Herefordshire Council

Working together for the people of Herefordshire

NHS Herefordshire

Herefordshire Public Health Transition Plan

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VERSION HISTORY

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1 BACKGROUND

1.1 Purpose of this document

The purpose of this document is to bring together the key information needed to start the Public Health Transitions Plan Project on a sound basis and to convey that information to all concerned with the project.

It should address:

- What the project is aiming to achieve?
- The key products the project will deliver
- Why is it important to achieve it?
- Who is going to be involved in managing the process and what are their responsibilities?
- What risks are to be faced and how will they be managed?
- How and when is it all going to happen?
- To ensure Project governance groups have all the information necessary to manage the project
- To provide a baseline against which the progress of the project can be measured

1.2 Herefordshire Public Services

Partnership working is very well advanced in Herefordshire. NHS Herefordshire and Herefordshire Council have worked in a close partnership arrangement as Herefordshire Public Services (HPS) since 2007 with the aim of maintaining sustainable public service delivery and retaining local decision-making to improve health & wellbeing outcomes for local people. A new model of integrated health and adult social care provision (Wye Valley NHS Trust) has been developed to ensure that there is an affordable and clinically sustainable range of local services in place for the people of Herefordshire. The partnership approach in Herefordshire has been recognised nationally as a model of public service integration focussed on place. Within HPS, the existing close working between the PCT and LA has fostered a shared understanding of different organisational cultures and this is being further developed through the “Rising to the Challenge” change management programme and through the use of “Change Champions” across HPS.

Public Health in Herefordshire has been a joint function for a number of years, this close working relationship with the LA was further strengthened by the creation in 2010 of a Public Health Directorate made up of staff from both the PCT (the Public Health team) and local authority (the Environmental Health and Trading Standards (EHTS) teams). Following further organisational change and the reduction in the number of directorates within HPS to three (People’s Services, Place and Communities, and Deputy Chief Executive and Corporate Services), the Public Health Directorate became part of the Directorate of People’s Services and is now known as “Health and Wellbeing Services”. During 2011, Health and Wellbeing Services (including Public Health) underwent additional restructuring as part of the third phase of the HPS Organisational Design programme (OD3) creating separate commissioner and provider teams for public health and aligning the public health provider function with other EHTS provider/regulatory functions (See Appendix 15). Throughout the OD3 process the aim has been to create a public health team structure that would be fit for the future transition of public health functions to the local authority/other organisations.

As a result, Herefordshire’s Public Health team has already undergone considerable organisational change, restructuring and integration within the local authority over recent years and in particular during the past two years in advance of the formal Public Health Transition process. Public health staff already work extremely closely with colleagues in the LA, particularly with colleagues in EHTS and the People’s

Directorate, but also with a wide range of colleagues from across the local authority. However, whilst many of the changes to working practices and organisational structure that the Public Health Transition process will require in relation to current NHS reforms have already taken place, the more formal processes such as those relating to HR, finance, contracts have yet to be completed. A summary of the evolving public health operating model is attached as Appendix 1.

Herefordshire's shadow Health and Wellbeing Board was established in April 2011 and meets on a monthly basis. The Health and Wellbeing Board is chaired by Herefordshire Council's Cabinet Member for Health and Wellbeing, Councillor Patricia Morgan (previously chair of the Health Scrutiny Committee).

The Health and Wellbeing Board has appointed external facilitators to support members in understanding their role and to support the Board's development. This has included a series of workshops the first of which in June 2011 was attended by Board members and a wide range of stakeholders. The Director of Public Health and other members of the Public Health team have been involved in this process and have, in addition, developed an induction programme for elected members in order to support them in understanding health and wellbeing and their role in relation to this.

Herefordshire has a single, pathfinder Clinical Commissioning Group which is working closely with HPS. One of the Consultants in Public Health has been appointed as a member of the CCG Board and the Chair of the CCG is on the Health and Wellbeing Board. Public Health also has close working relationships with a range of other partner organisations within the county including HALO Leisure, Amey Herefordshire, Police and the Community Safety Partnership and further relationship building is taking place for example though the Health and Wellbeing Board's development programme discussed above.

