DEVELOPING PATIENT INFORMATION

NGH-PO-060

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Responsibility for Review:	Patient Information Group (PIG)
Contributors:	Patient Information Group (PIG)

POLICY

CONTENTS

POLICY

SUMMARY

This Policy advises on the presentation, content and publishing of patient information generated by the Trust.

It contains details of the format and procedures for developing patient information leaflets and access details for EIDO leaflets

1. INTRODUCTION

Information about health and health services needs to be available for service users, their relatives and carers. Information is required about medical conditions, treatment options, potential outcomes and related rehabilitation; as well as nonclinical information regarding services and access. The NHS therefore has a major responsibility to provide or to enable access to relevant and reliable information.

Northampton General Hospital NHS Trust (NGH) believes that meeting service user's information needs is an essential part of the care pathway, and a fundamental element in improving the patient experience and provides a quality service. All patients should have access to relevant information at the appropriate time, and in a format which is easily accessible. Written patient information should be used in conjunction with a verbal explanation and other appropriate media where applicable.

The Trust also believes in reducing healthcare inequalities and avoiding discrimination within the community it serves and accordingly has produced Trust guidelines for Interpreting and Translation Services for staff on the use of interpreting, and written translation for patients whose first language is not spoken English. This includes staff guidance regarding access to information in other formats and easy read versions of health related information which is suitable for people with learning disabilities and people who have difficulty in reading. These guidelines can be accessed via the Trust intranet.

2. PURPOSE

The purpose of this policy is to ensure all information produced by Northampton General Hospital NHS Trust for service users, their relatives and carers.

- Is accurate, easy to read and understand
- Has the patient as its focus
- Follows the Trust's corporate identity and guidelines
- Is accessible to all those who need it

3. SCOPE

This policy details a systematic process for developing, producing, authorising, reviewing and monitoring patient information. The policy applies to all staff involved in the production and provision of patient information including contractors, voluntary workers, students, locum and agency staff and to all patient information documents developed by Northampton General Hospital. The information requirements of this policy are intended to cover all modes of delivery whether written, electronic or audio, and whether in English or any other language.

4. COMPLIANCE STATEMENTS

Equality & Diversity

This policy has been designed to support the Trust's effort to promote Equality and Human Rights in the work place and has been assessed for any adverse impact using the Trust's Equality Impact assessment tool as required by the Trust's Equality and Human Rights Strategy. It is considered to be compliant with equality legislation and to uphold the implementation of Equality and Human Rights in practice.

NHS Constitution

The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principals and Values of the NHS along with the Vision and Values of Northampton General Hospital NHS Trust.

General Statement of Intent

This Trust aims to design and implement services, policies and measures that meet the diverse needs of the population it serves and its workforce ensuring that none are placed at a disadvantage over others.

5. DEFINITIONS

PIG	Patient Information Group
CQEG	Clinical Quality and Effectiveness Group
GM	General Manager
CD	Clinical Director
LN	Lead Nurse
CQC	Care Quality Commission
NHSLA	National Health Service Litigation Association
EIDO	Patient information leaflets produced by EIDO Healthcare with the intention of facilitating informed patient consent

6. ROLES & RESPONSIBILITIES

The Chief Executive	Has overall accountability and responsibility to ensure the implementation of this policy Trustwide.
The Director of Nursing, Midwifery and Patient Services	Is the executive director responsible for overseeing the implementation of this policy.
The Deputy Director of Nursing/Head of Governance	Has overall responsibility to ensure that all patient information details the risks, benefits and alternatives relating to the specified treatment and/or procedures in line with NHSLA Risk Management Standards for Acute Trusts.
Core Group Responsibilities	It is the responsibility of the General Manager and/or Clinical Director/Lead Nurse/Head of Department (or designated representative) to ensure that: • This policy is disseminated to members of their teams and that all patient information supplied to patients in their directorates complies with this policy, and is clinically appropriate and reflects current practice. • The need for patient information is appropriately identified, prioritised, developed, produced, and distributed within the Directorate • Patient information is reviewed and updated at regular intervals as necessary and at least 5 yearly or more often if required, obsolete copies archived (as necessary, 5 yearly or as clinical practice changes) following the process set out in the Policy on the Control & Development of Procedural Documents • Patients, service users and all appropriate health professionals are

