



# CLINICAL SERVICES POLICY & PROCEDURE (CSPP No. 18)

## CONTROLLED DRUGS POLICY

DOCUMENT INFORMATION	
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<b>Ratifying committee/group:</b>	Patient Safety Group
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## 1. Introduction

South Central Ambulance Service NHS Foundation Trust is required to comply with the statutory requirements and guidance with respect to the management of Controlled Drugs (CD).

Paramedics may possess, supply or offer to supply diazepam and/or morphine sulfate injection (to a maximum strength of 20mg) and/or morphine sulfate oral for the purpose of administration for the immediate necessary treatment of sick or injured persons<sup>1</sup>. There is no limit to the quantity of morphine that paramedics are allowed to possess.

Registered Paramedics can also carry ketamine and midazolam and the Schedule 4 and 5 Controlled Drugs permitted under the Misuse of Drugs regulations and its amendments when administering or supplying medicines in accordance with a Patient Group Direction (PGD)<sup>2</sup>.

Registered Nurses can carry morphine sulfate (oral and injection), ketamine and midazolam and the Schedule 4 and 5 Controlled Drugs permitted under the Misuse of Drugs regulations and its amendments when administering or supplying medicines in accordance with a Patient Group Direction (PGD).

The ambulance service must comply with all storage and recording Regulations for CDs.

## 2. Scope

The policy applies to the following groups of staff;

- All medical staff
- All paramedic staff
- All registered nursing staff and midwifery staff

## 3. Aim

To ensure that the Trust complies with relevant legislation governing the storage, supply and use of controlled drugs;

To ensure that all Trust staff are aware of the procedures regarding controlled drugs.

## 4. Roles and Responsibilities

### 4.1 Trust Board

- Will receive the annual report from the Medicines Management Group on an annual basis to enable the monitoring of compliance with the policy.

### 4.2 Chief Executive

- Overall statutory responsibility for the safe and secure handling of medicines, and has delegated this responsibility to the Director of Patient Care.
- Responsible for notifying the Care Quality Commission of any changes to the appointment of Accountable Officer, so that the national register can be updated.

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<sup>1</sup> Group Authority issued under Regulations 8(3), 9(3) and 10(3) of the Misuse of Drugs Regulations 2001.

<sup>2</sup> Misuse of Drugs (Amendment No. 2) Regulations 2012



#### 4.3 Director of Patient Care

- The nominated Accountable Officer for Controlled Drugs and takes organisational responsibility for CDs;
- Accountable for the delegation of CD responsibilities to a member of staff with the appropriate level of skills and knowledge.

#### 4.4 Chief Operating Officer

- Make all operational staff aware of and accountable for compliance with the Controlled Drug Policy and associated Standard Operational Procedures (SOP).

#### 4.5 Area Managers

- Make all registered clinical staff within the Area aware of and accountable for compliance with the Controlled Drug Policy and associated SOPs;
- Accountable for all medicines (including security) held within the Area and for making sure clinical staff adhere to the Controlled Drug Policy and associated SOPs;
- Maintain the list of Registered Practitioners who are authorised to requisition CDs;
- Accountable for the delegation of CD responsibilities to a member of their team with the appropriate level of skills and knowledge.

#### 4.6 Pharmacist (Medicines Manager)

- Manage medicines in accordance with the Controlled Drug Policy and associated SOPs;
- Make all staff within the scope of the policy aware of and accountable for compliance with the Controlled Drug Policy and associated SOPs;
- Support the Accountable Officer for controlled drugs;
- Complete Controlled Drug audits on ambulance stations each year.

#### 4.7 Medical Staff (Excluding Medical Students)

- Complete all prescription documentation and administer medicines in accordance with the appropriate SOP;
- Comply with the safe storage, custody and disposal of drugs in accordance with the Misuse of Drugs Act and the appropriate SOP;
- Communicate changes in patient treatment plans to patients, carers and allied health professionals;
- Provide a specimen signature to the Central Logistics Unit.

#### 4.8 Team Leaders

- Make all registered clinical staff within their team aware of and accountable for compliance with the Controlled Drug Policy and associated SOPs;
- Ensure all clinical staff in their team adhere to the Controlled Drug Policy and associated SOPs;
- Ensure that all Registered Practitioners have read and understood the Trust CD SOPs.

