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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)

Welsh Health Specialised
Services Committee (WHSSC)

Policy for the development, review and update of WHSSC policies:

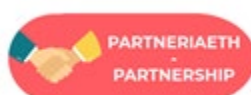
'Policy for policies'

Corp-025

Process and methods

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Contents

Document Statement	5
Scope	5
Responsibilities	5
Aims and Objectives	5
1. Background.....	6
1.1. What is WHSSC?.....	6
1.2. Aim of WHSSC.....	6
1.3. How WHSSC is managed	6
1.4. The role of WHSSC.....	6
1.5. WHSSC policies	7
1.6. Who is involved?.....	9
1.7. Approval of policies	19
1.8. Relationship with other WHSSC policies	19
2. Purpose and principles.....	20
2.1. Purpose	20
2.2. Principles	20
3. Process.....	22
3.1. Introduction	22
3.2. Stages of Development.....	24
3.2.1. Preparation and Planning – scoping the work (Stage 1).....	24
3.2.2. Development (Stage 2).....	25
3.2.3. Validation (Stage 3)	27
3.2.4. Publication (Stage 4)	31
3.2.5. Implementation (Stage 5)	32
3.2.6. Policy review and update (Stage 6)	32
4. Data Protection and GDPR.....	35
5. Legislation, National and Professional Guidance	36
6. Declaration of interests.....	36
7. Equality Impact Assessment.....	36

8.	General Principles	37
8.1.	Naming a document.....	37
8.2.	Version Control.....	37
8.3.	Revision History Document	38
8.4.	Templates.....	38
8.5.	Style and format.....	39
8.6.	Track changes	39
8.7.	Plain English.....	40
8.8.	Definitions	40
Appendix 1	Flow Diagram of Development Stages.....	42
Appendix 2	Policy Approval Flow Diagram	47
Appendix 3	Tips for using plain English	48

Document Statement

This document outlines the process within the Welsh Health Specialised Services Committee (WHSSC) for the development, review, validation and distribution of the following documents:

- organisational policies
- operational policies
- commissioning policies
- service specifications
- policy position statements.

Due to the diverse nature of healthcare, there are a large number of organisational and operational policies in place. Some will apply throughout WHSSC and are relevant to all staff, and others are only relevant to specific areas or activities.

Scope

This document is for use by WHSSC staff and any additional, particular areas of responsibility are included where appropriate.

For ease of reading, this document will refer to all documents as 'policies' unless specific terminology is more appropriate.

Responsibilities

The role of each member of the WHSSC team is described in section 1.6, 1.7 and section 3.

Aims and Objectives

The purpose of this document is to ensure that all policies produced by WHSSC:

- follow a clear and consistent methodology that adequately describes each stage of the process, including consultation and publication
- are based on best available evidence, guidance, legislation or existing policy and are appropriately referenced
- are appropriately ratified and approved for publication
- are regularly reviewed and updated
- are compliant in terms of their format and content and the values and behaviours upheld by WHSSC.

There should be systems in place for the maintenance of a comprehensive and up to date register of all WHSSC policies.

1. Background

1.1. What is WHSSC?

The Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Health Boards (HBs) in Wales. It was established in 2010 to ensure that the population of Wales has fair and equitable access to the full range of specialised and tertiary services. This committee brings HBs together to plan specialised services for the population of Wales.

The range of services to be commissioned by WHSSC is agreed through the Joint Committee. These services can be categorised as:

- Highly Specialised Services provided in a small number of UK centres
- Specialised Services provided in a relatively small number of centres and requiring planning at a population of >1 million, and
- Services which have been delegated by HBs to WHSSC for other planning reasons.

Commissioning refers to the process of planning services to meet the identified health need requirements of the population. WHSSC routinely develop and manage contracts with providers to ensure they meet the required healthcare standards, and also monitor and review the quality, safety and performance of the service.

WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. It ensures that these providers are able to provide robust, high quality and sustainable services, which are safe for patients and cost effective for NHS Wales.

1.2. Aim of WHSSC

The strategic aim of WHSSC, on behalf of each HB, is to ensure that there is equitable access to safe, effective and sustainable specialist services for the people of Wales, as close to patients' homes as possible and within available resources.

1.3. How WHSSC is managed

WHSSC is hosted by Cwm Taf Morgannwg University Health Board, and is managed through functional directorates (patient care, medical, planning, finance and corporate services), which integrate through seven multi-disciplinary Commissioning Teams.

1.4. The role of WHSSC

WHSSC plans, secures and monitors the quality of a range of specialised healthcare for everyone who lives in Wales and is entitled to NHS care Services. These services are commissioned by the seven multi-disciplinary Commissioning Teams.

Service Level Agreements (NHS contracts)

WHSSC commissions providers of specialised health services to deliver services through Service Level Agreements (NHS contracts). These Service Level Agreements (SLAs) are underpinned by Commissioning Policies and Service Specifications, which apply to all providers of services for Wales.

Individual Patient Funding Request (IPFR)

When treatments are not routinely available, and clinicians believe that a patient's circumstances are different to other patients with the same condition, and where this is a clinical reason why a patients' condition would respond differently to other patients, then they may still be able to access treatment through a process called Individual Patient Funding Requests (IPFR). More information can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

Commissioning Teams

There is a dedicated Commissioning Team to cover each of the main services commissioned by WHSSC:

- Cancer and blood
- Cardiovascular conditions
- Mental health
- Neurosciences and complex conditions
- Women and children's services (including genetic and rare diseases)
- Renal
- Vulnerable Groups.

1.5. WHSSC policies

WHSSC policies are an essential tool of governance that are used to achieve the strategic objectives and deliver consistently high standards of care.

Policies produced by WHSSC fall into the following two main categories:

- Corporate policies
- Clinical policies.

Within these main categories, there are the following sub categories:

Corporate

- **Organisational Policies**

These cover the statutory and non-statutory requirements that WHSSC have to follow in the day-to-day running of the organisation, and cover:

- All Wales Policies – These include policies that cover disciplinary, sickness, secondment and special leave, that apply to the WHSS team and cannot be changed and they have usually been adopted

by our host Cwm Taf Morgannwg University Health Board (CTMUHB)¹.

- Local Policies – As a hosted organisation WHSSC is able to develop its own local policies. Often these are adapted from policies published by Cwm Taf Morgannwg UHB. Examples include, Flexible Working, Risk Management Strategy, Records Management Policy (these are beneficial to maintain local focus)².

- **Operational Policies**

These cover the internal processes and framework that WHSSC use to determine how to make decisions, and capture key information on service delivery and service arrangements.

Clinical

- **Commissioning Policies**

These define the specialised services commissioned by WHSSC on behalf of the seven HBs and the criteria that has to be met for Welsh patients to access the service, drug or technology. They describe the clinical indications that are commissioned and funded and also summarise which groups of patients can access the treatment, based on the best available evidence of clinical and cost effectiveness.

Occasionally WHSSC will decide that there is insufficient evidence to commission a particular treatment or service and will produce a 'do not routinely commission' policy.

- **Service Specifications**

These clearly define the core requirements that WHSSC expects to be in place for providers to offer evidence-based, safe and effective services, whilst ensuring equitable access to services for Welsh patients. They describe what service is provided, and also the quality of the service that WHSSC expects to be delivered. The specification also sets out the way in which the quality of the service will be measured, and monitored by WHSSC.

- **Policy Position Statements**

These outline the criteria for a particular treatment or intervention by directly cross referring to existing published guidance. This guidance will usually have been produced by the National Institute for Health and Care Excellence (NICE), All Wales Medicines Steering Group (AWMSG) or NHS England and will contain a full description of the evidence that has been considered in reaching a commissioning

¹ CTMUHB [Policies](#)

² [Home - Welsh Health Specialised Services Committee](#)

decision. The guidance will also describe criteria for commissioning and proposed governance arrangements.

A more detailed process for the development of clinical policies, (commissioning, service specifications and policy position statements) is presented in, Corp-024, Developing WHSSC Clinical policies: technical process (Publication date 2019).

1.6. Who is involved?

Joint Committee

The Joint Committee is a Statutory Sub Committee of each of the HBs in Wales. It is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members (one of whom is the Vice Chair), the Chief Executive from each of the seven HBs, Associate members and a number of WHSSC officers.

Whilst the Joint Committee acts on behalf of the seven HBs in undertaking its functions, the responsibility of individual HBs for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Management Group

The WHSSC Management group is a sub-committee of the Joint Committee and is responsible for making recommendations to the Joint Committee and oversees:

- the Annual Plan for Specialised Services
- service improvements, including investments, disinvestments and other service changes
- the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation
- contract performance monitoring and management, including monitoring the overall financial position, key variances and the main actions to address performance issues
- the role of Project Board for specific workstreams and projects as approved by the Joint Committee and its Members and monitor their implementation
- consultation outcomes and recommended pathway changes before consideration by the Joint Committee
- the development and maintenance of the needs assessment across Wales for Specialised Services.

The WHSSC Management Group also underpins the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

Quality and Patient Safety Committee (QPSC)

The Quality and Patient Safety Committee (QPSC) is a sub-committee of the Joint Committee and is responsible for providing advice and assurance on all matters of quality and patient safety that is relevant to the work of the Joint Committee.

The purpose of the Quality and Patient Safety Committee is to:

- escalate issues that require urgent action by Joint Committee
- address concerns that are delegated to them by the Joint Committee
- ensure HB's Quality and Safety Committees are informed of any issues relating to their population
- monitor and support the implementation of the quality assurance framework ensuring there is continuous improvement in the commissioning of safe, effective and sustainable specialised services for the people of Wales.

The Quality and Patient Safety Committee is supported by the following WHSS team:

- Medical Director
- Director of Nursing and Quality Assurance
- Director of Planning
- Committee Secretary and Head of Corporate Service.

WHSSC Corporate Directors Board (CDGB)

The WHSSC Corporate Directors Group (CDGB) Board assists the Managing Director of WHSSC to:

- Develop and implement strategy, operational plans, policies, procedures and budgets.
- Monitor operating and financial performance.
- Assess and control of risk.
- Prioritise and allocate resources.
- Monitor any issues in each of the Commissioning Teams.

Members of the Corporate Directors Group Board are:

- Managing Director (Chair)
- Director of Finance & Information
- Director of Planning
- Medical Director
- Director of Nursing and Quality Assurance

- Committee Secretary and Head of Corporate Service.

The WHSSC Corporate Directors Group (CDGB) Board are responsible for undertaking the following key functions:

- develop and review objectives and strategy for WHSSC in the development of its business, having regard to the interests of patients, stakeholders and employees
- develop the business cycle and ensure that appropriate preparation is given to Joint Committee business. Ensure actions are undertaken after Joint Committee and Management Group meetings as agreed
- agree the draft agenda and timescales for papers for discussion with the Chair
- agree the final papers being taken to Joint Committee and subcommittee meetings, including Management Group, ensuring they are fit for purpose
- consider the implications of horizon scanning intelligence incorporating this into prioritisation and planning processes
- oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues
- coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation
- make recommendations to Management Group regarding service improvements including investments, disinvestments and other service change
- review the organisational structure and make recommendations for change
- ensure the control, co-ordination and monitoring within WHSSC of risk and internal controls
- exercise effective oversight of WHSSC's arrangements to ensure compliance with its statutory and regulatory obligations
- facilitate effective internal communications
- ensure corporate responsibility and working as a corporate team.

WHSSC Policy Group

The WHSSC Policy Group (PG) influence and inform the internal governance arrangements for the management and implementation of all clinical, policies. The PG are responsible for undertaking the following key functions:

- agreeing the priorities for WHSSC policy development and review (including the development of new policies)
- ensuring policies are developed transparently using an appropriate evidence base
- commissioning a full evidence evaluation where appropriate, to ensure all policies are developed based on evidence of clinical and cost effectiveness
- reviewing and approving all policies prior to stakeholder consultation
- considering and agreeing responses to stakeholder submissions following policy consultation
- developing and improving the methodology and processes for policy review, development and update
- agreeing the stakeholder group with whom each policy is reviewed
- ensuring that the stakeholders with whom each policy is reviewed represent unbiased views and any potential conflicting interests are declared
- ensuring that equality impact and assessment is appropriately considered at all stages of the policy development, and
- approving policies for consultation and publication.

The policy group is made up of the following WHSS team:

- Managing Director (Chair)
- Medical Director
- Director of Planning
- Director of Nursing and Quality
- Assistant Director of Evidence Evaluation and Effectiveness
- Assistant Director of Finance & Information
- Assistant Director of Planning
- Specialised Planning Managers (Neurosciences and Complex Conditions, Cardiac, Cancer and Blood, Women and Children, Mental Health, Vulnerable Groups and Renal)
- Head of Information
- Head of Quality and Patient Care
- Committee Secretary & Head of Corporate Services
- Patient Care Manager
- Project Manager – Policy Review and Development.

Executive Lead

The Executive Lead is responsible for ensuring that all policies within their directorate (Patient Care, Planning, Finance, Medical, Corporate Services and Other) are maintained and updated. This responsibility can be delegated to a lead developer. The executive lead is responsible for ensuring that the appropriate advice and assistance is provided to the lead developer and that consideration is given to any equality, training, audit and resource implications prior to development and publication of a policy.

The executive leads are:

- Director of Finance
- Committee Secretary and Head of Corporate Services
- Managing Director
- Director of Planning
- Director of Nursing.

The executive lead is responsible for gaining final approval for publication from the appropriate approval committee/group.

Lead Developer

The lead developer is responsible for ensuring that the process for policy development is followed. The lead developer for clinical policies is the senior planning manager or the planning manager.

The responsibilities of the lead developer include:

- writing the scope prior to development
- writing the draft of the policy, using the correct template
- working with the project manager to plan and implement development timelines
- arranging for initial and final accuracy check of the policy
- ensuring the revision history document is kept up-to-date
- ensuring all related policies are kept up to date and relevant cross reference is made
- ensuring that appropriate consultation has taken place with the relevant individuals and groups, and all comments received have been responded too (see section [3.2.3 Validation](#))
- ensuring that the approval and validation process is followed
- ensuring that training needs and resources required for implementation are clearly identified
- ensuring that the necessary equality impact assessment (EQIA) has been carried out and consideration given to the findings prior to the policy entering the approval process (see Section 7)

- liaising with the Executive Lead and other relevant WHSS team members to ensure that policies are implemented and published appropriately and, where necessary, compliance with those documents is formally audited
- ensuring that there is an appropriate review a policy, either in line with the review timescale set at the time of approval or as a result of new evidence, changes to services, practice, organisational structure or legislation.

If the lead developer leaves WHSSC, the responsibility for their policies are passed onto their role replacement. Where no direct role replacement is appointed, responsibility passes to the Executive Lead to delegate to an appropriate member of the WHSS Team.

Corporate Governance Manager

The Corporate Governance Manager (CGM) will act as gatekeeper with the responsibility for providing guidance, training and support for the process of corporate policy development. This responsibility for all clinical policies resides with the Policy Group.

The Corporate Governance Manager will:

- maintain the WHSSC corporate policy database, (including a record of Equality Impact Assessments (EQIA))
- ensure that the corporate policies published on the WHSSC website are maintain
- ensure the appropriate management of the approval process is in-line with this policy
- issue reminder notices to ensure the timely review of all corporate policies
- inform the WHSS Team when a corporate policy has been published and include a hyperlink to the policy
- maintain an archive of the previous versions of centrally held revised or reviewed corporate policies
- provide advice and assistance as required.

Line Managers

All Line Managers are responsible for ensuring that:

- staff have read and understood the relevant corporate policies and are aware of any new areas or revisions
- training needs are identified on the implementation of new or updated corporate policy and the Corporate Governance Manager is informed of any training requirements.

WHSS Team

All team members are responsible for ensuring that:

- they participate in consultation of a corporate policy and return their comments within the specified deadline
- their working practices are in line with the corporate policies in use throughout WHSSC and specific to their area of work
- they report any training needs they may have to comply with a corporate policy to their line manager
- they report to the lead developer or executive lead if they identify discrepancies in a corporate policy, or they become aware of any changes in practice, or legislation that would require an urgent review of a corporate policy.

Policy Working Groups (for Corporate Policies)

Working groups can be established for specific topics to help with corporate policy development. Where there is a lack of information within a corporate policy area, consensus agreement from the group can be sought. The group is normally accountable to the Executive Lead and/or the appropriate approval committee.

Membership of the group should initially be drawn from all areas of the WHSS Team, with additional members being appointed to cover any specific areas that require specialist input. The Group will usually be chaired by the lead developer.

The role of the working group is to:

- identify sources of information that can be used to inform corporate policy development
- assist the lead developer in the writing and editing of a corporate policy
- develop and publish corporate policies in line with the WHSSC process
- make arrangements for the proper governance of corporate policy development
- advise on responding to stakeholder comments on the draft corporate policy
- advise on implementation support/training that may be needed.

Commissioning Teams

There is a dedicated Commissioning Team to cover each of the main services commissioned by WHSSC:

- Cancer and blood
- Cardiovascular conditions
- Mental health

- Vulnerable groups
- Neurosciences and complex conditions
- Women and children's services (including genetic and rare diseases)
- Renal.

One of the key responsibilities of each Commissioning Team is the development of clinical policies including the development of quality and key performance indicators.

Each Commissioning Team is made up of the following members of staff:

- Associate Medical Director
- Specialised Planning Manager
- Assistant Specialised Planning Manager
- Finance Manager
- Head of Information
- Quality Team Manager
- Corporate Governance Manager
- Clinical Network Lead (where available).

Planning Team

The Planning team contribute to the overall development of specialised services planning within NHS Wales and the delivery of WHSSC objectives and goals. The team supports the strategic planning for a portfolio of Specialised Services for the population of Wales. The Specialised Planning Managers, supported by members of the wider planning team, are responsible for leading on the update and development of clinical policies.

Finance Team

The Finance team undertake contracting and financial performance management for specialist providers. The team provides monthly monitoring to Commissioners and Welsh Government of spend against the planned budget for specialist services. They are expected to provide key financial data to support clinical policy development, in particular costing of proposed new treatments or historical data on provider performance against existing clinical policies.

Project Manager (Policy review and development)

The Project Manager supports the development and review of all WHSSC clinical policies. The Project Manager:

- ensures development follows the agreed process and methodology
- gives guidance to the commissioning team on the process of clinical policy development

- communicates timelines to the lead developer and commissioning team and ensures these are met for all clinical policies
- ensures clinical policies are presented to WHSSC policy group (PG) for consultation and publication
- ensures all relevant documents are available for PG for sign off
- reviews documentation prior to consultation, including checking and proof reading all documents to ensure they are accurate, clear and consistent
- co-ordinates the response to comments submitted by stakeholders to consultations of draft documents post-consultation in conjunction with the lead developer
- assists the lead developer in preparing the final documents
- ensures the publication and distribution of all documents is carried out within the agreed timelines
- ensures the database of policies (policy register) is kept up to date.

Clinical Expert Advisory Group (for Clinical Policies)

External multi-disciplinary working groups can be established for specific topics areas to advise WHSSC on the provision of specific services and clinical policy development. Their main roles and outputs are described below. In addition, where there is a lack of evidence within a topic area, consensus agreement from the group can be sought. Membership of the group should be drawn from the specialist clinical area relating the topic being developed. The group is normally accountable to WHSSC. The Group will usually be chaired by a member of the WHSSC Medical Directorate.

The main role of the group is to:

- develop commissioning policies and service specifications for specific clinical topics, in line with WHSSC process which reflects the approved position in Wales
- describe the current arrangements for people in Wales for specific topic area
- advise WHSSC on future demand for interventions, service, new indications and where and how to access the service
- consider the evidence base for the specific topic area
- make recommendations to WHSSC on the actions to be taken as a result of the review, in particular the decisions affecting the commissioning and delivery a specific service for people living in Wales.

Clinical Advisor

If sufficient clinical expertise is not available within WHSSC when developing or updating a clinical policy an external specialist Clinical Advisor can be sought. They will have specialist knowledge of a specific clinical area,

and will assist WHSSC in all stages of policy development. The Clinical Advisor will ensure that WHSSC's decisions are balanced, equitable, transparent and unbiased to ensure decisions are made upon the best interests of NHS Wales.

The role of the Clinical Advisor includes:

- chairing the clinical advisory working group for policy development (if one has been set up) and ensure they carry out their function as described above
- working with WHSSC to develop the scope for clinical policy development
- working with WHSSC (and the clinical advisory working group) as required to identify key issues, advise on the evidence appraisal, advise on appropriate assumptions and data sources for clinical policy development
- work with WHSSC on writing and editing drafts of the clinical policy
- advising on responding to stakeholder comments on the draft clinical policy.

Expert advisors

If WHSSC requires further expertise to develop a corporate or clinical policy, it may call on external experts who can provide additional evidence from their knowledge and experience. Experts may be drawn from a wide area as appropriate and can include government representatives, people using the service and their carers or the community and voluntary sector. An expert advisor will usually be invited to present their evidence in the form of a paper or verbal presentation. Expert testimony papers may then be published on the WHSSC website with other sources of evidence when the policy is published.

Stakeholders

Stakeholders play an important role in the validation of a policy. Stakeholders comment on the draft policy and may provide comments that can help form the final document, and support the implementation of a policy. WHSSC formally responds to all comments from registered stakeholders and these responses are published on the WHSSC website.