2 CONTEXT

2.1 Joint Strategic Needs Assessment

HPS developed their first Joint Strategic Needs Assessment (JSNA) in 2008 and have done so annually through a partnership working group since then. The JSNA examines Herefordshire's health and social care needs as well as the other main things that affect people's life chances, quality of life and health and well-being. It was developed to help Herefordshire Council, NHS Herefordshire and our partners identify what our priorities should be. These priorities are used within the commissioning cycle to inform future plans and help us target money and services where they are needed most.

National Policy has increasingly recognised the importance of 'needs assessment' as the evidence base which should underpin strategy development and commissioning decisions. This includes the JSNA, which implicitly has become central to development of strategic commissioning, and the work of health and wellbeing boards. The Herefordshire Joint Corporate Plan includes the objective "High quality assessment of need" under the "commission the right services" priority, which has been translated into a three year project to develop a "Gold Standard JSNA" known as an Integrated Needs Assessment or INA. A Consultant in Public Health chairs the INA steering group, which reports to the Health and Wellbeing Board and the Herefordshire Public Services Leadership Team (the relationship between the INA Steering group and other boards is shown in Appendix 12 – "Understanding Herefordshire Governance").

The INA development project has a number of key strands. These include producing a bronze (2012), silver (2013) and gold (2014) standard INA, that robustly identifies needs and draws upon the wealth of national and local information and intelligence. This will be supported by an electronic "live" web-based information resource known as the Integrated Evidence Base. It also includes developing a standard methodology for undertaking a needs assessment for use across Herefordshire Public Services and its partners – this was developed and piloted on an Integrated Needs Assessment for Alcohol Harm

Reduction that was requested by the Health and Wellbeing Board in July 2011 and delivered in October 2011. The standard methodology for undertaking a needs assessment was adopted as the Health and Wellbeing Board's standard INA methodology in October 2011.

2.2 Health & Wellbeing Board

Herefordshire's shadow Health and Wellbeing Board (HWB) has been operational since April 2011 following approval of its Terms of Reference by Herefordshire Council in March 2011. The HWB has the following powers and duties:

- to advance the health and wellbeing of local people and to support health and social care providers to work in an integrated way;
- to provide advice, assistance or support as appropriate under section 75 of the National Health Service Act 2006;
- to encourage those who arrange for the provision of health related services to work closely with the Health and Wellbeing Board;
- to encourage those who arrange for the provision of any health or social care services and health-related services in Herefordshire to work closely together;
- to advise on how the functions of the Council and its partner commissioning consortia under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 are to be exercised;
- to give to the Council its opinion on whether the Council is discharging its duty under section 116B of the 2007 Act;

Membership of the Board includes

- executive members of the Cabinet whose current areas of responsibility are encompassed by the powers and duties of the Shadow Board;
- Chair (Cabinet Member for Health and Wellbeing);
- Chief Executive;
- Director of People's Services (Director of Adult Social Services, Director of Children's Services);
- Director of Public Health;
- Local Improvement Network representative;
- Herefordshire Primary Care Trust representative;
- Wye Valley NHS Trust representative (Herefordshire's Integrated Care Organisation);
- CCG representative;
- a representative of the local voluntary and community sector;
- local business community representative.

Herefordshire's Health and Wellbeing Board is an early implementer and has been meeting since April 2011 as a shadow board in anticipation of the Health and Social Care Bill becoming law. Meetings have taken the form of a combination of developmental workshops and public meetings (see http://councillors.herefordshire.gov.uk/ieListMeetings.aspx?CId=599&Year=2012.

The vision of the Health and Wellbeing Board is that "Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure, with the overall outcome and to reduce the difference in healthy life expectancy in Herefordshire".

The Board's development is being supported by InLoGov using a programme which has included facilitated board workshops and two stakeholder events on alcohol (September 2011) and active travel

(November 2011). Other Board development/stakeholder events have included a stakeholder event in June 2011, and participation in the HPS Consultation on Local Priorities - a series of locality public engagement events run across the county in November/December 2011 and which used participatory electronic voting to seek feedback from local residents in relation to priorities for health and wellbeing (see appendix 20). The voting was successfully used at the events to gauge participants' responses to the proposals from the Board relating to health and wellbeing in the county.

