

Draft Minutes of Controlled Drug Oversight Group

(Subject to the approval of the Controlled Drug Oversight Group)

Held on Thursday, 6 July 2022

Teams

PRESENT

Chief Pharmacist (Chair)
Deputy Chief Pharmacist
Theatre Matron
Dispensary Manager
Dispensary Manager
Technical Services Manager
Medicine Safety Pharmacist

IN ATTENDANCE

Minutes

APOLOGIES

Lead Nurse for Medicine and Emergency Care
Matron Theatres
Consultant Palliative Care
Matron

Item No.	Minute
CD024/22	<p>Chair's Welcome and Note of Apologies</p> <p>Chair opened the meeting by welcoming those present. Apologies were received as noted above.</p>
CD025/22	<p>Action Log</p> <p>CD002/22 Datix Incidents The May update noted that most had been processed, to remain amber. will take to Medical Devices Group.</p> <p>CD007/22 14B CD Management Plan Competency is on the agenda. To go blue if competency approved.</p> <p>CD009/22 End of Life use of controlled drugs prescription template not available to advise. Until agreement is reached with MerseyCare on the prescription template this will continue. To go green. noted the simulation for EoL packs on AED was carried out and has carried out a training session with the pharmacists.</p> <p>CD010/22 Pharmacy Technician pre weekend ordering of CDs and team have been carrying out the ordering for the wards. The audit is on the agenda today. To go blue if audit is approved.</p>
CD026/22	<p>Datix incidents over past three months</p> <p>gave oversight of incidents. 43 incidents over the three months, one for prescribing 17 administration, dispensary, 10 delivery. Pattern noticed around receipt of drugs, 7 incidents had poor receipt of drugs, and not secured on the ward. noted training may be required for</p>

	<p>portering and nursing staff to ensure processes are followed. Action to review how TTOs are issued from pharmacy and confirmation that ward staff have signed to receive at the other end. Discussion ensued regarding the process in place and how to enforce this process across the wards. Comms could be issued to remind staff of the process, this could be issued on Trust News and Meeting Place. ■ will work with pharmacy to prepare the comms and SOP.</p> <p>■ noted 10 stock discrepancies, 9 were single sign, with resolution.</p> <p style="text-align: right;">ACTION ■</p>
CD027/22	<p>Pharmacy Stock Checks</p> <p>It was noted the Pharmacy stock checks on the agenda were old checks. The Controlled Drug cabinets have been replaced by Omnicell. Stock checks will now be in a different format from Omnicell reports ■ will present at the next meeting.</p> <p style="text-align: right;">ACTION ■</p>
CD028/22	<p>Weekend Audit</p> <p>It was noted there is not an Audit Technician in post, this post is vacant currently. ■ asked that the Senior Technician team identified someone to cover this in the interim, including the quarterly CD ward audit</p> <p>The weekend audit from ■ was presented. It was noted the number of orders has reduced by over 50%, this is an assure, reducing the impact on ward staff and weekend pharmacy staff.</p> <p style="text-align: right;">ACTION</p>
CD029/22	<p>SOP</p> <p>Administration of Controlled Drugs (CD) Competency</p> <p>■ presented the SOP, this has been drafted post a recent review on 14B. Comments were invited from the group. Discussion took place regarding the level of staff who would be approved to complete the second check signing. ■ suggested to add receipt and documenting receipt of delivery. This was agreed. Discussion took place regarding an SOP for recording receipt of medication, ■ will work with ■ and plan to submit to Drug and Therapeutic Meeting this month. ■ will undertake the drafting of the SOP for transport of CD's.</p> <p>CD Destruction</p> <p>■ noted this SOP which has been drafted by ■. It has been raised if CD destruction could take place on the wards, rather than having to take them back from the pharmacy department. ■ has received some feedback back. ■ asked if a simulation can take place have a run through to test. This was agreed. ■ will assist with this. It was agreed that routine destruction would take place once per month. Ad hoc destruction would take place at ward request</p>
CD030/22	<p>Oxycodone</p> <p>■ noted this CIP and overall issue. ■ presented regarding switched to a generic oxycontin. Some templates have been drafted on EMIS. The labelling is generic, local knowledge is custom and practice. New labels have been drafted to differentiate and show the equivalent to previously used item. Queenscourt feedback will be requested. ■ confirmed we are advised to prescribe by brand. Usage figures from the different brands of oxycodone products would be produced to review for the past 6 months and where they are used, ■ will supply this data. ■ suggested waiting until EPMA is live. ■ asked ■ to confirm how is it prescribed on EPMA system?</p>
CD031/22	<p>ANY OTHER BUSINESS</p> <p>Check List</p> <p>■ noted ■ had planned to roll out across all wards. Unfortunately, ■ is not in attendance today to feedback.</p>

	<p>It was noted there are no medics or nurses in attendance today.</p> <p style="text-align: right;">Action</p>
	<p>Items For Escalation</p> <p>Alert</p> <p>Advise</p> <ul style="list-style-type: none"> • To confirm rollout of ward stock check sheet post 14B pilot • COMMS required to improve delivery and receipt process on wards -SOP to be developed • Oxycodone CIP to be explored – ■■■ to check EPMA prescribing / ■■■ to provide brand specific reports <p>Assure</p> <ul style="list-style-type: none"> • Thursday and Friday ordering of CDs by ward based Technicians relieves pressures on ward and dispensary staff at weekends • SOP for CD destruction approved post simulation exercise • Simulation on use of EoL packs on AED successful • Omnicell in place for Pharmacy CD storage and management
	<p>DATE, TIME AND VENUE OF THE NEXT MEETING Wednesday, 3 November 2022 at 9.30 am TEAMS, SDGH</p>

Minutes of Drug & Therapeutics Committee Meeting (Subject to the approval of the Drug & Therapeutics Committee)

Held on 27 October 2022 at 1.00 pm
TEAMS Southport DGH

PRESENT

Consultant Obstetrician & Gynaecologist (Chair)
Pharmacy Clinical Services Manager
Lead Pharmacist, Southport & Formby CCG & South Sefton CCG
Acting Chief Pharmacist
Consultant Microbiologist
Antimicrobial Pharmacist
Head of Audit and Effectiveness
Head of Professional Practice Development for Nursing and
Midwifery

APOLOGIES

Clinical Audit Officer
Clinical Patient Safety Manager
Deputy Director of Patient Safety
EPMA Pharmacist
Consultant in Palliative Care
Matron for Maternity Services

