University Hospitals of North Midlands NHS Trust

Royal Stoke University Hospital
Quality, Safety and Compliance Department
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Email foi@uhnm.nhs.uk

Ref: FOIA Reference 2018/19-665

Date: 13th March 2019

Dear

I am writing in response to your email dated 7th February 2019 requesting information under the Freedom of Information Act (2000) regarding how wards monitor and record medication/medical products.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 Please could you provide policy information on how wards monitor and record medication/medical products e.g. blood and medical processes?

- **How they record medication, products and medical processes**
- **How they record and report any identified errors and near misses of medication, medical products and medical processes and what documentation is used.**
- **If there should be an error or near miss identified - should there be feedback to the patient and if so, should this be recorded and where?**
- **If the error or near miss is identified by the patient etc. how is this dealt with and recorded?**
- **How the above information is monitored, by whom, and what actions should be taken when?**
- **What is defined as a near miss? If something takes place only when the patient etc. intervenes - is this a near miss?**

A1 The Trust has a number of medicines related policies and standard operating procedures which include detail on how medicines should be monitored and recorded. (attached documents) These include:

- MM01 - Policy on Medicines Reconciliation
- MM02 - Policy on Systemic Anti-Cancer Therapy (SACT)
- MM03 - Policy on the Storage, Prescription, Supply and Administration of Medicines
- MM04 – Policy on Unlicensed Medicines
- MM05 – Policy on Patient Group Directions
- MM06 - Policy on the Storage, Prescription, Supply and Administration of Controlled Drugs

There are also other medicines related policies include: use of immunoglobulins; antimicrobial stewardship.

The vast majority of wards use a paper prescription chart for prescription and / or administration of medicines. The exception being within the Oncology/ Haematology Directorate and Child Health where all SACT and chemotherapy agents are prescribed electronically.

All of the Policies are underpinned by either corporate and / or Directorate standard operating procedures (SOP).

All procurement and dispensing of medicines is recorded electronically on the pharmacy computer system (EMIS Ascribe software).

All adverse incidents (errors) associated with medicines are electronically recorded and documented on the Trust adverse incident reporting system (Datix). Depending on the medication incident a root cause analysis may be undertaken.

Duty of candour, where it applies, would be undertaken. Verbal feedback should be provided to a patient if an actual medication error occurs and this should be recorded on Datix and in the medical records.

Near misses – this would be defined as a medication error which is identified prior to it being given to a patient. Within the Pharmacy Directorate a near miss is defined as an error which has not left the Pharmacy Department. There are period snapshots regarding recording of near misses within Pharmacy to inform learning and development of staff and review of SOPs.

If an error is identified by a patient it would be recorded on Datix as per Trust Policy.

Medication errors are reviewed by the Directorate involved, divisionally (via Clinical Governance Groups) and at the UHNM Trust Safe Medication Group. Harm is reviewed and recorded for all errors.

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

UHNM NHS Trust is a public sector body and governed by EU law. FOI requestors should note that any new Trust requirements over the EU threshold will be subject to these regulations and will be advertised for open competition accordingly.

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

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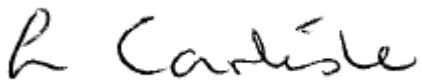
Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 676474.

Yours,



Leah Carlisle
Deputy Head of Quality, Safety & Compliance