

Governance Arrangements Relating to Medicines Policy

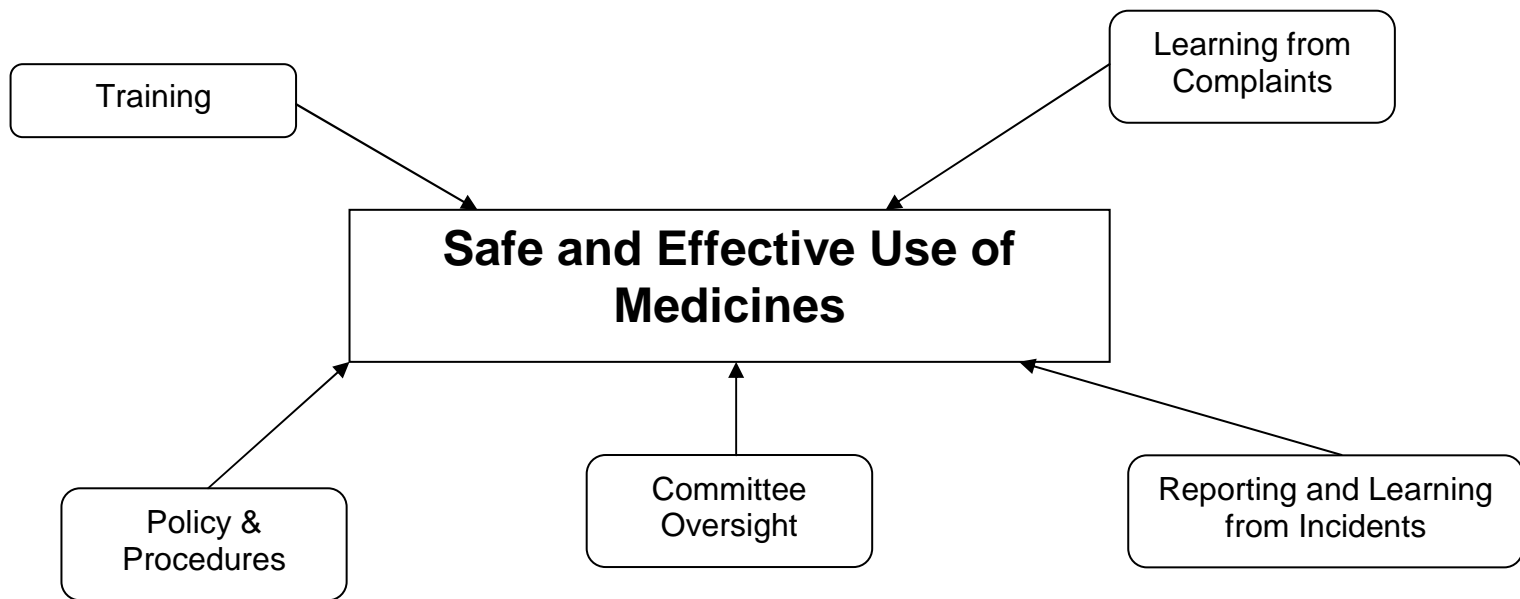
V3.0

March 2019

Summary

The policy outlines the governance arrangements for medicines within the Trust, specifically;

1. The committee structure in the Trust and the county for medicine related matters
2. The cascade flow for medication incident reporting across the organisation.
3. The key policies underpinning the use of medicines in the Trust.



Please refer to the flowcharts within the policy for full information.

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1. Introduction

1.1. A prescribed medicine is the most frequent treatment provided for patients in the NHS. Standards of prescribing in this country are high and the majority of drug treatment is provided safely. Mistakes do, however, occur, so it is imperative the organisation has a safe system for drug treatment across all healthcare settings and a governance structure that supports the safe and effective use of medicines

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

1.3. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

The DPA18 covers how the Trust obtains, hold, record, use and store all personal and special category (e.g. Health) information in a secure and confidential manner. This Act covers all data and information whether held electronically or on paper and extends to databases, videos and other automated media about living individuals including but not limited to Human Resources and payroll records, medical records, other manual files, microfilm/fiche, pathology results, images and other sensitive data.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Policy/Procedure

This procedural document aims to outline how risks relating to medicines are dealt with within RCHT to ensure we maintain a safe system for drug treatment at RCHT.

3. Scope

This document refers to all drug treatments within RCHT and should be complied with by staff involved in the medicines management process.

4. Definitions / Glossary

4.1. A list and description of the meaning of the terms used in the context of the document should be provided if it is considered necessary.

4.2. Next Paragraph.

5. Ownership and Responsibilities

5.1. Role of the Managers

Line managers are responsible for:

- Ensuring staff working with medicines in their area of responsibility are familiar with the governance arrangements surrounding medicines
- To allow time for staff to attend the relevant training and updates relating to safe medication practice.

5.2. Role of Individual Staff

All staffs are responsible for:

- To ensure they are aware of the governance arrangements in place for medicines in RCHT.
- To make themselves available for training.

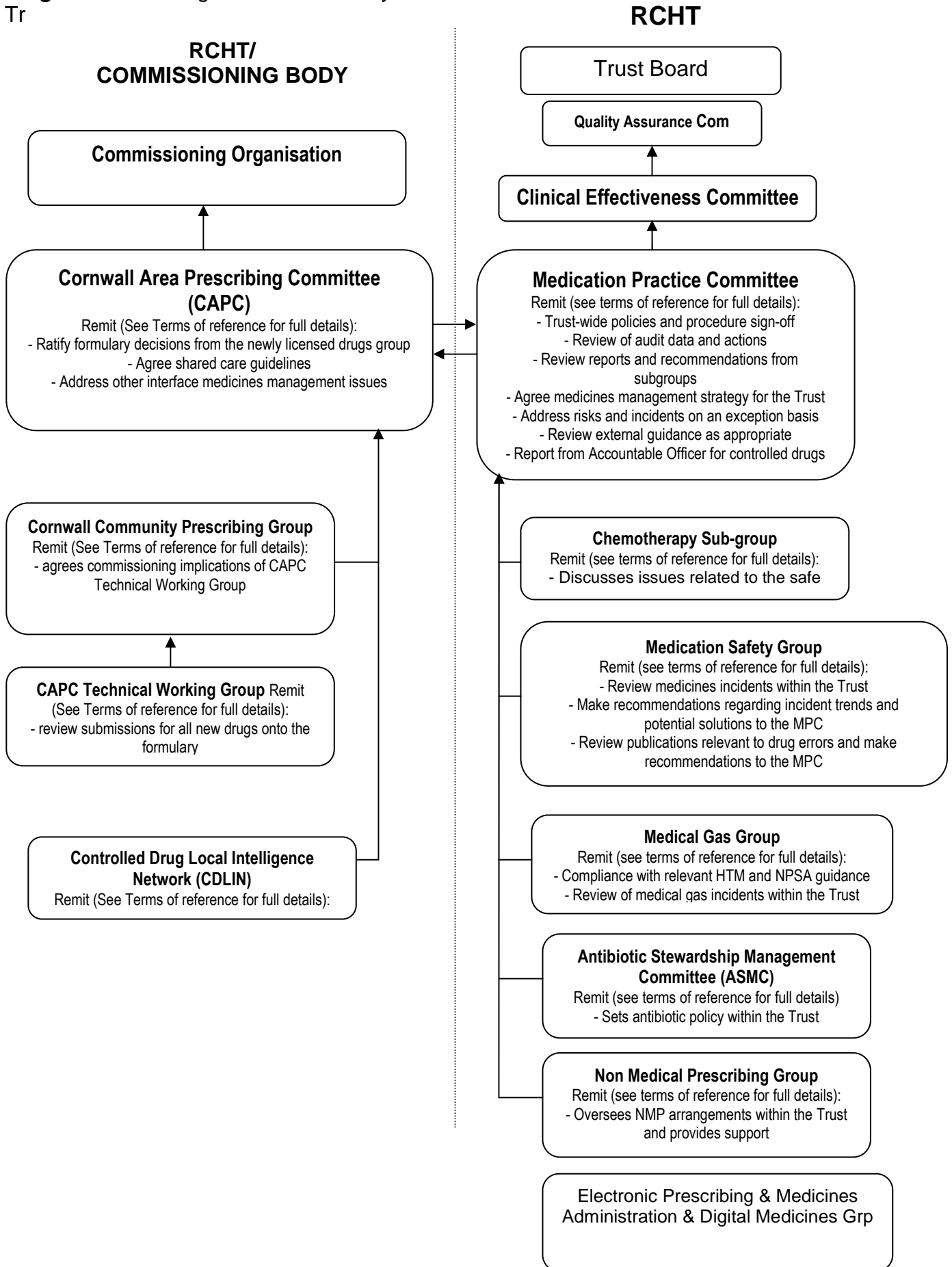
6. Standards and Practice

6.1. Medication Management Committees

The overarching forum for medicines management policy and practice within RCHT is the Medication Practice Committee (MPC). Trust policy and procedure relating to medicines and risk are agreed and ratified at this committee.

The Cornwall Area Prescribing Committee (CAPC) is the overarching committee for the county with membership from secondary and primary care. The Committee primarily performs the formulary function to support the Cornwall & Isles of Scilly joint formulary and also addresses medicines management issues at the interface and transfer of care.

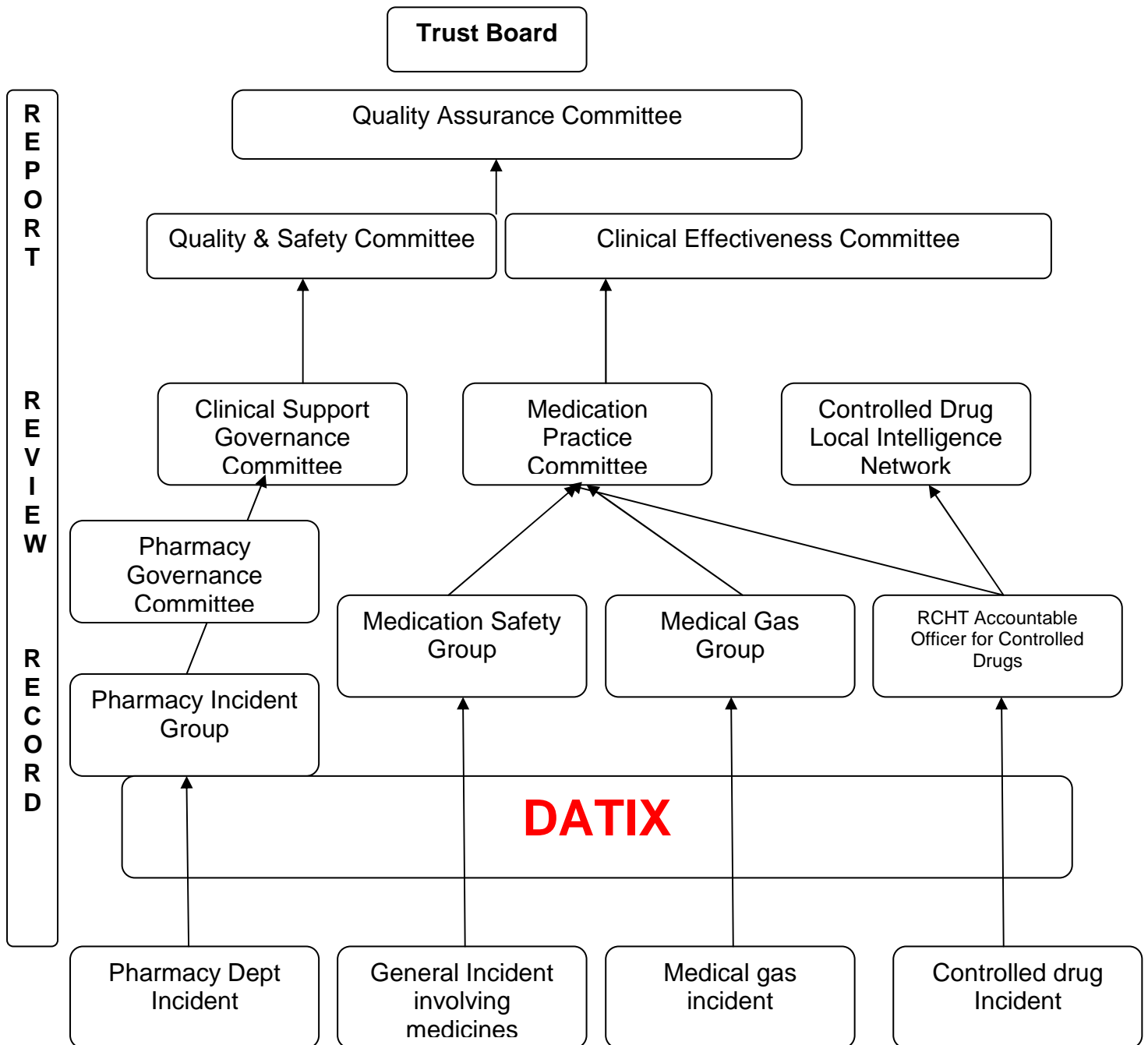
Diagram 1: The diagram shows the key sub-committees but is not exhaustive.
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6.2. Management of Incidents Relating to Medicines

Significant incidents and near misses involving medicines should be reported on the Trust's DATIX system. Incidents that are specific to the pharmacy department e.g. dispensing errors are reviewed at the Pharmacy Incident Group, whereas incidents that are external to the pharmacy department are reviewed by the Medication Safety Group

Diagram 2: Algorithm of reviewing incidents involving medicines

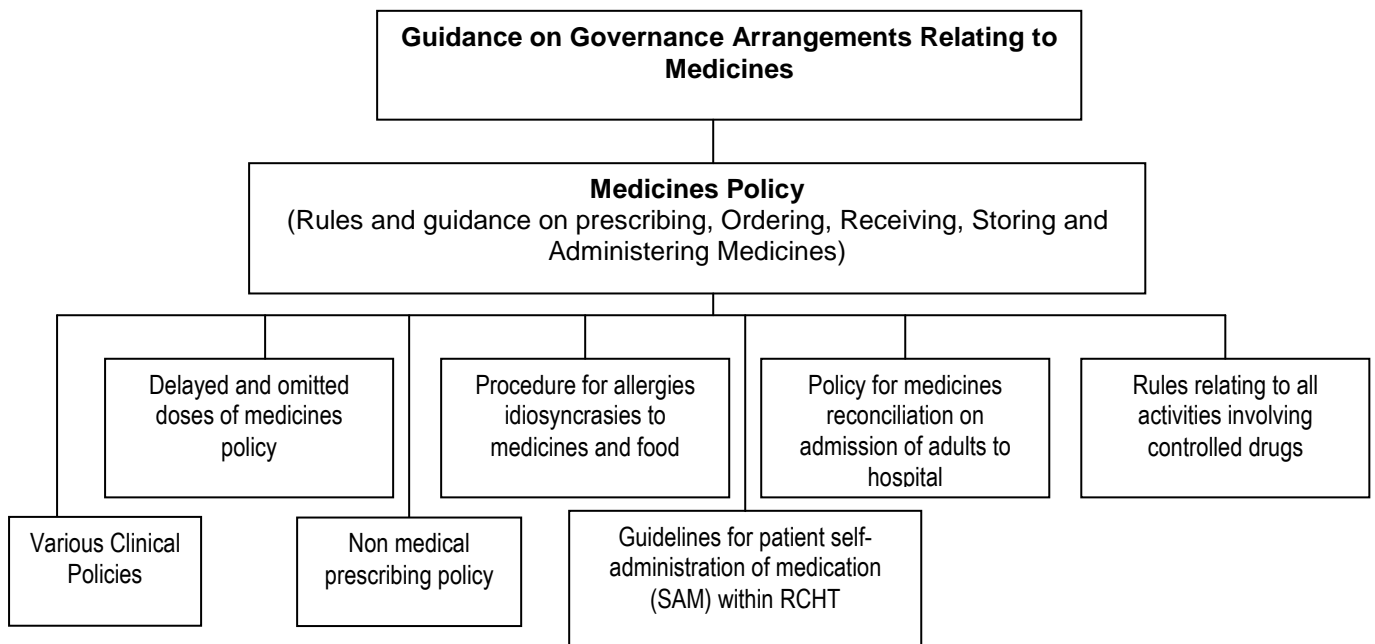


6.3. Medicines Management Training

The training arrangements for medicines management are set out in the Trust Training Needs Analysis and is included in induction training, mandatory updates and local clinical area inductions.

6.4. Policies and Guidance Relating to Medicines

The diagram below sets out the main policies within the trust that cover the governance arrangements for medicines. The list in the diagram is not exhaustive and aims to highlight the key documents.



6.5. Complaints

Follow the Trust's complaints procedure. Learning from complaints will be reported to the most relevant committee for consideration and action regards policy and process changes.

7. Dissemination and Implementation

7.1. This document is available on the document library. Significant updates will be communicated via Trust-wide email.

7.2. Implementation of this policy will be via Trust-wide communication and supported by appropriate training for the relevant members of staff.

7.3. Training for this policy will be set out in the medicines management section of the Trust Training Needs Analysis.

8. Monitoring compliance and effectiveness

Element to be monitored	Committees: provision of appropriate minutes to the relevant committees. Incidents: Appropriate reporting of incidents through the algorithm set out in Diagram 2. Training Records: In place for relevant staff. Policies: In date Complaints: to be investigated and learning shared
Lead	Chief Pharmacist
Tool	Minutes of meetings Occurrence of meetings Controlled drug variance reports ESR Datix Document Library Complaints records
Frequency	Ongoing
Reporting arrangements	As set out in policy.
Acting on recommendations and Lead(s)	As set out in policy.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within the time frame set out 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.

9. Updating and Review

This policy will be reviewed every three years or sooner if arrangements change. Significant changes to the policy will need approval by the Medication practice Committee.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2. Appendix 1. Governance Information

Appendix 1. Governance Information

Document Title	Governance Arrangements Relating to Medicines Policy V3.0		
Date Issued/Approved:	1 st Feb 2019		
Date Valid From:	March 2019		
Date Valid To:	March 2022		
Directorate / Department responsible (author/owner):	Iain Davidson, Chief Pharmacist		
Contact details:	01872 252593		
Brief summary of contents	This procedural document aims to outline how risks relating to medicines are dealt with within RCHT to ensure a safe system of drug treatment is maintained at RCHT.		
Suggested Keywords:	Medicines; Governance		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Medical Director		
Date revised:	Jan 2019		
This document replaces (exact title of previous version):	Policy on Governance Arrangements Relating to Medicines V2.0		
Approval route (names of committees)/consultation:	Medication Practice Committee		
Care Group General Manager confirming approval processes	Karen Jarvill- Clinical Support		
Name and Post Title of additional signatories	Not Required		
Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings	{Original Copy Signed}		
	Name: Kevin Wright		
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	Clinical/Pharmacy		
Links to key external standards	Care Quality Commission Regulation 12 NHSLA Risk Management Standards 4, 5.		

Related Documents:	The Medicines Policy rules Relating to All Activities Involving Controlled Drugs Guidelines for Patient Self Administration of Medication
Training Need Identified?	Yes

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
31/03/2011	1.0	Initial Issue	Iain Davidson
10/06/2011	1.1	Change to new Trust format. Remove training matrix and move to the Trust Training Needs Analysis. Remove SOP for injectable medicines from the diagram and replace with	Iain Davidson Chief Pharmacist
14/09/2012	1.2	Update names of committees. Clarify type of incidents to be investigated. Change from guideline to Policy.	Iain Davidson
09/07/15	2	Scheduled 3 yearly update. Change made to names of some of the Trust committees and small changes to structure	Iain Davidson
25/1/19	3	Changes made to reflect the new governance structure within the Trust and include pharmacy governance meeting	Iain Davidson Chief Pharmacist

[Please complete all boxes and delete help notes in blue italics including this note]

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 Form

<i>Name of Name of the strategy / policy / proposal / service function to be assessed</i> Governance Arrangements Relating to Medicines Policy V3.0						
Directorate and service area: Pharmacy			Is this a new or existing <i>Policy</i>? Existing			
Name of individual completing assessment: Iain Davidson, Chief Pharmacist			Telephone: 01872 252593			
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>		Sets out the governance arrangements around medicines within the Trust.				
2. <i>Policy Objectives*</i>		Safe use of medicines within the Trust Awareness of how incidents are reported and handled within the Trust Awareness of the training support for medicines in the Trust Awareness of the key committees relating to medicines in the Trust and how they fit into the governance structure.				
3. <i>Policy – intended Outcomes*</i>		Reduction in harm to patients from inappropriate use of medicines Increased awareness of how medicines are managed within the Trust.				
4. <i>*How will you measure the outcome?</i>		Audit and investigation of incidents.				
5. Who is intended to benefit from the <i>policy</i> ?		Patients and staff.				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
						X
b). Please identify the groups who have been consulted about this procedure.		Please record specific names of groups It has been reviewed by the Medication Practice Committee.				
What was the outcome of the consultation?		Policy approved.				

7. The Impact				
Please complete the following table. If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.				
Are there concerns that the policy could have differential impact on:				
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		X		
Sex (male, female, trans-gender / gender reassignment)		X		
Race / Ethnic communities /groups		X		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X		
Religion / other beliefs		X		
Marriage and Civil partnership		X		
Pregnancy and maternity		X		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X		
<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 this relates to service redesign or development 				
8. Please indicate if a full equality analysis is recommended.			Yes	No
				X
9. If you are not recommending a Full Impact assessment please explain why.				
This policy has shown no impact on equality.				

Signature of policy developer / lead manager / director 		Date of completion and submission 01/02/2019
Names and signatures of members carrying out the Screening Assessment	1. Iain Davidson 2. Human Rights, Equality & Inclusion Lead	

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

This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

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



Signed:

Date: 01/02/2019