# POLICY DEVELOPMENT, REVIEW AND DOCUMENT CONTROL POLICY

PRN-97: Policy Development, Review and Document Control Policy
Company Name: AI Auto-Tech Ltd
Trading/Business Name: Trusted Companionship
Company Registration Number: 15556946
SIC Code: 88100 – Social Work Activities Without Accommodation for the Elderly and Disabled
Email: info@trustedcompanionship.com
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**1. Purpose**

The purpose of this policy is to establish a consistent approach to the development, approval, implementation, review, amendment, storage, and control of organisational policies, procedures, forms, and related documents.

The organisation recognises that up-to-date and well-managed documentation is essential to:

Support safe and effective service delivery.

Ensure legal and regulatory compliance.

Promote consistency of practice.

Support governance and accountability.

Reduce organisational risk.

Maintain accurate records.

Provide clear guidance to employees and volunteers.

This policy establishes document control arrangements to ensure that only current, authorised versions of documents are used.

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**2. Scope**

This policy applies to:

Trustees

Directors

Managers

Employees

Volunteers

Consultants

Contractors where applicable

The policy applies to:

Policies

Procedures

Forms

Templates

Guidance documents

Registers

Manuals

Governance documentation

Operational documents

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**3. Policy Statement**

The organisation is committed to maintaining accurate, accessible, and up-to-date documents that support organisational effectiveness, governance, safeguarding, and legal compliance.

All controlled documents will:

Be appropriately authorised.

Be reviewed regularly.

Be version controlled.

Be accessible to relevant individuals.

Be withdrawn when obsolete.

Be retained in accordance with document retention requirements.

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**4. Objectives**

The organisation aims to:

Maintain a clear document control framework.

Ensure documents remain accurate and relevant.

Support legal and regulatory compliance.

Improve organisational consistency.

Promote accountability.

Maintain an auditable document history.

Ensure responsibilities for document management are clearly defined.

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**5. Principles of Document Control**

Documents will be managed according to the following principles:

**Accuracy**

Documentation should reflect current organisational practice.

**Consistency**

Document formats should be standardised where possible.

**Accessibility**

Relevant documents should be available to authorised users.

**Security**

Documents should be protected from unauthorised alteration or loss.

**Accountability**

Responsibilities for document control should be clearly assigned.

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**6. Types of Controlled Documents**

Controlled documents may include:

Policies

Procedures

Risk assessment templates

Incident reporting forms

Volunteer documentation

Governance records

Service delivery forms

Safeguarding documentation

Training materials

Operational guidance

Controlled documents are subject to version management and review requirements.

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**7. Responsibilities**

**Board of Trustees**

Responsible for:

Approving key governance policies.

Providing oversight of policy management.

Monitoring policy review compliance.

**Directors**

Responsible for:

Ensuring appropriate policies and procedures are in place.

Authorising operational documentation.

Supporting document control arrangements.

**Managers**

Responsible for:

Maintaining local documentation.

Monitoring review dates.

Ensuring staff access current versions.

**Employees and Volunteers**

Responsible for:

Following approved documentation.

Reporting identified errors or required updates.

Using the most current documents available.

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**8. Policy Development**

Policies should be developed when required by:

Legislation.

Regulation.

Organisational need.

Service development.

Risk management requirements.

Governance reviews.

Lessons learned from incidents.

Policies should support safe and effective practice.

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**9. Sources of Information**

Policy development may consider:

Legislation.

Government guidance.

Regulatory requirements.

Best practice guidance.

Professional standards.

Organisational experience.

Stakeholder feedback.

Documents should be evidence-informed wherever possible.

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**10. Consultation During Development**

Where appropriate, consultation may take place with:

Trustees.

Managers.

Employees.

Volunteers.

Service users.

Professional advisers.

Partner organisations.

Consultation helps improve quality and relevance.

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**11. Document Approval**

Documents should be approved before implementation.

Approval authority may include:

| Document Type | Approval Authority |
|---|---|
| Governance Policies | Board of Trustees |
| Strategic Policies | Board of Trustees / Director |
| Operational Policies | Director |
| Procedures | Director / Manager |
| Forms and Templates | Manager |

Approval must be recorded.

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**12. Standard Document Format**

Controlled documents should normally include:

Title.

Reference number.

Version number.

Effective date.

Review date.

Approval details.

Purpose.

Scope.

Responsibilities.

Monitoring arrangements.

Related documents.

Consistent formatting supports document management.

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**13. Document Numbering System**

Each controlled document should be assigned:

A unique title.

A unique reference code.

A version number.

Example:

**Policy Reference:** PDC001

**Version:** 1.0

This supports identification and version control.

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**14. Version Control**

Changes to documents must be version controlled.

Version numbers should be updated whenever:

New documents are issued.

Significant changes are made.

Reviews result in amendments.

Version control helps ensure only current documents are used.

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**15. Version Numbering Guidance**

Examples:

| Version | Description |
| --- | --- |

| | |
|---|---|
| 1.0 | Initial release |
| 1.1 | Minor amendment |
| 1.2 | Minor revision |
| 2.0 | Major review or rewrite |
| 3.0 | Significant redevelopment |

The version history should remain traceable.

