Aneurin Bevan University Health Board

Policy for the Management of Policies and Written Control Documents

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Contents

1. Introduction and Purpose

Aneurin Bevan University Health Board, (the 'Health Board'), has a statutory duty to ensure that appropriate policies and supporting procedures, protocols or guidelines (referred to collectively as written control documents) are in place to maintain patient and service user safety, enable staff to fulfil their roles safely and competently and to comply with legislation, regulation and standards.

This policy provides a clear framework for the consistent development, effective co-ordination and management of all policies and written control documents across the Health Board and where required, in partnership with other organisations.

2. Scope

This policy applies to all Health Board staff in all locations and includes any joint written control documents developed in partnership with other organisations.

3. Policy Statement

The Health Board will have a control procedure for all policies and written control documents to ensure that those in use are current and relevant and that duplication is avoided.

The policies and written control documents will be easy to follow in order to reduce risk to patients, service users, employees and the Health Board.

To facilitate this the Health Board will provide a framework for Health Board-wide consistency in the format, compilation and dissemination of policies and written control documents. This will include a structure for the development, approval and dissemination of policies and written control documents ensuring that these are:

- Reviewed in line with statutory and regulatory requirements;
- Considered and approved at the appropriate level, and within the Health Board by the appropriate body, Committee or forum (with delegated powers and authority to do so);
- Cascaded to Health Board staff as appropriate, ensuring that staff will have access to them;
- Available to the public in accordance with the requirements of the Freedom of Information Act.

4. Health Board Activity

To ensure compliance with the policy the Health Board will:

- Actively manage and maintain a corporate register of policies;
- Ensure an appropriate review of policies and written control documents in line with review timescales or as a result in a change of practice, structure or legislation or regulation.
- Ensure appropriate consultation has taken place as part of the development and implementation process;
- Create a corporate style and promote the use of templates as part of its approach to all standardising documentation;
- Ensure that the equality impact assessment process is completed for all policies and written control documents;
- Ensure environmental impact assessments have been performed as necessary for all documents and written control procedures;
- Ensure systems exist and are used to monitor the use of, and compliance with, all written control documents;
- Maintain an archive of past written control documents, including the library from predecessor organisations, for reference and to meet legal requirements.
- Ensure appropriate support, awareness and training needs for staff in order for them to understand and comply with policies and written control documents.
- Ensure appropriate resources are clearly identified prior to implementation.

5. Definitions

Policies and supporting written control documents are essential in the delivery of a high quality and safe health services and to ensure the Health Board operates within the law. They form an integral element of the governance and assurance framework by which the organisation regulates its activities to achieve its goals, and are used as reference points to assist staff in their day to day working.

Terminology across the range of documentation can often be confusing for both those that develop the documents and to those that use them. Clear definitions for these terms, highlighting the differences and similarities and the appropriate use of each is provided at Appendix 1.

6. Roles and Responsibilities

Chief Executive: the Chief Executive, as Accountable Officer, has overall responsibility for ensuring the Health Board has appropriate policies and other written control documents in place to ensure the organisation works to best practice and complies with all relevant legislation.

Executive Directors: Executive Directors are responsible for ensuring that all policies and written control documents within their remit are maintained and updated by liaising with the appropriate policy author(s). They are responsible for ensuring that the appropriate advice and assistance is provided to authors and that consideration is given to any training and resources implications that are identified.

Board Secretary: The Board Secretary is responsible for the effective management of, and compliance with, this policy. This includes ensuring an effective governance and assurance framework to:

- Maintain a corporate register of policies;
- Ensure consistency of documentation
- Provide approval procedures for policies and written control documents at the appropriate level in the Health Board;
- Ensure that policies and written control documents are reviewed in a timely manner.

Corporate Services Manager (Policies and Procedures): The Corporate Services Manager will act as the Health Board 'Policy Process Manager', with the responsibility for ensuring that the processes are followed and will provide guidance, training and support for the implementation of the process. The Corporate Services Manager will manage the Health Board policy register and provide support to facilitate review and updating of policies.

Authors of policies and written control documentation: Authors are responsible for ensuring that the guidance provided in this policy is followed. This will include:

- Liaising with Executive Leads to ensure that policies and written control documents are implemented appropriately and, where necessary, compliance with those documents is formally audited;

- Ensuring that there is an appropriate review of policies and other written control documents, in line with the review timescale set at the time of approval or as a result of changes to practice, organisational structure or legislation;
- Ensuring that appropriate consultation has taken place with the relevant individuals and groups;
- Ensuring that training needs and resources required for implementation are clearly identified;
- The necessary equality assessment has been carried out prior to the document entering the approval process;
- The necessary environmental impact assessment, where appropriate, has been carried out prior to the document entering the approval process.