	involved in the development process • Collaborative working across specialties/directorates is undertaken, where appropriate • All staff have the appropriate knowledge base to provide patient information in a suitable manner • Leaflets produced within the Trust comply with this policy and are clinically appropriate, reflecting current good practice. • Staff are aware of EIDO leaflets on the intranet • Leaflets of a commercial nature, which are used within the Trust, are used if the clinical information is generic enough to address the specific clinical practice or if specific, that it represents the practices and care given within the Trust.
Document Lead	The document lead is the individual who co-ordinates the development of the patient information leaflet and requests its production. The document lead may or may not be the author of the information, however will be the individual that the patient information is assigned to. It is the responsibility of the Document Lead to ensure that: • the information they provide is appropriate • patients/lay members and staff have been involved in its development • they do not contravene copyright laws and that consent from relevant parties is obtained when using images, text, diagrams or illustrations owned by others in the production of patient information. • They follow the 'Good Principles Guidance' in section 7.1 of this policy
Medical Illustrations	Medical Illustrations will ensure all new and revised patient information is produced in the approved Trust style and format and includes a production date, reference code, contact number and smoke free message, car parking information and NGH web site address. Medical Illustrations has a duty to ensure that all patient information produced complies with the NHS Identity Guidelines and will follow the good principles guidance in 7.1 Medical Illustrations will arrange a quote for printing the document or leaflet on request at the time of approval of the final draft New leaflets to be photocopied will be sent by Medical Illustrations to document lead electronically Details of the final leaflet will be entered on the corporate database by Medical Illustrations
Patient Information Group (PIG)	Responsibility for reviewing the Patient Information Policy and patient information leaflets produced by the Trust rests with the Patient Information Group (PIG). The group is not responsible for producing the leaflets. The Terms of Reference of PIG are set out in **Appendix 1**.

7. SUBSTANTIVE CONTENT

7.1. Principles for Developing Patient Information

All information must reflect the corporate identity and style, be appropriate for the target audience and maintain high standards of communication. Our aim is to produce well designed, well written publications that give clear, concise and honest information, are jargon free, look professional and make best use of available resources.

Reasonable adjustments may be made to the corporate format of patient information if the information is being developed specifically for people with learning disabilities.

The principles for developing all written patient documentation are:

- Be respectful and straightforward
- Avoid jargon and acronyms, particularly medical, and use plain language to make it easier to read. If it is difficult to avoid medical terminology give an explanation
- Use job titles only and not individual personal names
- Use patient friendly text. Use personal pronouns such as ‘we’ and ‘you’
- Avoid instructions without explanations
- Always write in the same language you would use in a day to day conversation
- Tell people what other information, resources and support are available
- Give details of how the information can be accessed in other formats
- Use clear sentences, short paragraphs and exclude unnecessary wording
- Use lower case letters wherever possible and avoid UPPER CASE letters, italics and underlining as they make text more difficult to read and always use Arial 12pt.
- Numbers one to nine are easier to read if they are written in words, if they are included in the text.
- Diagrams and pictures can be very effective. Use them to illustrate the text
- Proposals for treatment are supported by written information, which outlines the risks, benefits, alternatives and consequences of a proposed treatment and provides details about the likely rehabilitation course
- Wherever possible staff should recognise the provision of alternative forms of information for people with special needs, e.g. those whose first language is not English, those with learning difficulties or hearing or visual impairments. Support for developing leaflets in accessible formats can be sought from the Equality Lead

7.2. Principles for Developing Clinical Patient Information

Leaflets dealing with specific procedures, operations and services must, where appropriate include the essential content which is outlined below in bold print. Please complete all relevant sections using the template **Appendix 4**

- **Title of information leaflet**
- **Department/Directorate**
- **Introduction to include:-**

  a) A brief description of the treatment, procedure, care or advice

  c) Contact details for patient, phone numbers, email, opening times, clinic times etc.

