MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

EXTRAORDINARY HIVE TRUST MEDICINES SAFETY COMMITTEE

Meeting held on Friday 27th May 2022 at 9am
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]	Corporate Director of Nursing, Quality and Patient Experience

Hospital/MCS/LCO Members

[redacted]	Head of Nursing RMCH
[redacted]	Clinical Geneticist, Medical Governance Lead- St Mary's MCS.
[redacted]	Head of Medicines Optimisation & Governance
[redacted]	Director of Nursing & Healthcare Professionals, CSS
[redacted]	Clinical Effectiveness Sister. MREH/UDHM
[redacted]	Transformation Pharmacist
[redacted]	Medicines Management Pharmacist, NMGH
[redacted]	Divisional Lead Pharmacist for Cardiac Services WTWA
[redacted]	Research & Innovation
[redacted]	Clinical Pharmacy Services Manager MRI
[redacted]	Pharmacy Transformation Lead Pharmacist
[redacted]	Deputy Chief Pharmacist, Clinical Services
[redacted]	Head of Nursing MLCO / TLCO
[redacted]	Divisional Lead Pharmacist for Cardiac Services WTWA
[redacted]	Acting Lead Pharmacist Community Medicines Optimisation Service
[redacted]	EPR Module Lead and Critical Care Pharmacist
[redacted]	Medicines Governance and Safety Pharmacy Technician
[redacted]	Lead Nurse for Quality Assurance & Compliance, NMGH
[redacted]	Clinical Lead MCR North Locality
[redacted]	Citywide Lead for Advanced Practice Representing Nurse Lead for CSS
[redacted]	Nurse Manager, Clinical Research Facility, MRI representing the Research and Innovation Team
[redacted]	Clinical Effectiveness Manager, WTWA

In attendance

[redacted] [redacted] Administration Officer (Minutes)

Item	
Opening Business	
44.22	**Apologies for Absence** [redacted], Clinical Effectiveness Manager [redacted] Head of Pharmacy Medicines Optimisation, MLCO, TLCO [redacted] Associate Director of Clinical Gov. and Patient Safety [redacted] Matron, Eye Emergency Department Outpatient Department [redacted] Consultant, Paediatric Nephrologist [redacted] Head of Clinical Governance WTWA [redacted] Medical Director, St Mary's Hospital [redacted] Infectious Diseases Consultant, Deputy Medical Director, NMGH [redacted] Associate Medical Director of Quality & Safety, RMCH [redacted] Midwifery Sister, Neonatal Medical Ward [redacted] Consultant, ED [redacted] Lead Pharmacist Neonatal Services [redacted] Matron for Professional Practice
	Introduction The Chair welcomed the group and thanked them for attending this extraordinary meeting. The meeting had been arranged to ensure governance and Committee oversight over a number of recommendations for HIVE from multiple RDGs that concerned patient safety. It was felt that leaving these matters to be discussed at the next scheduled Medicines Safety Committee meeting at the end of June was not soon enough considering a number of these decisions concerned the HIVE system build.
45.22	**Standard infusions in RMCH** The submitted paper outlined progress made with introducing standardised infusion concentrations into HIVE in line with national guidance. The adoption of standardised concentrations was a substantial change in practice at RMCH and a resulting education and training plan was being developed alongside the HIVE training package. A multi-disciplinary group had been formed to manage these changes. The submitted paper detailed the standard infusions. The group were confident that standardisations within HIVE would provide significant patient safety benefits. Processes in relation to NWTS would be taken away for discussion by the Standard Infusion group. The paper would be taken to RMCH Nursing Professional Board and St Mary's Quality & Safety Committee.
46.22	**Medicines Safety BPAs** This paper outlined the patient safety specific Best Practice Advisories (BPAs) that would be contained in the system at launch. Many of the BPAs were already in use via Epic at other hospitals. It had been advised that although 130 BPAs existed

	within the system already, as the adoption of BPAs would be a significant operational change for MFT, only around 60 would be in position at launch. Some of the 60 originated from the existing set-up, whilst others had been requested to be built by the various RDGs across the Trust and other subject matter experts. All new requests had been vetted to ensure they met HIVE's core principles and by the time they go-live, will have been tested and presented back to core RDG members or subject matter experts related to the respective area. Additional scrutiny will be given to BPAs concerning bloods and transfusions, radiology and imaging and all medication related BPAs. Within Pharmacy, all end users would receive training on what BPAs were and their function. All medication BPAs listed in the paper in scope for readiness by go-live in September were presented to the team. The Committee were asked to approve these. It was explained that moving forward after launch, the long-term structure and governance of BPAs was being decided by the Trust Board. It was hoped the Medicines Safety Committee would continue to engage and support with the development of a final BPA governance structure in relation to medicines. The Committee agreed on the importance of the group's continued involvement and were enthusiastic towards the advisories. The Chair also commented that this was a great opportunity for Pharmacy to identify areas of the Trust that would especially benefit from a new BPA being introduced. It was added that HIVE had the functionality to generate a wide range of information on BPAs. Figures on how often they were triggered, how often advice was accepted or rejected etc. would all prove invaluable in understanding working practice and how it could be improved to elevate patient safety. The analysis of this data would be factored into the medicines governance workstreams.
47.22	**LMWH dose limits** Safety checks for prescribing low molecular weight heparins had been built into the HIVE system and were outlined in the attached paper. At the beginning of this work, the HIVE system had only been programmed to trigger a dose warning for all medications when a dose was x4 greater than the maximum. Pharmacy and the HIVE team had completed a substantial amount of work to amend this restriction for LMWHs. HIVE held two alert systems. The first was a standard alert set at 100% of the maximum dose, i.e., double the maximum amount. The user would receive a prompt outlining the percentage over the maximum dose they had entered and will require the user to enter a reason as to why they are proceeding to prescribe the amount. The second was a critical alert. This would trigger after a dose of any medicine had been entered that was 400% of the maximum licensed dose. A prompt would require the user to re-enter their required dose, acknowledge the critical dose warning and document the reason for prescribing this amount. Taking into account recent incidents both locally and nationally relating to LMWHs, MFT had decided to override the standard limits for these products. For LMWHs, standard alerts would all trigger at 10% over the maximum. Critical alerts varied by patient cohort. All agreed limits were presented to the Committee via the submitted paper. It was confirmed that similarly to BPAs, alert triggers, and the users' responses to them, would all be auditable to enable managers to track usage, trends and patterns both with staff and the drugs themselves. The Committee raised a concern that the 100% critical alert limit for adults could be too generous and it was agreed that this would be checked with the Haematology team and communicated back virtually to enable speed. Committee members present supported all other limits presented today.

48.22	**Standard infusions and drug library in NICU** Similar to RMCH, the Neonatal MCS will adopt standardised infusion concentrations via HIVE. There were no national infusion standards to follow for children weighing under 2kgs. The neonatal unit had therefore completed a significant piece of work in developing their own standardised concentrations and ratifying monographs for the drugs they used. Introduction of a medicine dataset i.e., drug library for the existing BBraun smart pumps had been agreed as an essential additional layer of safety for the transfer to standardised infusion concentrations. A locally agreed protocol had been written, developed and ratified by the neonatal task & finish group and was presented today to the Committee. It had been through the Newborn Services Quality & Safety Committee and will also be taken to the St Mary's Quality & Safety Committee. A HSIB report issued in 2019 and NHS Digital standards both suggested a Trust level governance oversight for the introduction of smart infusion pump technology. The Professional Secretary highlighted and agreed with the paper's recommendation for a Trust policy on smart pumps and drug libraries as this area was only going to expand moving forward and it required a robust governance framework to manage it safely. The Committee supported the use of smart pumps within St Mary's pre-HIVE and the broader issue being taken to multi-disciplinary committees across MFT. The development of a Trust policy should engage Medical Electronics, IT, Nursing and medical colleagues as well as the Medicines Safety team. The Chair thanked the Committee for their support.
49.22	**Omitted Doses** The HIVE Omitted Doses task & finish group had previously received approval from this committee and the Trust Patient Safety Committee for their proposed reason codes to be used within HIVE to document omitted, delayed or held doses. Since then, the list of medicines defined as critical had been revised by the group, who felt the 'high risk' list of medicines already contained in the Epic drug catalogue did not align with MFT's medicines policy. These medicines had been split into the two categories: those 'Time sensitive – 30-minute window for medicine administration' and 'Essential (do not omit)' medicines that had a 2-hour window for administration. The list had been through consultation. It was added that as the Trust approved new medicines for use, individuals bringing these on board would be asked to confirm if it was a critical medicine and if so, which of the two lists would be most appropriate for it to be contained in. After a question from the Committee, it was agreed that desmopressin would be considered for addition to the critical medicines list. It was highlighted that 'hard stops' and different colour identities had both been preferences of the task & finish group when it came to the HIVE build for omissions and critical medicines, but neither of which was offered by Epic in this circumstance. There were however tabs available that would separate critical medicines from others for more focused user navigation. Signals indicating overdue medicines on the ward's dashboard were also an available function. The implementation of HIVE would provide an enormous amount of data on medicines usage- including that of omitted doses. The task & finish group proposed a list of monthly audit questions to be used to process this data in the most meaningful way. These questions were listed in the submitted paper. It was anticipated that governance leads would then send disseminate the audit data to the different hospital sites. As familiarity with the new system grew, these questions could be developed further or streamlined as appropriate.

	The Chair asked the Committee to consider that with such thorough data approaching on the advent of HIVE, the Trust may identify that the problem of medicines omissions was potentially more significant than had previously been captured. The Committee approved the proposal but agreed that the paper needed to be taken to Directors of Nursing and other nursing leads as the implications of documenting omissions this way within HIVE was substantial.
50.22	**NPSA alerts** NHS England had recently reviewed 140 patient safety alerts to identify which actions from these alerts continued to be valid and should be considered as 'enduring standards'. Pharmacy's Medicines Safety team, with collaboration from HIVE, had completed their own review of compliance with these patient safety alerts to recognise where actions may be required. The submitted paper proposed how HIVE could assist in maintaining appropriate governance. HIVE would also support the division through its use of CD stock lists; enabling authorised wards to procure CDs, whilst barring others from being supplied inappropriate products. This was of most significance with concentrated potassium and high strength midazolam where HIVE would be able to report any unauthorised usage or storage. . Some assurance was still required from HIVE that all requested controls and alerts had been included in the system build. The Committee noted the initial scoping exercise relating to enduring standards and thanked the team for their efficiency. The Chair resolved to discuss the process of ordering CDs post-HIVE with the Directors of Nursing and DT offered to help PG and the Medicines Safety team with the validation of CDs.
51.22	**Paediatric chemotherapy risk assessment** The Chair praised the very specialised work completed on this project- especially considering the staffing pressures the small team continued to face. It was confirmed that 80% of the critical chemotherapy regimes identified for go-live had now been built into the system. Over 60% of these had been clinically checked and 15-20% were waiting for final sign off. This said, new regimes were frequently being added to the list which upon first glance may skew the appearance of progress. The team aimed to complete all 315 (approximately) go-live regimes and ensure they are validated in time for the Trust-wide HIVE launch date. There were a further 100 regimes that had been prioritised to be completed post-launch. The Chair stressed that this was complicated, detailed work and the transfer of regimes from Chemocare to HIVE would add to this challenging workload. In preparation for launch date and to mitigate risk, the team had begun to identify the regimes that will be used by patients on this date. The paper outlined other risks associated with the system change and the processes put in place to maintain safety. It was agreed that the transfer of Chemocare regimes to HIVE during the build was to be added as a risk to the RMCH risk register.
52.22	**Paracetamol HSIB report and memo** The Trust had recently received a HSIB report of an [redacted] Since the report, the medicines safety team had discovered that although the BNF advised dose reduction in [redacted] via the IV route, there was no such guidance for oral paracetamol. Subsequently, since the HSIB report, the British Hepatology Pharmacy Group (BHPG) had recommended a reduction in oral paracetamol in patients with other

	risk factors of hepatotoxicity such as frailty and chronic malnutrition, regardless of [redacted] As a result, MFT had decided to issue dose reduction guidance as per the BHPG and HSIB as standard to all areas of the Trust. It was explained that these recommendations could not be built into HIVE at this time, and it was therefore important that staff thoroughly understood this guidance as it was. That said, although intrinsically not built into the system, it was assured that HIVE would highlight to a user a deviation from [redacted] in the same way as it would with blood results. This could serve at least as a prompt to consider this when prescribing. After an enquiry from the Committee, it was agreed that the MFT Medicines Safety Alert developed on this issue and submitted to this meeting would be re-drafted before dissemination to include [redacted]
Items for escalation	
53.22	**Future agenda items** The Chair raised that as HIVE implementation approached, consideration had to be made for any additional medicines safety issues that may arise and require Committee attention. The Chair thanked the Committee for their support and engagement with this extraordinary meeting. Actions would be drawn from today's meeting and shared with the group to ensure papers referred to other committees could be progressed as soon as possible.
54.22 54.22.01	**Any Other Business** Validation of High-Risk Infusions The Committee were informed that work had commenced on developing a process for the validation of high-risk infusions for HIVE. A draft paper would be presented at the Committee's next scheduled meeting at the end of June 2022.
Date and time of next regular meeting: ~~Monday 27th June 2022, 10:00 – 12:00 via MS Teams~~ Rescheduled to **Monday 11th July via MS Teams** to fit with a new one-hour monthly schedule.	