The author responsibility is based on role. If an author leaves their role, the responsibility for the document is taken on by their role replacement. Where no direct role replacement is appointed, responsibility reverts to the post holder's line manager. This should be made clear in any handover arrangements. Notification should also be made to the Corporate Support Manager (Policies and Procedures).

Divisional Directors / Divisional General Managers / Clinical Leads / Heads of Department: Must take responsibility to:

- Ensure that any new members of staff within their department are made aware of the policy control system at local induction, and how to access Health Board-wide and local policy documents specific to their area;
- Allocate an appropriate lead manager to take overall responsibility for the development and management of their respective policy documents in accordance with the Health Board policy process;
- Understand the policy process and their role in supporting best practice;
- Work with staff without access to the intranet to ensure they have access to relevant documentation;
- Ensure that local arrangements are established to monitor the receipt and understanding of all relevant Health Board documents; thus reducing the risk of misuse or misinterpretation.

Line Managers: Line managers at all levels managers must ensure that the staff for whom they are responsible are aware of and adhere to this policy. This includes ensuring that:

- Copies of the Health Board policies and other written control documents are readily available and accessible to all staff;
- Information is disseminated on a regular basis, to ensure staff have read and understood the relevant documents and are aware of any new guidance or revisions;
- The identification of specific staff training needs on the implementation of new or updated documents and linking with the Corporate Services Manager – Policy and Procedures where this might be an organisational wide need;
- Systems exist to enable the review, audit and compliance testing of all relevant departmental policies, and other written control documents as required.

All Staff: All staff are responsible for ensuring that:

- Their practice is in line with policies and written control documents in use across the Health Board and specific to their area of work;
- Information regarding failure to comply with the policy, for example, lack of training, inadequate equipment, is reported to their Line Manager
- Information regarding any changes in practice, organisational structure or legislation that would require an urgent review of documents is immediately reported to their Line Manager.

7. Policy Registration

The diverse nature of health care means there will be a large number of policies and procedures in place. Some will apply across the Health Board and be relevant to all staff, and others will be specific to certain areas or activities.

For ease of reference, all policy documentation will be listed and numbered under a series of headings. An index of policies and other written control documents will be maintained as part of the on-line database that is in place and maintained to manage the review process. The database will become the central register for all policies and other written control documents in the Health Board.

8. Policy Creation and Development

Each Health Board-wide policy will be sponsored by a lead Executive Director. At Division, Directorate and Departmental level, policies

and written control documents will be sponsored by the appropriate Director or Divisional Director.

The development of new policies and other written control documents, or the amendment of existing documentation, will be overseen by the appropriate Executive or Divisional Director. They will be responsible for ensuring that content and scope are fit for purpose before being presented for approval.

When the potential for a new policy document arises, the Corporate Services Manager (Policies and Procedures) must be informed before preparation commences to ensure there is not a policy already in existence on the same or similar subject, thus avoiding duplication of effort.

Once the need and type of written control document is identified, the process for production and approval must follow that contained within this policy. A flowchart depicting this process is attached at Appendix 2.

The language used should be plain English, using short sentences and where possible avoiding technical terms. If technical terms are used, they should be explained using a glossary or footnotes. In accordance with the requirements of the data protection legislation, the names of individuals will not be contained within policies and other written control documents. Individuals with particular responsibilities will be identified by their job title only.

All policy and written control document 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.

All policies should include reference to:

- **Health and Care Standards**

All policies and written control documents should outline how they contribute to compliance with the Health and Care Standards and should also indicate to which Standards this area of activity is linked.

- **Equality & Equality Impact Assessment**

In accordance with the Equality Act 2006, all policies will be subject to an Equality Impact Assessment.

- **Well-being of Future Generations Act**

The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales.

All policies and written control documents must consider provisions and demonstrate that all key goals were considered in the development of the policy document.

- **Environmental Management (Environmental Impact Assessment)**

The Health Board is accredited to the Environmental Management System (EMS) ISO 14001 which is the internationally recognised standard for managing the environment. The EMS provides a framework for managing environmental impacts associated with the Health Board's activities.