#### 4.9 Registered Paramedics/Nurses

- In the absence of the team leader will be accountable for all CDs (including security) held within the area and for making sure that staff adhere to the Policy and SOPs;
- Accountable for the implementation and the monitoring of CDs in accordance with the Trust SOP.



#### 4.10 Central Logistics Unit Medicines Staff

- Support paramedic, medical and nursing staff in the management and supply of CDs and monitor compliance with the policy and associated SOP's;
- Support the management and supply of CDs and monitor compliance with the policy and associated SOP's.

#### 4.11 Non-medical Prescribers

- Complete all prescription documentation and administer medications in accordance with the Medicines Management Policy;
- Comply with the Misuse of Drugs regulations and the appropriate SOP;
- Provide evidence of their entry onto the non-medical prescribers register to the Medicines Manager;
- Provide evidence of their training, development and compliance.

#### 4.12 Commercial Services Healthcare Logistics Staff

- Transport Controlled Drugs in sealed containers to agreed delivery points;
- Sign for receipt of a sealed container and will obtain a signature on delivery of the sealed container in accordance with an SOP.

### 5. Definitions

#### 5.1 Accountable Officer

An appointee required by the Controlled Drugs (Supervision and management of Use) Regulations 2006 who is accountable for the safe and effective use of and management of controlled drugs within the Trust.

#### 5.2 Controlled Drug

Medicines are defined as Controlled under The Misuse of Drugs Regulations 2001 (and subsequent amendments). The named CDs are divided into five schedules each specifying the requirements governing such activities as import, export, production, supply, possession, prescribing, and record keeping which apply to them.

#### 5.3 Local Intelligence Network

NHS England manages "Local Intelligence Networks" which is part of their legal duty to enable the sharing of information and intelligence about the use of controlled drugs in the health and social care sector within their area.

#### 5.4 Local Security Management Specialist

NHS accredited Security Management Specialist responsible for Security Management Matters within the Trust.

### 6. Abbreviations

CD - Controlled Drug

CQC - Care Quality Commission

GP - General Practitioner

SOP - Standard Operating Procedure



## 7. Management of Controlled Drugs

### 7.1 General principles

CDs will only be supplied as original packs;

CDs will be stored on vehicles which will be fitted with a safe to which only Trust Registered Paramedics, nurses and doctors (registered professionals) have access;

The registered professional on duty and assigned to the vehicle will have overall responsibility to ensure that the CD is stored, administered, recorded and handled securely, in accordance with Trust SOPs;

Morphine will be specific to each vehicle (as recorded in the Controlled Drug Record book) and will be supplied directly to the registered professional assigned to the vehicle.

### 7.2 Access

The Accountable Officer will ensure SOPs are in place.

Registered Paramedics are permitted to carry and administer the CDs morphine (oral and injection) and diazepam (rectal and injection);

Registered Paramedics can carry ketamine and midazolam and the Schedule 4 and 5 Controlled Drugs permitted under the Misuse of Drugs regulations and its amendments when administering or supplying medicines in accordance with a Patient Group Direction (PGD);

Registered Nurses can carry morphine, ketamine and midazolam and the Schedule 4 and 5 CDs permitted under the Misuse of Drugs regulations and its amendments when administering or supplying medicines in accordance with a Patient Group Direction (PGD).

The Accountable Officer will authorise named non-registered staff who carry the device to open and read CD safe locks. The CD safe will only open when the device is used with an individually issued coded ID card issued to registered staff.

### 7.3 PARAMEDICS AND NURSES USING A VEHICLE WITH A FITTED SAFE

#### 7.3.1 Controlled Drug Record Book

The CD Record Book will be completed by the registered professional in accordance with the SOP and will be witnessed by a colleague:

Where a registered professional is solo working and there is no opportunity for a handover, a 'stock check' will be completed by a team leader or another identified registered paramedic or nurse once every week.

