Mediwell™ 365 Automated Cabinets
Operational Policy
<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Mediwell™ 365 Automated Cabinets – Operational Policy</th>
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<tr>
<td>Executive Summary:</td>
<td>The Mediwell 365 cabinets are electronically operated medicine storage devices in use on the Emergency Floor, Wards 3&amp;4 and Pharmacy out of hours. The objective of this policy is to provide assurance that the Mediwell 365 cabinets will be used in line with the Trusts Safe &amp; Secure Handling of Medicines Policy, The Safe &amp; Secure Handling of Controlled Drugs Policy and comply with the safe &amp; secure storage of medicines, and comply with the requirements stated in the Internal Audit for Medicines Management 2011 (CQC Outcome 9). The roles and responsibilities of all personnel are clearly defined within the policy. The Policy will be supported by Standard Operating Procedures in place on all wards and clinical areas operating the Mediwell Systems.</td>
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<td>Supersedes:</td>
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| Description of Amendment(s): | Amended Ward service manager list  
Reviewed operational process |
| This policy will impact on: | All staff required to access a Mediwell 365 automated cabinet |
| Financial Implications: | None |
| Policy Area: | Trust Wide |
| Version Number: | 1.4 |
| Issued By: | Mr. Kashif Haque – Chief Pharmacist |
| Authors: | Karen Burton – Pharmacy Operational Manager |
| Impact Assessment Date: | January 2017 |

**APPROVAL RECORD**

<table>
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<tr>
<th>Committees / Group</th>
<th>Date</th>
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<tr>
<td>Approval:</td>
<td>Kashif Haque - Chief Pharmacist</td>
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<tr>
<td></td>
<td>Operational Pharmacy Group</td>
</tr>
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<td>Medicines Management Group</td>
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<tr>
<td>Consultation:</td>
<td>Service Managers where Mediwell cabinets in use</td>
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Uncontrolled when printed – refer to electronic copy on Trust Internet. Next review 03 JUL 2016.
| System Managers where Mediwell cabinets in use |  
|Approved by:| Kashif Haque – Chief Pharmacist | 30th July 2013 |
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1 INTRODUCTION

In 2010, East Cheshire NHS Trust purchased Mediwell 365 electronic storage cabinets system to be used for safe and secure administration of medicines in four key areas, including: Emergency department, Emergency out of hours cupboard, wards 3&4 and Medical Assessment Unit (MAU) & Ward 9.

The key factors influencing the purchase of this system were:

- SAFETY: This system will reduce the risk of incorrect medicines being given to patients due to similar design and colours of packaging. Only the item selected by the user will be made available to withdraw.

- AUTHORISATION OF USE: Access to the Mediwell system is made by authorisation from a manager/senior nurse in the area the machine is situated. This facilitates a more robust procedure in who has access to drugs in the trust.

- STOCK MANAGEMENT AND CONTROL: The system will automatically generate a top-up order via the iPharmacy system on set days. This is to reduce the incidence of drugs not being available and therefore reducing the amount of missed doses to patients. With robust housekeeping measures in place, it will also help to reduce duplicate ordering of drugs and therefore reducing financial and manpower time losses.

- ACCESS: With the Mediwell cabinet, staff can have immediate access as and when they require. Time wasted looking for keys will be eliminated. Staff will access the system via use of their trust ID badge and their biometric scanning (fingerprint access).

- SECURITY: The Mediwell cabinet software provides a robust audit trail which can be used so managers can monitor the use of the cupboard if required to assist in an investigation or discrepancy of stock.

- QUALITY: By reducing time spent looking for keys by and ensuring correct stock levels in the system; this will enhance quality of patient care as more nursing time will be available.

2 PURPOSE

The aim of this policy is to provide all authorised users with clear guidance in the operation of the Mediwell automated drug cabinets throughout East Cheshire NHS Trust, and to ensure users of the system are adhering to the Standard Operating Procedures applicable to Mediwell automated drug cabinets at all times.

By correct use of the Mediwell cabinets, safe and secure administration of medicines will be achieved. This will reduce medication administration errors and missed doses, and therefore the system will maintain patient safety and provide safer systems for users. Cost improvements relating to tighter control on ward-based medicine expenditure will be achieved, thus contributing to the Trust CIP programme.

**THIS OPERATIONAL POLICY IS TO BE USED IN CONJUNCTION WITH THE SAFE AND SECURE STORAGE OF MEDICINES POLICY AND THE SAFE AND SECURE STORAGE OF CONTROLLED DRUGS POLICY.**
3 RESPONSIBILITIES

3.1 Service Managers

3.1.1 Must identify a Systems Manager for their area.

3.1.2 Must ensure that the Systems Manager has identified a deputy to assume the role of System manager in times of absence from the ward, in order to ensure service continuity.

3.1.3 Must ensure that the Systems manager for that ward has received robust training on the Mediwell automated drug cabinets, before they commence the role of Systems Manager.

3.1.4 Have a duty to ensure all staff data kept within the Mediwell system is protected in line with the Data Protection Act 1998 (amended 2003).

3.2 The Ward/ Clinical Area Systems Manager

3.2.1 Must identify all staff in their area that will require access to the system.

3.2.2 Must ensure all authorised staff are provided with adequate training and ensure on-going competence, and updates in training as new software is introduced, and that this refresher training is also documented.

3.2.3 Must retain records of all staff who have received training on the use of the Mediwell cabinets.

3.2.4 Must complete all documentation relating to staff who undergo training to use the system. This documentation must include trainee name, date the training took place, trainers name, and signatures, in order to assure that the user has been appropriately trained.

3.2.5 Must ensure training and competence in use of the system is part of each areas mandatory training/ local induction plan.

3.2.6 Must ensure all staff using the Mediwell cabinets are aware and have access to the operational policy.

3.2.7 Must ensure users adhere to the operational policy at all times.

3.2.8 Will ensure robust Standard Operating Procedures are in place to enable access to medicines in the event of system failure.

3.2.9 Is responsible for the review of ward Mediwell user guides/ Standard Operating procedures and ensuring they reflect current changes to the systems and are up to date.

3.2.10 Must ensure a current hard copy of user guides/ Standard Operating Procedures for the Mediwell system are clearly visible to users in the clinical area.
3.2.11 Is responsible for capturing biometric data (fingerprints) or authorising the use of a password if fingerprints cannot be captured, for new users of the system.

3.2.12 Is responsible for de-activating log in access to the Mediwell cabinets when a member of staff leaves employment of the Trust.

3.2.13 Must have access to Mediwell reports and staff usage of the system for audit and investigation purposes. All staff information relating to this must be used appropriately and be kept confidential at all times.

3.2.14 Must perform investigations if any misuse of the system has been identified according to the safe and secure storage of medicines policy, the safe and secure storage of controlled drugs policy or disciplinary policy.

3.2.15 Must report any misuse of the system immediately to the Service Manager, Pharmacy Operational Manager or Chief Pharmacist.

3.2.16 Must ensure ward top up takes place on agreed allocated days.

3.2.17 Is responsible for ensuring all medicines received on days other than the designated Pharmacy top-up day, are placed immediately into the Mediwell cabinet, to ensure the safe and secure storage of medicines is maintained.

3.2.18 Must ensure quarterly review of stock levels are completed with ward based pharmacy teams, as stated in the Safe Handling of Medicines Policy.

3.2.19 Shall ensure that up to date “medicine maps” for the cabinets are provided, if required for a manual override.

3.2.20 Will meet quarterly with all other system managers to address and action changes to the Mediwell system, software and training.

3.3 Pharmacy Responsibilities

Pharmacy System Manager

3.3.1 Must ensure medicine stock lists are up to date

3.3.2 Must facilitate change of location of a product in the Mediwell system due to pack size changes or stock level changes.

3.3.3 Is responsible for an annual stock check of all medicines stored in the Mediwell cabinets

3.3.4 Is responsible for implementing system updates with new software

3.3.5 Is responsible for updating the Mediwell database with new products and stock levels as required

3.3.6 May liaise with Clinical area service Managers and Mediwell personnel for software updates. N.B. Clinical area service managers MUST liaise with Mediwell personnel directly for fault finding issues.
Pharmacy Assistant Technical Officer (ATO)

3.3.6 The Pharmacy ATO will provide a ward top up service to the Mediwell cabinets on wards/ to departments on the agreed day.

3.3.7 The Pharmacy ATO will ensure the correct medicines are topped-up as per order received.

3.3.8 The Pharmacy ATO will return excess stock not able to be placed safely in the Mediwell cabinet to Pharmacy, and report this to the ward/ clinical area system manager and Senior Pharmacy Technician (Stores and Distribution).

3.3.9 The Pharmacy ATO will liaise with the Senior Pharmacy Technician (Stores and Distribution) to reimburse clinical areas for excess stock that will not fit in to the Mediwell system on the allocated top up day.

3.3.10 The Pharmacy ATO will undertake training on the use of the Mediwell cabinets as part of Departmental training.

3.3.11 The Pharmacy ATO will liaise with the Systems Manager and the Senior Pharmacy Technician (Stores and Distribution), to facilitate a change in stock levels, where stock levels appear to be incorrect for the area.
3.4 Authorised User Responsibilities

3.4.1 Must adhere to the Operational Policy for Mediwell Cabinets and associated Trust Policies (as stated in Section 2), and all ward-based user guides/Standard Operating Procedures for the use of Mediwell Cabinets at all times.

3.4.2 Must observe safe and secure storage of medicines at all times

3.4.3 Must ensure they have their Trust ID badge on their person at all times

3.4.4 Must undertake all training provided by the System Manager in the use of the Mediwell cabinets, and ensure the ward training record provided by the ward-based administrator is signed and dated upon completion.

3.4.5 Must not permit another member of staff (authorised or unauthorised) to use their individual swipe, fingerprint or password access to withdraw medicines unsupervised. This may lead to disciplinary action being taken against both staff involved.

3.4.6 May access the Mediwell cabinet and withdraw medicines for a member of staff that does not have access to the Mediwell.

3.4.7 Must report to the System Manager or the Pharmacy Operational Manager if misuse of the system is suspected.

3.4.8 Must ensure that all medicines designated as stored in the Mediwell cabinets are returned to the Mediwell appropriately, in order to maintain accuracy of stock levels and observe safe and secure storage of medicines practice

3.4.9 When using the controlled drug facility, the authorised user must always follow the safe and secure handling of controlled drugs policy and ensure stock levels are checked at least once daily.
3.5 Mediwell Responsibilities

3.5.1 Will fulfil the requirements as designated in the Mediwell: East Cheshire NHS Trust Service Level Agreement.

3.5.2 Will provide training for the Systems Managers and ward-based administrators to a competence that allows them to cascade the training to their staff.

3.5.3 As software is upgraded, Mediwell representatives will provide training to Systems Manager and authorised users where appropriate.

3.5.4 Will provide machine maintenance and repair in a timely manner.

3.5.5 Will provide 24 hour out of hours cover in the event of Mediwell system failure.

3.5.6 Will provide technical support to the Mediwell systems and authorised users, as required by the trust.

3.5.7 Will sign and abide by the “data processing agreement” drawn up by East Cheshire NHS trust (see appendix 1). This ensures all information about staff and biometrics is kept private and confidential at all times according to the Data Protection Act 1998 (amended 2003).

3.6 Trust Governance

3.6.1 Must ensure the privacy impact risk assessment has been reviewed and implemented with Trust Governance department

3.6.2 Must ensure the Data processing agreement has been reviewed and updated accordingly, between East Cheshire NHS Trust and Mediwell
4 BIOMETRICS/FINGERPRINT DATA

4.1 Biometric/ Fingerprint data must be implemented for all East Cheshire NHS Trust staff who are authorised users of the Mediwell Cabinets.

4.2 Capture of fingerprints will be carried out by System Managers.

4.3 If fingerprint data cannot be captured after several attempts, the System Manager will determine the reasons fingerprint data has failed, and escalate to the Service Manager

4.4 The Service Manager will discuss and assess the request for password access with the System Manager, and together they will determine whether it is appropriate for the user to have a password access.

4.5 The assignment of a password access must be in exceptional circumstances (e.g. for users where fingerprints cannot be captured).

4.6 Biometric information will only be used to identify the user at log in of the Mediwell cabinet.

4.7 Information on the fingerprinting is available for all staff to read.

5 TROUBLESHOOTING

5.1 All users of the Mediwell system must refer to the trouble-shooting SOP’s first, if problems are experienced with the Mediwell system

5.2 If the SOP’s do not provide an answer, the authorised person will alert and escalate to the System Manager to trouble-shoot and resolve.

5.3 During normal working hours, the Systems Manager will liaise with Mediwell regarding faults/maintenance and software upgrades. Out of hours, the authorised user must immediately report any breakdown of the system to the systems manager or designated deputy, or night co-ordinators (out of hours)/ Mediwell engineers out of office hours via the helpline number.

5.4 The Systems Manager will provide support to other areas using Mediwell systems, in the absence of their system manager should the need arise.

6 IMPLEMENTATION

6.1 This policy will be implemented in full with immediate effect
Appendix 1  Data Processing Agreement

DATA PROCESSING AGREEMENT
This agreement is made on 12 May 2010 between:

THE PARTIES

- East Cheshire NHS Trust [Data Controller]
- Mediwell Systems Limited [Data Processor]

Under the Data Protection Act 1998, East Cheshire NHS Trust is required to put in place an agreement between the Trust and any organisation which processes Personal Data on its behalf governing the processing of that data.

Under an agreement ("the Agreement") made between the Trust and Mediwell Systems Limited may process various datasets, including sensitive Personal Data items on behalf of the Trust:

MEDIWELL SYSTEMS LIMITED

Purpose:
Mediwell Systems Limited will process staff data including East Cheshire NHS Trust swipe card and biometric fingerprint data for the following purpose only:

- To provide East Cheshire NHS Trust with technical support in relation to Mediwell Drugs Cabinets.

Information Provision:
The datasets processed can include Sensitive Personal Data, including but not limited to:
- Staff forename and surname
- Biometric fingerprint data
- Staff swipe card data

Use, Disclosure and Publication:
The data will be processed by Mediwell Systems Limited on site on premises owned by East Cheshire NHS Trust or at their premises, 65 Chartwell Drive, Wigston, Leicester, Leicestershire, LE18 2FS.

1. Mediwell Systems Limited shall not use the data for any purpose other than detailed above.
2. Mediwell Systems Limited shall not disclose the data to any third party in any circumstances other than at the specific written request of the Trust.

Security and Confidentiality:
This document evidences an undertaking by Mediwell Systems Limited that it will process the data strictly in accordance with its obligations under the Agreement and with the following conditions:
3. Mediwell Systems Limited shall process the Personal Data in accordance with the Data Protection Act 1998. For the purposes of this Agreement “Personal Data and Sensitive Personal Data” shall have the meaning set out in section 1(1) and section 2 of the Data Protection Act 1998.

4. Mediwell Systems Limited shall employ appropriate organisational, operational and technological processes and procedures to keep the datasets safe from unauthorised use or access, loss, destruction, theft or disclosure. The organisational, operational and technological processes and procedures adopted are required to comply with the requirements of ISO 27001 and ISO 27002 as appropriate to the services being provided to the Trust.

5. Mediwell Systems Limited shall ensure that its employees, who may be required by it to assist it in meeting its obligations under the Agreement, shall not view or use any Personal Data for purposes other than that outlined in the purpose.

6. Mediwell Systems Limited shall ensure that all employees used by it to provide the services as defined in the Agreement have a contractual duty of confidence, and have undergone training in the law of data protection, their duty of confidentiality under contract, and in the care and handling of Sensitive Personal Data;

7. For the avoidance of doubt, the obligations or the confidentiality imposed on the Parties by this Agreement shall continue in full force and effect after the expiry or termination of this Agreement. Respect for the privacy of individuals will be afforded at all stages of the Purpose.

8. Mediwell Systems Limited shall notify the Trust immediately if it becomes aware of any unauthorised or unlawful processing, loss of, damage or destruction of the Personal Data.

9. Mediwell Systems Limited may only authorise a third party to process the Personal Data:
   (a) subject to the Trust’s prior written consent where the Processor has supplied the Trust with full details of such subcontractor;
   (b) provided that the subcontractor’s contract is on terms which are substantially the same as those set out in this Agreement; and
   (c) provided that the subcontractor’s contract terminates automatically on termination of this Agreement for any reason.

10. Subject to Clause 29 (Limitation of Liability) in the NHS Terms and Conditions, the Supplier [data processor] agrees to indemnify and keep indemnified the Authority [data controllers] against all claims and proceedings and all liability, loss, costs and expenses incurred in connection therewith by the Authority as a result of any claim made or brought by any individual or other legal person in respect of any loss, damage or distress caused to that individual or other legal person as a result of the Supplier’s unauthorised processing, unlawful processing, destruction or and/or damage to any Personal Data processed by the Supplier, its staff or agents in the Supplier’s performance of the Supply Contract or as otherwise agreed between the Parties.

**Termination:**

11. East Cheshire NHS Trust as Data Controller may at any time by notice in writing terminate this Agreement if the Data Processor namely Mediwell Systems Limited is in material breach of any obligation under this Agreement.
### Signed on behalf of Mediwell Systems Limited

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<th>Full name:</th>
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<tr>
<td>Position in organisation:</td>
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### Signed on behalf of East Cheshire Trust.

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<td>Date:</td>
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</table>
Appendix 2  List of System Managers

Wards 3 & 4
Catherine Dalton
Kate Johnson
Natalie Barnett
Diane Wainwright
Joanne Mountford
Louise Strutt

Wards MAU/ SSU/ Ward 9
Marie Beckwith

A&E
Donna Rees
Fiona Owen
Sam Harrington

Pharmacy
Chris Lindley
Karen Waltho
Michelle Brierley
Appendix 3

Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. **Use it to help you develop fair and equal services.**
Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Mediwell 365 Automated Cabinets Operational Policy

Details of person responsible for completing the assessment:
- **Name:** Karen Burton
- **Position:** Pharmacy Operational Manager
- **Team/service:** Pharmacy Department

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

The Mediwell 365 cabinets are electronically operated medicine storage devices in use on the Emergency Floor, Wards 3&4 and Pharmacy out of hours. The objective of this policy is to provide assurance that the Mediwell 365 cabinets will be used in line with the Trusts Safe & Secure Handling of Medicines Policy, The Safe & Secure Handling of Controlled Drugs Policy and comply with the safe & secure storage of medicines, and comply with the requirements stated in the Internal Audit for Medicines Management 2011 (CQC Outcome 9). The roles and responsibilities of all personnel are clearly defined within the policy. The Policy will be supported by Standard Operating Procedures in place on all wards and clinical areas operating the Mediwell Systems.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. **Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service**

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.
Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.

Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% in 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- **Jewish:** 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- **Muslim:** 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- **Other:** 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- **None:** 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
- **Not stated:** 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

**Carers:** In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

**2.2 Evidence of complaints on grounds of discrimination:** (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No

**2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?**

No

3. **Assessment of Impact**

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☐ No X

**Explain your response:**
All staff employed by the Trust who would be using the medicine storage devices are competent in English language. If someone was having any difficulty understanding the requirements of the policy translation could be arranged in accordance with the trust interpreting policy.

**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No X

**Explain your response:**
There is no differential impact due to gender - all staff required to use the medicine storage devices will need to adhere to this policy.
DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes □ No X

All staff required to use the medicine storage devices will need to adhere to this policy. If a member of staff has a visual impairment the policy could be provided in large print. If a member of staff is disabled or becomes disabled, then a risk assessment would be undertaken if there was any doubt about them safely being able to use the devices. Explain your response:

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently? Yes □ No X

Explain your response:
There is no differential impact due to age - all staff required to use the medicine storage devices will need to adhere to this policy.

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes □ No X

Explain your response:
There is no differential impact due to sexual orientation - all staff required to use the medicine storage devices will need to adhere to this policy.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently? Yes □ No X

Explain your response:
There is no differential impact due to religion/belief - all staff required to use the medicine storage devices will need to adhere to this policy.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently? Yes □ No X

Explain your response:
This policy relates to staff only

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently? Yes □ No X

All staff using the medicine storage devices must adhere to this policy.
4. Safeguarding Assessment - CHILDREN

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes □</th>
<th>No X</th>
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b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people:

c. This policy relates to staff only and the use of medicine storage devices.

If no please describe why there is considered to be no impact / significant impact on children

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

No – compliance required as per NPSA requirements

6. Date completed: 26th Oct 2016  Review Date: 26th Oct 2019

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

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<thead>
<tr>
<th>Action</th>
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8. Approval  – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

Date: 16.1.17