# SELF ADMINISTRATION OF MEDICINES GUIDELINES

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<td>November 2015</td>
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<table>
<thead>
<tr>
<th>Name of Author/Reviewer:</th>
<th>Louise Maunick</th>
<th>Name of Sponsor:</th>
<th>Caroline Harry</th>
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<tbody>
<tr>
<td>Job Title</td>
<td>Associate Chief Pharmacist: Quality, Governance &amp; Training</td>
<td>Job Title</td>
<td>Interim Chief Pharmacist</td>
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## Policy Dissemination

Intranet & Q-Pulse

## Policy Consultation


## Corporate Approval & Ratification

<table>
<thead>
<tr>
<th>Committee Title</th>
<th>Medicines Management Committee</th>
<th>Date: November 2015</th>
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## Document Control / History

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<tr>
<td>1.0</td>
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## Document References:

- NMC The Code: Professional standards of practice and behaviour for nurses and midwives 2015 access at [www.nmc-uk.org](http://www.nmc-uk.org)
- NMC Standards for medicines management 2008 access at [www.nmc-uk.org](http://www.nmc-uk.org)
- Self-administration of medicines by hospital inpatients (Briefing) doc. access at [http://www.healthcarecommission.org.uk/assetRoot/04/00/27/47/04002747.pdf](http://www.healthcarecommission.org.uk/assetRoot/04/00/27/47/04002747.pdf)
- CQC fundamental standards 2015 access at [http://www.cqc.org.uk/content/publishing-new-fundamental-standards](http://www.cqc.org.uk/content/publishing-new-fundamental-standards)
- National Service Framework for Older People Department of Health 2001
- NICE - Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes accessed at
### SELF ADMINISTRATION OF MEDICINES GUIDELINES

<table>
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<td><a href="https://www.nice.org.uk/guidance/ng5">https://www.nice.org.uk/guidance/ng5</a></td>
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<tr>
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TO BE READ IN CONJUNCTION WITH ANY POLICIES LISTED IN TRUST ASSOCIATED DOCUMENTS. 5

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To be read in conjunction with any policies listed in Trust Associated Documents.

2 Document Summary

2.1 This document is intended to describe the key components for successful implementation of self administration. The policy works in conjunction with national and local policies on medicine storage and administration. It does not supersede any such guidance. Self-administration sits well in conjunction with other re-design initiatives, such as re-use of patients’ own drugs and one-stop dispensing. However, these are outside the scope of this policy and have not been described in this document.

2.2 This scheme aims to improve patients’ knowledge about their medicines and to allow them to be responsible for taking their own medication during their hospital stay.

2.3 It involves a multi-disciplinary approach and emphasises the need for medication to be managed across the divide between the community and hospital. Research has demonstrated that poor compliance usually attributed to the patient not understanding his/her medication regime, may jeopardise treatment and result in hospital readmission. By educating patients about their medicines and assessing their ability to take their own medication before they are discharged, it is hoped that their compliance and concordance will improve.

3 Introduction

3.1 Conventional approaches to how medicines are prescribed, supplied and administered are now outdated and do not take account of the increasing complexity of medicines and the need for greater patient involvement. In addition patient medication issues at the primary and secondary interface, particularly at admission and discharge, contribute to an increase in risk to patient safety. Traditionally, in hospital, patients have had their medicines administered to them, and this will continue where medication regimens are complex or for those patients for whom self-administration of medicines is assessed as inappropriate. Self-administration schemes should however be supported where possible.

3.2 Self-administration is a philosophy of patient care that believes patients should be as independent as possible, should participate in their own care, make decisions about their treatment in partnership with nursing, midwifery, medical and pharmacy staff, and therefore be able to make informed choices. This is reinforced in Guidance on exploring effective strategies to empower patients and inform patients and the public about their medicines which was issued in 2004(2).

3.3 Self-administration is one component of redesign and pharmaceutical care. Redesign of medicine supply also includes:

• reviewing patients’ medication on admission and discharge
• dispensing medicines in original packs
• the use of automation
• the use of patients’ own medicines
• effective communication between primary and secondary care

Introduction of self-administration as part of an overall redesign strategy is likely to consolidate the benefits realised.

3.4 To ensure patient safety, medication self administration schemes must be in accordance with legislative requirements, national guidance and best practice. The system should encompass risk assessment of the patient, the therapy involved and the environment in which the scheme is going to operate and audit of the personnel, policies, environment and facilities. The medication self-administration scheme must work to encourage patients to understand and manage their medicines. Patients participating in self-administration schemes need to recognise their responsibility in relation to their medicines within hospital.

3.5 Benefits of implementing a Self-Administration scheme

• Increased patient empowerment
• Identifies patient with problems managing their medication/compliance
• Improves patient education and concordance
• Improves communication between professionals and reduction in prescribing errors
• Enables timely discussion of changes to patients’ medication
• Encourages familiarity with medication
• Integral part of rehabilitation
• Improved awareness of patients ability to cope with medication on the ward and needs for discharge
• Improves compliance after discharge

3.6 Inclusion Criteria for using the scheme

• Patients whom the multidisciplinary team deem to be suitable
• Patients who are willing to assume responsibility for their medication in hospital
• Patients who will assume responsibility for taking their medication at home
• Patients who are expected to remain on the ward / unit for at least 7 days
• Wards / units with suitable facilities for the storage and security of medication

3.7 Exclusion Criteria for using the scheme

• Children (and their carers)
• Patient’s using monitored dosage systems (e.g. medibox)
• Patients who are confused or are in an unstable mental state
• The following drugs should not be self-administered:
  o once only (STAT) medication
  o Controlled Drugs
  o Any medications administered via the intramuscular or intrathecal route
  o Any medication administered by the intravenous or subcutaneous route unless the patient has completed a formal competency assessment under the supervision of an appropriate health care profession which has been documented in the patients notes

3.8 If any of the above apply, then self-administration must not be used.

NB If a patient’s level of understanding is insufficient due to language differences or learning disabilities/difficulties, or if they have a physical condition which would cause problems, this should not be regarded as an exclusion if these difficulties can be overcome by, for example, providing an available translation of the patient information leaflets, a large print chart or alternative packaging of their medicines.

3.9 Caution Criteria for using the scheme

The following patients may self-administer only at the discretion of the Consultant.
• Patients with a history of alcohol / drug abuse
• Patients with a history of overdose (accidental or intentional)
• Patients with a history of non-compliance to medication (accidental or intentional)
• Medically unstable patients

4 Purpose / Aim and Objective

4.1 This Policy aims to support staff and ensure that where appropriate all adult in-patients are enabled to self-administer their medications and that patients are adequately assessed, provided with relevant information and supported to self-administer their medicines.

4.2 Objectives of the Programme:

4.2.1 To give the patient control of his / her own life in the area of medication by improving relevant existing skills or the acquiring of necessary skills for the programme.
4.2.2 To provide information to patients e.g. what, why and how their medication is to be taken

4.2.3 To reduce re-admission due to treatment failure caused by non-compliance

4.2.4 To highlight medication related problems prior to discharge e.g. suitability of containers, understanding of labelling

4.2.5 To promote simplified medication regimes

5 Definitions

5.1 **Self - Medication** - The term ‘self medication’ and ‘self-administration’ are used interchangeably in this document. Both relate to the ability of the patient to administer their own medicines.

5.2 **Self – Management** - Where patients monitor their condition (e.g. insulin dependant Diabetic patients) and alter dosage accordingly.

5.3 **SAM** – self administration of medicines

5.4 **Medicine** - The term ‘medicine’ and ‘drug’ are used interchangeably in this document. This includes eye drops, ear drops, liquid, topical and inhaled preparations. The term ‘controlled drug’ applies to those under restricted possession and use, as under the Misuse of Drugs Act 1971.

5.5 **TTO/TTA** – Medicines dispensed for discharge, i.e. for the patient To Take Out/Away

5.6 **EDN** – electronic discharge notification, the letter sent electronically from the hospital to the patient’s GP upon discharge from hospital, summarising care received.

5.7 **PRN** – When required medicines

5.8 **Locker** – Refers to the patient specific drug locker by each patient’s bedside for individual use by the patient.

5.9 **POD** – Patients own drug. These are patients own medications brought in from home for use on the ward. When a drug history is taken by pharmacy the details of any PODs will be recorded on the drug history page of the drug chart.

6 (Duties) Roles & Responsibilities

6.1 **Medicines Management Committee**

- Overall approval for self-administration

6.2 **Assistant Chief Nurse**

- Leading and supporting staff - Providing ongoing staff training
- Evaluating and reviewing outcomes

6.3 **Multi-disciplinary team**
Give overall approval for self-administration for individual patients

6.4 Medical Staff/ Independent / supplementary prescribers

- Ensure the medication regime is simplified whenever possible.
- Inform patient’s when they make any changes to their medicines.
- Inform nursing staff of any changes to the patient’s medication (see Appendix 2: SAM flow chart)
- Inform patient of any proposed change to the medication
- Inform nursing staff of any deterioration in the condition / capacity of a patient to self-administer their medicine.
- Ensure outcome of SAM is included in the discharge prescription

6.5 Nurse in charge of the ward

- Ensure that all staff are aware of and when necessary compliant with this Policy.
- Ensure that documented assessment and documented agreement is completed before patient’s start self-administering their medicines.
- Ensure that patients’ self-administration status is recorded on the drug chart and an appropriate record is made each time a patient self-administers a medicine (see Appendix 4: SAM continuous assessment chart)

6.6 Admitting Nurse

- The admitting nurse has the responsibility for ascertaining during the completion of the admission documentation whether the patient would like to self-administer their medications whilst they are in hospital.

6.7 Nursing Staff

- Must assess all patients who have expressed an interest in self administration (using the form in Appendix 1: SAM assessment tool). A pharmacist or appropriately trained pharmacy technician can also perform this assessment. The completed assessment form must be filed in the patient’s notes.
- Provide an information leaflet on self-administration to patients who are suitable for participation in the scheme (section 9: Patient Information Leaflet).
- Ensure the patient agreement form (Appendix 3: Self Administration Scheme Patient Consent Form) has been completed and the patient is fully aware of medicine security requirements before commencing self-administration. The completed agreement form must be filed in the patient’s notes.
- Record the patient’s self-administration status on the drug chart
- Ensure an appropriate record is made each time a patient self-administers a medicine (see Appendix 4: SAM continuous assessment chart)
- Inform medical staff and the ward pharmacy team, if applicable, that a patient has been assessed and is going to participate in the self-administration scheme.
Check compliance:

- Establish if the patient has taken their medicines at the appropriate time by asking explicitly about each medicine individually by name (“How many xxxxx did you take and when?”).
- Completion of SAM monitoring records

Ensure significant changes in the patient’s condition/treatment are taken into consideration when considering the patient’s ability to participate in the scheme, particularly peri-operatively or at times of acute illness.

Inform medical and pharmacy staff, if applicable of any significant changes in the patient’s condition which impacts on their ability to self-administer their medicines.

Complete an incident report (DATIX) for any untoward incident that occurs during self-administration.

Ensure that the bedside medication locker key is taken back at the point of discharge.

The nurse must observe the patient for any signs of adverse reactions, and monitor the effectiveness of medicines as (s)he would for any other patient.

Order medication when required from pharmacy.

6.8 Pharmacy Staff

- Ensure the medication regime is simplified whenever possible.
- Ensure the patient receives appropriate information about their medications in a version which is suitable to them.
- If requested, undertake an assessment of the patient’s ability to self-administer their medicines. If the patient is deemed suitable for self-administration ensure a completed ‘Patient assessment form’ (Appendix 1: SAM assessment tool) and a ‘Patient agreement form’ (Appendix 3: Self Administration Scheme Patient Consent Form) are filed in the patient’s medical notes. Also ensure a record of the patients self-administration status is documented on the drug chart.
- Help ensure the patient has appropriately labelled medicines available to support self-medication.
- Provide medication aids, or prompt cards (medicine reminder charts) for individual patients if deemed appropriate.
- Inform the nurse and medical staff if a deterioration in the condition or capacity of a patient is observed.
- Ensure medicines supplied when needed.
- Ensure that compliance checks are being conducted and patient remains appropriate for the scheme.
- Ensure patients store medication safe and securely raising any concerns with the nurse in charge and via datix.
7 Process for assessing patients for self-administration of medication

6.1 On Admission
6.1.1 On admission, the admitting nurse should identify potential self-medicating patients of the self-administration scheme.
6.1.2 Potential patients can be identified by the scheme exclusion, inclusion & cautionary criteria (see section 3: Introduction)
6.1.3 All identified patients should be referred for initial assessment.

6.2 Initial Assessment to Self-Administer
6.2.1 All patients who ask to self-administer must be provided with an information leaflet (section 9: Patient Information Leaflet).

6.2.2 An assessment using the form (- Appendix 1: SAM assessment tool) must be undertaken by either a ward nurse, pharmacist/technician or medical staff and the completed form must be filed in the patients notes. Staff must be trained to complete the assessment.

Patients can be assessed as one of four levels (see – Appendix 2: SAM flow chart)

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<tr>
<th>Level 0:</th>
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<tbody>
<tr>
<td>Level 1:</td>
<td>Nurse/midwife has possession of the key to individual bedside medicine locker and administers medicines from the locker. Nurse/midwife annotates medicine prescription chart to record medication administration.</td>
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<tr>
<td>Level 2:</td>
<td>Nurse/midwife has possession of the key bedside medicine locker. Patient administers medication under supervision of the nurse/midwife. Nurse/midwife annotates medicine prescription chart to record medication administration.</td>
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<tr>
<td>Level 3:</td>
<td>Patient has possession of the key to the bedside medicine locker and is responsible for storage and self-administration. Patient completes tick chart to record medication administered.</td>
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6.2.3 For patients deemed suitable for self-medication a consent form (Appendix 3: Self Administration Scheme Patient Consent Form) must be completed and signed by the patient before any medications are self-administered. The completed form must be
filed in the patient’s notes. A record of the patient’s self-administration status must be included in the patient’s notes as well as on the assessment form (- Appendix 1: SAM assessment tool).

6.2.4 If pharmacy are not yet involved then the ward based pharmacy team should be contacted to assess suitability of medicines for self administration. At this stage pharmacy should produce the medication record card to enable the patient to self administer.

6.3 Custody of Medicines

6.3.1 All medicines must be stored in a locked medicine cupboard with the exception of the medicines listed below which must be kept close to the patient:
   - Glyceryl trinitrate sprays
   - Reliever inhalers (e.g. Salbutamol or Terbutaline)

6.3.2 Patient deemed competent / appropriate to self-administer their medicines at level 3 of the self administration scheme, must be provided with access to their bedside medication locker. The registered nurse will hold master access for each cabinet. Every time a patient undertaking scheme is discharged the following should be undertaken;
   - If the medication cabinet is accessible via a key:
     It is the responsibility of the patient and the discharging nurse to ensure any keys are returned to the ward prior to discharge from hospital.
   - If the medication cabinet is accessible via a key pad:
     It is the responsibility of the discharging nurse to ensure that the key pad code is reset immediately after discharge.

6.4 Medication checks required prior to patient self-administration

6.4.1 Checking Patients’ Own Medications
   - Patients’ own medications must be checked by the registered nurse in accordance with the ‘Use of Patients’ Own Drugs Policy’.
   - If patients are commencing level 3 of the scheme then the registered nurse should document the quantities of patients own drugs on the self administration reconciliation chart (- Appendix 5: SAM reconciliation chart)
   - Where patients’ own medications are not used for self-administration they must be stored away from the patient. If deemed appropriate they can be returned to the patient or sent to pharmacy for destruction when the patient is discharged.

6.4.2 Checking Medications from Pharmacy
   - Nursing staff will check medication on arrival from Pharmacy. If the dosage on the label is not what the patient is currently taking the patient cannot self-medicate that medicine until it has been re-labelled.
6.5 Ongoing Observation & Assessment of Self-Medicating Patients

6.5.1 For all level patients:

Continuous assessment is required to ensure patients maintain their level of competence. This should be completed using the continuous assessment form following each observation of the patient (– Appendix 4: SAM continuous assessment chart)

If a patient’s competence has changed this must be recorded on the Self Administration Patient Assessment (– Appendix 4: SAM continuous assessment chart) and if appropriate their bedside medication locker key should be taken off them and they should not be allowed to self-medicate.

For level 3 patients:

Quantities of medicines used should be reconciled by completing the SAM reconciliation form (– Appendix 5: SAM reconciliation chart). Thus ensuring the patient is taking medicines correctly. When patients commence level 3 this should be assessed at least daily, this can be extended as patients ability to self administer is confirmed. Any changes in level of SAM should be documented in – Appendix 4: SAM continuous assessment chart.

6.5.2 During nursing hand-over the competence of patient’s self-medicating must be discussed.

6.5.3 Surgical Patients - Patients assessed as competent may administer their own medications preoperatively. However, they must receive clear instructions on which drugs to take on the day of surgery by medical, surgical and nursing staff. Patients must hand over their medication locker key when they become nil by mouth. The key may be returned to the patient when they recover from surgery and become competent again.

