on the "Developing a written control document" page of the Health Board's intranet site.

It is important that the WCD is written so that it can be understood by all staff who needs to adhere to it and therefore due consideration must be given about presumed knowledge and use of language. WCDs must be factual, evidence-based and concise.

6.5.2. Assessing for Impact

The impact of the WCD must be considered prior to development or at the early stages of a review. Analysis of proposed WCDs will involve considering their likely or possible effects in advance of implementation and will also involve what actually happens in practice. Analysis applies to existing as well as new and proposed WCDs. Sections 6.5.2.1 and 6.5.2.2 relate to impact assessments which must be undertaken to ensure all WCDs comply with legislation such as the Equality Act 2010 and the Data Protection Act/General Data Protection Regulations 2016 or any subsequent legislation to the same effect

All impact assessments will be published with the approved WCD.

6.5.2.1. Equality Impact Assessment (EqIA)

Undertaking an equality impact assessment enables resources to be targeted effectively and can help to reduce health inequalities.

Evidence gathered at the initial stages around the relevance of WCDs to individuals and communities on the basis of equality and human rights dimensions helps to determine whether there is a need for a full Equality Impact Assessment (EqIA).

Relevance is about how WCDs affects people - as service users, members of the public and as employees of the Health Board. An initial screening will need to be undertaken for all WCDs as this will indicate whether or not a full equality impact assessment is required.

Arrangements for monitoring and review should be introduced for all protected groups/equality strands to ensure there are no unfair outcomes once the WCD is operational.

Further information on EqIA is available through links from the Health Board's Equality, Diversity and Human Rights webpage:- <http://www.wales.nhs.uk/sitesplus/862/page/42192>.

6.5.2.2. Privacy Impact Assessment

6.5.2.2. Privacy Impact Assessment

Privacy Impact Assessments (PIAs) are an integral part of taking a „privacy by design“ approach to take into account the privacy and data protection issues that may arise by the development of a WCD. This will ensure that the WCD does not breach the Data Protection Act/General Data Protection Regulations 2016 or any subsequent legislation to the same effect and other related confidentiality and privacy laws and guidance.

Taking a „privacy by design“ approach is an essential tool in minimising privacy risks and building trust. Ensuring WCDs are developed/reviewed with privacy in mind at the outset can lead to benefits which include:

- Potential problems are identified at an early stage, when addressing them will often be simpler and less costly.
- Increased awareness of privacy and data protection across an organisation.
- Organisations are more likely to meet their legal obligations and less likely to breach the Data Protection Act/General Data Protection Regulations 2016 or any subsequent legislation to the same effect.
- Actions are less likely to be privacy intrusive and have a negative impact on individuals.

A PIA can reduce the risks of harm to individuals through the misuse of their personal information. It can also help to design a more efficient and effective processes for handling personal data. An initial screening tool will need to be completed on all WCDs as this will indicate whether a full assessment is required.

A copy of the initial screening tool and the full Privacy Impact Assessment document can be obtained by contacting the Information Governance Team:
Information.Governance.hdd@wales.nhs.uk. The Information Governance Team is available to assist staff to complete the document if required and to answer any queries about the process.

Further information on PIA can also be accessed on the Information Commissioner's Officer (ICO) website <https://ico.org.uk/for-organisations/guide-to-data-protection/privacy-by-design/>.

6.6. Collaboration with Others

6.6.1. Compliance with Legislation/Regulations

All WCDs must comply with legislative frameworks such as Consent, Deprivation of Liberties, Mental Capacity, Child and Adult Safeguarding, Data Protection, Welsh Language, Equality and Fraud. Therefore, the author must seek assurance from the relevant Health Board leads that the WCD adheres to the relevant legislation. Evidence of this assurance must be included in the SBAR which accompanies the final draft WCD when presented to the Approving Committee/Sub-Committee/Group.

6.6.2. Interested Parties Involvement

WCDs must not be developed in isolation and therefore at the start of the development/review of the WCD, all interested parties, e.g. staff groups, services, departments, who will be affected by and/or responsible for implementing/complying with the WCD, need to be approached by the author.

Interested parties are expected to contribute to the content of the WCD and also give explicit approval of the 'relevant sections' of the WCD which they are affected by or responsible for. Interested parties are required to identify any barriers which could inhibit the implementation of and/or compliance with the WCD. Any identified barriers must be resolved prior to the WCD being presented for approval. For example, some WCDs may have a potential impact upon resources, i.e. financial, human, estate. **Approval of a WCD should not be seen as approval for additional resources.** This will ensure the WCD is fit for purpose, and can be implemented and complied with by all the relevant interested parties.

