Appendix 1

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Cwm Taf University Health Board	**Reference Number: OP1** **Version Number: 3** **Next Review date: 6 December 2021**

POLICY FOR THE MANAGEMENT, IDENTIFICATION AND AUTHORISATION OF POLICIES AND PROCEDURES

Introduction

The Policy for the Management, Identification and Authorisation of Policies and Procedures (the Policy) sets out the process by which Cwm Taf University Health Board (the UHB) develops policies in an appropriate and user friendly fashion.

It considers the appearance and content of the policy and describes the approval and consultation procedures.

Objectives

There are a number of objectives, including:

- maintenance of a consistency of approach;
- ensuring that all appropriate areas are covered, including Health Impact Assessment and Equality Impact Assessment;
- ensuring that authors and Executive keep the policies up to date;
- ensuring the information in the policies is communicated to the appropriate managers;
- making certain that a record is kept of any changes in the policies and that this is circulated appropriately;
- facilitating the compilation of a centrally held list of policies;
- writing the policies in clear English so that they can be understood and so that all are aware of what is expected;
- ownership – this must be clearly stated so that the policy can be more easily reviewed and kept up to date;
- ensuring the policy is the subject of appropriate and wide ranging consultation;
- making the policy available to the public in line with the Freedom of Information Act and the Publication Scheme.

Operational Date	**Expiry Date**
December 2018	**Formal** – three years **Informal** – one year

Scope This policy applies to all staff on all locations across the UHB.	
Equality Impact Assessment	An Equality Impact Assessment has been completed. No specific issues have been identified.
Distribution	All staff via internet and team briefings.
To be read by	All staff will need to be aware of the existence this policy – those writing policies will need to make themselves aware of the detail.
Documents to read alongside this Policy	Records Management Policy Corporate Style Summary
Approved by	Executive Board Quality, Safety & Risk Committee
Accountable Executive / Lead Director (responsible for formal review every three years)	Director of Corporate Services & Governance / Board Secretary Robert Williams
Author / Management Lead (carries out informal review annually)	Head of Corporate Services Gwenan Roberts
Freedom of Information Status	Open

If the review date of this policy has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Corporate Services Department.

To avoid use of out of date policies please do not print and then store hard copy of this document.

Out of date policies cannot be relied upon.

Amendment Record

If a change has been made to the document, the changes must be noted and circulated to appropriate colleagues.

Detail of change	Why change made	Page number(s)	Date of change	Version	Name and Title of Policy Author
Various updating, esp the EqIA information	To make the policy more user friendly	Throughout	Feb 2017	2	Gwenan Roberts Head of Corporate Services
Updated to include reference to a sub group to review policies before they are submitted to Committee for formal approval.	To make the policy review and approval process easier.	Throughout	Nov 2018	3	Gwenan Roberts Head of Corporate Services

CONTENTS

POLICY FOR THE MANAGEMENT, IDENTIFICATION AND AUTHORISATION OF POLICIES AND PROCEDURES

1. PURPOSE

The purpose of the Policy for the Management, Identification and Authorisation of Policies and Procedures is to ensure that Cwm Taf University Health Board (the UHB) has in place a process whereby all documentation is consistent in format, compilation and dissemination. This document will facilitate a clear approach to the development and formulation of policies and/or procedures across the UHB.

The Policy is vital in ensuring that staff have the information they need to comply with the UHB's requirements of them and develop meaningful and user friendly documents that set out what is required from colleagues across the UHB.

2. POLICY STATEMENT

The Health Board has a statutory duty to have in place appropriate policies and procedures to comply with legislation to enable staff to fulfil the requirements of their role safely and competently.

Best management practice requires the Health Board to establish and maintain a register of all policies and procedures in use.

Policies and procedures should be in a standard format, should be reviewed at specific intervals and should be dated. There should also be evidence that they have been distributed to all relevant staff, as well as a process of ensuring that all relevant staff should be aware of changes or amendments in a timely fashion. In addition, staff and stakeholders will be actively consulted during the development of all policies. There will be clear and appropriate approval mechanisms that reflect the scope and content of the document.

Well maintained documentation will improve the quality of patient care and general safety by reducing, as far as reasonably practicable, the risks of staff working from outdated policies and procedures.

