



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Introducing New Clinical Procedures or Practices

This procedural document supersedes: CORP/RISK 3 v.8 – Introducing New Clinical Procedures or Practices



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Next review date:	January 2029 (Policy valid until June 2029)
Target audience:	Trust-wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 9	June 2026	<ul style="list-style-type: none"> Minor changes to Governance structure updated and titles. Patient Safety Committee to Patient Safety Review Group (PSRG). Patient Assurance Group (PSAG) oversees the activity of PSRG via a bi-monthly report. 	Marie Hardacre
Version 8	January 2023	<ul style="list-style-type: none"> PSRG (Patient Safety Review Group) changed to PSC (Patient Safety Committee). Care Group changed to Specialty. Medical Director changed to Executive Medical Director. Director of Nursing and Midwifery changed to Chief Nurse. 	Juan Ballesteros Marie Hardacre
Version 7	11 December 2017	<ul style="list-style-type: none"> DBTH Trust log inserted and name throughout. Business support group (BSG) changed to Corporate Investment Group (CIG). Training section adjusted to reflect all clinical staff groups. 	Ray Cuschieri Lisette Caygill
Version 6	11 February 2015	<ul style="list-style-type: none"> Care Groups reflected throughout. Responsibility of PSRG to maintain a register of new procedures and to include in annual PSRG report. Equality Impact Assessment section and form included. 	Deputy Medical Director and Head of Risk and Legal Services
Version 5	10 April 2014	<ul style="list-style-type: none"> Minor changes to job titles. Short review date given in light of proposed changes to the CSUs structure. 	Deputy Director of Nursing, Midwifery and Quality
Version 4	June 2011	<ul style="list-style-type: none"> Title change. Amend so applies to all 'clinicians', doctors, nurses, midwives and allied health professionals. 	Deputy Medical Director Deputy Director of Nursing
Version 3	December 2008	<ul style="list-style-type: none"> New divisional structures and reporting mechanisms updated in line with organisational changes. 	Medical Director and Risk Manager

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1 INTRODUCTION

The Trust is keen to support appropriate innovation and the introduction of developments, in terms of medical technology and procedures. However, it is important that the introduction of such procedures is carried out in a recognised way and subject to monitoring in order to minimise clinical risk, from the patient's, practitioner's and Trust's point of view. This may also apply to procedures already done in the Trust, but where a different group of clinicians is going to undertake them e.g. nurses doing endoscopies, radiographers doing x-ray interpretation.

For the purpose of this paper, the term clinician relates to all registered Health Professions including Medicine, Nursing, Midwifery, all Allied Health Professions and Scientists.

2 PURPOSE

The following outline protocol is suggested:

- Any health professional that wishes to introduce any new procedure, which goes beyond minor incremental changes or developments to their clinical practice, should raise it within their specialty initially. This should be raised for discussion within the relevant Specialty at their Clinical Governance meetings.
- Once agreed locally, it will be necessary to apply in writing to the Chief Medical Officer (as the Clinical Governance Lead for the Trust) and the application must be submitted on the pro-forma attached at **Appendix 1**. Once the application is received, they may seek appropriate professional advice about the advisability of such a change in practice. The application will also be forwarded to the Chief People Officer and the Chief Nurse for their consideration and advice.

The CMO will wish to be assured that appropriate basic training has been undertaken prior to carrying out any new procedures in the Trust. The professional's competency for such new work would also need to be verified before the Executive Medical Director considered the request.

- Agreement to the introduction of a new technique would then be formally sought from the Patient Safety Review Group (PSRG). The clinician applying to introduce the new procedure will be invited to present their application to the group and provide evidence as appropriate in advance in support of their application. The applicant will need to assure the PSRG, as a minimum, the following:
 - They are technically competent to carry out the procedure.
 - The new procedure is evidence based.
 - The training implications for other professions have been considered and accounted for e.g. nursing staff, theatre staff etc.
 - The provision of training for the introduction of new equipment.
 - The introduction of appropriate written 'Patient Information', which must cover the risk and benefits of the procedure.
 - Training programmes for junior staff in the consenting of patients for the new procedure

- The outline plans for audit and review of practice by an MDT.
- In the case where a new group or clinician is going to undertake an established procedure, appropriate on-going supervision must be provided.
- Arrangements would be made to ensure that a review would be undertaken after a specified number of procedures had been performed.
- In the case of a professional who has been newly appointed to the Trust, the appropriate Specialty would require a list of any new procedures/skills the professional would be bringing to the Trust and evidence of competency for this work. The Division would then inform the CMO for the same checking process to apply as above.
- New procedures approved by PSRG will be entered on a central register by the PSRG administrator and included in the PSRG update report bi- monthly to Patient Safety Assurance Group (PSAG).