A Health and Wellbeing Board Communications Plan is in development. This is scheduled to be in place from March 2012 for implementation from April 2012.

In relation to developing its Health and Wellbeing Strategy, the Health and Wellbeing Board has agreed to focus initially on the topic of alcohol and has completed work on: methodology for Integrated Needs Assessments, an Integrated Alcohol Needs Assessment and an Integrated Alcohol Harm Reduction Strategy. The following provides a summary of key links and challenges identified by the Board:

Key links to other groups:

- ✓ CCG - representation on the HWB and links regarding commissioning
- ✓ Safeguarding Board/s (to report to HWB)
- ✓ PCT Board

Key strategic challenges:

- ✓ Developing the integrated needs assessment
- ✓ Moving from shadow to full role
- ✓ Developing the first Health and Wellbeing Strategy
- ✓ Demonstrating system leadership – with the Clinical Commissioning Group

Current top issues:

- ✓ Alcohol harm reduction - actions from INA
- ✓ Health and Wellbeing Strategy development in relation to children under 5, alcohol harm reduction and older people

Other

- ✓ Participation in national learning sets about HWB planned around effective governance
- ✓ Need to align work with the Herefordshire Partnership

2.3 Screening, Immunisation and Emergency preparedness, resilience and response

Transition plans for screening, immunisation and emergency planning are in the final stages of development. These have been jointly developed by all four West Mercia PCTs as part of the work programme undertaken by the West Mercia Public Health Network. The governance arrangements for sign off of these plans will be part of governance arrangements for the West Mercia Public Health Network (see below). The plans propose a West Mercia cluster-wide model for the delivery of these functions both during transition and from April 2013 onwards. Leadership would be provided by 1.5 WTE consultant/specialist for the North (Shropshire, Telford & Wrekin) and 1.5 WTE consultant/specialist for the South (Hereford and Worcester) of the cluster (i.e. 2 x 0.5 WTE for each of the 3 topic areas). The Transition Plan for Screening has been completed and the plans for Immunisation and EPRR are in the final stages of development and it is anticipated that they will go to the West Mercia Cluster Board subcommittee for sign off in March 2012 with implementation to commence from April 2012 onwards. Arrangements for testing are included in each plan and it is anticipated that testing will have been completed by September 2012, subject to Cluster Board approval of the contents of each plan.

Please see Appendix 13, 14 and 15 for further details of the screening, immunisation and emergency planning transition plans.

2.4 West Mercia PCT Cluster

West Mercia Cluster Board was established in January 2012 as a single Board of the four constituent statutory PCTs: NHS Herefordshire, NHS Shropshire County, NHS Telford & Wrekin and NHS Worcestershire. Its role is to support the transition of local bodies into the new structures through to April 2013, and to continue to ensure safe and sustainable services across West Mercia throughout this period. The Board's focus is on delivering safe and sustainable services, promoting the role of the patient, promoting partnership working and supporting staff in transition and offering leadership.

In January 2012, the Board confirmed that West Mercia PCT Cluster would move to governance model 2 whereby the Boards of the four PCTs in the cluster would sit concurrently with a shared membership; with the West Mercia Cluster Board being Board for the four statutory PCTs when business is being conducted concurrently for all four Boards.

3 PROJECT DEFINITION/SCOPE

3.1 Project Objectives

The objective of the project is to:

a) Establish a new public health system in Herefordshire in line with national NHS and public health reforms, and to ensure a seamless transition to this new system;

b) This will include identifying and implementing those actions required for Herefordshire Council to assume a range of statutory responsibilities for public health, and for the transfer of public health responsibilities from NHS Herefordshire to the Herefordshire Council, the NHS Commissioning Board (NHSCB) and Public Health England (PHE).