3. PRINCIPLES

This policy provides a system for administering the management, identification and authorisation of policies and procedures to ensure that the documents available within working areas are:

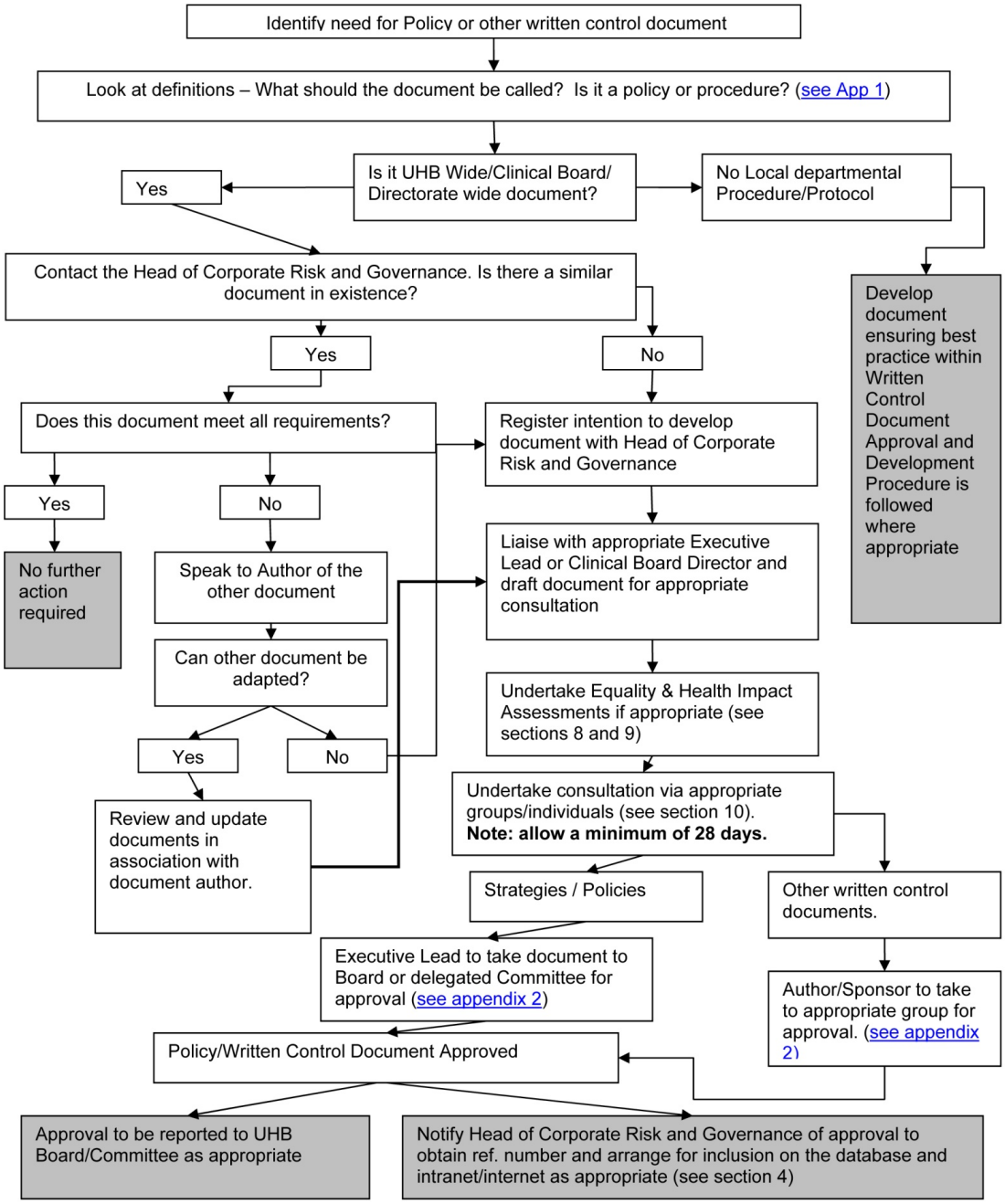
- Clear and consistent in their format, compilation and dissemination
- Evidence based, referring to best practice
- Distributed and received by the staff required to operate them
- Written in plain language
- Understood
- Reviewed and updated at regular intervals, and
- Appropriately referenced.

The control of policies and procedures is essential, not only to comply with corporate and clinical governance standards but as a key means of ensuring standardisation in the provision of safe care across the organisation and the successful reduction of risk.

To aid the process of control, each document will identify an author who has responsibility for making sure that it is regularly reviewed and kept up to date.

