

**Attendees:** Dr Mark Cross (Chair), Sharon O'Donnell, [REDACTED], JD Mullan, Michelle Lawson, Amanda Scappaticci, Christine Kelly, SM, Philip Toner, Louise Moore, Clare Shannon, Sarah McGinnity, [REDACTED]

1			Welcome and Apologies - Linzi Magee, Nicky Vincent, [REDACTED], Fiona Moody						
2			Conflicts of Interest - None to report.						
3			Directorate presentations re April and May/June and July 2022 Medication Incidents and Complaints (M Cross)						
	a		Adult Social and Primary Care						
		i	<p><b>Mental Health – (L Moore)</b></p> <p><u>Medication related complaints April and May 2022 - LM</u></p> <table border="1"><thead><tr><th><u>Complaint Number</u></th><th><u>Update 7/10/22</u></th></tr></thead><tbody><tr><td>[REDACTED]</td><td>Psychotropic Monitoring – concerns expressed re terms of monitoring in Learning Disability. LM to feedback with further detail.</td></tr></tbody></table> <p>LM to ask Clinical Directors if they would appreciate a conversation with MC re KIWI support in insulin prescribing and processes.</p> <p>Insulin Prescribing – LM to enquire re human factors associated with these.</p> <p>LM provided assurance re Risk Assessments that they are updated should a patient on day release overdose.</p> <p>Oral Substitution Therapy – LM to further update and assured as a result excellent learning is shared.</p> <p>Trends Noted – Missing medicines, prescribing of drug medicines, insulin prescribing, oral substitution therapy</p>		<u>Complaint Number</u>	<u>Update 7/10/22</u>	[REDACTED]	Psychotropic Monitoring – concerns expressed re terms of monitoring in Learning Disability. LM to feedback with further detail.	L Moore
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			<p>██████ – LM has spoken to Addictions Consultant Psychiatrist HT who has sent through further information. Additional learning has been shared with the SPT team. To review and share as wider learning (to include medical and surgical colleagues).</p>	
	ii	<p><b>Older People’s Services (C Kelly)</b></p> <p><b>Medication Related SAls/Early Alerts</b></p> <p>██████ Patient missed insulin dose(s) for a period of time. Agreed that pharmacist not required as district nursing process related.</p> <p>MC and SO’D to meet to develop a strategy to mitigate risks associated with medicine related transitions.</p> <p><b>Medication Related Complaints</b> – MC queried none to report.</p> <p><b>Incidents of Concern</b></p> <p>██████ MER has been completed and contacted Divisional Nurse and SM, P McC for early learning. CK to ensure Surgery colleagues have learning shared. Learning shared with WD (ASM) and ██████ (WM) Ophthalmology.</p> <p>██████ CK to share and go back to CLT to stimulate discussions. Discussed with CLT. Appropriate actions taken by the community staff, contacted ward and Diabetes Specialist Nurses to ensure this patient received insulin. As the error originated in the Hospital there is no requirement for community MER. Incident report shared with Wd ██████ RVH WM (██████) and ASM (MMCG).</p> <p>██████ JD spoke of blister packs being taken out of sequence could have caused the patient to be ‘heavily medicated’. CK to ask team member what type of blister pack was issued. Team member unable to clarify type of blister pack</p> <p>██████ CK to ask her team to describe the blister pack used. Team member unable to clarify type of blister pack</p> <p>██████ Noted ongoing trends of incidents Raised with Commissioned Services SM &amp; Commissioned Services Governance Team ASM for review and monitoring</p> <p>██████ CK has requested an update for e-mail re same – to follow up. Investigation ongoing</p> <p>MC asked CK as a team to take forward QI project to be undertaken over the next few months based on these. CK asked to take forward and focus on medication safety. Discussed with CLT</p>	<p>CK</p> <p>LM</p> <p>MC/SO’D</p>	

	iii	<b>Learning Disability (A Scappaticci)</b>  <b>Incidents of Concern:</b> Due to the low number of medication related incidents MC suggested AS to conduct some shared learning lunches raising awareness of the benefits of incident reporting.  Trends noted – Omissions of anti-epileptic drugs – AS to ask the Pharmacist who replaced Mental Health Specialist Pharmacist to help review these. MC recommended the newly appointed ID Epilepsy Specialist Nurse, Mark to meet with him – AS to arrange.  <b>Approved Medication Incidents:</b>  W346866 – AS provided assurance that new Band 8As have commenced to look at training in MAH re administration of medications. To ask NDL to provide update for MC.	AS   AS   AS
	b)	<b>Children's Community Services (O Farrelly)</b>  <b>Ongoing Medication Related SAIs and Early Alerts</b>  SAI W22/058 & SAI W22/115 re Paracetamol overdosing – LMCM to look previous SAIs re the Human Factors contribution.  <b>Incidents of Concern:</b>  W348986 – MC queried whether or not medications were de-prescribed if they had been omitted with no consequences. OF to provide feedback. W352648 – [REDACTED] gave patient wrong medicine. KD to review.	LMCM   OF  KD
	c)	<b>Specialist Hospitals and Women's Health</b>  <b>Medication Related SAIs:</b>  Trend in prescribing pregnant patients with gestational diabetes and complex management involved.	

		<p><b>Incidents of Concern:</b></p> <p>W349934 – NIMDA PSU to be ensured that colleague will be supported through this process. CC to action.</p> <p>W351189 – SO'D provided assurance that Divisional Nurse is leading a group in RBHSC to focus on medication safety.</p> <p>W348705 – When patient is being discharged it was suggested a discharge checklist to be used to ensure the relevant medications are correctly prescribed. JD confirmed would welcome prescriptions being done the day before discharge.</p> <p>W350197 – with PICC line in . SO'D to add location of incidents to report going forward.</p>	<p>CC</p> <p>JM SO'D</p>
d)		<p><b>Surgery and Specialist Services (M Lawson)</b></p> <p><b>Medication Related SAIs</b></p> <p>BHSC/1/22/11 – Re issues with two separate e-mail trails giving conflicting advice.</p> <p>SAI 22/107 – Issues securing an intensivist.</p> <ul style="list-style-type: none"> <li>• To progress a review and share with Divisional Chair for ATTCCS as an Intensivist.</li> <li>• An SEA as guidance on SPC had been removed.</li> <li>• A safety lunch arranged to discuss</li> <li>• A joint meeting with POIT and set up a working group</li> </ul> <p>SAI 22/125 - Cause of misadministration of medication due to human factors (early learning). Early learning to be shared with Encompass re issues with current software. WHO checklist to be incorporated into current recording system. Query re Health Care Assistants administering eye drops.</p> <p>SAI 22/135 – DPYD testing - questionnaire had an extra option added and shared early learning with Oncology forum.</p> <p>SAI 22/093 – ML proposed this be de-escalated this has not been approved by SPPG. Review has commenced.</p> <p><b>Medication Related Complaints</b></p> <p>1431, 1453, 315878 – not being pursued.</p> <p><b>Incidents of Concern</b></p>	<p>ML</p> <p>SO'D /KD</p>

		<p>351718 – SK and MC to discuss re adding this to the Risk Register and an SMOTW being issued.</p> <p>339 – SMOTW to be generated regarding steroid oral to IV conversion. PT to update Induction booklet re conversion dosage between oral and IV.</p> <p>50974 – Coroner's Case. ML to find out if this was non-QUB Medicine Req. GM to look for Med eq on Datix.</p>	<p>SK</p> <p>PT</p> <p>ML/GM</p>
e)		<p><b>Unscheduled and Acute Care (N Vincent)</b></p> <p><b>Medication Related SAls</b></p> <p>BHSCT/SAI/22/054 – PT confirmed there was a Royal College of Emergency Medicines, Conference on Monday that received a presentation on nitrous oxide.</p> <p><b>Medication Related Complaints</b></p> <p>31184 – MC to check with NV if a new Neurology patient or part of the recall.</p> <p><b>Incidents of Concern</b></p> <p>9802 – Anaesthetics had a robust conversation re same.</p> <p>8 – It was advised COD needs to be aware of this aspect.</p> <p>350894 – It was noted human factors played a part in this incident during transfer of care.</p>	NV
4		<b>Escalation of Risks (All)</b>	
		<ul style="list-style-type: none"> <li>Re patient in ED treated for a hypo. Recommended to be nursed in Resus. As a solution - LM has a pre-reg to collect data as an audit. MC/LMagee/ED consultant EG QI lead /SO'D to meet to discuss.</li> </ul>	MC/SO'D/LMa

		<ul style="list-style-type: none"> <li>IT scripting - used in substitute prescribing – attached to drug and prescribing module. This version is not compatible with MS Windows. If this system fails it means prescriptions will have to be handwritten. LMoore to do a short summary and forward to MC and KD who will raise at Clinical Recording Group.</li> </ul>	LMo MC/KD
5		<b>MRSAG report to MOC (M Cross)</b>	
		Assurance Framework – all to review.	All
7		<b>Notes of previous Meeting/Action Notes from previous incident meeting (All)</b>	
		Approved.	
8		<b>AOB</b>	
		<ul style="list-style-type: none"> <li>ML re Illicit drug activity at Trust site. KD to share report of incidents reported on Datix for ML to target these areas for risk rating to be reviewed.</li> </ul>	KD
9		<b>Date and Time of Next Meetings</b>	
		<ul style="list-style-type: none"> <li>MRSAG Medication Safety Thermometer Review – Friday 4 November at 2 pm via MS Teams</li> <li>MRSAG Incident Review – Friday 2 December at 2 pm via MS Teams</li> </ul>	