AGENDA ITEM NO:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST BOARD OF DIRECTORS THURSDAY 28 FEBRUARY 2013

Title:	APPROVAL OF POLICY
Presented by:	David Burbridge, Director of Corporate Affairs
Contact:	Berit Reglar, Senior Manager Corporate Affairs, Ext 14324

Purpose:	To seek the Board of Directors' approval of the changes to the Policy for the Development of Controlled Documents.
Confidentiality Level & Reason:	None
Annual Plan Ref:	None
Key Issues Summary:	
Summary.	
Recommendations:	The Board of Directors is asked to consider and if thought fit, approve the amendments to the Policy for the Development of Controlled Documents.
Signed:	Date: 18/02/2013

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST BOARD OF DIRECTORS

THURSDAY 28 FEBRUARY 2013 APPROVAL OF POLICY

PRESENTED BY THE DIRECTOR OF CORPORATE AFFAIRS

1. Summary of changes

- 1.1 The Controlled Document Policy has been previously approved by the Board of Directors and passed the NHSLA level 1 assessment in February 2012. However, with the formation of the Clinical Standards Group (chaired by the Associate Medical Director for Clinical Standards and Compliance) the approval process for Clinical Guidelines has changed.
- 1.2 Clinical Guidelines are defined as controlled documents containing recommendations on the appropriate treatment and care of patients with specific diseases and conditions and include, but are not limited to NICE guidelines, bedside guidelines and documents formerly known as West Mercia guidelines. Clinical Guidelines are now to be registered with the Clinical Governance Team and their revision and approval is to be channelled through the Clinical Standards Group.
- 1.3 The new Controlled Document Policy further includes a section on Standard Operating Procedures to allow departments to keep their own internal documents (e.g. handover documents, detailed instruction manuals) in the departmental common folder for reference purposes and possible inspection by the NHSLA assessor. Approval for such documents can be obtained from the Head of Department/Team Leader. Standard Operating Procedures are under no circumstances to be published on the intranet or internet so as to avoid confusion about their remit.
- 1.4 For completeness the amended Controlled Document Policy makes reference to department specific document registers which undergo regular quality assurance checks such as Q-Pulse used in Radiation, RRPPS, Nuclear Medicine, Immunology and Pathology.

2. Recommendations

The Board of Directors is asked to consider, and if thought fit, approve the amendments to the Safety Policy

David Burbridge

Director of Corporate Affairs