

JAC Electronic Prescribing and Medicines Administration Access Control Policy

V2.1

July 2017

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1. Introduction

1.1. This policy supports the Information Security Policy and the Access Control Policy and Procedure for Electronic Information Systems as it specifically details the requirements, roles and responsibilities for access to the JAC Electronic Prescribing and Medicines Administration (EPMA) system.

1.2. The JAC EPMA system is the Trust's chosen system to electronically record inpatient prescribing, medicines administration and outpatient prescribing.

1.3. The JAC EPMA system forms part of the JAC stock control system that is used in the pharmacy

1.4. This version supersedes any previous versions of this document.

2. Purpose of this Policy

2.1. This policy is intended to describe:

2.1.1. The groups of staff that will require and be allowed access to the JAC EPMA system,

2.1.2. The extent of the access that is required/authorised

2.1.3. The training requirements and competency assessment required before access is granted

2.1.4. How accounts will be set up and disabled

2.1.5. How users will access the system

3. Scope

3.1. This policy applies to all members of staff requiring access to the JAC EPMA system including inpatient and outpatient uses

3.2. This policy applies to members of staff responsible for setting up access to the JAC EPMA system

3.3. This policy does not cover any aspects of access to the JAC Stock Control system by pharmacy staff.

4. Definitions / Glossary

4.1. Inpatient – refers to any patient currently receiving a procedure or treatment in the hospital where medicines are prescribed and the administration (or non-administration) of medicines is recorded in the system. This includes day surgery cases but does not apply to patients in outpatient clinics

4.2. Outpatient – refers to outpatient clinic attendances where prescriptions are produced so that a patient may be supplied with medicines from a pharmacy

5. Ownership and Responsibilities

5.1. Role of the Managers

Line managers are responsible for:

- Ensuring that all persons requiring access to the system undertake the required training and use the system in line with all policies that relate to its use.

5.2. Role of the EPMA Project Board

The EPMA Project Board is responsible for:

- Ratifying this policy and monitoring its implementation

5.3. Role of Individual Staff

All staff members are responsible for:

- Ensuring that they only gain access to and use the system in accordance with this policy.
- Ensuring that they maintain the security of their access to the EPMA system and do not divulge or share it with others.

5.4. Role of the information Asset Owner

- The information asset owner is responsible for ensuring that data stored in the system is as accurate as possible
- authorising any future change to the use of the system and relevant account menus
- communicating any relevant change to the users
- coordinating with the CITS Change Advisor Board for implementation of change to the Live system
- authorising and reviewing any unusual account requests

6. Staff groups who are entitled require access to the Inpatient JAC EPMA system

Staff Group	Registration pre-requisites	Access Route	Prescribing type	Training requirements	Access to the system required
Medical Prescribers	Registered medical, surgical or dental practitioners	JAC launched via Citrix Maxims and direct access to JAC	Inpatient	Must complete class room based inpatient JAC prescriber training session or alternatively inpatient JAC e-learning package and pass associated competency assessment	Citrix Maxims access on desktop with Maxims' Electronic Prescribing Form enabled, providing access to JAC launch buttons (POE and POENQ) and via these to the following JAC options: POE, POENQ, PATALGY, PHW, CHART, PAC, OUTENQ, APAT, TPAT, DPAT, CDDI Prescribing type set up in JAC PRES as 'Doctor'. 'Medicines Management' button ticked. N.B. All doctors should be set up with the 'Exempt from witness' box ticked Complete Venous Thromboembolism (VTE) must be ticked in PRES
			Outpatient	Must complete class room based outpatient prescriber training session or alternatively outpatient e-learning package and pass associated competency assessment	Citrix Maxims access on desktop with Maxims' Electronic Prescribing Form enabled, providing access to JAC launch buttons (OUT and OUTENQ) and via these to the following JAC options: OUT, OUTENQ, PATALGY, PHW, CDDI Prescribing type set up in JAC PRES as 'Doctor'. 'Medicines Management' button ticked

