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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, focusedobjectives |  | Identify what type and source e.g. research, expert opinion, clinical consensus, patient views |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| 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? |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Ensure proposed document does not duplicate national work |  | Ensure relevantexpertise is used |  | Intended outcome - what you want it to achieve |  | Include references cited in fullin agreed organisational format |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Agree the need for document with relevant committee if necessary |  | Identify who will be responsiblefor what e.g. dissemination, implementation, training and review |  | Plan to develop any necessary support information, leaflets, etc |  |  |  |
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| Useorganisation’stemplate |  |  |  | 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? |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 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? |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 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 |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 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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