Item No.	Minute
DT161/22	<p>CHAIR'S WELCOME AND NOTE OF APOLOGIES</p> <p>■ opened the meeting by welcoming those present. Apologies were received and accepted as above.</p>
DT162/22	<p>DECLARATION OF INTERESTS</p> <p>Nil</p>
DT163/22	<p>MINUTES OF THE MEETING HELD ON 29 September 2022</p> <p>The Minutes of the Meeting held on 29 September were an accurate record.</p> <p>AAA Report from the Drug & Therapeutics Committee Meeting on 29 September 2022</p> <p>The AAA from the Meeting on 29 September was noted.</p> <p>ACTION LOG from the Drug & Therapeutics Committee Meeting on 29 September 2022</p> <p>DT106/19 – Desferrioxamine</p> <p>Feedback awaited from ■.</p> <p style="text-align: right;">Action: ■ BY : November 2022</p> <p>DT013/22 – DOACs</p> <p>ED are prescribing now. ■ noted ED are happy with patients presenting with ■, they would start with Edoxaban. The issue remains with Cardiology as they prefer Apixaban. ■ noted it had been suggested an audit could be carried out in the New Year. To keep on hold until February 2023.</p> <p style="text-align: right;">Action: BY : February 2023</p> <p>DT074/22 - APC report – LMWH</p> <p>■ noted a report of patients on Clexane over a six month period had been requested from ■ by ■, but she was unsure if this has been received. ■ will review.</p> <p style="text-align: right;">Action: ■ BY : November 2022</p> <p>DT117/22 – Eltrombopag</p> <p>■ noted no feedback has been received back from DOB regarding this trial. ■ will liaise and request update.</p> <p style="text-align: right;">Action: ■ BY : November 2022</p> <p>DT118/22 - Inpatient satisfaction survey</p> <p>■ has escalated this to ■ to request the name of which technician will carry out this audit.</p> <p style="text-align: right;">Action: ■ BY : November 2022</p> <p>DT121/22 - Medicines Optimisation Policy Clin Corp 62</p> <p>■ noted this has been sent to ■ to upload to the intranet.</p> <p style="text-align: right;">Action: ■ BY : November 2022</p> <p>DT144/22 - Urogynae Specialist Nurse recommending use of 'Diveen' an insert for female stress incontinence</p> <p>■ gave overview of the use of the Diveen and that requests are coming through for GPs to provide. ■ noted it is also on the Action Tracker of the JAMOG meeting which she attends. ■ will liaise and feedback.</p> <p style="text-align: right;">Action: ■ BY : November 2022</p>
DT164/22	<p>ACTION LOG OF MATTERS ARISING & AAA REPORTS FROM SUBGROUPS</p> <p>AAA Report for Medicines Safety Committee</p> <p>Not available no meeting in October.</p> <p>AAA Report for Antimicrobial Stewardship Committee</p> <p>■ noted the alert regarding time availability for ■, noting many items which are not being carried out, e.g., antimicrobial report is still outstanding. MRSA issue is also on the risk register as patients who are presenting with MRSA are not being prescribed the correct antibiotics. ■ requested if ■ could have time protected to carry out these activities.</p>

	<p>Advise was noted regarding Microguide and working towards being aligned with Whiston. Advise regarding antibiotic ward audits was noted by ■■■, noting these are being feedback to the wards. Assure was received that collaboration continues with the community regarding antibiotics together with induction.</p> <p>■■■ fed back to the Committee regarding staffing availability in Pharmacy and delays in the recruitment process which has added to pressures within the department. ■■■ noted this has been found nationally.</p> <p>AAA Report from Medical Gases Committee</p> <p>■■■ presented the AAA, noting no alerts. Sustainability, Nitrous Oxide Audit advise was noted. Assure was received as ■■■ has taken over the management of Nitrous Oxide Cylinders for Community Midwives and therefore it is much more controlled noting an excellent outcome. ■■■ noted a further positive assure regarding QCNW Testing Reports and External AP Reports conform for both hospital sites. ■■■ will liaise with Anaesthetics regarding the appointment of the Chair.</p> <p style="text-align: right;">Action: ■■■ BY : November 2022</p> <p>AAA Report from Controlled Drug Oversight Group</p> <p>Next meeting 3 November.</p>
	CORE BUSINESS (PRIORITY)
DT165/22	<p>APC / RMOC Report</p> <p>■■■ gave overview of the APC report pointing out the red rating on dermatology drugs; Abrocitinib, tralokinumab and upadacitinib, these are high costs drugs and will go on blueteq. Guselkumab, was noted as red for use with arthritis and may be applicable to the Trust. There is a new cholesterol lowering therapy for patients with raised triglycerides, this is green, GPs and secondary care can prescribe. We may see this coming through. Roxadustat was noted as red and is recommended as an option for treating symptomatic anaemia associated with chronic kidney disease. This is an oral alternative to EPO.</p> <p>A review has taken place on Bisphosphonates. A NICE TA is awaited for Empagliflozin, Somatrogen and Upadacitinib.</p>
DT166/22	<p>Formulary and Specialist Services Circulars</p> <p>■■■ presented there is a new morphine sulphate orodispersible tablets (Actimorph®), this is an alternative to oramorph. ■■■ noted this would be a schedule 2 CD unlike Oramorph which is designated as a single sign CD in the Trust. Omeprazole oral liquid remains black with a few exceptions, it is for small babies or children under one with a narrowed feeding tube. ■■■ noted some updates for Ankylosing Spondylitis, Stills Disease, the Headaches Pathway and Hydroxychloroquine.</p> <p>■■■ noted a variety of Specialist Services Circulars. ■■■ stated these are for noting and on whole not applicable. There are a couple of leukaemia medicines for noting.</p> <p>An all-party parliamentary report regarding sickle cell care failings was highlighted by ■■■ for noting by the Committee. This is to raise awareness in this area and appropriate management.</p>
DT167/22	<p>New Medicines Requests</p> <p>Viscoat</p> <p>This was approved for use during cataract surgery</p> <p>Polatuzumab use</p> <p>■■■ noted this was approved last month, it is a free of charge item for use over six-month period.</p> <p>Prismocitrate & Prismocal</p> <p>■■■ noted both of these items are being introduced on ITU for haemofiltration and haemodialysis. IV anticoagulants will not be required along side them. This reduces the risk of adverse events. Training has commenced on critical care. ■■■ noted the filters last longer. ■■■ requested sight of the prescription to be submitted to the Committee for noting.</p> <p style="text-align: right;">ACTION L ■■■ BY: NOVEMBER 2022</p>