A flow chart for the compilation of policies is below at figure 1.

Figure 1: UHB Policy/Written Control Document Development Flowchart



4. SCOPE

This policy applies to the formulation of all policies and procedures developed within the Health Board and their supporting documents as appropriate. This policy applies to all staff in all locations including those with Honorary Contracts, bank staff and agency staff.

Well maintained documentation will improve the quality of patient care and general safety by reducing, as far as reasonably practicable, the risks of staff working from outdated policies and procedures. All policies and procedures must be appropriately referenced to indicate the evidence they are based upon.

4.1 Definition of Terms

.1 Policy[1]

A policy is a high level overall guide, which sets the boundaries within which action will take place, and should reflect the philosophy of the organisation or department.

It provides a prescribed plan for staff to follow, which should not be deviated from.

.2 Procedure

A procedure is a set of detailed step-by-step instructions that describe the appropriate method for carrying out tasks or activities to achieve a stated outcome to the highest standards possible and to ensure efficiency, consistency and safety.

This document applies to the development of policies and procedures only and the following definitions are for reference only.

.3 Protocol[2]

These are detailed descriptions of the steps taken to deliver care or treatment to a patient.

.4 Clinical Guidelines[3]

Clinical guidelines are statements that assist clinicians and patients in making decisions about appropriate treatments for specific conditions. They allow deviation from a prescribed pathway according to the individual circumstances and where reasons can be clearly demonstrated and documented.

5. LEGISLATIVE AND NHS REQUIREMENTS

All policies and procedures must provide clarity to meet external legislative and NHS requirements such as Health and Safety Legislation, European legislation and Health Care Inspectorate Wales Standards.

They will need to include reference to the following:

5.1 Freedom of Information Act 2000

Policies and procedures are subject to disclosure under the Freedom of Information Act 2000. The Act allows anyone, anywhere to ask for information held by the Health Board and although some sensitive information will be exempt, policies and procedures will be released to the public on request.

5.2 Equality Impact Assessment (EIA)

The Equality Act 2010 requires the undertaking of Equality Impact Assessments (EIAs). All UHB policies will require an EIA. EIAs form a process which finds 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 as it will affect their human rights. It also takes account of Welsh Language issues. It is designed to ensure that consideration is taken of the needs of all individuals who work for or access the services of the UHB.

5.3 Health Impact Assessment

All UHB policies will need to be considered for requiring a Health Impact Assessment (HIA), a process that considers how the health and well being of a population may be affected by a proposed action.

Further guidance is available here and more information is available from the Wales Health Impact Assessment Support Unit (WHIASU) website. In addition colleagues are welcome to contact Liz Green or Lee Williams.

5.4 Privacy Impact Assessment (PIA)

PIA are a process to help consider data protection obligations and to meet individual's expectations of privacy when starting a new policy, project, plan or proposal using the Cwm Taf Privacy Impact Assessment procedure available on SharePoint.

6. PROCEDURE

6.1 Standard Template for all Documents

All Health Board policies and procedures should be written in font Verdana 12 and the title page of all approved policies and procedures must as a minimum include the following information (in line with this policy):

- Health Board Logo
- Reference Number
- Title of Policy
- Version Number
- Next Review Date
- Introduction
- Objectives
- Operational Date
- Scope
- Equality Assessment Impact
- Health Impact Assessment
- Distribution
- To Be Read By
- Other Documents to Read alongside
- Approved By
- Accountable Executive
- Author
- Freedom of Information Status
- Amendment Details

The title page of this policy shows the standard format, which should be deviated from. A standard template is also attached to the policy as **Appendix 1**.

All policies and procedures must be appropriately referenced to indicate the evidence they are based upon i.e. Legislation, NICE Guidelines, etc

Express permission must be sought from an Executive Director for the development of a new policy or procedure.

6.2 Financial Policies and Procedures

Responsibility for the initiation and review of all financial control procedures rests with the Director of Finance and Procurement.

The Board will approve the Standing Financial Instructions / Scheme of Delegation and the Audit Committee will approve all other financial control procedures.

The number of each procedure will be prefaced by "FP". The Director of Finance and Procurement will maintain an index, liaise with the Director of Corporate Services & Governance / Board Secretary to ensure that the Corporate Register is kept up to date and ensure that the policy / procedure is displayed on the "Policies, Procedures and Guidelines" section of the intranet / internet sites.