#### 7.3.2 Supply of morphine

When the stock level is at the agreed level or below the registered paramedic or nurse in possession of the morphine injection will complete an order for a further supply of 10 ampoules;

Morphine injection will be ordered from a contracted pharmacy/ambulance station, using the order portion of the CD register, completed in accordance with the SOP;

Registered paramedics and nurses may collect the morphine injection on presentation of the Controlled Drugs Register and their ID card at the supplying pharmacy/ambulance station;

A registered paramedic may allow a registered doctor or another registered paramedic to administer morphine from the ambulance stock for the immediate necessary treatment of sick or injured persons.



### 7.3.3 Supply of other Controlled Drugs

Schedule 2 and 3 (except midazolam) CDs will be ordered from a contracted pharmacy/ambulance station, using the order portion of the CD record book, completed in accordance with the SOP. The CD does not need to be collected at the same time as the order is placed;

Registered paramedics and nurses may collect the CD on presentation of the CD record book and their ID card at the supplying pharmacy/ambulance station.

### 7.3.4 Storage

Schedule 2 and Schedule 3 (except midazolam) CDs will be issued to a specified vehicle and recorded in the vehicles unique CD Record Book;

Schedule 2 and Schedule 3 (except midazolam) CDs will be stored in a safe which meets the specification at Annex A;

Access to the vehicle safe is via the registered professionals individually issued coded ID card. The ID card stores the time, date and identity of the staff member on the IT the system every time the lock is accessed. This provides a robust audit trail of who opened the lock and when;

When not occupied, the vehicle will ordinarily be locked (unless operational circumstances such as a road traffic incident scene dictate otherwise);

At the end of a shift the vehicle will be left in the station compound/garage and will be locked with keys placed in the designated place on the station. The CDs will be deemed to be in the possession of the Trust;

CDs will not be transferred from one vehicle to another.

### 7.3.5 Administration from vehicle stock

CDs may only be administered by Trust employed registered professionals in accordance with Trust policies;

For registered professionals working “solo”, the used CD container should be retained and a witness signature obtained where ever possible from either:

- The attending ambulance crew
- A GP
- A clinician at the receiving hospital

This witnesses the registered professional’s signature and record book entry only.

7.3.5.3 The CD Record Book and Patient Clinical Record is completed on each occasion the Schedule 2 and 3 (except midazolam) CDs are administered.

### 7.3.6 Stock check

The stock will be checked at each change of shift and witnessed as described in the SOP;

Where a vehicle is off the road for a period of 24 hours or more, a delegated registered nurse or paramedic will undertake a daily stock check (and will be in possession of the CD);

The Schedule 2 and 3 (except midazolam) CDs will be independently stock checked at each ambulance station once a week, and the stock check will be reported to the Accountable Officer.





#### 7.4 REGISTERED PROFESSIONAL IN POSSESSION OF A PERSONAL AMBULANCE VEHICLE

Where Schedule 2 and 3 (except midazolam) CDs are supplied to a registered professional who ordinarily occupies a vehicle (e.g. Officer's Car) the following will also apply

##### 7.4.1 CD Record Book

The CD Record Book will be completed by the registered professional and witnessed by a colleague:

- Once a week (stock check)
- With every administration and/or usage of the morphine
- At every reordering/restocking
- On the transfer of the vehicle to another registered professional (stock check)

During periods of absence of 72 hours or more (e.g. sickness and leave) the Schedule 2 and 3 (except midazolam) CDs must be stored at a designated ambulance station and the Area Manager will delegate responsibility to a registered nurse or paramedic who will carry out the stock check as specified below. Arrangements will be made for the collection of the CDs from the Officers home address when necessary.

##### 7.4.2 Supply of Morphine

A maximum of 12 ampoules will be held in the car safe with the morphine being replaced at 2 ampoules.

##### 7.4.4 Supply of other Controlled Drugs

The supply and minimum and maximum levels of other Schedule 2 and 3 (except midazolam) CDs will be specified in the SOP.

##### 7.4.5 Storage

Registered professionals who are away from work for any period of time over 72 hours should store the morphine and other Schedule 2 and 3 (except midazolam) CDs together with the CD Record Book in a CD cabinet at a designated Ambulance Station. The stock will be checked by registered nurse or paramedic delegated responsibility by the Area Manager, who will witness the CD record book on handover to and from the ambulance station. This morphine and other Schedule 2 and 3 (except midazolam) CDs will remain in the possession of the Trust.

