



Royal Cornwall Hospitals
NHS Trust

Governance Arrangements Relating to Medicines Policy

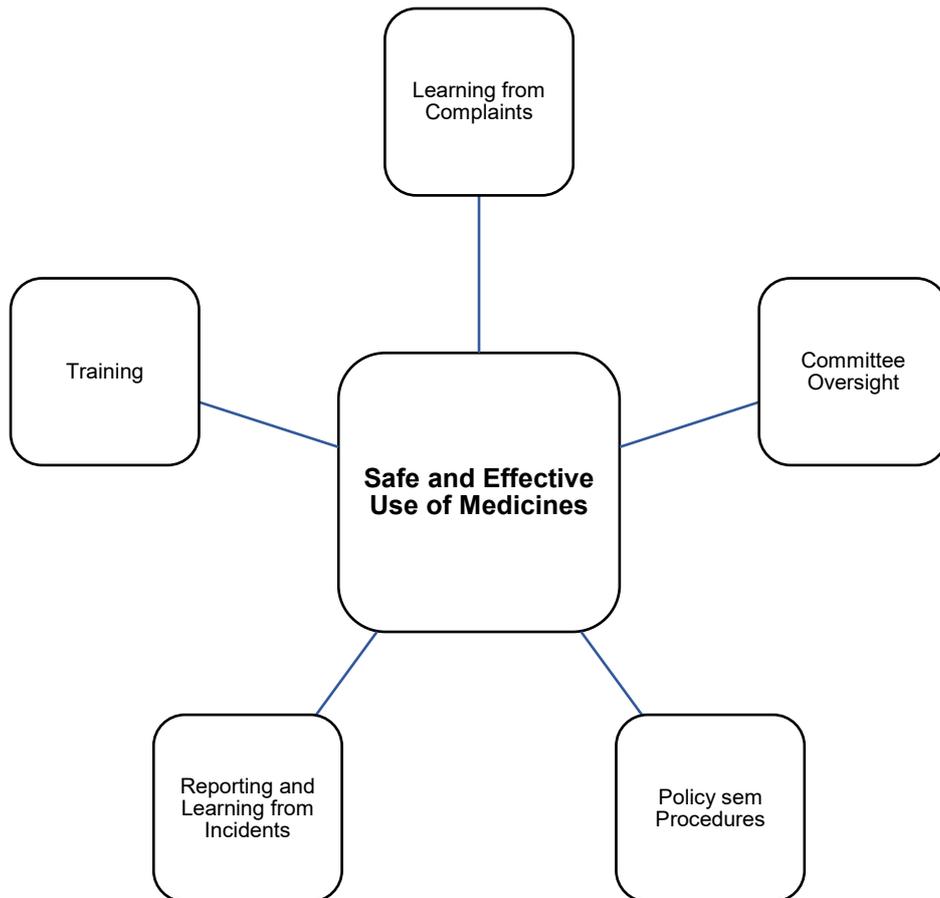
V5.0

October 2025

Summary

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

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



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

Table of Contents

Summary	2
1. Introduction	4
2. Purpose of this Policy	4
3. Scope	4
4. Definitions / Glossary	4
5. Ownership and Responsibilities	4
5.1. Role of the Managers	4
5.2. Role of Individual Staff	4
6. Standards and Practice	5
6.1. Medication Management Committees	5
6.2. Management of Incidents Relating to Medicines	6
6.3. Medicines Management Training	7
6.4. Policies and Guidance Relating to Medicines	7
6.5. Complaints	8
7. Dissemination and Implementation	8
8. Monitoring compliance and effectiveness	8
9. Updating and Review	9
10. Equality and Diversity	9
Appendix 1. Governance Information	10
Appendix 2. Equality Impact Assessment	13

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

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 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 cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

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.

2. Purpose of this Policy

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

These are contained in the text of the document.