The WHSS Team, Management Group and Joint Committee are stakeholders for consultation of corporate policies.

WHSSC Management group, representatives from NHS Wales, NHS England and service specific contacts are stakeholders for consultation of clinical policies and the distribution list is developed with the lead developer and project manager.

1.7. Approval of policies

Both clinical and corporate policies need to be approved and monitored by the Joint Committee or where appropriate the Joint Committee may delegate approval of these policies to Management Group, the Corporate Directors Board (CDGB) or WHSSC Policy Group (PG).

A summary of the formal approval process is presented in section 3.2.3 and appendix 2.

1.8. Relationship with other WHSSC policies

This document should be read in conjunction with the following key documents:

- Developing WHSSC Clinical policies: Technical process. Corporate Policy, Corp-024, Welsh Health Specialised Services Committee (Publication Date TBC)
- Equality Impact Assessment Policy (EQIA). Corporate Policy, Corp-026, Welsh Health Specialised Services Committee (July 2022)

2. Purpose and principles

2.1. Purpose

This document explains how WHSSC develops, reviews and updates policies from preparation and planning through to publication.

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

WHSSC makes decisions on which specialised services are commissioned for the population of Wales and these services are defined by the suite of clinical policies.

2.2. Principles

WHSSC applies the following principles when updating, reviewing and developing new policies:

- WHSSC should follow the policy development processes as set out in this document to ensure consistency and transparency and should document the outcomes at all stages of the process.
- All policies should be assigned an Executive Lead and a lead developer.
- WHSSC should involve stakeholders in the development process and take appropriate account of their views.
- WHSSC should ensure that all policies will be based on best available evidence of clinical and cost effectiveness, up-to-date applicable information, guidance or legislation.
- Once published, all WHSSC policies are regularly checked, and updated in light of any new evidence, changes in service or treatment, organisational changes or revised All Wales Policies.
- All policies are published on the WHSSC website in accordance with The Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018³.
- WHSSC should ensure that the processes, methods and policies remain up-to-date.
- WHSSC is committed to treating the English and Welsh languages on the basis of equality and endeavours to ensure the services it commissions meet the requirements of the legislative framework for Welsh Language, including the Welsh Language Act (1993)⁴, the

³ [The Public Sector Bodies \(Websites and Mobile Applications\) Accessibility Regulations 2018](#)

⁴ [Welsh Language Act 1993](#)

Welsh Language (Wales) Measure 2011⁵ and the Welsh Language Standards (No.7) Regulations 2018⁶.

- WHSSC is committed to ensuring they are compliant with relevant legislative and regulatory frameworks for public sector organisations, including the duties set out in the Health and Social Care Act (2012)⁷, Prudent Healthcare⁸, the Well-being of Future Generations (Wales) Act 2015⁹, A Healthier Wales “Our Plan for Health & Social Care”, the Health and Social Care (Quality & Engagement) (Wales) Act 2020¹⁰, the Socio Economic Duty¹¹ and the Health and Social Care in Wales COVID 19: Looking Forward¹².
- Equality is central to the work of WHSSC and their vision for improving and developing specialised services for NHS Wales. WHSSC welcomes the Welsh Government’s distinct approach to promoting and safeguarding equality, social justice and human rights in Wales.
- WHSSC are committed to complying with the provisions of the Equality Act 2010¹³ and the public sector general duty¹⁴ and the specific duties to promote and safeguard equality, social justice and human rights in Wales. We are committed to ensuring and considering how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities.
- In accordance with the Equality Act (2010)¹⁵ and the Socio-Economic Duty¹⁶ all policies will be subject to an Equality Impact Assessment (EQIA) (see section 7), including updated policies.
- All policies should be compliant with the WHSSC organisational values and behaviours.

⁵ [Welsh Language \(Wales\) Measure 2011](#)

⁶ [The Welsh Language Standards \(No. 7\) Regulations 2018](#)

⁷ [Health and Social Care Act 2012](#)

⁸ [Making prudent healthcare happen](#)

⁹ [Future Generations Act – Future Generations Commissioner for Wales](#)

¹⁰ [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#)

¹¹ [Socio-economic Duty: an overview | GOV.WALES](#)

¹² [Improving health and social care \(COVID-19 looking forward\) | GOV.WALES](#)

¹³ [Equality Act 2010: guidance - GOV.UK](#)

¹⁴ [Public Sector Equality Duty | Equality and Human Rights Commission](#)

¹⁵ [Written Statement - The Equality Act 2010 \(Statutory Duties\) \(Wales\) Regulations 2011 & The Equality Act 2010 \(Specification of Relevant Welsh Authorities\) Order 2011 \(9 March 2011\) | GOV.WALES](#)

¹⁶ [Socio-economic Duty: an overview | GOV.WALES](#)

3. Process

3.1. Introduction

There are several triggers for the development of a new policy or an update/review of an existing policy. A summary of these are presented in Figure 1.

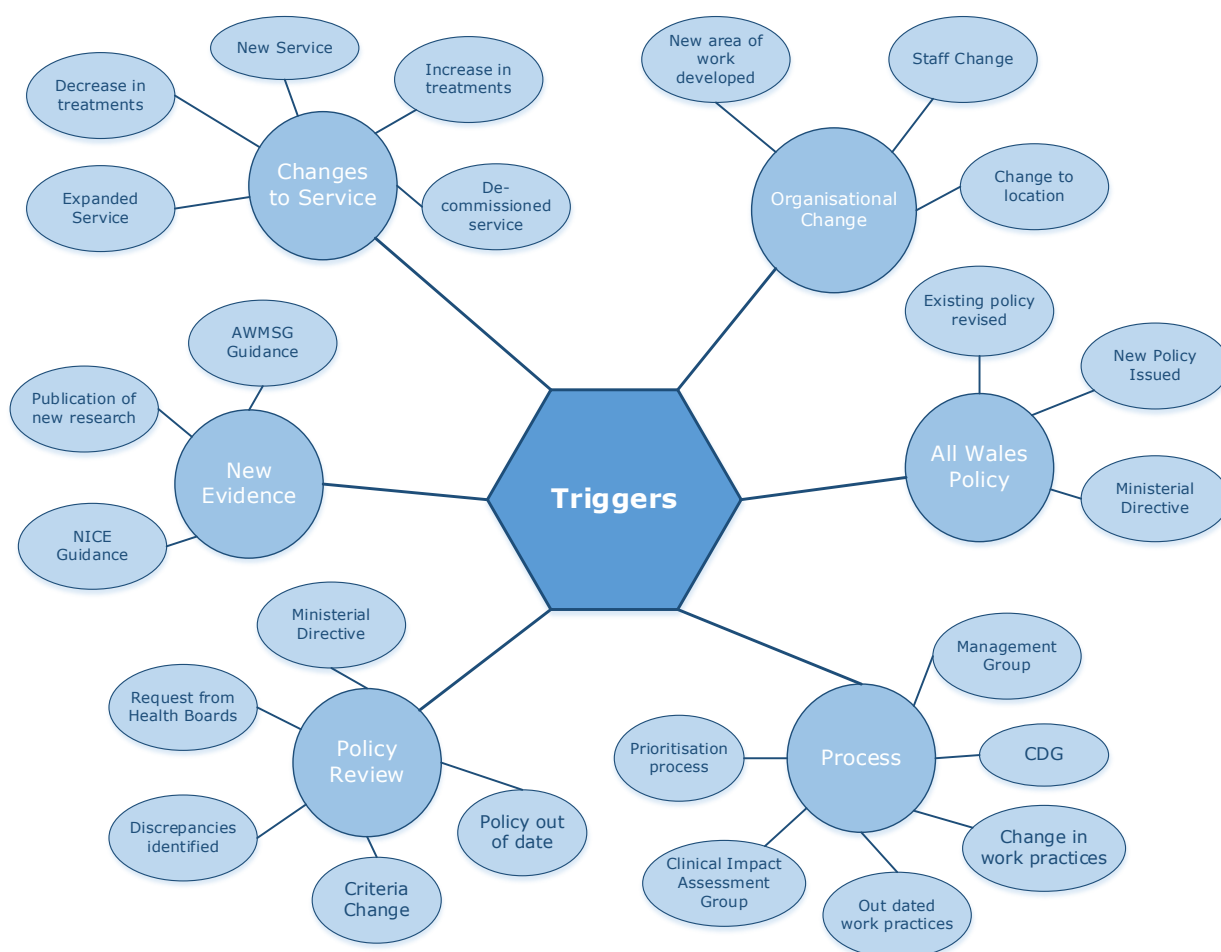
It is important that any new policy is appropriately allocated to the correct category as defined in section 1.5. Each policy in development should be assigned an Executive Lead and Lead Developer as described in section 1.5.

When a new policy development or review/update is planned, the relevant WHSSC Committee or lead Executive should be informed and approval sought. For a clinical policy this will be the WHSSC Policy Group and for a corporate policy this will be the Committee Secretary.

For each new policy development or review/update of an existing policy a scoping document (Scope) should be completed and signed off by the relevant committee prior to commencing the development phase.

A guide to the technical process for developing WHSSC clinical policies is currently being updated. An equivalent process for developing WHSSC corporate policies is now being planned.

Figure 1 - Triggers for policy development or review/update

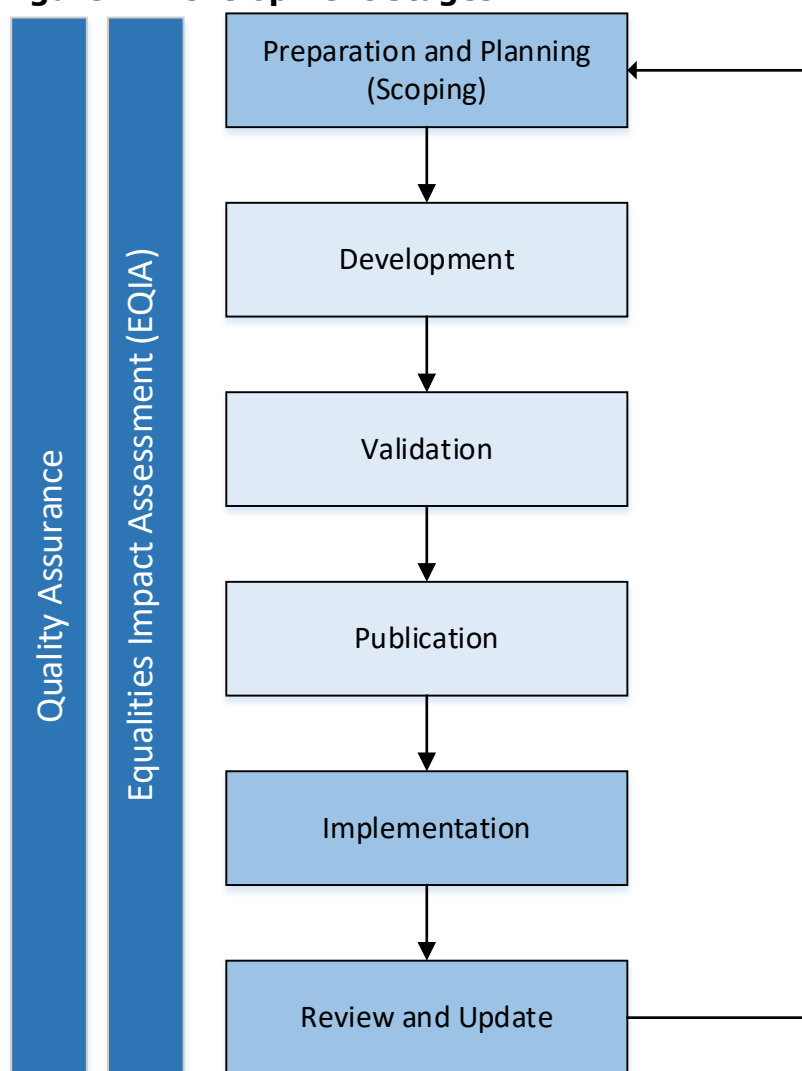


When a trigger occurs the relevant lead developer will start the process of development.

