



**PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 August 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Extension to Review Dates of Four Corporate Policies/ Procedures
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Cathie Steele, Head of Quality and Governance/ Louise O'Connor, Assistant Director (Legal and Patient Experience)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

It is imperative that Hywel Dda University Health Board (HDdUHB) has up-to-date and accurate written control documentation in order to comply with relevant legislation and minimise any associated risk.

Approval to extend the review dates of four written control documents are sought whilst detailed reviews are finalised. Assurance has been provided by the Assistant Director (Legal and Patient Experience) that each written control document remains fit for purpose during the extension period.

Policy ref:	Link/title	Existing review date
018	Staff Attending Inquests/Court and Assisting Police Investigations Guideline (PDF, 393Kb)	15/08/2020
307	Production of Patient and Carer Information Policy (PDF, 341Kb)	15/08/2020
568	Production and Use of Surveys Guideline (PDF, 576Kb)	15/08/2020
063	Use of Patient and Carer Stories Guideline (PDF, 483Kb)	15/08/2020

Cefndir / Background

All HDdUHB employment policies and equality impact assessments are reviewed on a 3 yearly basis.

Asesiad / Assessment

Extensions to the review dates of the corporate written control documents identified above until 31.12.2021 is requested to allow sufficient time and resources to finalise the review process.

Argymhelliad / Recommendation

QSEC is asked to consider and approve the extension to the review dates of the written control documents identified above to 31.12.2021.

- Staff Attending Inquests Guideline is currently being reviewed in association with other legal advice/ legal procedure documentation, which will form part of on line resources being developed on the staff intranet.
- The Production and Use of Surveys Guideline is currently subject to major review to include a revised governance and process.
- The Patient and Carer Information and Patient Story Guidelines are also being reviewed and updated in line with recent guidance and procedures around consent.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.22 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Focus On What Matters To Patients, Service users, Their Families and Carers, and Our Staff
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives:	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termiau: Glossary of Terms:	Contained within each written control document
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiad: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	As detailed in the assessment

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
Gweithlu: Workforce:	It is essential that the UHB has up to date policies and procedures in place
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	A summary equality impact assessment has been undertaken for the policy.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable