

Document level: Trustwide (TW)  
Code: GP1  
Issue number: 9

## Guidance for developing documents that guide practice (policies etc.)

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Type of document	Policy
Target audience	All CWP staff involved in the development of approved policy and guidance documents.
Document purpose	This guidance sets out the standards for the development, consultation, approval, review and control / archive of all Trust approved policy and guidance documents.

Approving meeting	Patient Safety and Effectiveness Sub Committee	15/02/2018
Implementation date	20/02/2018 followed by an annual compliance review	

CWP documents to be read in conjunction with	
<a href="#">FR1</a>	Integrated governance strategy

<b>Document change history</b>	
What is different?	The guidance document has been updated and streamlined as a result of the policy survey results from staff and authors and organisational structure changes.
Appendices / electronic forms	Appendix 2 added
What is the impact of change?	Streamlined, more accessible guidance for staff in relation to the development, review and approval of documents that guide practice.

Training requirements	No - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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<b>Document consultation</b>	
East locality	Consultation via policy discussion forum.
Wirral locality	Consultation via policy discussion forum.
West locality	Consultation via policy discussion forum.
Corporate services	Consultation via policy discussion forum.
External agencies	N/A

Financial resource implications	None
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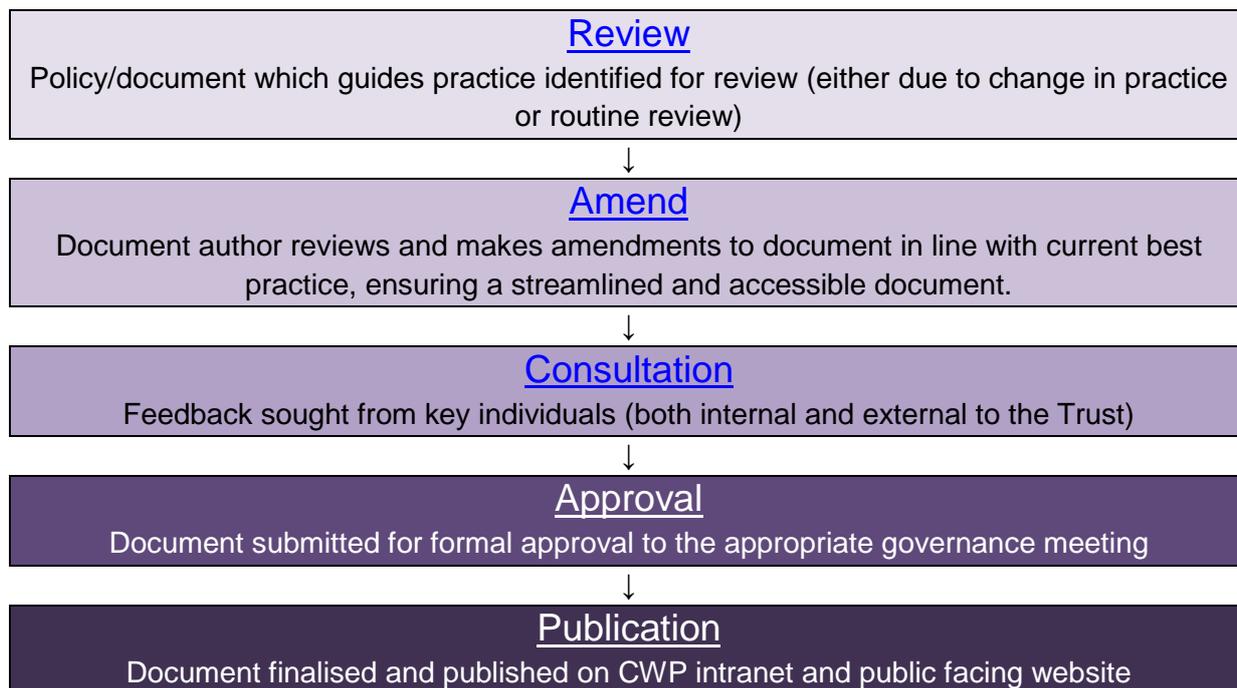
External references
1. N/A

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? No		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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## Quick reference flowchart



### 1. Introduction

This document outlines the requirements to ensure all Trust wide and local procedural documents are written, approved, disseminated and reviewed within a robust and safe framework to minimise risk to service users, carers, the public and staff.

### 2. Definitions

The type of document **must** be clearly stated by the document author within the document template i.e. whether the document is a policy or guidance.

Local documents **must not** override or contradict trust policy; it is the document author's responsibility to ensure that local policies or guidance correlate with trust policy.

#### *Policy*

- A policy is a formal document which **must** be followed by relevant staff.
- Non-compliance with CWP policies will leave the organisation, staff and service users open to unacceptable risk.
- Policy formally documents the CWP approved standard or procedure and may be relied upon for legal purposes.

#### *Guidance*

- Guidance provides a recommended process for delivering an outcome, which affects a broad group within a flexible framework;
- Guidance documents informed by national guidelines or best evidence, e.g. NICE guidelines;
- Guidance/guidelines should remove ambiguity and doubt whilst allowing some degree of professional judgment and local interpretation.

### 3. Review

All documents should be reviewed annually with the document author to review the effective implementation and continued effectiveness of the document. This review will include consideration of whether the document is still required. Consideration will also be given to any national or local changes during the 12 months post approval and a decision made whether the document requires updating. The options are:

Review required	<b>NOT</b>	If the document author considers that a review is <b>not</b> required the compliance follow-up date will be recorded by the compliance team and noted to contact the author in 12 months.  If it is considered that the document is no longer required, the compliance team will archive it with the agreement from the relevant approving meeting.
Minor changes required (not procedural changes)		Minor changes required e.g. spelling, grammar, job titles, locations, contact numbers or meeting names etc. The document author can make these amendments as required and the document will be published.
Review required		If a review is required ( <b>procedural changes</b> ) the document author will commence the review process and can contact the compliance team for advice.

**All documents remain in force and current until they are replaced or removed by the formal processes - even if the timeframe for review has elapsed.**

### 4. Amending a document

Document authors should contact [cwp.policy@nhs.net](mailto:cwp.policy@nhs.net) for advice if reviewing or developing a new document to guide practice.

Document authors should signpost readers to relevant associated documentation (such as other policies, NICE guidance, online resources etc.) to prevent duplication of information; these documents should be incorporated within document and may be highlighted to assist the reader.

### 5. Consultation

All approved documents **should** be available for a period of time on the CWP intranet [discussion forum](#) for consultation with the Trust wide reading panel.

Additional, targeted consultation should take place with other interested parties as necessary; for instance commissioners, colleagues within partner agencies (other NHS Trust's local authority, police, etc.)

### 6. Approval

The compliance team can provide guidance to the author as to the appropriate level of approval that must be sought in line with the corporate governance structure outlined in the [Integrated Governance Strategy](#).

The document approval must be evidenced in the agenda and minutes of the approving meeting.

The Chair of the approving meeting can take action and approve documents outside of the meeting, in exceptional circumstances:

- Where the meeting has not been quorate;
- Where an urgent need for the document to be approved (operational / clinical need);
- Where chairs require members to have further consultation on the document following feedback at the meeting.

In such cases the chair will arrange for the document to be circulated to the group members for comments and ensure that the author receives direct feedback to be considered and then Chair's approval is given on the final document. Chair's action / approval will be noted at the next available meeting.

## **7. Publication**

All documents, once approved and with evidence of appropriate approval should be forwarded to [cwp.policy@nhs.net](mailto:cwp.policy@nhs.net) and will be uploaded to the CWP [intranet](#) and the external facing CWP [website](#). An update on recently published documents will be provided to staff via CWP Essential.

Paper versions of documents / working forms should not be retained and all documents should be accessed via the CWP staff intranet or website.

Appendix 1 – Template for documents which guide practice

Document level: Select  
Code: Select  
Issue number: Select

<b>Meaningful title</b>
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Lead executive	Select a lead executive
Authors details	Job title and team / department

Type of document	Select
Target audience	Select
Document purpose	<i>Give an overview outlining the documents aims</i>

Approving meeting	Select approving meeting	Date
Implementation date	followed by an annual compliance review	

CWP documents to be read in conjunction with	
	<i>Documents full title - All documents need referencing in the body of the document</i>

<b>Document change history</b>	
What is different?	
Appendices / electronic forms	<i>Have appendices been added, changed or removed since the last issue, if so explain the reasons why?</i>
What is the impact of change?	<i>Will this new document change the way we do things?</i>

Training requirements	Select - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.
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<b>Document consultation</b>	
Clinical Services	<i>Who within this service have you spoken to?</i>
Corporate services	<i>Who within this service have you spoken to?</i>
External agencies	<i>Who within this service have you spoken to?</i>

Financial resource implications	Select
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External references
1.

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	Select	
- Ethnic origins (including gypsies and travellers)	Select	
- Nationality	Select	
- Gender	Select	

<b>Equality Impact Assessment (EIA) - Initial assessment</b>	<b>Yes/No</b>	<b>Comments</b>
- Culture	Select	
- Religion or belief	Select	
- Sexual orientation including lesbian, gay and bisexual people	Select	
- Age	Select	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	Select	
Is there any evidence that some groups are affected differently?	Select	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? Select		
Is the impact of the document likely to be negative?	Select	
- If so can the impact be avoided?	Select	
- What alternatives are there to achieving the document without the impact?	Select	
- Can we reduce the impact by taking different action?	Select	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		
If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	Select	
What is the level of impact?	Select	

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### **Quick reference flowchart**

For quick reference the guide below is a summary of actions required.

**1. Introduction**

**2. ....**

## Appendix 2 - Documents style and format guidance

The style used for Trust documents are as follows.

### General principles

- Font type Arial;
- Font size 11;
- All text to be justified;
- Line spacing 1.15;
- Documents should be written in portrait layout with all four margins set as follows:
  - Top – 2.54cm      Bottom – 1.6cm
  - Left – 1.7cm      Right – 1.7cm
- All hyperlinks should be included and, in the case of other policy documents, linked to the CWP external website;
- An auto populated table of contents should be used.

### Main headings

- Numbered 1, 2, 3, etc. and a tab space between the number and the text;
- Font style heading 1, bold (no indentation);

### Sub headings

- Numbered 1.1, 1.2, 2.1, 2.2, etc. and a tab space between number and the text;
- Font style normal bold (no indentation);

### Text under main and sub heading

- Font style normal (no indentation);

### Bullet text

- Font style normal and a tab space indented;
- Bullets only to be used on level 1 ●;
- Bullets only to be used on level 2 ○;
- No line spaces between bullet points;
- Ending each sentence with a semi-colon (;) and a full stop (.) at the end of the last line.

### Footnotes

- Font style normal (no indentation);
- Font type Arial;
- Front size 8;
- All text to be justified.

### Headers

A header is only used on page one of all Trust documents where the Trust logo is positioned, from page 2 onwards no header should be displayed.

### Footers

All footers should appear on every page in font type Arial, size 8 including the following information:

- Page number and number of pages (centred);
- Do not retain a paper version of this document, always view policy / guidance documents from the desktop icon on your computer (centred).