The development process include the following six stages, which are presented and explained in this chapter:

- Preparation and planning (scoping the work)
- Development
- Validation
- Publication
- Implementation
- Policy review and update.

An overview of the stage of the policy development process is presented in figure 2 and a schematic description of each stage is presented in Appendix 1. In accordance with the Equality Act 2010, all key stages of policy development will be subject to an Equality Impact Assessment (EQIA). The findings will be recorded on the EQIA form and published alongside the final policy (see WHSSC Equality Impact Assessment Policy (EQIA), Corp-026, In Development)

Figure 2. Development Stages

3.2. Stages of Development

The following stages and Appendix 1 provide a detailed breakdown of each stage within the development process.

3.2.1. Preparation and Planning – scoping the work (Stage 1)

This is the first stage of development and is initiated by a trigger. During this stage the Executive Lead will appoint a lead developer, who will then:

- prepare the draft scope using the agreed template, which is available on the WHSSC drive. The scope will include the following:
 - the area covered by the policy
 - the population/patient or staff groups likely to be impacted
 - a summary of the existing evidence base, other relevant policies and national guidance etc.
 - identification of any groups with protected characteristics or may suffer from socio-economic disadvantage as described in the EQIA policy
 - development timelines

- apply the appropriate category to the policy (corporate/clinical)
- identify and document the rationale for development
- identify sources of information, other relevant or existing policies, guidance or legislation to support the need for developing or updating a policy.

Before development is undertaken the Executive Lead and/or appropriate approval committee (WHSSC Policy Group or CDGB) should sign off the scope and confirm their approval for progression to stage 2 (development).

The decision for approval is based upon the information presented in the scope by the lead developer.

3.2.2. Development (Stage 2)

The methodology for developing a new policy and for updating an existing policy will depend on the area that needs addressing. The final decision on which approach to take should be agreed in advance by the Executive Lead and/or appropriate approval committee/group and recorded in the scope.

In some instances, rather than drafting a completely new policy there may be existing policies produced by another NHS organisation (for example All Wales) that can be adapted or cross referred to.

The following section [A-C] provides guidance on which approach to take when either updating or developing a WHSSC corporate or clinical policy. The final decision on which approach to take rests with the Executive Lead and/or appropriate approval committee/group.

For a comprehensive technical guide to developing WHSSC clinical policies please refer to 'Developing WHSSC Clinical policies: Technical process, Corp 024 (under review)'.

A. Minor

This category includes small updates of current policies, which do not change any information within the policy. Any update will be agreed with the Executive Lead and the revised policy re-published.

The following is presented as a guide:

- correcting typographical errors
- updating hyperlinks
- updating templates.

This type of update will not require a formal stakeholder consultation.

B. Moderate

This category covers those existing policies which require an update due to one of the following:

- Organisational structure change
- Publication of revised legislation
- Publication of revised All Wales Policy
- Discrepancy identified in policy
- Information is out-of-date
- Change to working practices.

Depending on the level of update required a Policy Working Group (corporate policies) or Clinical Expert Advisory Group (clinical policies) can be established to aide with development. The decision to convene such a group rests with the Executive Lead and/or the appropriate approval committee/group.

Policies within this category will almost always require a formal stakeholder consultation. This should be decided by the Executive Lead and/or the appropriate approval committee/group, and consultation would be between 4 and 8 weeks.

C. Major

This category will cover the following:

- A new policy requiring comprehensive supporting information/data/evidence
- A new policy where a more consensus based or collaborative developmental approach is needed
- A comprehensive update of an existing policy requiring appraisal of new/updated information/evidence, guidance or legislation.

A Policy Working Group or Expert Clinical Advisory Group will need to be established to aide with development.

Policies within this category require a formal stakeholder consultation, and consultation would be between 6 and 8 weeks.

Policy Working Group/Clinical Expert Advisory Group meetings

These groups can either meet in person or virtually (for example using MS Teams). The frequency and type of meetings is agreed by the lead developer and Executive Lead in advance.

Notes need to be taken of what was discussed at all meetings, together with agreed items and actions and circulated to the members of the group.

Writing the policy

Writing the policy is one of the most important steps in developing a policy. The wording must be concise, unambiguous and easy to translate into practice.

The wording of the policy must be agreed by the Executive Lead and Lead Developer (and Policy Working Group/Clinical Expert Advisory Group if appointed) and should:

- use strict version control on all draft documents
- focus on what specific action needs to be taken, who needs to take it, where its needs to be done
- use direct instruction wherever possible (see appendix 3)
- use clear language and avoid vague statements and jargon
- use plain English and active verbs (see section 8.7 and Appendix 3)
- include relevant additional information that a reader of the policy may need to know
- developed using the agreed templates (see section 8.4). This will ensure that all policies developed at WHSSC are presented in a consistent, clear and professional manner (see section 8.5).

3.2.3. Validation (Stage 3)

The third stage of the process is validation. This stage is where a policy is assessed in terms of quality assurance and peer-review by members of WHSSC and other stakeholders.

The main steps in the validation stage are:

- Pre-consultation check
- Stakeholder consultation
- Responding to stakeholder comments
- Post-consultation check
- Approval for publication.

Pre-consultation check

Before a policy is issued for consultation it needs to be reviewed to ensure it complies with all the WHSSC principles and methods of policy development [clinical policies should be reviewed by the Policy project manager]. The policy will be checked by the Policy Working Group/Clinical Expert Advisory Group (if either has been used during development) and then submitted to the Executive Lead. Final approval for consultation should be sought from either CDGB (corporate policies) or the WHSSC Policy Group (clinical policies).

Stakeholder consultation

Stakeholder consultation is a vital step in the quality assurance of a policy.

When consulting on a new or updated policy, WHSSC will usually ask the following questions:

- Is the policy clear?
- Does it contain any material inaccuracies or omissions?
- Does the policy identify all the parameters required or are there other issues that need to be included?
- Are there any equality issues or socio-economic duties which should be considered as part of the development of this document?

In line with the good practice principles WHSSC will be clear as to the aspects of the documents which are being consulted upon and which are not open to change.

When a policy has been approved for consultation the following documentation (which is available on the WHSSC drive) must be issued for consultation:

- an explanatory email/covering letter (in English and Welsh) detailing the purpose of consultation
- the draft policy on the appropriate template
- a blank stakeholder responses form (in English and Welsh).

Consultation usually runs from 4-8 weeks but can be extended to 12 weeks in some circumstances (for example for highly complex or contentious policies or if consultation falls over a holiday period such as Christmas).

The time period a policy is out at consultation for is dependent on a number of factors as set out below (see also section 3.2.2):

- | | |
|---------|---|
| 4 weeks | consulting on a minor update to an existing policy |
| 6 weeks | consulting on a single policy or substantial update to an existing policy |
| 8 weeks | consulting on more than one document for the same topic area or a complex policy. |

The period of consultation will be agreed by the Executive Lead and Lead Developer for corporate policies and the WHSSC policy group for clinical policies.

WHSSC does not accept:

- comments that are not presented on the correct form
- comments with attachments such as research, letters or leaflets
- comments submitted past the consultation deadline.

With whom should WHSSC consult?

All new and updated policies issued for consultation should be sent to the relevant target audience involving appropriate managerial, professional and clinical staff groups as relevant well as patient groups, charities and community health councils. WHSSC is also expected to formally consult with the following agreed list of core stakeholders

- WHSS Team
- Members of the WHSSC Management Group
- Members of Joint Committee
- National groups representing patients and carers
- Organisations representing healthcare professionals
- NHS England (if services are commissioned outside of Wales)
- Chief Scientific Adviser (Health), Welsh Government
- NHS Wales stakeholders including:
 - Chief Executive Officers, NHS Wales
 - Medical Directors, NHS Wales
 - Directors of Strategy, Planning & Performance, NHS Wales
 - Directors of Finance, NHS Wales
 - Managing Directors, NHS Wales
 - Directors of Nursing, NHS Wales
 - Directors of Public Health, NHS Wales
 - Chief Operating Officer, NHS Wales
 - Director of Therapies and Health Science, NHS Wales
 - Directors of Primary Care, NHS Wales
 - Medicines Management, NHS Wales
 - Clinical Network Lead for Wales, NHS Wales

Responding to stakeholder comments

After consultation the Executive Lead and Lead Developer (and Policy Working Group/Clinical Expert Advisory Group if appointed) will address the comments received during stakeholder consultation. All WHSSC responses must be completed on the appropriate template (see section 8.4).

The following will be taken into account when responding to stakeholder comments:

- each comment received must be acknowledged and answered in full with as much information as possible
- Executive Lead and Lead Developer (and Policy Working Group/Clinical Expert Advisory Group if appointed) must consider whether changes are needed to the policy
- if changes are made to the policy as a result of a consultation comment this must be made clear in the response. If no change is to

be made then the reason why not needs to be made clear in the response.

The Lead Developer must maintain a clear audit trail of any changes made to a policy (version control and track changes, see section 8).

All stakeholder comments and WHSSC responses will be made available on the WHSSC website when the final policy is published, as well as any declaration of interests submitted by stakeholders at the validation stage.

Post-consultation Policy Working Group/Clinical Expert Advisory Group meeting

If a Policy Working Group/Clinical Expert Advisory Group was set up to facilitate policy development, all stakeholder comments and suggested changes to the policy must be checked and approved by each member of the group.

Post-consultation check

After agreed changes have been made to a policy post consultation, the revised policy is then checked internally. This will be led by the Executive Lead and Lead Developer.