The Trust will issue registered professionals with a fixed vehicle safe for the safe custody of the morphine fitted in accordance with the specification at Annex A. **Access to the vehicle safe is via the registered professionals individually issued ID card.**

##### 7.4.6 Stock Check

The stock will be checked once a week and witnessed by another registered nurse or paramedic as described in the SOP;

On the transfer of the vehicle to another registered professional both staff will sign the "Daily Stock Check" portion of the CD Record Book and the transfer will be witnessed by a third registered health professional.

##### 7.4.7 End of Service

When the registered professional leaves the service and there is no registered professional taking over the vehicle, the remaining stock of morphine and other Schedule 2 and 3(except midazolam) CDs must be destroyed in accordance with the SOP (Destruction of Controlled Drugs);

Where the morphine and other Schedule 2 and 3 (except midazolam) CDs are transferred to a new vehicle Central Logistics Unit Medicines Team must be notified of both vehicle call signs.



#### 7.4.8 Medical and Non-Medical prescribers

Medical and non-medical prescribers will obtain their supply of morphine and other Schedule 2 and 3 (except midazolam) CDs from a Trust contracted pharmacy or the Central Logistics Unit.

A registered paramedic may allow a registered doctor and/or non-medical prescriber to administer morphine from the ambulance stock for the immediate necessary treatment of sick or injured persons.

#### 7.5 CONTROLLED DRUGS STORED AT TRUST PREMISES

CDs must be stored in a Trust approved CD safe (Annex A) with access limited to identified registered paramedics, nurses and doctors using the ID card;

CDs must be kept in the container issued by the contracted pharmacy or Central Logistics Unit;

The medicines manager will check stocks every twelve months, and at other times at the request of an appropriate manager or the Accountable Officer;

#### 7.6 VEHICLE SERVICING/REPAIR

Where repair/servicing is undertaken on Trust premises on an operational station, the morphine and other Schedule 2 and 3 (except midazolam) CDs may remain on the vehicle and are in the possession of the Trust;

When a vehicle is to be taken to a third party or off site for repair or servicing, the morphine and other Schedule 2 and 3 (except midazolam) CDs will be removed from the vehicle and stored with the CD Record Book in a CD cabinet located at an appropriate Ambulance Station. This morphine and other Schedule 2 and 3(except midazolam) CDs will be in the possession of the Trust.

#### 7.7 STORAGE OF CDs IN TRANSIT

CDs will be transported by the Central Logistics Unit staff in accordance with the Trust SOP;

CDs may be transported by a Register Professionals who will be responsible for the safe and secure storage of the CD;

Where an SOP is in place anyone may transport CDs to a registered professional who may legally be possession of the CD, provided that the collection and receipt of the CDs are witnessed by a member of Trust staff.

The Commercial Healthcare Logistics team may transport Controlled Drugs as part of a contractual arrangement with a healthcare provider. This activity will be supported with a Standard Operating Procedure.

#### 7.8 OUT OF DATE CDs

CDs may only be destroyed in accordance with the SOP by a person or persons formally nominated by the Accountable Officer. The Accountable Officer and Medicines Manager are not authorised to witness destruction.

The destruction or transfer of stocks of CDs must be witnessed by a second person and a record made in the CD Record Book, with both signatures, in accordance with the SOP (Destruction of Controlled Drugs).

CDs awaiting destruction should be stored according to the legal requirement, but separate from other CDs in the cupboard.

Records of Controlled Drug destruction will be maintained for seven years.



#### 7.9 UNUSED/WASTED CDs

When an injection ampoule is broken or opened and not all the Schedule 2 or 3 (except midazolam) CDs is administered, the unused medicine must be soaked up in a paper towel and placed in the clinical waste container;

A record of the unused CDs must be made in the CD Record Book and witnessed in the usual way;

All broken ampoules must be reported on the Datix system.

#### 7.10 AUDIT TRAIL

Record the administration of all medicines using the electronic Patient Record whenever possible. When not available the paper record must be completed;

The Trust will review unusual patterns of CD administration.

