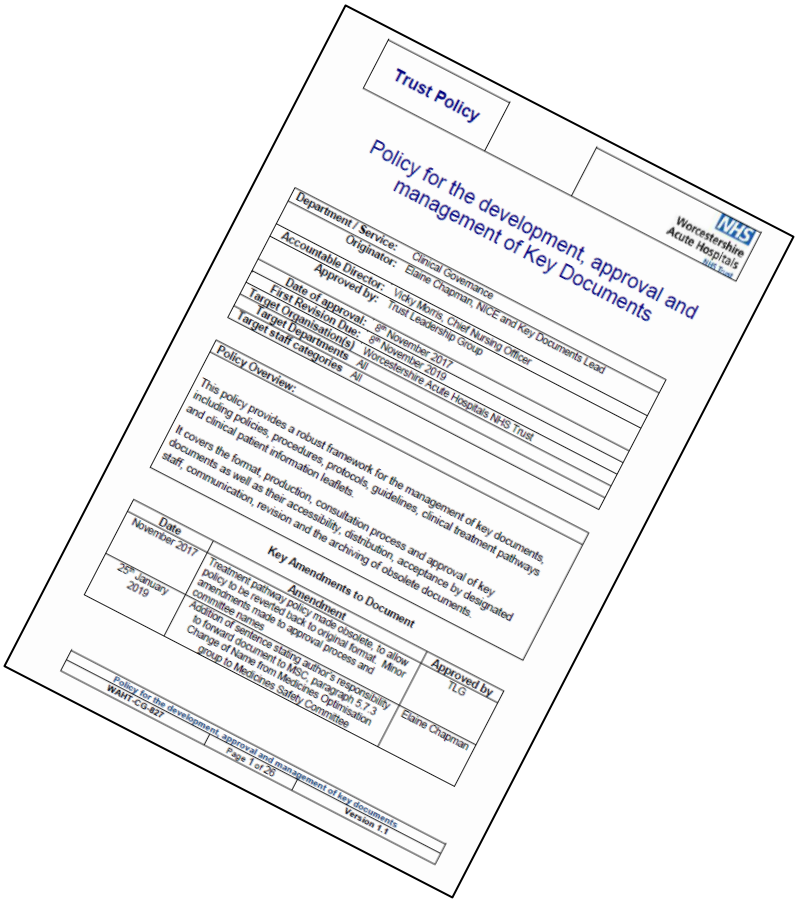
Creating a Key Document Toolkit



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 toolkit is designed to give you more in-depth advice on writing your key document. This should be read in conjunction with the Policy for the development, approval and management of key documents-WAHT-CG-827.

Writing your Key Document

What 'type' of key document do I 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.

Procedure
A procedure is a document providing more detail of the process/steps to be followed in order to implement a policy

Guidelines
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 for clinical circumstances, across the entire clinical spectrum.

Clinical Treatment Pathway
Clinical treatment pathways are 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 and patient information.

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. A care pathway must always be supported by a clinical guideline.

Once you have identified the need for a key document, and the type, you should research existing key documents to ensure that the issue is not already covered to avoid duplication. In addition, research national guidance, as this could be transferred into a local format, or used as a reference point. You could consider undertaking a literature search through the library services.

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 and advice and support.

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General points to consider

An explanation of any specialised terms used should be included. Any abbreviations used should be written in full in the first instance.

The inclusion of hyperlinks in key documents should be approached with caution, as links can be become broken and therefore inaccessible.

Documents must not be embedded within key documents as files.

For clinical documents, consider developing flow charts or process maps within the information, to make the document easier to follow for the end user.

The document must include references to any supporting materials and evidence, for example, Department of Health or National Institute for Health and Clinical Excellence (NICE) guidance or internal trust documents.

Mandatory Sections

Within each document, policy, guidelines etc, there are several mandatory sections that must be completed in order for the document to be able to be approved.

Monitoring

The frequency and details of the measurement, monitoring and evaluation processes should be clearly defined and be realistic.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:

Consultation

Every document must have a consultation period, where interested parties are able to offer their views on a proposed document. This ensures that key documents are based on all available evidence, that they take account of the views and experience of those affected by them, that innovative and creative options are considered and that new arrangements are workable, not aspirational.

Consultation is led by the author of the document and must be completed before the key document is submitted for approval. Approval may not be given if the consultation has not been sufficiently wide.

Equality

All documents require an equality assessment to be undertaken by the author, using the checklist that is included in the trust template.

Financial

There is a financial impact checklist included in the trust template that will need to be completed by the author before the document is sent for approval.

Implementation Arrangements

Implementation issues and training needs will need to be identified for all new documents by the author, and for existing documents where there has been a significant change.

Dissemination Arrangements

The author has the responsibility for overseeing the effective communication of the approved key document to all relevant staff. How this will be done, should be set out within the document.

Please try to avoid printing several copies of the document when disseminating, and rather, direct staff to the internet page. This ensures that the most up to date version is always being used.

Approving your key document

Once the key document has been through a thorough consultation process and any comments received have been incorporated where appropriate, the document can then be sent for approval.

Local key documents (that do not affect staff trustwide) will follow directorate/divisional management lines for approval.

All key documents containing details of medicines must also be approved by the Trusts Medicines Safety Committee.

For trustwide key documents an approval flowchart is contained within the Policy for the development, approval and management of key documents.

It is good practice to send your document to the Key Documents Team for quality assurance checks before sending for approval. They can also advise on the correct approval route.

Your document will not become a 'valid' document until it has been formally approved by the appropriate committee and published via the Key Documents Team.

Reviewing your document

The author of the document is responsible for ensuring a timely review of the document takes place 6 months prior to the review date.

Please refer to the Policy for the development, approval and management of Key Documents.