

STANDARD OPERATING PROCEDURES

Standard Operating Procedure(SOP) - Management of NIMTN SOP's/CPG's

Change Control:

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1. ABBREVIATIONS

1.1 For the purpose of this procedure the following abbreviations have been used throughout the document.

AHP – Allied Health Professions

CAG – Clinical Advisory Group

CPG – Clinical Practice Guideline

MTN – Northern Ireland Major Trauma Network

NIAS - Northern Ireland Ambulance Service

SOP - Standard Operating Procedure

2. STATEMENT

2.1 The MTN is committed towards ensuring the highest standards of governance to support the safest and well governed service to ensure that patients care and response is optimised to improve the patient journey and ultimately outcome.

3. RESPONSIBILITIES

3.1 The **Trauma Network Manager** will:

3.1.1 Ensure the implementation and document control of all SOP's/CPG's.

3.1.2 Delegate this duty to the designated Lead where absent.

3.1.3 Delegate approval of all CPG to relevant committees - NIMTN Board/
CAG/Nursing AHP Group/ +++++

3.1.4 Ensure that the effectiveness of CPG/SOP's are monitored and maintained ensuring lessons learnt and any changes in policy or procedures are captured through agreed governance processes in place.

3.2 The **Trauma Network Manager in partnership with NIMTN members** will:

3.2.1 Ensure that all SOP's/CPG's are developed and maintained.

3.2.2 Ensure that risk assessments are undertaken, where required, prior to development of SOP's/CPG's.

3.2.3 Ensure the implementation and monitoring of this procedure and all SOP's/CPG's.

3.2.4 Ensure that all SOP's/CPG's. are communicated, accessible through an agreed web platform and document controls are in place.

3.2.5 Monitor the effectiveness and implementation of this procedure and all SOP's/CPG's.

4.0 Approval of SOP'S and CPG's

4.1 All SOP's/CPG's final approval must be by the lead committee and once agreed pdf'd and made available on the MTN website.

4.2 The following information is required for approval:

4.2.1 Document Title

4.2.2 The date approved

4.2.3 The name that the document has been approved by

4.2.4 The implementation date

4.2.5 Review date

4.2.6 Identification of the lead

4.2.7 Version of document

4.2.8 Change History

5.0 DOCUMENT CONTROL

5.1 All CPG/SOP will detail the following detail:

Title:			
Author(s):			
Directorate:			
Version:		Approved By:	
Operational Date:		Review Date:	

Version Control:			
Date:	Section:	Amended by:	Description of Change:

6.0 MONITORING

6.1 The Trauma Network Manager in partnership with the Clinical Lead and CAG, will monitor the effectiveness of this procedure and other operational procedures by:

6.1.1 Reviewing incident report forms

6.1.2 Reviewing any concerns or complaints

6.1.3 Ensure a minimum of a two yearly review for each CPG/SOP ensuring the completion of administration and review

6.1.4 Audit as required against standards

7.0 REVIEW

7.1 This procedure will be reviewed on the review dated stated for this SOP.

7.2 A review may also be undertaken for any agreed SOP/CPG's as required and agreed for compliance and governance requirements.