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:

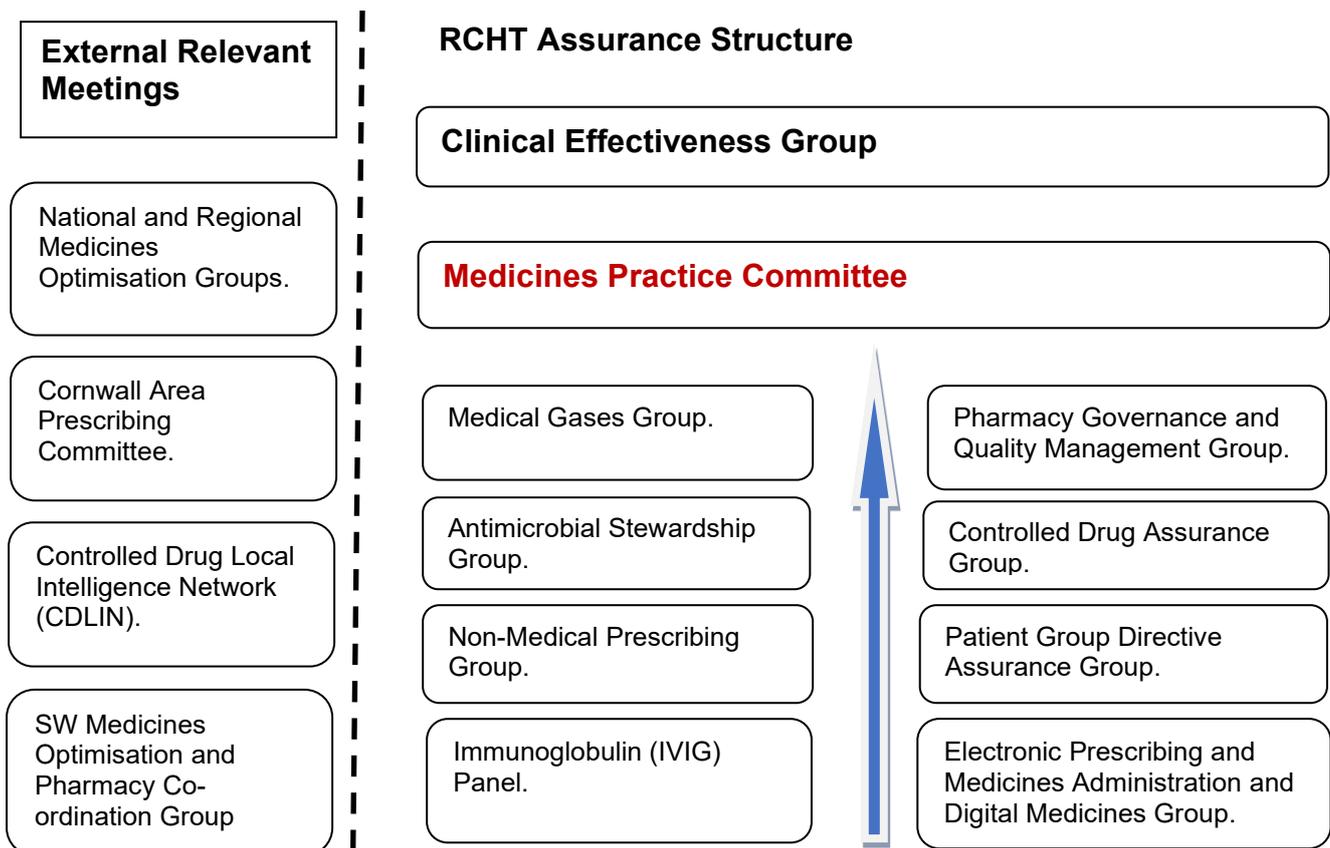
- To ensure they are aware of the governance arrangements in place for medicines in RCHT.
- To make themselves available for training.