6.3 Workforce and Organisational Development and Procedures

Responsibility for the initiation and review of all workforce and organisational development policies and procedures rests with the Director of Workforce and Organisational Development.

The Director of Workforce and Organisational Development in initiating a review of a Policy will consult with staff side organisations via the Health Board partnership mechanisms. Following consultation the Director will decide the route of approval for the policy / procedure, usually via the Quality, Safety and Risk Committee.

The number of each procedure will be prefaced by "WOD". The Director of Workforce and Organisational Development will maintain an index, liaise with the Board Secretary to ensure that the Corporate Register is kept up to date and ensure that the policy / procedure is displayed on the "Policies, Procedures and Guidelines" section of the intranet / internet sites.

6.4 Risk Management Policies and Procedures

Responsibility for the initiation and review of all risk management including health and safety policies and procedures rests with the Director of Corporate Services & Governance / Board Secretary.

The Director of Corporate Services & Governance / Board Secretary when initiating a review of a Risk Management Policy will consult with the Health and Safety Co-ordinating Group and responsible managers prior to submission for approval to the Quality, Safety and Risk Committee.

The number of each policy will be prefaced by "RM''. The Director of Corporate Services & Governance / Board Secretary will maintain an index, make certain that the Corporate Register is kept up to date

and ensure that the policy / procedure is displayed on the "Policies, Procedures and Guidelines" section of the intranet / internet sites.

6.5 Infection Prevention and Control Policies and Procedures

Responsibility for the initiation and review of all infection prevention and control policies and procedures rests with the Director of Nursing, Midwifery & Patient Services.

The Quality, Safety and Risk Committee will approve all Infection Control policies and procedures.

The Quality, Safety and Risk Committee will agree the arrangements required to ensure policy and procedure development and effective consultation processes.

The number of each policy will be prefaced by "IPC". The Director of Nursing, Midwifery and Patient Care will maintain an index, liaise with the Director of Corporate Services & Governance / Board Secretary to ensure that the Corporate Register is kept up to date and ensure that the policy / procedure is displayed on the "Policies, Procedures and Guidelines" section of the intranet / internet sites.

Hosting Arrangements

These arrangements will also consider issues in respect of the roles and responsibilities of any committees hosted by the UHB on behalf of NHS Wales as appropriate. For the UHB, these groups are the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC).

Organisations Hosted by Cwm Taf

The Director(s) of organisations hosted by CTUHB and the staff within them are responsible for ensuring that structures and reporting mechanisms are in place to implement the requirements of this Policy. Where specific requirements are needed these will be outlined and specific to the hosted body.

6.6 Clinical Policies and Procedures

.1 Multi Professional Policies and Procedures

Responsibility for the initiation and review of all multi professional / cross cutting clinical policies

and procedures rests with the lead Clinical Directorate.

.2 Uni-Professional Policies and Procedures

Policies and procedures which affect a single profession e.g. nursing, pharmacy etc, will be initiated and reviewed by the Head of Profession within the Health Board.

.3 Speciality Specific Policies and Procedures

Responsibility for the initiation and review of all specialty specific clinical policies and procedures rests with the respective Clinical Directorate.

The Medical, Nurse and Therapies and Health Sciences Directors through the Patient Care and Safety Directorate will ensure that the Corporate Register for Clinical Policies is kept up to date and ensure that the policy / procedure is displayed on the "Policies, Procedures and Guidelines" section of the intranet / internet sites. The number of each policy will be prefaced by "CLP".

6.7 Corporate and Other Operational Policies and Procedures

All those policies and procedures not covered by the categories included above and all corporate policies and procedures will be considered by the Director of Corporate Services & Governance / Board Secretary who will determine the appropriate authorisation pathway.

Certain policies and procedures must receive Board approval including the Risk Management Policy, Complaints Policy, Standing Orders, Claims Policy and Scheme of Delegation. Others are more appropriately approved via the Executive Management arrangements in place within the organisation.

The Director of Corporate Services & Governance / Board Secretary will maintain an index and ensure that the policy / procedure is displayed on the "Policies, Procedures and Guidelines" section of the intranet / internet sites. The number of the policy will be prefaced by "OP".

6.8 Medicines Governance Framework

The Medicines Management and Expenditure Committee (MMEC) is the key forum underpinning the governance and assurance frameworks for all the processes involving medicines within the UHB and will provide assurance that the management of medicines optimises patient care, is safe, legal and provided within the financial resource available for Cwm Taf UHB.