The Trust will share CD breakages and discrepancies with other ambulance trusts to enable benchmarking of incidents.

#### 7.11 LOSS OR VARIATION OF CDs and CD RECORD BOOKS

Any loss or variation between the number of ampoules and the current balance recorded in the CD Record Book must be reported to the Line Manager, who will make an investigation and complete the form at Annex B. This will be followed by an interim report in accordance with the Adverse Incident Reporting and Investigation Policy;

Any loss of Controlled Drug Record Books or Controlled Drug Registers must be reported to the Line Manager, who will make an investigation and complete the form at Annex B. This will be followed by an interim report in accordance with the Adverse Incident Reporting and Investigation Policy;

The Line Manager will notify the Accountable Officer and the Medicines Manager or in their absence the Local Security Management Specialist, on the next working day;

The Medicines Manager will report Controlled Drug incidents to the Local Intelligence Networks every three months (on behalf of the Accountable Officer) and copy to the Trust Quality Group for information.

#### 7.12 ORDERING AND RECORDS

The maintenance of records for morphine and other Schedule 2 and 3 (except midazolam) CDs will be in accordance with Trust SOP, which will be consistent with the Misuse of Drugs Regulations;

Morphine and other Schedule 2 and 3 (except midazolam) CDs will be stock checked and reconciled by each department/ambulance station at least once a week, or more frequently when requested by the Accountable Officer;

CD Record Books and registers must be maintained to record the use, restocking and running balance of morphine and other Schedule 2 and 3 (except midazolam) CDs;

Where morphine and other Schedule 2 and 3 (except midazolam) CDs are being stored at the station by another officer, the delegated registered nurse or paramedic will undertake a weekly stock check.

The SOPs for the management of morphine and other Schedule 2 and 3 (except midazolam) CDs must cover the following:



- Who has access;
- Where the CDs are stored;
- Security in relation to the storage and transportation;
- Disposal and destruction;
- Who to alert if complications arise;
- Record keeping.

## 8. Training

The following compulsory training is available for the management of Controlled Drugs:

- All registered clinical staff will receive CD training as part of Trust induction;
- All registered clinical staff will sign the relevant SOPs when joining the Trust and when the SOP is updated;
- Any training on Controlled Drugs as agreed annually by the Trust’s “Workforce Board”.

## 9. Equality and Diversity

An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 3.

## 10. Monitoring

The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a. Controlled Drug stock and administration errors will be reported once a month.	All errors reported on the Datix system will be documented	Medicine administrator	Medicines Group and Quality Group	6 monthly
b. The weekly stock checks for each ambulance station will be recorded.	A spreadsheet will be maintained of all weekly stock checks declared to the Accountable Officer.	Medicine administrator	Medicines Group and Quality Group	6 monthly



## 11. Consultation and Review

A consultation exercise on the policy will be carried out with the stakeholders listed below.

This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All managers and Staff	22Jul16- 12Aug16	Yes
Medicines Group	18 Feb 2016	Minuted
Medicines Group	21 July 2016	Minuted
Patient Safety Group	18 Aug 2016	Yes

## 12. Implementation (including raising awareness)

The policy will be implemented and communicated to managers and staff via email to senior managers and area managers asking them to bring the policy to the attention of their register clinical staff.

## 13. References

- Care Quality Commission (2015) Guidance for providers on meeting the regulations
- Controlled Drugs (Supervision of Management and Use) Regulations 2013
- A Guide to Good Practice in the management of controlled drugs in primary care (England) 3rd Edition, December 2009.
- Health Act 2006
- Human Medicines Regulations 2012
- The Joint Royal Colleges Ambulance Liaison Committee (JRCALC) Clinical Practice Guidelines 2006
- Misuse of Drugs and Misuse of Drugs (Safe Custody) (amendment) Regulations 2007
- Misuse of Drugs Regulations 2001
- Misuse of Drugs (Amendment No.2) (England, Wales and Scotland) Regulations 2012. Statutory Instrument No. 973.
- Misuse of Drugs (Amendment No. 2) (England, Wales and Scotland) Regulations 2015 (S.I. 2015/891)
- Misuse of Drugs Regulations 2001 : Group Authority for National Health Service (NHS) Ambulance Paramedics and Employing NHS Ambulance Trusts
- Nursing and Midwifery Council (2010) *Standards for medicines management*
- NICE guidelines [MPG2](2013) Patient Group Directions
- Royal Pharmaceutical Society (2005) *The Safe and Secure Handling of Medicines: A team approach*
- Security standards and guidance for the management and control of controlled drugs in the ambulance sector. (April 2013) NHS Protect