- **Why does the patient need it?**

  The benefits of having/receiving the treatment, procedure, are or advice.

- **Are there any alternatives?**

  A brief description of options relating to the treatment, procedure, care or advice

- **What are the potential risks or side effects?**

  The risks and side effects that my accompany the procedure, treatment or care

- **Will the patient need an anaesthetic?**

  Please specify whether an anaesthetic is needed and, if so, what does this mean for the patient Please clearly identifies any risks.

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- **What happens after the procedure, treatment care or advice?**
- **Discharge Information should include:**

1. *How long might recovery take?*
2. *How patients might feel at this stage*
3. *Information on getting results*
4. *Follow-up appointments*
5. *Effect on driving*
6. *How long before patients can return to work*
7. *Contact telephone numbers*
8. *Other sources of support*

7.3. Process Regarding the Production of a Trust Patient Information Document

When it has been identified that a patient information document or leaflet is required it will be the responsibility of Medical Illustrations to ensure that the process for its production is followed from the point in which the leaflet and checklist are sent to them.

Flowchart of process: - **Appendix 2.** This will include the completion of the Patient Information Document/Leaflet Checklist and Approval Form **Appendix 3** which will accompany the document/leaflet when sent to Medical Illustrations.

7.4. Distribution

Following approval from PIG, it is the responsibility of the GM, Service Manager, CD, Lead Head Nurse/Midwife/Matron or designated representative, to ensure that relevant patient information leaflets are made available in all appropriate areas.

7.5. Review & Archiving

Review - All in-house patient information should be reviewed every 5 years or sooner if appropriate. The Medical Illustrations department will send out a letter and the out of date leaflets database to all GMs annually requiring them to ensure a review of all leaflets currently being used in their area takes place.

The document lead for the patient information is responsible for ensuring that review takes place. All information that is updated should be distributed appropriately.

Archiving – It will be the responsibility of the document lead to ensure that once reviewed all old leaflets are removed and replaced with the updated version. All previous versions of written patient information leaflets are archived in an electronic format on the central database held and managed by the Medical Illustrations department

7.6. EIDO Leaflets

EIDO Healthcare is an organisation that produces clinical patient information leaflets. The contents of the leaflets are peer reviewed by the appropriate Royal Colleges for accuracy at least once a year and in-between times if there is a change in the law.

EIDO monitor access of EIDO leaflets from their website by individual Trust licence holders. By this monitoring EIDO can provide the Trust with data that will help support us achieve compliance with the Care Quality Commission (CQC) and the NHSLA risk management Level 2 standards relating to monitoring the effective use of patient information leaflets

The availability of the leaflets is accessible via the EIDO link on the Trust's intranet site.

7.7. Written Information for Cancer Patients

Background

In response to findings by the National Audit Office in 2004 that nearly 40 per cent of cancer patients did not receive written cancer information, the White Paper, 'Our health, our care, our say' (DH, 2006) stated that Information Prescriptions (IPs) should be routinely offered to patients with long term conditions and their carers to help provide support and guidance. This was set out more specifically in the Improving Outcomes: A Strategy for Cancer (2010) with

the aim being that by the end of 2012 all cancer patients and carers are offered high quality, appropriate and timely written information to support face to face communication at all appropriate points in their cancer journey.

National Cancer Patient Information Pathways and Information Prescriptions

National Cancer Information Pathways have been developed by the National Cancer Action Team (NCAT) in partnership with key charities, healthcare professionals and patients/carers. National Information Pathways enhance the quality of care given to patients with cancer (or suspected cancer) by ensuring that they are offered high quality information at all stages of their journey.