6. Standards and Practice

6.1. Medication Management Committees

- 6.1.1. 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.
- 6.1.2. 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 and Isles of Scilly joint formulary and also addresses medicines management issues at the interface and transfer of care.
- 6.1.3. There are a number of sub-groups to the MPC as set out in diagram 1.

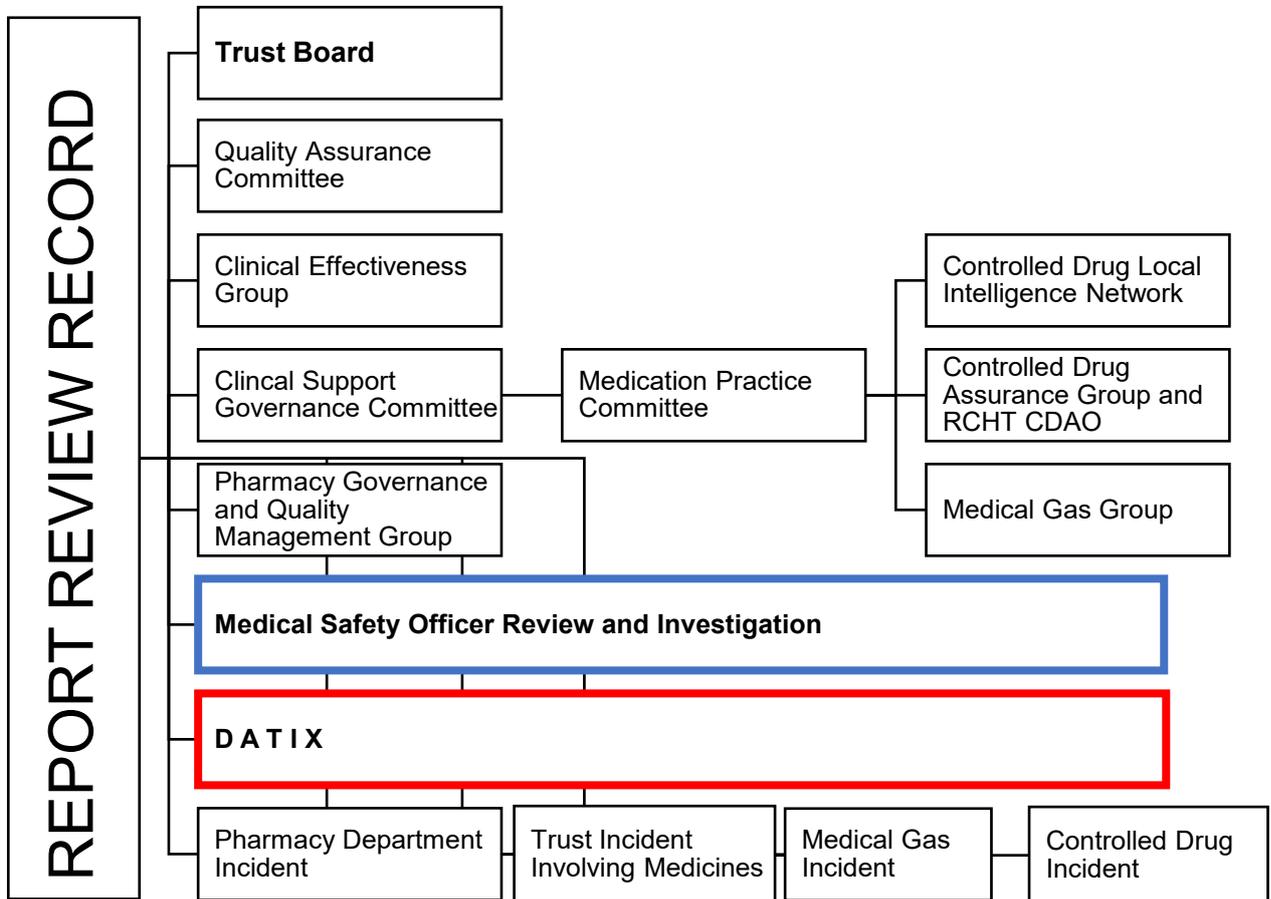
Diagram 1: The diagram shows the key sub-committees but is not exhaustive.



