



Medicines Optimisation & Safety Group

Meeting held on Friday 19 August 2022
 10:30-12:30
 MS Teams
 Royal Stoke

MINUTES OF MEETING

Colours to be used below to represent whether members attended the relevant meeting or not i.e. **green** demonstrates attendance, **orange** represents a deputy attending on their behalf, **red** demonstrates apologies received

Members:	A	M	J	J	A	S	O	N	D	J	F	M
██████████ (NC) Consultant Anaesthetist / Associate Medical Director (Chair)	Y	Y	Y	Y	Y							
██████████ (RA) Consultant in Respiratory Medicine & Acute Medicine	Y	Y	N	N	Y							
██████████ (RF) Matron Quality and Safety	N	N	N	Y	Y							
██████████ (RB) Assistant Director for Quality Improvement	Y	N		N	N							
██████████ (FB) Deputy Chief Pharmacist – Clinical Services,	N	Y	N	Y	Y							
██████████ (DO) Divisional Governance and Quality Manager (CWD)	N	N	N	Y	Y							
██████████ (JY) Respiratory Consultant County Hospital	Y	N	Y	N	Y							
██████████ (CR) Divisional Governance & Quality Manager (Surgery)	Y	Y	N	N	Y							
██████████ (SR) Chief Pharmacy Technician / Deputy Medication Safety Officer	N	Y	Y	N	N							
██████████ (ST) Clinical Director of Pharmacy & Medicines Optimisation	Y	Y	Y	N	N							
██████████ (NS) Deputy Clinical Director – Pharmacy	N	N	N	N	N							
██████████ (HI) Deputy Chief Nurse	N	N	N	N	N							
██████████ (RL) Advanced Clinical Pharmacist – Digital Medicines Optimisation and Electronic Prescribing and Medicines Administration (ePMA) lead	Y - part	Y	N	N	Y							
██████████ (SB) Pharmacist – EPMA	Y - for RL	Y	Y	Y	Y							
██████████ (DC) Pharmacist – Clinical Commissioning and Medicines Value Lead	N	N	N	Y	Y							
██████████ (EL) Acting Quality Improvement Facilitator	N	N	N	N	N							

██████████ (JM)	Head of Quality, Safety & Compliance Department	N	N	N	N	N									
██████████ (SL)	Anaesthetics SPR	N	N	N	N	N									
██████████ (CLB)	Senior Nurse Education and Workforce	N	N	N	Y	N									
██████████	Associate Chief Nurse CWD	N	N	N	N	N									
██████████ (TG)	Clinical Nurse Educator	N	N	N	N	N									
██████████ (BC)	Senior Sister Quality and Safety	Y	Y	Y	Y	Y									
██████████	Quality and Safety Team	N	N	N	N	N									
██████████	Pharmacist - Renal, Procurement and Homecare	N	Y - Part	N	N	N									
██████████	Divisional Governance and Quality Manager Network Services Division				Y	Y									

In Attendance:

No. / Ref	Agenda Item	Action
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1. PROCEDURAL ITEMS

1.1	To receive apologies The apologies were noted above.	
1.2	To approve the minutes of the Medicines Optimisation & Safety Group 15 July 2022 – The minutes of the previous meeting were untyped / unchecked as the Pharmacy secretarial team had a number of vacancies and was short staffed. This had resulted in delays to minutes of key meetings being typed.	
1.3	<p>Matters Arising via the Post Meeting Action Log as of 17 July 2022</p> <p><u>Ref TSM/64 About Rapid Tranquilisation Policy</u> - This should be green as Dr ██████████ has completed. There's no specific UHNM protocol but the Royal College Rapid Tranquilisation Guidance is being followed.</p> <p><u>Ref TSM/67</u> - ██████████ to create alert for circulating to all prescribers about safe prescribing in pregnancy risk. This has already come to the meeting. This is green because it has been issued week.</p> <p><u>Extravasation</u>-██████████, our Neo-Natal Pharmacist is currently off on long term sick leave. Deferred to October meeting when hopefully she will have returned.</p> <p><u>Glycopyrronium Incident from Child Health</u> - The investigation has been completed and ██████████ is on annual leave this week so unable to present. Due date is August 2022 but this was deferred to September meeting.</p> <p><u>Transcribing policy</u> – This is already on the agenda of the meeting.</p> <p><u>Oral Vitamin K Patient Group Direction</u> – This is still amber. ██████████ can't trace this back to source and it has not been through CWD Divisional Quality Assurance meeting. We need to re-visit this piece of work with the authors. ██████████ said that this needs to be added to Haematology and Oncology Risk Register. ██████████ to be invited to meeting in October.</p> <p>ACTION: FB and DO agreed to have a conversation with Amanda Pointon from STAC team to understand what is currently in place.</p> <p>██████████ requested insight from ward audits and nursing staff regarding challenges for causing missing signatures in controlled drug receipts – ██████████ agreed to pick up with SR and ██████████</p> <p><u>Insulin Finish and Task Group</u> – FB agreed to discuss with ██████████ to find out if group were going to use local or national guidance.</p>	<p>██████████</p> <p>██████████</p> <p>██████████</p> <p>██████████</p>

	<p><u>Patient groups direction in imaging for contrast and way forward</u> – There was a PGD meeting on Wednesday. To be followed up with ST.</p> <p>██████████ (Quality Manager Pharmacy) to close down the risk for temp mapping system – The new system is place. This is green.</p> <p><u>Amu management of medicines summary of their improvements and actions</u> - SR on annual leave so this will go to September's meeting.</p>	
2. FEEDBACK FROM SUB COMMITTEES		
2.4	<p>Quarterly Update from Medical Gases Pipeline and Cylinder Systems Steering Group and Cylinder Working Group October / January / April / July No update was available, apart from continuing fight for who is responsible for oxygen.</p>	Update not due
2.5	<p>Actions from Insulin Task and Finish Group October / January / April / July</p>	Update not due
2.6	<p>Quarterly Update from Patient Group Directive October / January / April / July</p>	Update not due
2.7	<p>Anticoagulant Safety Group held on Wednesday 10 August 2022 The meeting was held while ██████████ was on annual leave (██████████ and ██████████ (██████████) attended). They are trying to get the revised prescription chart printed which has the new VTE checklist in it. They are planning to put the prescribing guidance for anti-coagulation on the back page of the chart instead of re-designing the whole prescription chart. They are currently waiting on Harlow Printers to come back on this. They will be doing some work to support ██████████ with the dalteparin prescribing . GP and Primary Care representation will be attending October meeting so that we can review issues across the interface.</p> <p>RH mentioned she had a conversation with ██████████ consultant haematologist about weight and the prophylactic heparin and dalteparin prescription. She said there is a weight related prophylactic prescription for Covid patients. ██████████ wanted to know if there is a weight related prescription for prophylactic dalteparin and Heparin for non-Covid patients. ██████████ to follow this up with the VTE group.</p>	██████████
	<p>Quarterly Update for Improving Together April / July / Oct / Jan Not update.</p>	
3. Divisional Updates – Safe Medications Group		
To receive minutes and feedback from Divisional Safe Medication Groups re: serious harm linked to medication incidents, trends and learning points		
3.1	<p>Surgical Division ██████████ said there were no major issues in July apart from the Clozapine Incident on Critical Care for 4 days. This has been reviewed.</p> <p>Another Clozapine incident happened in August and this is sitting between ED and SAU, but it was only for one day on surgery.</p> <p>██████████ had a chat with ██████████ about this and says this needs to be escalated further. Its a national problem around Clozapine. ██████████ has re-written MMO1 to say if a person has a past medical history of mental health particularly schizophrenia staff need to try to find out which mental health hospital they are under and whether they can advise over the drug history. Issue to be taken to ICS Safe Medication Group. ██████████ mentioned we keep datixing the situations where its been difficult finding information and patients have missed doses as a result. Need to escalate to colleagues in Primary Care re: the challenges.</p> <p>CWD and Oncology Division ██████████ mentioned the reporting numbers remain consistent. What have been reported are predominantly low and no harm. It's very rare to have one with moderate harm, especially now that oncology and haematology has moved to the Network division. The key areas are child health and neonates, but this is being monitored monthly and is under in depth</p>	

	<p>reviewing.</p> <p>Medicine Division Nothing presented</p> <p>Network Services [REDACTED] mentioned there's been nothing specific from Network Services. However, incorrect or missed dose incidents have been reported on numerous wards across the hospital. There is not one particular area that needs the focus on. So she is working with the Matron to identify any common themes of why the incorrect or missed doses are occurring. They will then share the best practice with the wards.</p>	
4. Corporate and Divisional Risk regarding Medicines		
4.1	<p>Corporate / Divisional Risk Register – Medicines</p> <p>[REDACTED] not aware of anything new which has gone on the risk register. It was mentioned there are issues of Pharmacy staffing from Acute Medicines Unit on both sites, Gastro and Elderly Care. This is on the Pharmacy Directorate and Medicine Division risk register. This is having an impact on what we are able to do and also has a knock on effect down the line. [REDACTED]s developing a business case for AMU/gastro but currently facing real challenges as Medicine Division has not include any pharmacy resource in their business cases. Struggling to address some of the risks of medicine safety on some of the wards due to inadequate Pharmacy resource. [REDACTED] confirmed it is getting escalated within Medicine Division. There is slow progress but the message is getting through that they need to look at pharmacy staffing. The Clinicians are starting to notice that they need this support.</p>	
5. CQC & Safe and Secure Storage of Medicines		
5.1	<p>CQC Feedback – nil to date CEF Visits Feedback and Themes - No representatives were available to provide updates.</p>	
6. Controlled Drug Management		
6.1	<p>Update from Controlled Drug (CD) Panel June 2022 [REDACTED] outlined the controlled drugs report which was circulated. There were 117 CD incidents in quarter 1, compared with 110 in quarter 4. One CD incident caused severe harm regarding morphine on Ward 12.</p> <p>Across the Trust there was an overall reduction in unaccountable [REDACTED] losses which is positive. There are on-going concerns about AMU at RSUH. The ward has had number of unaccountable losses, which were presented to the [REDACTED] panel but with a time delay in the RCAs. There are unaccountable [REDACTED] losses in Theatres. This is being investigated by the relevant ODP lead, Matron and an investigating officer has been appointed. The latter has been raised with the [REDACTED] Intelligence Network.</p> <p>There are staffing issues on Ward 12 at CH. Pharmacy has a very experienced Pharmacist on Ward 12 at County. The Pharmacist should have ½ a day on the ward, but spends the majority of time on this ward. [REDACTED]s going to add to the Risk Register. Evidence of incidents needs to be collated. [REDACTED] said that this can be collated on one incident report. It was suggested there could be a Quality Summit. [REDACTED] agreed to raise and discuss with [REDACTED]. Apparently there is not enough nursing support.</p>	[REDACTED]
7. Reports and Audits		
7.1	Strategic Items	
7.1.1	<p>EPMA Update There was nothing to update this month as all is going well. They are going to start the 'build' process, creating all the drug files and at the next meeting, will bring a few issues about the allergies, high risk meds and how this is configured.</p>	