3.2 Context

a) In December 2011 the Department of Health (DH) published "The integrated approach to planning and assurance between DH and the NHS for 2012/13". Annex 6 of this document sets out a checklist for the public health transition to inform the development of local Plans and against which they will be assessed and rated. The DH will seek assurance from SHA clusters that PCT clusters have robust plans in place. The Midlands and East SHA cluster required draft Plans to be submitted by 18 January 2012 with final Plans by 09 March 2012. An assessment of the Herefordshire Plan against the DH checklist is attached as Appendix 2.

b) Further national policy development and guidance in respect of the public health transition is expected in 2012, including:

- Further details about the accountability, role and job description of Directors of Public Health (DsPH).
- Details of the public health ring-fenced grant.
- A public health workforce strategy.

3.3 Project Scope and Deliverables

3.3.1 In Scope

The following items are within the scope of the project:

a) To describe the operating model of the new public health system in Herefordshire from April 2013;
b) To complete transfer of public health funding, contracts and staff from NHS Herefordshire to legacy organisations;
c) To sustain and improve delivery of public health responsibilities during the transition period, and ensure accountabilities are clear.

The Project will produce the following Products – these are set out in the Product Plan attached as Appendix 3:

a) A public health leadership development programme linked to the Health and Wellbeing Board (HWB) development programme.
b) An operating model for each of the 'domains' of the new public health system locally:
    - Health improvement;
    - Health protection – including screening, immunisation and emergency preparedness, resilience and response (EPRR);
    - Population healthcare advice to NHS Commissioners;
    - Health Intelligence;
    - Dental public health;
    - Other health and wellbeing services which fall within the scope of this role in Herefordshire.

    For each of these this will describe:
    - A set of priorities and associated outcomes for 2013/14, drawn from the public health outcomes framework and current performance trajectories.
    - The agencies involved in delivery and their respective roles and responsibilities.
    - Governance and partnership arrangements.
c) Transfer of funding and contracts for public health services to legacy organisations, including the Council and the NHS Commissioning Board and Public Health England.
d) Transfer of public health staff to legacy organisations. This will include:
    - Incorporation of public health staff into the People's Services Directorate within the Council.
    - Transfer of staff to the NHSCB.
    - Transfer of staff to Public Health England.
e) Comprehensive handover from NHS Herefordshire to legacy organisations. This will include:
    - Completion of migration of public health into Council's processes, procedures and constitution.
    - Development and publication of a legacy document.
    - Establishment of an asset register.
    - Archiving of old records.
    - Establishing existing liabilities and potential liabilities including legal liabilities/litigation.

3.3.2 Out of Scope

The following are not in scope but are the subject of separate and related Projects with their own Project Plans:

a) Health and Wellbeing Board development programme.
b) Integrated Needs Assessment Governance, Processes and Resources Project encompassing the Joint Strategic Needs Assessment (JSNA)

4 METHOD OF APPROACH

The Project will be carried out according to PRINCE2 methodology.

The project will have six key work streams reflecting the products required (see figure 1). Each work stream will have a working group tasked with identifying and completing the actions required.

The roles and responsibilities of each working group are described more fully in appendix 4.

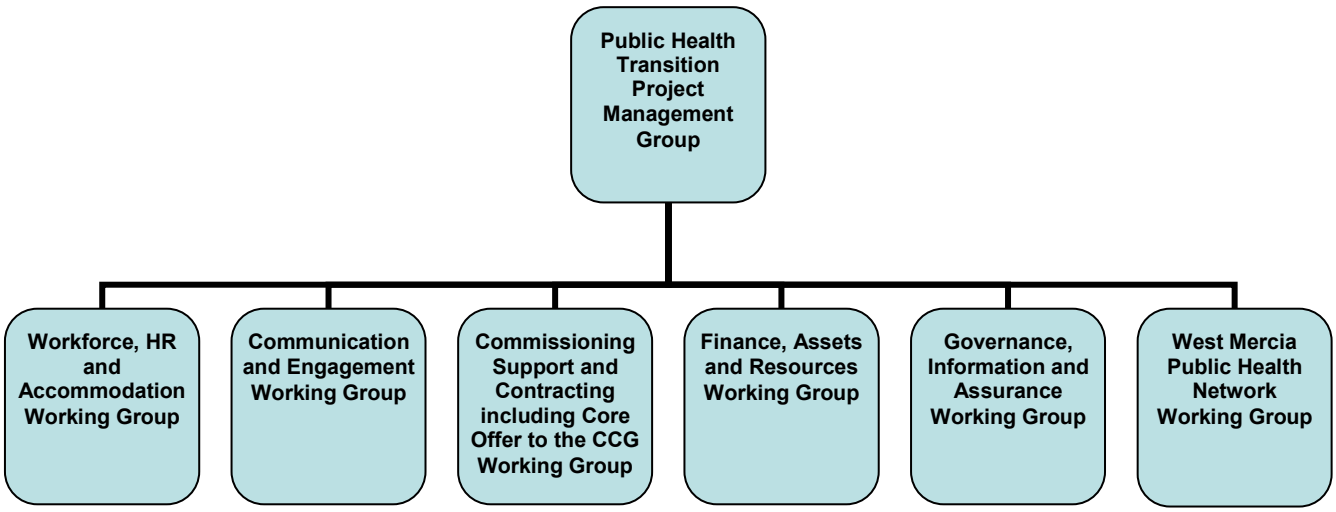
In addition to their specific tasks outlined in appendix 4, all of the six working groups will have the following key tasks:

