MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

TRUST MEDICINES SAFETY COMMITTEE

Meeting held on Monday 28th February 2022 at 10am
via MS Teams

MINUTES

Present:

Core Members

[redacted]	Chief Pharmacist (Chair)
[redacted]	Deputy Chief Pharmacist Medicines Optimisation & Governance (Professional Secretary & Vice Chair)
[redacted]	Medicines Governance Pharmacist – ORC & TGH
[redacted]	Medication Governance Pharmacist – Wythenshawe and Withington
[redacted]	Associate Director of Clinical Gov. and Patient Safety

Hospital/MCS/LCO Members

[redacted]	Matron for Professional Practice
[redacted]	Nurse Manager, Clinical Research Facility, MRI representing the Research and Innovation Team
[redacted]	Head of Nursing RMCH
[redacted]	Clinical Geneticist, Medical Governance Lead- St Mary's MCS.
[redacted]	Consultant Anaesthetist
[redacted]	Head of Medicines Optimisation & Governance
[redacted]	Director of Nursing & Healthcare Professionals, CSS
[redacted]	Associate Medical Director of Quality & Safety, RMCH
[redacted]	Clinical Services Manager – WH Pharmacy
[redacted]	Lead Nurse for Quality Assurance & Compliance, NMGH
[redacted]	Head of Clinical Governance WTWA
[redacted]	Lead Anticoagulation Pharmacist
[redacted]	Medicines Management Pharmacist, NMGH
[redacted]	Head of Pharmacy Medicines Optimisation, MLCO, TLCO
[redacted]	Divisional Lead Pharmacist for Cardiac Services WTWA
[redacted]	Consultant Anaesthetist, Sedation Lead, ORC
[redacted]	Matron, RMEH

[redacted]	Head of Nursing Workforce Education and Research MRI
[redacted]	Clinical Pharmacy Services Manager MRI

In attendance

[redacted]	Administration Officer (Minutes)

Item	
Opening Business	
16.22	**Apologies for Absence** [redacted] [redacted] Deputy Director of Nursing [redacted] Deputy Chief Pharmacist, Clinical Services
17.22	**Minutes of the Trust Medicines Safety Committee meeting held on 17th January** The minutes from the last meeting were accepted as an accurate record.
18.22 18.22.01	**Matters Arising/Action Log** Medication Never Event Risk Update The paper highlighted proposals agreed at February's Committee meeting that focus groups would be formed to review and update processes to prevent each of the five medication never events defined by NHS England. The paper outlined a timetable of meetings, the representation sought for each group and matters such as aims and duties. This would become a standing agenda item for the Trust Medicines Safety Committee and progress would be monitored and fed back to the team.
18.22.02	Omitted Doses Whilst work was ongoing to review the overall MFT strategy to tackle medicines omissions, the medicines safety group had created a series of bulletins for circulation. The bulletins had been created to share within nursing safety huddles and were based on trends highlighted in the most recent Trust-wide Medicines Safety Audit. The first bulletin drew attention to doses missed as a result of them being unavailable and helped to signpost where medicines could be found and ordered. With pandemic-related staffing pressures and ward changes, medicines not following patients had been a notable occurrence recently. Critical Medicines and information found in the Medicines Policy featured in another bulletin. It was reminded that the supply of critical medicines would always be prioritised by Pharmacy. The third document highlighted omissions due to patient refusals or clinical reasons and what staff were to do in each scenario. The Committee agreed that this bulletin in particular would also prove beneficial if shared with medics as well as nurses. It was assured that any assistance or ideas on how best to communicate with this cohort would be gratefully received. The Committee were unanimously supportive of the bulletins and there were numerous offers from different areas of the Trust to share them more widely and adapt them to different operational circumstances - including North Manchester and

	the LCOs. The Chair encouraged Trust Communications input who could potentially offer additional social media engagement with these bulletins. It was informed that the next HIVE Patient Safety RDG was scheduled to be dedicated entirely to Omitted Doses and how the system could be used to support this issue. Trusts that had already implemented electronic prescribing had reported reductions in the number of omitted doses caused by unavailable medicines. HIVE will have the functionality for nurses to order medicines electronically when they are not accessible on the ward to avoid a missed dose.
18.22.03	<u>Sedation Committee Quarterly Report</u> At their last meeting, the Sedation Committee had discussed a [redacted] The Policy was followed, but gaps in communication and operational delays led to the [redacted] Learning points were discussed. Trust Rapid Tranquilisation guidance was under review and the Committee had made recommendations. Learning points from the incident had been disseminated to the Sedation Committee and would be shared with other Anaesthetic teams and trainees. It had been summarised that although the final outcome to the incident was unlikely to have been different, the situation could have been managed better. In relation to the never events discussed earlier in item 18.22.01, it was reported that there had been no Midazolam, (for conscious Sedation), related incidents reported in the last year. A check would be completed with Trust Safety and Governance at the end of this financial year to ensure there were no incidents that had bypassed the Committee's attention. This update would come to the next Trust Medicines Safety Committee meeting in April 2022. Papers and action plans from the Sedation Committee would be shared with MSC members after the meeting.
19.22	**Medicines Storage and Security**
19.22.01	<u>Safe and Secure Handling of Medicines Audit Review</u> The Chair wished to thank [redacted] and the Pharmacy Medicines Safety team for the significant amount of work they had conducted recently in reviewing the Safe and Secure Handling of Medicines audits. Thanks were also given for the support received from individual hospitals on this. A single audit tool for Safe and Secure Handling of Medicines would become available for all areas of the Trust - including North Manchester- from April 2022. As well as aligning tightly with MFT Policy standards, the team had tailored the audit questions to those of the Royal Pharmaceutical Society. An ongoing workplan would be presented at the next Committee meeting, but the paper submitted today summarised the work completed so far. To reflect the current risk level of Safe & Secure Handling of Medicines, it had been agreed that the frequency of completion of full safe and secure audits for wards across all sites was to increase to every three months. In addition, the significance of monthly Safety 8 'spot checks' had been emphasised with feedback from nursing staff suggesting that it would prove beneficial for these checks to be carried out by ward managers and form part of the ward accreditation scheme. Work was ongoing to establish this. A real-time electronic audit platform was being sought. Currently, audit results were restricted to being distributed to hospitals some time after the audit was done. Consequently, this delayed any resulting change and improvement. The Committee supported all of the report's recommendations.
19.22.02	<u>Risk Assessment: Medicines in Theatres (DRAFT)</u>