An Environmental Impact Assessment (EIA) is an assessment of the possible positive or negative impact that a proposed project may have on the environment, together consisting of the natural, social and economic aspects.

9. Document Format

All policies, procedures, protocols and guidelines must be produced by using corporate templates. The Board or relevant Committee will not ratify documents which do not comply with this policy.

A document template has been developed to provide guidance on what information should be contained in which policy or written control document along with some standard clauses that can be used as appropriate (see Appendix 3) and indicates fields that are mandatory. It also contains the standard front cover which is to be applied to Health Board policies and other written control documents, together with some specific points regarding formatting.

10. Consultation

Policy documents must not be written in isolation.

All policies and other written control documents should be developed in consultation with their target audience involving appropriate managerial, clinical and staff representation. All new or significantly revised policies should be the subject of consultation within the divisional structure and with relevant professional groups and/or individuals.

All Health Board-wide policy documents must be sent to:

- Executive Team members
- Divisional Directors

- User-involvement representatives/group.
- Staff representatives affected by the policy.
- Service user representatives (if appropriate – see below).

Where the policy document is relevant to patient care it must also be sent for consultation to relevant members of the public and/or stakeholders where required. Authors are asked to contact the Corporate Services Manager (Policies and Procedures) for advice and assistance in identifying whether consultation is required or the appropriate groups/individuals for consultation.

In each case where public or stakeholder consultation is required, the Health Board will develop a mechanism to involve patients and members of the public where appropriate. This will strengthen the stakeholder involvement with the Health Board and demonstrate our commitment to working with the local community. All consultation will be led by the author and must be completed before the policy or written control document begins the approval process.

The author must identify and document consultation and provide assurance to the approving Committee that this has been conducted thoroughly and that comments have been incorporated into the policy.

11. Approval Process

The Board will be responsible for the approval of policy documents. This responsibility can be delegated to an appropriate Committee, Group or Forum in the Health Board in accordance with the Scheme of Delegation and Standing Orders and will be one of the following:

- Approval retained by the Board
- Delegated to Health Board Committee
- Delegated to Health Board Executive Team
- Delegated to other Group or Partnership

The approval of policy documents and associated written control procedures will be retained by the Board or delegated to Health Board Committees and their Executive Team in line with their individual remits and responsibilities. This will be reflected in the Health Board's Scheme of Delegation.

No changes should be made to Health Board Policy after it has been ratified and approved. The Corporate Services Manager (Policies and Procedures) will ensure that all approved policies and other written control documents are recorded in the Health Board Policy Register

and published on the intranet site and that there is clear revision control applied to policies.

Where policies are created as a joint policy on an All-Wales basis or with partners and require formal adoption by the Health Board, the Board will delegate approval to the relevant Health Board Committee, as required.

Where policies relate to Specialised and Tertiary Services, the Board will delegate approval to the Joint Welsh Health Specialised Services Committee (WHSSC).

The Chair or representative of the Committee, Group or Forum approving and ratifying the document must submit confirmation of approval with a copy of the document within 10 working days of approval to the Corporate Service Manager (Policies and Procedures). A checklist is attached as Appendix 4 to assist the forum.

Clinical Policies and Procedures

The Clinical Standards and Policy Group will receive and approve clinical policies with Health Board-wide implications.

The Clinical Standards and Policy Group will discuss and identify the need for Health Board-wide policies for clinical practice arising from recommendations from audit, NICE, NSFs, etc. and issues arising from evidence-based medicine or clinical governance and take action as appropriate.

Workforce and Organisational Development Policies and Procedures

In the case of employment policies, (excluding those enforced from Welsh Government following national negotiations), staff representatives and management will jointly negotiate a draft policy for submission to the Workforce and Organisational Development Policy Group. Following this, the Policy will be brought to the Executive Team for final consideration and approval, with ratification at the Board, if required.

12. Review Process

Certain policies must be reviewed annually. These are:

- Risk Management Strategy and Policy
- Major Incident Plan

All other policy documents must be reviewed no later than three years after initial approval and regularly reviewed on the same basis thereafter. Documents will be reviewed more frequently if changes in legislation or the service requires it. Until a document is reviewed, it will remain the extant policy document of the organisation until replaced. It is the responsibility of the policy author to ensure that documents are reviewed in line with their review dates.

To ensure the timely review of documents reminder notices will be initiated by the Corporate Services Manager (Policies) 6 months prior to the review date and subsequent months thereafter. Executive Directors will be notified one month prior to the review date of any policy/procedure under their area of responsibility that is due for review.

