Process for Developing and Approving Category C & D Documents within the Women's and Children's Clinical Management Group

University Hospitals of Leicester NHS Trust

Trust ref: C33/2011

Contents

1 Introduction and Scope

This process is to be used to guide the development, consultation and approval of Category 'C' and D documents within the Women's and Children's Clinical Management Group (W&C CMG) and applies to all staff involved in this process.

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 SharePoint.

Related documents:

Policies and Guidelines (Policy for Policies) UHL Policy UHL ref: B16/2004

Definitions:

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**)**

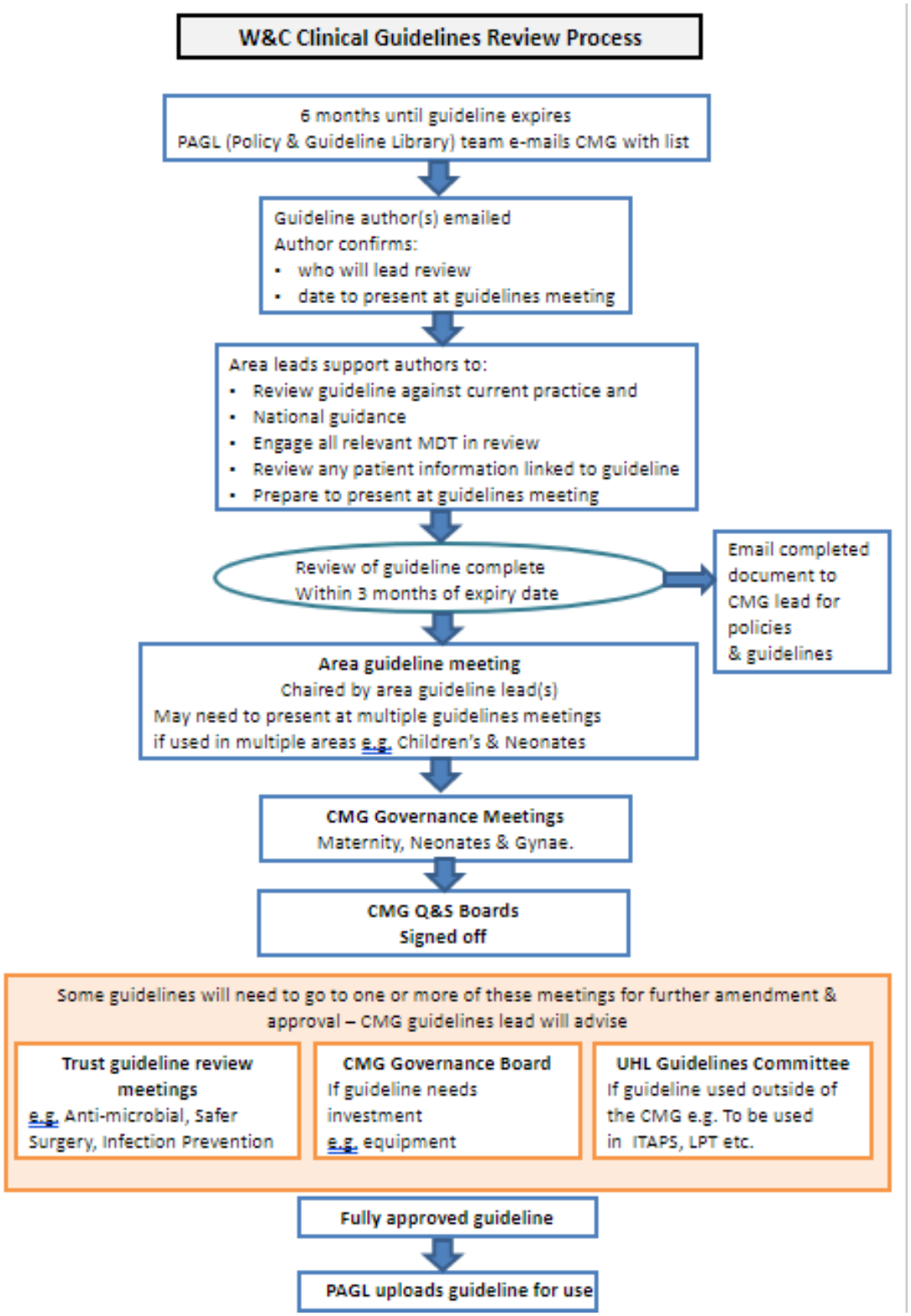
Category B - Trust-wide or cross-Division P&G documents (used by more than one Division)

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 Divisional / CMG Group.

Category D - Local P&G Documents approved by relevant committee / board Defined as: those P&Gs that affect specific joint CMG local activities / practice only and are undertaken by staff within Children's Hospital & Children's ED. Category D documents will require approval by the relevant Divisional / CMG Group.