	As a result of theatre incidents that had occurred last year, the very detailed risk assessment had been updated to support safe storage of medicines in theatre environments and to reduce the risk of misappropriation. This risk assessment, which was not yet finalised, would eventually marry with a reviewed SOP for handling and storing medicines in theatres. The assessment was scheduled to be finalised at the Anaesthetics meeting scheduled for this Thursday 03/03. Two serious incidents had occurred within theatres [redacted] regarding pre-prepared injectable medicines (2253173 and 2258699). The risk assessment will be adjusted to reflect the incidents. The assessment was said to align well with the recent Group-wide risk focusing on staff psychological and physical wellbeing and naturally, the Group risk for the safe and secure handling of medicines. The Committee were happy with the content of the assessment so far and supported it being progressed.
20.22 20.22.01	**Learning from Incidents** 2253173 Remifentanil – HILA [redacted]. The main factor identified from the learning was of staff being distracted in the anaesthetic room. The introduction of a 'pause moment' before the administration of high-risk drugs was under consideration.
20.22.02	2246651 [redacted] Potassium administration This incident concerned [redacted] A HILA was under construction for the incident.
20.22.03	2258699 [redacted] Rocuronium administration A completed HILA was awaited for this incident but distractions during the drawing of medicines had been identified as a key explanation similar to the incident in item 20.22.01. [redacted] The introduction of pre-prepared and pre-labelled flushes in theatres had been recommended as a mitigation going forward.
21.22	**SPCs for medicines** The attached charts did not document any trends outside of confidence limits for cause groups or hospitals. Medication administration incidents are being monitored as they have been high over the previous few months.
22.22 22.22.01	**Medicines Safety Alerts** Medicines Safety Alert Dissemination It was explained that historically, medicines safety alerts, medicines optimisation bulletins and shortages had been shared through hospital quality and safety leads. Concerns had been raised that this process was not robust enough to meet the thorough circulation requirements many of these bulletins needed. Going forward, the Ulysses alert system would be used when a notice concerned a significant risk to patients. Nursing and Medical Leads would be included in this group along with the Q&S Leads contacted previously. The system also acknowledged when an alert had been received and actioned- a much higher level of assurance than had previously been provided. The Ulysses system covered all areas of the Trust including North Manchester and LCOs.
22.22.02	MSA - Diamorphine prefilled syringes

	The alert, which was distributed via the new communication path outlined in agenda item 22.22.01, was noted by the Committee.
23.22 23.22.01	**Controlled Drugs** <u>Controlled Drugs Group</u> Three main issues were raised at the most recent CD Governance Group. 1. The first was incomplete documentation of patient's own controlled drugs which had led to incorrect balances. 2. There were also concerns that storage of midazolam 1mg/ml injections in the same areas as midazolam 10mg/2ml injections and risk of mis-selection. This would be supported by the work of the focus groups on never events addressed in agenda item 18.22.01. 3. Oxycodone and morphine products mistakenly selected in place of each other. Educational initiatives including posters, medical induction training and a focus within Patient Safety Week had all been employed. It was hoped that the barcode scanning feature within HIVE would significantly reduce this as it would alert at the mis-selection. 4. An increase in incidents had been seen in patients refusing to surrender their own CDs; whether these were prescribed or illicit. An action plan was drawn up by the CD Group after the meeting and was presented to today's Committee. The Chair welcomed any suggestions from the virtual room on how this could be effectively handled. It was agreed that advice from a legal standpoint would be a useful start as well as an increased pharmacy presence in ED when available. It was believed that the more staff asked patients about their medication, the more likely they would be to hand products over earlier. A trial of a controlled drugs sticker in ED to document wastage had shown a slight improvement in results, however a gap in compliance remained. It was agreed that the CD Group needed to better understand how current systems in ED operated and how the introduction of HIVE would change controlled drug documentation in this area. With collaboration from the Patient Safety Human Factors Academy and ED, a simulation exercise would be arranged as soon as possible. Current processes would be mapped alongside a simulation of how things will change post HIVE launch. It was hoped both of these run-throughs would offer opportunities for spotting barriers and gaps where CD governance could be improved. All key issues drawn from the CD Governance meeting would be escalated to the Medicines Optimisation Board.
23.22.01.01	<u>MTLCO Administration of Insulin</u> The submitted papers provided a summary of actions taken in the LCOs following an insulin related incident. It was explained that due to the need for the administration of medicines to be completed within patients' homes, medicines may be administered by non-registered medical professionals. In the incident that motivated this work, [redacted] Investigation after the incident discovered that the existing TCLO policy was out-of-date and assurance could not be given on the up-to-date compliance of training and competency assessments of the administering staff. Staff knowledge of the escalation process when [redacted] Insulin administration by non-registered clinical staff had been halted until the process had been re-reviewed, and all compliance had been met. The attached paper contained a number of governance documents that had been revised and approved as a response to the incident.

	It was confirmed that all staff had now been retrained and competency assessed by the Senior Nursing team and all patients had been assessed for their suitability to be treated by staff in this way. Insulin administration in the community had now recommenced. The submitted paper identified other areas where medicines are administered by non-registered staff. The aim now was to harmonise the approach across MLCO and TLCO. Each Lead Nurse in the LCOs had been assigned one of the medicines groups based on their experience to draw up a list of competencies staff must meet. MLCO and TLCO welcomed suggestions for how best to ensure staff received appropriate levels of training. It was suggested for the subject to be raised with the Trust Safety Oversight Panel, where a comprehensive strategy could be discussed. On a similar note, the Chair highlighted how the RMEH had recently queried the appropriateness of non-medically registered professionals administering eye drops. The Pharmacy Medicines Safety team had agreed to assess the consistency of competency assessments and training documents for this across the Trust. A matron from the Eye Hospital was also completing a piece of work in collaboration with colleagues in the community on the importance of continuing eye drop administration after a patient has been discharged. A seamless process such as this would provide a good model for other medicine groups. The Chair emphasised that it was paramount that the correct governance was in place around non-registered staff administering medicines both 'in-house' and across the community.
24.22	**NW MSO group reports** *(Nil this month)*
25.22 25.22.01	**Patient Safety Alerts and HSIB reports** <u>Steroid Card update and video</u> The Committee were reminded of the significant amount of work conducted on the implementation of emergency steroid cards. Bulletins and awareness sessions were followed by a quality improvement project to establish the awareness of these cards. Results indicated that the current communications process was not proving effective, at least with Junior Doctors. FY2s themselves recommended a video be created and then shared via WhatsApp and/or TikTok- a technique they considered would prove more effective. Concerns had been raised previously by the Respiratory department that the steroid cards may negatively impact on patients using their prescribed inhaled steroid medications when compliance was already low. The video therefore included a piece by Severe Asthma Pharmacist [redacted] who addressed some of these concerns. Significant delays had been reported in producing the video and further edits were still to be completed. The video in its current form had been brought to the Committee today to allow for feedback and discussion. The video was made available to view via the Microsoft Teams channel and feedback was asked to be sent to [redacted]
25.22.02	<u>Weight-based medication errors in children</u> The attached paper provided learning from an incident [redacted] at another hospital that used electronic prescribing. The report contained a good amount of learning that would be beneficial to MFT. The report identified three specific findings; the first questioned how Trusts could best facilitate multi-disciplinary decision making. It also questioned the factors that undermined checking processes when aiming to avoid errors. In this specific case, [redacted]

	[redacted] The final finding explored the implications of installing electronic prescribing systems, [redacted] It was explained that as MFT prepares to launch their own electronic prescribing system, it was essential that assurance was sought that HIVE would not permit such a dose to be administered to an MFT patient. Multiple high level safety recommendations were presented in the HSIB report and given MFT's history with a similar incident, it was stressed to the Committee that the report should be analysed in great detail to determine what actions needed to be taken by the Trust to prevent further incidents. Trust Patient Safety had already commenced work on reviewing second checking processes and it was hoped Committee members could form a group to tackle this subject across the Trust. The Committee were strongly supportive of the work and praised the thorough and pro-active response to the report.
Items for escalation	
26.22	**Future agenda items** • Never Events • Theatres SOP • Task & Finish Group summary and workplan – it was hoped that this could form an over-arching strategy for the Medicines Safety Committee for the coming year.
27.22	**Any Other Business** *(Nil this month)* The Chair proposed moving the Trust Medicines Safety Committee to a 1 hour, every month frequency over the coming year. The Chair explained that the Committee had a fast-moving agenda which needed to be managed tightly and having a meeting in February as well as January this year had proven advantageous. The Chair suggested updated Terms of Reference be brought back to the Committee at the next meeting in April. The Committee were thanked for all of their hard work.
Date & Time of Next Meeting Monday 25th April 2022, 10:00 – 12:00 via MS Teams	