6.5.4 Patients will be removed from the scheme if they are consistently unable to self-administer despite multiple attempts, counselling, education and support. Reasons for discontinuation must be recorded in the patient’s medical notes and – Appendix 4: SAM continuous assessment chart. Multidisciplinary discussion should subsequently establish how to ensure the patient takes the medicines they require post discharge.

6.6 Guidance on actions to take if a patient makes a self-administration mistake

6.6.1 If the patient makes an error, the nurse, pharmacist or pharmacy technician who discovers it must inform the patient’s doctor immediately.

6.6.2 Establish the cause of the error by questioning the patient and looking at their medicines.
6.6.3 Take steps to reduce the chance of the error happening again (for example: patient education, changing the directions on the medicine label) and consider whether it would be safer to stop the patient self-medicating. Document this on – Appendix 4: SAM continuous assessment chart.

6.6.4 Complete a DATIX report about the error being explicit about why the error occurred and what can be learned from it.

6.7 Discharging patients who have participated in the SAM scheme

6.7.1 If the patient requires support upon discharge, advice should be provided to relevant people.

6.7.2 **Patients requiring support from the community pharmacy**: complete the community pharmacy discharge letter (– Appendix 6: SAM community pharmacy referral letter)

6.7.3 **Patient requiring support to administer medication**: multidisciplinary team to liaise and establish what support is available to the patient e.g. relatives, social services, carers. Team to then liaise with support to find out how best to prepare patient for discharge e.g. supply medicines record card to support carers or relatives administering medication or supply dosette to enable medicines to be administered or ensure social services provides appropriate support to the patient (e.g. timing of visits coincides with medicines administration times)

8 Monitoring and Review

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<td>Chief Pharmacist</td>
<td>Where gaps are recognised action plans will be put into place</td>
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<td>SAM scheme</td>
<td>Audit conducted 6 monthly on wards see – Appendix 7: SAM audit tool</td>
<td>Associate Chief Pharmacist: Clinical Services</td>
<td>Chief Pharmacist</td>
<td>Where gaps are recognised the action plan should be used to address them</td>
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<tr>
<td>Training to use SAM scheme – Appendix 8: SAM training pack</td>
<td>Upon commencement of post and when required if gaps in knowledge identified – This will be monitored via learning &amp; development</td>
<td>Managers of: - Ward nursing staff - Pharmacists - Clinical Pharmacy Technicians</td>
<td>Nursing staff managers – Divisional Associate Chief Nurse Pharmacy Staff managers – Chief Pharmacist</td>
<td>When gaps in knowledge identified then staff should recommence SAM training module – Appendix 8: SAM training pack</td>
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</table>
9 Training and Implementation

9.1 All staff will complete the SAM training pack upon induction. (– Appendix 8: SAM training pack)

9.2 If gaps in staff knowledge are identified then staff should recommence SAM training pack and meet with their manager to discuss how to address knowledge gaps.

10 Patient Information Leaflet

A patient information leaflet can be found on the intranet on webpage;

http://www.medway.nhs.uk/resources/patient-information-leaflet-library/

If a patient information leaflet is given to the patient please record this in the patient notes.
11 - Appendix 1: SAM assessment tool

SAM ASSESSMENT TOOL V2.0.docx

12 – Appendix 2: SAM flow chart

Self Administration flow chart v1.0.docx

13 Appendix 3: Self Administration Scheme Patient Consent Form

SELF ADMINISTRATION SC

12 – Appendix 4: SAM continuous assessment chart

SAM CONTINUOUS ASSESSMENT CHART

13 – Appendix 5: SAM reconciliation chart

SAM reconciliation chart v1.0.docx

14 – Appendix 6: SAM community pharmacy referral letter

Pharmacy referral letter v1.0.docx

15 – Appendix 7: SAM audit tool

sam audit tool v1.0.docx

16 – Appendix 8: SAM training pack

SAM training pack v1.0.pdf
17  **Equality Impact Assessment Statement & Tool – Appendix 9**

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<td>7</td>
<td>Can we reduce the impact by taking different action?</td>
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All public bodies have a statutory duty under the Equality Act 2010. To have due regard to the elimination of discrimination, harassment, victimisation and any other conduct prohibited by the Act. The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none is placed at a disadvantage over others. This document was found to be compliant with this philosophy. Equality Impact Assessments will ensure discrimination does not occur also on the grounds of any of the protected characteristics covered by the Equality Act 2010.

**END OF DOCUMENT**