Information Prescriptions support the delivery of high quality written patient information. An Information Prescription was defined in 2007 by **Cancer Backup** as:

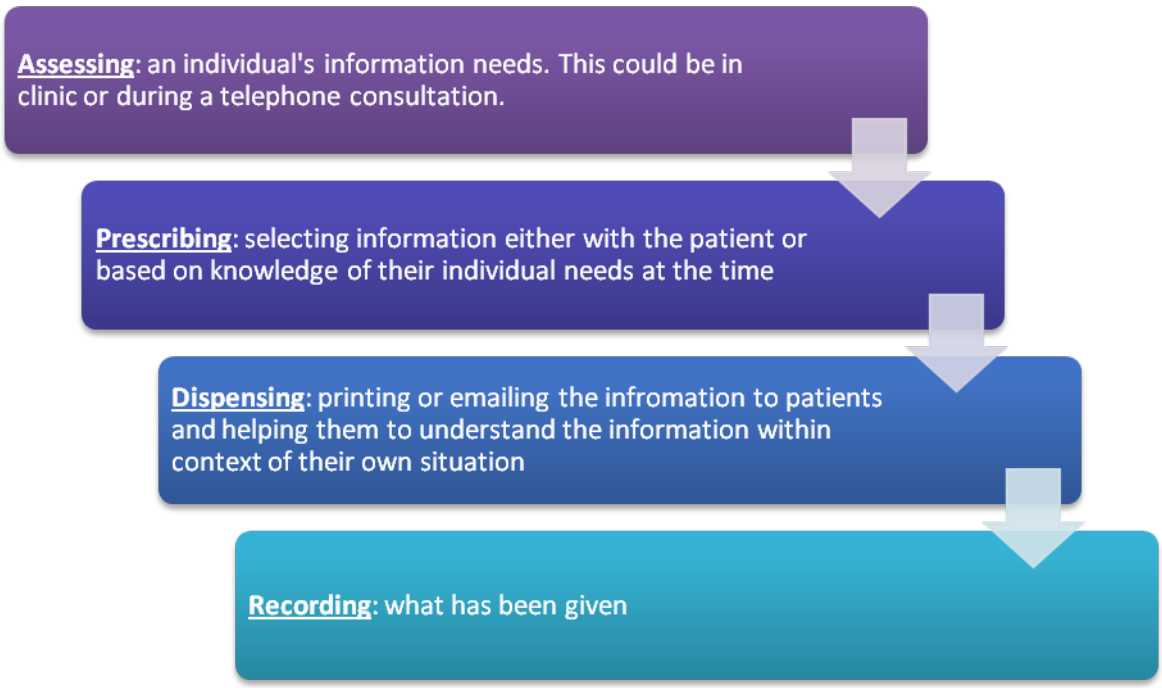
"A source of personalised information that lays out clearly and simply the salient points about an individual's consultation with a healthcare professional about their diagnosis, treatment and/or care plan and points the way to other relevant sources of high-quality information and support. It is designed to improve the dialogue between patients and health professionals and enhance the valuable face-to-face time within consultations".

The Information Prescription Service (IPS)

The National Cancer Action Team has worked in partnership with Macmillan Cancer Support and Cancer Research UK to develop an electronic web-based Information Prescription Service (IPS).

The IPS is populated with information from the National Cancer Patient Information Pathways, enabling tailored information to be provided to an individual to meet their needs at that point in time.

Using Information Prescriptions and the IPS tool in practice involves a four-part process:



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Local Implementation

Northampton General Hospital has signed up to being part of Wave One of the National Information Prescriptions Implementation Programme. The Trust will incorporate Cancer Information Prescriptions (IPs) into clinical practice with support from the National Cancer Action Team, ensuring that every cancer patient is routinely offered an Information Prescription at key points in their cancer experience.

For further information about Cancer Information Prescriptions Implementation at NGH, please visit the Trust Intranet Site – Clinical Information – Information Prescriptions.

8. IMPLEMENTATION & TRAINING

The policy will be made available on the Trust intranet site. and will be distributed to General Managers, Service Managers Clinical Directors, Lead Nurses/Midwife, Matrons and Heads of Departments who will be responsible for ensuring it is disseminated to all relevant staff within their areas.

Training – No specific training is required in the development of written patient information, however individuals can contact PIG via the Head of PALS, Complaints & Bereavement Service if they need advice, support or information in relation to this policy and the production of patient information leaflets.

