Writing an Operational Policy

**Why** we have a procedure?

Several recommendations arising from serious incident reviews have requested that individual teams/services/units maintain an up-to-date operational policy as an easy, accessible reference for new and existing staff, with the aim of reducing incidents and risks.

An operational policy provides a framework to capture key information regarding service delivery and service arrangements. It should outline the context of the service, explain the service philosophy of care and give clear referral and assessment procedures. The policy should further provide staff, patients, carers and other stakeholders with clear guidance and understanding of a team or service’s role, function and objectives.

**What** overarching policy the procedure links to?

Policy for the Development and Management of Procedural Documents

**Which** services of the trust does this apply to? **Where** is it in operation?

<table>
<thead>
<tr>
<th>Group</th>
<th>Inpatients</th>
<th>Community</th>
<th>Teams/Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Services</td>
<td>✓</td>
<td>✓</td>
<td>all</td>
</tr>
<tr>
<td>Learning Disabilities Services</td>
<td>✓</td>
<td>✓</td>
<td>all</td>
</tr>
<tr>
<td>Children and Young People Services</td>
<td>✓</td>
<td>✓</td>
<td>all</td>
</tr>
</tbody>
</table>

**Who** does the procedure apply to?

- Operational leads / Senior operational staff with experience of report and policy writing
- Group Governance staff to advise and support them in this task as necessary

**When** should the procedure be applied?

- In circumstances where a new service/team/unit is established a new policy should be produced
- Where an existing team/service undergoes significant operational change the policy should be updated to reflect the new operational arrangements
- Annual review by service manager / operational lead to ensure it is monitored and continues to reflect current operational arrangements and service delivery

**How** to carry out this procedure

At the present time, the Trust has not created a specific template to use for all operational policies. The diverse range of teams and services in operation across the organisation
Writing an Operational Policy

Team Model and Structure

1. **Purpose of the policy**
   - To outline the service/unit/team’s main aim and purpose of operation
   - How the service/unit/team delivers care
   - Clear information about roles within the service/unit/team
   - Key principles involved in delivery care
   - Guidance document for new and existing staff

2. **Philosophy and model of care**
   - Relevant standards and guidance
   - Trust profile and local need
   - Vision and values
   - Specific therapeutic interventions

3. **Introduction**
   - Clinical setting (inpatient, community, A&E)
   - Service context (substance misuse, CAMHS etc.)
   - Funding and management stakeholders
   - Catchment area
   - Age range

4. **Staffing levels**
   - Management structure
   - Different disciplines
   - Role and responsibilities

5. **Hours of operation and service provision**
   - Opening hours
   - Visiting times
   - Out-of-hours contacts
   - Contacting the team in and out of hours
   - Duty systems
   - Handover arrangements

6. **Team meetings**
   - Clinical and business
   - Minutes and recordings

7. **Supervision and leadership**
   - Roles of management figures
   - Supervisors/supervisees within the team
   - Management supervision
   - Professional supervision
   - Clinical supervision
   - Documentation of supervision
   - Induction process of new staff to the team (bank and otherwise)
8. **Referral**
   - Referral agencies
   - Referral procedures (urgent, non-urgent, re-referral, self-referral) and process
   - Inclusion and exclusion criteria

9. **Assessment**
   - Disciplines involved
   - Case status
   - Documentation
   - Timeframe
   - Communication with referrers

10. **Allocation and co-ordination of care**
    - Outpatient clinics
    - Duty system
    - Care co-ordination
    - Non-care co-ordination
    - Other

11. **Medication arrangements**
    - TTAs
    - Depot clinics
    - FP10 prescribing
    - Administration arrangements
    - Medicines reconciliation

12. **Discharge procedures**
    - Discharge planning
    - Discharge delivery
    - Discharge communication
    - Transfer of care

13. **Service-user and carers involvement**
    - Care planning
    - Risk assessment and care planning
    - Signing and copies of care plans
    - Carers assessments
    - Direct patients/personal budgets
    - Advance directives
    - Crisis and contingency planning

14. **Team documentation**
    - Referral forms (accessibility)
    - Permission to share
    - Assessment Forms
    - Specific care plans
    - CPA care plan
    - Crisis and contingency plans
    - Additional assessment and planning tools
    - Discharge notification forms
    - Discharge summaries and correspondence