For clinical WCDs, the author must contact the NICE Co-ordinator, who will assist with the identification of all relevant NICE and Royal College Guidance. This guidance must inform and be referenced within the WCD.

Most clinical WCDs must include appropriate patient information leaflet(s) which are included as an appendix. This should accompany the WCD as an appendix when approved. More information on developing patient leaflets can be found in the HD031 - Production of Patient and Carer Information Policy.

Comments and feedback received from interested parties must be collated and a record kept of the action taken; ie, whether the comments were incorporated or not, as this will be required to be included in the SBAR which will accompany the WCD when it is presented for approval (see Section 6.7).

6.6.3. Consultation (Global Email)

This should be seen as the final stage in the development/review process and provides a further opportunity to interested parties who have already contributed and those who might have been inadvertently missed to comment.

Consultation must be undertaken for all organisational strategies and policies. Not all procedures and guidelines require consultation, however procedures or guidelines which are multi-disciplinary or multi-agency will be required to go through consultation via Global email. Guidance can be sought from the Policy Co-ordination Officer.

Consultation involves the WCD being placed onto the Health Board's intranet site for a minimum of two weeks. All members of staff are invited, via the What's New e-bulletin, to comment on the WCD out for consultation via the on-line form on the intranet. The comment form is sent direct to the author for consideration and action. A record must be kept of all

comments received and the reasons as to why they were or were not included in the final version of the WCD. This will be required to be included in the SBAR which will accompany the WCD when it is presented for approval (see Section 6.7).

6.7. Approval Process

The Board is responsible for the approval of all WCDs. This responsibility has been formally devolved to its committee structure and included within the individual committee/sub-committee/group's Terms of Reference. All WCDs must be submitted to the appropriate approving committee/sub-committee/group for approval as per Scheme of Delegation. Departmental procedures and guidelines must be approved by the most senior individual in charge.

All WCDs presented for approval must be accompanied by a SBAR which will provide assurance that the development/review of the WCD is line with WCD policy. The SBAR needs to demonstrate:-

- Compliance with legislative frameworks.
- An assessment of the impact of the WCD, eg EqIA, PIA.
- The interested parties who have been involved in the development of the WCD and their endorsement of the final WCD.
- Evidence that wider consultation has taken place and inclusion of the record of comments received/action taken.
- Agreement on the dissemination of the WCD to those who will be required to implement it within the Health Board.
- How the WCD will be implemented within the Health Board.
- The proposed methodology/mechanism for monitoring compliance with the WCD.

Where WCDs relate to a single Department or uni-professional staff group and there is no wider impact on the Health Board, final approval can be provided by the departmental/service manager. 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 in line with the 193 – Retention and Destruction of Records Policy.

No changes must be made to a WCD after it has been approved. If a review is required, see section 6.8.5. The Policy Co-ordination Officer will ensure that procedures are in place to record all approved WCDs in the Health Board's Written Control Document System.

6.8. Post Approval Process

6.8.1. Publication

Following approval, the final version of WCD, plus its impact assessment documentation, must be forwarded to the Policy Co-ordinator within 5 working days who will:-

- Allocate a unique document number.
- Upload the WCD and impact assessment documentation on the Health Board intranet site within the next 5 working days.
- Include the WCD in the daily 'What's New' e-bulletin sent out by the Communications Team.
- Include the WCD in the Freedom of Information Publication Scheme, if appropriate.

The staff intranet will be the primary location for all WCDs to ensure that staff have access to the most up to date version. All approved WCDs will be listed on the 'Approved WCD' page on the intranet site. All strategies and policies will also be available on the Health Board website.

To further promote the approved WCD, the author can arrange for it to be published within appropriate newsletters and/or other appropriate sections of the intranet.

6.8.2. Dissemination

The sub-committee/group/department who owns the WCD is responsible for agreeing how, and by whom, the WCD is disseminated to those identified within the 'scope' of the WCD and ensuring that this is undertaken. As a minimum, the WCD must be disseminated to the relevant operational leads that would be expected to implement the WCD locally.

In addition to the dissemination identified within the scope, all WCDs are also disseminated to Assistant Directors, Associate Medical Directors, and operational senior management, who will action as appropriate.

A dissemination plan must be outlined in the SBAR report which accompanies the WCD for approval.

6.8.3. Implementation

Implementation goes further than publication and dissemination.

The requirement to develop a specific implementation plan will depend on the content of the WCD. It is the responsibility of the sub-committee/group/department who owns the WCD to agree how, and by whom, the WCD will be implemented and whether a separate implementation plan document is required. This must be explained in the SBAR which will accompany the WCD for approval.

If a detailed implementation plan is required this must be included with SBAR which accompanies the WCD for approval.