MONITORING & REVIEW

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
a) Process for obtaining consent	Incidents, Feedback at Consent Committee these will result in targeted audits	Consent Committee membership	As indicated	Consent Committee	Consent Committee	Consent Committee
b) How information is provided to patients to support their decision making, including risks, benefits and alternatives where appropriate	a) All leaflets to have minimum content (as applicable) including risks, benefits, alternatives and consequences b) Annual sample audit to ensure quality standards	PIG	a) Ongoing b) Annual	PIG	PIG	CQEG annual report
c) How the discussion and provision of information to patients is recorded	Incidents, Feedback at Consent Committee these will result in targeted audits	Consent Committee membership	As indicated	Consent Committee	Consent Committee	Consent Committee
d) Process for recording that consent has been given	Incidents, Feedback at Consent Committee these will result in targeted audits	Consent Committee membership	As indicated	Consent Committee	Consent Committee	Consent Committee
e) archiving arrangements for any information given to patients to support their decision making	a) Report all expired and expiring leaflets to GMs and Governance facilitators. b) All leaflets authors reminded of expiring and archiving by email	PIG	Quarterly	Directorate Governance Meetings PIG	PIG	CQEG annual report
f) How the organisation monitors compliance with all of the above	a) All new leaflets are reviewed and approved by the Patient Information Group members. b) An annual sample audit ensures that quality standards are maintained.	PIG	a) Ongoing b) Annual	PIG	PIG	CQEG annual report
	Consent performance report	Senior Risk & Litigation Manager	Bi-annual	CQEG	Senior Risk & Litigation Manager	CQEG

POLICY

REFERENCES & ASSOCIATED DOCUMENTATION

Department of Constitutional Affairs (2006) Human Rights: human lives. A handbook for public authorities [online] London DCA. Available from: http://www.dca.gov.uk/peoples-rights/human-rights/pdf/hr-handbook-public-authorities.pdf [accessed 1 June 2010]

Department of Health (2003) Toolkit for producing patient information [online] London.DH. Available from: http://www.dca.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh@en/documents/digitalasset/dh_4068462.pdf [Accessed 1st June 2010]

NHS Litigation Authority, (2007) Risk Management Standards for Acute Trusts [online] Available from:

http://www.nhsla.com [Accessed 1st June 2010]

Department of Health (2008) NHS Brand Guidelines [online] London. DH.

Available from: http://www.nhsidentity.nhs.uk [Accessed 1st June 2010]

Disability Discrimination Act 2005 (c.9) London HMSO

Mental Capacity Act 2005 (c.9) London HMSO

NHS Executive (1998) Information for Health: an Information Strategy for the Modern NHS 1998-2005 [online] London. NHS Executive. Available from:

http://www.dh.gov.uk/enPublicationsandstatistics/Publications/publicationsPolicyAndGuidance/DH_4007832 [Accessed 1st June 2010]

This Policy should be read in conjunction with the following NGH documents:

- Guidelines for Interpreting and Translation Services NGH-GU-290
- Policy on the Development & Control of Procedural Documents NGH-PO-001
- Consent Policy NGH-PO-006
- PALS/Complaints Policy (4C's) NGH-PO-483
- Standards of Business Conduct for Trust Staff NGH-ST-132
- Health Records Management Policy NGH-PO-058
- Chaplaincy Handbook

9. APPENDICES

Appendix 1 Patient Information Group – Terms of Reference

TERMS OF REFERENCE

Date Approved: August 2013

Purpose of the Group

Northampton General Hospital NHS Trust has a Patient Information Group who provides a multidisciplinary approach to the production of written information. The Group is committed to ensuring user-friendly patient information which is easy to read, understand and has the patient as its focus and follows the Trust's corporate identity and guidelines.

Duties

1. To review and approve all in-house developed information leaflets. Review to include ease of reading, use of simple English, risks, benefits and alternatives. Each leaflet to be reviewed by clinical and non-clinical members of the group and lay members.

