PORTSMOUTH

HealthCare
NHS
TRUST

TRUST CORPORATE POLICIES

GUIDANCE FOR STAFF

Revised August 2000

PORTSMOUTH HEALTHCARE NHS TRUST

CORPORATE POLICY

TRUST POLICIES

1. INTRODUCTION

This document sets out the arrangements for the management and development of Trust policies. In order to keep the process as simple as possible, the following principles have been adopted

- integration with the Trust's normal management and Clinical Governance arrangements
- communication with staff to ensure understanding of the reasons for policy development

- availability of policies to all staff who need them
- regular review and audit to ensure compliance.

2. FRAMEWORK

Trust Boards are fully accountable for the delivery of services and work within both a legal framework and contracts agreed with their Purchasers. Within this, they develop their own direction, values, service strategies and business plans. Corporate policies reflect and underpin these initiatives and facilitate development and change, whilst ensuring that the interests of the public and staff are safeguarded.

Policies are designed to cover key issues relating to the spectrum of the Trust's business. They may be:
- **corporate**, applying to all parts of the Trust.
- **care group**, i.e. specific to a particular service or client group
- **local**, i.e. specific to a particular location. In most instances local guidance will be in the form of procedures/protocols rather than policies

A diagram illustrating the different types of policy and the policy framework is included in the attachment to this policy.

3. DEFINITIONS AND SCOPE

3.1 Policies set out what staff are expected to do, usually in situations where there is an element of risk. They provide protection for individuals, both patients and staff, as well as for the organisation as a whole. **While policies are statements about what must be done, procedures are essentially about how to do it.** One is an extension of the other and therefore in many cases policy documents also incorporate procedures, either as an integral part or as a separate section. Policies reflect standards of practice obtained from a variety of sources and both provide guidance to staff. However, the underlying purpose is different in that policies essentially give an instruction, while standards set out an acceptable level of performance and are a basis for audit.

There are documents such as codes of practice, codes of conduct, and national guidance on which policies may be based. These usually give general guidance, with scope for local interpretation, whereas the Trust policy is for local use and takes account of particular circumstances.

Because the various terms used are open to different interpretation, the definitions adopted for the purpose of this document are set out in Appendix A.

This document is primarily concerned with **corporate** policies which are organised as follows:

PORTSMOUTH HEALTHCARE NHS TRUST

CORPORATE POLICY

3.2   Clients/Patients (Clinical policies etc.)   *GREEN*

Trust Management   *BLUE*

- Environment (Estates Management, aspects of Health & Safety etc.)
- Finance (Standing Orders, Standing Financial Instructions & Code of
- Financial Procedures)
- General Management, including Risk Management
- Information (Services and Systems)

Personnel (including Medical Staff)   *RED*

Occupational Health   *YELLOW*

For ease of access, the different types of policy should be filed in the coloured folders as indicated. **Control of Infection Guidelines** (which include some policies) are in *ORANGE* folders.

4   PROCESS

4.1   *Central Register*

Maintaining a Central Register of policies is the responsibility of the Business Manager at Trust Central Office. This register includes:
- full title of the policy and its associated procedures
- person accountable for co-ordination of implementation and review
- approving body
- last review date
- next review date
- associated reference file

The Register and the Policies are entered onto the computer network for ease of updating, access and reference. Any relevant documentation or comments received will be kept within the associated reference file for use at the time of review. The Business Manager will be responsible for making sure that all approved changes are updated within one week.

Hard copies of policies will be distributed to nominated policy holders, who are responsible for storing in the colour coded files according to subject matter as described in Section 3.2. As new policies are produced, they will be summarised and publicised through Information Exchange and Communicate.

4.2   *Content*
Each corporate policy should be as succinct as possible and should be set out under the following headings:

Purpose
Scope/Definition
Responsibility
Requirements
Audit arrangements
Review date
Name of the accountable person
Reference documentation and any associated procedures should be attached as appendices.

PORTSMOUTH HEALTHCARE NHS TRUST

CORPORATE POLICY

As already indicated in 3.1, policy documents should make use of existing advice/guidance and *not* replicate it. This is particularly true where there are clear national directives which must be followed by the Trust. In these cases it may be sufficient to adopt that document with some local interpretation, where that is needed, together with appropriate procedures.

The format for Policy documents is set out in greater detail in Appendix B.