- Developing their respective elements of the legacy handover document during 2012/13 – for handover in the Public Health Handover Statement (due March 13)
- Picking up, progressing and resolving other actions relevant to their area of responsibility that will fall out of other expected guidance due out through the course of 2012/13.

The working group Leads will report to a Project Management Group, which will include the Senior Responsible Officer, Working Group Leads and the Project Manager.

Figure 1

Diagram showing project management group and work stream groups



Membership:

Core Members of Project Management Group	
Sarah Aitken	Interim Director of Public Health
Alison Merry	Consultant in Public Health & Dental Public Health
Alan Holmes	Project Manager
Jo Davidson	Director of People's Services
Working Group Leads (see below)*	

* Working Group Leads joined Project Management Group w/e/f 6th March 2012

Workforce, HR & accommodation working group members	
Alison Merry (working group lead)	Consultant in PH & Dental PH
Alan Holmes	Project Manager
Deborah Brown	HR Adviser Specialist
Simon Morris	HR
Mel Ganderton	Herefordshire Council HR Manager
Tony Featherstone	Estates
Paul Nicholas (as required)	Flexible working/accommodation project lead
TBC	Public Health Specialty Registrar
TBC	Staff side representatives

Communication & engagement group members	
Jo Davidson (working group lead)	Director of People's Services
Richard Bevan-Pearson	Assistant Director, Customer Services & Communications
Lucy Marder	Organisational Development Manager
Alison Merry	Consultant in PH & Dental PH
Alan Holmes	Project Manager
Clare Wichbold MBE	Health & Wellbeing, Grants & Partnerships Officer
TBC	Public Health Specialty Registrar

Commissioning Support and Contracting including Core offer to CCG group members	
Sarah Aitken (Working Group lead)	Interim DPH
Sue Morgan	Programme Manager – Staying Healthy
*Cathy Gritzner	Chief Operating Officer CCG
Gwen Ellison	Public Health Specialist
Alan Holmes	Project Manager
Chris Baird	Assistant Director People's Services Commissioning
*Brian Hanford	Cluster Director of Finance/Commissioning Support Organisation Lead

Alison Talbot-Smith	Consultant in Public Health (Intelligence and Commissioning)
*Andy Watts	Chair CCG
TBC	Public Health Specialty Registrar
TBC	Legal/Commercial Support

*suggested membership – TBC by lead

Finance & resourcing group members	
Ruth Taylor (working group lead)	Herefordshire Council Strategic Accountant (for receiver)
Sarah Aitken	Interim DPH
Alan Holmes	Project Manager
Jill Sinclair	NHS Herefordshire Senior Accountant for Public Health (for sender)
TBC	Public Health Specialty Registrar
Martin Savage	Accountant – Children's services

Governance, information & assurance group members	
John Jones (working group lead)	Head of Governance, Herefordshire Council
Sarah Aitken	Interim DPH
Alan Holmes	Project Manager
Alison Talbot-Smith	Consultant in Public Health (Health Intelligence & Commissioning)
Jenny Lewis	Assistant Director, People, Policy & Partnerships
Lin Jonsberg	West Mercia PCT Cluster Board Secretary
Nicky Willett	Associate Director of Nursing, Quality and Clinical Leadership
TBC	Public Health Specialty Registrar
TBC	ICT Support/Advice