Where a review necessitates considerable change to the previous document, the process will be treated as though it is a new document. Minor amendments can be notified by distributing copies of the policy to appropriate recipients, with a cover sheet the changes and their implications. This sheet should be kept with the original but copies cascaded to appropriate members of staff.

13. Publication, Dissemination and Distribution

All policies and written control documents that have been ratified appropriately must be forwarded to the Corporate Services Manager (Policies and Procedures) within ten working days of approval by the author. The document will be:

- Added/updated on the ABUHB Policy database;
- Cascaded in line with the Health Board communications system;
- Uploaded onto the intranet and internet;
- Included in the Freedom of Information Publication Scheme.

The intranet site will be the primary location to view all policies and written control documents to ensure that staff can access the most up to date versions. Where hard copies need to be circulated, these should be downloaded from the intranet site by the appropriate Line Manager.

Relevant documentation will also be published on the Health Board's internet site, in line with Freedom of Information Act requirements.

All documents will be subject to version control and archived in line with legal requirements. Once revised policies and other written control documents are approved, the Corporate Services Manager

(Policies and Procedures) will e-mail the author/policy lead to inform them in order that they can ensure appropriate dissemination to their staff.

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

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

14. Resources

The Health Board intranet site provides a comprehensive library resource in support of this policy. Resources required to educate staff on both the requirements of this policy and the development of documents across the Health Board will need to be identified within each Division and Department.

15. Training and Awareness

All staff will be provided with the necessary training and awareness to undertake their role, which may include the need to understand and implement this policy.

16. Implementation

It is the responsibility of the author to identify how any policy or written control document will be implemented. This will include liaising with the Director of Workforce and Organisational Development, or their representative, in order to ensure that staff training requirements have been highlighted in time for the policy document to go live. This will avoid any confusion in changes of practice or resources required of the new or updated policy document.

Executive Directors and Divisional Directors have key implementation roles in this policy and should ensure that information is cascaded appropriately to the staff within their divisions and localities.

17. Equality

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable the Health Board to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender, disability, sexuality, age, religion and language.

Developing policies and practices that ensure individuals are treated equally is the first step towards delivering health services that are patient focused and effective. This requires the Health Board to take action to identify and eliminate inequality. Undertaking an Equality Impact Assessment in relation to all relevant policies and practices provides a means of doing this. Policy authors are responsible for undertaking EQIA and must begin conducting an appropriate assessment at the initial stage of policy development. All final policies must include reference to the Equality Impact Assessment that has been undertaken. The Equality Impact Assessment Guidance can be found using the following link: Aneurin Bevan University Health Board | Equality, Diversity & Human Rights: Equality Impact Assessment

18. Audit

All policies will form part of formal auditing process to ensure that they are fit for purpose, have been implemented effectively and to assess compliance.

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

Compliance will also be monitored as part of the Health and Care Standards for Wales Annual Review process.

19. Review

This policy will be reviewed every three years, or sooner should the author or legal requirements deem it to be relevant or required.

Appendix 1: Definition of Terms

Strategy - A long term plan designed to achieve particular goals or objectives. A strategy is often a broad statement of an approach to accomplishing these desired goals or objectives and can be supported by policies and procedures.

Policy – A written statement of intent, 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 are mandatory. Policy documents may be used to support the Health Board during legal action.

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

Procedure - A standardised method of performing clinical or non-clinical tasks by providing a series of actions to be conducted in an agreed and consistent way to achieve a safe, effective outcome. This will ensure all concerned undertake the task in an agreed and consistent way. These are often the documents detailing how a policy is to be achieved.

Procedures can be written as part of a policy document (in which case they are mandatory) or as 'standalone' documents (in which case they are discretionary).

Where procedures are formulated utilising evidence based knowledge and best practice guidelines, they must include reference of any researched evidence used.

'Standalone' procedures give the user the means to carry out specific tasks. This may be within the overall control framework of the organisation or to regulate activities to achieve a quality outcome. 'Standalone' procedures do not have the same status in law as a policy; however, failure to follow a specific procedure may prejudice the successful defence of a claim against the organisation.

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

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

Within a protocol it must be clear by whose authority is it being implemented, what the scope of the protocol is and what procedure is to be followed if practice is to be outside of the protocol.

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.

