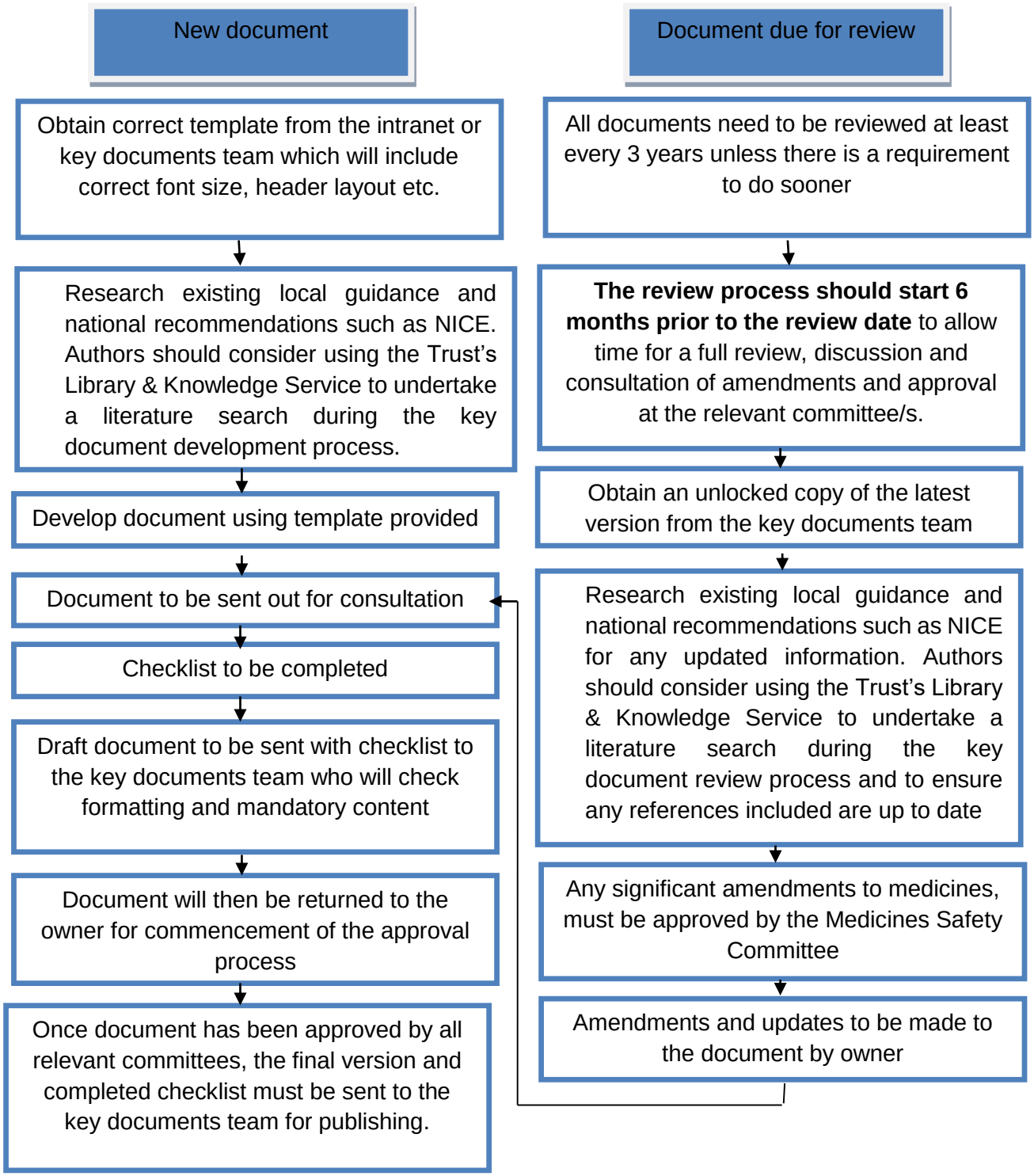
Approving a Key Document

A Guide for Committees and Groups

Templates are available for each of the key documents, and these will include any standard headings that are required. This process lays out the basics, and the full policy should be referred to.



Introduction

Key Documents standardise practice and service delivery to reflect the best available evidence and subsequently improving quality.

The development, publication and use of guidelines is intended to ensure consistent care to all patients.

This guide is designed to give you advice on approving key documents. This should be read in conjunction with the Policy for the development, approval and management of key documents-WAHT-CG-827.

Approving your Key Document

What 'type' of key document do you need?

Strategy	A document that describes **a planned series of actions intended to achieve a specific** goal. It usually refers to a longer term, e.g. a three to five year period.
Policy	A policy is a general set of ideas or principle of action in a particular field**,** which should be based on evidence, legislation, best practice and statute and incorporate any standards laid down by recognised professional bodies or other national or NHS institutions where such are available. In general terms, a policy explains ***what*** we will do and ***why*** we will do it. A policy once implemented is mandatory for all staff and failure to comply may result in disciplinary action.
Clinical Procedure	A clinical procedure is a document that sets outs the steps in detail of a specific clinical procedure.
Protocol	A protocol is a document laying down in ***precise detail*** the tests/steps that ***must*** be performed in prescribed circumstances. Protocols should therefore be developed with caution; being more inflexible in nature, exact compliance with the details may be tested should examination in a legal context become necessary.
Guidelines/ Guidance Notes:	Clinical guidelines are systematically developed statements, based on a thorough evaluation of the evidence, to assist practitioner and patient decisions about appropriate healthcare for specific clinical circumstances, across the entire clinical spectrum. As the name implies, guidelines are suggested principles**,** which are set down ***to help*** determine a course of action**.** They assist the practitioner to decide on a course of action . It should be noted that clinical guidelines do not replace professional judgment and discretion
Clinical Treatment Pathway	A Clinical Treatment Pathway is a simple flow chart with each step of the patient journey mapped out. These are created to reflect national recommendations and bring together local policies, procedures, patient information and contact information.

Standard Operating Procedure (SOP)	SOPs are detailed written instructions used to document and achieve uniformity on the performance of a specific function or process. These should only contain minimal clinical information i.e. how to book transfers for patients, where to store equipment etc. If more clinical information is included, consider whether this should be either a clinical guideline or a clinical procedure.
Clinical Patient Information Leaflets	Patient information leaflets are leaflets containing specific information about medical conditions, procedures and treatments. These should include risks and benefits of the procedures and treatments, supporting the consent process.
National Guidelines	Nationally produced clinical guidelines. As the name implies, guidelines are suggested principles**,** which are set down ***to help*** determine a course of action**.** They assist the practitioner to decide on a course of action but need neither to be automatically nor rigorously applied. It should be noted that clinical guidelines do not replace professional judgment and discretion.
Care Pathway	A care pathway is anticipated care placed in an appropriate time frame, written and agreed by a multidisciplinary team. It has locally agreed standards based on evidence where available to help a patient with a specific condition or diagnosis move progressively through the clinical experience. It forms part or all of the clinical record, documenting the care given. It facilitates and demonstrates continuous quality improvement. It includes patient milestones and clinical interventions noted on the day or stage that they are expected to occur.

All key documents must be developed in the trust approved template and this can be found on the intranet or through the key documents team.

The key documents team can be contacted at the beginning of the process to provide the templates, advice and support.

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General points to consider when approving

Before approving a new or amended document, consider:

- Is the document in the correct format
- Have all sections been completed
- Is there a completed checklist accompanying the document
- Have the amendments been included in the key amendments box
- Has the document had a thorough consultation period
- Has the draft document been to the NICE and Key Documents team for checking prior to approval
  (this is an important step to ensure that documents do not need anything changing or adding after approval, which may result in the document having to go through the process again)
- Does the document have references included?
- Is there a completed monitoring tool?
- If medicines are included in the document, has a pharmacist been involved. Further approval will be required from MSC following governance approval
- Is there a financial risk assessment tool included and completed?
- Is there a new EIA form included and completed?
- You must consider that the content does not risk the safety of patients or the public, prior to uploading to public-facing websites. This must be discussed as part of the approval process and included in any subsequent minutes. If a document needs to be intranet only, please inform the key documents team and record the reasons on the accompanying checklist

Please be aware that documents will only be published by the Key Documents Team if all of the above have been included/considered.

Key Document Checklist

Document title	Click here to enter text.	
Document reference	Click here to enter text.	
Front sheet completed in full? (Approval, review, owner)	Yes ☐	No ☐
Key amendments box completed in full for all document reviews? (if document has been re-published without changes, this also needs to be reflected in the key amendments box)	Yes ☐	No ☐
Body of key document conforms to relevant standard template	Yes ☐	No ☐
Is there a monitoring section included?	Yes ☐	No ☐
Are any references included still up to date?	Yes ☐	No ☐
Are supporting documents included and completed? (This should be a financial risk assessment and new EIA form)	Yes ☐	No ☐
Approved by appropriate person/committee?	Yes ☐	No ☐
Details (name of committee/group and date of approval)	Click here to enter text.	
Are there any medicines included in the document?	Yes ☐	No ☐
If yes, has this been to MSC for comments/approval?	Yes ☐	No ☐
Date of approval	Click here to enter text.	
Ready for publishing?	Yes ☐	No ☐

Please be aware that it is normal practice for all key documents to be published on both the trust intranet page and public facing website.

You must consider and confirm that the content does not risk the safety of patients or the public, prior to uploading to public-facing websites. This must be discussed as part of the approval process and included in any subsequent minutes. We therefore require your positive confirmation that this is appropriate to publish to the public facing website?

Yes ☐ No ☐

If no, please give reasons:

Click here to enter text.

Key words (these are words that end users may use in the search function, consider any shortened or alternative phrases the document may be known as):

Click here to enter text.

Please return completed checklist with final version of approved document to the key documents team

Clinical Patient Information Checklist

Document title Click here to enter text..

Document reference Click here to enter text.

Body of leaflet conforms to standard template **Yes** ☐ **No** ☐

Are any images used trust approved? **Yes** ☐ **No** ☐

Does the content of the leaflet use inclusive language? **Yes** ☐ **No** ☐

Inclusive language is language that does not exclusively refer to the binary of male and female. Please refer to the document A Guide to Inclusive Language in Policies for further information

Has the leaflet content had patient input/comment **Yes** ☐ **No** ☐

Please give details

Click here to enter text.

Approved by appropriate person/committee? **Yes** ☐ **No** ☐

Details (name of committee/group and date of approval) Click here to enter text.

Are there any medicines included in the document? **Yes** ☐ **No** ☐

If yes, has this been to MSC for comments/approval? **Yes** ☐ **No** ☐

Date of approval Click here to enter text.

Ready for publishing? **Yes** ☐ **No** ☐

Please indicate where you would like this document available

Intranet ☐ Public facing website ☐ Xerox ☐

Key words (these are words that end users may use in the search function, consider any shortened or alternative phrases the document may be known as):

Click here to enter text.

Please return completed checklist with final version of approved document to the key documents team