

# Medicines Code 2020/21

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## 1. Equality and Human Rights Impact Analysis (EHRIA)

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1.1 Board Lead:	Chief Medical Officer	1.2 Analysis Start Date:		
		1.3 Analysis Submission Date:	02.12.08 Submission 1 05.01.12 Submission 3 29.10.14 Submission 5 14.07.16 Submission 7 23.11.18 Submission 9	07.10.10 Submission 2 28.11.13 Submission 4 10.09.15 Submission 6 14.08.18 Submission 8
1.4 Analysis Team Members:	1) Author / Editor: Ray Lyon, Chief Pharmacist			
1.5 If this is a cross agency policy/service or strategy please indicate partner agencies and their formal title	2) Frontline Staff: Pharmacy team, MHA team, Senior nurse managers			
1.6 Completion Statement This analysis was done when the policy was originally written.	3) Patient / End-user: N/A  4) I, being the author, acknowledge in good faith that this analysis uses accurate evidence to support accountable decision-makers with due regard to the National Equality Duties, and that the analysis has been carried out throughout the design or implementation stage of the service or policy.			
1.7 Policy Aims	To provide one document that pulls together the majority of advice on the safe handling, storage and general use of medication. <b>This assessment has been limited to the sections amended since the last edition of the Medicines Code published in November 2017. For a detailed EHRIA on the impact of the policy please refer to the Trust EHRIA webpage <a href="http://www.sussexpartnership.nhs.uk/about/equality/completed-impact-assessments">http://www.sussexpartnership.nhs.uk/about/equality/completed-impact-assessments</a></b>			
 Send draft analysis along with the policy, strategy or service to <a href="mailto:equality.diversity@sussexpartnership.nhs.uk">equality.diversity@sussexpartnership.nhs.uk</a> for internal quality control prior to ratification.				
1.8 Quality Assessor sign off	<b>Cassandra Blowers</b>			
1.9 Reference Number	<b>CB145E</b>			

## 2. Evidence Pre-Analysis–The type and quality of evidence informing the assessment

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<b>X</b>	2.1 Types of evidence identified as relevant have <b>X</b> marked against them	
	Patient / Employee Monitoring Data	<b>X</b> Risk Assessments
<b>X</b>	Recent Local Consultations	Research Findings
<b>X</b>	Complaints / PALS / Incidents	<b>X</b> DH / NICE / National Reports
	Focus Groups / Interviews	<b>X</b> Good Practice / Model Policies
	Service User / Staff Surveys	<b>X</b> Previous Impact Analysis
	Contract / Supplier Monitoring Data	Clinical Audits
	Sussex Demographics / Census	<b>X</b> Serious Untoward Incidents
	Data from other agencies, e.g. Services, Police, third sector	Equality Diversity and Human Rights Annual Report
		Please provide detailed evidence for the areas 1. Advisory Guidance, Administration of Medicines by Nursing Associates, HEE, Dec 2017 2. RM v St Andrew's Healthcare [2010] UKUT 119 (AAC) and M v Abertawe Bro Morgannwg University Health Board [2018] UKUT 120 (AAC)

## 3. Impact and outcome Evaluation– Any impacts or potential outcomes are described below.

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Ref	Mark one <b>X</b>		Describe how this policy, strategy or service will lead to positive <b>+</b> outcomes for the <a href="#">protected characteristics</a> . Describe how this policy, strategy or service will lead to negative <b>-</b> outcomes for the <a href="#">protected characteristics</a> . (Please describe in full for each)	People's Characteristics (Mark with 'X'):								
	<b>+</b>	<b>-</b>		Age	Disability & Carers	Gender Reassignment	Pregnancy & Maternity	Race	Religion & Belief	Sex	Sexual Orientation	Human Rights
3.1	<b>X</b>		The section 38.6 has been amended to make it clear to teams considering the use of covert administration under the provisions of s63 or s58 of the MHA, that it may be disclosed to the patient by the First Tier Tribunal so that they or their legal representative are able to effectively challenge the detention.									<b>X</b>
3.2	<b>X</b>		This policy is available in different formats for those with a communication need	<b>X</b>	<b>X</b>			<b>X</b>				<b>X</b>
3.3	<b>X</b>		This policy takes into consideration religious needs e.g. medication that may contain animal substances						<b>X</b>			

Add more rows if necessary with new reference numbers in the left column

#### 4. Monitoring Arrangements

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- 4.1 The arrangements to monitor the effectiveness of the policy, strategy or service considering relevant characteristics? E.g.
- ↳ survey results split by age-band reviewed annually by EMB and Trust Board
  - ↳ Service user Disability reviewed quarterly by Equality and Diversity Steering Group or annually in the EDHR Annual Report
  - ↳ Audit of covert administration to be undertaken in 2018

See original EHRIA on medicines code here

<http://www.sussexpartnership.nhs.uk/equality-impact-analysis-equality>

#### 5. Human Rights Pre-Assessment

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The Impacts identified in sections ( ) have their reference numbers (e.g. 4.1) inserted in the appropriate column for each relevant right or freedom

	+	-
A2. Right to life(e.g. Pain relief, DNAR, competency, suicide prevention)		
A3. Prohibition of torture, inhuman or degrading treatment(e.g. Service Users unable to consent)	3.1 - 3.3	
A4. Prohibition of slavery and forced labour(e.g. Safeguarding vulnerable patients policies)		
A5. Right to liberty and security(e.g. Deprivation of liberty protocols, security policy)	3.1	
A6&7. Rights to a fair trial; and no punishment without law(e.g. MHA Tribunals)		
A8. Right to respect for private and family life, home and correspondence (e.g. Confidentiality, access to family etc)		
A9. Freedom of thought, conscience and religion(e.g. Animal-derived medicines/sacred space)	3.3	
A10. Freedom of expression(e.g. Patient information or whistle-blowing policies)		
A11. Freedom of assembly and association(e.g. Trade union recognition)		
A12. Right to marry and found a family(e.g. fertility, pregnancy)		
P1.A1. Protection of property(e.g. Service User property and belongings)		
P1.A2. Right to education(e.g. accessible information)	3.2	
P1.A3. Right to free elections(e.g. Foundation Trust governors)		

## 6. Risk Grading

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6.1 <b>Consequence</b> of negative impacts scored (1-5)	<b>1</b>	6.2 <b>Likelihood</b> of negative impacts scored (1-5):	<b>1</b>	6.3 <b>Equality &amp; Human Rights Risk Score</b> = Consequence x Likelihood scores:	<b>1</b>
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## 7. Analysis Outcome— The outcome (A-D) of the analysis is marked below ('X') with a summary of the decision

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<b>X</b>	7.1 The outcome selected (A-D):	7.2 Summary for the outcome decision ( <b>mandatory</b> )
	A. Policy, strategy or service addresses quality of outcome and is positive in its language and terminology. It promote equality and fosters good community relations	The recent court judgement on covert administration - M v Abertawe Bro Morgannwg University Health Board [2018] UKUT 120 (AAC). Reducing the risk of improper use of covert administration would be reduced if teams follow the new guidance in chapter 38 to consider disclosure to the patient by the first tier tribunal
<b>X</b>	B. Improvements made or planned for in section 8 (potential or actual adverse impacts removed and missed opportunities addressed at point of design)	
	C. Policy, service or strategy continues with adverse impacts fully and lawfully justified(justification of adverse impacts should be set out in section 3 above	
	D. Policy, service or strategy recommended to be stopped. Unlawful discrimination or abuse identified.	

## 8. Equality & Human Rights Improvement Plan

- › Remove negative impacts for people with protected characteristics
- › Improve opportunities for people with protected characteristics
- ›

**Actions should when relevant and proportionate meet the different needs of people.**

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<b>Impact Reference(s)</b> (from assessment)	<b>What directorate (team) action plan will this be built into</b> ⚠	<b>Action</b>	<b>Lead Person</b>	<b>Timescale</b>	<b>Resource Implications</b>
		As well as updating the Medicines Code an article on the changes to the Covert Administration chapter as well as other key changes to the Medicines Code will be written for the quarterly Drugs & Therapeutics Newsletter.	Ray Lyon	By 31 March 2020	None