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

Guidelines are not prescriptive. However, whilst guidelines are not mandatory, it could prove difficult to defend a case where agreed guidelines had not been followed.

National Clinical Guidelines - the National Institute Health and Clinical Excellence (NICE) defines guidelines as:

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

Standards - The Royal College of Nursing definition is:

> *"to provide a record of service or representation of care which people are entitled to experience, either as a basic minimum or for use as a measure of excellence"* (RCN 1997)

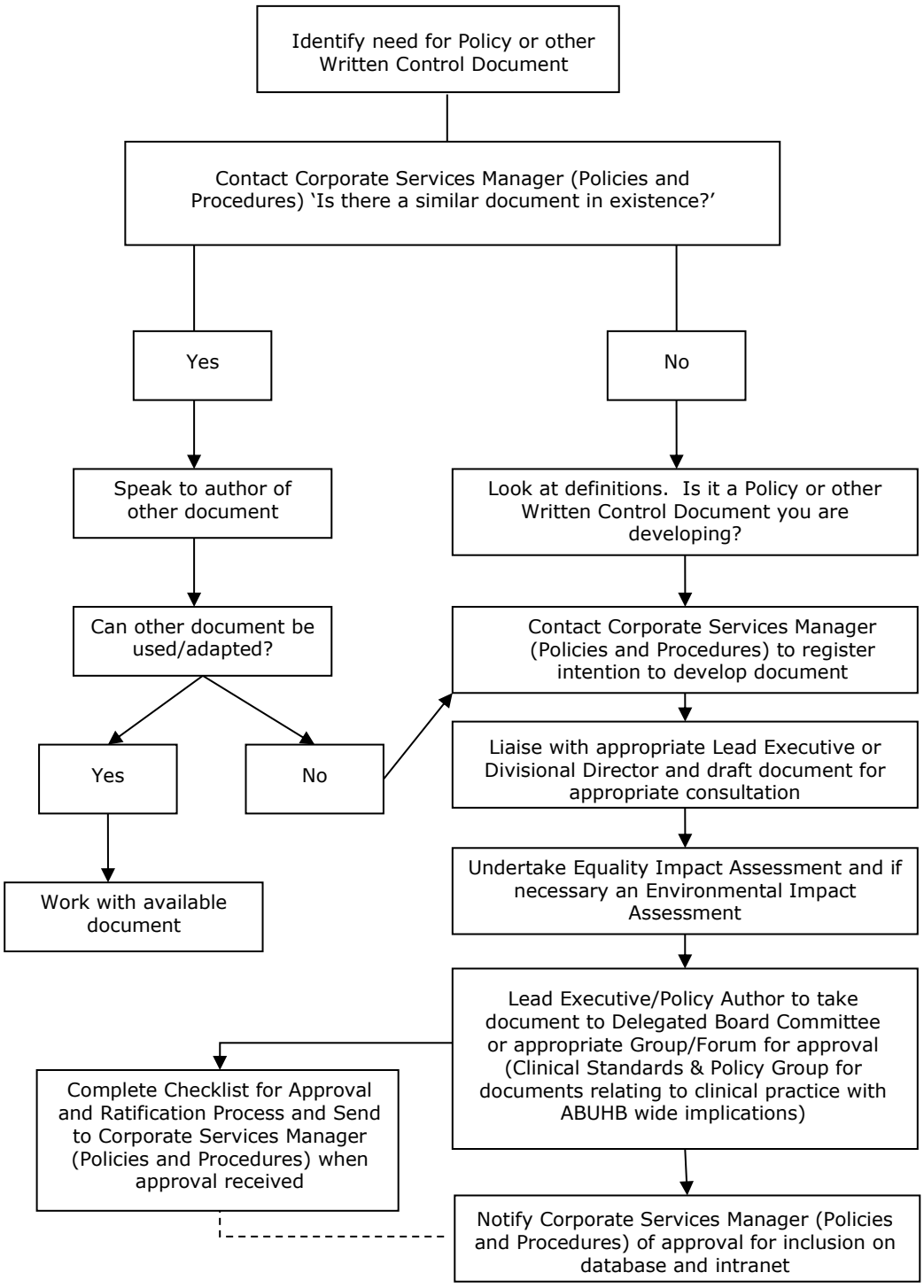
The Health and Care Standards define standards as:

> *"Standards are a means of describing the level of quality health care organisations are expected to meet or to aspire to. The performance of organisations can be assessed against this level of quality"* (Welsh Government 2015).

