POLICY SUMMARY

This policy aims to safely govern the use of clinical procedures by staff within EPUT. It will provide advice as to which clinical procedures are authorised for use and the parameters of such use.

The Trust monitors the implementation of and compliance with this policy in the following ways:

The Executive Nurse will ensure that this clinical guideline is reviewed every three years.

The review will be carried out in collaboration with clinical policy and compliance leads and will include:

- Reviewing new editions of the Manual to identify if any Trust approved policies/procedures will be superseded by the Manual;
- Identifying where use of the Manual is not adequate and it may be necessary to develop Trust approved policy/procedure to supersede it.

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<th>Services</th>
<th>Applicable</th>
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The Director responsible for monitoring and reviewing this policy is the Executive Nurse.
1.0 INTRODUCTION

2.0 SCOPE

3.0 DUTIES

4.0 USE OF THE MARSDEN MANUAL

5.0 DEVELOPMENT OF EPUT CLINICAL POLICIES AND PROCEDURES

6.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

7.0 POLICY REFERENCE

8.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES
This policy aims to safely govern the use of clinical procedures by staff within EPUT. It will provide advice as to which clinical procedures are authorised for use and the parameters of such use.

1.0 INTRODUCTION

1.1 This policy sets out clear requirements for the use of clinical procedures to:
- Ensure the safety and well-being of the patient;
- To provide best practice advice for staff to refer to when undertaking clinical procedures.
- Ensure the patient receives the care and support necessary to attend to clinical need relevant to his/her use of EPUT services.
- Outline the responsibilities of staff;
- Define requirements for use and review of the agreed clinical procedures for the Trust at any moment in time.

1.2 The Policy will achieve these aims by making the most up-to-date evidence based clinical procedures available for all EPUT clinical staff through both the Royal Marsden Clinical Procedures Online Manual and EPUT specific clinical policies, procedures and guidelines.

1.3 It should be noted that the Manual purely makes good practice advice available to support staff who are already competent to undertake the clinical procedure concerned. This is not a replacement to any Mandatory or Core Training or any other training as required to ensure compliance with professional registration requirements.

2.0 SCOPE

2.1 This policy applies to all clinical areas (Mental Health and Learning Disabilities and Community Healthcare Services) Trustwide.

3.0 DUTIES

3.1 The Trust Board of Directors has overall responsibility for ensuring that all staff are carrying out up to date, evidence based healthcare practices and for all policies and procedures across the organisation.

3.2 The Executive Nurse will ensure that this policy is reviewed regularly and updated in line with the needs of the organisation and noted best practice guidance;
3.3 **Executive Operational Director(s)** will ensure that the use of the Marsden Clinical Procedures Online Manual is well established and embedded across the organisation.

3.3 **Service Deputy/Associate/Assistant Directors** will be responsible in their own service areas for ensuring that the availability of the Online Manual and all other clinical policies and procedures is cascaded to all staff.

3.4 **Managers** (i.e. Ward Sisters, Charge Nurses, Team Managers etc.) will ensure that their staff are made fully aware of this policy and of the availability of the Online Manual and all other clinical policies and procedures.

3.5 **All clinical staff** must ensure that they familiarise themselves with the Manual and apply the Clinical Procedures to their practice except where specifically identified. All clinical staff will be expected to exercise their clinical judgment (NMC Code of Professional Conduct: Standards of Conduct, Performance and Ethics and other relevant professional codes of conduct) in assessing and planning care when referencing the Online Manual.

3.6 **Policy Authors/Leads** must ensure that clinical policies, procedures and guidelines developed for use in EPUT reflect best practice guidance and do not duplicate those available within the Marsden manual.

### 4.0 USE OF THE MARSDEN MANUAL

4.1 The Marsden Manual is licensed to the Trust for secure access by EPUT staff only. The Manual is accessible through the Trust Intranet in the Policies and Procedures folder. The link will not require staff to login at any time.

4.2 It is important to note that where a Trust approved policy and/or procedure exists, this will take precedence over the Manual, therefore staff must ensure that there is no Trust approved policy, procedure or guideline prior to accessing the Manual.

4.3 Where a local policy, procedure or guideline has not been developed by the Trust, it is important that staff follow the procedures outlined in the Manual.

4.4 Staff are discouraged from printing off content from the Manual or any other Trust approved clinical policy or procedure. This is to ensure that staff are always adhering the most current versions of these documents as they may be subject to frequent revision and amendment.

### 5.0 DEVELOPMENT OF EPUT CLINICAL POLICIES AND PROCEDURES

5.1 Clinical policies, procedures and guidelines required in addition those available through the Royal Marsden Manual must be developed in line with guidance set out in Policy and Procedure for the Development, Review, Monitoring and Control of Trust Approved Document.

5.2 EPUT Policies and Procedures that are also contained within the Marsden manual may only be developed if there is a national or trust requirement that is not covered by the Marsden manual i.e. Risk Management Standards.
6.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

6.1 The Executive Nurse will ensure that this clinical guideline is reviewed every three years.

6.2 The review will be carried out in collaboration with clinical policy and compliance leads and will include:
   - Reviewing new editions of the Manual to identify if any Trust approved policies/procedures will be superseded by the Manual;
   - Identifying where use of the Manual is not adequate and it may be necessary to develop Trust approved policy/procedure to supersede it.

7.0 POLICY REFERENCES

- The Nursing and Midwifery Council (NMC) Code of Professional Conduct: Standards of Conduct, Performance and Ethics (NMC 2018)
- General Medical Council (GMC) Leadership and Management for all Doctors (GMC 2012)
- General Medical Council (GMC) Good Medical Practice (GMC 2014)
- Standards of conduct, performance and ethics (HCPC 2016)

8.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

- Induction, Mandatory & Essential Training Policy and Procedure
- Policy and Procedure for the Development, Review, Monitoring and Control of Trust Approved Documents

END