



**AGENDA ITEM**

2.1.4

**QUALITY & SAFETY COMMITTEE**

**CLINICAL POLICIES UPDATE**

**Date of meeting**

09/08/2021

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

Tanya Tye Professional Practice & Quality Assurance Nurse

**Presented by**

Dom Hurford, Interim Deputy Medical Director / Assistant Medical Director QS&CE

**Approving Executive Sponsor**

Executive Medical Director

**Report purpose**

ENDORSE FOR COMMITTEE APPROVAL

**Engagement (internal/external) undertaken to date (including receipt/consideration at Approval Group/group)**

**Approval**

**Group/Group/Individuals**

**Date**

**Outcome**

**ACRONYMS**

SOPs

Standard Operating Procedures

ILG

Integrated Locality Group

CTMUHB

Cwm Taf Morgannwg University Health Board

## **1. SITUATION/BACKGROUND**

- 1.1 The Clinical Policies Approval Group came into being in October 2019, since this time the Approval Group have endorsed approval of Clinical Policies and approved Guidelines & SOPs relevant to the whole of CTMUHB, any ILG specific documents are approved at ILG level.
- 1.2 The Approval Group has plans to revisit the terms of reference which were developed in 2019 to ensure they reflect the role of the Approval Group.
- 1.3 Development of a flow chart to assist colleagues in identifying where their Clinical Policies/ Guidelines/ SOP's go for approval for use within the UHB
- 1.4 To continue to work through SharePoint database with leads to ensure they reflect documents being used within CTMUHB.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 The objectives of the Clinical Policies Approval Group is to:
  - To have a central system for uploading/ archiving documents from SharePoint to ensure central control and access to archived documents if there is a complaint/ concern
  - Limit those uploading/ archiving from SharePoint to ensure governance with version control and archiving.
  - Administrative support specific to Clinical Policies to liaise with authors of review dates/ upload/ remove from SharePoint-and provide secretariat support to the Approval Group.
  - Clinical Policies Approval Group will be updating the terms of reference and creating a flow chart to ensure staff know where documents go for approval.
- 2.2 Approval by the Committee of the Clinical Policies submitted and endorsed for approval by the Clinical Policies Approval Group in Appendix 1.

## **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/APPROVAL GROUP**

- 3.1 Currently there is no Chair identified as awaiting interim AMD for Quality to be announced.
- 3.2 Currently no dedicated Clinical Policy support administrator.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability Applies to all Health and Care Standards.
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below EQIA Assessments are required on all Policy documents.
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	There is no direct impact on resources as a result of the activity outlined in this report.
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

#### 5. RECOMMENDATION

- 5.1 The Committee are asked to **APPROVE** the Clinical Policies endorsed by the Clinical Policies Approval Group.

#### 6. Appendices

**6.1** Clinical Policies Outcome log for documents submitted since October 2019