

## electronic Prescribing and Medicines Administration (ePMA) Policy

<b>Document Reference No:</b>	MMP 480
<b>Version No:</b>	1.0
<b>Publication Date:</b>	Date published on Corporate Governance SharePoint 24/02/2026
<b>Review Date:</b>	3 months prior to expiry date 19/11/2028
<b>Expiry Date:</b>	3 years after approval date 19/02/2029
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<b>Approved Date:</b>	19/02/2026
<b>Document Type:</b>	Policy
<b>Scope:</b>	PTHB Wide

Powys Teach Health Board is the operational name of Powys Teaching Local Health Board

To ensure that you are always using the latest version of this corporate policy, please refer to the version on the Corporate Governance SharePoint site

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## **1. Scope**

This policy applies to all Powys Teaching Health Board (PTHB) staff involved in prescribing, clinical checking, medicines ordering, and administration of medicines using the electronic Prescribing and Medicines Administration (ePMA) system. It covers all areas and services where ePMA is deployed.

## **2. Policy Statement**

The ePMA Policy outlines how the ePMA system must be used within PTHB. The system provides an electronic solution for prescribing, clinical checking, medicines ordering, and administering medicines.

The system must enable the health board to reduce the risk of medication errors and improve the effectiveness of medicines. The ePMA system provides a Clinical Decision Support (CDS) System, an integrated allergy and adverse reactions module, allows local medicines configuration and integration with the National Shared Medicines Record to aid safer prescribing and administration of medicines.

Approval of this document must guide activities for the ePMA system across the health board. The Policy will supplement the PTHB [MMP 001 - Medicines Policy](#), identifying the ePMA system as a direct replacement for paper prescriptions and Medication Administration Record (MAR) charts, where ePMA is deployed.

This policy is a live document and will be updated regularly to reflect upgrades, operational improvements, and iterative changes to the ePMA system, ensuring that guidance remains accurate and aligned with real-time developments.

## **3. Aim**

The aim of this policy is to ensure safe, effective, and consistent use of the ePMA system across PTHB, supporting high-quality prescribing and medicines administration while reducing the risk of medication-related harm. The policy seeks to standardise electronic prescribing practices and reinforce ePMA as the authoritative source of medicines information within all clinical settings where it is deployed.

## 4. Objectives

- Define the ePMA system as the formal replacement for paper prescriptions and MAR charts in all areas and services where it is deployed.
- Ensure that all prescribing and medicines administration data for inpatients and outpatients is recorded within the ePMA system where it is deployed.
- Support integrated and collaborative working across multidisciplinary teams through standardised electronic processes for medicines management.
- Promote consistent governance and appropriate use of the ePMA system by providing clear guidance aligned with the overarching PTHB [MMP 001 - Medicines Policy](#).
- Ensure that all staff have appropriate training, role-based access, and clear communication regarding the use, updates, and functionality of the ePMA system, enabling safe and effective adoption across PTHB.

Nb: Details of prescribing and medicines administration processes that continue to require supplementary paper documentation alongside ePMA are outlined in **Appendix 2**.

## 5. Accountabilities

### 5.1 Corporate Responsibilities

The Medical Director is responsible for medicines management within the Health Board. The Chief Pharmacist is the accountable officer for ensuring medicines management conforms to statutory and best practice requirements. This policy and all associated procedures and guidelines are governed by the health board's Medicine Management policies and guidelines, as agreed by the Pharmacy and Medicines Management Group.

## **5.2 System Owner**

The ePMA business system owner is the Chief Pharmacist, accountable for safe operation, maintenance and governance. Technical responsibility (platform, integration, configuration, availability, and information security controls) lies with the Chief Digital Data Officer. Clinical safety oversight resides with the Principal Pharmacist for Digital Medicines.

## **5.3 System Manager**

The Principal Pharmacist for Digital Medicines is the System Manager, with technical responsibility lying with the Service Improvement and Clinical Applications Manager. The System Manager is responsible for ensuring that the ePMA system operates in accordance with all Health Board medicines-related policies, procedures, and guidelines, and that the system complies with relevant local and national technical, digital and clinical standards.

## **5.4 All ePMA Users**

All users must undertake ePMA training. Training will be facilitated through virtual classroom sessions, an e-Learning package, and Quick Reference Guides (paper and video format). Departmental managers and professional leads must ensure staff undertake training prior to using ePMA. The process of completing training and acquiring system access is managed by the ePMA / Digital Services teams and documented in the ePMA Training Plan.

All users must have undertaken and be up to date with the NHS Wales Mandatory Information Governance, records management and Cyber security e-learning before access to the system will be granted.

It is the responsibility of all users to ensure that they abide by the health board's policies for using Clinical Systems. This includes the [PTHB / IGP 018 Clinical Record Keeping Procedure](#).

All users must be aware of the legal responsibilities associated with their own role, adhere to their own scope of practice and the health board Medicines Management Policies, available here [Policies, Procedures, Protocols, SOPs and Guidelines - Powys Teaching Health Board](#).

All users must report ePMA system issues and faults to [Powys Teaching Health Board - User Portal](#) or via email at [Powys.Digital@wales.nhs.uk](mailto:Powys.Digital@wales.nhs.uk).

During the implementation phase of the ePMA system, the project team will provide a dedicated 24/7 ePMA on-call support service to ensure continuous operational oversight and prompt issue resolution.

Students are governed by the applicable Service Level Agreement with their Higher Education Institution (HEI) and are not subject to PTHB policies; however, they must practice under the supervision and accountability of a registered practitioner at all times.

## **5.5 Prescribers**

Prescribers must use the ePMA system to prescribe drugs in all areas where ePMA is live. This includes, but is not limited to, inpatient wards, units, outpatients, maternity and theatres.

Where the patient has had previous paper medicines records, e.g. a paper MAR started in another location, the prescriber must refer to those paper records and exercise clinical judgement as part of their prescribing.

Prescribers must continue to exercise their own clinical judgement over and above the system generated information. Prescribers must use their own clinical judgement when the system presents them with Clinical Decision Support warnings.

Prescribers must 'manage' the patient's medication record. Ensuring the information is up to date and clinically appropriate and ensuring they review and action the prescriber task list at the beginning of each shift.

Prescribers are responsible for entering allergy details into the patient's medical record within ePMA as part of their clerking, and thereafter regularly reviewing the allergy details.

Prescribers are responsible for completing the VTE risk assessment as part of the patient's medical record within ePMA as part of their clerking, and thereafter regularly reviewing the VTE risk.

Prescribers must use the ePMA system to review and respond to pharmacy interventions entered on the system, including 'MAR Place Holders' and 'Refer Backs'.

Prescribers must continue to complete the Discharge Advice Letter, but the discharge medications will be automatically populated from within ePMA by the pharmacy team.

Prescribers must use PTHB 'Formulary' medicines wherever possible.

## **5.6 Staff Administering Medicines**

The ePMA system must be used to record medicines administration in all areas where ePMA is Live. This includes, but is not limited to, inpatient wards/units, outpatients, maternity and theatres.

ePMA must be used to record that the patient has taken the medication or if the medication was 'not given' or if there was a 'problem' and the reason(s).

Staff must ensure that administration records for their patients are accurate and updated in a timely manner.

Administration must be completed within a reasonable timeframe as indicated by the ePMA Medication Administration Record.

Where the patient has had previous paper medicines records, e.g. a paper MAR started in another location, the paper records must be referred to and clinical judgement exercised to ensure safe administration.

Where a 'second check' is required prior to administration, administrators must provide sufficient information prior to administration to enable the second checker to complete and approve the second check. The second checker must be satisfied that the administration is safe and remains professionally accountable for approving the second check.

For medications that require a second check witness, the witness override functionality may be used only in exceptional circumstances, for example where a second witness is unavailable or in the event of an emergency. This functionality must be activated solely by a registered clinician who is authorised to administer medications.

Staff administering medicines must continue to exercise their own clinical judgement over and above the system generated information and when the system presents them with a Clinical Decision Support warning.

ePMA must be used by ward staff prior to transfers to confirm that the medication record is complete and that, if necessary, the Medication Administration Record is printed (with appropriate patient

identification) and accurate for transfers to non-ePMA locations. The printed charts can be used for medicines administration by the receiving ward/unit whilst they're waiting for them to be written up properly on the new MAR chart.

Ward staff must complete a final Discharge check within ePMA to ensure that the medications record is accurate and discharge the patient thereby stopping the generation of future doses for that patient.

Staff administering medicines must continue to record all patient observations and other relevant clinical information within the Welsh Nursing Care Record (WNCR) following existing procedures and SOPs outside of the ePMA system.

If a prescriber is also administering medicines, they must also follow the Accountability rules as outlined above in '5.5 Prescribers'. Consideration should be given to PTHB [MMP 001 - Medicines Policy](#) and [RCN RPS additional guidance.pdf](#)

## **5.7 Pharmacists**

Where there is pharmacy service provision, pharmacists must use the ePMA system to clinically check medicines in agreed areas where ePMA is live. This includes, but is not limited to, inpatient ward/units, outpatients, maternity and theatres.

Pharmacists must use ePMA to validate the medication history of the patient via 'Medication Reconciliation'.

Pharmacists must complete clinical checks and annotations within ePMA. Updating the 'Review Status' of all 'Active' medicines, of the patient, via 'Pharmacist's Review'.

Pharmacists must, where appropriate, add MAR place-holders to inform the prescriber that additional medicines may have been omitted from the patient's 'Active List', and may need to be considered.

Pharmacists must complete clinical checks within ePMA, suspending prescribed medicines which they feel need immediate review by a prescriber because they could cause harm.

Pharmacists must use the 'Refer Back' function to offer advice or suggest interventions, to prescribers, for medicines where they feel that a review or optimisation is warranted.

As part of the suspension and 'Refer back' process, the pharmacist is encouraged to verbally communicate with the prescriber at the earliest opportunity, especially in respect of suspensions.

Pharmacists must use ePMA to complete a clinical review of discharge medication.

Pharmacists can use ePMA to review and approve patient-specific supply requests made by a pharmacy technician. However, a medicines management pharmacy technician can process a supply request in the absence of this review, providing all medicines have been clinically reviewed in the MAR.

Pharmacists must use ePMA in line with the [Transcribing & Amending by Pharmacists' Policy](#). If a pharmacist is also a prescriber, they must also follow the Accountability rules as outlined above in '5.5 Prescribers'.

## **5.8 Medicines Management Pharmacy Technicians**

Pharmacy technicians will undertake the following processes utilising the ePMA system in all agreed areas where the system is live:

- Medicines reconciliation – as per agreed SOP – highlighting any discrepancies to the prescriber or pharmacist as appropriate.
- Non-stock/named patient ordering – ensuring a clinical pharmacist check is in place, downloading the order and annotating that a pharmacist check has been performed before e-mailing to the supplying pharmacy.
- Annotating the ePMA system in accordance with the Pharmacy Technician annotation SOP.
- Following the pharmacist clinical check finalising any medicines discharge information such as quantities or any supply or counselling information.
- Highlighting any concerns or clarifications with the prescriber or pharmacist as needed.
- Checking administration boxes for omitted or delayed doses and following up as appropriate.
- Confirmation that allergy completion reflects current status.
- Ensuring completion of VTE assessments.

## **5.9 Pharmacy Technicians**

Pharmacy technicians must only perform tasks that do not require the medicine management pharmacy technician accreditation.

## **5.10 Pharmacists in Training**

To support their development pharmacists in training will have the same access as a pharmacist, however, they will only perform these tasks under the supervision of a registered pharmacist in accordance with their learning contract.

## **5.11 Pre-registration Pharmacy Technician Students and Medicine Management Pharmacy Technician Students**

To support their development, students will have the same access as a qualified Medicine Management Pharmacy Technician. Students will only perform tasks under the supervision of a registered and accredited pharmacy professional - in accordance with their learning contract.

## **5.12 Nursing Students**

Student nurses are always accountable for practicing within their level of competence and under appropriate supervision. They must not prescribe, prepare, or administer medicines independently. Any activity involving ePMA must be carried out under the direct supervision of a registered nurse who retains overall responsibility for the task and will countersign all entries in the ePMA system.

Student nurses are expected to follow the applicable Service Level Agreement with their Higher Education Institution (HEI), document accurately and immediately escalate any concerns or errors to their immediate reporting person on duty, who will advise what actions to take. Nursing students should also notify their practice education facilitator and HEI if they have made an error while using the ePMA system.

All Student Nurse activity and supervision on the ePMA system will align to the Nursing and Midwifery Council (NMC) Code, NMC Standards for Student Supervision and Assessment, and the [Health Education and Improvement Wales \(HEIW\) Practice learning Framework \(Nursing\)](#).

### **5.13 Medical Students**

Currently, medical students will have “View Only” access to ePMA. This can be updated in the future as needed.

### **5.14 ePMA View Only**

This role will be granted to all staff who participate, either directly or indirectly, in the provision of a person's care, including administrative roles – where it is deemed relevant and necessary for safe and efficient patient care.

Any health professional who needs to view a patient’s record on ePMA must do so using the view only access. This role will require a username and password for audit purposes and will only grant the user the authority to print documents from the ePMA system.

## **6. Policy Detail**

**6.1** The ePMA system must be used, where implemented, across the health board to keep an accurate and timely record of medications prescribed and administered.

**6.2** Staff must use the ePMA system to review, prescribe and administer medicines in all areas where ePMA is Live. This includes, but is not limited to, inpatient wards and units, outpatients, maternity and theatres.

**6.3** ePMA can be accessed remotely with secure authentication. Staff must recognise that remote access may limit the ability to directly assess the patient and should take care to confirm clinical details through reliable sources before making prescribing or administration decisions. Patient safety must always remain the primary consideration.

**6.4** Non-ePMA areas must continue to use approved paper processes to prescribe and record medication administration, in line with [MMP 001 - Medicines Policy](#)

**6.5** In exceptional circumstances where the patient’s record is temporarily unavailable in the ePMA system and immediate prescribing is required, paper prescriptions and a paper MAR chart may be used for prescribing and administration. The ePMA record must be updated at the earliest opportunity to ensure a single, accurate, and contemporaneous medication record is maintained. Once the ePMA

record has been updated, any paper MAR charts must be clearly crossed through, signed, dated, and filed in the paper patient notes to minimise the risk of duplicate prescribing or administration.

**6.6** Planned and unplanned ePMA downtime will be managed in accordance with the ePMA Business Continuity Process, which will be initiated and directed by the ePMA team, including clear guidance to staff on safe prescribing and administration during these periods.

**6.7** It is recognised that certain elements of prescribing and medicines administration will continue to require the use of supplementary paper documentation alongside ePMA. This includes specific charts or records that support safe practice and legal accountability (e.g. insulin charts, warfarin charts, specialist infusion charts, controlled drug registers, dietetic protocols etc.). These are detailed in Appendix 2.

While ePMA will be the primary medication management system, these supplementary charts remain necessary to ensure accurate monitoring, communication, and documentation of care. The circumstances in which supplementary paper documentation must be used and how these should be completed in conjunction with ePMA will be clearly defined and reinforced through staff training to ensure consistency and patient safety.

**6.8** The use of ePMA does not alter existing professional or legal responsibilities; staff must remain fully compliant with the [MMP 001 - Medicines Policy](#) at all times and ensure their practice aligns with relevant professional standards and statutory requirements.

**6.9** For inpatients managed using ePMA, the system constitutes the primary medication record and must be used by staff to:

- **Prescribe** inpatient medications in accordance with clinical need and formulary requirements.
- **Document medication administration** at the point of care on the ward/unit.
- **Support Pharmacy processes**, including medicines reconciliation, clinical check of medicines, and recording of *Interventions* (pharmacy prescribing advice or recommendations).
- **Facilitate the ordering** of non-stock medicines by ward or pharmacy staff.
- **Facilitate the ward dispensing of medicines** by Pharmacy.

- **Enable appropriate access** for authorised healthcare professionals to review the patient’s current and recent medication history.
- **Generate and document discharge medications**, ensuring continuity of care following transfer or discharge.
- **Provide a record of previous inpatient prescriptions**, which must be confirmed and validated against other reliable clinical information sources to ensure accuracy.

**6.10** Wards/units that are not live with ePMA must receive approved transfer documentation when a patient is transferred from an ePMA-enabled ward/unit. The transferring ward/unit is responsible for ensuring that this documentation is generated from the ePMA system and sent with the patient to the receiving ward/unit. The approved transfer documentation may be used for medicines administration in the short term; however, at the earliest opportunity, or at the next appropriate clinical review, the prescriber must transcribe the medications onto the ward/unit’s paper MAR chart to ensure continuity and accuracy of the medication record.

All relevant staff will be trained in the correct process for generating, transferring, and using approved ePMA transfer documentation when patients move between ePMA-enabled and non-ePMA wards or units. During the implementation period, the ePMA team will actively monitor all patient transfers involving ePMA and provide direct support to clinical teams to ensure documentation is completed correctly, and continuity of care is maintained.

## **7. Communication and Training**

Information must be made available on the health board intranet/ internet site regarding the ePMA system including:

- The Core ePMA eLearning training package for all users.
- ‘Quick Reference Guides and Videos’.
- Training contacts for “additional support / training” sessions and advice. Single point of contact for additional training support
- Support contacts, including out-of-hours support.
- How to report system faults and issues.
- ePMA Training Plan
- ePMA roll-out Plan
- Business Continuity Plans.

All staff MUST complete ePMA 'core' training relevant to their role and accountabilities before they can access the system. All staff are required to read the [MMP 001 - Medicines Policy](#) and [PTHB / IGP 018 Clinical Record Keeping Procedure](#) in conjunction with this Policy.

Ward/unit and departmental managers are responsible for ensuring that all healthcare professionals involved in the use of ePMA are trained to be competent to do so.

Divisional and departmental managers have a responsibility to ensure that copies of the Medicines Policy are available to their staff, and they must ensure that staff are fully aware of all the relevant procedures applicable to their ward/unit/department/clinical area.

## **8. Monitoring Compliance, Audit and Review**

To ensure that the most up to date version is being accessed, it is recommended that the document is accessed from the PTHB intranet.

Compliance with this policy will be monitored through a combination of operational oversight, audit activity, and data-driven reporting. An ePMA Business Intelligence (BI) dashboard will be developed to capture and review key datasets relating to governance, system usage, compliance with prescribing and administration standards, and medicines and patient safety indicators. This information will be used to identify trends, areas of risk, and opportunities for improvement, and will inform assurance reporting to relevant governance groups.

During the implementation phase, the policy will be reviewed following each inpatient site go-live (approximately every four weeks). Following completion of inpatient implementation, the review frequency will be updated to reflect operational need and system iterations, with a minimum review cycle of six-monthly thereafter, ensuring the policy remains current, effective, and aligned with clinical practice and organisational priorities.

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## Appendices

### Appendix 1: Definitions

- **CDS** – Clinical Decision Support
- **Clinical check** - pharmacy process to ensure that prescriptions are legal, safe, clinically appropriate, and compliant with PTHB formulary.
- **DAL** – Discharge Advice Letter
- **Enablement Policy** - allows pharmacists to make minor, clinically appropriate changes to prescriptions without needing to contact the original prescriber, to reduce delay and errors in treatment.
- **ePMA** - electronic Prescribing and Medicines Administration
- **ePMA inpatient** – a patient who is resident on an ePMA ward/ unit and who has their medication record entered into ePMA.
- **ePMA ward/units** – wards /units using the ePMA system.
- **Formulary** – a list of health board approved medications held within the ePMA system, which can be selected for prescribing and administration.
- **HEIW** – Health Education and Improvement Wales
- **MAR** – Medicines Administration Record
- **MAR Place Holders** – A “Dummy” entry on the ePMA system to alert users that a supplementary paper chart is being used to manage some of the patient’s treatment.
- **Medicines reconciliation** – the formal process of identifying an accurate list of a person's current medicines and comparing them with the current list in use.
- **NMC** – Nursing and Midwifery Council
- **Prescriber task list** - a digital queue of actions and responsibilities generated by the ePMA system that require a prescriber's clinical judgment and action.
- **PTHB** – Powys Teaching Health Board
- **Refer-Back** – Mechanism by which pharmacy professionals communicate clinical queries to prescribers, generating a ‘prescriber task’.
- **SMR** – Shared Medicines Record
- **SOP** - Standard Operating Procedure
- **Ward/Unit** - Wards and units are designated clinical areas within Powys Teaching Health Board where patient care is delivered.
- **WCP** – Welsh Clinical Portal
- **WNCR** – Welsh Nursing Care Record

## **Appendix 2: Supplementary Paper Documentation Used Alongside ePMA**

### **Introduction**

While the ePMA system is the primary system for prescribing and medicines administration within PTHB, it is recognised that certain elements of practice will continue to require the use of supplementary paper documentation. These documents support safe clinical practice, meet specific legal or regulatory requirements, and ensure continuity of care where digital functionality is not available or appropriate.

All supplementary paper charts listed in this appendix will be represented within the ePMA system using a designated “placeholder” on the ePMA system, clearly signposting staff to the existence and required use of the relevant paper documentation alongside ePMA.

