MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

MEDICINES OPTIMISATION BOARD

Meeting held on Tuesday 29th March 2022 at 3.30pm via MS Teams
MINUTES

Present:

[redacted]	Joint Group Medical Director (Chair)
[redacted]	Group Chief Pharmacist (Deputy Chair)
[redacted]	Prescribing Lead Manchester CCG
[redacted]	Associate Medical Director, MRI
[redacted]	Consultant in Anaesthesia and Intensive Care Medicine
[redacted]	Medical Director & Consultant Paediatric Ophthalmologist, RMEH
[redacted]	Associate Medical Director for Research and Innovation
[redacted]	Director of Operations, CSS
[redacted]	Consultant, NMGH
[redacted]	Divisional Director of Pharmacy, WTWA
[redacted]	Deputy Chief Pharmacist, Medicines Optimisation and Governance
[redacted]	Head of Pharmacy and Medicines Optimisation MLCO/TLCO
[redacted]	GP Medicines Optimisation Lead Trafford CCG
[redacted]	Consultant, MFT
[redacted]	Representative, NCA
[redacted]	Deputy Chief Pharmacist – Clinical Services Manager
[redacted]	Director of Nursing & Health Professionals, CSS
[redacted]	Head of Medicines Optimisation
[redacted]	PA to Group Chief Pharmacist

In Attendance:

[redacted]	Lead Pharmacist, Pharmacy & Oncology Workstream Lead Hive EPR Programme Team

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Item	Minute

01/22 **Apologies for Absence**
Apologies were received from [redacted]

02/22 **Minutes of the last meeting:**

Minutes of the Medicines Optimisation Board meeting held 23rd November 2021
The minutes were accepted as an accurate record of the meeting held on the 23rd of November 2021.

i. **Action Tracker**
The action tracker was discussed and updated.

03/22 **Matters Arising**
The following matters were highlighted from the previous minutes:

i. **LMWH Harmonisation**

[redacted] presented a paper to provide an update on harmonisation of LMWH. Initially a decision was made to harmonise to tinzaparin which would offer a cost saving however Leo Pharma were unable to guarantee supply given their current shortages. It was agreed that dalteparin was next most appropriate LMWH predominantly due to its safety profile in renal impairment given the significant renal cohort of patients at the MRI. Consultation on the revised proposal was completed in January. The proposal to switch to dalteparin was accepted across all sites except neonates and paediatrics where they will continue to use enoxaparin. NMGH will not harmonise to dalterparin until September when Hive goes live because enoxaparin is currently built into treatment schedules on the electronic prescribing system. Obstetrics have made a decision to use dalteparin for all patients including their high-risk patients who were previously treated with tinzaparin. Work to update guidelines and the harmonisation work for obstetrics has been significant. The guidelines for medical and surgical adult patients for VTE prophylaxis have been updated submitted to the April Medicines Management Committee. The risk assessment for surgical VTE patients has not been harmonised because at ORC the VTE risk assessment is embedded into patient track and there is no capacity to change this before Hive and at Wythenshawe speciality-based risk assessments are in place. Wythenshawe will switch to dalteparin but continue with the existing risk assessments until Hive. The extended prophylaxis for surgical patients is different across sites, this will be harmonised after the switch. A risk assessment to map the switching process for each of these patient cohorts is currently being developed. A one-page prescribing guidelines for VTE prophylaxis for adult medical and surgical patients and obstetrics has been produced and will be a risk mitigation throughout this process, used by prescribers, nursing and pharmacy staff. Education of nursing and pharmacy staff is focused on developing a positive culture around checking the dose and challenging if it is not aligned with the single page document during the switchover period. Doses on the one-page document are colour coded to match the colour coding of the syringes adding another safety mechanism. Links on the document to the actual guidelines hosted on the policy page of the intranet will also help from a safety perspective.