6.8.4. Monitoring

The sub-committee/group/department who owns the WCD is responsible for ensuring that mechanisms are in place to monitor compliance with the WCD, and ensure that any issues which are identified are addressed as appropriate. This might result in the updating of the WCD. This will help ensure that the WCD remains in line with current legislation, guidance and evidence.

6.8.5. Reviewing the document

The sub-committee/group/department who owns the WCD is responsible for ensuring the WCD remains in line with current legislation, guidance and evidence and therefore is required to review the WCD in light of new or updated legislation and/or guidance (NICE, Professional bodies) as it is published. All WCDs must be reviewed every three years if no revisions have occurred in the preceding three years, and must be subject to the full written control document process.

Nine months prior to the review date, the Policy Co-ordination Officer will contact the sub-committee/group/department who owns the WCD to notify them that their document is due for reviewing. The author, in conjunction with the sub-committee/group/department who owns the WCD, is responsible for ensuring that the document is reviewed by the expiry date. If it is foreseen that the expiry date will not be met, the approving committee/sub-committee/group must receive assurance that the current version of the WCD is still fit for purpose and agree an extension of up to a maximum of six months.

Any material or significant changes to an existing WCD will require it to be re-approved by the approving committee/sub-committee/group following the WCD process.

6.9. Roles

6.9.1. Scheme of Delegation

The Board has overall responsibility for ensuring there is Scheme of Delegation in place to ensure that the Health Board complies with legislation, meets mandatory requirements, and provides services that are evidence-based, safe and sustainable. The Scheme of Delegation sets out the committees/sub-committees/groups/departments who have delegated responsibility to approve new and reviewed WCDs .

6.9.2. Sub-Committee/Group/Department who owns the WCD

The sub-committee/group/department who owns the WCD is an operational group who is responsible for approving procedures/guidelines (see section 6.7 for approval process) and recommending policies for approval to the approving committee/sub-committee/group. The sub-committee/group who owns the WCD is responsible for:-

- Ensuring the development/review is undertaken in a timely manner.
- Ensuring that it has the relevant knowledge and expertise within its membership to develop/review a WCD.
- Nominating and providing support to the author who will be responsible for ensuring that the process outlined in this policy is adhered to.
- Signing off the DAF.
- Providing assurance to the approving committee/sub-committee/group via a SBAR that the following has been undertaken:
 - the developmental process has been robust and in line with the WCD Policy.
 - the final version of the WCD is in line with current legislation, guidance and evidence and can be implemented. (See sections 6.6 and 6.8.3).
 - Agreement on how, and by whom, the document is disseminated to those who are identified within the 'scope' of the document and ensuring that this is undertaken.
 - Agreement on how, and by whom, the WCD will be implemented and whether a detailed separate implementation plan is required.
 - There are mechanisms in place to monitor the compliance with the WCD, and ensuring that any identified issues are addressed in a timely manner.
- Ensuring that the WCD remains in line with current legislation, guidance and evidence throughout its lifetime.

6.9.3. Author

The author will be identified by the sub-committee/group/department who owns the WCD and will act as the nominated lead during the development/review of the WCD. The author should have the right level of knowledge, expertise and experience to lead on the development/review of WCDs on behalf of the sub-committee/group/department who owns the WCD. In particular, the author will be responsible for ensuring that each step of the WCD procedures has been followed.

The author, in conjunction with the sub-committee/group/department who owns the WCD, is responsible for:

- Contacting the Policy Co-ordination Officer at the outset to enable the provision of the advice and support throughout each stage of the WCD development/review process.
- Identifying the scope and purpose of the document, and at an early stage, completing the DAF prior to starting to development/review of the document.

- Identifying the interested parties, dependent upon the scope of the document and expertise required. These may include other specialist groups and committees, specialties, professional groups, services etc. (see section 6.6).
- Identifying and following the approval procedure appropriate to the WCD being developed/reviewed.
- Providing assurance to the approving committee/sub-committee/group that relevant interested parties have contributed and given explicit approval of their 'relevant sections' of the WCD being developed/reviewed.
- Where barriers to implementation remain, these need to be escalated to the appropriate individual/level for resolution prior to approval/recommending for approval.
- Ensuring that the WCD is produced in line with current legislation, guidance and evidence.
- Ensuring that any potential negative impact on groups with protected characteristics are considered throughout the development/review process and as a minimum, a screening for equality impact is completed in line with 153 - Equality Impact Assessment Policy.
- Ensuring that privacy and data protection principles are considered through undertaking a Privacy Assessment.
- Producing the SBAR which must accompany the final draft of the WCD (see section 6.7)
- Developing/reviewing documents in a timely manner (within six months).

