SAFER USE OF MEDICINE GROUP
MINUTES
12th July 2022 Web Ex:

NO	ITEM	ACTION
1.	**Attendees** **Apologies:** Maggie Grainger Lyn Gathercole Annet Kadama Muniru Azeez Christine Kapopo Claire O'Mahony Georgina Owen Anita Tuffley Cathy Wilkinson Sharon Wilson-Nivet Emma Woods Sophie Ellul	
2	**Minutes and Matters Arising** After confusion around 'Medication onto Datix' at the previous meeting Emma Woods will be joining this meeting to discuss entering medication errors onto DATIX.	
3.	**Critical Meds & CD Lanyards** These have been agreed so can be moved forward, MG is waiting to receive a sample to access the quality from the printers. Previously these have not been thick enough and this needs to be checked before they are finalised for printing.	
4.	**Medicines administration competencies (including CDs)** MG had previously spent some time trying to get an E-Learn on this onto the FISH. However this was proving to be too lengthy and when health roster was changed, all competencies were wiped. Emails have gone out to HONs, asking for them to being exploring locally to see where competencies are stored and out of those staff	

	who are required to undertake the booklet, how many have done so and where this data is kept. It was discussed how it is important to have evidence in CQC readiness if required. MG asked if any HONs have spoken to the group about this or, have ideas around what the workforce looks like percentage wise regarding the competencies being undertaken. The general feeling within the group was that nothing has been said regarding this at the moment. CO did confirm that within her team theirs are all completed with the spreadsheet being updated to reflect this. It was asked where would be best to store this spreadsheet moving forward. LO asked about a competency matrix which had previously been distributed, asking if this would not be counted as evidence? It was discussed if the medicines management competencies booklet was on this matrix, which it currently isn't, although this could look to be added. Currently, there is only reference to medicines management, which it was agreed was too generalised, and moving forward this needs to be clearer so it can be seen who has undertaken this booklet and who has not. It was agreed this would not be a role of one person within the team, it would be cascaded down to staff and between them checking and providing evidence that this booklet has been undertaken and passed.	A clear process for monitoring and reporting on who has undertaken the medicines management competencies booklet needs to be agreed including the storage of evidence to support this in CQC readiness.
5.	**<u>Medication Administration Errors in themes (action plans template) Including CD's Diabetic incidents</u>** Lyn is absent due to sickness. There were a lot of errors reported within Prisons, but there were no Prison representatives in the group. No themes were identified to discuss or to put on newsletter. CW updated that she is aware that insulin is still an ongoing theme within Adult Community Physical Health Services, this is being addressed with it being looked at how this could be managed going forward with there being a lot of pressure on services at the moment, there is the option of looking at bank staffing. It was agreed that to address this, some training could be put in place to identify what could go wrong when administering insulin. This is something that had been done previously as staff had fed back that this had been very helpful.	

6.	**Report Medication Incidents on Datix** EW updated the group on the process of reporting medication incidents onto DATIX. EW confirmed how the process worked withing the Patient Safety Team. Medication Incidents are sent back if any of the required boxes or data is missing. Ideas were discussed on how to make this process more user friendly, but due to a lot of the required fields not being able to be changed, there is not much scope for changes. The biggest issue is identifying the right type of medication error at point of entry on DATIX. At the previous meeting, LG felt these should all be graded as a Level 3 before they are investigated as at the early stages it is hard to tell what level they require. EW agreed this can be discussed with PSG. As a group if you agree everything needs to be a level 3 until it is checked then that can happen. It was agreed that when entering a medication error that the level of harm should be able to be altered when reviewed if necessary by the handler and have the option for more information to be added.	EW to discuss grading all Datix incidents at a level 3 prior to being checked with PSG MG and EW to take to PSG Monday and bring back to the group.
7.	**Trust Pharmacy Newsletter To Contribute** MG & EW to add some text around changes to DATIX inputting. Promotion for competency booklet to also be added.	Any other contributions to be sent to MG.
8.	**CD Audit** Maggie discussed transcribing audits being undertaken where transcribing takes place on bedding units. This was also undertaken Barefoot Lodge. These audits will be carried out bi-annually going forward.	MG to send audit paperwork to the group.

	MG confirmed that medicines management committee were happy with the results.	
9.	**SUMG Annual Report** Lyn had put this forward to trust medicines management committee. The SUMG & Medication Incidents annual report was shared with the group with any updates being discussed.	
10.	**AOB**	
	Date of Next Meeting: 13th September 2022	