Medicines Management will comply with the requirements of professional, legislative, regulatory and advisory agencies. These include NICE, National Patient Safety Agency Legacy guidance, All Wales Medicines Strategy Group, Medicines & healthcare products Regulatory Agency, Health Inspectorate Wales and the requirements and standards of relevant professional regulatory bodies.

The MMEC terms of reference applies to primary and secondary care medicines management and expenditure.

The MMEC will endorse all policies involving the use of medicines for approval by the Quality and Patient Safety Committee and approve all procedures, protocols and guidelines involving the use of medicines and medicine management processes.

The MMEC is accountable to and will report to the UHB Quality and Patient Safety Committee.

6.9 Engagement and Consultation

Engagement and consultation on all policies should take place with the appropriate stakeholders and target audience internally and externally when appropriate.

When a final draft is completed, formal consultation can start and should be for a minimum of 28 days. The author should send the Policy to Corporate Services for the document to be uploaded on to the policy section of the intranet and the author must ensure that the appropriate changes have been made as appropriate. The draft policy will be shown on the intranet for 28 days and an email link will be issued to key manager to ensure that is brought to the attention of relevant stakeholders.

In addition, all updated policies will be considered by the Working in partnership Forum (WIPF)/Policy sub group and the policy author will present the updated policy and respond to any questions and queries as appropriate. Once the policy has been endorsed by the WIPF/sub

group it will then be submitted to the Quality, Safety & Risk Committee/Board etc for final approval.

7. TRAINING IMPLICATIONS

Where appropriate all policies and procedures should specify the grade and required education / training of staff following the document and, should specify what documentation is required in the patient / client notes.

The author will determine and deliver any training requirements as a result of the development of the policy / procedure.

8. REVIEW, MONITORING AND AUDIT ARRANGEMENTS

8.1 Summary of Approval Process

Attached as **Appendix 2** is a summary of the approval process for each type of policy / procedure as listed above.

8.2 Operational Date

The operational date for each policy and procedure will be agreed at the approving committee, allowing time for amendments and distribution as required.

8.3 Review of Policies and Procedures

Replace with

It will be the responsibility of the Accountable Executive / Lead Director to review formally the policy or procedure on at least a three year basis. The policy or procedure should also be reviewed informally once a year by the Author / Management Lead. It is anticipated that these processes will identify any changes to legislation or NHS requirements, which if significant will need formal approval.

Any policies requiring review will be brought to the WIPF/Policy Sub Group for prior consideration before any recommendation can be made to the approving Board Committee (e.g. Quality, Safety & Risk Committee, Audit Committee) to audit, monitor and review the policy or procedure on at least a three yearly basis. The terms of reference for the WIPF/Policy Sub Group are presented at **Appendix 6.** Any changes to legislation or NHS requirements may require the policy or procedure to be reviewed earlier. Any changes will need to be

circulated to the appropriate staff and a record kept of that communication.

8.4 Audit

An audit of the application of the policy or procedure may be undertaken via the following mechanisms for example

- Monitoring of the clinical incident reporting system
- Monitoring of the complaints and claims system
- Annual self assessment against the Health and Care Standards NHS Wales (or equivalent)
- Specific audits e.g. of the consent policy; of documentation

8.5 Guidance for Document Authors

Authors are employees tasked with writing or reviewing a document. Authors must:

- Ensure the Director of Corporate Services & Governance / Board Secretary is aware that the Policy is being formulated and obtain a number,
- Liaise with the appropriate Executive(s) to ensure policies and written documents are implemented appropriately and where necessary, compliance with the documents is formally audited,
- Make sure that documents are reviewed in line with the review date or as a result of changes to practice, organisational structure or legislation,
- Work with the Executive and the Head of Corporate Services to make sure that appropriate engagement and consultation has taken place with the relevant individuals and groups,
- Inform the Executive of any learning, education or development needs and resource implications before any approval can be given,
- Undertake the necessary impact assessments as needed,
- Send the approved document to the Head of Corporate Services for publication.

Authors are responsible for the review of documents. 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. If there is no replacement, the responsibility reverts to the post holder's line manager. The relevant Executive Director must be informed of the situation to allow them to identify a replacement author if necessary.

9. MANAGERIAL RESPONSIBILITIES

Best management practice requires organisations to establish and maintain a register of all policies and procedures in use. The Director of Corporate Services & Governance / Board Secretary is responsible for maintaining the index of the policies and procedures developed and this will be published on the website.