4.3   *Policy Development*

4.3.1   *New Corporate Policies*

Before any decision is taken to develop a new policy, the following criteria should be applied by the Executive Group, the Contract Lead Group or the Local Management Team, depending on the type of policy:

- An issue has been identified which indicates significant and ongoing risk to people or the organisation and there is no clear guidance to staff
- There is no existing policy which covers the suggested topic or if such guidance does exist it is out of date
- National or other directives indicate a need for local action
- There is a change in existing national policy which needs to be reflected in local guidance

Anyone who becomes aware of a situation in which staff are unsure about what they should do or consider that there is a significant risk can suggest via the relevant group that a policy should be developed. Once the decision to develop or revise a policy is made, the most appropriate person will be appointed to take responsibility for producing a draft for consultation and approval.

Various groups should be involved in and consulted over the policy, prior to approval by the Trust Board Executive Group.

Corporate Policies. Risk Management Group, Operational Management Group, Professional Advisory Groups where relevant. Other organisations-Purchasers, other providers, GPs Social Services etc. will also need to be consulted on shared policies.

Personnel policies. It is good practice when developing new or revising policies to consult with staff groups and staff organisation representatives

Clinical Policies. (i.e. those relating to clinical care) should be referred to the appropriate professional advisory groups such as the Medical Advisory Committee, the Professional Advisors Group, the Nursing Advisory Committee or the Formulary & Medicines Group for comments/advice/guidance and ultimately ratification.

Corporate Policies will be approved at a formal meeting of the Executive Group. Care Group policies at a minuted meeting of the Contract Lead Group/Clinical Governance group after consultation with the appropriate professional group. An updated index for Care Group and Local policies should be sent to the Business Manager at Trust Central Office whenever a change is made.

PORTSMOUTH HEALTHCARE NHS TRUST

CORPORATE POLICY

4.3.2   *New Care Group and Local Policies*

Before any decision is taken to develop a new policy the criteria for New Corporate Policies 4.3.1 should be applied.

Care Group Policies
To ensure maximum consistency, there should be consultation between Contract Lead Groups when policies are being prepared. Whenever possible there should be a common policy with clear implementation guidelines for particular care groups rather than completely different policies.

Local Policies
As with Care Group policies, every effort should be made to ensure consistency across divisions. There should be consultation with Local/Divisional Management Team and professional advisory groups where relevant.

Where there is a Corporate policy in existence, no alteration or variation can be incorporated into a Care Group or Local policy. If a specific care group or locality **requires** additional information **to allow implementation of a corporate policy,** this should be developed in the format of 'guidelines for implementation' **not** as a care group/locality policy.

All clinical procedures, protocols and guidelines need to be approved by the appropriate professional groups e.g the Medical Advisory Committee, the Professional Advisors Group, the Nursing Advisory Committee and require regular review systems to be in place. All procedures / protocols / guidelines relating to the Administration of Medicines must also be approved by the Joint Formulary & Medicines Group.

4.3.2   *Policy Revision*

Policies require regular review to take account of changing circumstances. All policies must be subjected to a review within 2 years or earlier if circumstances change significantly, in the meantime.
The Trust Business Manager will maintain a register of all Corporate policies and ensure systematic identification of policies due for annual review. The manager who developed or last revised a policy will be responsible for arranging the latest review, on request from the Business Manager.

Care/contract groups and General/Local Managers are responsible for managing their own system of annual policy review of care group or local policies. Managers personal objectives will include responsibility for review of policies for which they are accountable.

The stages of policy revision should include:
- seeking comments on the policy from the relevant personnel
- literature review to check the information is up to date
- ensuring that no other policy overlaps
- consultation with relevant groups on any revision (see 4.3.1)

The policy should then be returned to the OMG and Executive Board for re-approval.

PORTSMOUTH HEALTHCARE NHS TRUST

CORPORATE POLICY

4.4   *Implementation*

In order to encourage compliance, policies need to be introduced and implemented appropriately. The attention of new staff should be drawn to the existence of Trust policies and how they can be accessed. All staff will be informed of the existence of a new policy through the team briefing system. In addition to the general briefing, specific training may be required. The various stages include:

- Identifying those people in the organisation who need to be fully conversant with the policy
- Mapping out the training and education requirements.
- Devising a training package and programme
- Implementation within a given time scale

All relevant members of staff may be required to sign to say that they have attended training session(s) and/or read relevant materials. This is particularly important in the case of activities such as manual handling where there is a high risk of litigation. Evidence of attendance will be kept in the individual's personal file.

