MEETING NOTES

The Clatterbridge Cancer Centre NHS Foundation Trust

Medicines Safety Advisory Group Meeting Minutes

Held on: 10th June 2022	Location: **MS Teams**
Start time: **11.00**	**Finish time: 12.30**

Present

Victoria Young	Director of Pharmacy
Joanne McCaughey	Deputy Chief Pharmacist
Reason (or ...	Advanced Pharmacist – Protocols
Reason (or exe...	Clinical Governance manager
Reason (or exe...	Lead SACT nurse
Reason (or exemptio...	Deputy Ward manager, Inpatient Care
Reason (or exe...	Clinical Project Manager, Digital Services
Reason (or exemptio...	Ward Manager, Daycare & Network Services
Reason (or exemp...	Advanced Oncology Informatics Pharmacist
Reason (or exem...	Advanced Nurse Practitioner
Reason (or exemption code) 2	Matron Acute Care

Apologies

Noor Tariq	**Consultant, Medical Oncology**
Reason (or exempti...	**Radiotherapy**
Reason (or exemp...	**Staff Nurse**
Reason (or exemption ...	**Research Practitioner, Team Leader**

Item no.	Agenda item	Action
	Welcome and apologies Noted at today's meeting	
01-100622	**Declarations of Committee Members' and other attendees' interests concerning agenda items:** None to report	
02-100622	**Previous meeting action log (13.05.22)** Actions have been reviewed and updated on the action log	
03-100622	**Risk register (all medication risks)**	

	Risks – 19 in total **High - 1** **Moderate - 14** **Low - 4** **Risk 299 – Outsourced SACT delivery** Outsourced manufacturers are coming from Reason (or ... (Newcastle) and Bath which has been causing issues with receiving supplies on time or receiving the supplies at all.	
04-100622	**Medicines management incident themes** * **Height and Weight** Issues have come to light in the last few weeks with the capture process and discrepancies have been highlighted on a number of patients. As a result of this the decision was made clinically to pause the use of the process and revert back to manually inputted height and weight. During discussion the current process was discussed which we have gone back to. The height and weight is recorded twice, firstly at pre-assessment then validated a second time prior to the first cycle and not repeated after that. The current assessment in Meditech is built so that the height is always automatically recalled into the next assessment. The initial height is recorded and then when the second validation has taken place as soon as the assessment is opened it is already populated with the first height. The second independent check is therefore not happening and the height is recalled subsequently going forward. There are a couple of options; 1. Leave it as it is but you won't receive a second independent check of the height. The second person can edit of the height is incorrect but there is nothing there to prompt anyone to do this. 2. Remove the recall functionality so the second height check would have to be inputted. Because height is not recorded every time a patient attends therefore it can't be a mandatory field as it is now and there would be a chance that the second height was not recorded. Either way there are risks involved for either option.	Discussion was had during the meeting today. The consensus was to leave it with the recall. Further discussion to be had off line and feedback provided to EW
05-100622	**Medicines Management Compliance** * Prescribing and Supply - 93.33% * Calculating Drug Dose - 91.11%	JMcC - Informatics and IT professionals working with medicines – Need to ensure that

	* Safer Use of Insulin – 100% * Medicine Management Awareness – 93.33% * Safe Handing of Medicines – 98.55%	they have the same competencies
06-100622	**Incomplete or unknown allergies** Number of prescriptions given to patients with unknown allergies has risen from 0.3% in April 22 to 0.5% in May 22 which is an issue that 2% of prescriptions do not have allergy status on board. BI are in the process of putting a report together. More information will be available at July's meeting MZ has collated a report for Electronic prescribing interaction which includes allergies – this report has been shared at DTC. Sheena Khanduri has had sight of it and a risk assessment of the recommendations has been completed. It has also been sent over to Richard Griffiths, the CRG and it will be presented at the Digital Board for noting.	Medic representation at the meetings is needed to get engagement as you can't prescribe without the data MZ – will have a look for any educational tools to advertise how to use e-exchange to look for allergies
07-100622	**Medicines Safety Bulletins** Will be ready by the end of the month Additional information to be added as part of the Medicines Incident Report	JMcC will distribute to meeting members

08-100622	**Medicines Alerts and Recalls** For information purposes only Meeting members have received a copy of the document	
09-100622	**Medicines Incidents – April & May 22** There has been an increase in incident numbers in April and May 2022 and a number of incidents with suppliers which has caused a knock on effect for the Pharmacy Team. **April – 60** **May – 106** **27%** of incidents where due to delayed administration with a combination of reasons such as; expired products, medicines not given within the expected timeframe and medicines that did not have the clamp removed when the patient was connected to the infusor pump. There were **4** incidents of the medicines expiring There were **3** examples of patients receiving medicines without a prescription including self-administering patient increasing pain relief without advice and two substitution of sound alike medicines Discussion was had regarding JMcC putting a short recording together for staff which will include prompts to check expiry dates etc. The group will give feedback	* Review the inpatient SACT administration procedures with the nursing teams * Highlight the need to check the expiry date thoroughly before giving treatments * Add sound alike medicines to the medicines safety bulletin
	Adverse drug reactions (ADRs) **19** were reported in April and May 22 – **53%** of which involved the administration of Paclitaxel All incidents reported caused no harm to low harm with the correct processes followed. **4** where categorized as low	* Share yellow card data with clinical teams * Procurement pathway is being resolved to produce Anaphylaxis and Hypersensitivity kits with the correct equipment * Anaphylaxis and Hypersensitivity policies have been approved
	Prescribing Errors **Medicine not prescribed 33%** - Not prescribed in time for appointment and patient admitted with specialist indicator not receiving any treatment for this concern **Prescribing error 40%** - incorrect drug, omitted drug, incorrect prescriber for gender, duplicate paper prescriptions, issue with eMPA, wrong dose and wrong medicine	* Ensure good communication between medical and Pharmacy staff * Highlight the use of

		* task and message in meetings and in medicines bulletin
	Supply Supply went up in April due to taking on HO and Easter **40** incident reports due to delayed treatment, **12** medicines not supplied and **10** supplier and transport failures This was due to the external companies from whom we outsource There were two notable occasions where expected treatments did not arrive. This coupled with high chair occupancy impacts on nursing staff, resulting in extra hours having to be worked There were **11** wrong drug, strength and quantity incidents and **5** that had expired Etoposide did not precipitate as frequently reducing the two occurrences over the two months	* Communicate effectively with units if delays occur * Daily huddles to remind about expiry dates and ensuring they are in date when treating * Changes in medicines optimization to ensure better stock of medicines
	Adverse Drug Reactions The level of reporting remains consistent and the level of harm remains low. All reported moderate harm incidents are being reviewed in weekly verification meetings and dealt with following Trust procedure.	* Continue to monitor on a monthly basis and encourage a positive reporting culture
	Extravasation an Infiltration There is consistent reductions. Spike in Feb 22 and March raised some concerns so the data was shared with the Trust Clinical Interventions team for review	
	Controlled Drugs There was a rise in CD reported incidents across the year however, on investigation it appeared that there was incorrect classification with **6** of the **15** incidents from April and May 22 There have been a variety of issues raised; duplicate prescriptions for same patients, inappropriate storage of controlled drugs and patients self-administration. All incidents are reported monthly to the Local Intelligence Network by the Controlled Drug accountable Officer as is national policy	* Medicines safety team to do a weekly review of all reported incidents related to medicines to ensure all datix fields are allocated to the correct category * The importance of safe and secure handling and

		* administration to be reiterated at daily safety huddles
	Delivery of Drugs via taxi Delays when delivering to Halton have been raised Transport to Halton goes through Lilac first	JMcC and KH to discuss this further outside of the meeting
10-100622	**NWMSO Rapid Sharing** **Lancashire & South Cunbria NHS FT - Misuse of Fentanyl Patches** Patient being prescribed 5 Fentanyl patches on discharge, would normally only be prescribed 3. The patient heated the patches and inhaled them. The patient was found dead. **Mid Cheshire Hospital - Soduim Chloride irrigation solution was selected for IV flush** Irrigation solution is a main stores top-up line (not Pharmacy) Product looked similar to plastic ampoule Lack of double check	For information only Meeting members have received a copy of the document
11-100622	**Yellow Card Reporting Summary** Document was shared with the meeting members on screen Nurses fill in the yellow cards. Aintree fill in the most incidents, CCC low on the list of reporting however, if you look at it per bed day CC come in second.	Goserelin needs to be filled in via the yellow cards to collate nationally JMcC to include in video
12-100622	**RAG rating Dashboard LIN members** Data for 2021-22 has been sent in and keeping up to date by sending data in on a monthly basis	VY to attend the next LIN meeting and provide an update to the group at the next MSAG meeting
13-100622	**IT Pharmacy Update** Working on an allergy rule as it is only flagging up at the point of prescribing and not at the point of administration. Currently in the early stages	MZ will provide updates when they are available
14-100622	**Monthly VTE case note audit** Targets were not met. This will be shared with the wards involved where it did not go as well as expected	JMcC will share with wards involved
	Any other business	
	None	

MEETING NOTES

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Next meeting:

Date: 8th July 2022	Location: MS Teams
Start time: 11.00	Finish time: 12.30
Signature: **Joanne McCaughey**	Date: 01.07.2022
Chair: Joanne McCaughey	(Insert date when minutes are signed)