West Mercia Public Health Network	
Richard Harling – chair of WMPH N/work group	Director of Public Health (Worcestershire)
Jo Portman (Admin support)	PA to DPH (Worcs)
Sarah Aitken (Herefordshire lead)	Interim Director of Public Health (Herefordshire)
Arif Mahmood (W Mercia EPRR lead)	Consultant in Public Health
Catherine Woodward (Telford & Wrekin lead)	Director of Public Health (T&W)
Rod Thomson (Shropshire County PCT)	Director of Public Health (Shropshire)
Stuart Borne (W Mercia Screening lead)	Consultant in Public Health (Worcs)

Ash Banerjee (W Mercia Immunisation lead)	Consultant in Public Health (Worcs)
Consultants/Specialists in Public Health	
TBC	Public Health Specialty Registrar

5 CONSTRAINTS AND ASSUMPTIONS

5.1 Constraints

The Project is subject to the following constraints:

a) Delays in the releases of further national policy development and guidance will result in delays to the Project.
b) The design of the operating model for aspects of the new public health system - notably screening, immunisation and EPRR – is subject to approval by the NHSCB
c) The design of the operating model is dependent on the operating model of Public Health England which is not yet known.

5.2 Assumption

The Project will proceed with the following assumptions:

a) The Health and Social Care Bill gains Royal Assent without significant changes.
b) Those people required as Work Group Product Owners and members of governance groups are able to make time available to the Project.

6 INTERFACES AND DEPENDENCIES

6.1 Interfaces and Dependencies

a) The Project will operate alongside the following related projects:
    - Health and Wellbeing Board development programme;
    - INA Governance, Processes and Resources Project encompassing the JSNA;
    - WM PCT Cluster Transition programme – including establishment CCG and commissioning support;
    - Public Health England, who are responsible for workforce development and health intelligence systems and health protection.

7 DIVERSITY AND ENVIRONMENTAL CONSIDERATIONS

Diversity and environmental considerations will be addressed throughout the project. This will include the development of an Equalities Impact and Needs Assessment.

8 PROJECT GOVERNANCE

8.1 Project Board

The Project governance arrangements are set out in Appendix 5:

The DPH will be the Senior Responsible Officer for the sender organisation (NHS Herefordshire) and will be accountable to the West Mercia PCT Cluster Board (or Executive Team on their behalf). The Director of People's Services will be Senior Responsible Officer for the receiver organisation (Herefordshire Council), accountable to Cabinet. West Mercia PCT Cluster Board and Cabinet will act as Project Boards for effective completion of the public health transition. The roles and responsibilities of the Senior Responsible Officers are detailed in Appendix 8.

The six working groups will report to the Project Management Group, which will in turn report via HPS Leadership Team to the West Mercia PCT Cluster Board and Cabinet.

The Project will also report to:

- The SHA Cluster;
- The Health and Wellbeing Board
- The People's Directorate Leadership Team

The Project will maintain a dialogue with the West Mercia Public Health Network about those aspects of the system which span local authority boundaries.

A risk analysis has been undertaken and is subject to regular review. Current risks and mitigations are shown in appendix 9

9 COMMUNICATIONS AND ENGAGEMENT PLAN

A draft communication and engagement plan is attached as Appendix 7.

The objectives of the Communications and Engagement Plan are to:

- promote employee ownership of the programme and its projects, keep staff informed and give timely opportunities for staff to engage and feedback;
- ensure effective communication with stakeholders;
- promote best practice in communication and engagement.

The Communications and Engagement Plan sets out the approach we will take to the formal aspects of communication and engagement, both within the PCT and Local Authority and externally with our many stakeholders. The Plan summarises how we will seek to communicate effectively with our own staff, build public confidence in and manage the reputation of the local Public Health services, and develop effective relationships with stakeholders that provide accessible and meaningful opportunities to influence our decision-making processes.

