

## 1 Introduction and Scope

- 1.1 This process is to be used to guide the development, consultation and approval of Category 'C' documents within the Intensive Care, Theatres, Anaesthetics, Pain and Sleep (ITAPS) Clinical Management Group (CMG) and applies to all staff involved in this process.
- 1.2 This process should be read in conjunction with the University Hospitals of Leicester (UHL) NHS Trust Policy for Developing and Approving Policies and Guidance Documents (Policy for Policies) available on INsite Documents (Trust Reference B16/2004)
- 1.3 A Category 'C' document can be a policy, procedure, guideline, process and SOP and it is so categorised because its content and purpose applies solely to a service provided by one section within UHL.

## 2. Definitions

- 2.1 The different categories of policy and guidance (P&G) documents are defined in the **Policy for Policies** as:

Category A – **Trust-wide P&G Documents** (statutory documents requiring Trust Board approval)

Category B – **Trust-wide or cross-CMG P&G documents** (used by more than one CMG)

Category C – **Local P&G Documents approved by relevant committee / board**  
Defined as those P&Gs that affect local activities / practice only and are undertaken by staff within single defined areas will require approval by the relevant CMG/Service Group.

Category E – **External P&Gs – UHL Ratification and Adoption Process** (A&B policies externally developed)

## 3. Process Statements

- 3.1 All new ITAPS CMG Category 'C' documents will be approved by the ITAPS Quality & Safety Board and it must be clear in the minutes of the meeting whether the document has been approved, approved subject to amendments or requires further work.
- 3.2 As a minimum members of this group will include Head of Service, Head of Nursing and the Quality and Safety Lead.
- 3.3 Within the CMG, the Quality Lead will review all Category C policies prior to submission to the Quality & Safety Board for approval.
- 3.4 All ITAPS CMG Category C documents must be formatted using the UHL templates attached as appendices to the Policy for Policies.
- 3.5 To aid the approval process all Category C documents submitted for approval to the ITAPS Quality & Safety Board must be accompanied by the consultation proforma, Equality Impact Initial Assessment and Admin Proforma completed by the Author(s) (Appendices three to five of the Policy for Policies)

3.6 Once approved a copy of this proforma must be sent to Trust Administration for allocation of a Trust reference number and notification submitted to the UHL Policy and Guideline Committee

3.7 After a Trust reference number has been allocated it is the responsibility of the Clinical Effectiveness Project Support Officer (CEPSO) to upload the document onto the Policy & Guideline Library using appropriate key wording and links to other documents as necessary.

#### **4. ITAPS CMG process for developing and approving new Category 'C' documents.**

This section describes the CMG process for developing and approving new Category C documents and must include details on:

##### 4.1 Assessment of Need

- a) The need for a Category C document that supports practices within a one or more Service(s) may be identified through Service or CMG Governance or Quality & Safety groups (and may be in response to audit, clinical incident, patient feedback, national guidance, etc)
- b) The group/service that identifies the need for a Category C document will decide upon the appropriate author / lead officer for the subject
- c) In order to support the process, depending on the topic, it may be appropriate to enlist others as authors in order to benefit from their specific knowledge and expertise.

##### 4.2 Role of Author / Lead Officer

- a) The author / Lead Officer will take overall responsibility for the development, consultation, and approval of their guidance documents and agree on a timescale.
- b) The author(s) and/or lead officer will circulate the document to all appropriate staff for consultation which will be as a minimum key people selected by the author(s) / lead officer because of their likely professional working interest in the approved document.
- c) The author / lead officer is responsible for reviewing comments made and agreeing on any amendments or alterations required.
- d) The Author(s) and/or Lead Officer will decide on an appropriate review date for the document following approval.

##### 4.3 Approval

- a) The author(s) and/or lead officer will submit the final draft document, to the Head of Service / Clinical Lead for agreement or advice given on amendments required. This will be then be discussed at the unit meetings in all 3 sites for P&Gs with general anaesthetic implications or core group meetings as agreed by Quality lead.
- b) If agreed by above the final draft document and minutes from meeting will be submitted, by the agreed date, to the Chair of the ITAPS Quality & Safety Board to be tabled on the agenda of the next meeting for review and approval as appropriate.
- c) The final draft of the document must be accompanied by the completed consultation proformas.
- d) Once approved a copy of the policy must be sent to Trust Administration Office, along with evidence of approval, for allocation of a Trust reference number and notification submitted to the UHL Policy and Guideline Committee

##### 4.4 Dissemination and Implementation

- a) The CEPSO will arrange for the document to be uploaded onto INsite P&G library using appropriate key wording and links to other documents as necessary

- b) The Clinical Effectiveness Lead / CEPSCO will maintain a database of Category C Documents, including approval date and review date
- c) The author(s) and / or lead officer with support from members of ITAPS Quality & Safety Board will disseminate information regarding the new document via email.

**5 ITAPS CMG process for reviewing and approving existing Category ‘C’ documents.**

**5.1 Recall**

The Clinical Effectiveness Lead /P&G facilitators will inform the author / Head of Service of when a policy/guideline is due for review, giving three months notice

Additionally, any Category ‘C’ document can be recalled by the author(s) and / or lead officer or agreed CMG if there is need for the document to be reviewed because of a change in practice.

**5.2 Review, Approval and Dissemination**

The author(s) and / or lead officer will review the document and update as per the latest evidence base.

The author(s) and / or lead officer will circulate the document to all appropriate staff for consultation which will be as a minimum key people selected by the author(s) and / or lead officer because of their likely professional working interest in the approved document.

The author / lead officer is responsible for reviewing comments made and agreeing on any amendments or alterations required.

The approval and dissemination process for reviewed documents is the same as that for new documents as detailed in sections 4.3 and 4.4 above with the exception of core groups ( ITU and Pain). These P&Gs will be ratified at the core group meeting .Once approved a copy of the policy must be sent to Trust Administration Office, along with evidence of approval i.e. minutes of meeting.

**6 Extraordinary Approval**

If extraordinary approval is required (e.g. urgent approval) the Clinical Director and Head of Nursing has the capacity to approve any Category ‘C’ documents

**7 References**

UHL Policy for Developing and Approving Policies and Guidance Documents (Policy for Policies) (Trust Reference B16/2004)

**8 Keywords**

Category C documents, Policies, Procedures, Guidelines, Processes

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
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REVIEW RECORD			
Date	Issue	Reviewed By	Description Of Changes (If Any)

	<b>Number</b>		
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**PROCEDURE FOR APPROVING AND REVIEWING ITAPS CATEGORY 'C'  
POLICIES/GUIDELINES**