This check includes ensuring that:

- changes made to a policy are appropriate
- stakeholder comments have been responding to appropriately
- no further changes need to be made.

A clear audit trail of any further changes made as part of the post consultation check should be maintained (see section 8).

Approval for publication

Once the post-publication check has been completed, the policy is ready for approval for publication.

When considering a policy for publication, Joint Committee, Management Group, the Corporate Directors Board (CDGB) or WHSSC Policy Group (PG) must ensure that the policy:

- has addressed all issues that were identified in the scope
- is consistent with the information/legislation quoted
- was developed using the agreed methods and process
- is clear and coherent
- follows the agreed template.

Prior to the policy being agreed and signed off it may be requested that further work needs to be undertaken.

The equality impact assessment form is also reviewed as part the approval for publication process.

Ratification of the policy for publication

Following sign off by either CDGB (corporate policies) or the WHSSC PG (clinical policies) the following approval process should be followed:

- **Corporate Policies**

- The Joint Committee is responsible for the ratification of all WHSSC corporate strategy and policy documents. All policies and responses to stakeholder comments should be presented to Joint Committee after completion of the consultation process for endorsement.

- **Clinical Policies**

- Final ratification of all WHSSC clinical policies currently rests with the WHSSC Policy Group.
- All policies and responses to stakeholder comments should be presented to Policy Group after completion of the consultation process for endorsement.
- Where there is **no service or financial impact**, or where **the funding requirement has already been identified** within the ICP, Management Group will be presented with a report of containing information on all policies that have been recently published. A copy should also be sent to Joint Committee for information.
- Where a policy **has a financial or service impact which is outside of the annual planning arrangements** the policy must be supported and approved by Management Group before being taken to Joint Committee for final ratification.

Management Group, Quality and Patient Safety Committee and CDGB should be sent regular (no less than quarterly) updates of the WHSSC PG work programme and the status of all extant policies (i.e. the number out of date, being review, being updated, in date).

3.2.4. Publication (Stage 4)

The fourth stage of the process is publication. Once the policy has been approved by either WHSSC Policy Group, Corporate Directors Board Management Group or Joint Committee it can be sent for publication.

The WHSSC Corporate Governance Manager for corporate polices and the Policy Project Manager for clinical policies will ensure that the final policy is uploaded onto WHSSC internet as appropriate and in line with The Public

Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018¹⁷.

The following documents will also be uploaded:

- Equality Impact Assessment (EQIA)
- Stakeholder comments and responses.

3.2.5. Implementation (Stage 5)

The fifth stage of the process is implementation. This stage is where the policy is applied to working practices. This may include consideration of staff training requirements.

Once a clinical policy has been published the key role of the lead developer and WHSSC commissioning team is to plan the implementation of the policy.

The WHSSC Corporate Governance Team have key implementation roles for corporate policies and should ensure that information is cascaded appropriately to staff within the organisation.

3.2.6. Policy review and update (Stage 6)

All policies developed by WHSSC are published with the expectation that they will be reviewed and updated as necessary. This stage is to ensure that all policies are current and will enable Executive Leads and Commissioning Teams to make a decision on whether an update is needed.

A formal review of the need to update a policy is usually undertaken by every 3 years. However, an informal review should be undertaken annually.

Where a clinical or corporate policy is no longer required and should be stood down, for example due to changing practices, then a paper outlining those reasons should be submitted to Corporate Directors Group or WHSSC Policy Group for approval.

Clinical policies

A formal review of the need to update a clinical policy is usually undertaken within 3 years of its initial or most recent publication date.

When scheduling updates or the development of new policies into its work programme, WHSSC will prioritise topics according to need. There may be circumstances where a check for update is brought forward, for example when:

¹⁷ [The Public Sector Bodies \(Websites and Mobile Applications\) Accessibility Regulations 2018](#)

- medicines or interventions are withdrawn
- new medicines or interventions are released
- there are changes to legislation or infrastructure.

When deciding to update a policy, intelligence gathering will be undertaken, by the senior planning manager or the planning manager and the Assistant Director of Evidence Evaluation and Effectiveness, to help inform a decision on whether to update a policy or extend the review date.

This intelligence gathering process can include the following:

- horizon-scanning
- evidence appraisal
- prioritisation process
- review of services
- review of existing WHSSC policies.

The information gathered is presented in a scoping document (see section 3.2.1) and then submitted to the WHSSC policy group who make a decision on whether to update the policy or extend the review date.

Corporate policies

A formal review of the need to update a corporate policy is usually undertaken within 3 years of its initial or most recent publication date.

The review date is documented on the corporate policy register. The Corporate Governance Manager will contact the appropriate Executive Lead when a policy is within three months of its review date.

However, an informal review should be undertaken annually and recorded by the Corporate Governance Manager.

An update should be triggered if an organisational change impacts on the validity of a current policy that requires an immediate and urgent update.

The Executive Lead, and the Lead Developer will determine whether the policy requires an update, and if so what level update is needed. A scoping document (see section 3.2.1) will then be submitted to the appropriate committee/group for approval.

Update needed

If the decision to update a policy is made then development process starts again from stage 1 (planning and preparation – see section 3.2.1).

No update needed

If the decision is not to update the policy, then the review date can be progressed.

Presentation of updated policies

When updating a policy it is essential to make clear what sections have been updated, amended or remain unchanged from the previous published version. The revision history document should be completed, which also provides the rationale for the change (see section 8.3).

4. Data Protection and GDPR

Data protection legislation places a statutory duty on the organisation to demonstrate compliance with the accountability principle.

WHSSC must ensure that it complies with both the General Data Protection Regulation (UK GDPR) and the Data Protection Act (DPA) 2018¹⁸. These set out the framework for the processing of personal data.

UK GDPR, became enforceable in all EU member states on 01 January 2021, and covers most of the legal obligations for processing personal data in the UK.

The Data Protection Act 2018 includes UK GDPR and replaces the Data Protection Act 1998. It sets out:

- how other information rights legislation (e.g. Freedom of Information Act 2000) interact with the new DPA and UK GDPR
- how personal data must be processed in the UK where it doesn't fall within UK GDPR, e.g. immigration or national security matters
- local rules for the UK that complement UK GDPR, e.g. additional measures required for the processing of special category personal data
- the Information Commissioner's Office's (ICO) role, functions and powers.

The Data Protection Act 2018 and UK GDPR applies to:

- all staff who handle and use personal information, whether we hold it on our systems (manual and automated) or if others hold it on their systems for us
- all personal data processing carried out by WHSSC or for other Health Boards
- all formats, e.g. printed and digital information, text and images, documents and records, data and audio recordings.

In accordance with the requirements of the Data Protection Act 2018, names of individual staff must not be contained within any key documents. Individuals with particular responsibilities can be identified by their job title only.

For further information please see the [NHS Wales policy on Information Governance, 2018](#)

¹⁸ [Data Protection Act 2018](#)

5. Legislation, National and Professional Guidance

All policies must comply with current legislation, national and professional guidance. Policies must be based on sound evidence and be appropriately referenced.

6. Declaration of interests

WHSS Team members must declare any interests as set out in the [WHSSC Standards of Behaviour Policy CPL - 008](#).

7. Equality Impact Assessment

Equality impact assessment (EQIA) is a process that allows WHSSC to consider the effects of its policies on people.

The Equality Act 2010¹⁹ introduced a new public sector equality duty (PSED)²⁰ (the 'general duty') which became effective on 5th April 2011.

The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review.

The socio-economic duty (Part 1, Section 1 of the Equality Act 2010²¹) requires public bodies, such as the NHS to adopt transparent and effective measures to address the inequalities that result from differences in occupation, education, place of residence or social class. This duty came into force in Wales on 31st March 2021, and aims to reduce inequality for people who experience socio-economic disadvantage.

The process for undertaking an equality impact assessment and ensuring due regard is given to the socio-economic duty is set out in Equality Impact Assessment Policy (EQIA), Corp 026, (July 2022)

¹⁹ [Equality Act 2010: guidance - GOV.UK](#)

²⁰ [Public sector equality duty - GOV.UK](#)

²¹ <https://www.legislation.gov.uk/ukpga/2010/15/section/1>

8. General Principles

8.1. Naming a document

A standard approach to naming a document allows them to be found easier, therefore it is important that consistency is maintained when naming a document.

When saving a document for the first time, the following information should be used:

- Policy number
- Short title
- Version number

For example:

Corp XXX_Policy Process v0.1

When other people (not the original author) are making changes to a draft document, then they must also include their initials in the file name.

For example:

Corp XXX_Policy Process v0.2_AC

8.2. Version Control

Version control is the process by which different drafts and versions of a document are managed. It tracks a series of draft documents, finishing in a final version. Using version numbers provides an audit trail for the revision and update of policy documents.

When drafting a new policy, version control clearly identifies the development status of the document, and allows a return to previous versions.

Version control is achieved by adding a version number in the file name of a document. The initial draft of a policy should be numbered v0.1, and each draft is then number sequentially from v0.1 v0.2, v0.3 until a final version has been completed. This final draft would then be numbered v1.0.

If more revisions are to be made to the draft document then the number will increase by 0.1, for example. v1.1, v1.2. Subsequent final version numbers then increase by 1.0, for example v1.2 final document will become v2.0, and draft document v2.5 would become v3.0.

In addition to adding the version number to the end of the file name, it should also be displayed within the document.

Details of any changes should also be recorded within the revision history document.

8.3. Revision History Document

This document provides further details of what changes were made to a document, when they were made and who made them.

The revision history document must be updated each time a change is made to the document.

This document details:

- the current version number
- the purpose of the change or the change itself
- the name of the person making the change
- the date of the change.

Other information stored within this document will be details on the consultation, approvals and distribution of the policy (see below).

Consultation (revision history document)

This details who the policy was sent to for consultation, what version was sent and when it was sent.

Approvals (revision history document)

This details, who the policy was sent to for approval, what version was sent, the date it was sent and the date it was approved.

Distribution (revision history document)

This details what version of the policy was sent, who it was sent to, who sent it, the date it was sent and the date it was published.

8.4. Templates

Using a template allows for consistency when producing a WHSSC document. Templates ensure all WHSSC documents are unified in appearance and content.

Templates are available on the WHSSC drive for:

- Planning and preparation
- Policy development
- Policy consultation
- Publication.

8.5. Style and format

All policies should be written in the approved WHSSC style and format as described summarised below:

- Policies must be concise and clear using unambiguous terms and language.
- All text must be in Verdana font:
 - The main heading is Verdana font 14
 - Main body of the document is Verdana 12 and justified
 - Footnotes within the document are Verdana 10
 - Footers and headers are Verdana 9.
- All policies need to be written on the latest version of the appropriate policy template. Each template will include some sections that are mandatory and therefore must be completed.