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

W & C Clinical guidelines review process flowchart



2. Process Statements

2.1 Approval bodies:

All new maternity documents and all that have undergone some change will be approved by the Maternity Service Governance Group.

All new neonatal documents and all that have undergone some change will be approved by the Neonatal Governance Group.

All new gynaecology documents that have undergone some change will be approved by the Gynaecology Governance Group.

All new children's documents and all that have undergone some change will be approved by the children's Clinical Practice Groups (CPG) of which there are six:

- The Paediatric Medical and Surgical CPG
- The Paediatric Intensive care CPG
- The paediatric Cardiology CPG
- The CoMET transport team CPG
- The joint paediatric medical, surgical and emergency department CPG
- East Midlands Congenital Heart Network

Oversight of the paediatric groups and the guidelines approved will be maintained by the Children's Quality, safety and Governance Board.

It must be clear in the minutes of these meetings whether the document has been approved, approved subject to amendments or requires further work.

Any policy or guideline that has the potential to impact CMG resources must be approved by the CMG quality & safety board.

2.2 Terms of reference for approval bodies

As a minimum, members of the Maternity Service Governance Group will include Head of Service, Head of Midwifery and representation from the Clinical Risk and Quality Team.

As a minimum, members of the Neonatal Service Governance Group will include Head of Service and Matron for Neonatology.

As a minimum, members of the Gynaecology Service Governance Group will include Head of Service and Matron for Gynaecology.

As a minimum, the Paediatric CPG's will include a quorum of at least two medical representatives of consultant level , one nursing representative at matron level (band 7 or above in PICU & CoMET clinical practice groups).

Appropriate expert consultation must be sought throughout the review process

2.3 Format & administration requirements

All CMG category C & D documents must be formatted using the UHL templates attached as appendices to the Policy for Policies.

To aid the approval process all Category C& D documents submitted for approval to the relevant Service Governance Group must be accompanied by the consultation proforma,(appendix 1) completed by the Author(s) or guidelines lead.

Once approved, a copy of any new guidelines must be sent to Trust Administration for allocation of a Trust reference number and notification submitted to the UHL Policy and Guideline Committee.

After a Trust reference number has been allocated it is the responsibility of the person delegated by the person designated by the Policy and Guidelines Committee to upload the document onto INsite via SharePoint using appropriate key wording and links to other documents as necessary.

3. Women's and children's CMG process for developing and approving NEW category 'C & D' documents.

This section describes the Women's and Children's CMG process for developing and approving new category C & D documents and must include details on:

3.1 Assessment of Need

a) Requirement of a new policy or guideline may arise as a result of incidents, complaints and litigation, new evidence, new or updated national guidance or may be requested by clinicians.
b) If a new guideline is required, the guidelines group for the relevant area commissions the policy / guideline and decides upon appropriate development group members for the subject in question.
c) In order to support the process, depending on the topic, it may be necessary to enlist others to the development group as appropriate in order to benefit from their specific knowledge and expertise. This will be done with mutual agreement of the panel and from the enlistee/s.

3.2 Role of Author / Lead Officer

a) The lead author will be determined by the guideline lead for the relevant speciality.
b) A timescale with the author(s) and / or lead officer at this stage for when the document must be ready for approval will be agreed between the lead officer and the author.
c) Additionally, it may be appropriate to enlist others as authors in order to benefit from their specific knowledge and expertise. This will be done with mutual agreement of the guidelines group and from the enlistee/s.
d) The author(s) will circulate the document to all appropriate staff for consultation which will be as a minimum key people selected by the author(s) because of their likely professional working interest in the approved document.

e) The author(s) and or / lead officer is responsible for reviewing comments made and agreeing on any amendments or alterations required.
f) The Author(s) and / or Lead Officer will decide on an appropriate review date for the document following approval if a review after 2 years is not appropriate.

3.3 Approval

a) The author(s) will email the final draft document, by the agreed date, to the Chair of the relevant Service Governance Group to be tabled on the agenda of the next meeting for review and approval as appropriate.
b) The final draft of the document must be accompanied by the completed consultation proformas.
c) Once approved the new document and a copy of the proforma must be sent to Trust Administration for allocation of a Trust reference number and notification submitted to the UHL Policy and Guideline Committee

4. Women's and children's CMG process for reviewing and approving EXISTING category 'C & D' documents.

4.1 Indications for review

All existing documents have a three year review date unless a different review date has been agreed. Existing Category 'C' & D documents will be returned to the lead officer by the SharePoint administrator 6 months before they reach their review date. Category C or D documents may require review because of:

- New external / national guidance, evidence or recommendations
- Recommendations from an action plan from a SUI
- Following expert review and the document is deemed no longer fit for purpose

4.2 Process

Role of Author / Lead Officer

a) The lead author will be determined by the guideline lead for the relevant speciality.
b) A timescale with the author(s) and / or lead officer at this stage for when the document must be ready for approval will be agreed between the lead officer and the author.
c) Additionally, it may be appropriate to enlist others as authors in order to benefit from their specific knowledge and expertise.
d) The author(s) will review the document and update as per the latest evidence base.
e) The author(s) will circulate the document to all appropriate staff & stakeholders for consultation which will be as a minimum key people selected by the author(s) because of their likely professional working interest in the approved document.

f) The author(s) and or / lead officer is responsible for reviewing comments made and agreeing on any amendments or alterations required.
g) The author(s) and / or Lead Officer will decide on an appropriate review date for the document following approval if a review after 3 years is not appropriate.

Approval

a) The author(s) will email the final draft document, by the agreed date, to the Chair of the relevant Service Governance Group to be tabled on the agenda of the next meeting for review and approval as appropriate.
b) The final draft of the document must be accompanied by the completed consultation proformas.
c) Once approved the new document and a copy of the proforma must be sent to Trust Administration for allocation of a Trust reference number and notification submitted to the UHL Policy and Guideline Committee

5. Dissemination and Implementation

a) The document will be returned to the CMG with a Trust reference number, it is the responsibility of person designated by the Policy and Guidelines Committee to upload the document onto INsite via SharePoint using appropriate key wording and links to other documents as necessary.
b) The author(s) and / or lead officer with support from members of the relevant Service Governance Group will disseminate information regarding the new document via email.

6. Extraordinary approval

If extraordinary approval is required (e.g. urgent approval) the Head of Service and the Head of Midwifery / Children's Nursing / Matron has the authority to approve any category 'C' or D documents until final ratification by the next relevant governance group meeting.

7. Delayed Reviews and Extending the Review Period

Any Category C or D P&Gs not reviewed within the timeframe must be referred to the relevant Governance Group with:

- rationale for delay
- anticipated timescales for completion
- any associated risks.

The relevant Governance Group will then assess whether the document continues to be fit for purpose and complies with current national/statutory requirements and

consider if the review period can be extended or the P&G needs to be removed from circulation

8. Education

None

9. Monitoring criteria

None

10. References

Policies and Guidelines (Policy for Policies) UHL Policy UHL ref: B16/2004

11. Keywords

Category C/D documents, Policies, Procedures, Guidelines, Processes

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The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details	
Original author: L Matthews - Clinical risk & quality standards midwife **Guideline Lead (Name and Title)** L Taylor – Clinical risk & quality standards midwife	**Executive Lead** **Chief Nurse**
Details of Changes made during review: September 2022 Added process flow chart Added reference to category D guidelines throughout Clarified the review process for both new and existing policies and guidelines Added submission pro forma to appendix	

Appendix 1: Guideline Development Proforma:

WOMEN'S & CHILDREN'S CLINICAL MANAGEMENT GROUP

Name of Document:					
What is the Category of the document (Delete as applicable)	**A**	**B**	**C**	**D**	**E**
State CMG:	Women's and Children's				
Who is the Lead Author:					
Is the document New or Revised:					
Is the Document in CMG / Trust Format * - Yes or No					
***** **Trust Format Description checklist, does it include the following:** (Yes or No)					
Scope					
Education & Training					
Monitoring criteria					
References					
Keywords					
Review record					
Approved Footer must include: (Yes or No)					

Title & version		Trust Reference Number	
Last Review Date		SharePoint Statement (The definitive version is held on INsite in the Policies and Guidelines Library)	
Next review date		Approval Detail	

Publication on the Trust's external website	
Will publishing this guidance document on the Trust's external website enable a person to harm themselves or others? If YES please explain.	**Yes/No*** (delete as appropriate)

Is there guidance from NICE or any other relevant national organisation on this topic? - Yes or No:		
If 'Yes', does this Guideline comply with it? - Yes or No:		
If 'No', state why not and which Group this was reported to:		
Does this guideline contain antimicrobial advice? – Yes or No:		AWP comments AWP approval date:
Does this guideline contain medication advice? – Yes or No:		Has this been D/W Pharmacist – **Yes or No:** Does this requires E-Meds amendments – **Yes or No:**

Will this guideline be used across CMG's? – Yes or No:		If Yes, please use PGC proforma. Available on INsite UHL Policy & Guidelines B16/2004 (appendix 4) or contact guidelines lead for a copy.
Name who is on your Consultation List for this topic, any relevant comments and subsequent actions:		
Are there any financial implications and if so outline the implications and actions:		