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| **Purpose** | This document outlines the mandatory processes for developing, reviewing and managing all of our organisation’s documents.The expected outcomes of this process are:* policies and procedures are in line with current best practices
* legislative compliance
* pro-active risk management
* consistency in process implementation
* continuous service improvement
* stakeholder participation
* adherence to funding contracts and specific service related standards
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| **Scope** | This document applies to all employees working for our organisation and applies to the following internal and external documents:* posters
* forms/templates
* manuals
* organisational plans
* policies and procedures
* brochures
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| **References** | NZS 8134.1.2: 2008 Health and Disability Services Standards (HDSS)[MSD Accreditation Standards](https://www.msd.govt.nz/what-we-can-do/providers/social-services-accreditation/accreditation-standards.html) |
| **Principles** | The following principles underpin the document development and management processes:* Commitment to the formal management of documents to provide people engaged with our services, their families and our employees with access to the organisation’s information on systems and processes.
* The documents used by employees and contractors are reliable, evidence based and current.
* Employees are alerted to new and reviewed documents.
* Employees are made aware of their responsibilities to adhere to the document management processes.
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**Document Structure =**

**Based on the Health and Disability Services Standards and**

**Home and Community Support Sector Standard**

consumer rights

organisational management

 continuum of service delivery

 safe environment

 infection prevention and control

 restraint minimisation and safe practice

**Document Identifiers**

All internal documents must include on each page:

Date for review

Date of issue

Authorised by

Version number

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Version: | 3 | March 2014 | Review: | March 2017 | Authorised by  |  |

**Routine review**: 3- yearly

Except:

**Yearly:**

* Infection prevention and control plan
* Risk management plan
* Health and safety plan
* Business/operational plan
* Quality plan

Non-routine review when:

* Legislation changes.
* Changes in processes.
* Changes in service delivery.
* Changes to NZ standards.
* Errors in the document.
* Omissions in the document.
* Changes in best/evidence based practice.
* Lack in clarity.
* As the result of audits.
* Contract or certification requirements.

Example stakeholders:

* auditors
* funders
* service users
* family/whānau
* external service providers

 **Any employee or other stakeholders can identify**

**The need for change in an existing document including review**

**The need for a new document.**

**Complete the ‘application to develop or change a document’**

**Process to**

Person responsible for document management

* Approves the application.
* Facilitates the consultation process.
* Amends the document as required.
* Ensures the document is signed off by the Board/CEO.

**Distribution of the new/amended document**

* Email notification to staff.
* Institute mechanisms to ensure that staff have read and understood the new or amended document.
* Place document on the organisation’s policy/procedures drive.

Inform relevant stakeholders of the changes.

Person responsible for document management

**Administrative tasks**

* Withdraw non-current documents from circulation and access (archive).
* Identify superseded document as no longer current (watermark).
* Update the policy/procedure document index.



ENSURE ONLY CURRENT POLICIES AND PROCEDURES AND DOCUMENTS ARE USED

**External Documents**

Person responsible for document management

* A list of external documents that require monitoring and updating is maintained.
* The content of the external document index is determined by the leadership group.
* Obsolete copies of external documents shall be disposed of immediately or are identified as obsolete and filed for further reference.

# Consultation

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| Group/Role | Date |
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