Any All Wales policies that are adopted by WHSSC will need reformatting to meet the above standards.

8.6. Track changes

Track changes is an editing command that should be used for keeping track of any amendments made to a policy.

Using track changes allows multiple people to make revisions without losing the context of the original document. Using this function allows the reader to see exactly what was changed and they can then decide whether or not to accept or reject these amendments.

When making any changes to a policy a new copy should be saved, with the appropriate file name. Older versions should then be moved to a separate folder and only the current version should remain in the current draft version folder.

Using track changes alongside version control helps keep an electronic audit trail of what changes were made to a document.

To use track changes

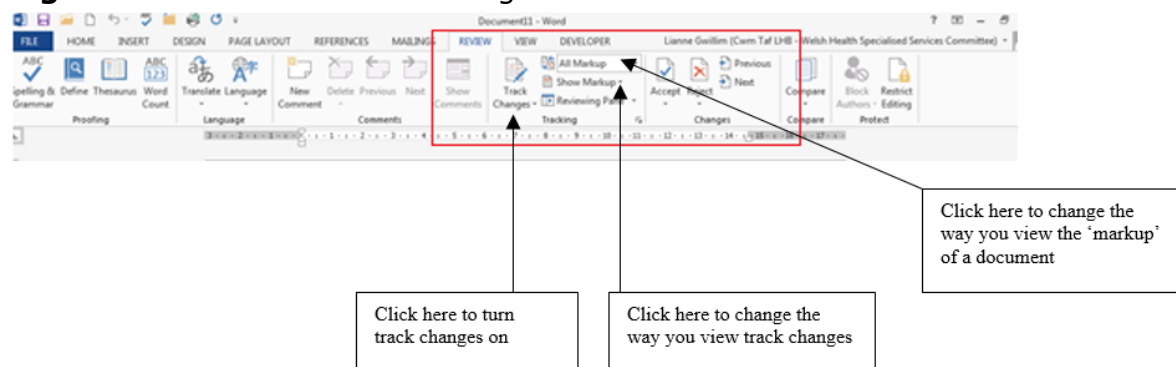
To switch on tracking, open the document you want to revise and select the **Review** tab and then select **Track Changes**.

You can change the way that you view the revisions in a document by selecting the **Review** tab, **Show Markup** and **Balloons** – and then choose either of the following:

- Show all revisions in Balloons
- Show All Revisions In-Line
- Show only Comments and Formatting in Balloons

To be able to see what revisions are being made in a document ensure you are viewing **All markup**

Figure 6: How to use track changes



8.7. Plain English

Using plain English enables the reader to understand the message of the policy the first time they read it. The principles of plain English is to use short, clear sentences and everyday words without unnecessary jargon. For tips on using plain English see appendix 2.

8.8. Definitions

Strategy

This is high level long term plan designed to outline how WHSSC aims to achieve their organisational goals and objectives, and can be supported by policies and procedures.

Policy

A policy sets out the principles that WHSSC need to follow to guide decisions and achieve outcomes.

Examples of policies within WHSSC include:

- Specialised Services Policies (Commissioning Policies)
- Specialised Services Service Specifications
- Policy Positions
- Organisational Policies
- Operational policies.

Procedure

A procedure is a standardised and established way of performing a task. It describes who, what, when and where, and provides a series of actions that need to be conducted in an agreed and consistent way to achieve a safe and effective outcome. These are often the documents detailing how a policy is to be achieved.

Protocol

Protocols are a set of measurable, objective standards or rules which are used to determine a course of action.

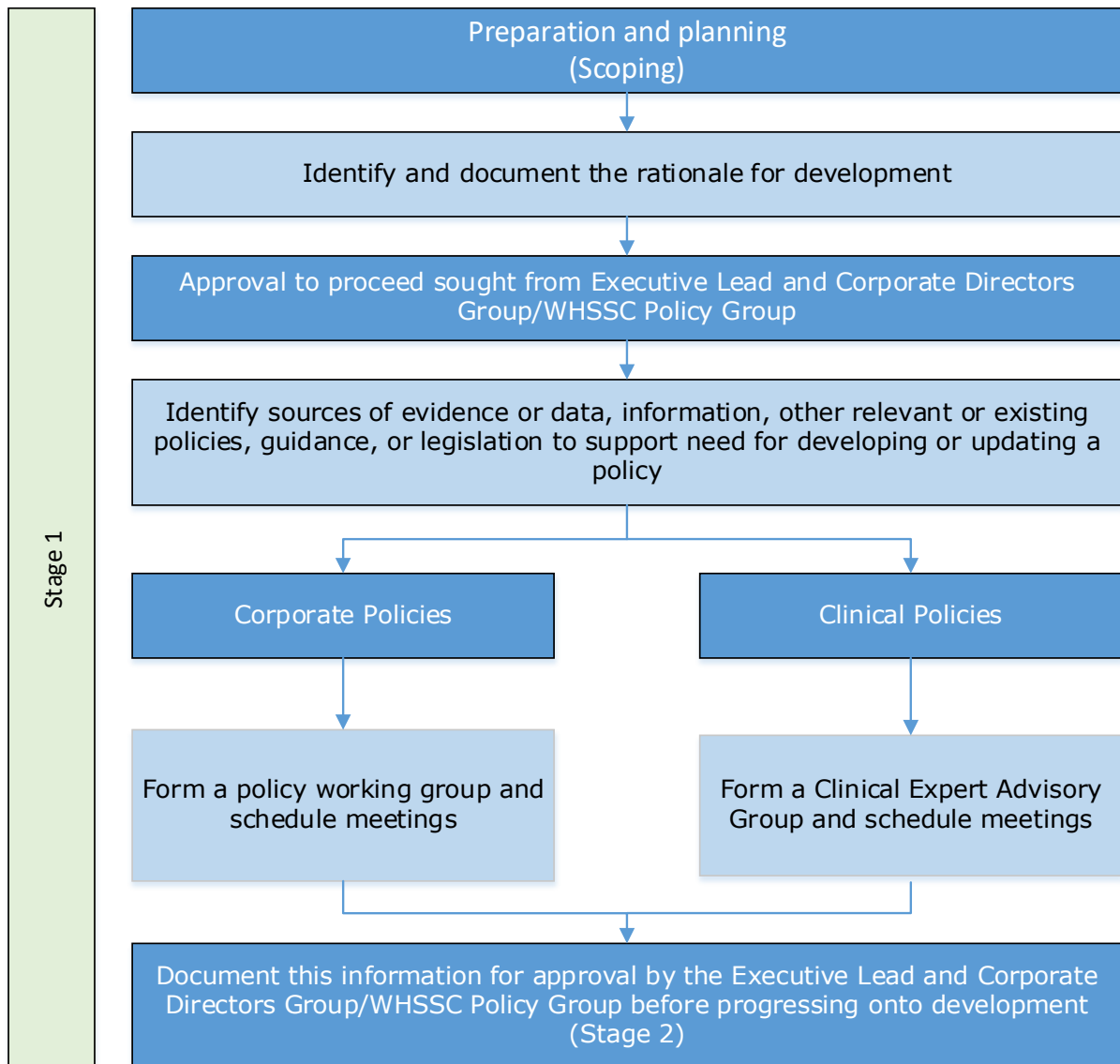
Guideline

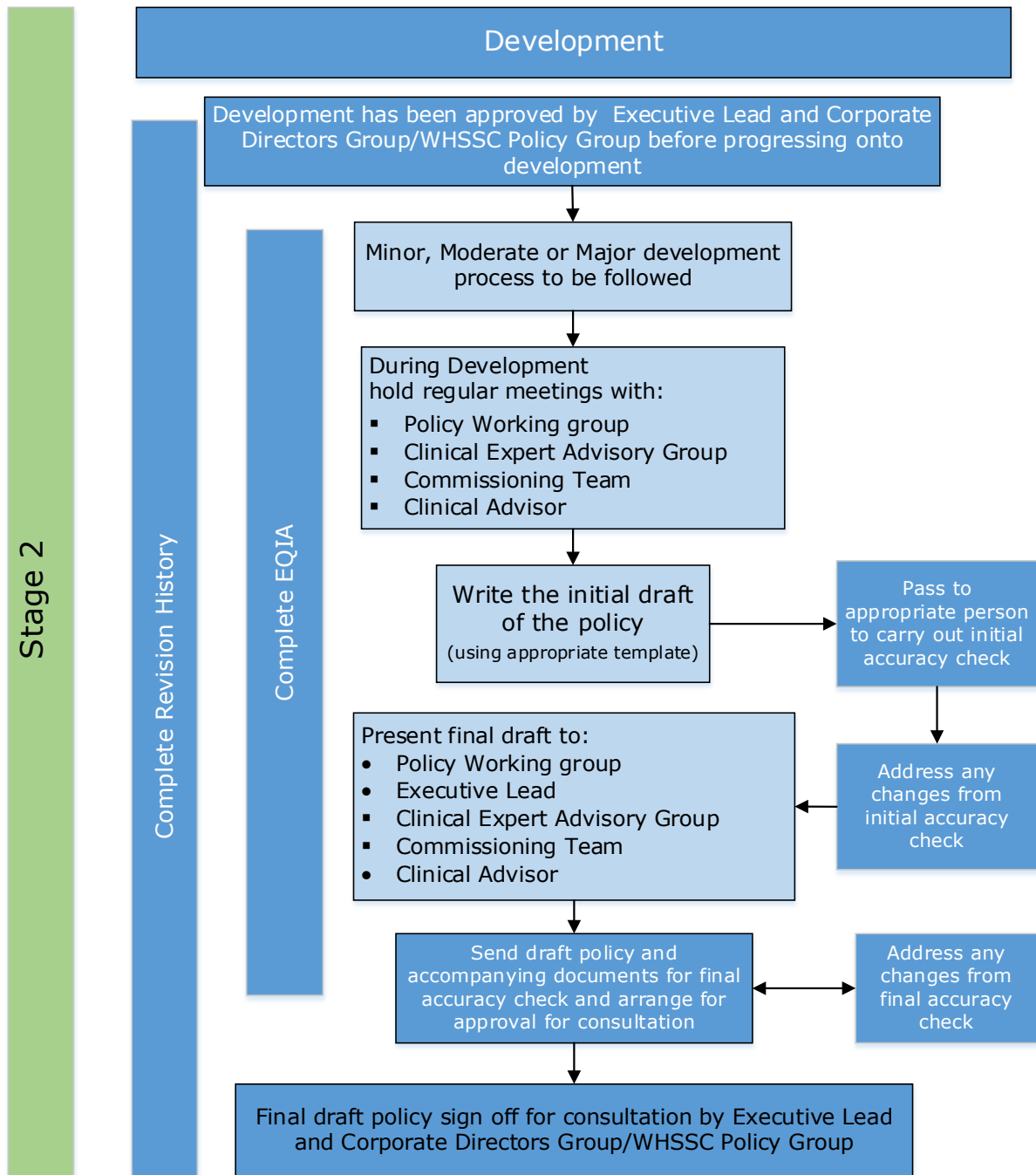
A guideline is a systematically developed piece of advice that can be used to make decisions. Guidelines are often used to underpin a policy, and represent good practice.

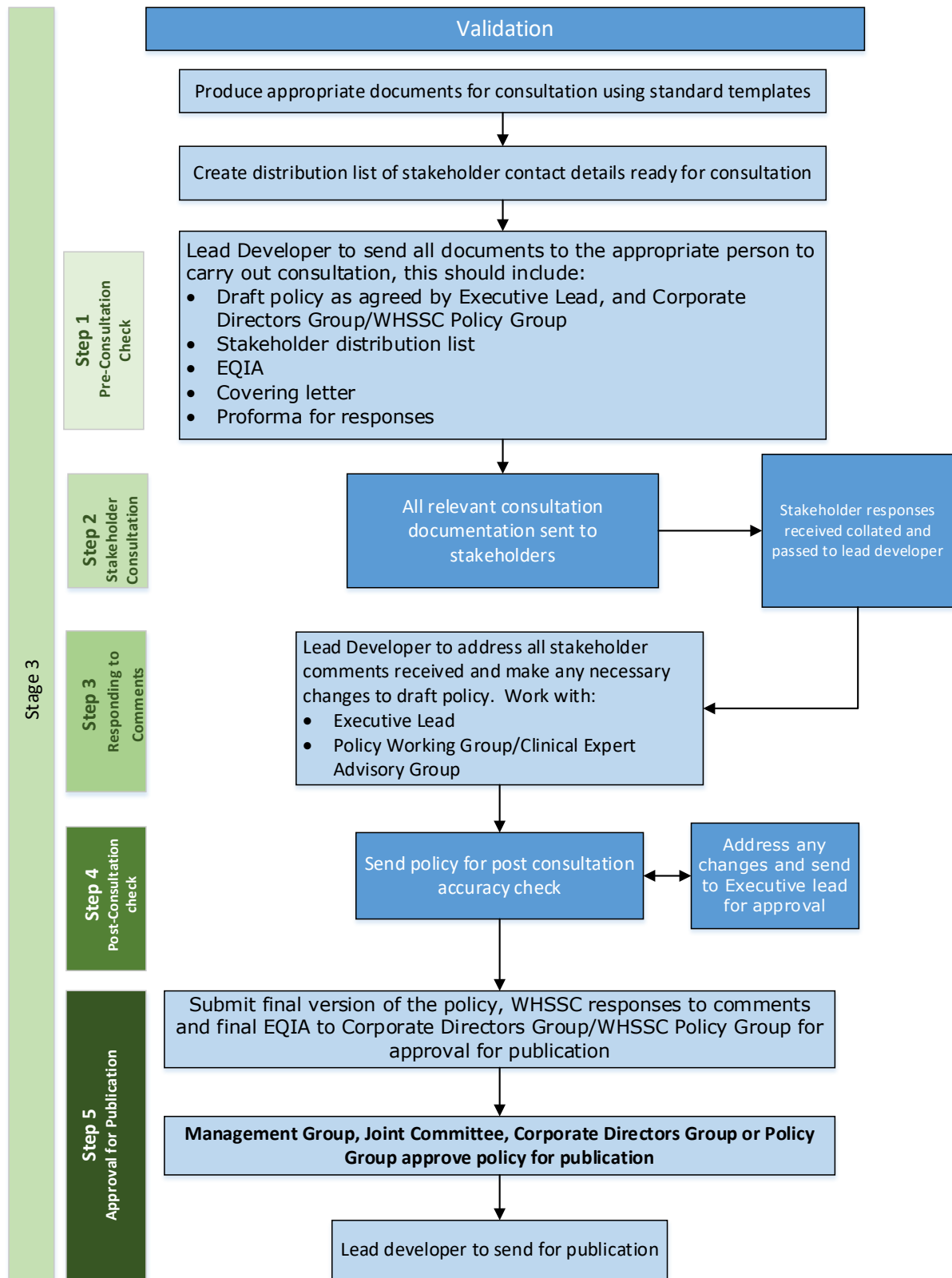
Framework

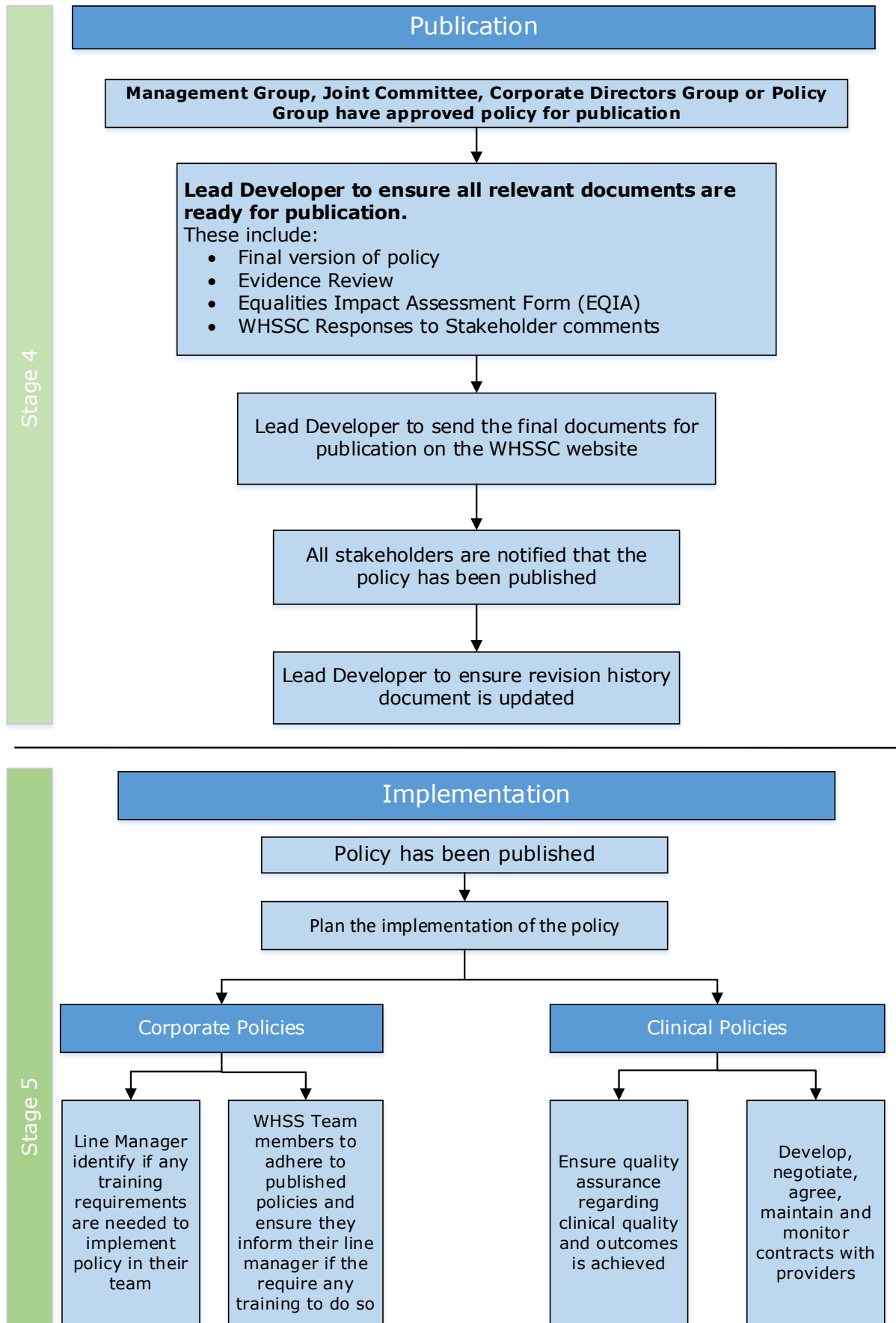
A framework is the supporting structure/functions for which a service can be built around. It sets out the way how goals can be achieved.

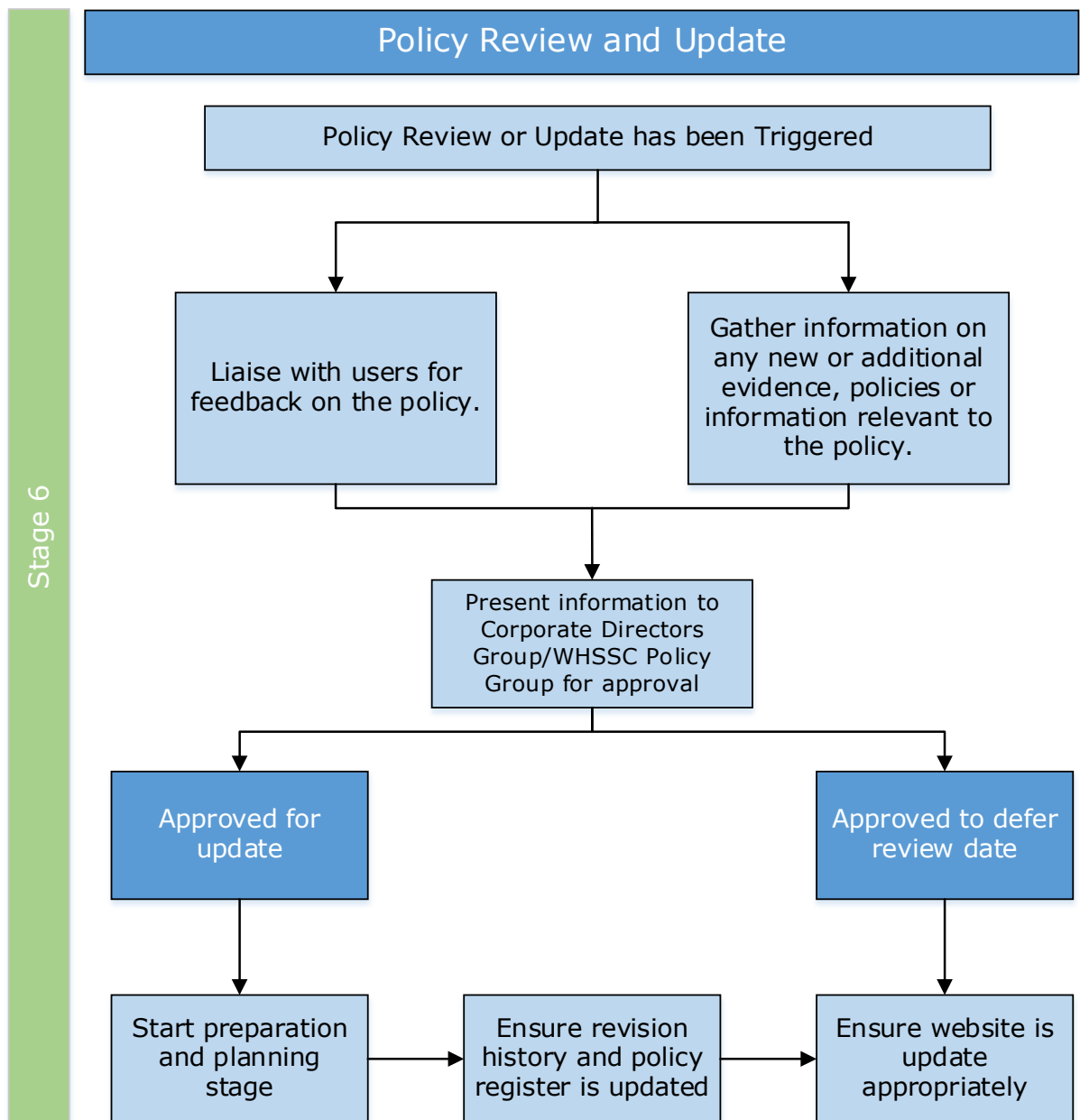
Appendix 1 Flow Diagram of Development Stages



