

Policy Number	MM05
Policy Name	Non Medical Prescribing Guidelines
Policy Type	Trust Wide for Local, Secure and Specialist LD Division ONLY
Accountable Director	Executive Director of Nursing
Author	Senior Nurse
Recommending Committee	Drugs and Therapeutics Committee
Approving Committee	Executive Committee
Date Originally Approved	May 2015
Next Review Date	May 2018

This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded.

FOR OFFICE USE ONLY (Work Stream submission check)

This document is compliant with current best practice guidance

This document is compliant with legislation required in relation to its content

What change has this document undergone in the policy alignment process relating to the South Sefton Transaction?

None Minor Major This is a new document

This document has been reviewed and is no longer required

This is a Trust wide Policy for LOCAL, SECURE and SPECIALIST LD DIVISION ONLY. A South Sefton Community Division specific policy has been recommended for adoption.

Does this document impact on any other policy documents?

Yes , if yes, which policies are effected? [Click here to enter text.](#)

No **Signed:**

Date:

TRUST-WIDE CLINICAL GUIDELINES DOCUMENT

Non Medical Prescribing Guidelines

Policy Number:	MM05
Scope of this Document:	All Staff
Recommending Committee:	Drugs and Therapeutics Committee
Approving Committee:	Executive Committee
Date Ratified:	May 2015
Next Review Date (by):	May 2018
Version Number:	Version 1
Lead Executive Director:	Executive Director of Nursing
Lead Author(s):	Senior Nurse

TRUST-WIDE CLINICAL GUIDELINES DOCUMENT

2015 Version 1

Quality, recovery and wellbeing at the heart of everything we do

TRUST-WIDE CLINICAL GUIDELINES DOCUMENT

Non Medical Prescribing Guidelines

Further information about this document:

Document name	Non Medical Prescribing Guidelines
Document summary	The aim of these guidelines is to provide a framework for the implementation of non-medical prescribing within Mersey Care NHS Foundation Trust. This provides guidance for supervision of independent & supplementary prescribers, and ensures a service need has been clearly identified and that appropriate practitioners are given access to training to become registered non-medical prescribers.
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Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 Buildings Kings Business Park Prescot Merseyside L34 1PJ Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	All Mersey Care NHS Foundation Trust Medicine management policies All Mersey Care NHS Foundation Trust Mental Health act policies Mersey Care NHS Foundation Trust Consent to treatment policy Mersey Care NHS Foundation Trust handling of medicines
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version Control:

Version History:	
Version 1	Approved March 2015

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1 PURPOSE AND RATIONALE

1.1 The aim of these guidelines is to provide a framework for the implementation of non-medical prescribing within Mersey Care NHS Foundation Trust. This provides guidance for supervision of independent & supplementary prescribers, and ensures a service need has been clearly identified and that appropriate practitioners are given access to training to become registered non-medical prescribers. This is to ensure that:

- The changes benefit service users and improve access to medicines
- The prescribing practice is compatible with the service development plans of Mersey Care NHS Foundation Trust and is an appropriate extension of a practitioner's role
- All non-medical prescribers are appropriately qualified for their role and work within the agreed national and local policies and within their scope of practice.
- All non-medical prescribers in training will receive regular supervision from a prescribing supervisor relevant to their field of practice (during training this must be a Dedicated Medical Practitioner.
- All non-medical prescribers are supported in their role and have access to continuing professional development.

1.2 Following parliamentary approval changes to enable nurse and pharmacist independent prescribing for all licensed medicines except most Controlled Drugs within their competence came into effect on the 1 May 2006. This was amended to include unlicensed drugs and most controlled drugs in 2011.

1.3 These guidelines should be read in conjunction with the Trust's Medicine management policies and it is essential that all staff that are currently practising, supervising or undertaking non-medical prescribing training are conversant with these guidelines.

2 SCOPE

2.1 These guidelines apply to all clinical staff.

3 DEFINITIONS

3.1 Table 1 on the following page outlines the terms utilised throughout this policy and the definition of these terms.

3.2 **Table 1: Definitions**

Term	Definition
Non Medical Prescribing	<p>Non-medical prescribing (NMP) relates to prescribing by professional groups other than doctors or dentists who have been granted prescribing rights following the completion of an NMP qualification. Nurse independent prescribers and pharmacist independent prescribers are registered nurses and pharmacists who have successfully completed the specific programme of preparation laid down by the Nursing and Midwifery Council (NMC) and the General Pharmaceutical Council (GPhC). This now also covers Podiatrist and Physiotherapist independent prescribers (HCPC). They are able to prescribe any licensed and unlicensed medicines within their competency from the entire British National Formulary (BNF) with the exception of some controlled drugs.</p>
Independent Prescribing	<p>An independent prescriber (IP) is a practitioner (doctor, nurse or pharmacist) responsible and accountable for the assessment of service users with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. Within medicines legislation the term used is appropriate practitioner (DOH 2006). Independent prescribing is one element of the clinical management of a service user. It requires an initial assessment, interpretation of that assessment, a decision on safe and appropriate therapy, and a process for on-going monitoring. The overall aim of this new way of working is to enhance service user's care by providing a quicker and more flexible access to healthcare by extending the role and skill base of nurses and pharmacists.</p>

Supplementary Prescribing	Supplementary prescribing is a voluntary partnership between the designated medical practitioner (DMP) and a supplementary prescriber (SP) to implement an agreed service user specific clinical management plan (CMP) with the service users' agreement. Practitioners who are eligible to act as supplementary prescribers within Mersey Care NHS Foundation Trust include nurses, pharmacists or approved allied health professionals (AHP) who have successfully completed an appropriate validated prescribing training programme that is registered with their professional body. They are able to prescribe all medicines including controlled drugs, borderline substances and unlicensed medicines as long as it is within their CMP and scope of competency. They may prescribe for the full range of medical conditions provided that they do so under the terms of a service user specific CMP. In practice this will follow a sequence involving: the diagnosis by a doctor; agreement by the service user to be managed by a prescribing partnership; preparation of a clinical management plan; and the management by the supplementary prescriber within the terms of the CMP.
Designated Medical Practitioner (DMP)	A designated medical practitioner is a doctor who agrees to supervise NMPs throughout their period of learning and practice.

4 DUTIES

4.1 Board / Lead Committee

- 4.1.1 Mersey Care NHS Foundation Trust Drugs and Therapeutics Committee will be responsible for the development, review, consultation, implementation, monitoring and approval of the NMP guidelines.

4.2 **Chief Executive**

4.2.1 The chief executive has delegated the clinical responsibility for the implementation of non-medical prescribing to the Executive Director of Nursing.

4.3 **Chief Pharmacist**

4.3.1 The Chief Pharmacist has corporate responsibility for all aspects of medicines management. The Chief Pharmacist is responsible for ensuring that NMP pharmacists act in accordance with this policy, and for agreeing and authorising all NMP pharmacists' personal prescribing formularies on the appropriate forms.

4.4 **Deputy Director of Nursing**

4.4.1 The Deputy Director of Nursing is responsible for ensuring that NMP Nurses act in accordance with this policy, and for agreeing and authorising all personal prescribing formularies for NMP Nurses on the appropriate forms.

4.5 **Divisional Medicine Management Groups**

4.5.1 Divisional Medicines Management Group will identify the potential for non-medical prescribing and will receive and approve the NMP training approval application form and be responsible for forwarding that to Mersey Care NHS Foundation Trust NMP lead. They are also responsible for monitoring the practice of NMP's within their respective Divisions.

4.6 **NMP CPD Forum**

4.6.1 This group will meet quarterly and is responsible for providing: CPD (continuing professional development) sessions; opportunities to raise any professional prescribing practice issues; any internal and external updates for NMP's. The group is chaired and facilitated by the Deputy Director of Nursing.

4.7 **Trust Lead for Medicine Management and NMP**

4.7.1 The Trust NMP lead is responsible for:

- Ensuring that all relevant information about prescribing is cascaded to all NMPs within the organisation
- Maintaining an up to date database and register of all practising NMP's and their personal formularies
- Collation of BNF orders and distribution to all practising NMPs
- Ensuring that appropriate healthcare professionals who meet the criteria can access the course
- Maintaining links with appropriate statutory external organisations
- Chairing the NMP CPD group
- Ensuring that CPD opportunities are available for all NMP's within the organisation

- Ensuring that all NMP applications and personal formularies are presented through the Non-medical prescribing approval and monitoring panel
- Co-ordination of an audit to meet internal and external bodies' requirements.
- Providing support to services when developing new prescribing roles

4.8 **Divisional Lead for Nursing and Quality**

4.8.1 Responsible for identifying: Development of NMP within the Division

- How the implementation of non-medical prescribing can facilitate multi professional service re-design, service development or refining service provision to meet service user need.
- Any opportunities for non-medical prescribing when reviewing service developments and where appropriate integrate them into workforce planning.

4.9 **Managers**

4.9.1 Managers are responsible for the monitoring of the daily prescribing activities of NMPs' in relation to their job description. They are also responsible for ensuring that systems are in place to facilitate prescribing practice including:

- Ensuring the duties of the NMP are included in job descriptions
- Facilitating access to a prescribing budget
- Providing a locked facility for prescriptions
- Ensuring that NMPs are given the opportunity to attend CPD for maintaining their competencies in line with their job description.
- Ensuring appropriate clinical supervision is in place for NMP's
- Informing the Trust NMP lead if an NMP leaves the Trust or there is concern about the prescribing practice of the NMP.
- Ensuring NMPs are compliant with any audit requirements.
- Ensuring that NMPs have an identified DMP during training and prescribing supervisor post training.

4.10 **NMP's**

4.10.1 NMPs are individually responsible and accountable for their prescribing practice and must adhere to the medicines management policies of Mersey Care NHS Foundation Trust at all times. They are also responsible for: Non-Medical Prescribing Policy

- Ensuring that they provide appropriate, evidence based, safe, and cost effective prescribing to service users of Mersey Care NHS Foundation Trust.

- Adhere to their professional codes of conduct such as the NMC Code of Conduct (2015) and only practice within their own level of competence and approved personal formulary.
- Ensuring that service users are made aware of their scope of prescribing practice and their right to refuse treatment/prescribing by an NMP.
- Completing an approval to practice form prior to prescribing medication within Mersey Care NHS Foundation Trust. They are responsible for ensuring that this is agreed and signed off by their line manager and prescribing supervisor, and then submitted to the NMP lead for approval at the NMP panel.
- Completion of an annual declaration of continued competence to prescribe as part of the annual PDR process.
- Participating in annual audit of prescribing practice (appendix 6).

5 PROCESS / PROCEDURE

5.1 To be eligible to prescribe within Mersey Care NHS Foundation Trust the NMP will be a first level registered nurse or a registered pharmacist who has:

- Successfully completed a validated prescribing training programme
- Their name recorded on the appropriate professional register
- A job description that includes the prescribing role (appendix 5)
- Their name recorded on Mersey Care NHS Foundation Trust's NMP register
- Access to appropriate clinical and prescribing supervision

5.2 Eligibility for Non-Medical Prescribing Training

5.2.1 To be accepted for entry onto the non-medical prescribing programme the NMP applicant must have agreement of the service manager or line manager and be able to demonstrate that their post is one in which they will have the need and opportunity to act as either an independent or supplementary prescriber. They must have completed a NMP training approval application form (appendix 3) and complete annual declaration of competency (appendix 4).

5.3 Nurses

5.3.1 These are first level nurses registered with the Nursing & Midwifery Council (NMC) working in a role where there is a need to prescribe regularly as an independent prescriber from an identified formulary or as a supplementary prescriber in a post where they will have the opportunity to work in partnership with an independent medical practitioner using a CMP.

5.3.2 Nurses must have:

- At least 3 years post registration clinical experience or part time equivalent, of which at least one year immediately preceding their application to the training programme should be in the clinical area in which they intend to prescribe.
- Be band 6 or above to prescribe.
- An identified medical practitioner who is willing to contribute to and supervise 12 days of learning practice.
- Support from their manager for CPD as described in the policy
- Prior competencies in the therapeutic area/areas in which they will prescribe.

5.4 Pharmacists

5.4.1 Pharmacists registered to practice with the General Pharmaceutical Council (GPhC) in a post where they will have the opportunity to prescribe regularly as an independent prescriber from an identified formulary, or as a supplementary prescriber in a post where they will have the opportunity to work in partnership with a DMP using a CMP.

5.4.2 Pharmacists working as Independent Prescribers will practice in accordance with this policy when undertaking their prescribing role. It should be recognised however that as pharmacists, their scope of practice will be extended in accordance with the Role of the Pharmacist as outlined in the Trust Medicine Management Policy.

5.4.2 Pharmacists must have:

- 3 or more years post registration experience
- 2 years post registration experience or part time equivalent in the field they are going to prescribe in.
- A post graduate qualification in mental health or equivalent experience in mental health
- An identified medical practitioner to contribute to and supervise 12 days of learning practice
- Support from their manager for CPD
- Prior competencies in the therapeutic area/areas in which they will be expected to prescribe.

5.5 Preparation for Independent/supplementary Prescribing for Pharmacists/nurses

5.5.1 A total of 26 days at a HEI (higher education Institution), this can be either face to

face or by open learning, plus 12 supervised days in practice with a DMP is the requirement for training. Successful completion of the course will lead to independent/supplementary prescriber annotation to the register of the GPhC or NMC register.

5.6 Designated Medical Practitioners (DMP)

5.6.1 All NMP students require the support of a DMP. The DMP should be identified and agreed prior to an application being submitted to the NMP Lead. They must be a registered medical practitioner who has had at least 3 years recent clinical experience and has the support of the employing organisation. They must have some experience of training in teaching and/or supervision in practice and would normally work alongside the NMP student in everyday clinical practice. They must provide dedicated time and opportunities for the student NMP to:

- Observe prescribing in action
- Have in depth discussion and analysis of clinical management using real cases from practice to enable prescribing behavior to be fully examined
- Learn by encouraging critical thinking and reflection with the use of the student's professional portfolio or learning log
- Carry out consultations and suggest clinical management plans and prescribing options which can then be discussed and agreed with the DMP
- Learn and practice in relation to the medical conditions and clinical speciality in which the NMP student is working.

5.6.2 Doctors who are to act as medical supervisors can seek guidance on the expectations required when performing this role from the Trust NMP lead, and prior to commencing the role of DMP will receive details of the programme and learning outcomes. A DMP is only required throughout the duration of training but all NMP's must have a suitably qualified prescribing supervisor identified post training.

5.7 Application process (appendix 1)

5.7.1 The Trust will use 3 key principles to prioritise potential applicants for NMP:

- Service user safety
- Maximum benefit to service users in terms of quicker and more efficient access to medicines
- Use of professional skills

5.7.2 The service manager and the nominee for the NMP course will develop the case for NMP within their service. NMP proposal form (Appendix 2) must be completed by the service manager, DMP and NMP nominee and forwarded to the NMP lead for the Trust who will take the proposal and consider if it can be supported in practice.

5.7.3 Following confirmation of selection for the NMP course by the NMP lead, the potential NMP nominee will then complete and pass the online numeracy assessment. Access to the online numeracy assessment is via the NMP lead. Access to the application packs to apply to the higher education institutes (HEI) should also be accessed from the NMP lead. Completed application forms should

be returned to the NMP lead for final approval and signature. The NMP lead will then forward the application form to the chosen HEI and inform the Trust Learning and Development Department.

5.7.4 An application for funding if applicable should be made through the online CPD apply system accessed through the following website: www.cpd-applynw.nhs.uk

5.8 **Non Medical Prescribing Practice in Mersey Care NHS Foundation Trust**

- Once a nurse or pharmacist has successfully completed the NMP course, the HEI will inform the relevant professional body and the newly qualified NMP must supply a copy of their qualification to their line manager and NMP lead.
- It is the responsibility of the newly qualified NMP to register their qualification with their own professional body.
- The job description of a newly qualified NMP should be reviewed to reflect his or her prescribing responsibilities in the scope of practice. This is the responsibility of the NMP and their line manager (appendix 3).
- NMP`s should not commence prescribing until contact is made with the NMP lead and an approval to practice as an NMP form is completed (see appendix 4). The Chief Pharmacist will sign and approve the form for pharmacists and the Deputy Director of Nursing for nurses; a copy will be held by the NMP lead. Copies will be circulated to the NMP, pharmacy department, Prescribing supervisor, and line manager.
- Following qualification there will be a period of preceptorship. The length of time of the preceptorship will be agreed with the line manager, the independent prescriber and the NMP.

5.9 **Supplementary Prescribing**

5.9.1 There are no legal restrictions on the clinical conditions that may be treated or medicines that may be prescribed by supplementary prescribing, providing they are within the personal competency of the supplementary prescriber. Supplementary prescribers must also complete the approval to practice form and will work closely with an independent medical prescriber. The CMP is the framework of this prescribing partnership.

5.9.2 Wherever it is proposed to manage a service user's condition through the use of supplementary prescribing, the concept of the prescribing partnership must be explained in advance to the service user by the independent medical prescriber/supplementary prescriber. Consent should be obtained from the service user or their advocate before supplementary prescribing takes place.

5.10 **The Clinical Management Plan (CMP)**

5.10.1 Before supplementary prescribing can take place it is obligatory for a CMP to be agreed relating to a named service user and their specific condition to be managed by the supplementary prescriber. This should be included in the service user record as it is a legal requirement and supplementary prescribing cannot take place without one. The CMP must identify any circumstances where the supplementary

prescriber should refer the service user back to the independent prescriber and must be reviewed on an annual basis. Following qualification there will be a period of preceptorship. The length of the preceptorship will be agreed with the Line Manager, the Independent Prescriber and the Non-Medical Prescriber.

5.10.2 Regulations specify that the CMP must include certain information:

- The name of the service user to whom the CMP relates.
- The illness or conditions which may be treated by the supplementary prescriber
- Be agreed by both the medical and supplementary prescriber before supplementary prescribing begins and signed by both of them.
- The date on which the CMP has to take effect and when it is to be reviewed by the independent medical prescriber who is party to the CMP (review date no longer than 1 year)
- Reference to the class or description of medicines or types of appliances which may be prescribed or administered under the CMP
- Any restrictions or limitations as to the formulation or dose of any medicine which may be prescribed or administered under the CMP and any period of administration or use of any medicine or appliance which may be administered under the CMP
- Specify the range and circumstances within which the supplementary prescriber can vary the dosage, frequency or formulation of the medicines identified (medicines must be listed individually by generic name, strength, route of administration, dosage and frequency)
- The CMP may include a reference to published national or local guidelines however, the CMP must clearly identify the range of relevant medicinal products to be used in the treatment of the service user and the CMP should draw attention to the relevant part of the guidelines.
- Relevant warnings around known sensitivities of the service user and/or known difficulties of the service user with particular medicines or appliances.
- The arrangements for notification of suspected or known reactions to any medicine which may be prescribed or administered under the plan and suspected or known adverse reactions to any other medicine taken at the same time as any medicine prescribed or administered under the plan.
- The circumstances in which the supplementary prescriber should refer to or seek the advice of the independent medical prescriber who is party to the plan.
- Following diagnosis by a medical prescriber the medical and supplementary prescriber will discuss the CMP before the document itself is prepared
- The independent medical prescriber or supplementary prescriber may draft

the CMP, however, both must formally agree to the CMP and receive service user consent before supplementary prescribing can begin.

5.10.03 The CMP comes to an end:

- At any time at the discretion of the medical prescriber, supplementary prescriber or the service user
- At the time specified for the review of the service user (unless it is renewed by both prescribers at that time)
- If the medical prescriber leaves their post. In these circumstances the CMP must be renewed by the successor

5.11 Independent Nurse and Pharmacy Prescribing within Mersey Care NHS FoundationTrust

- 5.11.1 Independent NMPs are limited by their codes of professional practice to prescribe within their area of competence. Independent NMPs should only prescribe for service users following an appropriate clinical assessment as outlined in their respective professional bodies' guidance and national prescribing guidance. The group of service users to be prescribed for and medicines to be prescribed independently must be agreed with the NMP, the NMP service manager and the medical practitioner who works closely with the NMP. Once agreed this should form the basis of an approval to practice form which must be completed prior to any prescribing practice.
- 5.11.2 Following this agreement NMPs will develop a personal formulary for the drugs they will be prescribing independently. Personal formulary must be discussed with the service manager and the medical practitioner who works in the service area where the NMP will be prescribing. Once this is agreed a copy should be forwarded to the Trust NMP lead who will submit this to the NMP approval panel for ratification.
- 5.11.3 Normally prescribing will be carried out in the context of practice within a multi-disciplinary healthcare team either in a hospital or in a community setting and within a single electronic patient record.
- 5.11.4 NMPs cannot write prescriptions unless they are competent to prescribe the medication, have full understanding of the pharmacology involved, have the medication within their authorised scope of practice and have completed an appropriate clinical assessment prior to issuing a prescription.
- 5.11.5 All registered NMP's must have an appropriate prescribing supervisor that has knowledge and expertise in the NMP's clinical area of prescribing practice; this can either be a doctor or an experienced NMP. It is suggested that the NMP and clinical supervisor meet formally once a month to discuss prescribing practice, however an agreement should be reached with the non-medical prescriber's line manager and consultant lead for the services for the NMP will prescribe to what will be appropriate clinical supervision. Clinical supervision will highlight any further training requirements.
- 5.11.6 Any nurse or pharmacist wishing to extend their personal formulary must re submit the approval to practice form to the NMP approval and monitoring panel. All NMP's and supplementary prescribers must resubmit their approval to practice form on an Non-Medical Prescribing Policy annual basis to the NMP lead for re approval at the NMP approval an monitoring panel to ensure competency has been maintained.

5.12 **Independent Prescribing of Controlled Drugs**

- 5.12.1 In April 2012 amendments to the Misuse of Drugs Regulations permitted the independent prescribing of schedules 2-5 controlled drugs by registered nurse and pharmacist NMPs for any medical condition (but not to prescribe cocaine, diamorphine and dipipanone for the treatment of addiction). In addition to this nurse independent prescribers who work in substance misuse services can now supply articles for administering or preparing controlled drugs.
- 5.12.2 Mersey Care NHS Foundation Trust is in full support of nurses and pharmacist prescribers extending their prescribing scope to include controlled drugs however it is stressed that this must only occur within the practitioner's individual clinical competence.

5.13 **Prescribing for Children and young people**

- 5.13.1 Only nurses and pharmacists with the relevant knowledge, competence, skills and experience in caring for children should prescribe for children. Anyone prescribing for a child must be able to demonstrate competence to prescribe for children and refer to another prescriber when working outside their level of expertise.
- 5.13.2 In all cases reference should be made to the BNF for Children when prescribing medicines for pediatrics. www.bnf.org

5.14 **Prescribing of unlicensed medications by nurses who are independent prescribers**

- 5.14.1 During December 2009 legislation was amended to allow nurse and midwife independent prescribers to prescribe unlicensed medicines. The NMC published a circular in March 2010 indicating that nurse independent prescribers may prescribe an unlicensed medication. Prescribers should refer to the Trust unlicensed medication policy for guidance.

5.15 **Mental Health Act, Mental Capacity Act and Consent to Treatment.**

- 5.15.1 NMP's should ensure that they are fully conversant and work within the requirements of the Mental Health Act 1983; the Mental Capacity Act 2005; DH guidelines for consent to treatment; and the associated Mersey Care policies in relation to these in their prescribing practice.

5.16 **Patients Detained under the Mental Health Act 1983**

- 5.16.1 For a patient subject to Part 4 or Part 4A of the Mental Health Act 1983, an NMP may prescribe medication for treatment of that patient's mental disorder, or any associated physical symptoms that are a manifestation of it, provided that the NMP:
- (a) is the approved clinician in charge of treatment or is prescribing the medication under the direction of the approved clinician in charge of the treatment; and
 - (b) is compliant with all registration and training requirements; and
 - (c) is only acting within their area of competence; and

- (d) is compliant with the provisions of Part 4 of the Mental Health Act 1983, where applicable (any medication prescribed must be authorised under Section 63, Section 62, Section 58(1)(a) (ie on T2 or T3) or Section 58A); and
- (e) is compliant with the provisions of Part 4A, where applicable (any medication prescribed must be authorised under Part 4A and in accordance with CTO11 or CTO12 where relevant).

5.16.2 The approved clinician must be registered and professionally qualified as set out in the Mental Health Act 1983 Approved Clinician (General) Directions 2008. This may include those persons registered with the relevant body as a nurse, social worker, psychologist, or occupational therapist (although only nurses are currently authorised under this policy).

5.16.3 For those patients requiring physical treatment, which is not a manifestation of their mental disorder, or for treatment of mental disorder for those patients not subject to Part 4 or Part 4A of the Mental Health Act 1983, any NMP may prescribe treatment provided that person is:

- (a) compliant with all registration and training requirements; and
- (b) only acts within their area of competence and in accordance with this policy.

5.17 **Record Keeping**

5.17.1 NMP's are required to:

- Complete accurate and detailed records of all prescribing decisions.
- Record prescriptions in service user's clinical records in a timely manner.
- Inform GPs, where appropriate, of any changes in medication.

5.18 **Adverse Drug Reactions**

5.18.1 If a service user reports a severe or unexpected reaction to a prescribed medicine it should be reported immediately to the service user's GP and/or responsible medical officer. The NMP must document any adverse reactions and the action taken in the service user's clinical records. Prescribers who are suspicious that an adverse reaction has taken place must report this via the yellow card scheme (see BNF) and complete a trust incident form. NMP's should adhere to the Trust's Medicines Management policy in relation to this.

5.19 **Legal and Clinical Liability**

5.19.1 Where a nurse or pharmacist is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer then the employer is held vicariously responsible for their actions. Nonetheless each NMP is professionally accountable for their prescribing decisions, including actions and omissions, and cannot delegate this accountability to any other person. Each NMP is expected at all times to work within the standards and code of professional conduct as set out by their own regulatory bodies, as well as policies and procedures ratified by their organisation. All prescribers should ensure that they have adequate professional indemnity insurance.

5.19.2 It is the responsibility of the NMP's line manager in conjunction with the NMP lead to agree the areas in which they are able to prescribe as part of their professional duties. In the case of supplementary prescribing the therapeutic area in which prescribing will take place must be agreed. Should the independent/supplementary prescriber wish to expand on these areas, the line manager should explore any further clinical training or experience which may be required and this must be provided before this new area can be included in their professional duties. A revised approval to practice form should be completed and returned to the Trust NMP lead.

5.20 Medication Errors

5.20.1 To reduce the potential for errors it is best practice for the NMP to neither dispense nor administer medication they have prescribed.

5.20.2 NMPs are responsible for reporting any prescribing errors as per Trust policy, ensure their line manager and the medical team are informed, and take any necessary action to maintain service user safety. Medication errors will be monitored by the NMP Approval and Monitoring Panel.

5.21 Verification of Prescribing status

5.21.1 It is the responsibility of every employer (via the professional head) to ensure that the prescriber is legally entitled to prescribe by means of annotation to his or her professional registration. Following successful completion of the appropriate prescribing training or when a prescriber is a new employee the employer will check with the professional organisation. It is the responsibility of the prescriber to ensure professional registration is maintained at all times.

5.22 Handling and security of prescription form/pads

5.22.1 There will be no restriction on the type of prescription form/chart for use by the NMP in Mersey Care NHS Foundation Trust Normal routes of supply will be maintained via local procedures in services. NMP's in Mersey Care NHS Foundation Trust may use Trust prescription cards and FP10 forms to complete prescriptions. Prescriptions are controlled stationery and must be stored securely in line with local procedures.

5.22.2 FP10s - records of issue and destruction of prescriptions must be kept in line with local procedures. This should include the serial numbers of prescriptions issued, date of issue as well as details of the nurse or pharmacist requesting the prescription. It is the responsibility of the NMP to ensure the security of prescriptions at all times. When in use the prescriptions must remain in the possession of the NMP at all times. Individual stocks of prescription forms should be kept to a minimum by all NMPs. Blank prescriptions must not be left on the desk but placed in a lockable drawer. Blank prescription forms must never be pre-signed. If travelling between service users the prescription pads should not be visible and must be locked in the boot of the car. Any prescriptions must be removed from the car when the car is unattended.

5.22.3 In the event of loss or suspected theft of FP10 prescriptions the NMP must follow their local procedure and report this immediately to their line manager and NMP lead who will inform the local counter fraud specialist and the appropriate NMP operational leads (including pharmacy) giving details of:

- approximate number of scripts stolen/lost

- their identification (serial) numbers
- when and where the prescriptions were lost or stolen

A DATIX incident form must be completed detailing all of the above.

5.22.4 Local community pharmacists will be notified via the appropriate channels.

5.22.5 Following the reported loss of a prescription form the trust will normally tell the prescriber to write and sign all prescriptions in a particular colour (usually red) for a period of two months. The trust will inform all pharmacies in their area and adjacent CCG's of the name and address of the prescriber concerned. The approximate number of prescription forms stolen and the period within which the prescriber will write in a specific colour. This will normally be put in writing within 24 hours with the exception of weekends.

5.23 **Working with the Pharmaceutical Industry**

5.23.1 All NMPs should adhere to the Trust Medicines Management policy on conduct and liaison with pharmaceutical company employees.

5.24 **Continuing Professional Development (CPD)**

5.24.1 All healthcare professionals including NMPs have a statutory responsibility to maintain their CPD. This is in line with the national prescribing centre competencies framework (available to view at www.npc.co.uk). All NMPs should be able to demonstrate application of the NPC competency framework in their NMP role. Nurse and pharmacist prescribers will be expected to keep up to date with the management of conditions for which they may prescribe and in the use of drugs, dressing and appliances. Nurses may use the learning from this activity as part of their post registered education and practice (PREP).

5.24.2 Non-medical prescribing should be discussed at individual performance development reviews and any training needs identified through continued professional development (CPD). The NMP's dedicated prescribing supervisor and manager will need to confirm the maintenance of the NMP's clinical knowledge and skills.

5.24.3 To maintain high standards of prescribing practice a Trust forum will also be provided on a quarterly basis to update all prescribers and share good practice on the principles of prescribing.

5.24.4 If a NMP has not prescribed for over one year (this may be due to a changing role or the need for support) or failed to attend the prescribing forum (except in special circumstances) then they may need support or be asked to complete the competency framework to enable them to continue prescribing safely. This should be a supportive meeting between the NMP, line manager, prescribing supervisor, and NMP lead to determine what action is required that meets service and individual need.

5.25 **British National Formulary (BNF) and drug tariff**

5.25.1 These publications are essential to the prescriber. The trust will supply the latest BNF to the independent/supplementary prescribers every 6 months. The drug tariff is published every month and can also be accessed with a prescription pricing authority website.

5.26 Maintaining the trust NMP Prescribing Register

5.26.1 The NMP lead will maintain the trust's NMP Prescribers Register. All changes of details are to be notified to the NMP lead for any amendments to the register. The NMP register must contain:

- a) Name
- b) NMC pin or GPhC number.
- c) Qualification and speciality e.g. RMN, working as CPN
- d) Date of NMP qualification
- e) Base and contact details
- f) Eligibility to prescribe i.e. independent, supplementary or both

5.26.2 The NMP must notify the NMP lead of a change of details for any of the following:

- a) Change of name
- b) Change of base and contact no.
- c) Change of NMC pin or GPhC no.

6 CONSULTATION

6.1 The following staff / groups were consulted with in the development of this policy document:

- a) Non-medical Prescribers
- b) Lead for Non-medical Prescribers
- c) Drugs and Therapeutics Committee

7 RESOURCE/IMPLEMENTATION ISSUES

7.1 All NMP's require a DMP throughout the training process and a prescribing supervisor post qualification. Services need to factor this into any business plans for the development of NMP roles.

8 MONITORING

8.1 Analysis of medicines usage and expenditure will provide useful management information. The route for accessing prescribing data for NMP's will depend on the type of prescriptions being utilised and where the prescribing costs are allocated. The trust medicines management committee will oversee and direct any audit requirements relating to non-medical prescribing as part of the trust clinical annual audit programme. NMP's will be required to participate in and provide evidence for any programmes as directed by the medicines management group.

8.2 Monitoring to be in place to ensure that there is equity of access to all staff with particular reference to the protected characteristics.

Minimum requ	Frequency	Process for mon	Evidence	Responsible Indi	Response Com
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Item	Frequency	Monitoring	Reporting	Responsible	Lead	Committee(s)
Audit of NMP individual practice	Annual	Annual audit	Audit report	Trust	NMP Lead	Medication S

9. SUPPORTING DOCUMENTS

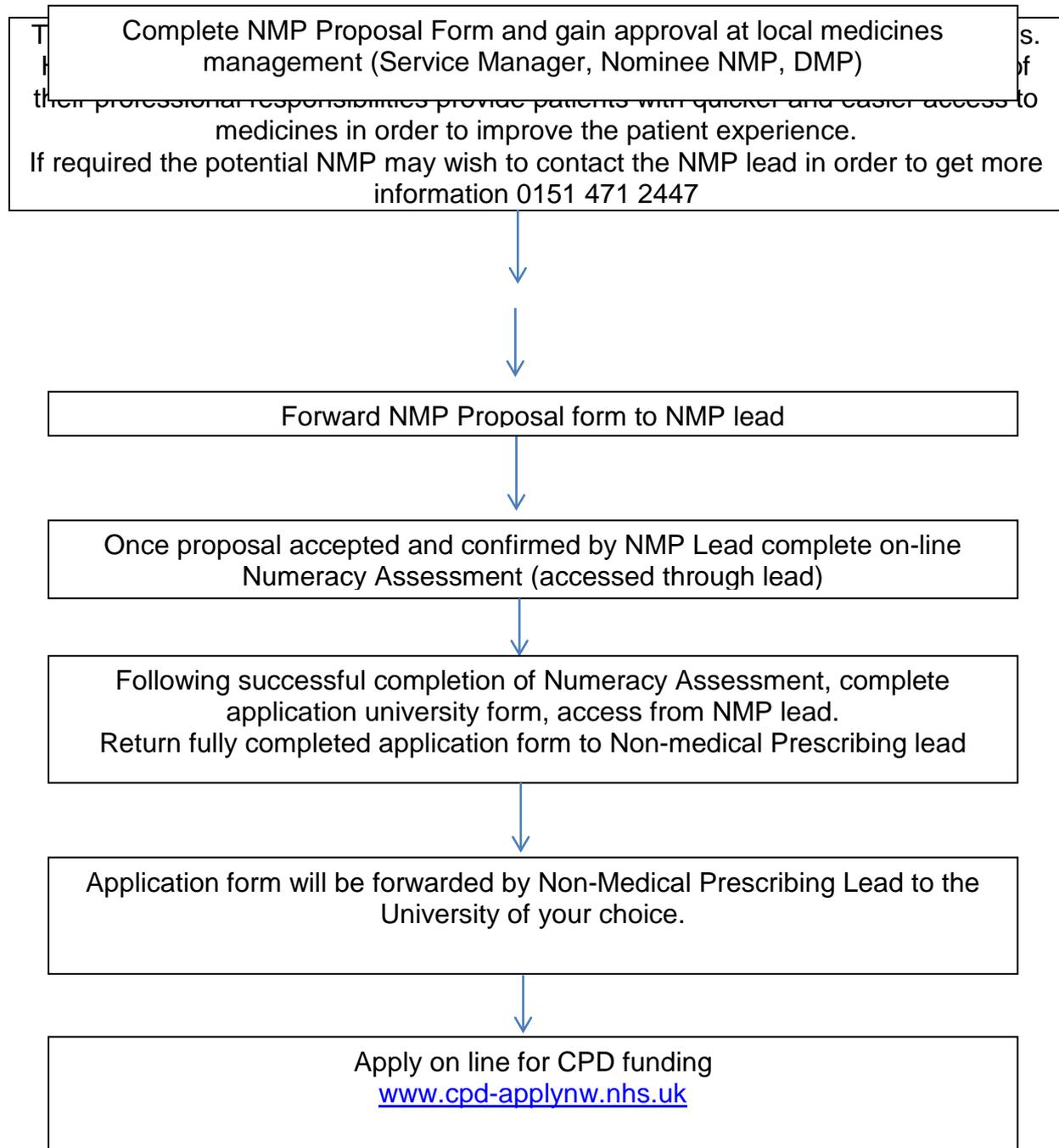
9.1 List of Supporting Documents

- (a) The Non-Medical Prescribing Programme - Department of Health
- (b) http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNon-MedicalPrescribingProgramme/DH_099234
- (c) Improving Patients' Access to Medicines: A Guide to Implementing Nurse and Pharmacist Independent Prescribing within the NHS in England
- (d) http://www.prescribingforsuccess.co.uk/document_uploads/About/DH_GuideApril06.pdf
- (e) Supplementary Prescribing by Nurses, Pharmacists, Chiropodists/Podiatrists, Physiotherapists and Radiographers within the NHS in England: a guide for implementation - Department of Health
- (f) http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Prescriptions/TheNonMedicalPrescribingProgramme/Supplementaryprescribing/DH_099272
- (g) Medicines Matters: A Guide to current mechanisms for prescribing, supply and administration of medicines - Department of Health
- (h) <http://www.basics.org.uk/Document%20vault/medicines%20matter>
- (i) Non-medical prescribing - National Prescribing Centre - Competency frameworks and other publications
- (j) http://www.npc.co.uk/improving_safety/improving_quality/index.php
- (k) Training non-medical prescribers in practice - National Prescribing Centre
- (l) http://www.npc.nhs.uk/non_medical/resources/designated_medical_pr

[actioners_guide.pdf](#)

- (m) Standards of proficiency for nurse and midwife prescribers
- (n) <http://www.nmcuk.org/Documents/Standards/nmcStandardsofProficiencyForNurseAndMidwifePrescribe>

Flowchart of the Application Process for Non- Medical Prescribing (NMP)



Non-Medical prescribing proposal form

Once completed this form should be approved by the Directorate Medicines Management meeting. Once approved locally the completed proposal forms should be sent to the Trust's Non-Medical prescribing Lead who will present to the NMP approval and monitoring panel.

Completed forms to be sent to: Lead Nurse for Nursing and Quality

Directorate.....

Service Manager:

Address:

Telephone No:

E-mail:

Nominees Name:	Designation:
Work Address:	Telephone No:
E-mail:	
Current Role: e.g. Involvement in medicines management, clinical assessments, advice, drug administration etc.	

Please provide a supporting statement that:-

Role of the non medical prescriber once qualified

1. Outline the intended prescribing role and why this nominee should be selected for entry on to the course.

2. Define the need for the new role and the overall objectives in terms of benefits to patients, staff and any gaps in service.
3. Confirm the applicant has access to a prescribing budget and that the drugs they will provide are currently funded by Mersey Care NHS Foundation Trust.
4. Details how the line manager has assessed the competence of the nominee to carry out a health assessment take a patient history and arrive at a diagnosis, competent to do drug calculations.
5. Outline how the service will monitor and audit NMP.

How will this role aid compliance with European Working Time Directive and improve patient access to medicines?

- Practitioner will hold outpatient clinics for selected patients in place of Doctor
- Reduce the need for on-call doctor to prescribe for service users out of hours
- Additional prescribing cover during normal working hours
- Reduce the need for on call doctor to visit remote sites during normal hours
- Improve service user access to medicines
- Reduce waiting times for service user access to medicines

- Offer service users more continuity of prescriber
- Improve service user experience
- Facilitate efficiencies and effectiveness
- Optimise the skills and experience of non medical practitioners

In-patient staff – the role will include:-

- Prescribing for new admissions
- Prescribing leave prescriptions
- Prescribing discharge prescriptions and summaries
- Initiating new drugs
- Modifying/stopping prescriptions
- Prescribing drugs for physical health
- Prescribing drugs for mental health (including substance misuse)
- Other please specify below

Out-patient staff – the role will include:

- Writing FP10 Prescriptions
- Prescribing via a hospital pharmacy
- Recommending new treatments for GP's to prescribe
- Recommending changes in existing medications for GP's to prescribe
- Prescribing drugs that will be administered by Mersey Care NHS Foundation Trust
- Prescribing drugs for mental health (including substance misuse)
- Other please specify below

Line manager's agreement and signature

Line manager's agreement to a minimum release from practice for both taught theory and medical supervision. (26 days theory equivalent and 12 days practice)

How will applicant's duties be covered for the duration of the course?

As line manager, I confirm that the nominee has received an appraisal for their suitability to prescribe and the nominee states they have appropriate numeracy skills. I confirm full release support, totalling a minimum of 38 days equivalent, and that the applicant will have prescribing role on completion of the programme.

Name (please print)

Signed:

Date:

Please provide details of the Designated Medical Practitioner (A DMP must be identified and agreed prior to proposal form being submitted)

The identified DMP must fulfil the following criteria:

- Has had at leaser 3 years relevant clinical experience for a group of patients/clients in the relevant filed of practice of the proposed NMP.
- Is currently working as either a staff grade, ST4, or a Consultant within an NHS Foundation Trust or other NHS employer.
- Has the support of a WILLING Directorate to act as the DMP who will provide supervision, support and opportunities to develop competence in prescribing practice.
- Has some experience or training in teaching/or supervising practice.
- Normally works with the trainee prescriber. If this is not possible (such as a nurse led service), arrangements can be agreed for another Doctor to take on the role of DMP providing the above criteria are met and the learning in

- practice is related to the field in which the trainee prescriber will practice.
- Is familiar with the requirements of the programme and the need for the nominee to achieve the learning outcomes.
- Is familiar with Mersey Care NHS Foundation Trust and other relevant local prescribing guideline and protocols.

<p>Name of Designated medical Practitioner:</p> <p>Area of Practice:</p> <p>Position:</p> <p>Permanent Member of staff: YES/NO</p> <p>Length of experience in the same field as the NMP applicant:</p> <p>Work Address:</p> <p>Postcode:</p> <p>Telephone Number:</p> <p>Work Email:</p>
--

Signature of DMP Date:.....

Proposal for the applicant's time with nominated DMP:

- Already spends at least 1 day per week together in prescribing environment
- Will shadow outpatient clinic
- Will shadow in-patient prescribing situations
- Will require shadowing/mentorship outside of the trust
- Other specify below

Nominees Statement and Signature

Please provide supporting statement that:-

1. Gives evidence of ability to study at level 3
2. Evidence of at least 3 years (for nurses the year prior to application must be spent in the clinical area the nominee intends to prescribe) (2 years for pharmacists) post registration clinical experience or part-time equivalent
3. Any previous experience in relation to nurse prescribing, pharmacology, CPD
4. Explain why you wish to undertake the course

Signature of Nominee: **Date:**

**NON-MEDICAL PRESCRIBING/SUPPLY ADMINISTRATION OF PGD
APPROVAL TO PRACTICE FORM**

Full Name:

.....
(PRINTED CAPITALS)

Profession/Job Title:

.....

Prescribing Qualifications:

.....

RPSGB / NMC Number:

.....

Professional Body (i.e. RCN/Unison)

.....

Place of Work and Address:

.....

.....

Approved to prescribe as: (Supplementary/Independent Prescriber)

.....

Approved to prescribe for: (e.g. Group of Patients or Speciality)

.....

Usual Signature:

.....

Initials:

Contact No /Bleep No:Date:

If your Service uses FP10 prescription pads please indicate:

Do you require FP10HNC (Green) YES/NO

Do you require FP10 MDA (BLUE) YES/NO

APPROVED BY LINE MANAGER

PrintSign

Date.....

APPROVED BY SERVICE/CLINICAL DIRECTOR

Print.....Sign.....

Date.....

APPROVED BY DIRECTOR OF NURSING (For Nurse Prescribers)

Print Sign

Date.....

APPROVED BY CHIEF PHARMACIST (For Pharmacist Prescribers)

Print Sign

Date.....

Declaration of competency

Declaration of competence to practice – In line with the Trust’s non-medical prescribing policy. I have discussed and agreed my areas of practice and I have maintained my competency to do so.

Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	
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Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	
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Second year declaration of competence to practice (if no change to areas of competence)

Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	
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Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	
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Third year declaration of competence to practice (if no change to areas of competence)

Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	
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Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	
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Fourth year declaration of competence to practice (if no change to areas of competence)

Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	
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Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	
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Fifth year declaration of competence to practice (if no change to areas of competence)

Name of Prescriber		Signature of Prescriber		Date	
Name of Line Manager		Signature of Line Manager		Date	

Approved by Deputy Director of Nursing & Therapies or Associate Director of Nursing & Therapies

Print name		Signature		Date	
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Approved by Chief Pharmacist (Trust NMP lead)

Print name		Signature		Date	
------------	--	-----------	--	------	--

Please return completed paper and electronic forms to:

**Please attach NMC Statement of entry and signed statement for Job description.
This form is required to be updated annually or in a change of circumstances.**

Original to: Pharmacy
Copy to: Line Manager (personal file)
Copy to: Non-Medical Prescribing Lead
Copy to: CBU Service/Clinical Director
Copy to: Non Medical Prescriber

**To be added to staff members Job description on completion of
Non Medical Prescribing qualification.**

Name (print).....
Signature.....
Date.....

Main Purpose of the Job

To undertake independent/supplementary prescribing along side medical staff within clearly agreed protocols and guidelines.

Qualifications

Non Medical Prescribing Qualification

Responsibilities

To undertake non medical prescribing duties following appropriate accredited training (this being entered on the NMC register) within agreed protocols, working closely with the medical practitioner.

Signed by Clinical/ Service Director: _____

Equality and human Rights Analysis

Equality and Human Rights Analysis

Title:

Corporate policy and procedure for leave for inpatients who are either managed informally under section 131 of the mental health act or under the general powers of the mental capacity act (sections 5 & 6)

Area covered: Trust wide

What are the intended outcomes of this work?

To ensure appropriate arrangements are in place to support informal inpatients during periods of leave

Who will be affected?

People who use services.

Evidence

What evidence have you considered?

Policy only

Disability including learning disability

see cross cutting

Sex

see cross cutting

Race

see cross cutting

Age

see cross cutting

Gender reassignment (including transgender) see cross cutting
Sexual orientation. see cross cutting
Religion or belief see cross cutting
Pregnancy and maternity. see cross cutting
Carers see cross cutting
Other identified groups No other identified
Cross cutting Monitoring process needs to include equality - leave not approved staff incident. Protected characteristics.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Supportive of a human rights based approach The processes in place recognise the need for the Trust to enable people who are in hospital 'informally' to take leave whilst recognising the Trusts responsibility to protect life by ensuring safe guards re suicidal risk has been addressed.
Right of freedom from inhuman and degrading treatment (Article 3)	Supportive of a human rights based approach

Right to liberty (Article 5)	Supportive of a human rights based approach This policy ensures processes are in place to protect people who are able to take 'leave' from hospital are supported to do so .
Right to a fair trial (Article 6)	Does not engage
Right to private and family life (Article 8)	Supportive of Human rights based approach This policy supports people taking leave from the inpatient setting to enable the process of successful discharge home .
Right of freedom of religion or belief (Article 9)	Does not engage
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Does not engage
Right freedom from discrimination (Article 14)	Does not engage

Engagement and involvement

No indication of Service user/ Carer consultation in the development of the policy

Internal consultation only

Summary of Analysis

Eliminate discrimination, harassment and victimisation

With the inclusion of the requirement to analyse the incident recording of leave unable to be granted or restricted by protected characteristic will seek to ensure any indirect discrimination is highlighted and addressed.

Advance equality of opportunity

With the inclusion of the requirement to analyse the incident recording of leave unable to be granted or restricted by protected characteristic will seek to ensure there is an equality of opportunity within the in patient area

Promote good relations between groups

With the inclusion of the requirement to analyse the incident recording of leave unable to be granted or restricted by protected characteristic will seek to maintain good relations between groups within the in patient areas.

What is the overall impact?

Addressing the impact on equalities

This policy seeks to ensure that people who are using our inpatient facilities are supported to have leave from the ward area and to set systems in place to enable analysis if this is not met.

The process will enable the Trust to address any Human Rights issues re leave from ward area not being met and to ensure the possibility of indirect discrimination is examined and positive action being taken when required.

Action planning for improvement

See below

For the record

Name of persons who carried out this assessment:

Jayne Bridge
Meryl Cuzak Equality and Human Rights Lead

Date assessment completed:

6th February 2015

Name of responsible Director/Director General:

Ray Walker Executive Director of Nursing

Date assessment was signed:

March 2016

Action plan template

Category	Actions	Target date	Person responsible and their Division
Monitoring, evaluating and reviewing	<p>To include the requirement to analyse the incidents of leave not occurring as prescribed by protected characteristic using DATIX incident monitoring. At least 1ce every 6 months.</p> <p>Identify and prescribe positive action from monitoring process as necessary</p> <p>To place on relevant divisional equality action plans for monitoring.</p>		Head of Nursing. (Corporate division)