9.1 Consultation Process

The involvement of all appropriate groups, committees, forums and stakeholders responsible for ensuring the safe and effective implementation of policies and procedures is key to the review and development of effective documents. Stakeholders should be asked to contribute, comment and agree the content of a document and asked to provide an equality impact assessment before it is passed to the appropriate Committee or Board for approval.

The responsible Director, working with the Policy Author, should consider the involvement of the key groups in existence within the Health Board when drafting / reviewing policies and procedures.

A list of the persons or groups from whom comments have been invited should be submitted o the approving body for information together with a rationale for the decision of the appropriate consultation option.

9. Publication and Dissemination of Policies and Procedures

The Responsible Director, with help from the Policy Author, will ensure that approved policies and procedures are circulated to appropriate individuals and groups within the Health Board who will need to implement the document.

All policies and procedures in operation within the Health Board are to be made available to all staff via the Intranet site and newly approved policies will need to be communicated to staff as appropriate.

Best management practice requires organisations to establish and maintain a register of all policies and procedures in use. The Board Secretary is responsible for maintaining the index of the policies and procedures developed and this will be published on the website.

10. RETENTION / ARCHIVING

In cases of complaints / claims and other legal processes it is often necessary to demonstrate the policy in place at the time of the investigation or incident.

The Responsible Director must therefore ensure that copies of policies and procedures are archived and stored in line with the Records Management Policy and are made available for reference purposes should the situation arise.

11. NON CONFORMANCE

All policies and procedures must comply with this policy and adhere to the standard template. Any document that is received which does not comply with this policy will not be approved by the Board or appropriate Committee.

12. EQUALITY IMPACT ASSESSMENT STATEMENT

All Public Sector bodies have a legal duty to undertake an equality impact assessment (EIA) as a requirement of the equality legislation.

EIAs provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

The process itself ensures that individual staff, managers and teams think carefully about, and record, the likely impact of their work on staff, patients and other members of the community.

The need for collection of evidence to support decisions and for consultation mean the most effective and efficient EIA is conducted as an integral part of policy development, with the EIA commenced at the outset.

A toolkit has been developed by the NHS Centre for Equality & Human Rights which provides a comprehensive overview of the EIA process. including the proforma documentation which needs to be completed:

The Toolkit and proforma documentation consider the effects that decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, age, gender reassignment, marriage and civil partnership, pregnancy and maternity and Welsh Language and human rights. Assessing impact

across a broad range of equality dimensions (not just those required by law), helps organisations to embed equality and human rights and assist them in the delivery of their services.

Policies will not be approved by the Board / Committee of the Board without a completed EIA Report.

The EIA is attached at **Appendix 3**

This policy (Policy on the Management Identification and Authorisation of Policies and Procedures) has been subject to an equality assessment and no impact has been identified.

For further information or advice, contact the Diversity, Equality & Standards Manager on 01443 744800.

13. PRIVACY IMPACT ASSESSMENT

The screening tool at **Appendix 4** has been utilised to assess whether a full privacy impact assessment is required for the policy and no impact has been identified.

14. REFERENCES

NHS Information Authority – Date Quality – Policies and Procedures
NHS Modernisation Agency (2002) Protocol Based Care NICE
NHS Executive (1996) Clinical Guidelines – using clinical guidelines to improve patient care within the NHS
Freedom of Information Act 2000
Race Relations (Amendment) Act 2000

15. APPENDICES

Appendix 1	Standard Policy Template (no more than 2 pages for overview)
Appendix 2	Summary of Process for Approval of Policies and Procedures
Appendix 3	Equality Impact Assessment
Appendix 4	Privacy Impact Assessment Screening
Appendix 5	Quick Reference Guide for SharePoint
Appendix 6	WIPF/Policy Sub Group Terms of Reference

Appendix 1 – no more than two pages

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Cwm Taf University Health Board	**Reference Number: TBC** **Version Number: X** **Next Review date: 00/00/00**

POLICY FOR XXXXX

Introduction

The Policy (brief explanation

Objectives

There are a number of objectives, including:

- Specify:

Operational Date	**Expiry Date**
00/00/0000	**Formal** – three years **Informal** – one year

Scope

This policy applies to all staff on all locations across the UHB.

