Maternity Self Administration of Medicines Scheme

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline documents the procedures to be followed to safely facilitate postnatal women to have custody of and to administer their own oral analgesic medicines whilst in hospital. The scheme will include all postnatal women at Worcester Royal Hospital. This guideline is solely for the self-administration of pain relief medicines after birth (Paracetamol and Ibuprofen). It does not outline self-administration of any other medications, including a patient's own medications.

The introduction of Self-Administration of Medicines for postnatal analgesia at other Trusts has proven extremely valuable to both mothers and midwifery staff. It has enabled mothers to take control of their analgesic medication; thereby enhancing mobility, recovery and the ability to care for their baby's needs. Midwifery staffing pressure is alleviated by the reduced workload of drug rounds, and hospital resources better utilised to care for the woman and baby, with other Trusts also demonstrating reduced length of hospital stay.

Aim of the guideline

- To ensure appropriate enrolment of patients to the self-administration scheme, with adequate education as to how patients safely administer and store their medications.
- To ensure correct dispensing, storage, documentation and disposal of medication in the self-administration scheme.

Benefits of self-administration of medicines

Self-administration of medicines:

- maintains patient's independence and dignity
- increases patient's knowledge and understanding of their medicines
- increases patient's personal confidence
- increases patient's participation in their own care
- increases patient's responsibility and autonomy
- increases patient's ability to make informed choices about their medication
- increases patient's concordance with drug regimens
- facilitates the assessment of adherence to treatment
- enhances the effectiveness of patient education schemes
- assists in the identification of medication problems prior to discharge
- allows medicines to be taken at more appropriate times, e.g. in relation to movement, when pain occurs
- demonstrates trust – which has psychological benefits for patients and raises morale

This guideline is for use by the following staff groups:
Used by anaesthetic, obstetric, pharmacy and midwifery staff.
To implement only on the postnatal maternity ward, within the maternity division.

Lead Clinician(s)

Dr Jaime Greenwood	Consultant Anaesthetist
Dr Elizabeth Brodier	Anaesthetic Registrar
Louise Williams	Maternity Pharmacist
Approved by Medicines Safety Committee on:	14th July 2021
Ratified by *Maternity Governance* on:	September 2021
Review Date: This is the most current document and should be used until a revised version is in place	1st January 2023 - 1 yearly review

Key amendments to this guideline

Date	Amendment	Approved by:
14th July 2021	New document approved	MSC

Maternity Self-Administration of Medicines (SAMs) Scheme

Staff Guide

The anaesthetist undertakes the medical prescribing and reviewing role for all patients that attend theatre. The obstetrician will undertake this role for all patients with non-operative deliveries. The patient must have received the patient information leaflets, be appropriately counselled and signed the consent form before they can self-administer their analgesia.

All necessary paperwork is underlined in the pathway below

STEP 1. Patient consent	
AT PRE-OP APPOINTMENT for elective Caesarean patients	
Midwife	Counsel the patient on self administering their pain relief postnatally Give "self-administration of pain relief medicines after birth" and "pain relief after birth whilst breastfeeding" leaflets to the patient Complete patient consent form with the patient

STEP 2. Prescribing	
ON THE DAY OF DELIVERY	
Midwife or Doctor	Complete step 1 (see above) if it is not already completed
Doctor	Check patient is eligible and has consented to the scheme Prescribe SAMs on the obstetric drug chart

STEP 3. Dispensing	
ON POSTNATAL WARD	
Midwife	Complete the patient assessment form Assemble and sign out the analgesia with a second midwife Give patient the medications and patient administration record Instruct patient on pain assessment and documenting use of medications
Patient	Patient assign a code to locker (with midwife assistance)

DURING INPATIENT STAY	
Midwife	Complete daily review on the drug chart
Patient	Document medication administration on "patient administration record"
Anaesthetist or Obstetrician	Review patient the day after delivery to monitor compliance with self-administration ***(during pilot only)***

AT DISCHARGE	
Midwife	Keep patient administration record to scan onto badgernet Arrange other TTOs in the usual way Reset locker code for next patient
Patient	Take home remaining analgesia from their locker

DEFINITIONS / GLOSSARY

Term	Definition
Self-administration of medicines (SAM)	The process in which a woman takes responsibility for managing their own medication; following a period of assessment and education by responsible medical personnel who have been trained and are familiar with the maternity self-administration of medicines guideline. The pain relief medications available to the postnatal woman for self-administration include: - 1g oral Paracetamol, up to 4g daily - 400mg oral Ibuprofen, up to 1600mg daily
TTO	A discharge prescription for medicines for the patient "To Take Out" of hospital

STAFF GROUP / PATIENT RESPONSIBILITY

Person / Group	Duties
Midwifery/ nursing staff	The Registered Midwife (RM) / Registered Nurse (RN) will: • Ensure that women do not self-medicate analgesic medication beyond the remit of these guidelines. • Ensure that women who wish to self-medicate are given the information leaflet on self-administration: "Self-administration of pain relief medicines after birth" (appendix 2) and "Pain relief after birth and while breastfeeding" (appendix 3). • Explain the scheme verbally and give the woman the opportunity to ask questions about the scheme.

Person / Group	Duties
	• Ensure that women, who wish to self-medicate after reading the information leaflet, sign the consent form (appendix 4). • Dispense the medications with a second midwife, as per the Trust pharmacy procedure MedPolSOP1 (available on the intranet). • Ensure that the woman's medicine is stored in the bedside medication safe and that the patient is capable of using the digilock to open the safe. • **Daily** re-assess the woman's suitability to self-administer or when her condition changes; using the 'Daily Assessment' box on the prescription chart. • Perform tablet counts if deemed necessary, for example, if the patient suggests they have made a medication error. • Remove discontinued medicine from the woman's bedside locker.
Patients	The woman is responsible for: • Taking their own medication if they are assessed as requiring no supervision. • Ensuring that their medicines are kept locked in the bedside medication safe when not in use. • Informing the staff if anyone takes or attempts to take her medication. • The patient has responsibility for the medication in the digilock bedside cabinet. • Documenting the drugs taken on the patient administration record (appendix 5)
Medical staff	In signing the patient assessment and consent form (appendix 4), the medical team confirms that the woman is suitable to participate in the scheme, and agrees to ensure that the medical team follow their responsibilities as set out in the guidelines. The prescribing doctor will: • Review all medication on admission. • Prescribe all medication in accordance with the Trust's "Medicines Policy" (WAHT-CG-580, available within pharmacy policies on the intranet). • Explain any medication changes to the patient. • During the pilot scheme, review the patient 24hours after commencing self-administration of analgesia.

ELIGIBILITY

Clinical area

Self-administration of analgesia should only occur in the postnatal ward after delivery.

For a self-administration scheme to operate it must be endorsed by the clinical area manager, the appropriate clinical director and the clinical pharmacy team. The following must always be in place before a clinical area may consider commencing patients on the self-administration of medicines scheme:

- robust policy framework supported by procedures for all aspects of the process
- sufficient staff to support the scheme
- effective multi-disciplinary team working and communication
- clearly defined roles and responsibilities
- access to pharmacy staff
- access to a registered medical practitioner who supports the Self-Administration of Medicines Scheme (in most cases this will be the prescriber)
- access to appropriate staff training
- competent staff who have undertaken the 'Self-Administration of Medicines Scheme' training programme
- access to the Trust's Medicines Policy
- access to this Self-Administration of Medicines Guideline
- access to the required documentation: patient information leaflets, patient assessment and consent form, drug charts, patient administration record.
- lockable bedside medication safes
- audit / monitoring systems

The clinical area manager must complete the Self-Administration of Medicines Scheme: Clinical Area Risk Assessment to ensure these pre-requisites are met (appendix 6).

Patient suitability

All postnatal women who are inpatients on the postnatal ward at Worcester Royal Hospital are eligible to self-administer their analgesic medications.

The maternity self-administration of medicines scheme is appropriate for women who:

- have mental capacity
- self-administer their medicines at home
- can read medication labels and other written information
- can document the medications they have taken
- can open medication packaging
- can access the locked bedside safe
- do not have a history of substance/drug/alcohol abuse or mental health problems

Women must read the patient information leaflets "Self-administration of pain relief medicines after birth" and "Pain relief after birth and while breastfeeding". This may be given to the patient at the Pre-Admission Assessment Clinic or once they are in hospital.

Following admission to the ward, the RM/RN should supplement the information provided in the leaflet verbally and ensure that the woman fully understands the scheme.

Assessment of the woman regarding suitability for inclusion in the scheme will be carried out by an RM/RN using the assessment tool (appendix 4). Confused women must never be given custody of their medicines. Reasons for exclusion from the scheme and the chosen level of supervision should be documented in the women's records.

The woman should sign the consent form (appendix 4), witnessed by the RM/RN. The white copy should be retained to scan onto badgernet, and the blue copy given to the patient. A patient may withdraw their consent at any time during their admission. In the case of a relative/carer being involved in administering medicines to a dependant, the woman should consent to the relative / carer being the person to administer medicines. The relative / carer should consent to participating in the scheme. There may be times when a woman cannot consent, however the relative / carer may still participate in the scheme if the multidisciplinary team believes it to be in the woman's best interest.

The woman should be re-assessed daily or when her condition changes and this must be recorded on the daily review section on the prescription chart. All clinicians are responsible for identifying changes in a patient's condition which may require self-medication to be stopped.

All ward staff must remain vigilant to ensure that drugs are locked away.

Excluded patients

Women excluded from the self-administration scheme include those who:

- are not personally responsible for administering medication at home
- have a history of drug or alcohol abuse
- do not have mental capacity
- do not wish to participate
- do not speak sufficient English to participate in the scheme

If it appears that a woman lacks the abilities or understanding necessary to self-administer prior to discharge, a plan of care must be devised with the woman, carer and/or primary care healthcare professionals to ensure that the patient can receive their medication at home.

Women who request liquid forms of Paracetamol or Ibuprofen are not eligible to enrol on the SAMs scheme.

Following a General Anaesthetic

Women should not self-administer medication for 6 hours following a general anaesthetic or sedation.

These women will revert to the standard procedure with all medicines administered by the RM/RN. Self-administration may resume 6 hours after the general anaesthetic, once they are deemed competent to do so, as per the patient assessment form. If after 6 hours, the midwife has any concerns about a patient's ability to self-administer medications, they should contact the on call Anaesthetist to review the patient and advise on an appropriate timeframe.

PRESCRIBING

The self-administered drugs are prescribed on the obstetric prescription chart, in the pre-filled section (page 3, appendix 1). Prior to signing these prescriptions, the doctor must check the patient has been appropriately counselled and signed the consent form.

The woman is required to keep a record of medicines taken on the patient administration record (appendix 5).

Many postnatal women may have received paracetamol and/or NSAID during labour and delivery. Refer to the “issuing medication” section for advice on when it is safe for patients to begin taking their own paracetamol or ibuprofen in this situation.

Women unable to self-administer will revert to the standard procedural guidelines with analgesia prescribed for the RM/RN to administer on the postnatal ward.

MEDICATION

Issuing medication

The patient must have been appropriately counselled and completed the consent form prior to being given the pain relief.

Assembly and dispensing of the analgesia will be performed by two RM/RN’s, in line with the Trust non-pharmacy dispensing policy (MedPolSOP1). The drugs will be supplied from the TTO ward stock, and the staff member that removes the pack must complete the ward log (in the treatment room) that identifies the date a TTO pack is dispensed. The woman will be issued with a plastic sealable bag with the patient identity sticker on, containing the drugs (outlined below). All drug packaging will be labelled with the patient name and date. The date and time of supply will be recorded on the drug chart.

When issuing the analgesia, be sure to have understood the prescriber’s intentions and that these are safe and appropriate for the patient. Check the medicine will not interact adversely with other medicines the patient is prescribed, and that they are not allergic to the medicine.

Women will be supplied with the following, designed to manage 4 days of analgesia requirements:

- 32 tablets of Paracetamol 500mg (one pack)
- 32 tablets of Ibuprofen 200mg (two packs)

Do not give women Ibuprofen if they are unable to tolerate it. This may include patients with asthma, previous stomach ulcers, or a reaction to aspirin or other anti-inflammatory drugs.

Women can be re-supplied with the 2 patient information leaflets below if further education is required:

- Self-administration of pain relief medicines after birth (appendix 2)
- Pain relief after birth and while breastfeeding (appendix 3)

At the same time, the patient should be supplied with the "patient administration record" (appendix 5). Written information should be supplemented with verbal advice on medicines administration prior to a patient being allowed to self-administer. Verbal advice may include assessment of pain levels, staggering administration of paracetamol and ibuprofen every 2-3 hourly for optimised pain relief, and how to seek help if pain is unmanageable. This may be carried out by the nurse, midwife or doctor.

This advice should include what time is safe for the patient to start taking her own pain relief, if she has been administered any in the previous 24 hours.

Dosing intervals of pain relief:

Prior to dispensing the medications to the patient, the midwife is responsible for checking if the patient has received any doses of paracetamol or NSAID during labour or delivery.

If the patient has been administered paracetamol (orally or intravenously), the first self-administered paracetamol dose can be taken 4 hours later. If the patient was administered diclofenac 100mg in theatre, the first self-administered dose of ibuprofen can be taken 8 hours later. The midwife can write these timings on the patient administration record to guide the patient when it is safe to start taking these medications.

Storage of medicines

Medication will be supplied by pharmacy in the packaging that will be dispensed as complete packs to the patient. Stock will be kept in the ward pharmacy cupboard, with standard security measures.

Once the analgesia is supplied to a woman, it will be stored in individual digilock safes located next to the woman's bedside. These are individual, with codes that are reset after each patient use.

Supply of medication

This scheme only applies to the self-administration of regular analgesic drugs following the delivery of a baby. It is not applicable to the patient's own drugs that require prescription and administration by the standard trust policy. **Controlled drugs and once only medication and injections / infusions are not covered by the scheme**. These should be administered by nursing / midwifery staff as per normal procedure.

Insulin-dependent diabetics can continue to administer their own insulin.

Administration errors

If an administration error involves the woman receiving the wrong dose, the following must occur:

- Inform the doctor
- Document the incident in the nursing records
- Complete a Datix form
- Check the woman's understanding, and the patient administration record
- Consider whether the patient remains eligible to safely self-administer medications, or if any additional support is appropriate.

Where a woman has intentionally under or overdosed, the midwifery/nursing staff should resume custody of the medication and responsibility for administration.

Any issues encountered or queries during the implementation of the scheme can be discussed with the postnatal ward matron or pharmacy.

Any clinical concerns about the patient, relating to their pain relief should be raised with the midwife responsible for the patient, and the on-call Anaesthetist or Obstetrician.

SECURITY

On arrival to the clinical area eligible for self-administration of medicines, the patient must be supervised setting a code to lock their bedside cabinet. This code must be recorded in the dispensing book when the RM/RN signs out the analgesia.

All medicines supplied to the patient for self-administration must be kept in a locked bedside cabinet, with access only available to the patient and midwifery/nursing staff. Any attempt by other individuals to remove or consume these medications must be reported by the patient to the ward staff and a datix completed.

Following discharge, it is the responsibility of the midwife to reset the code for the digilock.

MONITORING THE PATIENT

Pain Scoring

The assessment of pain conducted by midwives must be taught to women using the (VRS) verbal rating scale: none, mild, moderate, severe pain. Women experiencing mild to moderate pain are advised to take regular Paracetamol and Ibuprofen. Moderate or severe pain can be managed with oral Morphine, if the patient wishes, which is available as per standard operating procedure, as an “as required” prescription on the drug chart.

If pain relief is not satisfactory or the side effects of the analgesia are not controlled, midwives can contact the on-call anaesthetist on delivery suite (bleep 701).

If the woman requires further analgesia the ward doctor or anaesthetist will need to prescribe this as for patients who are not on the self-administration scheme.

DISCHARGE

When preparing the patient for discharge, all women who are on the self-administration of medicines scheme may take the remaining Paracetamol and Ibuprofen from their locked cabinet, to take out (TTO) following the Trust pharmacy procedure MedPolSOP3 (available on the intranet).

Regular or new medications on the drug chart that the patient needs for discharge (beyond the analgesia) should be requested via pharmacy in the standard practice.

The patient administration record should be kept to scan onto badgernet.

Disposal of partially used or unwanted containers of drugs

Used Paracetamol and Ibuprofen packs not required by mothers should be disposed of according to Trust Policy.

LEGAL ISSUES

The Trust accepts responsibility for the degree of risk involved in allowing normal medicine practices to be waived, but considers that the risk can be minimised by:

- Careful selection of patients in order to identify and exclude those who may endanger themselves or others.
- Particular staff vigilance, especially midwifery/nursing staff within whose professional responsibility drug administration rests.
- Ensuring the procedures detailed are followed and patients are provided with accurate information with regards to their drug regimen.
- Ensuring all documentation is completed fully and filed correctly in the patient records.

Whilst the RM/RN has a duty of care towards all patients, s/he is not liable if a patient makes a mistake self-administering as long as the assessment was completed as the local policy describes and appropriate actions were taken to prevent re-occurrence of the incident.

All documentation for women who are self-administering medicines should be added to the patient's records.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
"Issuing medication" on page 9 and "administration errors" page 10.	Patient documenting drugs they have taken on the patient administration record	Midwife perform a daily check of patient's competence and compliance with the scheme (signed on drug chart)	Daily	Patient's midwife	Postnatal ward Review of checks will be made during the pilot and ongoing scheme by anaesthetic and midwifery audit teams.	Reviewed for each case during the pilot, and an overall review of scheme 6 months after implementation
	Patient storing medications securely in the bedside lock	Midwife perform a daily check of patient's competence and compliance with the scheme (signed on drug chart)	Daily	Patient's midwife	Postnatal ward	

References

- MedPolSOP1
- MedPolSOP3
- WHAT-CG-580

Appendix:

1 Obstetric Prescription Chart (WR2271)

2 Self-administration of pain relief medicines after birth – patient information leaflet

3 Pain relief after birth and while breastfeeding – patient information leaflet

4 Patient consent and assessment form

5 Patient administration record

6 Clinical Area Risk Assessment

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation **(in the form of an abridged version**);

Designation
Justine Jeffery – Divisional Director
Dr Anna Fabre-Gray – Consultant Obstetrician, Maternity Lead
Nicola Robinson – Midwifery Manager
Claire Berrow – Deputy Postnatal Ward Matron
Susan Smith – Maternity Governance Lead

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Scheme has been discussed at Maternity Governance with full support
Approved at Maternity Governance, Anaesthetic Governance and Medicines Safety Committee

Appendix 1: Obstetric Prescription Chart (WR2271)

Appendix 2: Self-administration of pain relief medicines after birth – patient information leaflet

APPEND~4.DOC

Appendix 3: Pain relief after birth and while breastfeeding – patient information leaflet

AP99F0~1.DOC

Appendix 4: Patient consent and assessment form

Appendix 4- Patient consent and assessm

Appendix 5: Patient administration record

Appendix 5 - patient administration record

Appendix 6: Clinical Area Risk Assessment

Appendix 6 - Clinical Area Risk Assessment

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Dr Jaime Greenwood (Anaesthetic Consultant)**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Dr Elizabeth Brodier	**Anaesthetic Registrar**	**Elizabeth.brodier@nhs.net**
	Dr Jaime Greenwood	**Anaesthetic Consultant**	**Jaime.greenwood@nhs.net**
Date assessment completed	**22/02/2021**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Maternity self-administration of medicines scheme** (Guideline, to implement service redesign)
What is the aim, purpose and/or intended outcomes of	The scheme will enable postnatal women to have custody of and to administer their own oral analgesic medicines whilst in hospital. The

this Activity?	move away from midwife-administered analgesia is to improve access to analgesia, with subsequent improvements in postoperative pain relief and patient satisfaction, quicker functional recovery and reduced demand on midwife-led drug rounds.			
Who will be affected by the development & implementation of this activity?	❑ ☑ ❑ ❑	Service User PatientCarers Visitors	❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	❑ Review of an existing activity ☑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	▪ Anaesthetic audit of patient satisfaction and functional recovery following caesarean section in 2020, demonstrating a high number of patients experiencing severe pain at home that limited their mobility. ▪ Abstract published in the International Journal of Obstetric Anesthesia, of a similar scheme established by Maidstone & Tunbridge Wells NHS Trust, with significant positive outcomes (reduced pain, reduced hospital LOS, reduced midwifery workload).			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Engagement with staff from the multidisciplinary team; pharmacy maternity lead, anaesthetists, obstetricians (divisional lead), midwifery staff (postnatal ward matron, divisional director, governance lead). Collaboration with the anaesthetic & pharmacy departments at Maidstone & Tunbridge Wells NHS Trust, and South Warwickshire NHS Foundation Trust to consider their existing scheme. Discussion with Birmingham Women's Hospital anaesthetic department to consider their pre-existing self-administrations scheme. No patient engagement at present.			
Summary of relevant findings	All discussions have reiterated: - Support of the scheme - Significant benefits for both patients and staff (BWH ran the scheme for 2500 patients and had extremely high satisfaction outcomes from all key groups). - High safety profile of the drugs considered for inclusion: BWH had 2 cases of drug errors from 2500 pts.			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		No impact dependent on patient's age.
Disability		✓		Patients with disability may not be eligible for the scheme due to language or comprehension limitations, but would continue with the current standard of care given for administering analgesia post-operatively, therefore a neutral impact.
Gender Reassignment		✓		No impact dependent on gender reassignment
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity	✓			This scheme will facilitate many positive impacts for the patient; increased autonomy, responsibility and involvement in their own recovery. Improved timing of analgesia to suit their pain, and better provision for discharge analgesia.
Race including Traveling Communities			✓	At present, the patient information and paperwork is only in English, and only those able to understand it are eligible. This may be altered in the future if a negative impact is noted.
Religion & Belief	✓			Patients have the autonomy to treat their pain as they deem fitting for their own beliefs and requirements.
Sex	✓		✓	This scheme is only developed for postnatal women, therefore carries a positive benefit for those, but not for men with other postoperative recovery journeys.
Sexual Orientation		✓		No impact on sexual orientation
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		The eligibility for this scheme is clear and should not be impacted by health inequalities.

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Race/ethnic minorities	*Assess the need for translating the patient information leaflets and consent forms into common languages*	**Dr Jaime Greenwood**	**Review after pilot scheme**
	Sex	*Establishing a self-administered analgesia scheme postoperatively may become applicable to all patient genders, wider than maternity services in the future*	**Rosemary Fletcher**	**Review after pilot scheme**
How will you monitor these actions?	**Repeat the review of patient analgesia and satisfaction, and recovery times after full implementation of this scheme to assess whether there are significant benefits for a wider surgical population.**			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**Once full approval of the scheme has been offered, and prior to implementation of the scheme.**			

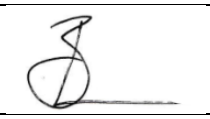
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	22/02/2021
Comments:	
Signature of person the Leader Person for this activity	Jaime Greenwood
Date signed	22/02/2021
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	Yes
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	Yes – midwifery workload
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No – will be integrated into standard mandatory training allocation
	Other comments:	Funding for bedside lockers agreed by Divisional Director (Justine Jeffery)

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.