

THE STATE HOSPITALS BOARD FOR SCOTLAND

MEDICINES COMMITTEE 9 MONTH REPORT

1 JULY 2020 – 31 MARCH 2021

Contents	Page
1. Core Purpose of Committee	2
2. Summary of Core Activity for the last 12 months	2
3. Comparison with Last Year's Planned QA/QI Activity	4
4. Performance against Key Performance Indicators	4
5. Quality Assurance Activity	5
6. Quality Improvement Activity	9
7. Planned Quality Assurance and Quality Improvement for the next year	9
8. Next review date	9
Appendix 1 Clinical Governance Arrangements	10
Appendix 2 Medicines Committee - Actions from Work Plan	12
Appendix 3 Medicines Committee - Guidelines and Standards Action Plan	15
Appendix 4 Medicines Committee - Audit Action Plan	16

1 Core Purpose of Committee

In line with Healthcare Improvement Scotland guidance for Area Drug and Therapeutics Committees the purpose is to provide professional advice, clinical advice and leadership that supports safe, clinically effective, cost effective and patient centred medicines governance. The work plan fits with the hospital Quality Strategy for safe (appropriate clinical governance), effective (health improvement – physical and mental health) and person centred care at every point in the patient pathway.

2 Summary of Core Activity for the last 12 months

The committee has a running work plan around 3 main areas; Medicines Management, Clinical Effectiveness and Safe Use of Medicines (see Appendices 1 and 2). Continuous review and monitoring in all these areas is integral to delivering on safe, effective and patient centred care.

Specific highlights to these include:

2.1 Covid-19 Vaccination Programme

In November 2020 details of the national programme for Covid-19 vaccination emerged which required The State Hospital to form a local Vaccination Task Force to plan for implementation. The first vaccine to emerge was the Pfizer/BioTech vaccine which raised some supply and storage challenges given the large number of vials in each batch and storage in a freezer at minus 70 degree C. Nevertheless, National Procurement helped to facilitate our needs and allowed a 5 day window of expiry in fridge temperatures at the clinic facility that was set up. This involved weekly deliveries for 2 sets of 4 weeks. Frontline staff and the most vulnerable patients received both doses within the correct schedule and following the Joint Committee on Vaccination and Immunisation (JCVI) priority lists.

Supplies of the AstraZeneca vaccine were also received and first doses given to patients and a cohort of staff not able to receive the Pfizer/BioTech vaccine. Second doses planned for May.

In order for vaccinators to administer these vaccines a Patient Group Direction (PGD) was required, approved by the Medicines Committee, before going for final authorisation at Director level. National templates were produced but new versions were launched every few weeks as more information emerged on their use and side effects. The Medicines Committee required to approve 5 Pfizer PGDs and 3 AstraZeneca PGDs. Each time the vaccinators underwent an update authorisation workshop with the Medical Director to demonstrate knowledge of the content.

Throughout the clinics vial content was maximised and waste minimised.

2.2 Policy Reviews

A major piece of work in the last year has been updating the Safe Use of Medicines Policy and Procedures. It is also in a new format on the intranet for easier access to common procedures around medicines which are listed as separate appendices.

The Policy for use of Unlicensed and off-label medicines has also been updated and approved.

The Individual Patient Treatment Review (IPTR) Policy paperwork remains available, with an extended date, for exceptional circumstances when the new Peer Approved Clinical System (PACS) Tier 2 Policy is not appropriate. Further recommendation is awaited from Scottish Government on the future of IPTRs.

2.3 Medicine Supply Shortages/EU Exit

National and local groups worked behind the scenes to ensure there would be minimal medicine supply disruption around EU Exit. Overall the planning and arrangements to date have resulted in no major medicine supply issues. Monitoring procedures of stock levels are now robust and shared nationally. The hospital now receives weekly notification of low medicine lines.

The Medicine Supply Alert Notice system for shortages from Scottish Government continues (graded 1-4 low to high). 3 and 4 come with clinical advice for NHS. Level 1 and 2 alerts managed locally by Pharmacy/Medicines Committee. A log is kept of all MSANs and any actions required. The main ones this year relate to procyclidine injection for treatment of severe extra pyramidal side effects of antipsychotics and lorazepam injection. For the later a switch to midazolam injection has recently been implemented for acute behavioural disturbance.

2.4 Electronic Prescribing

Planning the implementation via NHS Lothian has continued since the last report. A draft training plan has been compiled and it is hoped to be introduced in the first quarter of 2022 (recent delay from end 2021). Important progress has been made with regard Information Governance processes and software changes given the link to NHS Lothian e-Health system.

2.5 Resilience Plan

An extra-ordinary meeting of the Medicine Committee met in November to approve procedures for medicine ordering in the event of no Pharmacy staff available on site. This was ratified and included valuable review by ward Charge Nurses.

2.6 Buccal midazolam

It has been agreed that buccal midazolam will be added to the medical emergency drug bags for use of seizures in place of rectal diazepam. Training material is currently being worked on for all nursing staff on administration before being put in place.

It has already been available for individual patient treatment plans on ward and in some off ward patient areas with targeted training.

2.7 Falsified Medicines Directive

Implementation of the EU Falsified Medicines Directive to ensure all medicines received into the hospital are bar code validated is no longer necessary following the UK Exit from EU 1ST January 2021. It can therefore be removed from the TSH Corporate Risk Register following approval of the Clinical Governance Committee. The UK Medicines and Healthcare products Regulatory Agency (MHRA) may review position in future.

2.8 Covid-19 Medicine Requirements

The hospital continues to hold stocks of certain medicines for respiratory illness, an oxygen cylinder supply and End of Life Care medicines in case of future Covid-19 outbreaks requiring treatment on site. Input to the revised Covid-19 Clinical Care Support Documentation was undertaken.

2.9 Expenditure

Medicine expenditure monitoring and savings have continued throughout the year.

2.10 Clinical Audit

There was another successful of year of Clinical Audit projects which is detailed in section 5 – Quality Assurance.

3 Comparison with Last Year's Planned QA/QI Activity

Included in the regular work plan (Appendix 2) specific projects that were highlighted in last report 9 months ago.

Table 1: Comparison with Last Year's Planned Activity

Planned Activity	Update
Safe Use of Medicines Policy and Procedures Update	This has been updated and approved by the hospital Policy Review Group March 2021
Treatment of Acute Behavioural Disturbance Guidance update	The full guideline is still being reviewed but in the interim it has been necessary to switch from lorazepam injection to midazolam injection due to supply shortages. This has impacted on the size and scope of the review process
Unlicensed and Off label Medicines Policy	This has been approved by the Policy Review Group
Pharmacist Non Medical Prescribing	Two pharmacist prescribers in post
Medicine Supplies and EU Exit planning	Extensive resilience planning and monitoring behind the scenes undertaken. No major impact seen to date.
Electronic Prescribing	Collaboration with NHS Lothian continued. Recent delay to start of 2022 but progress been made with Information Governance issues and training plan.
Compliance with EU Falsified Medicines Directive	As of 1 st January 2021 this no longer applied to UK. To be removed from TSH Corporate Risk Register

4 Performance against Key Performance Indicators

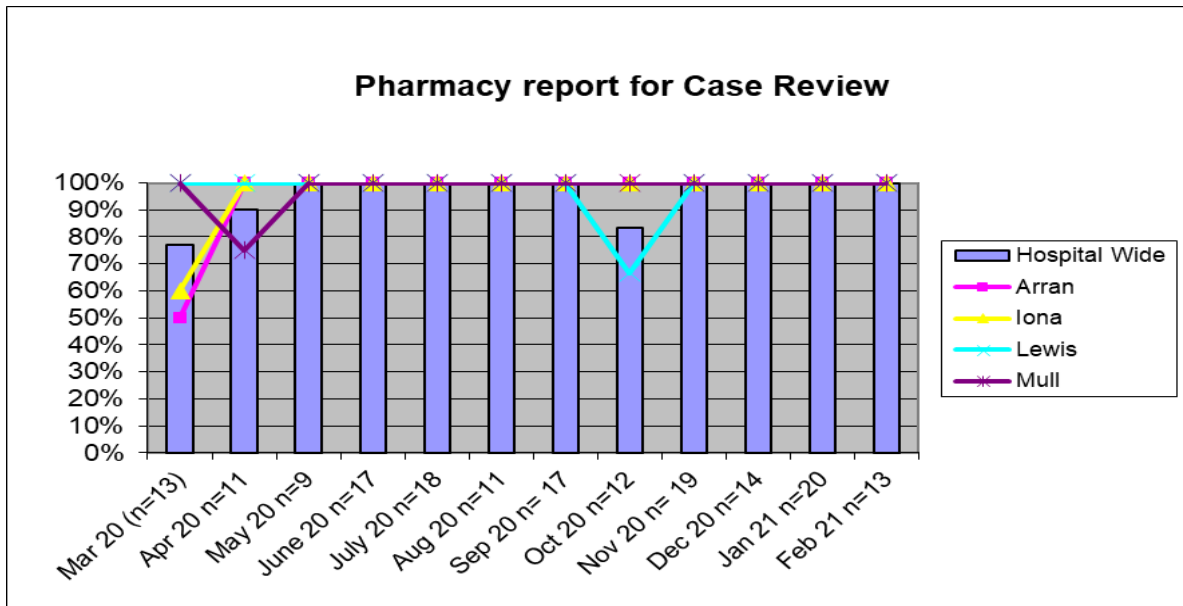
There are currently no key performance indicators related to medicines use that the hospital reports on.

In the Service Level Agreement for pharmacy services however there are various criteria measured against. One of these is for each patient to receive a Pharmacy report for their 6 monthly case conference review. This includes a review of their current medication (both mental and physical health) and record of any changes and response to medication over the previous 6 months. In addition, it highlights use of high dose or multiple use antipsychotics, mental health consent to treatment adherence and a reminder to review any intramuscular as required medication for acute behavioural disturbances. Recommendations also cover suggestions for new therapies and regimes.

The Hub Clinical Pharmacist also offers all patients a summary sheet of their medication and undertakes a 1:1 consultation about their treatment.

As Graph 1 shows most months show a 100% report completion rating. Covid-19 peaks did have some effect.

Graph 1: Pharmacy report for Case Review



5 Quality Assurance Activity

5.1 Medicine Usage

Medicines Expenditure

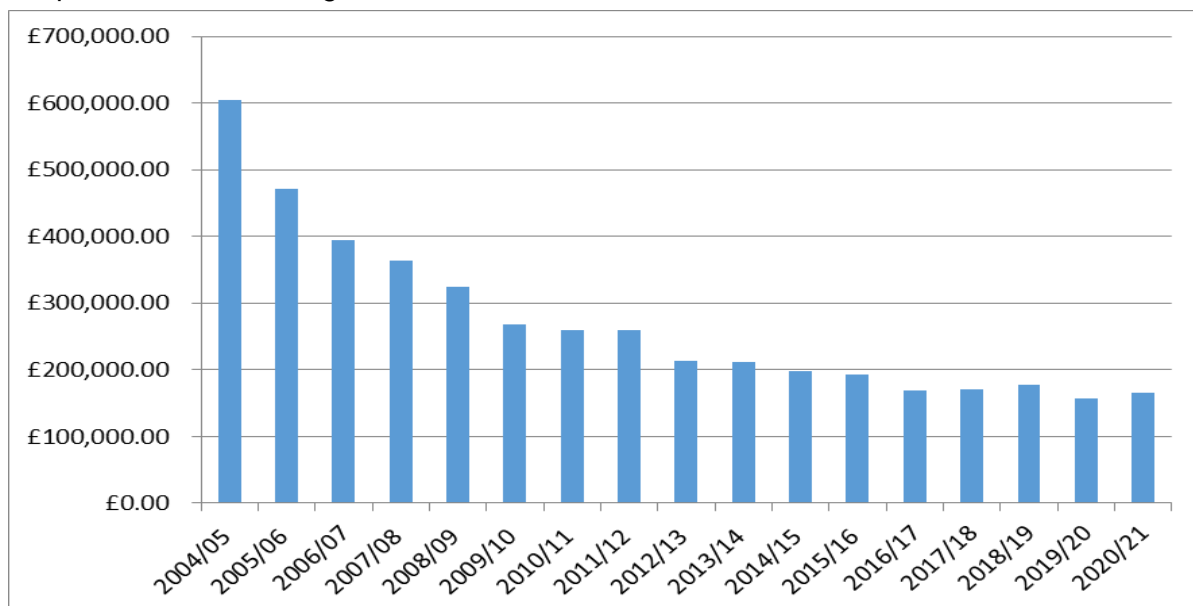
Monthly invoices continue to be checked and authorised by Pharmacy against NHS Lothian Medicines Management reports. A live electronic link to NHS Lothian streamlines the medicine ordering process.

Table 2: Medicines Expenditure

	2020/21 - Full financial year
Stores	£161,390
Named Patient Dispensing	£3,306
Total	£164,696

For the year 2020/21 the medicines budget contributed to hospital savings.

Graph 2: Medicines Budget



For 2020/21 the medicines budget has exceeded the savings target although there are still a number of potential pressures with regard medicine shortages resulting in more expensive alternatives being accessed. Additional medicines for Covid-19 and oxygen cylinder rental have so far not impacted significantly.

Currently the top monthly expenditure items continue to include clozapine and some other atypical antipsychotics (olanzapine, aripiprazole, paliperidone), vitamin D, nicotine replacement therapy. Some individual patient physical health items are also present including anticonvulsants plus a course of Hepatitis C treatment (this will be cross charged to home Health Board).

Level of stock holdings on the wards are reviewed each week by the pharmacy top-up service and monitored via medicines management issue reports.

Prescribing reports

The number of patients receiving high dose and multiple antipsychotics continues to be monitored plus anti-microbial, controlled drug and non-formulary usage reports are reviewed. No areas for concern.

Unlicensed/Off Label Prescribing

The list of unlicensed and off label medicines accepted for use within the hospital is available on the intranet and is regularly updated.

The Medicines Committee reviews new requests for unlicensed or off label medicines (as per hospital policy). Since last year's report there has been 1 unlicensed/off label request. This was for buccal midazolam solution.

Peer Approved Clinical System (PACS) Tier 2 Applications

These include individual requests for medicines not routinely approved for use within NHS Scotland. Each individual clinical case must have support from a peer prescriber then the application is taken to a local panel for approval.

No submissions have been made in the last 9 months.

Medication incidents

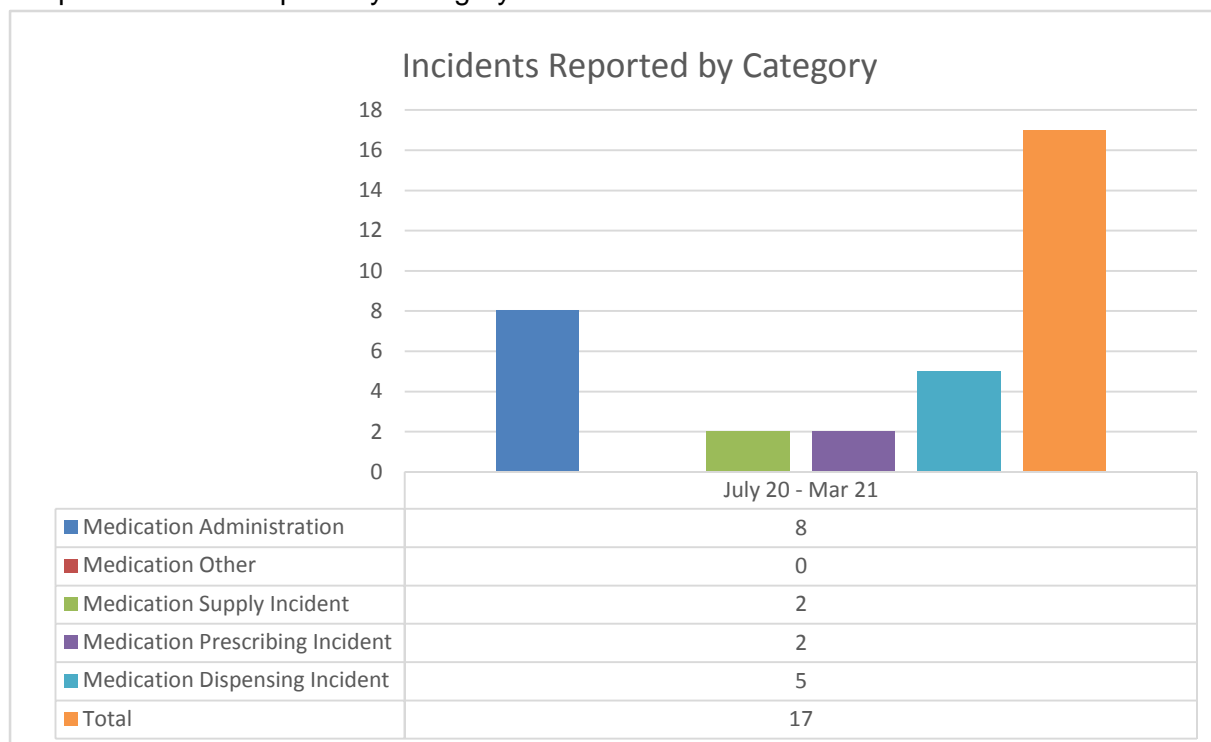
Between 1 July 2020 and 31 March 2021 (9 months) there were 17 medication incidents reported on Datix.

Table 3: Medication Incident by Hub

Incident Type	Number of Incidents
Arran	4
Iona	2
Lewis	8
Mull	1
Other	2
Total	17

This compares with 24 incidents recorded in the last 12 month report. This is only for 9 months.

Graph 3: Incident Reports by Category



A number of medication incidents were used to inform some procedures in the Safe Use of Medicines Policy update. This included the role of the second nurse at administration times. Five of the incidents in the last 9 months involved tablets being found in various ward areas that should have been administered to patients. Other procedures being examined currently include the place of the ward diary as an effective reminder system for administration dates of some injection preparations.

5.2 Clinical Effectiveness

Of the 22 Clinical Audit projects undertaken by Clinical Effectiveness in 2020/21 it should be noted that 6 of these were related to medicines and overseen through the Medicines Committee. Restricted ward access during Covid-19 did impact on data collections for a number of other planned medicine related projects. These will be picked up in 2021.

5.2.1 Clinical Audit Projects - for the reporting period of this report the following audits were carried out.

Local - these are all regular audits on the workplan.

a) Consent to Treatment Adherence

This is an annual audit with increased adherence over the years although there were some areas that had slipped back a little. Improvements on the patient consent form to aid correct completion of the T2B form in line with Mental Health Code of Practice guidance is being taken forward.

b) Antimicrobial Audit against formulary guidance

Audit showed an exceptionally high level of compliance with NHS Lanarkshire empirical policy with clear documentation in relation to treatment agent choice, dosage and duration.

c) Use of Psychotropic PRN (as required) Medicines

83 out of 101 (82.2%) patients were written up for psychotropic (antipsychotic or benzodiazepine) PRN medication.

During the 1 month audit period 21(25.3%) of the patients written up for psychotropic (antipsychotic or benzodiazepine) PRN had it administered.

A total of 3 IM PRNs were administered during the audit period.

d) Prescription Sheet Completion

A number of areas have shown an improvement with regard completion of the prescription including correct abbreviations, adverse drug reaction recording and high dose antipsychotic flag. This has been work in progress over the last few audits.

e) Clozapine Monitoring against Scottish Government Guidance

Overall we see improvement in the monitoring of the physical health of patients being treated with Clozapine.

With the exception of Bowel Function and Side Effects the monitoring of patients who have been on Clozapine for more than 2 years is excellent. At 6 months the average number of checks recorded per patient increased from 3 to 4 (target 5). At 12 months the average number of checks recorded per patient improved from 8 to 9 (target 10).

A short term working group has however been set up to improve the process, recording and paperwork for monitoring clozapine in the initial stages of treatment and also tackle bowel function other side effect recording (being completed but poor recording).

National – Prescribing Observatory in Mental Health (POMH)

These are national benchmarking projects that The State Hospital now participates in as part of the Forensic Network (**FN code 95**). The funding, co-ordination and data input of the projects sits with The State Hospital. Primarily these are facilitated by the Clinical Effectiveness Department. Junior medical staff are often involved with the data collection. Data is also shared through the Forensic Network Inter-regional Group plus the FN Pharmacy Group.

Following 3 feedback reports in last year’s committee report there has been one publications in the last 9 months which has just been received: Improving the quality of valproate prescribing. The State Hospital was the only site that participated with this project from within the Forensic Network. This was down to Covid-19 restrictions. The State Hospital managed this through electronic data. Twelve patients were included. Initial inspection of the report gives assurance valproate usage and monitoring is in line with standards and compares well with other UK sites. More in-depth feedback will be given in the next report once the committee has had time to reflect on the results and identify any QI areas.

5.2.2 Implementation of National Clinical Guidelines & Standards

Implementation of National Clinical Guidelines & Standards

Over the last review period (1 July 2020 to 31 March 2021), there were 63 guidelines and standards reviewed by the Medicines Committee. 60 NICE Medication Technology Appraisals (MTAs), 2 Healthcare Improvement Scotland (HIS) Technology Assessments and 1 HIS Report were reviewed. As the MTA’s were released by NICE, which is English based, both Clinical Effectiveness and Pharmacy are involved in the process of reviewing these against medications released by the Scottish Medicines Consortium and the Lothian Joint Formulary. Of the 63 documents reviewed, 58 were deemed to be either not relevant to our setting or were already covered by a similar Scottish guideline. Of the 5 remaining documents, 4 were for information and awareness and 1 required completion of a gap analysis. The NICE Rapid Guideline for Covid-19: Vitamin D was reviewed and 100% compliance was achieved. The Guidelines and Standards Action Plan can be seen in Appendix 3.

Table 4: Guidelines & Standards

Guidelines/Standards Body	No. of Publications Reviewed	No. Applicable to The State Hospital
Healthcare Improvement Scotland (HIS)	3	3
National Institute for Health & Clinical Excellence (NICE)	60	2

Pharmacy staff are also members of other professional groups that review guidelines/standards and can complete the medication components of these.

5.2.3 Compliance with Mandatory e-learning Training – Safe Use of Medicines Policy

Compliance reported from Learning Centre - 96.4% of target group completed the module. 81.5% completed refresher module which is a 7.6% drop from last year.

6 Quality Improvement Activity

6.1 Clinical Audit Project Action Plans

Action plans, if required, are created and documented following all Clinical Audit projects and a running log kept for review at each Medicine Committee. See Appendix 4.

6.2 Medication Incident Feedback

With the well-established Medication Incident Review Group now in place more regular feedback has been introduced to staff via Senior Charge Nurse Group, Nurse Practice Development and staff bulletins.

7 Planned Quality Assurance and Quality Improvement for the next year

Work in both Quality Assurance and Quality Improvement will continue in the 3 main areas on the work plan as outlined in Appendices 1 and 2.

1. Medicines Management
2. Clinical Effectiveness
3. Safe Use of Medicines

Specific pieces of work will include:

Table 5: Specific pieces of work

Specific work	Comment
Safe Use of Medicines Policy e-learning module	To complement the newly updated Policy and Procedures the e-learning module will be refreshed
Treatment of Acute Behavioural Disturbance Guidance update	This is undergoing review at present
Buccal midazolam	Once training module agreed this will be added to the medical emergency drug bags
Clinical Effectiveness programme of work	This will continue with the regular audit programme plus the addition of some QI work around medicine supply processes from St John's Hospital. This will help inform the Pharmacy SLA for 2022 onward.
Controlled Drug self-assessment project	NHS Lothian Controlled Drug Governance paperwork will be utilised for a localised self-assessment project
Electronic prescribing	Implementation is planned for first quarter 2022. NHS Lothian version upgrade allowing

8 Next review date

The next review date will be May 2022.

Governance arrangements for Medicines Committee

Committee membership

- 2 x Consultant Psychiatrists (One of which is Chair)
- Speciality Doctor
- Senior Nurse for Infection Control/Nurse Practice Development
- Clinical Effectiveness Manager
- Practice Nurse Manager (Post Vacant)
- Clinical Pharmacist
- Lead Pharmacist
- Senior Charge Nurse
- Minute Secretary

Over the last 9 months the Practice Nurse Manager post has remained vacant but the Committee has had the addition of Senior Charge Nurse contribution in the last 2 months.

Role

In line with Healthcare Improvement Scotland, Area and Drug and Therapeutics Committee Terms of Reference guide the role is to provide professional advice, clinical advice and leadership that supports safe, clinically effective, cost effective and patient centred medicines governance.

Aims and Objectives

- Advise on best practice for the safe, effective and economic use of medicines.
- Advise the Senior Management Team on ethical issues relating to medicine use.
- Advise, monitor and co-ordinate preparation and production of policies and procedures relating to prescribing and safe administration of medicines.
- Develop implementation strategies for prescribing policies.
- Develop and approve prescribing guidelines to clarify prescribing reasonability and budget issues.
- Co-ordinate a system for the review and dissemination of medicine information, e.g. clinical effectiveness projects, medicines bulletins, e-learning.
- Monitor trends, analysis and dissemination of learning from medication incidents
- Inform and collaborate with other hospital groups on safe use of medicines including primary care colleagues.
- Monitor medicines use and expenditure within clinical teams and the Hospital as a whole.
- To consider the relevancy of items emanating from NHS HIS e.g. SIGN guidelines, Best Practice Statements and NICE guidelines.
- Identify and prioritise a clinical effectiveness programme of work in relation to medicine projects.
- Acknowledge new drug recommendations from the Scottish Medicines Consortium in relation to formulary management and availability.
- Approve Patient Group Directions (PGD's) for use at The State Hospital developed from NHS Lothian.
- Support and promote the use of the Lothian Joint Formulary.
- Liaise with NHS Lothian Hospital and Specialist Services Medicines Committee e.g. to share ideas, practice and new developments.
- The committee will be empowered to form sub-groups to achieve its objectives.

Meeting frequency and dates

The committee meets every 2 months. In the last 9 months the committee met 6 times: August, October, January and March for regular meetings plus November and February for extra-ordinary meetings (Medicines ordering resilience and Patient Group Direction discussions).

Workplan

The work plan is based around 3 key areas and results in a number of rolling standing agenda items which emanate from the Quality Strategy for safe (appropriate clinical governance), effective (health improvement – physical and mental health) and person centred care.

These are:

1. Medicine Management
 - Expenditure
 - Formulary news/SMC recommendations
 - New licensed indications and products
 - Unlicensed/Patient Treatment Requests
 - Product Supply problems
2. Clinical Effectiveness
 - Local projects
 - National Prescribing Observatory in Mental Health Audits
 - Audit improvement plans
 - Clinical Governance Standards/Guidance
3. Safe Use of Medicines
 - Medication incidents
 - Drug safety updates/drug alerts
 - Policy updates and treatment guidance

Other topics arising for discussion/action generally fit into one of the 3 main headings. A log of all actions is kept in an up to date action plan table. See Appendix 2.

Management arrangements

The committee reports directly to the Clinical Governance Group.

MEDICINES COMMITTEE - Actions from Work Plan (post March 2021 meeting)

RED – Actions/updates from last meeting

Agenda Item	Action	By Whom Date	Progress note
MEDICINES MANAGEMENT - Standing items			
Expenditure	Hepatitis C treatment rebate still awaited from National Procurement (NP) since 2018 New patient for Hep C course 2020 Review of expenditure	MW/finance 2019/20 Feb 2021 On-going	Ongoing follow up with NP/Lothian. Completed now Approval from NHS Lanarkshire 13/1/21. Patient started course. Course now completed and NHS Lanarkshire being invoiced Currently within budget but some extra costs with Covid 19 stocks plus oxygen cylinder rental
Formulary news/SMC recommendations	Rolling updates	On-going	No outstanding actions
New Licensed Indications and Products	Rolling updates	On-going	No outstanding actions
Unlicensed/PACS2/IPTR	As required		
Product Supply Problems	Procyclidine injection and adrenaline auto pens still unavailable Lorazepam injection MSAN Rifampicin MSAN (1 patient)	- - On-going	On-going supply problem Monitor local stocks. Latest expiry on site end March 2021. Switch to midazolam completed Locate from different suppliers to cover course Course now completed
- Other			
EU Exit	Effect on medicine supply	MW	Resilience planning in place. Log of Medicine Supply Alerts with TSH actions completed and updated regularly Meetings TSH/Lothian reconvened. RA updated No impact yet – Mar 21
Ward decants and medicine supplies during CCTV installation	To communicate with project team for safe and timely transfer of medicines	On-going	Arran and Mull completed. Pharmacy assisting. Lewis underway
Covid-19			
- Extra Oxygen cylinders	Accessed via National Procurement To be returned to BOC at some point	CMT	Review underway given Arran 3 stand down

Agenda Item	Action	By Whom Date	Progress note
- Mull 3 Covid-19 Medicine Supplies	Leave in place until Arran 3 ward stood down	CMT	Arran 3 to be Covid-19 decommissioned
- End of Life Care Medicines	As above	CMT	
- Vaccination Programme	TSH Vaccination Programme required	MW/JMc/NB/ SH	Paper to Gold Command on National programme. TSH task force created. Mark Richards Lead. Frontline staff to start. Supply via SNBTS as National Boards require pack down under special license. Consortium with SAS and GJNH. Frozen Pfizer product. 5 day expiry once arrives TSH. PGD – on 3 rd version. Approved by MC members, Vaccinators trained; Clinics commenced. CMO letter 2 nd dose 12 weeks not 21 days. Clinics/supplies altered. 2 fridges in clinic (backup). Mop up staff clinic and 2 nd dose clinics completed. Remaining 2 nd dose clinics before end May
CLINICAL EFFECTIVENESS PROGRAMME OF WORK - Standing items			
Clinical Governance Standards/Guidelines	New Guidance Received Steroid Emergency Card NPSA NICE. Vitamin D for Covid-19 Gap analysis	3 monthly review MW/SS 4 TH Q 20/21 Mar 21	Latest new guidance document agreed. Refer home/out-patient IV antimicrobial service for Infection Control Committee consideration Suggested Health Centre actions to be taken to GP meeting. None held since last MC meeting – SS to update Jill. Clearer guidance received on who included. Gap analysis approved
	Guideline and Standards action plan - RPS Safe and Secure Handling of Medicines for review	ALL	SUMP – for final approval Mar 21. Approved by Policy Group
Clinical Audit Projects	See separate Clinical Audit Action Plan	SS	
SAFE USE OF MEDICINES - Standing items			
Medication Incidents	Monitor incidents to review practice/policy	ALL On-going	To re-visit the administration observation audit given number of incidents where tablets found around the ward.

Agenda Item	Action	By Whom Date	Progress note
			Review of ward diary as reminder system for long acting injections. Incidents of date error.
Drug Safety Update/Drug Alerts	Rolling review	On-going	
- Other			
Safe Use of Medicines Policy	For review: Include procedure for giving pts meds in room. Ref. Insulin self admin	ALL Dec 19	MW/KB progressing review of policy – delayed due to Covid19. Drafts for discussion June meeting. Appendices circulated to nominated individuals for comments. All comments back bar 1 appendix but can be looked at in final consultation. Feedback comments being collated for final policy submission including new off ward buccal midazolam procedure. Ready for Mar policy approval. Completed
Acute Behavioural Disturbance guidance update	Review due	Aug 21 All/SH	Delayed review but interim action around switch to midazolam injection
Antipsychotic monitoring and NRT guidance review	Review required	June 21 JMc	Extend review dates agreed. Updates for intranet. NRT done. Antipsychotic one to follow
Electronic Prescribing (HEPMA)	Awareness of progress	MW	FBC submitted. Depends on SG funding. Working with NHS Lothian. Jamie Pitcairn/Pharmacy progressing – funding agreed from SG. SMT to finalise decision Jan 20 – Work paused in Covid but restarted now E-health now involved with discussions. TSH IG issues resolved. For new version summer 2021. TSH Project group to meet. Laura McCafferty joins for nursing. Training plan being produced. Update paper to CMT April 21
Buccal midazolam	Explore switching rectal diazepam in medical emergency bags to buccal midazolam	July 21	Approved. Training plan roll out being worked on via e-learning/video. Needs rolled out prior to being added to bags.
Prophylactic treatment of DVT with SRK etc	Briju to liaise with Duncan and PMVA team	May 21	Spoken with Lynn Clark
ARTICLES OF INTEREST - Standing item	Check governance of recommendations from STAG papers	Jan 21 NB	What happens to these? Go to CMT. Any actions directed by CMT. Completed
AOB			

Medicines Committee Guidelines and Standards Action Plan – Outstanding actions from previously completed gap analysis

Guideline & Outstanding Recommendation	Evidence Level	Comments from Gap Analysis	Person Responsible	Update (inc date)	Projected Completion Date
Royal Pharmaceutical Society – Professional guidance on the administration of medicines in healthcare settings				Reviewed by Medicines Committee – August 2019	
15.5.2 Any calculations needed are double checked where practicable by a second person and uncertainties raised with the prescriber or a pharmacy professional.		The need for calculations to be double checked will be written into the updated policy.	Morag Wright	09/2020 - Written in to draft policy that is nearing completion 01/2021 - SUMP will be approved Feb 2021 by policy group so should be closed off then.	March 2021
Royal Pharmaceutical Society – Professional guidance on the safe and secure handling of medicines				Reviewed by Medicines Committee – December 2019	
3.63 Training is given to those handling any medicine and, where appropriate, competency checks are carried out at suitable intervals.		Partial compliance. PDR process. Revalidation. On line learning modules are completed annually and are monitored by the learning centre. Details of staff completion are sent to line manager for action. However no competency check – to be taken forward.	Karen Burnett	6/2/2020 - Discussion has taken place and competency checks will not be undertaken at present. This will be revised with the introduction of HEPMA and subsequent roll out. When the SAM policy is revised the revision of the online module will also take place, therefore theoretical competency will be tested.	March 2021

Medicines Committee Guidelines and Standards Action Plan – Achieved actions from previously completed gap analysis (To be agreed by Clinical Governance Group within update report)

Guideline & Outstanding Recommendation	Evidence Level	Comments from Gap Analysis	Person Responsible	Update (inc date)	Projected Completion Date
Royal Pharmaceutical Society – Professional guidance on the safe and secure handling of medicines				Reviewed by Medicines Committee – December 2019	
A7 Areas where oxygen is stored or used display appropriate signage		Estates storage. Ward treatment room. H & S checks. Signage to be updated.	Kenny Andress/ Brian McLean	Signage to be in place by end of June 2020	Achieved August 2020
3.7 Organisational and legal requirements such as the Falsified Medicines Directive, Standing Financial Instructions and data protections are complied with.		Partly achieved. Current national setting is non-compliance with FMD. This should be resolved during 2020 at which time we will adhere.	Morag Wright	5/2/2020 - TSH risk assessment updated. Still accepting risk in line with other Health Boards 01/2021 - nil and void due to UK no longer being in the EU.	January 2021

MEDICINES COMMITTEE - Clinical Audit Action Plan - March 2021

National Audits	Action	By Whom Date	Progress note
POMH Rapid Tranquilisation	Debrief to be held following administration of IM med	August 2021	Added to realistic medicine action plan
	Acknowledge patients preference and wishes for future episodes	August 2021	Discussed at Patient Safety Group
	Improve physical health recording post injection	July 2021	Spot check to be conducted on patients who have been given IM medication in last 4 weeks
POMH Lithium	Improve assessment and recording of side effects (from 2018 report)	MW August 2019	MW will liaise with KB Passed to pharmacy team member – delay due to Covid19
Local Audits			
Audit of Scottish clozapine monitoring guidelines	Improve paperwork for initiation stage in line with the national standard for monitoring the physical health of people being treated with Clozapine.	JM June 2021	Group set up to improve paperwork
	Monitoring of Bowel Functions to be improved	JM June 2021	This will be addressed in new paperwork through group
	Side Effects monitoring to be improved	JM June 2021	This will be addressed in new paperwork through group
	Improve Baseline Monitoring – The average number of checks completed per patient at baseline remained at 7 (target 14)..	SCNs	This will be included in the communication to all SCNs when revised paperwork has been agreed
PRN prescribing audit	ECG Monitoring for patients prescribed Haloperidol	CED/Pharm June 2021	Add ECG monitoring for patients prescribed Haloperidol to the next audit cycle. In the meantime a spot check will be carried out
	Illegible initial on Administration Kardex	KB May 2021	KB to take to next meeting nursing meeting
	Medicine Omissions	KB May 2021	KB to take this to the next nursing meeting
	Refused medication	MW May 2021	MW to investigate the introduction of a warning system when patients refuse medication. In particular the refusal of prescribed laxatives