Equality Impact Assessment	An Equality Impact Assessment has been…
Distribution	All staff via internet and team briefings. Or specify
To be read by	Specify
Documents to read alongside this Policy	Specify
Approved by	Specify
Accountable Executive / Lead Director (responsible for formal review every three years)	Specify

Author / Management Lead (carries out informal review annually)	specify
Freedom of Information Status	Open (most will be open, seek advice from the Head of Corporate Services if unsure)
If the review date of this policy has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Corporate Services Department. **To avoid use of out of date policies please do not print and then store hard copy of this document.** **Out of date policies cannot be relied upon.**	

Max 2 pages to this point

Amendment Record

If a change has been made to the document, the changes must be noted and circulated to the appropriate colleagues.

Detail of change	Why change made?	Page number	Date of change	Version	Name of Policy Author

Appendix 2

SUMMARY OF PROCESS FOR APPROVAL OF POLICIES AND PROCEDURES

Theme	Consultation with	Sub Group	Final Approval By
Financial	Director of Finance	WIPF/policy sub group	Audit Committee
Workforce and Organisational Development	Staff Side Partnership Mechanisms	WIPF	Quality, Safety and Risk Committee / Finance, Performance & Workforce Committee
Risk Management	Health & Safety Co-ordinating Group Responsible Managers	WIPF/policy sub group	Quality, Safety and Risk Committee
Infection Prevention & Control	Lead Clinician for Infection Prevention and Control / Infection Prevention and Control Group	WIPF/policy sub group	Quality, Safety and Risk Committee
Multi Professional	Lead Clinical Directorate	TBC	Quality, Safety & Risk Committee
Uni Professional	Head of Profession	TBC	Quality, Safety & Risk Committee
Specialty Specific	Clinical Director	TBC	Quality, Safety & Risk Committee
Corporate / Operational	As required – including Director of Corporate Services & Governance / Board Secretary	WIPF/policy sub group	Depending on issue – Executive Board or Quality Safety and Risk Committee; etc

Appendix 3

Equality Impact Assessment - Policies

Section 1: Preparation

This section must be completed at the beginning of a policy review. For advice on its completion please contact the Equality Team on 01443 744800. For examples of completed EIAs please see the Equality site under Useful Staff Information on Sharepoint.

Section 1 – Preparation		
1.	**Title of Policy** - what are you equality impact assessing? Please state whether it is a new or existing policy?	**POLICY FOR THE MANAGEMENT, IDENTIFICATION AND AUTHORISATION OF POLICIES AND PROCEDURES**
2.	**Policy Aims and Brief Description** - what are its aims? Give a brief description of the Policy (The What, Why and How?)	The Policy for the Management, Identification and Authorisation of Policies and Procedures (the Policy) sets out the process by which Cwm Taf University Health Board (the UHB) develops policies in an appropriate and user friendly fashion. It considers the appearance and content of the policy and describes the approval and consultation procedures.
3.	**Who Owns/Defines the Policy?** - who is responsible for the Policy/work?	Director of Corporate Services and Governance / Board Secretary supported by the Head of Corporate Services.
4.	**Who is Involved in undertaking this EqIA? -** who are the key contributors and what are their roles in the process?	Director of Corporate Services and Governance / Board Secretary supported by the Head of Corporate Services.

Section 1 – Preparation		
5.	**Other Policies** - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA? Is it relevant to the Integrated Medium Term Plan (IMTP)	This document will facilitate a clear approach to the development and formulation of policies and/or procedures across the UHB. The Policy is vital in ensuring that staff have the information they need to comply with the UHB's requirements of them and develop meaningful and user friendly documents that set out what is required from colleagues across the UHB.
7.	**What might help/hinder the success of the policy?** These could be internal or external factors. E.g. training, awareness raising.	Staff not being aware of the policy
8.	Is the policy relevant to "eliminating discrimination and eliminating harassment?"	The policy provides the structure and process for all other policies and therefore does not directly eliminate discrimination and harassment although other policies produced might.
9.	Is the policy relevant to "promoting equality of opportunity?"	The aim of all Cwm Taf UHB policies will be to promote the equality of opportunity. This policy provides the template for developing policies and includes the equality impact assessment.
10.	Is the policy relevant to "promoting good relationships and positive attitudes?"	The aim of all Cwm Taf policies will be to promote good relationships and positive attitudes. This policy provides the template for developing policies and includes the equality impact assessment.