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

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

Appendix 2: Policy Process Flow chart



Appendix 3: Template for Documents

The template and control sheet should be used by anyone wishing to formulate any written control system. Documents should be formatted in line with Corporate Style as follows:

Electronic format	Microsoft Word - PDF Read only
Front cover	Corporate template
Audit trail	Use Policy process
Body text	Verdana 12
Headings	Verdana 12
Tables and charts	Verdana (size as appropriate)
Use of bold	Headings only
Alignment	Left aligned
Line spacing	Body text single
Paragraph spacing	Use paragraph tab in Word **Headings** Before = 12 pt After = 6pt **General Text** Before = 6 pt After = 6 pt
Underlining	None
Contents page Contents page if >3 pages	As template Use judgement - help reader to find relevant information more easily.
Staff Names	No - Use role titles
Logo	Use Health Board logo.
Headers and footers	Verdana 9
Margins	Top and bottom of page 2.5cm, sides 2.5cm.
Document Title	To be included in the header on every page
Page numbering	To be included in the footer (e.g. page x of x)
Bullets	• Use standard bullets only, as they do not always format across different systems.

Abbreviations	State in full in first usage with abbreviation in brackets.
Printing	A4/double sided.
Referencing	All reference material should be listed in full at the end of every document in Harvard style.
Glossary of terms	As all policy documents are subject disclosure and publication under to the Freedom of Information Act, they need to be user friendly as they are documents that can be held up to public scrutiny. Therefore all abbreviations, jargon and specific wording must be clearly explained to the reader.
Version Control	Reference Number provided by the Corporate Services Manager (Policies and Procedures). Documents to state 'Draft' whilst in development.

All Policies must include the following headings as a minimum.

Introduction/Overview	What is it about? Why is it needed? This may require information relating to audit, risk management, quality and safety.
Purpose	What is the purpose of the document? This may be included in the Introduction
Scope/Area of Application	Who does the document relate to: - All staff? - Directorate/Clinical Department/Corporate Department specific?
Statement (for Policies)	What is the commitment of the Health Board? What is the statement of intent? Cross reference to Standards for Health Services Wales.
Objectives (if necessary as this may be in the purpose)	What will the document achieve?
Roles and Responsibilities	- Who is responsible for implementation? - Which groups of staff are able to carry out the procedures required? - What action points does the document raise? - Who is responsible for ensuring action points are undertaken? - Who is accountable if the responsibilities are not followed?
Main Body This may include various headings to meet the purpose)	Show how the document statement will be achieved. Reference evidence appropriately.
Resources	Are there any resource issues in order for the document to be implemented? Financial/Time/Training – these must be identified as if there are no resources the document will not be achievable.

Training	- Are there any training issues and if so who is responsible for the training programme? - Who will keep a record of those members of staff who have been trained? - Will there be update training? How often? If the document compliance is not carried out for any length of time at what stage will the person cease to be authorised to carry out that policy? Where appropriate, specify the grade and required education and training of staff implementing the document.
Implementation	How will the document be implemented? - Action Plan? - Time scales? - What level of training should they have?
Further Information Clinical Documents:	The evidence base provided for the document. Name any recognised relevant professional body, for example the source of your evidence base. Where appropriate, specify what is required to be documented in patients' notes. Clinical policies should also include a review of the evidence used and a reference list of that evidence.
Health and Care Standards	This section should outline how the policy or written control document contributes to compliance with the Health and Care Standards and should also indicate to which Standards this area of activity is linked.

Equality	- Has an equality impact assessment been carried out? If 'yes' append it. If 'no' explain why not. - Has any adverse impact been identified? If so, is it justified and lawful? Explain how the document promotes equality of opportunity and/or good relations between different groups.
Environmental Impact	Does an Environmental Impact Assessment need to be carried out? For further information contact the Waste and Environmental Manager, St Cadoc's Hospital on 01633 436980.
Audit	This is required to ensure that the document is appropriate and achievable and that there is compliance with the document by staff. An audit tool must therefore be built into the policy document.
Review	Generally 3 years unless legislation requires differently – check with Corporate Services Manager (Policy and Procedures).

Appendix 4: Policy Template

Aneurin Bevan University Health Board

Title Here

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

Contents:

1. Introduction/Overview

What is it about? Why is it needed?
This may require information relating to audit, risk management, quality and safety.

2. Purpose

What is the purpose of the document?