2. To be responsible for reviewing and updating the policy as required or when a national change is indicated.

3. To provide a system/process and support for staff in developing leaflets in accordance with the PIG Policy

4. Monitor the ongoing use of EIDO.

Membership of the Group

Head of PALS, Complaints & Bereavement Service (Chair)

MacMillan Patient Information and Support Co-Coordinator

Data Protection and Confidentiality Manager

Senior Midwife Risk Manager

Representation from each Care Group – Service Manager or Governance Lead

Head of Communications

Patient Experience Lead

Medical Illustrations Representative

Equality Lead

Corporate Practice Development Nurse

Patient Representative

The Group shall have the power to co-opt further members as appropriate.

All members must attend at least 2 meetings per year or forfeit their place on the group.

Frequency of meetings

1. The group shall meet quarterly
2. Meetings will be cancelled where a quorum cannot be achieved, either before the meeting or at the start of a meeting.

Quorum

The quorum is set at four members, one of who should be the chair or deputy chair.

Line of reporting

The Group will report to the Clinical, Quality and Effectiveness Group through the Deputy Director of Nursing/Head of Governance.

Minutes shall reflect the broad area of discussion and record all decisions made and be circulated to all members.

Minutes will be circulated to members of the Group and others as appropriate.

Monitoring Effectiveness of group

Monitoring the effectiveness and suitability of patient information will be done through patient satisfaction surveys.

