

Procedure for the Control, Review, Approval and Dissemination of Clinical Policies, Procedures, Protocols, Guidelines and Standard Operational Procedures

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Name of approving Group Date	Quality and Patient Safety Group 11 September 2024
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Document Control Policy

VALIDITY – Procedures should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	May 2019	New document
1.01	Sept 2019	Split into two SOPs
<i>January 2022 – document changed to Trust-wide Procedure as requested by Director of Nursing</i>		
1.0	Jan 2022	Changed to a trust wide procedure for clinical policies, procedures, protocol, guidelines and SOPs therefore this is V1.0. Review of the process and addition of flowchart for approval pathways to align with the revised Document Control Policy. Added more detail regarding governance processes and roles and responsibilities. Approved at Quality and Patient Safety Group (27th January 2022).
1.1	Sept 2024	Full review. Minor amendments – updated to InPhase, job title changes. Approved at Quality and Patient Safety Group (11 September 2024).

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1. INTRODUCTION

Organisations have a duty to have appropriate procedural documents in place that comply with legislation and/or reflect best practice to enable staff to fulfil the requirements of their roles safely and appropriately.

The management and control of procedural documents is essential, not only to comply with corporate and clinical governance requirements, but as a key means of ensuring standardisation in the provision of safe care and a safe working environment across the organisation.

This trust wide procedure aligns with the trust's Document Control Policy (C-003) which sets out requirements that must be met for standards, format and approval, ratification and dissemination of all Humber Teaching NHS Foundation Trust policies.

In addition to policies, this procedure describes the process for control, review, approval and dissemination of all clinical documents including policies, procedures, guidelines, protocols, and local standard operating procedures (SOPs)

Documents may be relevant Trust-wide, within a directorate or division, or specific to a clinical network or local service/team. The principles of good governance should be employed across all areas.

All clinical documents will be managed through the policy module of InPhase which is managed by the policy management team via the policy management mailbox:

hnf-tr.policymanagement@nhs.net

2. SCOPE

This procedure relates to documents as described above.

This procedure outlines the roles and responsibilities of key individuals and the process for approval and management of clinical policies, procedures, guidelines, protocols and local standard operating procedures.

This guideline aligns with the divisional and corporate governance structures.

3. DUTIES AND RESPONSIBILITIES

Executive Directors

- Maintain the executive lead for clinical policies within their directorate
- Oversee the review and ratification process of clinical policies through the agreed approval pathways (Quality and Patient Safety Group followed by EMT)

Divisional Clinical Leads/Clinical Network Leads

- Oversee the quality governance of clinical documents as relevant to the division/network
- Ensure robust governance structures are in place to facilitate timely review and approval of local documents including local standard operating procedures.
- Ensure a process is in place within each clinical network to disseminate and review local SOPs.

Authors/reviewers of documents

- Ensure that all clinical documents adhere to the Trust standards for style and format as outlined in the Document Control Policy.

- Ensure the correct version of the document is updated and the correct template is used by obtaining the version-controlled copy from the policy management team prior to review.
- Make any changes in red text or via tracked changes
- Ensure the policy document has been through the appropriate consultation pathways and approval groups as outlined in appendix 1 noting that all new policies need ratification by the Trust Board before they can be published.
- Ensure local SOPs are approved through the relevant clinical networks as outlined in appendix 1
- Ensure that trust wide clinical procedures, protocols and guidelines are approved through the appropriate approval group as outlined in appendix 1.
- Ensure the policy management team is sent a copy of the approved Word version for upload to the intranet and managed through InPhase policy management module.

Clinical Policy Administrator

The Quality Governance and Patient Safety team will provide administrative support for clinical policy management who will:

- Manage all clinical documents through InPhase.
- Ensure each document is 'positioned' correctly on InPhase and assigned to the correct approval group/s so compliance reports can be run.
- Provide compliance dashboards from InPhase as requested by the approval groups.
- Will identify through InPhase any clinical documents that are due to expire in the next 6 months (automated emails will be issued at 6 month, 3 months and 1 month prior to expiry).
- Upon request from the author/reviewer will send the version-controlled word document to the relevant author for review.
- Maintain regular updates within InPhase and facilitate the author in ensuring they are approved via the appropriate pathways. (Appendix 1).
- Obtain the final draft of the approved clinical document, ensuring the document adheres to the Trust standards for style and format as outlined in the Document Control Policy.
- Ensure all policy documents are subject to version control, have a unique identification number and have been quality checked prior to upload making sure any links work, that the document control sheet is correct and that an EIA is completed (as required).
- Will upload all such documents to the intranet policy and procedure page in a timely manner.
- Review the content of the intranet Policies and Procedures page and associated pages six-monthly to ensure correct versions are available and documents meet the required standard.
- Apply 'under review' to any document on the intranet that has expired and is currently under review by the author having firstly confirmed it remains fit for purpose.
- Use the policy management mailbox for all email communications related to policy and procedural documents checking daily.
- Will send communication out via comms each month alerting staff to all changes in clinical policy documents.

Patient Safety and Practice Development Lead

- Will oversee the quality governance of clinical documents.
- Will escalate to the director of nursing or medical director via QPaS any on-going concerns or risks associated with clinical policies.
- Will escalate to the Chair of the approving sub-groups any concerns or risks associated with clinical procedures, protocols, guidelines and Trust-wide SOPs.
- Will escalate through the divisional governance structures any risks associated with local standard operating procedures.
- Will support and assist the policy administrator in ensuring document review, approval and upload occurs in a robust and timely manner.

4. PROCESS

- InPhase will be updated to reflect the current status and progress of documents.
- A review reminder will be sent to the author with clear timelines for completion six months prior to expiry, requesting the reviewer contact the Policy Management Team to receive the control version of the document.
- If authors are unable to meet deadlines this will be escalated via the policy management mailbox. If this presents a risk to compliance, then this will be escalated through the relevant approval pathway.
- A request will be made for the author to make amendments to the original document in red or to use tracked changes, so that changes can be easily identified.
- Regular notifications will be requested from the author.
- Significant amendments to a policy (or a new policy) will require approval at QPaS, followed by final approval at EMT and ratification by the Trust Board.
- Clinical policy minor amends – approval at QPaS.
- Following any final additional corrections or amendments and having been subject to quality checks, the policy will generally be uploaded onto the intranet within 1 week of receipt by the policy management team.
- Trust-wide clinical documents such as guidelines, protocols, SOPs or procedures do not require approval through QPaS (unless specially requested by the chair). These documents can be approved through the QPaS sub-groups as outlined in appendix 1. These documents will generally be uploaded onto the intranet within 1 week of receipt by the policy management team.
- The clinical policy administrator will support the divisions with the governance of local SOPs and guidelines. These documents will be approved at the clinical network groups, finally approved by the divisional governance group and sent to the policy management inbox. These documents will generally be uploaded onto the intranet within two weeks of receipt by the policy management team.

APPENDIX 1 – APPROVAL PATHWAYS FOR CLINICAL DOCUMENTS