6.2. Management of Incidents Relating to Medicines

Significant incidents and near misses involving medicines should be reported on the Trust's DATIX system.

Diagram 2: Algorithm of reviewing incidents involving medicines

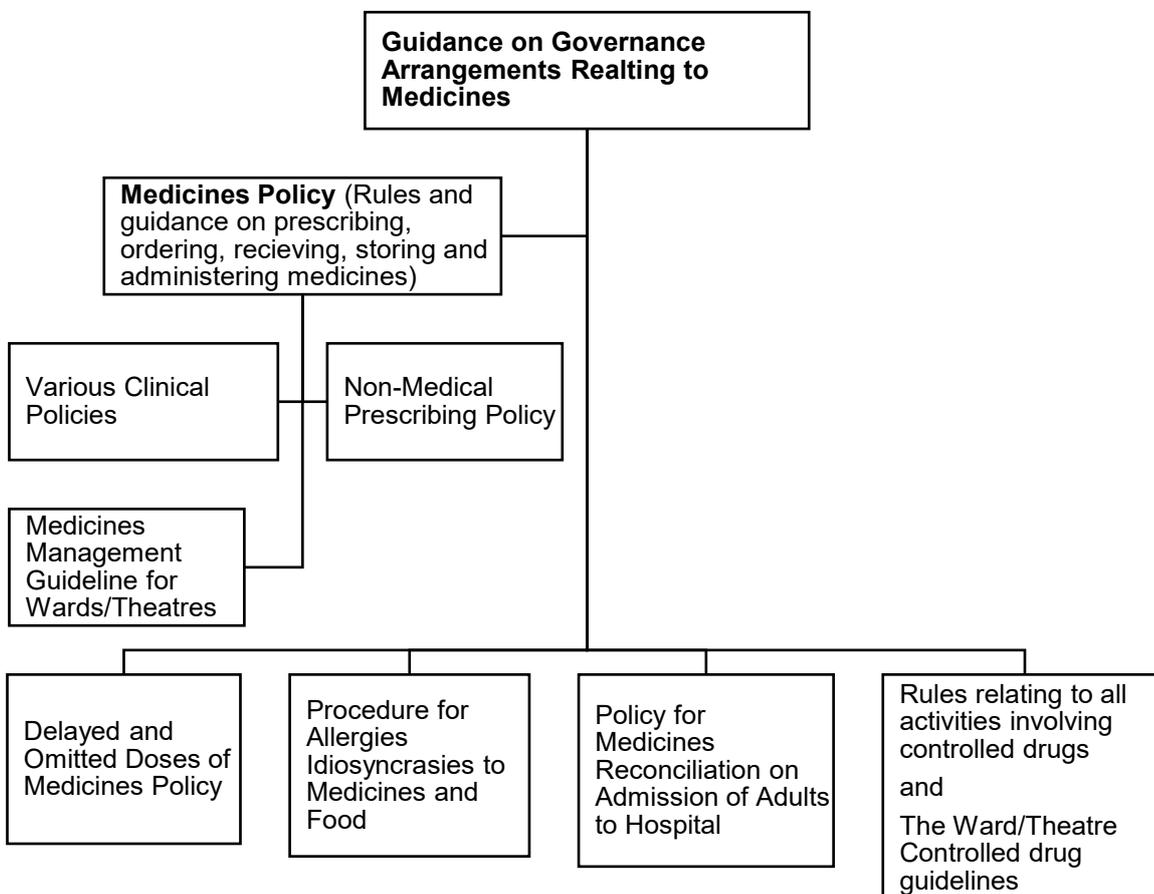


6.3. Medicines Management Training

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

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	<p>Committees: provision of appropriate minutes to the relevant committees.</p> <p>Incidents: Appropriate reporting of incidents through the algorithm set out in Diagram 2.</p> <p>Training Records: In place for relevant staff.</p> <p>Policies: In date.</p> <p>Complaints: to be investigated and learning shared.</p>
Lead	Chief Pharmacist
Tool	Minutes of meetings, Occurrence of meetings, Controlled drug variance reports, ESR, Datix, Document Library, Complaints records.
Frequency	Ongoing
Reporting arrangements	Chief Pharmacist
Acting on recommendations and Lead(s)	Chief Pharmacist
Change in practice and lessons to be shared	<p>Required changes to practice will be identified and actioned within the time frame set out in the action plan.</p> <p>A lead member of the team will identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</p>

9. Updating and Review

- 9.1. This section covers information regarding the review process. All policy documents should be reviewed no less than every three years. Where appropriate, the author may set a shorter review date.
- 9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval, and dissemination processes.
- 9.3. Where the revisions are minor for amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.
- 9.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process

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 And Inclusion 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

Information Category	Detailed Information
Document Title:	Governance Arrangements Relating to Medicines Policy V5.0
This document replaces (exact title of previous version):	Governance Arrangements Relating to Medicines Policy V4.0
Date Issued/Approved:	August 2025
Date Valid From:	October 2025
Date Valid To:	October 2028
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: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Medication Practice Committee
General Manager confirming approval processes:	Richard Andrzedejuk - Clinical Support
Name of Governance Lead confirming consultation and ratification:	Kevin Wright
Links to key external standards:	Care Quality Commission Regulation 12

Information Category	Detailed Information
Related Documents:	The Medicines Policy. Rules Relating to All Activities Involving Controlled Drugs. Guidelines for Patient Self Administration of Medication.
Training Need Identified?	Yes
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pharmacy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