15. **Safeguarding Children and Vulnerable Adults**
    - Responsibilities of individual team members
    - Brief outline of reporting arrangements
- Children visiting rooms (inpatient)
- Children being on Trust premises

16. Equality and Diversity
- Access to interpreting
- Access to faith services

17. Liaison with other teams/agencies
- Liaison with GPs
- Attendance at CPAs, management and ward rounds
- Inpatient GP services

18. Information Governance
- Permission to share forms cover all data subject information
- Subject access requests
- Informing patients when their personal information is used or misused

19. OASIS /Care Records
- Opening and closure of patients
- Contact recordings
- Clinical document upload
- Progress note recording

20. Management of clinical case files
- Storage of files
- Management of individual file content
- Reporting of lost files

21. Incident management
- Reporting
- Remedial action
- Roles and responsibilities
- Documentation
- Securing evidence e.g. case files

22. Health and Safety
- Roles and responsibilities
- Risk Assessments
- Security (alarm systems, CCTV etc.)
- Emergency procedures

23. Governance: quality, safety and performance monitoring
- Clinical audit (audit reps and specific team programme)
- CQC compliance
- Complaints (formal and informal)
- Learning from complaints, incident reviews and other feedback mechanisms
- Key performance indicators

24. Implementation and monitoring of the operational policy
- Annual review by service manager / operational lead

25. References
- Trust policies
- Group policies
- National Guidance
Approval Process
When a new operational policy has been written or an existing policy updated, it should be passed to the Service Manager and the General Manager for approval.

Thereafter, the Service Manager should arrange for the operational policy to be ratified by the Quality and Safety Group and minuted accordingly. At that point, the policy becomes operational.

A copy of the ratified operational policy should be forward to the Corporate Governance Assurance Unit, who are responsible for uploading policies to the intranet, and archiving the previous policy where there is one; this is important in the event of a future claim against the trust.

**Where** do I go for further advice or information?

- Service Manager, Group General Manager, Group Director
- Group Divisional staff
- Corporate Governance staff

**Training**
Staff may receive training in relation to this procedure, where it is identified in their appraisal as part of the specific development needs for their role and responsibilities. Please refer to the Trust’s Mandatory & Risk Management Training Needs Analysis for further details on training requirements, target audiences and update frequencies.

**Monitoring / Review of this Procedure**
In the event of planned change in the process(es) described within this document or an incident involving the described process(es) within the review cycle, this SOP will be reviewed and revised as necessary to maintain its accuracy and effectiveness.

**Equality Impact Assessment**
Please refer to overarching policy

**Data Protection Act and Freedom of Information Act**
Please refer to overarching policy
# Standard Operating Procedure Details

<table>
<thead>
<tr>
<th><strong>Unique Identifier</strong> for this SOP is</th>
<th>BCPFT-GOV-SOP-01-1</th>
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<tbody>
<tr>
<td>State if SOP is <strong>New</strong> or Revised</td>
<td>New</td>
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<tr>
<td><strong>Policy Category</strong></td>
<td>Governance</td>
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<tr>
<td><strong>Executive Director</strong> whose portfolio this SOP comes under</td>
<td>Executive Director of Nursing, AHPs and Governance</td>
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<tr>
<td><strong>Policy Lead/Author</strong> Job titles only</td>
<td>Compliance Lead</td>
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<td><strong>Committee/Group Responsible for Approval of this SOP</strong></td>
<td>Divisional Quality and Safety Steering Group</td>
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<tr>
<td><strong>Month/year consultation process completed</strong></td>
<td></td>
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<tr>
<td><strong>Month/year SOP was approved</strong></td>
<td>August 2015</td>
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<tr>
<td><strong>Next review due</strong></td>
<td>September 2018</td>
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<tr>
<td><strong>Disclosure Status</strong></td>
<td>‘B’ can be disclosed to patients and the public</td>
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<td><strong>Key Words</strong> for this SOP**</td>
<td>Service delivery, Service arrangements, Context of service, Service philosophy of care, Referral and assessment procedures, Team/service role, functions and objectives, Clinical processes, Approval process</td>
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## Review and Amendment History - to be completed by Corporate Governance

<table>
<thead>
<tr>
<th><strong>Version</strong></th>
<th><strong>Date</strong></th>
<th><strong>Description of Change</strong></th>
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<tr>
<td>V1.0</td>
<td>Sep 2015</td>
<td>New Procedure established to supplement Policy for Procedural Documents based on recommendations arising from serious incident reviews</td>
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