	<p>Xaggitin XL Xenidate XL ■ noted these are modified release methylphenidates, this is due to brand supply issues. These are drugs currently in use.</p>
DT168/22	<p>Request for Unlicensed Medicines Nil</p>
DT169/22	<p>Audits ■ presented the Audit report including the plan, noting the only audit not on track is the Inpatient Satisfaction Survey which was mentioned earlier. ■ has included a document regarding NICE compliance, with one outstanding in Neonatal, ■ requested to send it to ■ ■ stated a group has been established to look at Critical Medicines, an action plan has been put together to look towards making improvements. A working group has also been started for the use of IV iron for anaemic patients before surgery. ACTION ■ : JANUARY 2023</p>
DT170/22	<p>Policies, Procedures & Guidelines Nil ACTION BY : 2022</p>
DT171/22	<p>Patient Group Directions ■ presented the PGD's to the committee for approval. Trustwide - COVID 19 This is for noting by the Committee. It is a National PGD which we are following. Paediatrics Chlorphenamine This has been reviewed and updated. Entonox This has been reviewed and updated, exclusion detail has been included. Ophthalmology - Ophthalmic Technician & Health Care Assistant Administration Direction This is for Technician and HCA use, ■ noted a typo for adrenaline which she will feedback to them. All PGD's are approved.</p>
DT172/22	<p>Maternity Immunisation Pharmacy initiative ■ presented this the Committee, noting this is an external provider providing vaccine to pregnant women. ■ noted the importance of not getting their vaccines mixed up with hospital stock. Do they have facilities they require, fridge, stock etc.</p>
	<p>CORE BUSINESS (NORMAL)</p>
DT173/22	<p>Risk Registers for Review / Update / Action ■ noted she and ■ will review the Gentamicin risk. ■ gave feedback of the difficulty when named as the responsible person on Datix but the outcome is outside your scope to achieve, i.e. a nursing issue. It has been raised if the responsibility could hold more than one name. ■ will liaise with ■ within audit to reassign the risks.</p>
DT174/22	<p>Papers for Consideration by the Committee ICB ratification ■ presented this for noting by the Committee.</p>

	<p>Endoscopy sheet</p> <p>■ noted this has been drafted following an issue which arose and highlighted the need for appropriate documentation. This is approved.</p>
DT175/22	<p>Chairman's Action</p> <p>Benzbromarone</p> <p>■ approved this for the use by one patient. ■ noted this is red on Pan Mersey.</p>
DT176/22	<p>Items to be added to EMIS</p>
	<p>CONCLUDING BUSINESS</p>
DT177/22	<p>Any Other Business</p> <p>EPMA Drug Chart</p> <p>■ noted this has been raised this week to have approved at DTC in readiness for EPMA go live. ■ suggested with the time restraint that perhaps the documents are circulated to the Committee with comments and response to return within the next two weeks, prior to next month's meeting.</p> <p>Non-Medical Prescribing Policy</p> <p>■ has been reviewing the Non-Medical Prescribing Policy, this will be circulated prior to the next meeting for comments and approval.</p>
	<p>Items for Escalation to (Trust Quality & Safety Committee)</p> <p>ALERT</p> <ul style="list-style-type: none"> Pharmacy input with antimicrobial work <p>ADVISE</p> <ul style="list-style-type: none"> EPMA Drug Chart Medical Gases Chair to be assigned <p>ASSURE</p> <ul style="list-style-type: none"> PGD's approved : <ul style="list-style-type: none"> Trustwide - COVID 19 Paediatrics – Chlorphenamine; Entonox Ophthalmology - Ophthalmic Technician & Health Care Assistant Administration Direction New Medicines Requests approved : <ul style="list-style-type: none"> Viscoat Polatuzumab use Prismocitrate & Prismocal Xaggitin XL Xenidate XL Medical gases assurances - <ul style="list-style-type: none"> Management of Nitrous Oxide Cylinders for Community Midwives QCNW Testing Reports and External AP Reports conform Working groups have been established to look at Critical Medicines and Use of IV Iron
	<p>DATE, TIME AND VENUE OF THE NEXT MEETING</p> <p>Thursday, 24 November 2022</p> <p>At 1.00 pm Teams</p>

Minutes of Medicines Safety Committee Meeting
(Subject to the approval of the Medication Safety Committee)

Held on Thursday, 8 September 2022

Microsoft Teams, Southport DGH

PRESENT

Deputy Chief Pharmacist (Chair)
Technical Service Manager
Medicine Safety Pharmacist
Matron
EPMA Pharmacist
Stores and Procurement Manager
Interim Named Nurse for Safeguarding
Head of Risk
Clinical Patient Safety Manager

IN ATTENDANCE

Minutes

APOLOGIES

Matron
Lead Pharmacist, Provider Liaison, NHS Southport & Formby CCG & South Sefton CCG
Dispensary Manager
Matron
Clinical Practice Educator
Dispensary Manager

Item No.	Minute
MS093/22	CHAIR'S WELCOME AND NOTE OF APOLOGIES ■ welcomed the members to the meeting and noted apologies.
MS094/22	MINUTES OF THE MEETING HELD ON 14 July 2022 The Minutes of the Meeting held on 14 July 2022 were approved and recorded as an accurate record.
MS095/22	AAA HIGHLIGHT EXCEPTION REPORT FROM 14 July 2022 The AAA was noted by the group.
MS096/22	ACTION LOG OF MATTERS ARISING & AAA REPORTS FROM SUBGROUPS See Action Log: MS033/14 Oxycodone CIP ■ has had feedback from Queenscourt on potential risks on switching to a generic. This will be put on hold for now, until electronic prescribing is introduced. Discussion took place regarding the change and implementation of the new generic drug, prescribing issues and the knock on effects for primary care. Confusion between brands continues to be an issue. It was agreed to wait for electronic prescribing to implement this. To go blue and reintroduce when EPMA is in place. MS033/20 Surgery and Opioids Guidelines ■ amended the Medicines Optimisation Policy. To go blue. MS033/36 IV Infusion Flushing Guidelines ■ will prepare a report. To remain amber. ACTION ■ MS033/41 Paediatric Drug Library ■ met with ■ yesterday. Paediatric drug library remains with them, to remain green. ACTION ■ MS033/56 Medication Incident INC 97420 2 person check 2 minute tutorial No feedback has been received. ■ was coordinating this. ACTION ■ MS033/78 Fridge and Temperature Monitoring Evidence is available to add to the risk register. ACTION ■ MS033/83 PGDs ■ and ■ are working on an action plan. ACTION ■ MS022/22 Medications Incidents - transport issues 103955 105685 No update has been received. ■ will liaise with ■. ACTION ■ MS023/22 Escalation of incidents from CBUs/Safeguarding Discharge medication to remain green. ACTION ■ MS033/22 HSIB report Weight Based Medication Errors in Children To go blue. Weight based dosing is in place for paracetamol and ibuprofen for PGDs and prescribing on ward.

	<p style="text-align: right;">ACTION [REDACTED]</p> <p>MS033/22 Posi Flush [REDACTED] has drafted an SOP. To remain green. [REDACTED] confirmed training will commence Monday for Posiflush. [REDACTED] will review if the SOP has been submitted to DTC.</p> <p style="text-align: right;">ACTION [REDACTED]</p> <p>MS064/22 MHRA Drug Safety Update/National Medication Safety Alerts - Potassium permanganate tablets- risk of oral administration This has been made a CD on named patient basis. A leaflet will be drafted and issued. To remain amber.</p> <p style="text-align: right;">ACTION [REDACTED]</p> <p>MS066/22 Diamorphine To go blue. Comms have been issued.</p> <p>MS067/22 Emollients To go green. Gap analysis drafted. [REDACTED] will meet with [REDACTED] and [REDACTED]</p> <p style="text-align: right;">ACTION [REDACTED]</p> <p>MS092/22 MHRA alerts on datix [REDACTED] and [REDACTED] will review this.</p> <p style="text-align: right;">ACTION [REDACTED]</p> <p>MS087/22 World Patient Safety Day Events planned. [REDACTED] has worked hard on this. An event on each site is planned with stands inviting questions. Drug trolleys will be shown. Medicines Safety Bulletins will be put out for staff to read. [REDACTED] thanked [REDACTED] for pulling this together. Comms have gone out on Trust News.</p> <p>These will take place on: Wednesday 14 September 10am - 2pm - Ormskirk canteen Friday 16 September 10am - 2pm - Southport canteen</p>
CORE BUSINESS (NORMAL)	
	SAFETY UPDATES
MS097/22	Medicines Related Never Events Nil
MS098/22	Review, analysis and follow-up of Clinical Medication Incidents – July & August 2022 Medication Incidents – July 2022 and August 2022 [REDACTED] noted the reporting has increased, which is positive that staff are reporting. Insulin: [REDACTED] gave overview noting a common theme related to insulin. [REDACTED] a patient received 100 extra units of insulin, training for nurses and doctors discussed. A new consultant, [REDACTED] is working to improve safety of insulin in the Trust. [REDACTED] Digoxin 2.5mg was drawn up mg instead of 250mcg, rapid review underway. [REDACTED] has added this example to med safety training. This is being escalated to the junior doctors meeting. Discharge and venalink issues were noted. Issues with patients going home with unsatisfactory discharges, there has been little activity from trust regarding discharge groups recently. [REDACTED] noted themes of critical medicines. [REDACTED] incidents of anticoag omissions noted. [REDACTED] noted the implementation of critical medicines stickers which have been well received. Critical medicines task and finish group is commencing. <p style="text-align: right;">ACTION [REDACTED]</p>
MS099/22	Trend report Nil

MS100/22	Bulletins Governance Learning Slides were presented for noting. These slides were issued following an issue with Teicoplanin being terminated incorrectly, this critical antibiotic was missed for one week before it was noted.
MS101/22	oversight group AAA from CD Oversight was presented for noting by the group. No alerts were noted. The roll out of ward stock check sheet, which have been issued across the Trust was raised. destruction on the wards was noted.
MS102/22	SIRG Feedback Teicoplanin as discussed above. This was raised by the coroner. Training with pharmacists will be undertaken. will carry out a 10 minute teach, points of contact will be given. will support with education of doctors. Midazolam issue in radiology was noted. Advice has been given to staff in endoscopy and an action raised on Datix regarding prescribing and PGDs
MS104/22	Fridge and Temperature Monitoring MyKitCheck data shows monitoring compliance is good, but, the number of deviations is high. For August: 222 fridge days out of range, 683 room temperature deviations of which 375 days where room temperature was above 30°. The need for air con and better storage discussed. agrees this is a continuing issue. Cooler storage is the required resolution. A meeting between to be arranged to add this to the risk register. <div style="text-align: right;">ACTION</div>
MS105/22	Emollient Creams has prepared a gap analysis. Spinal matron is to be included in this meeting. This is now included in the Medicines Safety Training. noted the guidance and warning in attached to the items. <div style="text-align: right;">ACTION</div>
MS106/22	MHRA Drug Safety Update/National Medication Safety Alerts Patient Safety Updates This relates to insulin and improvements to safety. This has been incorporated into meds safety training. This is directing national work. will share with diabetes team. The July and August alerts will be sent to the paediatric teams for noting. Patient safety update for June was noted, in particular the interim report re delays in transfer of care to the correct place. <div style="text-align: right;">ACTION</div>
EXTERNAL MEDICINES SAFETY MEETINGS	
MS107/22	External Medicines Safety Meeting and Shared Incidents APC safety meeting noted further meeting has taken place. MSO group noted the MSO group will take place next week.

	CONCLUDING BUSINESS
MS108/22	<p>ANY OTHER BUSINESS</p> <p>Critical medicines task and finish to be a standard item in the agenda, this group is due to commence next week.</p> <p>█ enquired if EPMA can be supported with IT infrastructure. █ confirmed that interface testing is being carried out currently.</p> <p>Community (District Nurse) Prescription Chart</p> <p>█ enquired who could she liaise with to request that this form could be amended. It was suggested █ may be able to assist with who to contact. █ to add to action log. ACTION █</p>
	<p>Items for Escalation to Drug & Therapeutics Committee & Trust Patient Quality & Safety Committee</p> <p>Alert</p> <ul style="list-style-type: none"> • Ongoing issues reported with discharge medicines <p>Advise</p> <ul style="list-style-type: none"> • Inquorate no medic, but trust “full to capacity” at time of meeting. • World Patient Safety Day events promoting medicines safety are planned on both sites • Generic oxycodone prescribing will be re-visited with implementation of EPMA <p>Assure</p> <ul style="list-style-type: none"> • Multi-disciplinary critical medicines task and finish group is due to commence
	<p>DATE, TIME AND VENUE OF THE NEXT MEETING</p> <p>13 October 2022 10.00am Teams, SONHST</p>

Draft Minutes of Pharmacy Governance & Performance Meeting

Held on Thursday, 20 October 2022 at 09.00 am

MICROSOFT TEAMS

PRESENT

Technical Services Manager (Chair)
Acting Chief Pharmacist
Pharmacy Computer Services Manager
Aseptic Manager
Dispensary Manager
Homecare & Interface Manager
Clinical Services Manager
EPMA Pharmacist