## 14. Associated documentation

Adverse Incident Reporting and Investigation Policy;

Medicines Policy



## Annex 1

### Controlled Drug Safe Specification

#### Ambulances

The Salto Lock safes will be fitted in the saloon in an unmarked cupboard. The safe will be bolted to the wall or floor with the minimum of two M8 8.8 bolts, which can only be accessed from within the safe. The use of M8 8 lock nuts will be used if accessible or if not then Versa nuts will be employed (see Annex.1). All fixings will be through the metal structure of the vehicle. Should lock nuts be utilised these will terminal within the safe if possible.

#### Early (2005-2007) V70 SRV

The Salto lock safe will be fitted in the boot. As this vehicle has a false floor a bracket will be required; this will be a minimum of two thirds the width of the safe. It will be constructed of stainless steel/galvanised steel at least 14 swg (2mm) thick. All seams will be bent or continuously welded. The bracket will be bolted to the vehicle structure with two M8 8.8 bolts. Lock nuts or versa nuts will also be used. Two M8 8.8 bolts with M8 8 lock nuts will fix the safe to the bracket. The lock nuts will be on the inside of the safe. The safe will be fitted as low as possible to hold the strength in the bracket.

#### Discovery SRV

The Salto lock safe will be fitted in the boot. This vehicle has fold down seats within the boot area, and also has a false floor. The safe will be bolted through the fixing for the lashing eye. The existing lashing eye will be removed. One M8 12.9 bolt will be employed with a spacer: the bolt will only be accessible when the safe is open.

#### Mondeo SRV

The Salto lock safe will be fitted in the boot. This vehicle has a foam base to the boot floor, and therefore a bracket will be required. This will be a minimum of two thirds the width of the safe. It will be constructed of stainless steel/galvanised steel at least 14 swg (2mm) thick. All seams will be bent or continuously welded. The bracket will be bolted to the vehicle structure with two M8 8.8 bolts. Lock nuts or versa nuts will also be used. Two M8 8.8 bolts with M8 8 lock nuts will fix the safe to the bracket. The lock nuts will be on the inside of the safe. The safe will be fitted as low as possible to hold the strength in the bracket.

All SRV'S have tinted windows which ensures that safes will not be visible from the outside of the vehicle. There is also an interface fitted to the vehicle to allow the vehicles engine to keep running and lock the vehicle, should anyone try to move the vehicle the engine will automatically shut down.

#### Annex

The property of a bolt is identified by two numbers separated by a decimal point. The first number equals 1/100<sup>th</sup> of the minimum tensile strength; the second is a number that is 10 times the ratio of the yield point in relation to the tensile strength. Multiplying the two numbers gives 1/10 of the minimum yield point (example: 8.8> Re = Rp0.2 = 640MPa). The property class of a standard nut is identified by one number. This number corresponds to 1/100 of the minimum tensile strength of a bolt of the same property class.

Versa nuts have a pull out resistance as below:

Versa nut fitted into 0.76mm steel would with hold 5.4KN.

All fixing will have a form of thread locking devise, and a washer to spread the loads.



**Appendix 1: Review Table**

<b>Version</b>	<b>Reason for change</b>	<b>Overview of change</b>
V4.0	Review of policy	Adoption of new policy template Changes to all sections reflecting amendments to legislation and guidance.



**Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies**

<b>Policy Group</b>	<b>Lead Director / Officer</b>	<b>Working Group</b>	<b>Committee</b>	<b>Board Ratification</b>
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Director Operations	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Director of IT	Information Governance Steering Group	Quality and Safety Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Director Operations	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision





**Appendix 3: Equality Impact Assessment Form Section One – Screening**

Name of Function, Policy or Strategy: Ed England Controlled Drug Policy

Officer completing assessment: Medicines and Research Manager

Telephone: 01962 898074

1. What is the main purpose of the strategy, function or policy?
To ensure that the Trust complies with relevant legislation governing the storage, supply and use of controlled drugs;  To ensure that all Trust staff are aware of the procedures regarding controlled drugs.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
Provides guidance and defines standards and roles and responsibilities of staff for the management of Schedule 2 and 3 (except midazolam) Controlled Drugs.
3. Who will be the main beneficiaries of the strategy/function/policy?
Registered clinicians
1. Use the table overleaf to indicate the following:-  a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?  b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?



		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
<b>GENDER</b>	Women	N/A	N/A	No impact either positive or negative
	Men	N/A	N/A	No impact either positive or negative
<b>RACE</b>	Asian or Asian British People	N/A	Yes	If English is not the first language may affect employees ability to understand/follow policy and procedures.
	Black or Black British People	N/A	Yes	If English is not the first language may affect employees ability to understand/follow policy and procedures.
	Chinese people and other people	N/A	Yes	If English is not the first language may affect employees ability to understand/follow policy and procedures.
	People of Mixed Race	N/A	Yes	If English is not the first language may affect employees ability to understand/follow policy and procedures.
	White people (including Irish people)	N/A	Yes	If English is not the first language may affect employees ability to understand/follow policy and procedures.
	<b>Disabled People</b>	N/A	Yes	Disability may affect employees ability to understand/follow policy and procedures.
	<b>Lesbians, gay men and bisexuals</b>	N/A	N/A	No impact either positive or negative
	<b>Trans people</b>	N/A	N/A	No impact either positive or negative
<b>AGE</b>	Older People (60+)	N/A	N/A	No impact either positive or negative
	Younger People (17 to 25) and children	N/A	N/A	No impact either positive or negative
	<b>Faith Groups</b>	N/A	N/A	No impact either positive or negative
	<b>Equal Opportunities and/or improved relations</b>	Yes		Clear statement on Equal Opportunities



Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	<b>Yes</b>	<b>No</b>
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Intended</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Level of Impact</b>	<b>High</b>	<b>Low</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
Translations, language line, translator		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
Shorten policy, and improve layout and use of colour.		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
None identified		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name: Ed England, Medicines and Research Manager		
Date:.....		



**Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment**

Name of Function, Policy or Strategy:.....

.....

Officer completing assessment:.....

Telephone.....

**Part A**

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

2. Summarise the likely negative impacts:-

.....

.....

.....

.....

.....



3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexuality/Transexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexuality/Transexuality	
Older People	
Younger People	
Faith	



6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....  
.....

No

**6**

**Part B**

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....  
.....  
.....  
.....  
.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)

Intended?



Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....  
.....  
.....  
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....



## Appendix 5: Ratification Checklist

### Section 1: To be completed by Author prior to submission for ratification

<b>Policy Title</b>	
<b>Author's Name and Job Title</b>	Ed England, Medicines and Research Manager
<b>Review Deadline</b>	
<b>Consultation From – To (dates)</b>	Medicines Group 18 <sup>th</sup> February 2016 Medicines Group 21 July 2016
<b>Comments Received? (Y/N)</b>	
<b>All Comments Incorporated? (Y/N)</b>	Yes
<b>If No, please list comments not included along with reasons</b>	
<b>Equality Impact Assessment completed (date)</b>	Yes
<b>Name of Accountable Group</b>	Patient Safety Group
<b>Date of Submission for Ratification</b>	

### Section 2: To be completed by Accountable Group

<b>Template Policy Used (Y/N)</b>	Yes
<b>All Sections Completed (Y/N)</b>	Yes
<b>Monitoring Section Completed (Y/N)</b>	Yes
<b>Date of Ratification</b>	
<b>Date Policy is Active</b>	
<b>Date Next Review Due</b>	
<b>Signature of Accountable Group Chair (or Deputy)</b>	
<b>Name of Accountable Group Chair (or Deputy)</b>	