6.9.4. Policy Approving Committee

This will be the most appropriate committee with delegated authority from the Board and its sub committees.

All Wales or jointly developed policies must be formally adopted by the Health Board, via the appropriate approval committee, before being implemented in the organisation. These may require additional procedures to be developed to support implementation within the Health Board.

The approving committee through the scrutiny of the SBAR must assure themselves that the following has been undertaken:-

- The developmental/review process has been robust and in line with the WCD Policy.
- The final version of the policy is in line with current legislation, guidance and evidence and can be implemented. (See section 6.6.1).
- There is agreement on how, and by whom, the policy is disseminated to those who are identified within the 'scope' of the policy and ensuring that this is undertaken.
- There is agreement on how, and by whom, the policy will be implemented.
- There is agreement on mechanisms in place to monitor the compliance with the WCD, and ensuring that any identified issues are addressed in a timely manner.

6.9.5. Policy Co-ordination Officer

The Policy Co-ordination Officer will provide advice and support to authors throughout the WCD process. In addition, the Policy Co-ordination Officer is responsible for:-

- Managing the Written Control Document System in line with statutory requirements outlined within the Public Records Act 1958.
- Providing secretariat support for the Clinical Policy Review Group (CPRG).
- Ensuring that the WCD Policy and process is followed and acting as the operational 'gatekeeper' for all WCDs.
- Publishing WCDs on the staff intranet and internet sites.
- Ensuring up to date guidance and documentation on the WCD process is accessible.

7. WRITTEN CONTROL DOCUMENT SYSTEM

The WCDs which are approved through the Scheme of Delegation for the Health Board are centrally managed through the Corporate Governance Department. A WCD database is in place.

Once a WCD has been entered onto the database, approved and published on the internet, then this should be regarded as the only official Health Board version for dissemination to and use by Health Board employees.

Where a WCD has been superseded, the archived copy will be held on file by the Policy Co-ordinator but will no longer be available via the internet. The Health Board is required to keep a record of all archived, out of date WCDs, in line with WHC (2000) 071 for the Record and Records Management Policies.

Each department/service which develops/reviews WCDs must set up their own WCD system. This must hold all current and out of date WCDs. All out of date WCDs must be kept for a period of 30 years in line with the WHC (2000) 071 For the Record.

8. RESPONSIBILITIES

8.1. Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the Health Board has appropriate WCDs which complies with legislation, meets mandatory requirements, and provides services that are safe, evidenced-based and sustainable.

8.2. Nominated Director

The Nominated Director is responsible for providing a robust and clear governance framework for the effective management of all WCDs, and compliance with this policy. Specifically ensuring that:

- A consistent approach and process for the development, approval, publication, implementation and management of WCDs which meets statutory requirements.
- There is an appropriate Scheme of Delegation in place for the approval of WCDs.
- There is a WCD management system in place.
- Policies are available to the public to improve transparency and in accordance with the requirements of the Freedom of Information Act.

8.3. Senior Management

Senior management are responsible for:

- Ensuring that the WCD Policy is adhered to by staff within their area of responsibility.
- Ensuring all staff have access to WCDs.
- Ensuring that all newly approved WCDs are cascaded appropriately within their area of responsibility.

8.4. Department/Service/Ward Management

Department/Service/Ward Managers, through their line/supervisory structure, are responsible for:-

- Ensuring that the WCD Policy is adhered to by staff within their area of responsibility (adherence to other WCDs will be detailed within individual WCDs).
- Contributing to the development of WCDs which may impact their area of responsibility (See section 6.6.2).

HYWEL DDA UNIVERSITY HEALTH BOARD

- Ensuring there is a robust documentation control system in place locally to ensure WCDs are readily available and accessible to staff and that staff are working to the most up to date WCD.
- Ensuring that staff are aware of any new or reviewed WCDs and a process is in place to demonstrate that staff have read and understood the WCD.
- Ensuring that any new members of staff are made aware of the local WCD system at local induction including access to WCDs and demonstrate that they have read and understood the relevant WCDs.
- Ensuring their staff are competent to implement this WCD Policy.

8.5. All Staff

All Staff are responsible for:-

- Complying with the provision of the WCD Policy.
- Ensuring their practice is in line with WCDs pertinent to their area of work.
- Identifying any barriers to compliance with any WCD, for example, competence, equipment, and report this up through the appropriate structure.
- Identifying any changes in practice, guidance or legislation which requires an review of any WCD and report this up through the appropriate structure

9. REFERENCES

Betsi Cadwaladr University Health Board

Cardiff And Vale University UHB, (2011), [Management of Policies, Procedures And Other Written Control Documents Policy](#), Cardiff And Vale.

Public Records Act 1958

WHC (2000) 71 For the Record