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**16. Document Review Requirements**

All controlled documents should be reviewed:

Annually; or

Following legislative changes; or

Following significant incidents; or

Following organisational changes; or

Following identified concerns.

Earlier reviews may be undertaken where required.

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**17. Review Process**

The review process should normally include:

**Step 1**

Review content.

**Step 2**

Assess continued relevance.

**Step 3**

Update where necessary.

**Step 4**

Seek approval.

**Step 5**

Issue revised version.

**Step 6**

Archive previous version.

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**18. Interim Amendments**

Where urgent changes are required between scheduled reviews:

Amendments may be made.

Approval should be obtained.

Version numbers should be updated.

Users should be informed.

Urgent updates should be documented appropriately.

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**19. Change Control**

Document changes should be recorded.

Change records may include:

Date amended.

Nature of changes.

Author.

Approver.

Version number.

Change control supports transparency and auditability.

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**20. Document Register**

A Master Document Register should be maintained.

The register may include:

Document title.

Reference number.

Version.

Approval date.

Review date.

Document owner.

Status.

The register supports document management and review tracking.

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**21. Distribution of Documents**

Documents should be distributed through approved channels.

Distribution methods may include:

Electronic document libraries.

Secure shared drives.

Governance systems.

Learning platforms.

Controlled paper copies where required.

Only approved versions should be distributed.

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**22. Accessibility of Documents**

The organisation will seek to ensure documents are:

Easy to locate.

Easy to understand.

Available in accessible formats where required.

Accessibility supports compliance and inclusion.

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**23. Obsolete Documents**

When documents become obsolete:

They should be withdrawn.

Users should be notified where appropriate.

Obsolete versions should be archived.

Uncontrolled copies should be removed where practicable.

Obsolete documents must not remain in active use.

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**24. Archiving Documents**

Superseded documents should be archived securely.

Archived documents should:

Remain identifiable.

Be protected from unauthorised amendment.

Be retained according to retention requirements.

Archive arrangements should support audit and historical reference.

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**25. Uncontrolled Documents**

Documents printed or copied outside controlled systems may become uncontrolled.

Uncontrolled documents:

May not reflect current versions.

Should not be relied upon for governance purposes.

Should be checked against the latest approved version.

Users should verify document currency before use.

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**26. Record Retention**

Policies and controlled documents should be retained in accordance with:

Records Management and Record Keeping Policy.

Data protection requirements.

Legal obligations.

Retention periods should be documented.

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**27. Document Security**

Controlled documents should be protected from:

Unauthorised access.

Unauthorised changes.

Loss.

Accidental destruction.

Appropriate information governance controls should be applied.

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**28. Training and Awareness**

Employees and volunteers should be made aware of:

Relevant policies.

Procedural updates.

Document control arrangements.

Responsibilities for compliance.

Training may be provided through:

Induction.

Supervision.

Meetings.

Learning platforms.

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**29. Policy Exception Management**

Where exceptional circumstances require deviation from a policy or procedure:

Authorisation should be sought where feasible.

Reasons should be documented.

Risks should be assessed.

Appropriate oversight should be maintained.

Exceptions should remain rare and justified.

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**30. Policy Review Schedule**

The organisation should maintain a Policy Review Schedule identifying:

Document owners.

Review dates.

Approval responsibilities.

Review status.

The schedule supports proactive policy management.

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**31. Case Study**

**Scenario: Legislative Change Affecting Safeguarding Practice**

A change in safeguarding guidance affects organisational reporting procedures.

**Action Taken**

The Adult Safeguarding Policy is reviewed.

Associated procedures are updated.

New versions are approved.

Staff and volunteers are informed.

Training materials are revised.

**Outcome**

Policies remain compliant and staff continue to follow current safeguarding requirements.

**Learning Point**

Effective document control helps ensure organisational practice remains accurate and compliant.

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**32. Responsibilities Summary**

| Role | Responsibilities |
|---|---|
| Board of Trustees | Governance oversight and approval of key policies |
| Directors | Policy implementation and document control oversight |
| Managers | Review coordination and document maintenance |

| | |
|---|---|
| Employees | Compliance with approved documents |
| Volunteers | Compliance with relevant procedures |

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**33. Monitoring and Quality Assurance**

The organisation will monitor:

Policy review completion rates.

Document version control compliance.

Audit findings.

Staff awareness of policies.

Use of obsolete documents.

Document accessibility.

Review schedule compliance.

Findings will be used to strengthen governance and document management arrangements.

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**34. Review Arrangements**

This policy will be reviewed:

Annually.

Following significant governance reviews.

Following legislative changes.

Following audit recommendations.

Following organisational restructuring.

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**Related Policies**

Governance, Board and Trustee Responsibilities Policy

Records Management and Record Keeping Policy

Information Governance and Cyber Security Policy

Quality Assurance and Continuous Improvement Policy

Risk Assessment Policy

Business Continuity and Emergency Planning Policy

Data Protection and GDPR Policy