Reference Number: UHB 242 **Version Number:** 2	**Date of Next Review:** 30th Nov 2020 **Previous Trust/LHB Reference Number:** T/001 as part of the combined policy & procedure

Written Control Documents - Development and Approval Procedure

Introduction and Aim

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will develop and describe our "ways of working" in policies, procedures and other written control documents. In this regard, the Board has approved the Management of Policies, Procedures and Other Written Control Documents Policy (UHB 001), commonly referred to as the Policy on Policies.

This procedure translates the principles in that policy into more detailed guidance including individual responsibilities for developing and reviewing written control documents. This is summarised in the flow chart on page 5.

Objectives

This procedure ensures consistency in the format, compilation, approval and dissemination of all written control documents, so that they are:

- Developed and reviewed when required;
- "Owned" – each document will have an owner who has responsibility for making sure that it is regularly reviewed and kept up to date.
- Written in plain language so that they can be understood and people are clear of what is expected.
- Subject to Equality and Health Impact Assessments where required;
- Recorded, stored and archived in accordance with the UHB Records Management Retention and Destruction Protocol;
- Appropriately co-produced and consulted on;
- Considered and approved by the appropriate forum/senior officer (with delegated powers);
- Shared with staff and stakeholders where required;
- Supported by appropriate learning, education and development where required; and,
- Available to the public, in line with Freedom of Information Act requirements and our Publication Scheme.

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts.

In addition to the responsibilities detailed within the procedure staff also have a

responsibility for making sure that they meet the requirements of their role profiles and any other responsibilities delegated to them.	
Equality and Health Impact Assessment	The procedure relies on the generic EHIA for Administrative-type policies.
Documents to read alongside this Procedure	Management of Policies, Procedures and Other Written Control Documents Policy Records Management Policy Records Retention and Destruction Protocol Safety Notices and Important Documents Policy Producing Written Information for Patients Guidance
Approved by	Health System Management Board

Accountable Executive or Clinical Board Director	Director of Corporate Governance
Author(s)	Corporate Governance Manager

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	18/09/2014	24/09/2014	Content previously included within Management of Policies, Procedures and Other Written Control Documents Policy. The revised policy is in the new shorter format and this procedure has been written in support of the new policy.
1.1	10/12/2015	16/12/2015	Title of Appendix 2 corrected
2	30/11/2017	05/12/2017	Revised Procedure. Titles amended Reference to new EHIA that replaced EQIA Changes in Committee structure and inclusion of R&D

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Appendices

1 Policies, Procedures or Other Written Control Documents Flowchart

Each UHB-wide policy and written control document will be sponsored by a lead Executive Director. At Clinical Board/Directorate level written control documents will be sponsored by the appropriate Director or Clinical Board Director (see Section 5).