3. Scope

Who does the document relate to:
- All Staff?
- Division/Directorate/Clinical Department specific?

4. Policy statement

What is the commitment of the Health Board?
What is the statement of intent?
Cross reference to relevant Health and Care Standards Wales.

5. Objectives (if necessary)

What will the document achieve?

6. Roles and Responsibilities

Who is responsible for implementation?

- Which groups of staff are able to carry out the procedures required?
- What action points does the document raise?
- Who is responsible for ensuring action points are undertaken?
- Who is accountable if the responsibilities are not followed?

7. Main Body

Show how the document statement will be achieved. Reference evidence appropriately.

Plus sub Headings

8. Resources

Are there any resource issues in order for the document to be implemented? Financial/Time/Training – these must be identified as if there are no resources the document will not be achievable.

9. Training

Are there any training issues and if so who is responsible for the training programme?

- Who will keep a record of those members of staff who have been trained?
- Will there be update training? How often?
- If the document compliance is not carried out for any length of time at what stage will the person cease to be authorised to carry out that policy?
- Where appropriate, specify the grade and required education and training of staff implementing the document.

10. Implementation

How will the document be implemented?

- Action Plan?
- Time scales?
- What level of training should they have?

11. Further Information Clinical Documents

The evidence base provided for the document. Name any recognised relevant professional body, for example the source of your evidence base. Where appropriate, specify what is required to be documented in patients' notes. Clinical policies should also include a review of the evidence used and a reference list of that evidence.

12. Health and Care Standards Wales

This section should outline how the proposal contributes to compliance with the Health and Care Standards Wales and should also indicate to which Standards this area of activity is linked.

13. Equality

- Has an equality impact assessment been carried out?
- Has any adverse impact been identified? If so, is it justified and lawful?

Explain how the document promotes equality of opportunity and/or good relations between different groups.

14. Environmental Impact

Does an Environmental Impact Assessment need to be carried out?

15. Audit

This is required to ensure that the document is appropriate and achievable and that there is compliance with the document by staff. An audit tool must therefore be built into the policy document.

16. Review

Generally 3 years unless legislation requires differently – check with Policy Process Manager (Corporate Services Manager – Policy and Procedures).

17. References

All reference material should be listed in full at the end of every document in Harvard style

18. Appendices

To include any procedures, protocols or guidance applicable to the policy.

The above headings are key to good implementation and essential to clinical policy development, they are not exhaustive and other headings will apply to individual documents.

Appendix 5: Checklist

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

CHECKLIST FOR THE APPROVAL AND RATIFICATION OF POLICIES AND OTHER WRITTEN CONTROL DOCUMENTS

Please complete this form and email it along with your document. Thank You

Name of Document	
Any other known name? This information can be inserted in the search criteria options to ensure the document can be located easily on the intranet	
Reference Number	
Document Type (policy, protocol, procedure etc.)	
Document Author(s) (name and title)	
Contact Details for main author	
Division, Directorate or Area Document is Aimed at/applies to e.g. ABUHB wide	
Document Sponsor/Owner (This should be Senior Professional e.g. Assistant Medical or Nursing Director Job Title – not person's name)	

	YES	NO
Is this a new document?		
Is this an existing document which is due for review?		
If it is an existing document- Write current review by date		
Who is the main audience for the document? E.g. all staff, Anaesthetics, Nursing, Orthopaedics, Mental Health etc.		

How long will your document be valid for? Most documents must be reviewed every 3 years. If new case law is made or new legislation is enacted or expected you will need to review your document at the time this is made available.											
1 Year		2 Year		3 Years		Other					

	Yes	No	N/A
Have the necessary users/services been consulted in the development/review of this policy or written control document?			
Does the policy document involve/include medicines?			
If so, please can you confirm if there has been pharmacy consultation			
Please can you clarify which other bodies have seen and approved the document? e.g. Local Medical Council			
Has the necessary Equality Impact Assessment documentation been completed?			
Has the necessary Environmental Impact Assessment been completed?			

	YES	NO	N/A
Does the purpose of the document *directly affect* patients, clients, carers?			
Has a patient information leaflet been developed to assist this policy or written control document?			
Have you completed a readability check?			
If so, what is the score/reader level?			

If applicable, please state what training has been identified as a result of this policy or other written control document, and what action has been taken:

Name of the Committee/Group Forum which approved/ratified the document	
Date of ratification	
Chair's Signature	
Author's Signature	