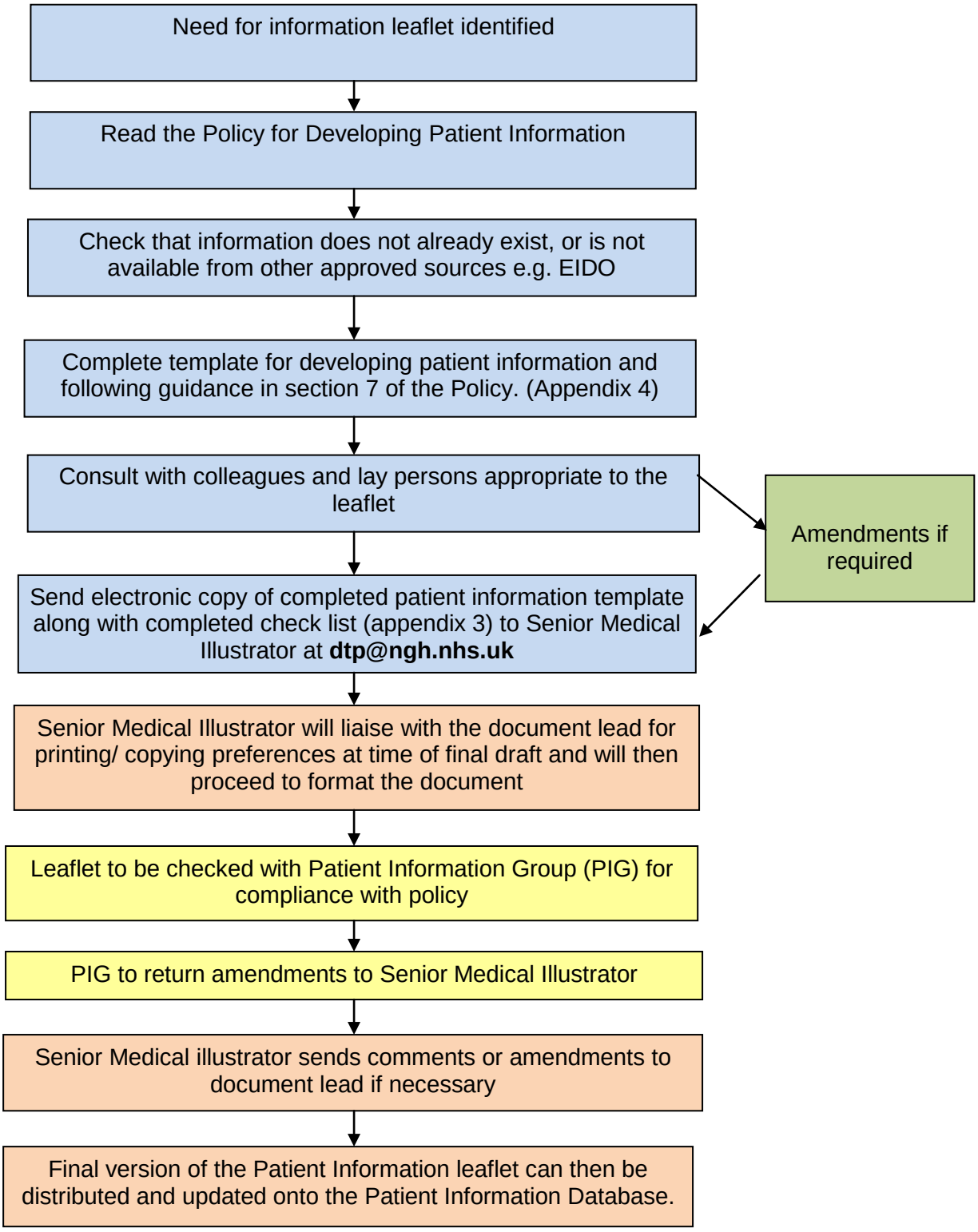
Chair

The Chair will be elected by the Group and will serve for a term of 2 years.

9.1. Appendix 2 The Patient Information Leaflet Journey

This flow chart shows the path a new leaflet or resource from original idea to production

Please ensure that all the stages are followed and completed correctly and any omissions to this pathway will result in the draft being returned to the right person or process stage for completion.



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9.2. Appendix 3 Patient Information Document/Leaflet Checklist and Approval Form

The following checklist is intended to support the process of producing patient information and should be used in conjunction with the guidelines in this policy.

Where **YES/NO** questions appear please delete accordingly.

Detail	**Please complete this column**	**Please leave Blank DTP use Only**
Directorate/ Department		
Document Lead: **Contact No:**	…… ……	
Has the document/ leaflet had preliminary approval from the Directorate/ Department Lead	**YES/NO**	
Have you checked no other suitable information is already available i.e. EIDO leaflets	**YES/NO**	
Have you involved staff and lay members in the development/ review of the document/ leaflet	**YES/NO**	
Have you followed the Good Principles Guidance In the policy	**YES/NO**	
Completed Checklist to send electronically to Medical Illustrations **Date:**	**YES/NO** ……	

9.3. Appendix 4 Template for Developing Essential Content for Clinical Patient Information

N.B this template must be completed by the author before submission to the Senior Medical Illustrator for formatting/publishing. Without this completed template the Senior Medical Illustrator will not be able to format and produce the leaflet and will return it to the author if found to be incomplete.

The template is a guideline to assist you with developing patient information but if the information is non- clinical then not all the headings may apply.

1) Title of information leaflet
2) Department/Directorate
3) Introduction to include:- a) A brief description of the treatment, procedure, care or advice c) Contact details for patient, phone numbers, email, opening times, clinic times etc.
4) Why does the patient need it? The benefits of having/receiving the treatment, procedure, care or advice.
5) Are there any alternatives? A brief description of options relating to the treatment, procedure, care or advice

6) What are the potential risks or side effects?

The risks and side effects that my accompany the procedure, treatment or care

7) Will the patient need an anaesthetic?

Please specify whether an anaesthetic is needed and, if so, what does this mean for the patient Please clearly identify any risks.

8) What happens after the procedure, treatment care or advice?

9) Discharge Information should include:

9. HOW LONG MIGHT RECOVERY TAKE?
10. How patients might feel at this stage
11. Information on getting results
12. Follow-up appointments
13. Effect on driving
14. How long before patients can return to work
15. Contact telephone numbers
16. Other sources of support

ORM 1a- RATIFICATION FORM - FOR COMPLETION BY DOCUMENT LEAD

Northampton General Hospital NHS Trust

Note: Delegated ratification groups may use alternative ratification documents approved by the procedural document groups.

DOCUMENT DETAILS	
Document Name:	Developing Patient Information
Is the document new?	No
If yes a new number will be allocated by Governance	N/A
If No - quote old Document Reference Number	NGH-PO-060
This Version Number:	9.3
Date originally ratified:	19/10/10
Date reviewed:	January 2014
Date of next review: a 3 year date will be given unless you specify different	January 2016 (2 Years)
If a Policy has the document been Equality & Diversity Impact Assessed? (please attach the electronic copy)	Yes

DETAILS OF NOMINATED LEAD	
Full Name:	Eileen Ingram
Job Title:	Head of PALS,Complaints & Bereavement Service
Directorate:	Patient & Nursing services
Email Address:	Eileen.ingram@ngh.nhs.uk
Ext No:	3787

DOCUMENT IDENTIFICATION	
Keywords: **please give up to 10** – to assist a search on intranet	Patient, Information, leaflet, Medical Illustration, Policy, Patient Information Group (PIG)

GROUPS WHO THIS DOCUMENT WILL AFFECT?

(please highlight the Directorates below who will need to take note of this updated / new policy)

Anaesthetics & Critical Care	Gynaecology	Medicine
Child Health	Haematology	Nursing & Patient Services
Corporate Affairs	Head & Neck - inc Ophthalmology	Obstetrics
Diagnostics	Human Resources	Oncology
Facilities	Infection Control	Planning & Development
Finance	Information Governance	Trauma & Orthopaedics
General Surgery		**Trust wide**

TO BE DISSEMINATED TO: NB – if Trust wide document it should be electronically disseminated to Head Nurses/ Dm's and CD's .List below all additional ways you as document lead intend to implement this policy such as; as presentations at groups, forums, meetings, workshops, The Point, Insight, newsletters, training etc below:

Where	When	Who

FORM 2 - RATIFICATION FORM to be completed by the document lead

Please Note: Document will not be uploaded onto the intranet without completion of this form

CONSULTATION PROCESS

NB: You MUST request and record a response from those you consult, even if their response requires no changes. Consider Relevant staff groups that the document affects/ will be used by, Directorate Managers, Head of Department ,CDs, Head Nurses , NGH library regarding References made, Staff Side (Unions), HR Others please specify

Name, Committee or Group Consulted	Date Policy Sent for Consultation	Amendments requested?	Amendments Made - Comments
			.

Existing document only - FOR COMPLETION BY DOCUMENT LEAD

Have there been any significant changes to this document? *if no you do not need to complete a consultation process*	NO	
Sections Amended:	YES	**Specific area amended within this section**
Re-formatted into current Trust format	NO	
Summary/ Introduction/Purpose	NO	
Scope	NO	
Definitions	NO	
Roles and responsibilities	NO	
Substantive content	YES	Minor changes to TOR and wording to reflect that only job titles to be used not names of individual staff
Monitoring	NO	
Refs & Assoc Docs	NO	
Appendices	No	

FORM 3- RATIFICATION FORM (FOR PROCEDURAL DOCUMENTS GROUP USE ONLY) **Read in conjunction with FORM 2**			
Document Name:	**Patient Information Policy**	**Document No:**	**NGH-PO-060**
Overall Comments from PDG re the Policy			

	YES / NO / NA	Recommendations	Recommendations completed
Consultation Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	**YES**		
Title -Is the title clear and unambiguous?	**YES**		
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	**YES**		
Summary Is it brief and to the point?	**YES**		
Introduction Is it brief and to the point?	**YES**		
Purpose Is the purpose for the development of the document clearly stated?	**YES**		
Scope -Is the target audience clear and unambiguous?	**YES**		
Compliance statements – is it the latest version	**YES**		
Definitions –is it clear what definitions have been used in the	**YES**		
Roles & Responsibilities Do the individuals listed understand about their role in managing and implementing the policy?	**YES**		
Substantive Content is the Information presented clear/concise and sufficient ?	**YES**		
Implementation & Training – is it clear how this will procedural document will be implemented and what training is required?	**YES**		
Monitoring & Review (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	**YES**		
References & Associated Documentation / **Appendices**- are these up to date and in Harvard Does the information provided provide a clear evidence base? Are the reference provided using Harvard Referencing format?	**YES**		
Are the keywords relevant	**YES**		

Name of Ratification Group	Ratified Yes:	Date of Meeting:
	Ratified No:	
	Ratified subject to amendments and chair approval	
Name of Ratification Group	Ratified Yes:	Date of Meeting:
	Ratified No:	
	Ratified subject to amendments and char approval	