31/03/2011	1.0	Initial Issue.	Iain Davidson, Chief Pharmacist
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 the policy for self administration of medicines.	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, Chief Pharmacist
09/07/2015	2.0	Scheduled 3 yearly update. Change made to names of some of the Trust committees and small changes to structure.	Iain Davidson, Chief Pharmacist
25/1/2019	3.0	Changes made to reflect the new governance structure within the Trust and include pharmacy governance meeting.	Iain Davidson, Chief Pharmacist
4/5/2022	4.0	Reviewed entire document. Updated Sub-groups.	Iain Davidson, Chief Pharmacist
10/8/2025	5.0	Removal of Medication Safety Group and Inclusion of Pharmacy Governance and Quality management group.	Iain Davidson, Chief Pharmacist

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Governance Arrangements Relating to Medicines Policy V5.0
Directorate and service area:	Pharmacy, Clinical Support
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Iain Davidson, Chief Pharmacist
Contact details:	01872 252593

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Sets out the governance arrangements around medicines within the Trust.
2. Policy Objectives	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. Policy Intended Outcomes	Reduction in harm to patients from inappropriate use of medicines. Increased awareness of how medicines are managed within the Trust.
4. How will you measure each outcome?	Audit and investigation of incidents.

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients and staff.
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Medication Practice Committee.
6c. What was the outcome of the consultation?	Agreed.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No.

<p>7. The Impact</p> <p>Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.</p> <p>Where a negative impact is identified without rationale, the key groups will need to be consulted again.</p>

Protected Characteristic	(Yes or No)	Rationale
Age	No	Applicable to all patients and staff.
Sex (male or female)	No	Applicable to all patients and staff.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	Applicable to all patients and staff.
Race	No	Applicable to all patients and staff.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Applicable to all patients and staff.
Religion or belief	No	Applicable to all patients and staff.

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	Applicable to all patients and staff.
Pregnancy and maternity	No	Applicable to all patients and staff.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	Applicable to all patients and staff.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Iain Davidson, Chief Pharmacist.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)