APOLOGIES

Stores and Procurement Manager
Antimicrobial Pharmacist
Dispensary Manager
Senior Aseptic Technician
Anticoagulant & HIV Pharmacist
Medicines Information Pharmacist
Anticoagulant Administrator

Item No.	Minute
PG097/22	CHAIR'S WELCOME AND NOTE OF APOLOGIES ■ opened the meeting. Apologies were received and accepted as detailed above.
PG098/22	MINUTES OF THE MEETING HELD 15 September 2022 & AAA Report It was noted that the Minutes of the Meeting held on 15 September were an accurate record. ■ noted the oral chemo action, which had been listed as ■ should be ■.
PG099/22	ACTION LOG OF MATTERS ARISING All Blue items on the current tracker will be archived and were noted by the committee. PG097/20 – Interface messages Careflow and EMIS ■ noted no response from EMIS. ■ is meeting with account manager next week. No reports have been received and there is no evidence of the issues, as the messages expire after 30 days. ■ noted this has been on the action log since 2020. ACTION : ■ BY : November 2022 PG003/22 – Internal orders audit between ODGH and SDGH This will be discussed at the next stock meeting. ACTION : ■ BY : November 2022 PG073/22 - Aseptic AAA -Oral Medicines A meeting is planned to discuss oral medicines and will return to governance next month. ACTION : ■ BY : November 2022 PG074/22 - Ward trolleys and fridges ■ noted a form to be included with the SOP, ■ and ■ will liaise. ■ asked that staff are encouraged to submit their audits in a timely manner. ■ noted much of this workload will stop once EPMA trolleys are

	<p>in place. The rollout of trolleys is expected in the next six months. ■ noted ■ has carried out the work on Trolleys in SDGH, it is hoped this will be completed by the end of October. He is planning to carry out ODGH at the beginning of November. It is planned this will be completed by the end of the year. ■ has received good feedback from wards. Going forward it will be for the wards to decide which items they stock in their trolleys once in use. ■ will carry out a 10 minute teach regarding ordering medicines on admission.</p> <p>■ noted an issue on ward 7a with trolleys and their cupboards are not fit for purpose in the treatment rooms (smaller EPMA Trolleys and lack of cupboard space). Discussion took place regarding top ups and workload. This will be kept under review. ■ noted a consequence of moving to smaller trolleys will require bedside lockers being stocked appropriately. Staffing is difficult and ward based technicians are sporadic, progress is slow, but many staff are now signed off. Omnicell may be a way forward but there is a cost implication.</p> <p>ACTION : ■ BY : November 2022</p>
	CORE BUSINESS
PG100/22	<p>Risk Register and incidents</p> <p>■ noted a number of robot errors. Datix should continue to be completed in relation to the robots. ■ gave overview of incidents, in particular Omnicell issues at ODGH, a ■ stock check. ■ addressed this, noting it was a staffing issue. A further issue concerning the Omnicell being too small to hold all CDs, ■ is managing this and moving stock as appropriate. ■ confirmed three Thrombolysis boxes are fit for use. ■ noted a fan required to be fixed in the Aseptic plant unit, the department was closed for two afternoons and the company did not turn up. This has now been fixed but it required escalation to management and datix to be submitted. Air handling unit alarm was noted, this was resolved by putting in new batteries. A further 3-4 issues regarding the Robot, this will be included on the AAA as an alert. ■ noted the service charge remains unpaid, this causes difficulties. ■ noted ■ had given assurance that this had been addressed. ■ will escalate to the partnership meeting. ■ noted the company were on the ODGH site yesterday to fix the issues, but the engineer found multiple other problems when working on the robot. ■ noted there continue to be problems with the robot at SDGH. ■ noted the prologue will require to be rebooted today.</p> <p>An issue in A&E paediatrics with the stock in the Omnicell was noted, ■ suggested a task and finish group be put in place.</p> <p>Risks awaiting approval</p> <p>■ noted these will be escalated to CBU Governance. Interlocking doors for aseptic, ■ noted this is still current and estates are making custom plates for the doors. ■ and ■ will liaise regarding gentamicin outside of the meeting.</p> <p>ACTION : All November 2022</p>
PG101/22	<p>Stock Meeting AAA</p> <p>■ noted no alerts and gave overview for information to the group. Reminding staff what items should be sent to ■ prior to each meeting by the submission date. Assures regarding peer reviews and CD checks where discussed.</p> <p>ACTION : ■ BY : 2022</p>
PG102/22	<p>KPI Dashboard</p> <p>■ has completed this as far as possible. Spreadsheets still require input. ■ noted the responsibilities require attention to ensure everyone is aware. ■ gave overview of current status. ■ made suggestion to ■ regarding the time to check and review descriptions. No data has been received for yellow cards. Formulary is green. ■ noted a large number of patients post COVID period. ■ noted the capacity planning is difficult to monitor. ■ suggested an overview of what is being recorded. ■ suggested taking each section one by one and suggest what it should be measuring, a plan can then be devised. ■ has completed the DAWN section. ■ section, some of which is completed 6 monthly.</p> <p>ACTION : ALL November 2022</p>

PG103/22	<p>Commissioning Nil</p> <p>Performance Report / Finance Position / CIP ■ reviewed the Performance report, noting the sickness, PDRs and mandatory training. The Chief Pharmacist's vacant post is currently out for advert. ■ noted re-adverts for pharmacists. ■ noted posts which are planned for advert on the Technician side, these will also be included on the weekend rota. ■ is moving to ODGH to Band 3 post. Band 2 vacancies are high and recruitment will be undertaken. ■ noted band 2's which are due to start over the next couple of months.</p> <p style="text-align: center;">ACTION ALL</p>
PG104/22	<p>Papers for noting</p> <p>Submission Report ■ Presented the Submission Report for noting by the committee. Comments and responses were invited. ■ and ■ agreed it is encouraging.</p>
PG105/22	<p>AAA Highlight Reports</p> <p>AAA Mandatory Training – ■ ■ presented the AAA on behalf of ■. 90% is the Trust Target for mandatory training, which is difficult to attain. Well done to all staff who are achieving this.</p> <p>AAA Anticoagulation – ■ ■ presented the AAA on behalf of ■. Noting no alerts. Advise was received regarding the DAWN system and assurance on the HIV and anticoagulation clinics.</p> <p>AAA Antimicrobial – ■ Not available</p> <p>AAA EPMA – ■ ■ noted the alert on the interface, which is ongoing. STHK have gone live. Drug lines have been reviewed and returned. VTE documentation requires attention, how it is carried out.</p> <p>AAA Clinical Services – ■ ■ noted A&E had good news with recruitment for maternity cover, this now leaves a gap in Medicines Safety, ■ has agreed to cover both posts. AMU interviews have taken place. FESS role has been appointed to, ■ was successful. No applicants for renal role, possibly as it is part time. Educational role planning is ongoing. Succession planning will be carried out as ■ has given notice. On call questionnaire was received, feedback was given at Open Forum yesterday, overwhelmingly staff did not want to be on call for one week. The new rota will commence in the new year. ■ has carried out an immense amount of work on SOPs, ■ and ■ are re-categorising these and updating and review will be carried out by authors. ■ has reviewed and updated job descriptions to make posts more attractive. Band 6/7 job descriptions have been approved at Agenda for Change. It is hoped that this will speed up the process for recruitment.</p> <p>AAA High Cost Drugs & Homecare – ■ ■ noted funding for homecare medicines, Finance Department are putting in a joint case around the region for funding on this service. It is hoped a collaborate case might be successful. Gastro team has increased, ■ requested additional pharmacy support. ■ noted the workload is difficult due to the staffing vacancy. Pan Mersey formulary way forward remains unknown and the West Lancashire service. Immunoglobulin, allocation remains to be ordered each month. Screening of homecare prescription was going well, but due to mat leave and annual leave, this has been a problem, pharmacists need to be aware these require to be checked. ■ confirmed this is on the rota in the 2.30 slot. ■ noted patient numbers are increasing. The band 2 rota requires formalising. Blueteq forms for COVID, forms are still required, staff are to ensure they are using the up to date form.</p> <p>AAA Dispensary – ■ ■ gave overview of AAA, noting staffing issues vacancies and appointments. ■ will be covering ■ maternity leave. Two SOPs have been added, CD ordering and receipt of CD's, these are approved. 12 month rota is available in ■ office.</p>

	<p>AAA Aseptic – noted much of the report has been noted above. A high number of errors are noted with orals, this remains under review to be moved to dispensary. A closure is planned to install an intercom system, possibly in the New Year. and noted well done to the Aseptic Team on the recent Audit which was carried out. Verbal feedback was excellent.</p> <p>AAA Stores – said a massive thank you to ODGH staff for managing difficult situation yesterday, the Robot and Powergate were not working.</p> <p>AAA Computer Services presented the AAA. Alert on Medway/EMIS interface issues and historic discharges on the maternity system. Advise on incompatibility with EMIS and Microsoft Edge. All laptops have been distributed. noted difficulty with training in maternity, patients are not discharged from the system. The difficulty is use of more than one system. To be added to agenda for Medicines Safety.</p> <p>AAA Medicines Information – To be presented next month.</p>
PG106/22	<p>Medicines Related Policies & Guidelines and SOP's</p> <p>SOP Update presented this document for noting and information. has produced a detailed and useful document which can be utilised going forward.</p> <p>Thrombolysis Boxes presented the SOP. This is approved.</p> <p>Oral Prescriptions This SOP requires further input.</p> <p>Drug Chart Endorsement requested RW to review this SOP. ACTION ALL : By November 2022</p>
PG107/22	<p>NICE Gap Analysis Nil ACTION : BY : 2022</p>
PG108/22	<p>CQUINS - DMS & AMS Nil</p>
PG109/22	<p>Audits Nil ACTION : BY : 2022</p> <p>Health & Safety Nil ACTION : BY : 2022</p>
	CONCLUDING BUSINESS
PG110/22	<p>Compliments/Complaints</p> <p>Compliments received for Medicines Information Events and Film Crew attendance in the department. noted there was also a compliment on the Thrombosis boxes and the support given by Pharmacy to the Trust on-call manager.</p>

PG111/22	<p>Items for Escalation to Drug & Therapeutics Committee and Clinical Effectiveness Committee</p> <p>Alert</p> <ul style="list-style-type: none"> • Robot breakdowns <p>Advise</p> <ul style="list-style-type: none"> • Concern regarding way forward for Pan Mersey Formulary crossing two boroughs <p>Assure</p> <ul style="list-style-type: none"> • All identified staff have received a laptop • Trolley rollout expected to be completed by the end of the year • Excellent feedback received following the Medicines Information Events • Thrombolysis Boxes SOP Approved • External Audit carried out in the Aseptic Unit has received excellent verbal feedback
PG112/22	<p>Any Other Business</p> <p>Nil</p>
	<p>Date, Time & Place of Next Meeting</p> <p>16 November 2022</p> <p>Teams 09.00 – 11.00</p> <p>Southport DGH</p>

Minutes of the Meeting Clinical Effectiveness Committee (APPROVED)

Held on Microsoft Teams

Thursday 6th October 2022

(Approved by the Clinical Effectiveness Committee on Thursday 3rd November 2022)

Present

Name Initials

[REDACTED]

[REDACTED]

Title

Chair/Medical Director
 Consultant in Palliative Medicine
 Head of Risk
 Associate Director of Nursing and AHP's for Planned Care
 Associate Director of Nursing and AHPs for Medicine & Emergency Care
 Associate Medical Director (Specialist Services CBU)
 Pathology Quality Manager
 Deputy Director of Risk, Quality & Assurance
 Assistant Director of Quality
 Assistant Director of Integrated Governance

In Attendance

Name Initials

[REDACTED]

Title

Clinical Pharmacy Services Manager
 Risk and Governance Coordinator-Specialist Services CBU
 PA to EMD and Minute Taker

Apologies

Name Initials

[REDACTED]

Title

Director of Nursing, Midwifery and Therapies
 Lead Transfusion Practitioner
 Associate Director of Operations (Planned Care CBU)
 Transfusion Practitioner
 Associate Director of Midwifery, Nursing & AHPs (SS CBU)
 Deputy Director of Nursing
 Clinical Team Lead Dietitian
 Deputy Chief Pharmacist
 Head of Audit and Effectiveness
 RDI Manager, Research, Development & Innovation (RDI)
 Associate Medical Director (Medicine & Emergency Care CBU)
 Associate Director of Operations (Specialist Services CBU)
 Deputy Chair/Deputy Medical Director

AGENDA ITEM	DESCRIPTION	Action Lead
PRELIMINARY BUSINESS		
CE123/22	Chair's Welcome and Note of Apologies	

The Chair welcomed members to the meeting and apologies were noted. The Chair explained that the agenda had been shortened to receive urgent items, and to then allow senior staff to attend a Trust operational planning session. [REDACTED] invited the Alerts from AAA reports be presented and asked members to note the Advise and Assure items.

CORE BUSINESS

QUALITY & SAFETY

CE127/22 Medicine and Emergency Care AAA Exception Report

Purpose: To inform and assure the Committee

provided the update and highlighted the following Alerts:

- Flow in ED and across the site is extremely challenging.
- Medical provision, in terms of looking at Consultant doctors being in place, outliers and multiple areas being escalated into, are causing challenges and these are being worked through.
- Paediatric Dietetics – alerted several times. No outcome from case sent to Commissioners. The Locum Dietetics are having a positive impact on the caseload.
- Significant delays for Community Neuro Therapy Services in Sefton and Formby and West Lancashire, of up to 30 weeks to be seen and assessed by community therapy team with the potential impact on progressions with rehabilitation. Concerns will be raised formally with the ICB and ICS. asked does this affect all patients. replied that all patients are affected, but in particular stroke patients because of the enhance pathway. asked that this is formally escalated with the North Mersey Stroke Collaborative.

**ASSOCIATE DIRECTOR OF MIDWIFERY, NURSING AND & AHPs
 (MEC CBU) ACTION: | BY WHEN: CEC NOVEMBER 2022**

advised that:

- A number of SALT assistants have been redeployed to support the SALT team to release capacity from registered staff to see additional 16 patients per week. This is a short-term mitigation.
- Frailty Assessment Unit is now Middle Grade led with Consultant telephone support – the service now has the opportunity to expand.

reminded the CBU that if they require support to manage risks or concerns, to raise these at CEC. thanked the CBU for their ongoing focus and hard work.

noted that Clin Corp 55, Resuscitation Policy needs to come to CEC for approval next month.

ASSOCIATE DIRECTOR OF MIDWIFERY, NURSING AND & AHPs (MEC CBU) ACTION: | BY WHEN: CEC NOVEMBER 2022

RESOLVED: CEC noted the update.

CE128/22 Specialist Services AAA Exception Report

Purpose: To inform and assure the Committee

provided the update and highlighted the Alerts:

- Maternity Governance Lead – A governance lead has been identified and patient safety lead will be identified as per Ockenden guidance. External support is being provided to the Obs & Gynae Consultants to mitigate the risk of the CD role being vacant, and as a result it is anticipated that an Expression of Interest will fill the CD role position.

- Radiology - Still using outsourcing and doing additional lists to see more patients. Recruitment to the gaps in vacancies will result in additional increase in availability of appointments.
- The medical secretarial review has raised a concern as the work of the radiology secretaries is quite specific and their role and responsibilities cannot be easily covered by a general secretarial pool.
- Gynae and Sexual Health Services – clinical staff absences remain an issue reducing clinical capacity, which is monitored daily.
- The Gynaecology service is running without a dedicated CNS, due to long-term sickness. The role is being supported by other staff in the interim.
- Paediatric Alerts – 2 Consultants are on long-term sickness. A locum Consultant has resigned and taken up a post elsewhere and there are real concerns about going into Winter without 3 Paediatric Consultants in the service. There are plans to arrange locum cover.
- The medical secretarial review also has an impact on the work being done and on staff morale.
- The Robots within Pharmacy are 15 years old. Incident monitoring is in place until the Robots are replaced.
- Cancer – 104-day breaches outstanding. Focus is on reviewing these and 62-day breaches.

■ noted the medical secretarial review closed on 16th September 2022. Letters have been sent out, outlining the outcome of the review and vacancies can now be advertised. Concerns about the specialist work done in by the secretarial staff in Radiology had been recognised and they had removed from the review. Some of the other issues and concerns have also been addressed. ■ acknowledged the Radiology staff had been removed from the review. However, ■ noted there are 2 outstanding vacancies in Paediatrics and the view is that these posts will not be replaced. ■ confirmed these 2 roles have been transferred to the operational team as they were operational roles and not secretarial roles.

■ reminded the CBU that if they require support to manage risks or concerns, to raise these at CEC. ■ thanked the CBU for their ongoing focus and hard work.

RESOLVED: CEC noted the update.

CE129/22 Maternity & Neonatal Safety Champions Meeting (September 2022)

■ presented the report and highlighted the Alerts:

- Absence of Obstetrician at meeting and concerns raised that the Clinical Director position is still not filled, impacting on clinical leadership.
- Essential Skills training for maternity, anaesthetics and neonates to be included in Trust training report.
- CNST – workforce planning (Tier 2 Doctors for Neonates) – includes collaboration working with local neonatal units.

■ informed members that a Non-Executive Director had attended the maternity safety walkabouts and they provided positive feedback to members of the Strategic and Operational Committee (SOC) and noted the

positive feedback from patients and staff. ■ extended thanks to the staff for their continued hard work and efforts.

RESOLVED: CEC noted the update.

CE130/22

Planned Care AAA Exception Report

Purpose: To inform and assure the Committee

■ presented the updated and noted the Alert updates from August 2022:

- SIU Outreach Post not approved by AfC at the expected banding. This is now going through the appeals process.
- SIU – continued and increasing pressures with delayed discharges of 8 patients. Themes include packages of care, training, recruitment, placements and funding approval.
- Orthodontics – ongoing issues escalated to ■ and NHSE/I.
- Loss of Consultant support for oral surgery due to professional leave (SLA with Aintree). This is having an impact on the service; 6 sessions during August and 9 sessions during September were lost.
- Increase in the number of overdue Dermatology patients. Consultants continue to review patients overdue.

New Alerts reported:

- Gaps within the service is causing issues with meeting the demand of a number of 2 week wait for skin referrals. Waiting lists set up but not sustainable long-term.
- Gap in RDS band 6 post due to sickness. Steps are being taken to support the service.
- Lack of medical representative at the CBU Patient Safety Meetings so meetings are not quorate. This has been escalated to ■ and ■ for support. This will be raised to the new AMD for Planned Care when they commence in post in November.
- Mandatory Training and Essential Skills (compliance July and August 2022) – some areas have improved, and outliers remain a focus for improvement. Resus compliance is low for July and will be reviewed in August/September when the Doctors change-over takes place (from a medical perspective) and e-mails sent to all nursing teams to review training compliance and provide trajectory for compliance/and to escalate concerns. ■ advised that from an ITU perspective they were undertaking PILS from a historical outbreak but is not a requirement under critical guidance and the Matron for Critical Care is working with the team to remove PILS, which should see performance improve.

■ reminded the CBU that if they require support to manage risks or concerns, to raise these at CEC. ■ thanked the CBU for their ongoing focus and hard work.

■ thanked ■ for the support she has provided during the absence of the AMD.

■ referred to the oral surgery sessions and asked if the SLA with Aintree is specific with regards to providing an agreed number of sessions no matter what their staffing levels are. ■ understands this may not be a specific

agreement in the SLA and added that Aintree rarely backfill sessions and COW cover. ■ is doing a piece of work on reviewing SLAs in terms of quality metrics and how we are getting assurance from providers that they are meeting those targets. ■ to request a review of oral surgery SLA to identify ability to challenge this with Aintree.

ACTION: EXECUTIVE MEDICAL DIRECTOR | BY WHEN: CEC
NOVEMBER 2022

RESOLVED: CEC noted the update.

CE131/22

National Standard for Surgical Invasive Procedures (NatSSIPs) & Local Standards for Surgical Invasive Procedures (LocSSIPs) – Update on Trust Position and Next Steps

The report was noted, which provided an update in relation to the NatSSIPs and LocSSIPs current status, governance and review proves and progression in relation to the National Safety Alert NatSSIPs and LocSSIPs (published in 2015). In line with best practice, the Trust is reviewing the above, including reviewing:

- The initial response following the National Safety Alert.
- Current LocSSIPs in place, how to access them and review process.
- How we audit compliance against use.

■ noted there is good practice against the national standards but the review is a requirement of our quality contract with our Commissioners.

Regular audits on the use of current LocSSIPs (where appropriate) are completed by the Clinical Audit Team and reviews are undertaken following any incidents or Never Events. Papers will be present to CBU Gov meetings going forward. ■, Consultant Anaesthetist and Director of Medical Education will be the Clinical Lead and will review pathways to ensure inclusion of Surgical LocSSIPs and that they also have a good governance and review process.

■ thanked ■ for the update and commented that the ability to provide assurance is important and should be the focus when completing care plans. This makes the plans easier to complete and to monitor ensuring support is in place. It also makes it easier to audit and review the information.

■ advised the paper will presented to the Clinical Contract and Quality Review (CCQRM) meeting on 19th October 2022.

RESOLVED: CEC were asked to receive the report and note the next steps and work currently being undertaken to improve the governance and review process.

CE132/22

RESPONSIVE - AAA Reports from Sub-group(s) (V/D)

(AAA reports are dependent on cycle of business and whether they are included in the agenda depends on if the reports have been submitted) included in papers ✓

- Scrutiny & Assurance Group – (August 2022)

The report covers challenges around attendance and responsibilities of group. SAG will link in with the quality priority work to be assured that the quality improvement priorities are appropriate and monitor the progress of actions. [REDACTED] supports the direction group's directive and would encourage members to prioritise and attend this meeting.

[REDACTED] noted that [REDACTED] will write to CBUs asking them to ensure at least one member attends SAG. [REDACTED] added there is a clear direction about the purpose of the meeting, which requires good, regular attendance from senior leaders.

- CE133/22 WELL-LED AAA Reports from Sub-group(s) (V/D)**
(AAA reports are dependent on cycle of business and whether they are included in the agenda depends on if the reports have been submitted) included in papers ✓

Pharmacy Governance & Performance Meeting

[REDACTED] provided the update:

- Vacancies – regional issues as pharmacists leave for PCN post.
- Delays in IT access for new starters – liaising with IT to resolve this.
- Potential SLA with Queenscourt to firm up the service we provide; they would like a designated pharmacist and technician to support palliative care.
- An Audit was completed regarding uncollected prescriptions from Rowlands which concluded a significant were uncollected. This was a concern that patients had not started on medication that had been prescribed in clinic. It was a retrospective audit and when patients were contacted to find out why they had not collected their prescription, some were unaware that they had been started on medication, particular from the skin clinic. [REDACTED] he spoke to the Dermatology Consultants to raise awareness about this. The audit will be repeated, and Rowlands will produce an SOP for uncollected prescriptions.

ACTION: DEPUTY CHIEF PHARMACIST | BY WHEN: NOVEMBER 2022 [REDACTED]

Pathology AAA Report

RM provided the update:

- Blood science staffing is critical on risk register as high risk. There is a significant shortage of recruitment in haematology and transfusion posts across the northwest. Trainees have been recruited but their training will take time to completed. The risk will remain on the risk register as critical risk.
- Winter Testing Plan for Influenza and Covid Testing. Microbiology will provide 24/7 cover and will be on site after out of hours to do testing. [REDACTED] noted this information will be circulated in S&O Trust Comms.

RESOLVED: CEC noted the updates.

CONCLUDING BUSINESS

- CE134/22 Any Other Business**
Purpose: To receive any urgent business not included on the agenda

CE135/22 ITEMS TO ESCALATE TO the Quality and Safety Committee

CEC Advise | Alert | Assure FOR Quality & Safety

ALERT

- Significant delays in Community Neurotherapy service across both ICBs causing delays and impact on Stroke rehabilitation
- Long term sickness in paediatric consultant workforce impacting on morale and performance indicators
- Absence of Clinical Director in Obstetrics and Gynaecology resulting in no clinical attendance at Maternity & Neonatal Safety Champions meeting
- Deteriorating position in dermatology
- Delayed discharges from SIU impacting on ability to accept patients from tertiary centres.

ADVISE

- Reduced agenda to support winter resilience planning workshop
- Scrutiny & Assurance Group progressing with review of actions; agreeing appropriate seniority of attendance from CBUs
- Essential training compliance demonstrating improvement in some areas, access to and attendance at resus training remains a challenge. Review of delivery and attendance to improve compliance.

ASSURE

- Minutes approved as an accurate record and action log reviewed.

**NEXT
MEETING**

Thursday, 3rd November 2022 | 1.00pm – 3.00pm
Via Microsoft TEAMS

Meeting Attendance 2022/23

Members	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	✓	✓	STOOD DOWN		✓	✓	✓						
	✓	✓			✓	✓	A						
	✓	✓			✓	✓	A						
	✓	✓			✓	✓	Left the Trust						
	✓	✓			✓	✓	A						
	✓	A			✓	A	✓						
	A	✓			✓	✓	✓						
	✓	A			✓	✓	A						
	✓	A			A	A	A						
	A	✓				-	Left the Trust						
	✓	A			✓	✓	✓						
	✓	A			✓	A	✓						
	A	✓			✓	✓	✓						
	✓	A			✓	A	-	-					
	A	A			✓	A	✓	A					
	✓	A			✓	A	A	A					
	A	✓			✓	A	✓	A					
	A	A				-	-	-					
	-	A				-	-	-					
	✓	✓				A	✓	Left the Trust					
					✓	A	A						
					✓	A	A						
						✓	✓						
							✓						
							✓						
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
	A	✓	STOOD DOWN		A	A	A						
	-	-			A	A							
	✓	✓			✓	✓	✓						
	-	✓											
	-	✓											
	-	A				A	A	✓					

✓ = In attendance A = Apologies