The Public Health Transition Project Communications & Engagement Plan will be informed by the Local Authority and PCT's existing wider Communications Strategies. It will be delivered through a detailed action plan setting out who is doing what and when for each audience, message and method.

The Communications and Engagement Working Group will be responsible for developing and implementing detailed action plans setting out who is doing what and when for each audience, message and method.

10 PROJECT MILESTONES

The milestones for all major products are set out in the milestone plan – Appendix 6.

Quality reviews will be held for all major products and sign off for the products identified in section 3.

11 RESOURCES

Project Manager: This will be a Herefordshire Council Corporate Transformation Services Project Manager, funded from the public health budget. The role and responsibilities of the Project Manager are detailed in Appendix 8.

Additional resources: from the Product Owners, members of the working groups and governance groups, and to support Work Stream 5 in the form of people's time.

12 PROJECT CONTROLS

12.1 Highlight Reports

Highlight reports will be produced monthly and submitted to the Project Board (including the financial health of the project).

12.2 Tolerances

The tolerances agreed by the Project Board under which the Project Manager has control broadly fall into two categories, money and time:

12.2.1 Time

- Project Workstreams – The Project Board is to be notified if any work stream is forecast to be late.

12.3 Exception Process

If any of the tolerances stated above are breached, the Project Board will be notified by means of an emailed Exception Report. The Exception Report will be submitted within 3 working days of the breach being brought to the attention of the Project Manager.

12.4 Project Closure Reports

The project plan will include provision for production of a Post Implementation Report. This will include the Lessons Learned and Follow-on Action Recommendations. This document will be created at the outset and added to during the life of the project.

13 PROJECT FILING STRUCTURE

The project will store the following documentation in Corporate Transformation Services document repository under the appropriate project:

Document Category	Examples of Documents that should be posted
Project Boards	• Meeting Agendas • Meeting Minutes
Project Deliverables	• Products resulting from the project (e.g. tender specification, user guide, strategy paper, etc.)
Project Documents	• PID • Other documentation related to the running of the project (e.g. Communications Plan)
Financial Reports	• Integra Reports • Excel Spread sheets outlining spend against budget
Project Highlight Reports	• Project Highlight Reports • Project Checkpoint Reports (if used)
Project Plans	• MS Project Gantt Chart • WORD or PDF version of MS Project Gant Chart (for those without MS Project)
Project Risks and Issues	• Risk Log • Issues Log

File Naming Convention and Version Control

The purpose of a file naming convention and version control procedure is to identify the most up-to-date document and to establish its status in terms of being a working copy or released for its designed use. Version control also allows identification as to how a document differs from its predecessor. In this way, it helps to establish the validity of a document, and to prevent publication of something still in draft form.

File Naming

File names should be pre-fixed with a date, either the date created or the significant date e.g. Date of Cabinet meeting

YYYY-MM-DD – File Name Vx.yz

Example:

2010-10-12 – Cabinet paper V0.01

2010-10-07 – Business Transformation Board Minutes V0.02

Filenames should be consistent, i.e. use the same name for minutes of a re-occurring meeting, just change the prefix date.

Version Control (Corporate)

While we are operating a manual system of version control, we should follow the corporate standard. When or if we progress to SharePoint we will adopt the SharePoint version control system where we check out and check in documents which are then automatically updated.

The system below must be used to mark which version stage a document is at:

0.01	First draft
0.02	Second draft
0.03	Third draft
1.0	First final version – put to its designed use after all editing and consultation is finished
1.01	An update of version 1.0, not yet released as more editing may be required
1.02	Second update draft, not yet released as more editing may be required
1.1	A minor update to the first final version, put to its' designed use after all editing and consultation is finished, and approved and released.
1.11	A draft update to version 1.1, not yet released as more editing may be required
1.2	A second minor update to the first final version, put to its' designed use after all editing and consultation is finished, and approved and released.
2.0	A major update – final version put to its' designed use after all editing and consultation is finished

Each approved revised version of a document or record will result in an increment to the number after the decimal place, unless the minor revision number exceeds 5 or the changes made to the main version of the document exceeds 25%, in which case the main version number should be incremented by 1.

Version No: 1.00
Issue Date: 14/03/12