The paper documentation listed below must be used in conjunction with ePMA where applicable, and does not replace the requirement to maintain accurate and contemporaneous records within the ePMA system.

### **Supplementary Paper Documentation**

The following paper-based charts, records, and documents will continue to be used alongside ePMA:

- Adult In-patient Warfarin Treatment Chart.
- Continuous Subcutaneous Infusion Medication Administration Record Chart.
- Adult Insulin Administration Record Chart.
- Monitoring Chart for Diabetes.
- Intravenous and Subcutaneous Infusions Chart.
- Dietetic Protocol Charts (initiated by the Dietetic Team).
- Clozapine Titration Prescription Chart.

### **Governance, Training and Access to Guidance**

Standard Operating Procedures (SOPs) will be developed for each supplementary paper document listed above to clearly define when and

how they should be used, how they interact with ePMA, and associated roles and responsibilities.

These SOPs will:

- Be incorporated into ePMA training for relevant staff groups
- Form part of ongoing implementation and post-go-live support
- Be made available via the PTHB ePMA Training Resource SharePoint page.

Compliance with the use of supplementary paper documentation will be supported through training, local oversight, and ongoing audit as part of the wider ePMA governance framework.

## Version Control

Version	Summary of Changes/Amendments	Issue Date
v0.1	Initial Draft	October 2025
v0.2	Updates to accountabilities from the ePMA project team, pharmacy, nursing and medical professionals.	November 2025
v0.3	Updates to accountabilities, system ownership and definitions by ePMA technical experts.	November 2025
V0.4	Updated based on comments from PTHB wide consultation, including; nurse and student roles, MM Technician role, Pharmacist role, Appendix 2 and compliance and monitoring of the system and this policy.	December 2025
V1.0	Approved by ePMA Programme Board	January 2026

## Engagement & Consultation

### Key Individuals/Groups Consulted in the development of this document

Role Designation	Date	Name of Reviewer
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Lead Nurse Community Nursing	11.12.2025	Ceri Rees
Head of Quality and Safety	11.12.2025	Heidi Sinclair
PACS/ Radiology Information Systems Manager	11.12.2025	Jenny Vernel

<b>Practice Education Facilitators:</b>		
Practice Education Facilitator	11.12.2025	Susan Duff
Practice Education Facilitator	11.12.2025	Ross Howells
Practice Education Facilitator	11.12.2025	Sarah Le Gat
<b>Other Professionals</b>		
Assistant Medical Director	11.12.2025	Dominic Horne
Senior Nurse Manager Outpatients	11.12.2025	Judith Jamieson
Head of Midwifery		Candice Lewis
Head of Professional Practice and Standards Nursing	11.12.2025	Lynda Mathias
Head of Nursing	11.12.2025	Linzi Shone
Corporate and Health Records Manager	11.12.2025	Laura Hughes
Deputy Director of Allied Health Professional and Health Sciences	11.12.2025	Alexandra Simmonds
Salaried GP lead in Integrative Mental Health	11.12.2025	Alan Woodall
Pharmacist	11.12.2025	Rafael Baptista

### **Policy Approval Pathway**

<b>Name</b>	<b>When</b>	<b>Why</b>
ePMA Programme Board	12.01.2026	Formal Clinical and operational approval
PTHB Clinical Policy Group		Formal PTHB Approval
PTHB Corporate Governance		Formal PTHB Approval

## Task & Finish Group Members

<b>Name</b>	<b>Job Title</b>
Mo Abdelkafi	Lead Pharmacist – Digital Medicines
Cara Bruton	Medicines Management Nurse
Elizabeth Davies	Product Specialist
Emma Dodge	Informatics Clinical Nurse Specialist
Lloyd Jones	Digital Project Manager
Emma McGowan	Chief Nursing Information Officer
Steven Moon	Principle Application and Integration Architect
Susan Newport	Medicines Management Nurse & NMP Lead
Beth Perry	Senior Pharmacy Technician ePMA
Jayne Price	Head of Community Services Pharmacy

## Equality Impact Assessment

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate
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<p><b>Age</b> For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>ePMA will <b>positively</b> impact staff of all ages by ensuring staff have access to information at the point of decision making. The uptake of the digital ePMA solution will release capacity so that staff have 'more time to care'. Improving efficiency and effectiveness.</p> <p>ePMA will <b>positively</b> impact the prescribing of medicines in paediatrics, where errors can be commonplace due to the complicated nature of dosing medicines in children. The system will provide increased effectiveness and safety around dosing on children by weight, age and Body Surface Area.</p>	<p>To implement a comprehensive digital literacy training programme specifically designed for older adults. Such as:</p> <ul style="list-style-type: none"> <li>• Offer workshops and classes so that older adults become more comfortable with using digital technologies.</li> <li>• Provide personalised assistance for those who need extra help. Ensuring that they can navigate the ePMA system.</li> <li>• Ensure that local Digital Champions support older adults.</li> </ul>	<p>ePMA Training Workstream established.</p> <p>PTHB Digital Readiness Survey developed to assess digital confidence ahead of implementation.</p> <p>Key member of the ePMA Team appointed as Digital Capabilities Champion for PTHB and at national level via HEIW.</p>
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<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate</p>
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<p><b>Persons with a disability as defined in the Equality Act 2010</b>  Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>ePMA will <b>positively</b> impact persons with a disability as defined in the Equality Act 2010, such as dyslexia and dyspraxia, as automated processes provide support with additional checks, speed, spelling, the documentation of units and the legibility of text. This will improve patient safety by reducing potential prescribing and medication errors and improving data and decision support.</p> <p>ePMA may <b>negatively</b> impact staff with a learning disability and those who may find it more convenient to engage with paper-based processes as opposed to an electronic system.</p> <p>Using digital display screens may create a challenge for those with visual acuity issues e.g. colour blindness.</p>	<p>Robust training approach for staff will address all staff needs and learning preferences.</p> <p>It is anticipated that the EIA consultation will identify any staff that ePMA will impact so they can be supported through the implementation via an appropriate solution.</p> <p>There are several system and onscreen solutions that can be employed to deal with specific visual acuity issues. Pathways for users to report issues will be established and problems tackled ad-hoc.</p>	<p>Dictation software options are being explored for PTHB and staff can contact PTHB IT Support for further information.</p>
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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>People of different genders:</b> Consider men, women, people undergoing gender reassignment <b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p><b>Positive Impact:</b> There will be the ability to record assigned sex at birth as well as Gender identity and gender reassignment. In addition, what, how and where this information is recorded and audited can be configured by system administrators.</p>		N/A
<p><b>People who are married or who have a civil partner.</b></p>	<p><b>No Impact</b></p>	N/A	N/A

<p><b>Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>
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<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate</p>
<p>maternity leave.</p>			
<p><b>People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p>There will be <b>no impact</b> on staff or patients of a different race, nationality, culture or ethnic origin including nonEnglish speakers, gypsies, travellers and migrant workers. All staff currently required to prescribe and administer medicines use the English language to do so.</p>	<p>N/A</p>	<p>N/A</p>

<p><b>People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	<p><b>No Impact.</b></p>	<p>N/A</p>	<p>N/A</p>
<p><b>People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate</p>
<p><b>People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b> Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p><b>Positive impact:</b> Supplier is willing to translate any part of the system to Welsh, but for now, PTHB would need to provide the Quality Assurance of the translation.</p>		<p>Suppliers have been evaluated on how they will assist NHS Wales in meeting its obligations under the Well-being of Future Generations (Wales) Act 2015.</p>

<p><b>People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>
<p><b>People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>
<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken</b> Make reference to where the mitigation is included in the document, as appropriate</p>
<p><b>Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b></p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>

**How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
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<p><b>People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities.</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>
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Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts and any particular groups affected</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate</p>

<p><b>People being able to improve /maintain healthy lifestyles:</b>  Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>
<p><b>People in terms of their income and employment status:</b>  Consider the impact on the</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions			

<p><b>People in terms of their use of the physical environment:</b>          Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>
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<p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>	<p><b>Potential positive and/or negative impacts and any particular groups affected</b></p>	<p><b>Recommendations for improvement/mitigation</b></p>	<p><b>Action taken by Clinical Board / Corporate Directorate</b>            Make reference to where the mitigation is included in the document, as appropriate</p>

<p><b>People in terms of social and community influences on their health:</b>  Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>
<p><b>People in terms of macroeconomic, environmental and sustainability factors:</b>  Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	<p><b>No Impact</b></p>	<p>N/A</p>	<p>N/A</p>

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate