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| **Rationale and Priority** | |  | | **Development Plan** | |  | | **Content** | |  | | **Evidence Base** | |  | |
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| Read “An organisation-wide policy for the development and management of procedural documents” before commencing | |  | | Identify:   * Who will do the work * Who should be involved * How will it be done? | |  | | Identify clear, focused objectives | |  | | Identify what type and source e.g. research, expert opinion, clinical consensus, patient views | |  | |
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| Undertake prioritisation - is the document needed? | |  | | Identify all relevant stakeholders including service users | |  | | Target population e.g. service users, staff groups for whom the document is intended | |  | | Is it based on a national document? If yes, is local information needed? | |  | |
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| Ensure proposed document does not duplicate national work | |  | | Ensure relevant expertise is used | |  | | Intended outcome - what you want it to achieve | |  | | Include references cited in full in agreed organisational format | |  | |
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| Ensure it does not duplicate work elsewhere in the organisation (see local library of procedural documents) | |  | | Consult with service users and stakeholders | |  | | Keep statements simple and unambiguous | |  | |  | |  | |
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| Agree the need for document with relevant committee if necessary | |  | | Identify who will be responsible for what e.g. dissemination, implementation, training and review | |  | | Plan to develop any necessary support information, leaflets, etc | |  | |  | |  | |
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| Use organisation’s template | |  | |  | |  | | How will the organisation measure compliance? Set measurable standards and design methods for monitoring compliance and effectiveness | |  | | Continue to Consultation and Approval (next page) | |  |  |
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| **Consultation and Approval** | |  | **Dissemination, Implementation and Access** | |  | **Review** | |  | **Responsibility** | |  |
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| Consult with all relevant stakeholders including service users | |  | Identify:   * Who will do this * How will it be done * Period of implementation, including start date | |  | Review document in accordance with planned review date | |  | Who (clinical or service manager) will be responsible for co-ordinating the ongoing development, implementation and review of the document? | |  |
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| All procedural documents with HR implications must be taken to the staff side/human resources committee (or equivalent) | |  | Link with induction training, continuous professional development, and clinical supervision as appropriate | |  | Content - is there new evidence of best practice to be incorporated into the document? | |  |  | |  |
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| Complete document review processes, including Impact Assessment Tool, Checklist and Implementation Plan | |  | How and where will staff access the document (at operational level)? | |  | Re-approve procedural document at the appropriate committee/group | |  |  | |  |
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| Approve document as outlined in the ‘Organisation-wide policy for the development and management of procedural documents’ including completion of the Checklist for the Review and Approval of Procedural Documents | |  | Plan to remove old copies from circulation | |  | Archive old versions of the document according to organisation’s procedure for archiving | |  |  | |  |
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| Log document on the organisation’s register/library of procedural documents | |  | Ensure staff are aware the document is logged on the organisation’s register/library of procedural documents | |  |  | |  |  | |  |
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