In order to monitor compliance the audit process should be completed for each policy on a regular basis. As the majority of policies relate to the management of a recognised risk, compliance and effectiveness in reducing risk should also be audited as part of the annual risk assessment process. It is particularly important that any members of staff who find it difficult or impossible to comply with a particular policy inform their manager as soon as possible so that either the policy can be revised or some action can be taken locally to make compliance possible. The co-operation of all staff is essential to ensure that the Trust's policies are realistic and consistent.

Policy adopted:	June 1995
Revised:	August 2000
By	Wendy Inkster Nursing Policy Manager
Approved by:	Trust Board/Operational Management Group
To be reviewed:	Nov 2001

APPENDIX A

CORPORATE POLICIES

DESCRIPTION OF RELATED TERMS

Procedure

Detailed guidance about how a particular task should be carried out; a step by step guide which someone not familiar with the work can follow.

Guidelines

Advisory standards, the application of which lead to good practice.

Standards

Statements specifying a required level of performance for the purpose of monitoring or auditing.

Protocols

A combination of both procedure *how to* and standard *level of performance*

Codes of Practice

Laid down specifications of standards which have to be met within a legal framework.

Codes of Conduct

Standards laid down by a professional body which have to be adhered to by members of that profession

Accountable Person

The person(s) who has a duty required by the Trust to develop a policy, consult with the relevant bodies, obtain approval, and update the policy at the specified time.

Responsible Person

The person(s) who has a duty to oversee the implementation of policy and ensure that their staff are fully conversant and comply with the requirements of the policy.

KBH000485-0008

APPENDIX B

CORPORATE POLICIES
POLICY DOCUMENT FORMAT

As a principle, new policy documents should only be produced after considering the requirements set out in section 4.3.1 of the Trust's document on Corporate Policies. They should avoid duplicating standing or other relevant advice, codes of practice etc., but refer to them where appropriate.

Purpose
A statement of the overall intended purpose and, if appropriate, why it has been produced, e.g. as a result of national directive.

Scope/Definition
This briefly describes the scope of the subject, to whom it applies and any definitions required to ensure that it will be clear to anyone reading the document.

Responsibility
The person(s) who has a duty to carry out the implementation of policy and ensure that their staff are fully conversant comply with the requirements of the policy, and the staff who are expected to adhere to the policy.

Requirements

This is the heart of the policy setting out the standards and action required.

Audit Standards and Criteria
This section describes how the policy will be monitored, problems identified and appropriate action taken.

Review Date
No more than one year after the policy is approved.

Name of the accountable person

Reference Documentation

The purpose of this section is to specify any reference documentation on which the policy is based such as national directives, codes of practice, library search material etc.

Procedures

The relevant procedures should follow the policy document.

POLICY FRAMEWORK FOR PORTSMOUTH HEALTHCARE TRUST

TRUST EXECUTIVE BOARD

Clinical Governance Panel	Risk Management Group	Operational Management Group

Arrow/s denote direction of consultation and approval

CORPORATE POLICIES

- Trust Management **BLUE**
  e.g. General Management, Finance, Information, Environment, etc
- Clinical **GREEN**
- Personnel **RED**
- Occupational Health **YELLOW**
- Control of Infection
  Guidelines & Policies **ORANGE**

- Trust-wide generic policies
- Approved by Executive Board
- Developed through Operational Management Group, Risk Management Group Relevant professional group and/or Clinical Governance Panel
- Issued by Trust Central Office

Service Lead Group	Relevant Professional Advisory Group

CARE GROUP POLICIES

- Trust Wide Care / Service Groups
  e.g. Child health, Community Hospitals, Dental, District Nursing, Elderly Medicine, Family Planning, Learning Disabilities, Mental Health, Therapies, etc.

- Specific to a Care Group
- Developed by the relevant Service Lead Group and /or Professional Advisory Group/s (MAC, NAC, etc)
- Approval by Service Lead Groups
- Issued by Service Lead Group
- Copy of index held by Corporate Risk Advisor

LINK

Divisional General Manager

LOCAL PROCEDURES

- Local procedures for implementing Corporate or Care Group Policies
- Approved by Divisional General Manager
- Issued by Divisional General Managers
- Copy of index held by Corporate Risk Advisor