7.1.2	<p>Medicines Shortages</p> <p>■ mentioned Alteplase is going to be a problem until 2023. The issue was manufacturing and production problems. There will be a normal supply the 50mg, but there will be very little of the lower strength. There are various actions in place, but its not very straight forward because they have to look at the strength and see if they can review the timing or dose banding of the Alteplase. They have met with Consultant in Stroke who is quite happy to dose rounding at 10% which would help prevent breaking into another vial.</p> <p>There is supply problem with mexiletine - patient level recall which is a national safety alert. They have completed all the actions and contacted all the patients. They are currently working through re-supplying them. The doctors advised to carry on because there was nothing else available and the risk of stopping was greater than the risk of continuing. Information had been sent to patients about what they may be experiencing as a result of this. ■ mentioned this can be closed down.</p> <p>■ also mentioned there is a national problem with Moviprep and bowel preparation products for endoscopy procedures. There is not much availability / stock of these products and this raises concerns about the number of procedures going ahead. This is being coordinated through the Trust EPRR Planning Group and there is a weekly return in place for submission nationally.</p> <p>DOAC - There's a procurement initiative which covers secondary care and primary care and this was a framework across all the DOACs. On that Framework, Edoxaban was awarded as having the cheapest price and approved as the DOAC of choice for non-valvular AF. There is a national NHS document about switching patients but Primary Care will be doing the switches themselves. A memo has been developed for consultants and their teams identifying patients who could have edoxaban and those where edoxaban is not appropriate. The group expressed concern about potential risk of confusion in prescribing with edoxaban and other DOACS but agreed this is a national initiative and as such have to implement. There is prescribing guidance to improve safety of prescribing DOACs developed with support of ■ (Consultant haematologist) which will be put at the back of the prescription chart. ■ asked if she and ■ could have a look at that to see if they can add this to the memo when it goes out.</p>	■
7.1.3	<p>MHRA Drug Safety – June and July 2022</p> <p>This has been disseminated to the relevant people. ■ (Neurology Pharmacist) has shared with epilepsy team re: topiramate and the additional risks for pregnant patients. FB has asked ■ to do a piece of work with the Paediatric Team for children on the medication.</p>	
7.1.4	<p>HSIB Report: Unintentional Paracetamol Overdose in adult patient with low body weight</p>	
<p>7.2 Patient Safety and Experience – Medicines</p>		
7.2.1	<p>Trust Medications Incident Analysis and discussion of serious incidents June 2022</p> <p>There were two Moderate harms identified by ■ in her update. There was a transfer from County to RSUH where the patient was given the wrong opioid.</p> <p>A patient in Ward 12 had an opioid overdose. Patient was given 50mg IV morphine instead of 15mg as a result of mis-hearing the dose on telephone. ■ mentioned they need to bring the outcome of this RCA to the next meeting. ■ mentioned this RCA is still in progress and is due to be reported to the CCG in October. They have a deadline for this and would push to get this followed up and back. There's also a concerning trend from that same ward around control drugs that has been picked up and they are working with the team to try and address this.</p> <p>Action ■ to ask ward 12 to bring RCA back to October meeting</p>	■
7.2.2	<p>RCA 268974- Ward PACU – Missed Dose of insulin, patient developed DKA</p> <p>■ mentioned the patient's insulin was omitted in theatre recovery based on the advice from the anaesthetist and the patient declined the dose (as it was self-administered). However, the nurse caring for the patient failed to complete the drug chart to say the patient had declined this medicine. This also wasn't picked up on the ward until 2 days later when the patient deteriorated. The patient continued to not have the insulin on the ward. This RCA needs to have a ward input. Also about the monitoring, as an insulin dependent</p>	

	<p>diabetic in the post-operative period would have some monitoring of their blood sugar and even some intervention would happen while their blood sugar level is climbing. [REDACTED] also mentioned the action plan and understand what the author thinks to be done e.g. recording information and passing it on to the ward and what the ward needs to do in relation to future monitoring of patients with type1 diabetes in the post-operative period. [REDACTED] asked for this information to be passed unto the author of the RCA. [REDACTED] requested which ward the patient went back too. Ward to liaise with [REDACTED] and [REDACTED]</p> <p>Action – RCA needs to be reviewed and added to by the ward where patient went post theatre.</p>	[REDACTED]																		
7.2.3	<p>National MSO Webex May 2022: Insulin Device Safety Concerns [REDACTED] said the national information needs to be circulated.</p>																			
8. Policies, Protocols and Procedures																				
8.1	<p>Medicines Transcription for Undergraduate Medical Students The SOP has been re-written. There are only 2 changes. It has been used for 5 years. There were 2 incidents per year. Concern was expressed about Locum doctors unable to supervise them, particularly in evenings, weekends and nights. Keele Medical Students Year 5 should be mentioned in the SOP. Consultants responsibility was discussed. [REDACTED] and [REDACTED] agreed to discuss wording.</p>	[REDACTED]																		
8.2	<p>SOP Transcribing of Medication for PreAMS Patients [REDACTED] has been in contact with [REDACTED] Datix and RCA was [REDACTED] concern. [REDACTED] has been appointed as the Pre-Ams Pharmacist from Nov 2022. [REDACTED] highlighted that the act of transcription was not in itself a legal process as the responsibility for the actual prescription lies with the pharmacist. The legal aspect was discussed in depth. Our Band 8A Pharmacists are all prescribers.</p> <p>ACTION: [REDACTED] and [REDACTED] to check about Nurse prescribing / transcription implications.</p>																			
9. Items for escalation and / or consideration onto Risk Register – Decision by Chair / Group																				
9.1	<p>Discussion and agreement Nil</p>																			
10. For information																				
11. Any Other Business																				
No Any Other Business was discussed.																				
12. DATE AND TIME OF NEXT MEETING																				
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