The Walton Centre NHS Foundation Trust
Safer Medication Group Minutes

Tuesday 22nd March 2022, 14:00 -16:00, MS Teams

Present:

[redacted]	[redacted]	[redacted]	[redacted]

1.	**Welcome and Apologies for Absence:** Apologies were noted from [redacted]	**Actions**
2.	**Minutes of Last Meeting:** The minutes of the last meeting were reviewed and agreed as accurate.	
3.	**Matters Arising:** **Review of Action Tracker took place as follows:** WEB24837: Ongoing issue, to be brought back next month. WEB25298: RB confirmed that [redacted] noted the following process; neurology secretaries go over to pharmacy once a day, however, unfortunately, 2 days were missed. Therefore, JC assured that secretaries have been reminded of this process. Appropriate actions taken, close. WEB25301 & WEB25241: To remain open and monitored until feedback given. WEB25214: Appropriate actions in place, close. WEB25369: Appropriate actions taken, close. WEB25308: Need to monitor future nurse administration errors, no further concerns on this occasion, close. WEB25391: RB confirmed that this has been escalated, close. WEB25655: DC has circulated the appropriate information, close. WEB25657: on agenda for meeting today. Can be closed WEB25539: RB confirmed that process has been amended; they now to speak to the patient, get an allocated pharmacy and send the FP10 through recorded delivery direct to that pharmacy, which is now a safer process. Close.	
4.	**Incident Reports from Previous Months Involving Medication Issues:** **March** WEB25776: LM assured this is included in the matron checks, therefore, appropriate actions taken, close.	

	WEB25852: RB to take back to the pain team for discussion and to feedback at the next meeting. WEB25760: Appropriate actions taken at the time of the incident, no further concerns, close. WEB25682: Appropriate actions taken at the time of the incident, no further investigation needed, close. WEB25688: LM to esculate at the ward managers meeting. WEB25805: RB noted that the WCFT need to have a policy for clarification. No further actions needed, close. WEB25769: No further actions needed, close. WEB25728: No further actions needed, close. WEB25729: Appropriate actions taken at the time of the incident, no further concerns, close. WEB25884: LM to take forward and feedback at the next meeting. WEB25726: For further action, update to be provided at the next meeting. WEB25822: RB to forward to [redacted], Close. WEB25757: No harm caused to patient and RB to escalate to ward manager, close. WEB25727: LM noted that those involved have been familiarised with the medicines policy, no further concerns, close. WEB2569: RB to investigate and bring back. WEB25913: Outcomes from RCA to be brought back to this group for discussion. WEB25810: Appropriate actions taken, patient managed appropriately, close. WEB25725: RB noted that this was managed appropriately by the ward pharmacist, close. WEB25756: RB to forward to the pre-op team, close. WEB25862: RB to forward to the prescriber involved, close. WEB25861: RB to forward to the prescriber involved, close. WEB25868: Appropriate actions taken, close. WEB25700: Appropriate actions taken, close. WEB25863: RB to forward to appropriate people involved and DC to investigate further, close. WEB25670: Appropriate actions taken, close. WEB203593: To ensure staff are booking patient appointments. RB to take forward and bring back to the group with feedback.	
5.	**Review of recurring incident log** Medications from procedure notes not prescribed: No incidents this month, Ongoing monitoring.	

	Prescribing errors when patients are transferred to and from ITU: No incidents this month, ongoing monitoring. Diabetic incidents, including GKI and insulins: No incidents this month, ongoing monitoring. Discharge medication errors: No incidents this month, Ongoing monitoring. Patients accessing medicines from bedside lockers: New lockers are yet to be installed, therefore, on-going monitoring.	
6.	**Feedback from EPMA Safety Board or Other EPMA Issues:** • RB noted that Aintree are currently trialling the new version of JAC for stock control. To awaiting progress and switch date to new JAC for Aintree site.	
7.	**National Alerts/Safety Warnings:** **NPSA Emergency Steroid Card** • No update from Aintree this month. Update to be provided once given. **Cladribine – risk of serious liver injury and new recommendations about liver function monitoring** • RB confirmed that [redacted] has updated the pathway which will go to D&T this week. • Group are satisfied that this has been actioned and are happy to close.	
8.	**SBAR/RCA Medication Incident Review:** **WEB25249 - Never event – Incorrect site injection of botulinum toxin:** • It was confirmed that this incident is monitored through SI group and is due for sign off this week. To be brought back to this group for information. **Ketamine rapid review WEB25657:** • Infusion set up by 2 ANPs from the pain team. On this occasion 2 person checks failed and patient had suffered side effects as a result of the excess dose. • Error contributed to the fault in the formatting of the prescription and how this was interpreted. • As a result of this incident, Prescriptions will be changed to prevent this from occurring again, staff identified what further training is needed, and this rapid review was concluded. • RB suggested, second checks should be carried out by specialist nurse and ward nurse to ensure there is oversight and additional training for nurses may be required. **Paracetamol oral dosing safety alert:** Discussion around paracetamol alert issued by LUHFT as a result of a SI. Group was in agreement and support of following same recommendations. To be taken to D &T for approval/ratification • As a result of this incident LUFHT have changed guidance to reduce oral; **IV Route: REDUCE** dose to 15mg/kg per dose (see BNF/epma prescribing note) **ORAL route:** ➢ Weight 41 to 50kg: **CONSIDER dose reduction** to 500mg, max QDS ➢ Weight 40kg OR LESS: **REDUCE* oral dose** to 500mg, max QDS	

9.	**Audit of Missed Doses of Critical Medicines** • Not for discussion this month to be reviewed in April.	
10.	**Medication Related Audits** VTE prescribing in neurosurgical patients – CD discussed audit results and findings. Scope for improvement in some areas. To be taken to D &T for discussion, noting. To be shared with DC.	
11.	**Medication/EPMA related risks for escalation / addition to risk register** • VTE audit results to be escalated to D & T • Paracetamol safety alert recommendations to be taken to D & T for approval • Suggestions for ketamine policy following review of rapid review to be escalated to author – JB – RB to inform.	
12.	**Any Other Business.** None stated	
13.	**Date and Time of Next Meeting** Tuesday 26/04/22 – Time 14.00-16.00, ITU seminar & via Microsoft teams.	