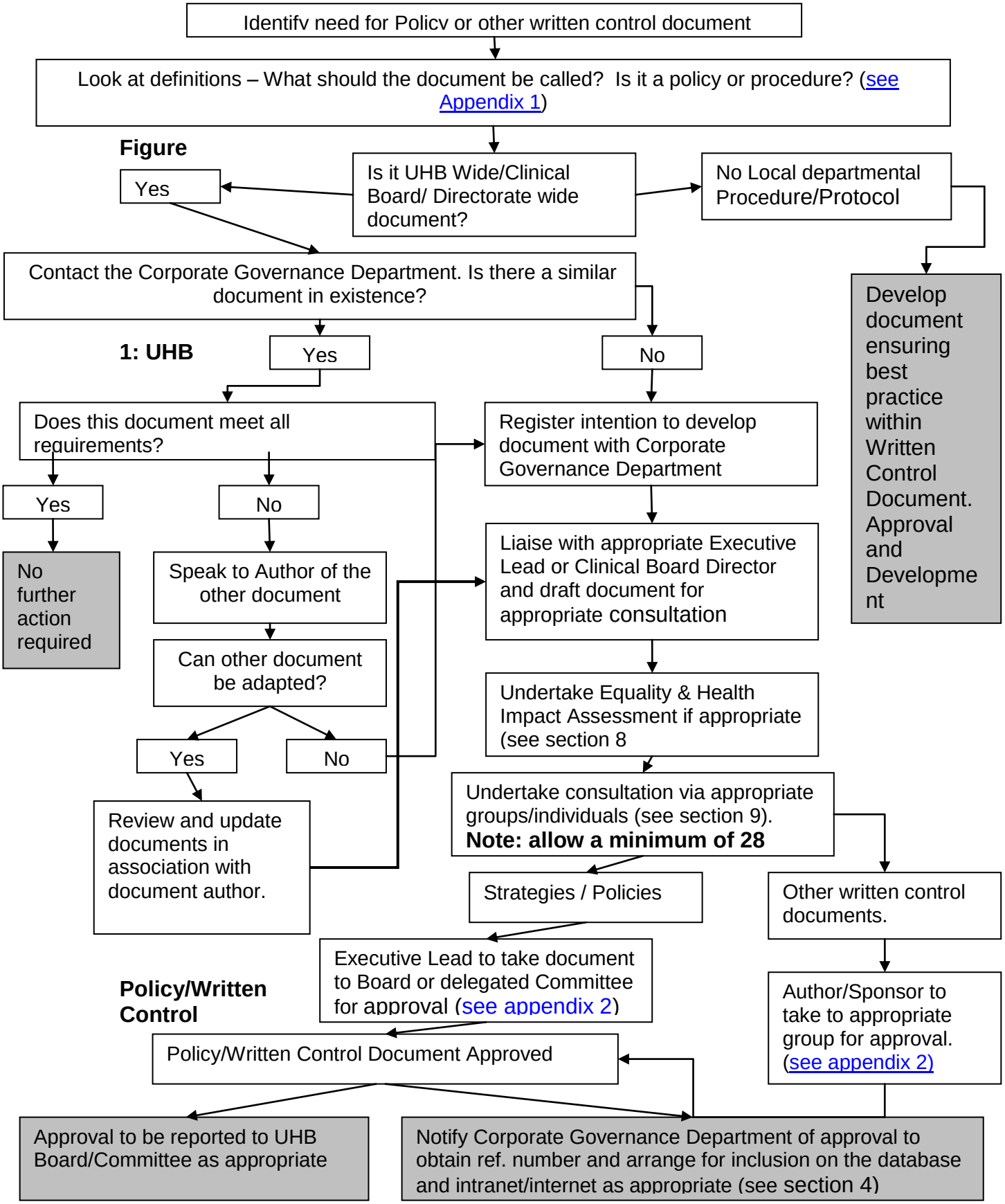
In accordance with the Equality Act 2010, all policies will be subject to an Equality and Health Impact Assessment (See Section 8).

The flow chart on the following page explains the steps to be taken when considering the development of a policy or written control document. It is important that appropriate engagement and consultation takes place.

In the case of **employment policies**, (excluding those enforced from Welsh Government following national negotiations and other "All Wales policies"), staff representatives and management will jointly negotiate a draft policy for submission to the Resources and Delivery Committee (or another appropriate Committee if this is superseded) for approval. If there are any issues that cannot be resolved at Committee level, the Policy will be brought to the Board for final consideration and approval.

The development of policies and written control documents will be based on sound evidence, and take account of current legislation, mandatory requirements and national/professional guidance.

Sources of information used should be appropriately referenced.


Identifv need for Policv or other written control document
Look at definitions – What should the document be called? Is it a policy or procedure? (see Appendix 1)
Figure
Is it UHB Wide/Clinical Board/ Directorate wide document?
Yes
No Local departmental Procedure/Protocol
Contact the Corporate Governance Department. Is there a similar document in existence?
Develop document ensuring best practice within Written Control Document. Approval and Developme nt
1: UHB
Yes
No
Does this document meet all requirements?
Register intention to develop document with Corporate Governance Department
Yes
No
No further action required
Speak to Author of the other document
Liaise with appropriate Executive Lead or Clinical Board Director and draft document for appropriate consultation
Can other document be adapted?
Undertake Equality & Health Impact Assessment if appropriate (see section 8
Yes
No
Undertake consultation via appropriate groups/individuals (see section 9). Note: allow a minimum of 28
Review and update documents in association with document author.
Strategies / Policies
Other written control documents.
Executive Lead to take document to Board or delegated Committee for approval (see appendix 2)
Author/Sponsor to take to appropriate group for approval. (see appendix 2)
Policy/Written Control
Policy/Written Control Document Approved
Approval to be reported to UHB Board/Committee as appropriate
Notify Corporate Governance Department of approval to obtain ref. number and arrange for inclusion on the database and intranet/internet as appropriate (see section 4)

Document Development Flowchart

2 What is the difference 2 2 What is the difference between a policy, procedure and other written control document?

Terms used to describe different types of written control documents can be confusing. Definitions highlighting the differences are provided in Appendix 1 on page 12.

3 Who can approve these documents and where are they published?

Some “All Wales” policies are developed by the Welsh Government or by Health Boards and Trusts working together. For some of these documents the University Health Board (the UHB) has to adopt them. Where this is the case they will be reported to the Board or a Board Committee so that there is a record of their adoption.

Where policies relate to equitable access to safe and sustainable, high quality specialised and tertiary services (Relevant Services), the Board will delegate approval to the Joint Welsh Health Specialised Services Committee (WHSSC).

Other policies can only be approved by the UHB Board or a UHB Committee.

Procedures and other written control documents may be approved by Groups (see appendix 2 on page 14) or individual employees in line with the Standing Orders and Scheme of Delegation.

Where a document requires only a small amendment which is not material to the aims or objectives of the document, e.g. to reflect a change in working practice, content of supporting documents etc, an interim review may be undertaken. This will be agreed in advance with the Corporate Governance Directorate to ensure that the completion of an interim review does not expose the UHB to an increased level of risk. The change will be reported to the next available meeting of the approving body.

Once approved centrally recorded documents are published on the UHB Intranet and Internet sites. Under limited circumstances it may be necessary to redact [remove or hide] information from a document prior to publication on the Internet e.g. Direct dial telephone numbers within the Major Incident Plan. The Committee/ Group approving the document will determine if it is necessary to redact information prior to

publication. Where this has been agreed it will be made clear within the body of the text on the document made available via the Internet.

4 Who can provide advice on what to do and how do we know what documents have already been developed?

The Director of Corporate Governance is responsible for making sure that the UHB has arrangements in place to ensure effective development and management of policies, procedures and other written control documents.

The Corporate Governance Manager is part of the Director of Corporate Governance/Board Secretary's team. He/she undertakes the function of organisation wide "Policy Process Manager" and can provide advice and assistance on any aspect of document development and review. He/she can be contacted on 029 20743595 or 029 20743111 (Extension 43595 or 43111).

He/she maintains a register of all documents which are centrally recorded and will be able to advise if a document already exists. All of these documents are also published on the intranet and can be found through either the A-Z listing or by searching on key words. Most documents are also published on the UHB Internet site.

He/she will arrange for approved documents and the accompanying Equality and Health Impact Assessment (if applicable) to be published on the intranet/internet as appropriate within **ten working days** of receipt from the author or Committee Secretary.

5 What are the responsibilities of Executive and Clinical Board Directors

The delegated responsibilities of Executive and Clinical Board Directors are set out in the Scheme of Delegation. They have responsibility for:

- making sure that appropriate written control documents are produced and kept up to date by identifying a document author (including reallocating responsibility if the author leaves or moves to another role);
- personally checking for accuracy of content prior to submission to a committee/group for approval;

- maintaining a list of these policies and written control documents, supported by the Corporate Governance Manager and making sure that these documents are up to date;
- making sure that there are arrangements in place to capture as appropriate, respond to and review documents when external organisations, e.g. Health and Safety Executive, Royal Colleges, publish new and updated information which require action by the UHB.
- making sure that consultation has taken place and impact assessments, including the equality and health impact assessment, have been completed where necessary. Where these have not been undertaken a reason for this will be provided;
- making sure that any training requirements specific to the document have been referenced; and,
- making sure that where a process of audit and/or review has been agreed this is maintained and reported on;

6 What are the responsibilities of document authors?

Authors are employees who have been given the task of writing or reviewing a written control document. Employment documents should always have at least two authors i.e. a management representative and a staff representative. Authors must:

- liaise with Executive or Clinical Board Directors to make sure policies and written control documents are implemented appropriately and, where necessary, compliance with these documents is formally audited;
- make sure that documents are reviewed in line with the review date or as a result of changes to practice, organisational structure or legislation;
- work with the Executive/Clinical Board Director and the Corporate Governance Manager to make sure that appropriate engagement and consultation has taken place with the relevant individuals and groups;
- inform the Executive or Clinical Board Director of any learning, education or development needs and resource implications which must be considered before approval can take place;
- undertake the necessary impact assessments, including equality and health impact assessments if required;
- consider the findings and make sure that appropriate action has been taken in response to equality and health impact assessments.
- send the approved document to the Corporate Governance Manager for publication within **five (5) working days** of approval.