Non-medical Prescribers	Nurses or pharmacists registered as non-medical prescribers with either the NMC or the GPhC	JAC launched via Citirx Maxims and direct access to JAC via Citirix	Inpatient	Must complete class room based inpatient EPMA prescriber training session or alternatively inpatient EPMA e-learning package and pass associated competency assessment	<p>Citirx Maxims access on desktop with Maxims' Electronic Prescribing Form enabled, providing access to JAC launch buttons (POE and POENQ) and via these to the following JAC options: POE, POENQ, PATALGY, PHW, CHART, PAC, OUTENQ, APAT, TPAT, DPAT, CDDI Prescribing type set up in JAC PRES as 'Doctor'. 'Medicines Management' button ticked.</p> <p>N.B. If an NMP who is a nurse completes both the Prescribing and the Administration training they will also need all of the nurse accounts and direct access to JAC via citrix</p> <p>Complete Venous Thromboembolism (VTE) must be ticked in PRES</p>
			Outpatient	Must complete class room based outpatient prescriber training session or alternatively outpatient e-learning package and pass associated competency assessment	<p>Citirx Maxims access on desktop with Maxims' Electronic Prescribing Form enabled, providing access to JAC launch buttons (OUT and OUTENQ) and via these to the following JAC options: OUT, OUTENQ, PATALGY, PHW, CDDI Prescribing type set up in JAC PRES as 'Doctor'. 'Medicines Management' button ticked</p>
Nursing staff	NMC Registered nurse	JAC launched direct via Citirix	Inpatient (Outpatient access not	Must complete class room based EPMA nurse training session or	Citirx JAC access on desktop to: CHART, APAT, DPAT, TPAT, MAC, MAP, MAS, OVRD, PAC, STLPAT,

			required)	alternatively EPMA e-learning package and pass associated competency assessment	<p>PHW, PATALGY, POE, POENQ, OUTENQ, KWARD, CDDI</p> <p>Prescribing type set up in PRES as 'Nurse' with 'Limited prescribing'. 'Medicines Management' button ticked.</p> <p>Paediatric nurses must be set up as that class and adult nurses must be set up as that class</p> <p>Via 'Limited Prescribing' prescribing will be limited to PGDs (Paediatric nurses) and Homely Remedies (adult nurses)</p> <p>Complete Venous Thromboembolism (VTE) must be ticked in PRES for paediatric nurses only</p>
Midwives	NMC Registered Midwife	JAC launched direct via Citrix	Inpatient (Outpatient access not required)	Must complete class room based EPMA nurse training session or alternatively EPMA e-learning package and pass associated competency assessment	<p>Citrix JAC access on desktop to: CHART, APAT, DPAT, TPAT, MAC, MAP, MAS, OVRD, PAC, STLPAT, PHW, PATALGY, POE, POENQ, KWARD, CDDI</p> <p>Prescribing type set up in PRES as 'nurse'. 'Medicines Management' button ticked.</p> <p>Must be set up as 'Midwife'</p> <p>Via 'Limited Prescribing' prescribing will be limited to Midwife Exemptions</p> <p>Complete Venous Thromboembolism (VTE) must be ticked in PRES</p>
Pharmacists	GPhC registered pharmacist	Maxims and JAC launched direct	Inpatient and outpatient	Completed pharmacy internal induction.	(N.B. programs other than this will be required, this highlights just

		via Citrix		Maxims navigation training	<p>those relevant to EPMA) POE, POENQ, OUT, OUTENQ, PHW, PATALAGY, PMAINT, PMAINTW, APAT, DPAT, TPAT, MAC, MAP, STATPTL, DROUTE, CHART, PAC, APAT, TPAT, DPAT, CDDI</p> <p>Prescribing type set up in PRES as 'Pharmacist' with 'Allow order verification' & 'Medicine Management'</p> <p>Complete Venous Thromboembolism (VTE) must be ticked in PRES</p>
Pharmacy Technicians	GPhC registered pharmacy technicians	JAC launched direct via Citrix	Inpatient and outpatient	Completed pharmacy internal medicines management and Medicines Reconciliation Training	<p>(N.B. programs other than this will be required, this highlights just those relevant to EPMA) POE, POENQ, OUT, OUTENQ, PHW, PATALAGY, PMAINT, PMAINTW, APAT, DPAT, TPAT, MAC, MAP, STATPTL, DROUTE, CHART, PAC APAT, TPAT, DPAT, CDDI</p> <p>Prescribing type set up in PRES as 'Pharmacy Technician' with & 'Medicine Management'</p> <p>Complete Venous Thromboembolism (VTE) must be ticked in PRES</p>
Medicines management Pharmacy Technicians	GPhC registered pharmacy technicians	JAC launched direct via Citrix	Inpatient and outpatient	Completed pharmacy internal medicines management and Medicines Reconciliation Training	<p>(N.B. programs other than this will be required, this highlights just those relevant to EPMA) POE, POENQ, OUT, OUTENQ, PHW, PATALAGY, PMAINT,</p>

					<p>PMaintw, APAT, DPAT, TPAT, MAC, MAP, STATPTL, CHART, PAC APAT, TPAT, DPAT, CDDI</p> <p>Prescribing type set up in PRES as 'Pharmacist' (to allow JAC Discharge Letter access) with & 'Medicine Management' Complete Venous Thromboembolism (VTE) must be ticked in PRES</p>
Student Nurses	<p>Nurse undergoing a university course who requires access to view prescriptions and administer medicines under supervision. Requires support of ward manager in the placement area (see section 9 below)</p>	JAC launched direct via Citrix	Inpatient (Outpatient access not required)	<p>Must complete class room based EPMA nurse training session or alternatively EPMA e-learning package and pass associated competency assessment</p>	<p>Citrix JAC access on desktop to: CHART, APAT, DPAT, TPAT, MAC, MAP, MAS, OVRD, PAC, STLPAT, PHW, PATALGY, POE, POENQ, KWARD, CDDI</p> <p>Must be set up as 'Student Nurse in PRES. Must have their user name added to the WITNESS (Prescribing file maintenance) program which ensures all administrations require witnessing</p>
Student Midwives	<p>Midwife undergoing a university course who requires access to view prescriptions and administer medicines under supervision. Requires support of ward manager</p>	JAC launched direct via Citrix	Inpatient (Outpatient access not required)	<p>Must complete class room based EPMA nurse training session or alternatively EPMA e-learning package and pass associated competency assessment</p>	<p>Citrix JAC access on desktop to: CHART, APAT, DPAT, TPAT, MAC, MAP, MAS, OVRD, PAC, STLPAT, PHW, PATALGY, POE, POENQ, KWARD, CDDI</p> <p>Must be set up as 'Student Midwife in PRES. Must have their user name added to the WITNESS (Prescribing file maintenance) program which ensures all administrations require witnessing</p>

	in the placement area (see section 9 below)				
Staff requiring access to view drug chart	All registered allied healthcare professionals, All registered medical, surgical or dental practitioners and registered non-medical prescribers who have not undertaken the Prescriber training, All nursing staff who have not undertaken the nursing training Healthcare assistants If required, administration staff – to be decided on a case by case basis. Medical Students.	JAC launched via Citrix Maxims JAC Citrix launched directly	Inpatient	Completed Computer Based learning for EPMA Navigation	Citrix Maxims access on desktop with Maxims' Electronic Prescribing Form enabled, providing access to JAC launch button POENQ and via this to the following JAC options : POENQ, PAC
Staff requiring access to view outpatient prescribing	All registered allied healthcare professionals, All registered medical, surgical or dental	JAC launched via Citrix Maxims JAC Citrix launched directly	Outpatient	Given on request at discretion of the a member of the EPMA team	Citrix Maxims access on desktop with Maxims' Electronic Prescribing Form enabled, providing access to JAC launch button OUTENQ and via this to the following JAC option : OUTENQ,

history	practitioners and registered non-medical prescribers who have not undertaken the Prescriber training, All nursing staff who have not undertaken the nursing training Healthcare assistants If required, administration staff – to be decided on a case by case basis.				
Ward clerks and other ward administrative staff	Ward clerks, medical secretaries	JAC launched direct via Citrix	Inpatient	Completed face to face training with EPMA team member	Citrix JAC access on desktop to: APAT, DPAT, TPAT, MAC, MAP, MAS, KWARD
Dieticians	Dietician Registered with the Health & Care professions Council that are allowed to prescribe a range of nutritional products as set out in the relevant Trust policy	JAC launched via Citrix Maxims	Inpatient	Must complete classroom based EPMA dietician training session and associated competency assessment	Citrix Maxims access on desktop with Maxims' Electronic Prescribing Form enabled, providing access to JAC launch buttons (POE and POENQ) and via these to the following JAC options: POE, POENQ, PHW, CHART, PAC, OUTENQ, CDDI Prescribing type set up in PRES as 'Other' with 'Limited prescribing'. 'Medicines Management' button

					<p>ticked.</p> <p>Specialty must be set up as 'Dietetics' and Grade must be set up as 'Dietician'</p> <p>Via 'Limited Prescribing' prescribing will be limited to allowable tube feeds and nutritional supplements</p>
Operating Department Practitioner	Operating Department Practitioner Registered with the Health & Care professions Council	JAC launched direct via Citrix	Inpatient	Must complete class room based EPMA nurse training session or alternatively EPMA e-learning package and pass associated competency assessment	<p>Citrix JAC access on desktop to: CHART, APAT, DPAT, TPAT, MAC, MAP, MAS, OVRD, PAC, STLPAT, PHW, PATALGY, POE, POENQ,, CDDI</p> <p>Prescribing type set up in PRES as 'Nurse' with 'Limited prescribing'. 'Medicines Management' button ticked.</p> <p>Should be set up as 'Operating Department Practitioner' in PRES</p>
Assistant Practitioners	Employed in the role of 'Assistant Practitioner' on a ward or clinical area within the Trust	JAC launched direct via Citrix	Inpatient	Must complete class room based EPMA nurse training session or alternatively EPMA e-learning package and pass associated competency assessment	<p>PHW, CHART, POE, MAS, MAC, MAP, PAC, APAT, DPAT, TPA, KWARD, POENQ</p> <p>Prescribing type set up in PRES as 'Assistant Practitioner' with 'Limited prescribing'</p> <p>Must have their user name added to the WITNESS (Prescribing file maintenance) program which ensures all administrations require witnessing</p>
Information Services Staff	Staff role within RCH Information Services who report	Access via ODBC connections Direct access to JAC	Inpatient and outpatient	Face to face training by the EPMA team relevant to the needs of the user Face to face training by the info services team	As required on an individual basis to meet the needs of the job role

				relevant to the user	
CITS Staff	Staff role within CITS that requires access to the JAC system	Direct access to JAC	Inpatient and outpatient	Face to face training by CITS staff relevant to the user	As required on an individual basis to meet the needs of the job role

7. Granting Access to the system

7.1. When a member of clinical staff described in 6 completes the required training, the completion of training on an Excel spread sheet that is shared between all those who require access.

7.2. If a user requires in excess of 5 attempts to pass the online training for the EPMA system they must undergo a period of supervised practice before they are allowed to use the system and this should be organised by the member of staff's line manager. It is recommended that this 2 drug rounds for a nurse. Line managers should discuss the requirement for a prescriber with a member of the EPMA team.

7.2.1. Because of the lack of line management for agency nurses, agency nurses will not be given an account until they have proven their competence in a meeting with a member of the EPMA team

7.3. CITS will set up the accounts of those staff members that have been added to the Excel Spread sheet, 1st checking with the relevant regulatory body that the practitioner has the appropriate professional registration

7.3.1. Nursing and Midwifery Council – for nurses and midwives

7.3.2. General Medical Council – Doctors

7.3.3. General Pharmaceutical Council – Pharmacists and Pharmacy Technicians

7.3.4. Health & Care professions Council - Dieticians

7.4. CITS only require the authorisation of the Information Asset Owner or EPMA Lead where the person completing the training does not have the professional registration commensurate with the training they have undertaken OR CITS feel that there is another exceptional circumstance.

7.5. Accounts will be set up within three working days of being populated on the Excel spread sheet containing the list of those who have been trained and the user will be informed when this has been completed.

8. Removal of access to the system

8.1. When staff leave the employment of the Trust they will no longer be entitled to have access to the system, therefore the Maxims Team will look at weekly leaver reports from an ESR extraction and ensure accounts are disabled by deleting the user's JAC account

8.2. Where users still employed by the Trust have not logged into the system within the last 5 months they will have their accounts disabled in line with Information Governance requirements. This will be achieved by suspending their JAC account from their JAC account but their account will not be deleted.

8.3. Where users still employed by the Trust have not logged into the system within the last 12 months their account will be deleted (N.B. Consultants accounts left suspended due to ADT issues)

8.4. There may be occasions where due to disciplinary or capability issues it may be necessary to remove access to the JAC system. All requests to remove access will be sanctioned by EPMA Lead in the Trust, or authorised deputy, or RCH Trust Board member. This will be achieved by removing all JAC programs from their JAC account but their account will not be deleted. Accounts will be re-enabled, as

necessary when sanctioned by EPMA Lead in the Trust or authorised deputy or RCH Trust Board member.

8.5. Student Nurse Access should be suspended at the end of each placement and will not be re-instated for any future placements until a new Student Nurse EPMA Access form is received by the EPMA team

9. Student Nurses & Student Midwives

9.1. According to other Trust policies student nurses and midwives are able to administer medicines under the supervision of a registered staff nurse/midwife. In order to allow this with JAC EPMA the student nurse/midwife must have completed the nurse EPMA training

9.2. In order for the student nurse/midwife to have access to JAC they must have Novell access and access to any other necessary clinical IT systems. If the student does not have this, it is the responsibility of the ward manager of the ward in which the student is undertaking the placement to organise this (<http://cits.cornwall.nhs.uk/ITForms/Index.html>).

9.3. In accordance with Trust policies, the ward manager where the student is undertaking their placement must agree to them carrying out this role. Accordingly, to have the Student Nurse/midwife's account set up the ward manager should e-mail the Maxims team (maximsteam@nhs.net) with the following information:

9.3.1. The full name and Novel username of the Student

9.3.2. The start date of the placement/date at which the student can start administering medicine

9.3.3. End date of the placement

9.3.4. The following text:

I undertake to ensure the above named nursing student receives adequate supervision in the administration of medicines and use of the JAC EPMA system during their placement in line with the Trust's Medicines Policy.

9.4. The Maxims team will disable the student's JAC account at the end of their placement.

9.5. Student midwives are able to administer medicines, excluding controlled drugs, via the 'Midwives Exemptions' provisions whilst under the direct and continuous supervision of a registered midwife. Direct supervision means that the student must be witnessed both visually and audibly, when administering the medicine, by a registered midwife.

9.6. Student nurses will not be able to supply medicines via the 'Homely Remedies' provisions.

10. Agency Nurses

10.1. It is allowable for agency nurses who do not have Novell accounts set up to have their own JAC account on successful completion of the EPMA training

10.2. The username will be similar to the standard Novell approach, using the first 6 letters of the family name but differing in that it will then be the first 3 of the given name. This is done to ensure that the use of this username will not impact on any new staff joining the Trust with a similar name subsequently.

10.3. It will be set up as per other nurse accounts with the exception that in the 'PRES' program both the 'Specialty' and 'Grade' will be set as 'Agency Nurse'

10.4. Removal of the account will be in accordance with section 8, above.

11. Dissemination and Implementation

11.1. The document is available on the document library. Significant updates will be

communicated via Trust wide email.

11.2. Implementation of the policy will be via Trustwide communication and supported by appropriate training for the relevant members of staff both within CITS and Pharmacy

12. Monitoring compliance and effectiveness

Element to be monitored	Compliance with the training requirements of the policy and the account set up will be monitored. Where possible incidents of access sharing will be monitored
Lead	The EPMA Lead Pharmacist or Chief Pharmacist will lead on this
Tool	Errors and account issues will be used to inform whether it has been done correctly
Frequency	On an on-going basis during the deployment of EPMA throughout the Trust
Reporting arrangements	The EPMA Project board whilst it still exists then the Health Informatics Project Board thereafter.
Acting on recommendations and Lead(s)	The EPMA Team
Change in practice and lessons to be shared	Required changed to practice will be identified and actioned within the timeframe stated in the action plan. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

13. Updating and Review

13.1. This procedure will be updated as necessary in response to any future publications, clinical incidents or by the review date.

14. Equality and Diversity

14.1. "This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement".

14.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	JAC Electronic Prescribing and Medicines Administration Access Control Policy		
Date Issued/Approved:	August 2017		
Date Valid From:	August 2017		
Date Valid To:	August 2019		
Directorate / Department responsible (author/owner):	Liam Kelly, EPMA Pharmacist		
Contact details:	01872 252217		
Brief summary of contents	This policy outlines the access that different staff groups will require to the JAC EPMA system and the requirements that they will have to pass to get this access		
Suggested Keywords:	Electronic Prescribing, CITS, Access, EPMA, JAC, Prescribing, Medicines Administration,		
Target Audience	RCHT ✓	PCT	CFT
Executive Director responsible for Policy:	Paul Upton		
Date revised:	July 2017		
This document replaces (exact title of previous version):	JAC Electronic Prescribing and Medicines Administration Access Control Policy		
Approval route (names of committees)/consultation:	Medicines Practice Committee		
Divisional Manager confirming approval processes	Bruce Daniel		
Name and Post Title of additional signatories	Not required		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Health Informatics / Information Governance		
Links to key external standards			
Related Documents:	Medicines Policy, Access Control Policy		

	and Procedure
Training Need Identified?	Yes - CITS staff will require training

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
12 October 2012	V1.0	Initial Issue	Ian Nicholls, EPMA Pharmacist
December 2012	V1.1	Updated to include changes to program set up	Ian Nicholls
May 2013	V1.2	Added in additional professional groups, including ODPs and dieticians	Ian Nicholls
June 2013	V1.3	Changed for different arrangements for setting up student nurse accounts	Ian Nicholls
July 2013	V1.4	Updated to allow access to EPMA for all years of students nurses	Ian Nicholls
August 2013	V1.5	Changes to nurses programs, added in bit about when non-medical prescribers do both the nursing and prescribing training	Ian Nicholls
October 2013	V1.6	Add in Midwives and how they should be set up	Ian Nicholls
October 2013	V1.7	Add in rules to allow agency nurses to have JAC accounts	Ian Nicholls
March 2014	V1.8	Change to make relevant to v5.1 of the JAC system and include CITS and Info services Staff	Ian Nicholls
September 2014	V1.9	Necessary changes made for the introduction out outpatient prescribing. Medical students added to the group that can have view only access	Ian Nicholls
May 2015	V2.0	Addition of requirement for supervised practice for staff who repeatedly fail on-line assessments	Ian Nicholls
July 2017	V2.1	Allowance for student midwives to administer under supervision of RM	Liam Kelly

All or part of this document can be released under the Freedom of Information

Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Screening Form

Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as <i>policy</i>) (Provide brief description): JAC Electronic Prescribing and Medicines Administration Access Control Policy	
Directorate and service area: Pharmacy	Is this a new or existing Policy? Existing
Name of individual completing assessment: Liam Kelly	Telephone: 01872 252217
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	To outline account set up and training requirements for the JAC EPMA system
2. Policy Objectives*	To ensure that access to the system provides sufficiently robust Information Governance
3. Policy – intended Outcomes*	Appropriate access to the system is granted to those employees of the Trust that require it only after they have completed the required training to ensure that they can use the system safely.
4. *How will you measure the outcome?	On-going monitoring throughout the use of the system
5. Who is intended to benefit from the policy?	CITS staff to understand the situations accounts can be set up Users so that they can understand the access they are entitled to and how they can get it
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy? b) If yes, have these *groups been consulted? C). Please list any groups who have been consulted about this procedure.	No .

7. The Impact

Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
Age		no	This policy describes activities within the capability of relevant staff

Sex (male, female, trans-gender / gender reassignment)		no	This policy describes activities not affected by gender
Race / Ethnic communities /groups		no	This policy describes activities not affected by race / ethnic communities / groups
Disability - learning disability, physical disability, sensory impairment and mental health problems		no	Only staff are required to comply with this policy and if they had a disability that prohibited them from complying the Trust would make suitable alternative arrangements to assist them
Religion / other beliefs		no	This policy describes activities not affected by faith and belief
Marriage and civil partnership		no	This policy describes activities not affected marital status
Pregnancy and maternity		no	Only staff are required to comply with this policy and if pregnancy or maternity prohibited them from complying the Trust would make suitable alternative arrangements to assist them
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		no	This policy describes activities not affected by sexual orientation
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> • You have ticked “Yes” in any column above and • No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or • Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.			No
9. If you are not recommending a Full Impact assessment please explain why.			
No concerns regarding differential impact			
Signature of policy developer / lead manager / director		Date of completion and submission	
Names and signatures of members carrying out the Screening Assessment	1. Liam Kelly 2.		

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,
Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed _____

Date _____