Section 2. Impact	
Please answer the following Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised.	
Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people)	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of their caring responsibilities? I,e, would it affect their ability to care for somebody who is primarily dependant on them?	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of their disability? E.g. sensory loss, physical disability, Learning disability, some mental health issues	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of Gender reassignment? This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of their being married or in a civil partnership?	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of their being pregnant or having recently had a baby?	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs)	Not specifically as this policy provides the template for developing policies

Section 2. Impact	
Do you think that the policy impacts on men and woman in different ways?	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexual, lesbian and bisexual people)	Not specifically as this policy provides the template for developing policies
Do you think that the policy impacts on people because of their Welsh language? (e.g. the active offer to receive services in Welsh, bilingual information etc)	Not specifically as this policy provides the template for developing policies

The Human Rights Act contains 15 rights, all of which NHS organisation have a duty to act compatibly with and to respect, protect and fulfil. The 7 rights that are particularly relevant to healthcare are listed below. Consider the relevance of your Policy to these Human Rights and list any available information to suggest the Policy may interfere with, or restrict the enjoyment of these rights.
The right to life No specific impact
The right not be tortured or treated in an inhuman or degrading way No specific impact
The right to liberty No specific impact
The right to a fair trial No specific impact
The right to respect for private and family life, home and correspondence No specific impact
The right to freedom of thought, conscience and religion No specific impact
The right not be discriminated against in relation to any of the rights contained in the Human Rights Act No specific impact on human rights identified.

Section 3 Outcome Report

Policy Title:	**POLICY FOR THE MANAGEMENT, IDENTIFICATION AND AUTHORISATION OF POLICIES AND PROCEDURES**
Organisation:	Cwm Taf University Health Board
Name: **Title:** **Department:** **Date:**	Gwenan Roberts Head of Corporate Services Corporate Services 1 November 2018
Summary of Assessment: **Please indicate issues of significant concern and changes that will be made to the policy accordingly.** **Please indicate whether these changes have been made.**	This policy provides the template for developing policies and procedures within Cwm Taf and therefore there are no specific issues of concern identified in relation to equality and diversity. No changes are required.
Please indicate where issues have been raised but the policy has not been changed and indicate reasons and alternative action taken where appropriate.	Not applicable
Monitoring Arrangements:	Annual review by the Head of Corporate Services or in response to a particular issue.
Review Date: **This is usually the same as the policy review date.**	The policy will be reviewed annually by the responsible manager and a date for review will be agreed with the Director.
Signature of all Parties:	

Appendix 4

Privacy Impact Assessment
Screening Questions

Answer the questions below to identify whether your policy/ procedure or project is likely to need a PIA.

	Questions – please tick appropriate answer	***Yes***	***No***
1.	Will the policy involve the collection of new information about individuals?		√
2.	Will the policy compel individuals to provide information about themselves?		√
3.	Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		√
4.	Are you using information about individuals for a purpose it is not currently used for or in a way it is not currently used?		√
5.	Does the policy involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.		√
6.	Does the policy result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		√
7.	Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example, health records or other information that people would consider to be particularly private?		√
8.	Will the policy require you to contact individuals in ways which they may find intrusive?		√

Where you have answered yes to one or more of these questions, it is a likely indication that a PIA would be a useful exercise. If you are in any doubt as to whether a PIA is required, support is available the information governance team.

Appendix5

{Quick reference guide information for Sharepoint}
OP1: Policy on the Management, Identification and Authorisation of Policies

Distribution

All Staff via Intranet & Core Brief Message.

Summary

The Policy describes what how to write a Policy and refers to:

- What to include in a CTUHB Policy, the layout and format;
- Guidance on Health Impact Assessment, Equality Impact Assessment & Privacy Impact Assessment with reference for further help;
- Detail on the consultation period;
- Step by step process of approval with flow chart;
- How to make the Policy consistent.

Relevance

- Day to day, this will not be an often referred to policy for many staff, but for any asked to write or update a policy it is relevant;
- Useful for staff seeking advice on Health Impact Assessment, Equality & Privacy Impact Assessment processes;
- Checking policy prior to sending to appropriate committee.

Relevance for On Call Managers

This Policy is not relevant for On Call Managers.

Read in association with

Corporate Identity Guidelines.

Expiry date and Author / Contact Point

The Policy expires in 2019 and the author is Gwenan Roberts.

Appendix 6

Working in Partnership Forum (WIPF)/Policy Sub Group Terms of reference

To be confirmed