Authors are responsible for the review of their documents. If an author leaves the UHB or takes up another post, the responsibility for the ongoing maintenance of the document is taken on by their replacement. Where no direct role replacement is appointed, responsibility reverts to the post holder's line manager. The Executive Director and Clinical Board Director will be informed of the situation to allow them to identify a replacement author if it is not appropriate for the responsibility to stay within that department.

7 Document Format

Document templates have been developed which contain the mandatory sections for inclusion in policies and written control documents. see Appendix 3 and the Policies and Written Control Documents Intranet page.

This Template must be used for all UHB-wide, Clinical Board or multi-departmental documents. Where a document is only applicable within a single Department or, for example consists of a flow chart, an alternative format is acceptable and a “basic template” is also shown in Appendix 3. As a minimum the principles listed below must still be followed:-

- Document must have a clear heading
- The scope and objectives must be defined
- The status of the document must be clear e.g. guidance/mandatory requirement
- Instructions/guidance must be logically recorded
- Date of approval shown
- Date of review shown
- Author’s details
- Pages numbered

The language used for all documents should be plain English, using short sentences and where possible avoiding technical terms. If technical terms are used, they should be explained using a glossary or footnotes.

Policies, procedures and other written control documents will not be routinely translated into other languages. However, where staff are aware that this may cause difficulty for patients or their families they will ensure that the content is explained to them by an interpreter or translated if necessary.

In accordance with the requirements of the Data Protection Act 1998, the names of individuals will not be contained within policies and written control documents. Individuals with particular responsibilities will be identified by their job title only.

If the UHB is adopting an externally approved document it will not need reformatting providing it meets the standards set above. These documents will be given a reference number, recorded and uploaded as if they were a UHB document.

8 Equality and Health Impact Assessments

The Equality Act 2010 requires the undertaking of Equality and Health Impact Assessments and all UHB policies will require the completion of such **before** the policy is consulted upon. They are a process to find out whether a 'policy' will affect people differently on the basis of their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights. It also takes account of Welsh Language issues. It is designed to ensure that we are taking into consideration the needs of all individuals who work for us and/or access our services.

Health Impact Assessment (HIA) is a process that considers how the health and well-being of a population may be affected by a proposed action, be it a policy, programme, plan, project or a change to the organisation or delivery of a particular public service. Some impacts of policies on health may be direct, obvious and/or intentional, whilst others may be indirect, difficult to identify and unintentional. HIA is a systematic, objective, flexible and practical way of assessing both the potential positive and negative impacts of a proposal on health and well-being and suggests ways in which opportunities for health gain can be maximised and risks to health minimised. HIA looks at health in its broadest sense, using the wider determinants of health as a framework.

Where a procedure or other written control document has been developed in support of a policy it may not be necessary to undertake a further EHIA. If an EHIA has not been completed the reason for this will be explained at the beginning of the document. Where an EHIA has been completed the impact will be included in the document.

EHIAs will be published as part of the consultation process and they will be available on our internet and intranet sites alongside the relevant policy or written control document. A generic EHIA for Administrative-Type Policies has also been produced and formally agreed and can be used in support of the review and development of "admin-type" policies. This is available on the Policies page of the Intranet.

9 Engagement and Consultation

Written control documents must not be written in isolation.

Engagement and consultation on all policies and written control documents should take place with the target audience including appropriate stakeholder, service user/carer, managerial, clinical and staff representation. Where appropriate, documents should be co-produced with that target audience.

The UHB is developing a range of mechanisms to involve patients, carers and members of the public in its work. This will strengthen the stakeholder involvement with the UHB and demonstrate our commitment to working with the local community and develop our services and policies jointly. Authors are asked to contact the Assistant Director of Patient Experience and the Assistant Director of Planning or their representative, for advice and assistance in identifying the appropriate groups/individuals for co-production and consultation if they require assistance with this.

When a final draft has been developed the formal consultation can start. The consultation period should be a minimum of **28 days** including weekends but excluding bank holidays.

The policy author should send the document and equality and health impact assessment (if applicable) to the Corporate Governance Manager who will arrange for the documents to be uploaded onto the UHB Written Control Documents Consultation Page on the Intranet. He/she will also make sure that they are brought to the attention of appropriate consultees on a weekly basis. This will include the Community Health Council in accordance with mutually agreed principles.

