

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 25 JULY 2019**

<b>Title:</b>	<b>APPROVAL OF POLICIES</b>
<b>Responsible Director:</b>	David Burbridge, Director of Corporate Affairs
<b>Contact:</b>	Berit Reglar, Deputy Foundation Secretary, Ext 14324

<b>Purpose:</b>	To ask the Board to make an informed decision based on the information presented to them in this report and consider the following policies for approval: <ul style="list-style-type: none"> <li>• Medicines Policy</li> <li>• Records Management (Corporate and Clinical) Policy</li> <li>• Organ Donation Policy</li> </ul>
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Strategy Implementation Plan Ref:</b>	#1 Increase alignment of corporate and clinical services across UHB #4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• These policies have undergone a 3-year review, as set out in the Policy for the Development and Management of Controlled Documents;</li> <li>• Following the Trust transaction, all policies have been aligned and reviewed by all relevant stakeholders and the Policy Review Group.</li> </ul>
<b>Recommendations:</b>	The Board of Directors is asked to consider and, if thought fit, approve the following policies for publication: <ol style="list-style-type: none"> <li>1. Medicines Policy</li> <li>2. Records Management (Corporate and Clinical) Policy</li> <li>3. Organ Donation Policy</li> </ol>

<b>Signed:</b> David Burbridge	<b>Date:</b> 25 July 2019
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

25 JULY 2019

### APPROVAL OF THE MEDICINES POLICY; RECORDS MANAGEMENT (CORPORATE AND CLINICAL) POLICY; AND ORGAN DONATION POLICY

#### PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

#### 1. Medicines Policy

- 1.1 The revised and aligned Medicines Policy sets out the framework for the management of medicines within University Hospitals Birmingham NHS Foundation Trust (the 'Trust').
- 1.2 The key objectives of this policy are to ensure that:
  - 1.2.1 Any risks associated with the handling of medicines are effectively managed and minimised for all staff, patients and visitors;
  - 1.2.2 Patients are enabled to benefit from timely access to safe and cost-efficient medicines as part of their care;
  - 1.2.3 Published national evidence-based best practice relating to medicines management is effectively implemented within the Trust; and
  - 1.2.4 Medicinal products used as part of clinical trials are handled in accordance with guidance issued by the Medicines and Healthcare Products Regulatory Agency.
- 1.3 The Medicines Management Advisory Group (MMAG) is responsible, on behalf of the Medical Director, for providing strategic direction for the implementation of medicines management and practice within the Trust; a requirement for the Terms of Reference for MMAG to be approved periodically by the Medical Director has been added.
- 1.4 The Terms of Reference for the Trust's medicines management sub-groups, responsible for providing additional oversight of compliance with relevant medicines legislation, will be approved by MMAG.
- 1.5 The Duties section has been amended to expressly state that failure by any member of staff to comply with this policy, the Medicines Code and/or its associated procedures, will result in consideration of disciplinary action which may result in dismissal.

- 1.6 The Associated Procedural Documentation section has updated following the Trust's alignment of the Medicines Code and the Controlled Drugs Procedures.

## **2. Records Management (Corporate and Clinical) Policy**

- 2.1 The revised and aligned Records Management (Corporate and Clinical) Policy sets out the broad framework for the creation and management of authentic, reliable and usable records within the Trust.
- 2.2 This policy supports the effective and safe implementation of all activities pertaining to the management of corporate and clinical records, to ensure that:
  - 2.2.1 Information creation, retrieval, processing and storage are standardised to the required national and local regulatory standards;
  - 2.2.2 Continuity of the Trust's service delivery and decision making processes are adequately supported by the timely identification and access to vital records; and
  - 2.2.3 The Trust's interests and those of its stakeholders are consistently safeguarded by adequate levels of information that provide evidence on regulatory compliance and minimise the risks associated with the events of litigation and/or disaster.
- 2.3 Implementation of this policy will be supported by separate procedural documentation for Clinical Health Records (related to patient records) and Corporate Records.
- 2.4 The Framework section has been updated to reflect the Trust's Strategy towards the creation and/or receipt of all documentation in electronic form, in preference to paper-based formats; electronic records will be retained on Trust ICT systems, and maintained according to standards set out in the Trust's ICT policies.
- 2.5 Clarification has been added in regards to the destruction of clinical (patient) records, which will now require consideration by the Information Governance Group (IGG) and the Senior Information Risk Owner. The IGG will make a recommendation on requests for the destruction of clinical records based on the risks identified in the *Evidential Weight and Legal Admissibility of Information Stored Electronically* (BIP0008).

## **3. Organ Donation Policy**

- 3.1 The revised and aligned Organ Donation Policy aims to ensure that the highest standards of quality and care regarding deceased Organ Donation are implemented within the Trust.

- 3.2 This policy supports the Trust's commitment in the identification of opportunities for Organ Donation and providing adequate support for deceased organ donors' families.
- 3.3 Implementation of the policy is detailed in the aligned Organ Donation Procedure, which sets out the specific roles and responsibilities of all Trust Staff who are involved in any aspect of Organ Donation within the Trust.
- 3.4 The Framework section has been amended to include the Clinical roles involving the implementation of this policy, namely Specialist Nurses for Organ Donation, Specialist Requestors, as well as Link Nurses at the Queen Elizabeth, Heartlands and Good Hope sites.
- 3.5 Monitoring of implementation of this policy will be conducted through the Organ Donation Committee, who will provide assurance to the Board of Directors on Trust's compliance with relevant Organ Donation Legislation and guidance on an annual basis.

#### **4. Recommendation**

The Board of Directors is asked to consider, and if thought fit, approve the following policies:

- 4.1 Medicines Policy
- 4.2 Records Management (Corporate & Clinical) Policy
- 4.3 Organ Donation Policy

**David Burbridge**

Director of Corporate Affairs

25 July 2019