[redacted] asked with regards to the introduction of Hive if the patient has been weighed will it be pulled through so that weight-based dosing can be done? [redacted] confirmed that the weight, height, and allergy status will be added as part of the cutover work plan. [redacted] agreed and advised that there are multiple weigh options within the EPIC product so that dosing can be more accurate. [redacted] asked about dialysis on the other hospital sites as only MRI is stated. [redacted] advised that all patients are under the care of the MRI and will managed in the same way and remote dialysis will remain the same. [redacted] commented that having these weights will be a quality benefit of the Hive system which needs to be captured and suggested that an audit is conducted before go live. [redacted] asked that the LCO staff are included in the training as some of the district nurses will be doing this post discharge and they will not have the benefit of weights on Hive and they need to be very familiar with this when dosing in the community. [redacted] agreed and reiterated that the purpose of these documents is to empower staff to challenge and check if it is not correct and to not assume that the dose is correct when switched over. [redacted] commented that it is recognised that this is quite a shunt in practice for Wythenshawe who are very accustomed to enoxaparin and that there will be a lot of education provided.

The contents of the paper were noted and supported. [redacted] agreed to provide a detailed implementation plan to the May MOB meeting.

ii. **NMP Project Update**

[redacted] presented the update. A vast amount of work has been done and the key changes to the NMP prescribing policy had been summarised in the paper. NMP lead roles for each hospital, MCS, LCO and pharmacy are being introduced rather than having central group wide roles to improve governance and help speed up the process. The process for the submissions of interest to undertake a non-medical prescribing course will be coordinated from a hospital level. There is a move away from individualised p formularies to a scope of practice in line with Shelford Group and other hospitals. The lines of responsibility of who signs off the scope of practice has been confirmed as the designated prescribing practitioner who has supervised the prescriber throughout their course along with their line

manager who will be responsible for agreeing the appropriateness of the scope of practice for the role. Other key changes introduced are levels of practice which is an ongoing system for supporting new prescribers. A non-medical prescribing committee is being introduced which will report into the MOB to provide assurance that the governance framework is in place for non-medical prescribing. The NMP register will be held on the new learning management system.

The revised policy has been sent to all NMP leads for comment, circulated for wider consultation, and ratified in June. Changes may need to be proposed to p-formularies and scopes of practice to support in the cut over period. [redacted] thanked [redacted] and commented that Hive has created an opportunity to address p-formularies and move over to scopes of practice which is another benefit that will itself generate improvements to the flow and management of patients.
[redacted] informed that the paper had been taken through the nurse professional board. It will allow hospitals and MCSs to develop their staff and non-medical prescribers in areas where they need to make sure they need to and work to their maximum benefit. It is to a great extent being embedded into the Hive programme and building a system so that NMPs can be easily identified with a clear prescribing scope and full audit trail. [redacted] agreed that it would be beneficial for nursing colleagues to identify pathways where they think it would be most useful so that the benefit can be recognised. [redacted] commented that it is good to get this work completed in anticipation of the Hive project and the scope of practice is very important for ensuring appropriate and safe prescribing and contribution to patient care.

iii. Covid Treatment Guidelines

[redacted] provided a verbal update. Covid treatment guidelines have been regularly updated in line with any national recommendations and are available on the micro guide. It was confirmed that the Group Covid MDTs are now up and running.

04/22 Finance & Commissioning

i. Drug & Medical Gas Expenditure Report

A report had not been received.

ii. Free of Charge Medicines Schemes

[redacted] explained that burosumab is a monoclonal antibody directed at FGF23 which is niche and mainly relevant for diseases of bone metabolism and in a limited number with the main two diseases being X-linked hypophosphatemia (XLH) and tumour induced osteomalacia. Concerns were raised about the disparity of access to Burosumab nationally via the free of charge scheme for the management of XLH which was declined by MMC back in 2020 because the North West NHSE Spec commissioning team declined our application to implement this scheme. From January no new patients will be able to access this drug because Pharma have decided to close the scheme and the centres that were accepting patients will no longer be accepting them as the drug is no longer available free of charge. It's suggested that young people being treated for XLH under the NICE HST who want to transition into adult care is done through an all-age MDT which is effectively the transition clinic and would qualify for the HST as long as they still had a growing skeleton. It was agreed that how this can be managed will be taken back through the Medicines Optimisation CGR and [redacted] will discuss with Shelford Colleagues.

Decision	Action by:	Date:
How non EAMs free of charge schemes are managed to be taken back through the MOCRG and Shelford Colleagues	[redacted]	May 2022

iii. Commissioning arrangements 2022/2023

[redacted] reported that the way that medicines are going to be funded next year is still being discussed. It is expected that the Trust will be moving away from the block contract and more towards cost and volume. Challenges are being experienced with regards to funding

of the on costs for aseptics, and implementation of NICE guidance. Concerns have been highlighted about potential NICE guidance that have resource implications and the mechanism to escalate and manage. A detailed paper will be provided to the next meeting. There are also discussions around how exceptional cases will be funded for locally commissioned payment by results drugs which would have previously gone through a local panel and [redacted] with regards to whether it was supported. It has been proposed that the decision process is moved to an exceptional basis as done in NHSE. Challenge has been raised and a request has been made to be included in a task and finish group about taking this forward across [redacted]

Decision	Action by:	Date:
Paper regarding commissioning issues to be submitted to the May meeting	[redacted]	May 2022

iv. CQuins

[redacted] presented the proposed CQuins for 2022/2023. It was noted and there are no financial penalties associated with them at present, but there is an expectation that acute trusts will participate and provide the data requested. The antimicrobial CQquin in relation to UTIs in adults over 16 years of age was highlighted and concerns have been fed up with regards to how this data will be accessed in the absence of Hive. [redacted] agreed and informed that due to the level of data and state of the current system there may be a number of CQuins that sit under the AMR Board that the Trust will struggle to submit data for until after Hive implementation. [redacted] agreed that it is going to be a challenge to submit this data and it makes sense to wait for the implementation of Hive. There is currently no acute Trust representation on the AMR board so it would be a straight reporting function and whether this is the best approach needs to be considered. [redacted] agreed that it would be useful to have someone who is already linked into the AMS on the board, this will be discussed further outside of the meeting.

[redacted] highlighted that the plan for the CQuin regarding the discharge medication service to community pharmacies in terms of the timely communication of changes to medicines is now being rolled out. [redacted] confirmed that training commences tomorrow and is going live as of the 1st of April 2022. Following several incidents, the initial focus of the service is on patients using blister packs or multi dosage systems to ensure that community pharmacies are informed of any relevant changes to reduce the risk of errors happening. The service will then be expanded and used on a wider basis. [redacted] commented that this service should offer significant benefit to patients.

[redacted] reported that at GM level and locally a lot of concern has been expressed by community pharmacy colleagues with regards to the pressures they are experiencing with many patients having unreasonable expectations. There is a task and finish group at GM level who are trying to provide solutions and they are asking for more time to turnaround prescriptions coming from primary and secondary care. [redacted] asked if there was a standard for the turnaround time after receipt of electronic prescriptions? [redacted] advised that they are working to patient expectation. Patients have attended outpatients and patients then go along to their GP wanting their prescription immediately even when it's not urgent. This is also seen when patients have a prescription from primary care that goes electronically to the community pharmacy where it is expected to be ready to collect or delivered immediately. It is hoped that this can be addressed through an awareness campaign advising that prescriptions may take up to five working days. [redacted] suggested that the system needs to set a standard regarding this as patients will always want their prescriptions immediately and expectations need to be managed. [redacted] advised that the there is a turnaround time standard of 72 hours in the NHSE guidance toolkit for discharge medicine service. It was agreed that GMMMG would need to lead on the comms for this patients and [redacted] will take this issue forward with GMMMG.

Decision	Action by:	Date:
Communication for prescription turnaround time standards and patients' expectations to be taken to GMMMG	[redacted]	May 2022

[redacted] informed that following a presentation from the cardiovascular board discussions have taken place about extending shared care to incorporate medications such as hypertension which is quite straightforward. Most patients with hypertension have their own blood monitoring machines at home and this would save GP and hospital time and will allow the pharmacist to work to the upper limit of their scope. It was agreed that this should be considered and taken off-line for further discussion.

v. **CMDU**

[redacted] presented the update. The CMDU has been in operation for 3 months and have had 7200 patient referrals up to last week with 331 patients being treated with IV sotrovimab and 258 patients treated with the paxlovid. Health Innovation are collecting this data on behalf of the Trust and have been asked if it can be broken down between paxlovid and molnupiravir to ascertain some granularity of the data. The majority of patients are receiving paxlovid in line with national guidance. The reason for the unknown data line is not clear and this needs to be clarified. [redacted] asked if levels of deprivation have been looked at. [redacted] advised that whilst the results have not been looked at by deprivation, they do show that the majority of the patients receiving treatment are white British and discussions have taken place today with the regional team about potential challenges of access to treatment by minority groups and significant concerns have been raised. Some minority groups are not accessing any treatment or testing, this is also an issue in relation to a low uptake of vaccine by high-risk patients. It has been requested that this is addressed at a national level.

[redacted] advised that this is the only breakdown available and that national issues are being reported across the country and this needs to be looked at from a GM perspective for a solution. [redacted] suggested that this data could be married up with patient's address/postcodes and compared with the admission data to help map by locality to be able to work with the community in a targeted approach. [redacted] advised that the outcome data for this service is missing and the number to treat is unknown. NHSE have been contacted today regarding the longevity of this service and funding models. There are also concerns about resistance to sotrovimab. [redacted] has been advised that there is a piece of work being done by NICE in relation to this.

[redacted] informed that they have fielded a couple of complaints from patients who had been identified as being vulnerable and had received initial letters notifying them that they were in line to have the treatment in the event of catching covid, but they didn't receive treatment. [redacted] commented that the wording in the letter from NHSE says that they may be eligible for treatment which has unfortunately been misinterpreted by patients. [redacted] reported that once the service had been set up backlogs had been worked through and by mid-January patients were getting a call back within two days but unfortunately because of the expediential rise in the number of referrals at the beginning of March the wait times were unacceptably high and unfortunately support to run the service had been stepped down. Further people have now been trained to do call backs and the service is back on track and the graphs in the presentation around the times between entry to the service and clinical decisions reflect this journey.

[redacted] agreed that the figures show that the CMDU has been extremely successful, and the team have done great work. [redacted] commented that transition to the business-as-usual model is underway which sees the CMDU going into the MRI from the end of next week and the question being raised by everyone is whether NHSE are going to provide some funding for this service. [redacted] commented that there is recognition that there are groups of patients for whom immunity is not guaranteed and therefore it is envisaged that NHSE would not remove the service at this point. [redacted] added that from her own personal experience of

helping support the CMDU that the clinical team are working extremely hard to contact as many patients as they possibly can, and they are working through an exponential number of referrals. The extension of the service beyond 5pm with pharmacist and admin support is helping to get through the referrals, but more consultants and medical practitioners are needed. [redacted] thanked [redacted] for sharing her personal experience and agreed that fellows or senior trainees who could help support and she will discuss this further with [redacted] outside of the meeting and will feed back.

Decision	Action by:	Date:
[redacted] to discuss additional support for the CMDU with [redacted]	[redacted]	May 2022

05/22 Governance & Safety

i. Guidelines Update

[redacted] advised that unfortunately a verbal update had not been received and the update will be circulated outside of the committee.

ii. Medicines policies at NMGH transition to MFT policy & governance process

[redacted] presented the papers around the policy transition and governance process. The paper described the action plan in detail and the key differences and the actions that need to be taken to ensure safe transition across to the MFT policy. At NMGH the injectable medicines policy has a second checking process and is built into their electronic system, this will need to be maintained until after Hive goes live. The NMGH controlled drugs policy defines a list of recordable drugs and storage requirements which will need to be maintained until harmonisation work is completed. Handling of schedule 3 controlled drugs needs to be worked through. There are different colours of ID drug allergy bands and the nursing team at NMGH have taken forward a solution that needs to go through their governance to make sure that is agreeable. Microbiology advice for NMGH is going to continue to be provided by Oldham until September and current practice needs to be maintained for NMGH with the aim of implementing a harmonised policy in September alongside HIVE going live. There is also a need to continue to use the NCA Midwives Exemptions Policy until Hive go live.

Progress of this work has already been reported to the transaction board. It has been agreed that the updated policies will be taken through the policy and practice group and ratified through the medicines management committees. Support for this work was sought from the MOB. It is proposed that from the 1st of May 2022, any new drug applications, guidelines policies and PGDs will be submitted to NMGH, MFT and NCA medicines management groups/committees to ensure that all bases are covered. As from the 1st May the committees listed in the governance paper will have added representation from NMGH reflected both in the membership and the terms of reference so that any decisions made can reflect all the MFT sites to ensure that governance is streamlined. The task and finish group are meeting tomorrow to discuss the next steps for communicate the changes in policy and policies at NMGH. The MOB supported the proposed policy transition and governance processes.

iii. Medicines Storage & Security Report

[redacted] presented the updated report following the discussion at the last meeting about the safe and secure storage of handling of medicines risk assessment. The group risk assessment score was increased to a 20 following an incident of misappropriation in theatres and the emergency department last summer and the paper provided a top line summary of the progress of the work that has been done since the incident. A detailed risk assessment for the safe and secure handling of medicines in theatres has been written in collaboration with the anaesthetic and theatres staff. As well as addressing misappropriation it also addresses wider risks in relation to different practices within theatres. It was noted that the controls from midazolam have been increased in theatres, endoscopy, and the catheter labs and 1mg/ml injection is now managed as a schedule 2 controlled drug. There is a need to strengthen the current processes for the secure storage

of keys for the medicines and controlled drugs cupboards in theatres. [redacted] The detailed risk assessment has been taken through the group risk committee and support has been requested for the introduction of electronic key cabinets which would provide access via fingerprint or swipe to the keys providing an audit trail of who has access to increase security. The MOB endorsed this approach to provide the appropriate level of safety and assurance.

It has been noted that the assurance in relation to accurate documentation of controlled drug wastage in theatres is not satisfactory and this is also applicable to the emergency department. A new quarterly assurance audit is going to be undertaken by the theatre matrons starting in June to help provide assurance and improve standards. A policy to ensure the secure disposal of part used vials and syringes of propofol across the organisation is needed and meetings have taken place with the waste team and theatres who have come up with two alternative solutions which are being looked at to ensure safe disposal. [redacted] commented that it would be good if the results and progress could be reported back by August. [redacted] informed that she had met with KPMG today and was pleased to inform that significant assurance with minor improvement opportunities had been given which is a very positive news story. Four actions have been assigned in relation to recording fridge temperatures, temperature deviations and the medicines audits. There is an action for spot checking and keeping an eye on what is happening on the ground and there has been good engagement with nursing colleagues around this. In addition, ensuring that the hospitals provide timely assurance reports in relation to their own actions that they have taken in relation to safe and secure storage. The KPMG audit report will go through the audit committee and the final version will come to the MOB for noting.

[redacted] reported that the Omnicell systems within the critical care project is up and running and there is a go live date for the acute ICU at Wythenshawe pre Hive and the acute side at ORC to go live post Hive. [redacted] commented that once the KPMG audit has been received it will be good to pull all of this together to have an assurance level that can be fed back externally.

06/22 Hive Update

Prioritisation of Paediatric Protocol Build & Validation for Hive

[redacted] presented the paper which had been put together on the back of a number of escalation meetings that have taken place with [redacted] around the progress being made with paediatric protocol validation in particular. There is a very small team within pharmacy with the expertise that is needed. It has been extremely challenging alongside all of the other pressures that pharmacy is currently under to get this work off the ground. The build has been satisfactory, the validation that is outstanding. To manage this a risk assessment has been done of all the protocols that had been taken from the legacy systems to identify which ones were go live critical and which ones could potentially be left until after go live. All the trackers were reviewed with a specialist consultant and specialist pharmacist and protocols were graded and colour coded in order of likely need and volume of patients. Some cut off scope was made but there are still approximately 300 paediatric green protocols on the tracker with only 8% validated to date and therefore mitigating actions and approaches will be discussed at tomorrow's meeting.
The pressure that newly opening clinical trials is placing on this project is acknowledged in the paper and there is a recommendation for support to delay any future chemotherapy trials until Hive go live unless clinically exceptional for a few months to help support this area of the project. This approach has been approved by Julia and it is acknowledged that everything is not going to be built and validated before go live and the business-as-usual model within pharmacy working with Hive needs to be looked at to make sure that there is a robust clinical team in place so that a just in time approach can be operated when live.

A similar review for adults is going to be done. There is a risk summit taking place tomorrow with all the exec teams to highlight the risks and issues within all workstreams and the slides from the meeting can be shared with the MOB. [redacted] commented that the approach to the amber protocols seemed reasonable and from the research side with

regards to starting times for trials seems reasonable ensuring that detailed discussions have taken place with the haematology, oncology, and metabolic teams. [redacted] advised that the appropriate discussions have taken place and trial start dates have been agreed and this approach will help the team prioritise validation of the green protocols. The 24th of June deadline is still being worked towards and there is a strong plan in place to achieve this. The board accepted the rational for having to cut the scope and the delay to research studies start times and the need to ensure that there isn't any other undue pressure applied to the team. [redacted] highlighted that the protocols in the amber category have a later finish time and should one be required it will be done. [redacted] confirmed and advised that the team are looking to build as many of the amber and red protocols as possible to be able to adopt a just in time sign off and validation. This was supported.

[redacted] advised that this process has identified the pharmacy resource that is needed on an ongoing basis and on a business as usual basis. There is a lot of work that needs to be done to be reactive and be able to provide new treatments and new trials in a timely fashion to patients and planning for this needs to start. [redacted] agreed and advised that this needs to be fed into the future state. [redacted] advised that in relation to clinical trials for the building for investigational medicinal products a lot of discussions are taking place about how this is going to be managed. There are plans in place, but this will be another major challenge for pharmacy and as a very last resort would look to descope some of these clinical trials. [redacted] advised that further discussions will take place on this subject at tomorrows risk summit.

07/22 Sub-Group Updates for Noting

i. Trust Medicines Safety Committee
The minutes from the meeting held in November 2021 and January 2022 were noted.

ii. Group Antimicrobial Stewardship Committee
The minutes from the meeting held on the 4th of March 2022 were noted.

iii. ATMPs Assurance Committee
The minutes from the meeting held on 14th March 2022 were noted.

iv. Medicines Management Committee Paediatrics
The minutes from the meetings held in January and February 2022 were noted.

v. Medicines Management Committee Adults
The minutes from the meeting held in January and February 2022 were noted.
AM reported that there is an issue with implementation of NICE TA's due to the funding infrastructure which had been raised by [redacted] earlier in the meeting. This is a particular issue for respiratory where the service is expanding and there isn't currently financial support to be able put in the staffing structure. Work needs to continue with the finance team to look at how an infrastructure can be put in place before the 90 days for NICE implementation. [redacted] suggested that a meeting takes place outside of the meeting to discuss how to take this forward.

08/22 Any Other Business

[redacted] It was noted that [redacted] will be attending future meetings.

09/22 Date and Time of Next Meeting
Tuesday 31st May 2022, 3.30pm via MS Teams.

MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

MEDICINES OPTIMISATION BOARD

ACTION TRACKER

Meeting Date: 29th March 2022			
Action	Responsibility	Timescale	Comments
04/22ii. Free of Charge Medicines Schemes How non EAMs free of charge schemes are managed to be taken back through the MOCRG and Shelford Colleagues	[redacted]	May 2022	
04/22iii. Commissioning arrangements 2022/2023 Paper regarding commissioning issues to be submitted to the May meeting	[redacted]	May 2022	
04/22iv. CQuins Communication for prescription turnaround time standards and patients' expectations to be taken to GMMMG	[redacted]	May 2022	
04/22v. CMDU [redacted] to discuss additional support for the CMDU with [redacted]	[redacted]	May 2022	
Meeting Date: 23rd November 2021			
Action	Responsibility	Timescale	Comments
49/21i. Drug & Medical Gas Expenditure Report Confirm drug and medical gas expenditure reporting arrangements going forward	[redacted]	Jan 2022	29/03/2022 [redacted] will clarify this with [redacted] 18/01/2022 Meeting stood down.
50/21ii. NMP Circulate timescales for the NMP project plan to MOB members	[redacted]	Jan 2022	29/03/2022 Action completed. 18/01/2022 Meeting stood down.
Meeting Date: 4th October 2021			
Action	Responsibility	Timescale	Comments
42/21i. Safe & Secure Storage of Medicines Risk Assessment Detailed paper about the actions that have been taken to address each area in the risk with the mitigation in place to be provided to the next meeting.	[redacted]	Nov 2021	29/03/2022 [redacted] presented the updated report. A detailed risk assessment for the safe and secure handling of medicines in theatres has been written in collaboration with the anaesthetic and theatres staff. The controls from midazolam have been increased in theatres, endoscopy and the catheter labs and support from the Group Risk Committee has been requested for

			the introduction of electronic key cabinets to increase the security level and provide an audit trail. The MOB endorsed this approach. The documentation of cd drug wastage in theatres is unsatisfactory and a new quarterly assurance audit is going to be undertaken by theatre matrons from June. Meetings have taken place to develop a policy for the secure disposal of part used vials and syringes of propofol across the Trust with the waste team and theatres. [redacted] reported that the KPMG audit reported significant assurance with minor improvements and assigned a couple of actions in relation to fridge temperatures, medicine audits, spot checking and the timely assurance reporting from hospitals in relation to their actions. The audit report will go through the Audit Committee and a final version will be submitted to the MOB for noting. The Omnicell systems within critical care is up and running and there is a go live date for ICU at Wythenshawe and the acute side at ORC will go live post Hive. [redacted] commented that one the KPMG audit has been received back it would be good to pull of this together to have an assurance level that can be fed back. 18/01/2022 Meeting stood down. 23/11/2021 [redacted] presented. The draft risk assessments are going to be discussed with ED and Theatres to work through each option to see which one is feasible to be taken forward. The final versions of these risk assessments will hopefully be presented at the next meeting and once the measures are in place the actions taken will help to reduce the level of the risk. [redacted] to confirm progression of the Omnicell for AICU and feedback to [redacted]
Meeting Date: 3rd August 2021			
Action	Responsibility	Timescale	Comments
32/21iv. LMWH Risks Logistics plans and switch date for St Marys to be submitted to September MOB meeting	[redacted]	Sept 2021	29/03/2022 [redacted] presented an update. All sites will switch to dalteparin except for neonates and paediatrics who will continue to use enoxaparin and NMGH will harmonise after Hive go live. The guidelines for medical and surgical adult patients for VTE prophylaxis have been updated and are going to the MMC in April. The risk assessments for surgical VTE patients will be not

			be harmonised before Hive go live and Wythenshawe will continue with the existing risk assessments until after Hive implementation. Extended prophylaxis for surgical patients is different across sites and will be harmonised after the switch. A risk assessment to map the switching process for each patient cohort is being developed and a one page prescribing guideline for VTE prophylaxis has been produced and will be a risk mitigation throughout the process with colour coded dosing and links to the actual guidelines hosted on the intranet. The contents of the paper were noted and supported, and a detailed implementation plan will be provided to the May meeting. 18/01/2022 Meeting stood down. 23/11/2021 It is likely that St Marys will continue with dalteparin for standard prophylaxis and tinzaparin for their high-risk patients. The work for the switch is planned to take place in January and AM will provide a detailed plan to the January meeting. 04/10/2021 Ongoing. March 2022: detail update presented May 2022: Update on agenda
33/21 Drug & Medical Gas Expenditure Report Scope out of a medicines delivery services to be taken to GM colleagues for discussion	[redacted]	Sept 2021	29/03/2022 An update will be provided at the May meeting. 18/01/2022 Meeting stood down. 23/11/2021 [redacted] has been in touch with estates who are keen to work together but due to capacity issues it has not progressed and will be picked up in the new year. 04/10/2021 Ongoing.

Actions Closed at the November 2021 Meeting

Meeting Date: 4th October 2021			
Action	**Responsibility**	**Timescale**	**Comments**
42/21iii. nMABS Change in policy with regards to spike protein antibody tests to be raised at medical directors meeting.	[redacted]	Nov 2021	23/11/2021 Action completed.
Representation at MOB meetings to be raised at medical directors meeting.	[redacted]	Nov 2021	23/11/2021 [redacted] raised with Medical Directors and will confirm MRI and Wythenshawe representation.
Meeting Date: 18th May 2021			
Action	**Responsibility**	**Timescale**	**Comments**
22/21i. Matters Arising Discuss NMGH pharmacy team moving over to MFT sooner before Hive go live	[redacted]	Aug 2021	23/112021 Discussions have taken place and operating models for pharmacy at NMGH have been devised. Action closed. 04/10/2021 Looking to expedite staff moving over from NMGH to MFT to April 2022 before Hive go live. Becky Walker, now in post and helping with negotiations.
22/21ii. Formulary Harmonisation Update CS to investigate and identify representation from NMGH at MFT Meetings	[redacted]	Aug 2021	23/11/2021 Action completed. 03/08/2021 [redacted] will contact Hani about joining future MOB meetings and [redacted] will contact [redacted] to discuss future NMGH representation. [redacted] will discuss Hive inventory/formulary list-based preferences at HOPs with [redacted] Action closed.
Meeting Date: 23rd March 2021			
Action	**Responsibility**	**Timescale**	**Comments**
17.21iv. Antimicrobial Committee Assurance Report Discuss and agree where antimicrobial clinical guidelines will be stored.	[redacted]	Aug 2021	23/11/2021 [redacted] is leading a group wide policy meeting and transferring all policies and procedures to an 'everyone system' a single policy system between now and February 22. The catalogue classification within the everyone system is good enough to start off with and will need to be replaced by a better system in the future. [redacted] advised that the hyperlink from Hive will need to be stationery so that it always points to the most current guideline as Hive will not act as guideline repository. [redacted] will highlight this to the HCCIOs and [redacted] to consider. Action closed

			as the antimicrobial clinical guidelines are being picked up through [redacted] policy group. 04/10/2021 [redacted] advised that the antimicrobial clinical guidelines will sit external to Hive and there are potential issues related to version control between best practice outlines and the order sets. Hyperlinks can be added from Hive into the guidelines, and it will need to be very clear that any changes will need to be updated on both systems. [redacted] has been assured that the guidelines would be a priority for Hive build in the event of a stock outage that requires rapid change to ensure that Hive is in line with current guidelines. [redacted] commented this was a valid point and will need to careful that the content is not too prescriptive. [redacted] agreed and advised that there is going to have to be some flexibility. [redacted] suggested that principles for the RDGs for content may be needed and will discuss it further with [redacted]
Meeting Date: 15th September 2020			
Action	**Responsibility**	**Timescale**	**Comments**
38.20ii. Guidelines Update Harmonisation of VTE policy to be prioritised	AM	Jan 2021	23/11/2021 It was agreed that guidelines will be a standing agenda item going forwards until they are all complete. This action was closed. 04/10/2021 A full guidelines report will be provided at the November meeting. 03/08/21 Hypocalcaemia, Hypomagnasaemia and Hypophosphataemia guidelines to be referred to General Medicines RDG with a request for a proposal to be devised. Oxygen Prescribing Guidelines to be referred to Respiratory RDG and [redacted] Group Lead for Respiratory for resolution. 18/05/21 Implementation plan and mitigation for the switch to tinzaparin to be submitted to the MOB for approval. 23/03/21 LMWH use working group to be established to agree the choice of LMWH for MFT. [redacted] to action by July 21. 19/01/21 [redacted] advised that the medical VTE prophylaxis guidelines and the surgical guidelines have both been harmonised. The draft is currently with [redacted] and both are going under consultation. The obstetric prophylaxis guidelines are also in progress. Significant progress is being made. [redacted] asked if the revised critical care guidance for COVID patients is contained within MFT policies? AM advised that there is a

			separate policy for the intermediate dose within critical care, both critical care units are now using intermediate dosing. [redacted] is developing a harmonised policy for the Clinical Subgroup.
38.20ii. Guidelines Update Organise meeting to confirm timeline & format of guidelines for EPIC	[redacted]	Nov 2020	23/11/2021 It was agreed that guidelines will be a standing agenda item going forwards until they are all complete. This action was closed. 04/10/2021 A full guidelines update will be provided at the November meeting. 23/03/2021 [redacted] to discuss and agree the process/groups for the harmonisation of guidelines further outside of the meeting by April 21. 19/01/21 [redacted] to meet with Group Medical Directors to raise issues around the harmonisation of Trust guidelines to be organised. 17/11/20 There has been good progress with recruitment of staff and work is ongoing around Trust guidelines and policies in terms of timeline. [redacted] to provide an update the next meeting.