The author, in association with the appropriate Director, must document the consultation arrangements and provide assurance to the approving Committee/Group that this has been conducted thoroughly and that comments have been incorporated into the policy or written control document where appropriate. The groups/individuals consulted will be clearly identified in the report presented to the approving Committee/group.

Appendix 1

Definition of Terms

Note – these definitions are taken from a range of sources. There is no single legal definition and the terms can mean different things to different organisations.

Strategy - A long term plan designed to achieve particular goals or objectives. A strategy is often a broad statement of an approach to accomplishing these desired goals or objectives and can be supported by policies and procedures.

Policy – A written statement of intent, describing the broad approach or course of action that the UHB is taking with a particular issue. Policies are underpinned by evidenced based procedures and guidelines and are mandatory.

The formulation of policies allows the UHB to produce formal agreements, which clearly define the commitment of the organisation and the obligations of individual staff.

Operational Policy - A statement outlining the objectives, principal functions and modes of operation of an entire hospital or a department, particular service or activity.

Procedure - A standardised method of performing clinical or non-clinical tasks by providing a series of actions to be conducted in an agreed and consistent way to achieve a safe, effective outcome. This will ensure all concerned undertake the task in an agreed and consistent way. These are often the documents detailing how a policy is to be achieved.

Procedures are considered mandatory within the UHB.

Protocol - a written code of practice, including recommendations, roles and standards to be followed, which can also include details of competencies and delegation of authority.

Protocols are different from policies and procedures as they lack the 'mandatory' element and by allowing for professional judgement, individual cases and competencies can play a role as they are flexible working documents.

Within a protocol it must be clear by whose authority is it being implemented, and what the scope of the protocol is. If a protocol is not to be followed it is necessary to record the alternative action that is to be taken and the rationale for this.

In the case of clinical protocols, clinicians must be advised in every document that it is for their guidance only and the advice should not supersede their own clinical judgement.

Guidelines - give general advice and recommendations for dealing with specific circumstances. They differ from procedures and protocols by giving options of how something might be carried out. They are used in conjunction with the knowledge and expertise of the individual using them.

Guidelines are not prescriptive. However, whilst guidelines are not mandatory, it could prove difficult to defend a case where agreed guidelines had not been followed and the rationale for this has not been recorded or justified.

National Clinical Guidelines - the National Institute for Health and Clinical Excellence (NICE) define guidelines as:

"systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. Research has shown that if properly developed, disseminated and implemented, guidelines can lead to improved patient care" (NICE 1999).

Standards - The Royal College of Nursing definition is:

"to provide a record of service or representation of care which people are entitled to experience, either as a basic minimum or for use as a measure of excellence" (RCN 1997).

Standard statements are accompanied by a description of the structure and process needed to attain specified observable outcomes.

Standards are not generally prescriptive, however it could prove difficult to defend a case if a standard is not adhered to.

Appendix 2 Approving Committee/ Group

Policies/ Procedure		**Procedures and Other Written Control Documents** Note: where a group/sub Committee is marked with an * the arrangements are still subject to the agreement of the relevant Committee/sub Committee.	
Subject Area	**Approving Body**	**Sub-area where clearly defined**	**Approving Group/ Director**
Capital	Strategy and Engagement Committee	Depending on subject – also see Health and Safety and Audit Committee re Financial Control Procedures	Capital Management Group
Clinical Governance/Patient Experience/Quality and Safety	Quality, Safety and Experience Committee	See specific category e.g. Infection Control	
Consent to Examination or Treatment	Quality, Safety and Experience Committee	Depending on subject matter	Health System Management Board or Clinical Board Quality, Safety and Experience Sub Committee
Corporate Governance	Audit Committee		
Counter Fraud	Audit Committee	Depending on subject matter	Corporate Governance to advise.

