

POLICY CONTROL SHEET
(updated August 2011)

Policy Title and ID number:	Medicines Management Policy CC 4.5			
Sponsoring Director:	Medical Director			
Implementation Lead:	Chief Pharmacists			
Impact:	(a) To patients	Yes		
	(b) To Staff	Yes		
	(c) Financial	Yes		
	(d) Equality Impact Assessment (EIA)	Completed: Yes		
	(e) Counter Fraud assessed	Completed: Yes / No		
	(e) Other			
Training implications:	To be incorporated into induction: Yes / No			
Date of consultation:	Approval Process	Date	Local Consultation	Date
	Executive Team		Joint Partnership Forum	
	Board Committee:		Local Negotiating Committee	
	• Clinical Governance	01/02/12	Infection Control Committee:	
	• Non Clinical Governance & Risk		Health & Safety Committee	
	• Audit Committee		Quality Safety Improvements & Effectiveness Board	
	• Finance Committee			
	• RATS		Investment Board	
	Trust Board Approval / Ratification		Patients Experience Board	
	Other:		Other:	
Approval/Ratification at Trust Board:	February 2012	Version Number:	3	
Date on Policy Warehouse:	February 2012	Team Brief Date:		
Circulation Date:		Date of next review:	January 2014	

For completion by ET for <i>new</i> policies only:				
Additional Costs			Budget Code:	Revenue or Non Revenue
	(a) Training	£		
	(b) Implementation	£		
	(c) Capital	£		
	(d) Other	£		

MEDICINES MANAGEMENT POLICY

CC 4.5

Implemented August 2007
Reviewed October 2011

Sponsoring Director: Medical Director

**MEDICINE'S MANAGEMENT POLICY
(POLICY ID: CC 4.5)**

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ABBREVIATIONS AND ACRONYMS

- **Board** **Board of Directors**
- **CMT** **Clinical Management Team**
- **CQC** **Care Quality Commission**

MEDICINE'S MANAGEMENT POLICY

(POLICY ID: CC 4.5)

STATEMENT OF INTENT

This policy is intended to provide a framework for the delivery of safe and effective drug therapy and to enhance public confidence in medicines and their use.

INTRODUCTION

Barnsley Hospital NHS Foundation Trust (BHNFT) recognises that most patients will receive medicines in hospital and clinical staff will be required to deal with medicines.

The aims of this policy are:

- The safe and effective use of medicines
- Compliance with clinical governance standards
- Minimising clinical risk
- Monitoring medicines management practice
- Integration of medicines management with patients of BHNFT and the wider health community

IMPLEMENTATION

Procedural requirements for medicines management are governed by the Medicine's Code of Practice document for all aspects of prescribing, dispensing, storage and administration of medicines. The Medicine's Code of Practice is widely available including access on the Trust's intranet and provides procedural controls for medical, nursing and pharmacy staff.

The role of the Training & Development Department in liaison with Departmental Managers is to identify training needs via staff appraisal procedures and ensure relevant training programmes are established. Programmes of education, training and induction are available and will continue to be developed and maintained within the Trust to ensure high standards of practice.

Staff who are required to prescribe, dispense or administer medicines have access to the relevant training. On induction into their department all staff will receive a local induction to include formal teaching and systematic assessment of competence for medicine's management processes that may be encountered on that department and that they may be required to undertake. This induction will be complemented by a preceptorship programme. In addition all staff involved in any aspect of medicines management will have to complete the medicines management E-learning module.

MANAGEMENT ARRANGEMENTS

Overall responsibility for the management of risk lies with the Chief Executive.

All Trust Directors are responsible, collectively, for the Trust's systems of internal control and management. The Board is responsible ensuring compliance with CQC Essential Standards for Quality & Safety and it needs to be satisfied that appropriate policies and procedures are in place and that systems are functioning effectively. The Board of Directors has delegated its accountability arrangements for medicine's management to the Chief Pharmacist.

The responsibility for medicine's management necessarily involves the whole management chain of command, and all members of staff have a responsibility to ensure the effective implementation of the policy and procedures.

Within that system there are certain key officers whose specific functions are outlined below.

Chief Pharmacist

- To ensure that policy and procedures are agreed through consultation with relevant staff groups
- To ensure that the overarching policy is updated regularly in line with national guidance and audit reports
- To ensure ongoing review of staffing levels and resources within the pharmacy department
- To keep the Chief Executive and Board of Directors up to date with progress and highlight any areas of concern

Divisional Directors, Consultants, Assistant Directors of Nursing, Managers, Heads of Departments

- To ensure that where appropriate risk assessments are carried out and safe systems of work are adopted
- To ensure that staff are trained to the correct level of competence in accordance with the Training Needs analysis.
- To ensure that adequate resources are available within the work area to follow correct medicine's management procedures
- To ensure that systems are utilised to report adverse incidents and near misses and that learning takes place following investigation of these events
- To ensure that procedures are updated in a timely manner in line with national guidance
- To ensure that regular audit of agreed processes and procedures takes place to monitor the effectiveness of practice and that remedial action is implemented where required in particular those related to the Medicine's Code of Practice.

- To co-ordinate investigation of untoward incidents within their area of responsibility and develop subsequent action plans for improvement

Staff

- To be personally responsible for ensuring competency in all aspects of Medicines Management practice which they deliver.
- To access appropriate training and regular updating as detailed in the Training Needs Analysis
- To follow agreed procedures and safe systems of work
- To report any untoward incidents or near misses
- To assist where required with audit processes

Incidents and Control of Risk

The incident reporting procedure for untoward events or near misses is utilised for reporting of medication incidents. Incidents are required to be investigated within Divisions and departments and themes or trends identified for action. Quarterly corporate trend reports are produced by the risk management department and these local and corporate reviews are routinely monitored by the medicine's management committee for learning and improvement.

A system for dissemination and co-ordination of medicine's alerts via the Medicines and Healthcare Regulatory Agency (MHRA) is in place under the direction of the Chief Pharmacist. Risks associated with local practice within Divisions/departments or impacting on the corporate management of medicines are identified, controlled and monitored by the medicine's management committee.

Audit

An annual programme of routine and periodic audit is agreed by the medicine's management committee in conjunction with the clinical audit department. In addition, spot checks may be commissioned to monitor any of the procedures or guidelines.

REVIEW DATE

December 2012

BIBLIOGRAPHY

Department of Health (April 2006) *Standards for Better Health*
 Care Quality Commission (October 09) – *Outcome 9 Management of Medicines 2011*
 NHSLA (2011/12) *Risk Management Standards for Acute Trusts*. Willis UK

CROSS REFERENCE DOCUMENTS/POLICIES

Medicine's Code of Practice (January 2009)

Training Needs Analysis (Corporate Curriculum v5 April 2011)