Colleagues are asked to liaise with the CMO at an early stage in considering the introduction of such procedures.

The foregoing is clearly in addition to any procedures required on the basis of ethical research approval, indemnification for alleged negligence as well as financial implications following the introduction of new procedures. A business case may have to be taken to the Clinical Investment Group (CIG) if the proposal has any increase or decrease in resources needed.

3 DUTIES AND RESPONSIBILITIES

Refer to Item 2 Purpose which outlines Roles and Responsibilities.

4 LEARNING/SUPPORT

Learning requirements for colleagues will be determined by their role and the competencies required to work safely and effectively. These requirements include national, local and role-specific mandatory learning and are set in line with Trust and professional standards.

Role-specific learning will be defined by the relevant subject matter expert or topic lead and coordinated through the Trust's agreed governance arrangements.

All mandatory and role-specific learning requirements, completion status and competency records will be held in the colleague's personal Electronic Staff Record (ESR).

For further guidance, please see: **CORP/EMP 66 – Mandatory Learning Policy and DBTH Mandatory Learning Framework**

5 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The Patient Safety Review Group (PSRG) will review the Annual register in April of each year and ensure each new procedure has been reviewed as detailed in **Appendix 1**.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
All new procedures have been through Patient Safety Review Group (PSRG)	Patient Safety Review Group (PSRG)	Monthly	Patient Safety Review Group (PSRG)
Correct approval of Clinical Practice	Head of Clinical Audit Associate Medical Director		Patient Safety Review Group (PSRG)
People are technically competent to carry out the procedure	Health Professional introducing Procedure		Patient Safety Review Group (PSRG)
The introduction of appropriate written Patient Information which must cover the risk and benefits of the procedure.	Patient Information Group		Patient Safety Review Group (PSRG)

6 DEFINITIONS

PSAG - Patient Safety Assurance Group

PSRG - Patient Safety Review Group

7 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2).

8 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 27 - Equality Analysis Policy

9 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

APPENDIX 1 – PROTOCOL FOR INTRODUCING NEW CLINICAL PROCEDURES OR PRACTICES

Clinician Name Clinical Grade Details of New Procedure (Continue on separate sheet if required) Date approved by Divisional Clinical Governance Group		
Verification of Competence (to undertake procedure)		
Details of Training or Qualifications attained Please attach details of training courses, copies of certificates of achievement in support of verification of competency		
Evidence Based Practice		
Please state briefly details of evidence-based practice/research in support of this application (e.g. NICE guidelines) (please attach additional documents as required)		
Training implications		
Have the training requirements for all staff groups supporting the introduction of the procedure been considered and where necessary training has / will be undertaken (please attach details of training where appropriate)		
	Training required	Lead Manager
Nursing colleagues	Yes / No	
Midwifery colleagues	Yes / No	
Allied Health Professionals	Yes / No	
Medical colleagues	Yes / No	

Medical Equipment

Please give details of any equipment for which the user will need training to ensure that they are competent to use it, which may be utilised as part of the new procedure outlined above.

(Please attach additional information as required)

Equipment Name	Training required	Staff Group	Training package developed	Lead Person for training
	Yes / No		Yes / No	
	Yes / No		Yes / No	
	Yes / No		Yes / No	
	Yes / No		Yes / No	

Consent and Patient Information

Details of training packages and verification of all grades of clinical staff authorised to take consent

(Please attach additional information as required)

Grades of Staff authorised to take consent	Training package (please attach)	Lead Trainer
	Yes / No	
	Yes / No	
	Yes / No	

Attach a draft of the information, which will be provided to patients, this must include the risk and benefits of the procedure. **Attached Yes/No**

Audit and Review

Please provide details of any Audits the procedure will be subject to either as a "one-off" Audit or an annual process

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The following process of review would be undertaken after (insert number) of the procedures have been performed, or within 12 months of introduction and presented to Patient Safety Committee.

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Applicants Signature

Applicants Signature Date

For Patient Safety Review Group Use Only

Date presented to PSRG Approved Yes / No

Details of any further action required by applicant
.....
.....

Date entered on database

Signed on behalf of Patient Safety Review Group

Signed

Print Name

Designation

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/RISK 3 v.8 – Introducing New Clinical Procedures or Practices	Chief Medical Officer	Marie Hardacre	Existing Policy	26 January 2026
1) Who is responsible for this policy? Name of Division/Directorate:				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes?				
3) Are there any associated objectives? Legislation, targets national expectation, standards:				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy, and religion/belief? Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – N/A 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] No				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (P) outcome box				
Outcome 1ü	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.				
Date for next review:		January 2029 (Policy valid until June 2029)		
Checked by:		Youssef Sorour	Date:	8 June 2026