Policies/ Procedure		**Procedures and Other Written Control Documents** Note: where a group/sub Committee is marked with an * the arrangements are still subject to the agreement of the relevant Committee/sub Committee.	
Subject Area	**Approving Body**	**Sub-area where clearly defined**	**Approving Group/ Director**
Data Protection	Strategy and Engagement Committee	Supporting procedures	Information Technology & Governance Sub Committee*
Employee Wellbeing and Stress Management	Health and Safety Committee	Health promotion and other documents	Corporate Governance to advise.
Employment/Human Resources/Workforce and Organisational Development Policies	Research and Delivery Committee	All staff Medical and Dental Staff	Employment Policy Sub Group* Local Negotiating Committee*
Environmental Management	Health and Safety Committee	Waste Management	Waste Management Group
		Other environmental management issues	Corporate Governance to advise.
Equality, Diversity and Human Rights	Strategy and Engagement Committee	Employment related procedures – all staff Employment related procedures – Medical and Dental staff only	Employment Policy sub-Group* Local Negotiating Committee* Health System

Policies/ Procedure		**Procedures and Other Written Control Documents** Note: where a group/sub Committee is marked with an * the arrangements are still subject to the agreement of the relevant Committee/sub Committee.	
Subject Area	**Approving Body**	**Sub-area where clearly defined**	**Approving Group/ Director**
		Patient Experience	Management Board
Financial Governance	Audit Committee or Finance Committee	Some Financial Control Procedures	Heads of Finance Group//Director of Finance
Fire	Health and Safety Committee	Fire procedures	Fire Safety Group
Food Safety and Hygiene	Health and Safety Committee	Implementation procedures	Operational Services Management Group
Freedom of Information	Strategy and Engagement Committee	Supporting procedures	Information Technology & Governance Sub Committee*
Fundraising Policy	Board	Supporting policies or procedures	Charitable Funds Committee (see below)
Fundraising Policies and Procedures and Investment Policies	Charitable Funds Committee		
Health and Safety Policy	Board	Supporting procedures	Operational Health and Safety Group
Health and Safety (excluding main policy)	Health and Safety Committee	Health and Safety Procedures	Operational Health and Safety Group

Policies/ Procedure		**Procedures and Other Written Control Documents** Note: where a group/sub Committee is marked with an * the arrangements are still subject to the agreement of the relevant Committee/sub Committee.	
Subject Area	**Approving Body**	**Sub-area where clearly defined**	**Approving Group/ Director**
Human Resources/Employment/ Workforce and Organisational Development Policies	Resource and Delivery Committee	All staff Medical and Dental Staff	Employment Policy Sub Group* Local Negotiating Committee*
Infection Prevention and Control	Quality, Safety and Experience Committee	Supporting procedures	Infection Prevention and Control Group
Information Governance	Strategy and Engagement Committee	Supporting procedures	Information Technology & Governance Sub Committee*
Information Management and Technology	Strategy and Engagement Committee	Supporting procedures	Information Technology & Governance Sub Committee**
Intellectual Property/Commercialisation	Strategy and Engagement Committee	Supporting procedures	Health System Management Board*
Major Incident Plan	Board	Implementation procedures – UHB/Site wide	 Health System Management Board*

Policies/ Procedure		**Procedures and Other Written Control Documents** Note: where a group/sub Committee is marked with an * the arrangements are still subject to the agreement of the relevant Committee/sub Committee.	
Subject Area	**Approving Body**	**Sub-area where clearly defined**	**Approving Group/ Director**
		Clinical Board/Directorate	Clinical Board Management Team*
Medicines Management	Quality, Safety and Experience Committee	Supporting procedures	Medicines Management Group
Mental Capacity related policies	Mental Health and Capacity Legislation Committee	Implementation Procedures	Health System Management Board
Mental Health Act related policies	Mental Health and Capacity Legislation Committee	Procedures relating to implementation of the Mental Health Act	Mental Health and Mental Capacity Legislation Committee or Mental Health Clinical Board Quality, Safety and Experience Sub Committee depending on scope
No Smoking Policy	Board	Supporting procedures	Health System Management Board*

Policies/ Procedure		**Procedures and Other Written Control Documents** Note: where a group/sub Committee is marked with an * the arrangements are still subject to the agreement of the relevant Committee/sub Committee.	
Subject Area	**Approving Body**	**Sub-area where clearly defined**	**Approving Group/ Director**
Nutrition and Catering	Quality, Safety and Experience Committee	Supporting procedures	Nutrition and Catering Steering Group
Operational Policies	UHB wide or multi-site impacting on more than one Clinical Board – Health System Management Board Single Clinical Board or Directorate – Clinical Board		
Patient and Public Information	Quality, Safety and Experience Committee	Supporting procedures	Health System Management Board
Patient Experience, Quality and Safety/Clinical Governance	Quality, Safety and Experience Committee	See specific category e.g. Infection Control	
Performance and Delivery	Resources and Delivery Committee	UHB wide/affecting more than one Clinical Board Clinical Board/Directorate specific	Health System Management Board Clinical Board or Directorate

Policies/ Procedure		**Procedures and Other Written Control Documents** Note: where a group/sub Committee is marked with an * the arrangements are still subject to the agreement of the relevant Committee/sub Committee.	
Subject Area	**Approving Body**	**Sub-area where clearly defined**	**Approving Group/ Director**
			Management Group
Personal Safety/Violence and Aggression	Health and Safety Committee	Personal Safety/Violence and Aggression/	Operational Health and Safety Group
Policies, Procedures and Other Written Control Documents Management Policy	Board	Written Control Documents Development and Approval Procedure	Health System Management Board
Public Engagement	Strategy and Engagement Committee	Supporting procedures	Health System Management Board*
Public Health including Interventions not Normally undertaken and Individual Funding Patient Requests	Quality, Safety and Experience Committee	Supporting procedures	Health System Management Board*
Quality and Safety/Patient Experience/Clinical Governance	Quality, Safety and Experience Committee	See specific category e.g. Infection Control	
Research and Development	Quality, Safety and Experience Committee	Supporting procedures	Research Governance Group
Risk Management	Audit Committee	Risk Assessment and Risk Registers Procedures	Audit Committee
Scheme of Delegation	Audit Committee	Minor Changes to Scheme of	Management

Policies/ Procedure		**Procedures and Other Written Control Documents** Note: where a group/sub Committee is marked with an * the arrangements are still subject to the agreement of the relevant Committee/sub Committee.	
Subject Area	**Approving Body**	**Sub-area where clearly defined**	**Approving Group/ Director**
		Delegation	Executive
Service Planning	Strategy and Engagement Committee	Supporting procedures	Health System Management Board
Standards of Behaviour	Board		
Standing Financial Instructions	Board		
Standing Orders	Board		
Violence and Aggression/Personal Safety	Health and Safety Committee	Violence and Aggression/Personal Safety	Operational Health and Safety Group
Workforce and Organisational Development/Employment/Human Resources Policies	Resources and Delivery Committee	All staff Medical and Dental Staff	Employment Policy Sub Group* Local Negotiating Committee*

Appendix 3

TEMPLATES FOR DOCUMENTS

The template is designed for use when developing policies, procedures and other written control documents. It may not be suitable for all documents but any deviation will be agreed with the Head of Corporate Risk and Governance. Documents should be formatted in line with Corporate Style as follows:

Electronic format	Development - Microsoft Word Publishing - PDF Read only (this will be arranged by the Head of Corporate Risk and Governance after the reference number has been added.
Document Style	Corporate Policy Template Corporate Procedure Template Employment Policy Template Employment Procedure Template
Audit trail	Record information regarding consultation during development.
Body text	Arial 12
Headings	Arial 12 (Lower Case)
Tables and charts	Arial (size as appropriate)
Flow charts	Use Standard Flow Chart symbols where possible
Use of bold	Headings only or to emphasise text
Alignment	Left Justified
Line spacing	Paragraphs – Single
Paragraph spacing	One line between paragraphs and section headings
Underlining	None
Contents page Contents page if >3 pages	As template Use judgement - help reader to find relevant information more easily
Staff Names	Use titles rather than names
Logo	Use UHB logo as incorporated in corporate template

Headers and footers	Arial 9
Margins	Top and bottom of page 2.54cm, sides 3.17cm
Document Title	To be included in the header on every page after first page
Page numbering	To be included in the header on every page after first page. It will include the page number and total number of pages (page x of x)
Bullets	• Use standard bullets only, as they do not always format across different systems
Abbreviations	State in full in first usage with abbreviation in brackets
Printing	A4 / double sided
Referencing	All reference material should be listed in full at the end of every document in Harvard style.
Glossary of terms	All documents need to be user friendly. They will be read by staff and members of the public. Therefore all necessary abbreviations, technical terms, jargon and specific wording must be clearly explained to the reader. Where possible always use plain English. Information to help with this is available on the Plain English Campaign web site.
Version Control	Reference Number will be provided by the Corporate Governance Department. Documents to state 'Draft' as watermark whilst in development together with version number of draft e.g. Draft 1.

APPENDIX 4

REFERENCES

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