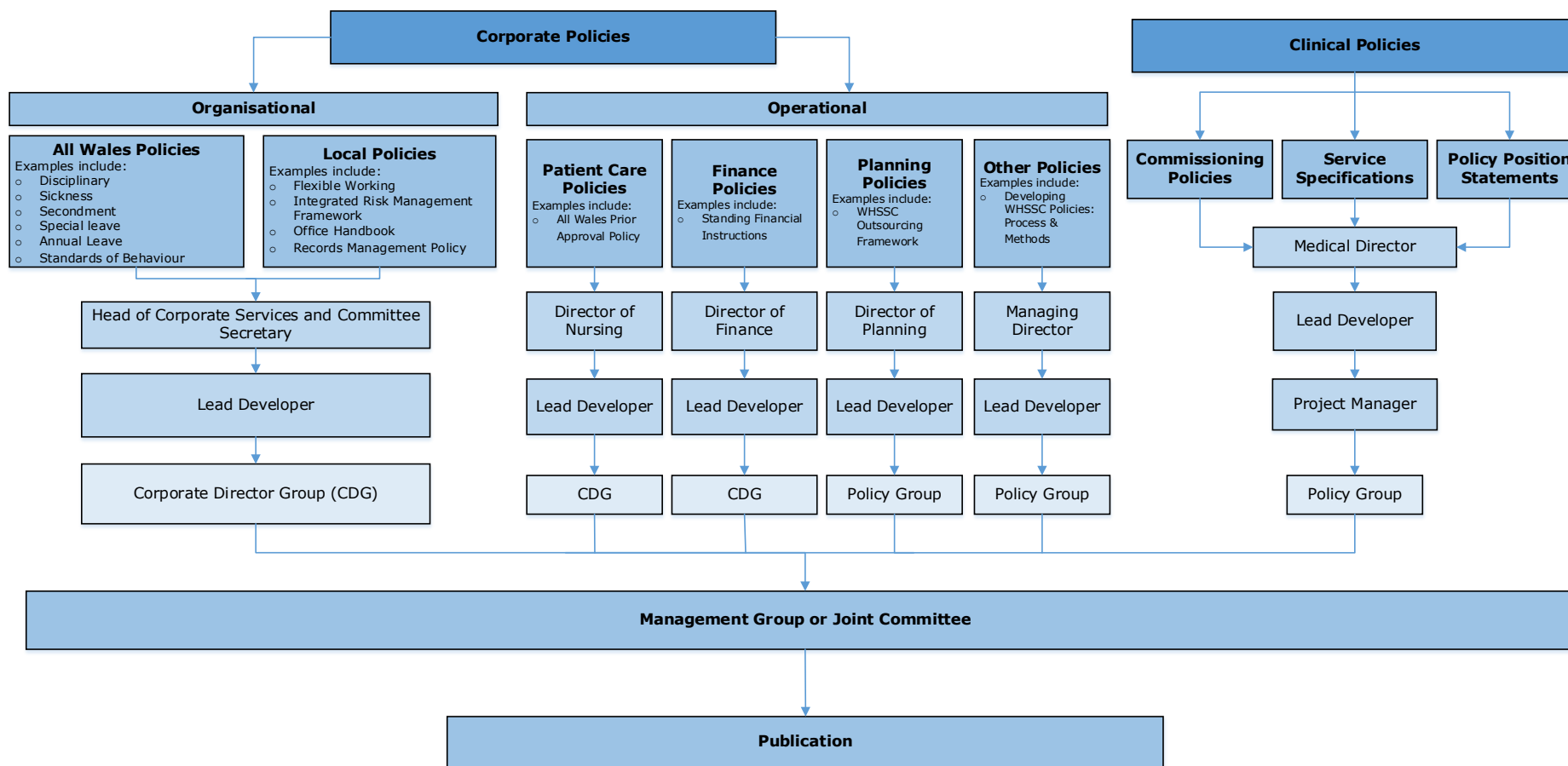








Appendix 2 Policy Approval Flow Diagram



Appendix 3 Tips for using plain English

The following are tips on using plain English within policy documents.

When wording a policy use person-centred language. Be respectful, empathetic and inclusive. Person-centred language reflects good manners and sensitivity, not political correctness.

Avoid labelling people, describe what a person has, not what a person is. Diseases are treated, not people. Diseases, not people, respond to treatment. Conditions, not people, are monitored. People are not unsuitable for treatments: treatments are unsuitable for them. People have diseases, they do not suffer from them.

Be accurate when using age in a policy:

- babies: 1 year and under
- children: up to 12
- young people (teenagers): between 12 and 17
- adults: 18 and over
- older people: 65 and over.

Use gender-neutral language where possible. This means using 'people', 'they' and 'them' instead of 'women', 'men' and 'his' or 'her'.

Abbreviations and acronyms

The first time you use an abbreviation or acronym explain it in full on each page. Then refer to it by initials.

Do not use full stops in abbreviations: NICE, not N.I.C.E

Do not use an acronym if you're not going to use it again later in the text.

Active voice

Use the active rather than passive voice. This will help write concise, clear content.

Ampersand

Use and rather than &, unless it's a department's logo image or a company's name.

Brackets

Use (round brackets), not [square brackets].

Do not use round brackets to refer to something that could either be singular or plural. Always use the plural instead, as this will cover each possibility:

Bullet points and steps

You can use bullet points to make text easier to read. Make sure that:

- you always use a lead-in line
- the bullets make sense running on from the lead-in line
- you use lower case at the start of the bullet
- try not to use more than one sentence per bullet
- you do not put a semicolon at the end of a bullet
- put a full stop after the last bullet point.

Capitalisation

DO NOT USE BLOCK CAPITALS FOR LARGE AMOUNTS OF TEXT AS IT'S DIFFICULT TO READ.

Data

Treat as a singular noun: The data is stored on a secure server.

Dates

- use upper case for months: January, February
- do not use a comma between the month and year: 4 June 2017
- when space is an issue - in tables or publication titles, for example - you can use truncated months: Jan, Feb
- use the UK format, date, month, year.

Direct Instruction

Give direct instructions and start with a verb, if possible, to keep the action up front and direct.

e.g., etc. and i.e.

Try to avoid using e.g., etc. or i.e. instead try using:

- for e.g. use 'for example' or 'such as' or 'like' or 'including' - whichever works best in the specific context
- etc. can usually be avoided. Try using 'for example' or 'such as' or 'like' or 'including'. Never use etc. at the end of a list starting with these words
- i.e. - used to clarify a sentence – is not always well understood. Try (re)writing sentences to avoid the need to use it. If that is not possible, use an alternative such as 'meaning' or 'that is'.

Hyphenation

Hyphenate:

- re- words starting with e, like re-evaluate
- co-ordinate
- co-operate

Do not hyphenate:

- reuse
- reinvent
- reorder
- reopen
- email

Do not use a hyphen unless it's confusing without it, for example, a little used-car is different from a little-used car. If in doubt, check the Oxford English Dictionary for Writers and Editors.

Italics

Do not use *italics*. Use 'single quotation marks' if referring to a document, scheme or initiative.

Lists

Lists should be bulleted to make them easier to read.

Numbers

Use 'one' unless you're talking about a step, a point in a list or another situation where using the numeral makes more sense: 'in point 1 of the design instructions', **Or**:

Write all other numbers in numerals (including 2 to 9) except where it's part of a common expression like 'one or two of them' where numerals would look strange.

If a number starts a sentence, write it out in full (Thirty-four, for example) except where it starts a title or subheading.

For numerals over 999 - insert a comma for clarity: 9,000

Ordinal numbers

Spell out first to ninth. After that use 10th, 11th and so on. In tables, use numerals throughout.

References

References should be easy to understand by anyone, not just specialists. If the reference is available online, insert a link as a footnote.

Semicolons

Do not use semicolons as they are often mis-read. Long sentences using semicolons should be broken up into separate sentences instead.

Sentence length

Do not use long sentences. Check sentences with more than 25 words to see if you can split them to make them clearer.

Spaces

One space after a full stop, not 2.

Words to avoid

Avoid using these words:

- agenda (unless it's for a meeting)
- advancing
- collaborate (use working with)
- combating
- commit/pledge (we need to be more specific - we're either doing something or we're not)
- countering
- deploy (unless it's military or software)
- dialogue (we speak to people)
- disincentivise (and incentivise)
- empower
- facilitate (instead, say something specific about how you're helping)
- focusing
- foster (unless it's children)
- impact (do not use this as a synonym for have an effect on, or influence)
- initiate
- key (unless it unlocks something. A subject/thing is not key - it's probably important)
- land (as a verb only use if you're talking about aircraft)
- leverage (unless in the financial sense)
- liaison
- Must – only use if there is a legal duty to apply a recommendation, or the consequences of not following a recommendation are extremely serious (death).
- overarching
- progress (as a verb - what are you actually doing?)
- promote (unless you're talking about an ad campaign or some other marketing promotion)
- robust
- slimming down (processes do not diet)
- streamline
- strengthening (unless it's strengthening bridges or other structures)
- tackling (unless it's rugby, football or some other sport)
- transforming (what are you actually doing to change it?)
- utilise

Avoid using metaphors – they do not say what you actually mean and lead to slower comprehension of your content. For example:

- drive (you can only drive vehicles, not schemes or people)
- drive out (unless it's cattle)
- going forward (it's unlikely we are giving travel directions)
- in order to (superfluous – do not use it)
- one-stop shop (we are not a retail outlet)
- ring fencing.