



Dignity 4 Patients

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2019 - Standard Operating Procedures

Why we have a procedure?

An operational policy provides a framework to capture key information regarding service delivery and service arrangements. It outlines the context of the service, explaining the service philosophy of care and give clear referral and assessment procedures. Any policy should further provide staff and other stakeholders with clear guidance and understanding of a team or service's role, function and objective within Dignity4Patients.

What overarching policy the procedure links to?

- Policy for the Development and Management of Procedural Documents

Which services of the Dignity4Patients does this apply to? Where is it in operation?

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, Dignity4Patients has not created a specific template to use for all operational policies. The diverse range services in operation across the organisation does not lend itself to being so prescriptive with a one size fits all. However, listed below are suggested headings and bullet point prompts for consideration. It is NOT necessary to use each heading - only for what you decide is relevant to your team/ service. Equally, the amount of text to include for each relevant heading will vary according to the operation of each service.

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)
- Team Model and Structure

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

- Duty system
- Care co-ordination
- Non-care co-ordination

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

15. Safeguarding Children and Vulnerable Adults

- Responsibilities of individual team members
- Brief outline of reporting arrangements

16. Equality and Diversity

- Access to interpreting
- Access to faith services

17. Information Governance

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

18. Management of case files

- Storage of files
- Management of individual file content
- Reporting of lost files

19. Incident management

- Reporting
- Remedial action
- Roles and responsibilities
- Documentation

22. Health and Safety

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

23. Governance: quality, safety and performance monitoring

- 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

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 board of management 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 interest in our previous policies.

Where do I go for further advice or information?

Executive Director

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.