



<b>AGENDA ITEM</b>
7.6

<b>QUALITY &amp; SAFETY COMMITTEE</b>
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<b>MEDICINES MANAGEMENT DIRECTORATE MEDICINES STORAGE UPDATE</b>
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<b>Date of meeting</b>	18 <sup>th</sup> January 2022
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<b>FOI Status</b>	Open/Public
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<b>If closed please indicate reason</b>	Not Applicable - Public Report
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<b>Prepared by</b>	Brian Hawkins Interim CD Medicines Management
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<b>Presented by</b>	Executive Medical Director
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<b>Approving Executive Sponsor</b>	Executive Medical Director
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<b>Report purpose</b>	FOR NOTING
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)</b>		
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Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

<b>ACRONYMS</b>	
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PSN	Patient safety notice
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## 1. SITUATION/BACKGROUND

- 1.1 The following report provides a summary update on the progress and actions as a result of PSN030 /055. A detailed action plan is available in appendix 1.



**The safe storage of medicines:**

- Logging of fridge data and a procedure to manage them in all ward/clinical areas will be managed by clinical staff. The plan to implement this was delayed due to Covid and need to prioritise vaccine fridges.
- Plan to roll out by March 2022 until then a manual checking process will be in place to mitigate any risk.
- An electronic storage unit for theatres in Prince Charles Hospital (PCH) has been ordered and is pending delivery. The use of this unit will be reviewed regularly and will provide information enabling the consideration of widening electronic storage across all theatres in CTM. Trial site.
- The audit tool within PSN 055 has now been transferred onto the AmAT system with final sign off of time frequencies awaiting to be agreed on. This will provide up to date information and compliance with this notice.
- Stronger links have been made with medicines management and estates/project management ensuring new builds and refurbishments will comply with this notice.

**2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- Progress against PSN 030 /055
  - See appendix 1
- Requirement is: for existing clinical areas, a risk assessment of medication storage areas and facilities must be undertaken and remedial action undertaken proportionate to identified risks by 30 September 2021
- This has been met by the above steps and progress to full implementation is on track.

**3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

- Delays in implementing the processes due to COVID as such will update Quality & Safety Committee on progress regularly.
- Compliance with PSN 030 /055 is an essential requirement

**4. IMPACT ASSESSMENT**

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	PSN
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:





<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Yes  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	Yes (Include further detail below)
	There is a requirement for the Health board to meet the requirements of the PSN
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	Capital and revenue resources will be required to meet the requirements.
<b>Link to Strategic Goals</b>	Improving Care

## 5. RECOMMENDATION


5.1 The Committee is asked to **NOTE** the report

### APPENDIX 1 (APPENDICES CONTAINED WITHIN THE PLAN ARE AVAILABLE ON REQUEST)


Alert Publication	  PSN030 safe storage of medicine      PSN055-The Safe Storage of Medicine
Reference	<b>PSN030&amp;PSN055</b> -The Safe Storage of Medicines-Cupboards
Date of Issue	January 2022
Actions to be completed by	All new builds and refurbishments commissioned after issue of this notice must comply with the requirements of this notice. For all existing clinical areas, a risk assessment of medication storage areas and facilities must be undertaken and remedial action undertaken proportionate to identified risks <b>by 30 September 2021</b> .
Organisation Designated Lead	Medicines Management-Brian Hawkins, Clinical Director and Head of Medicines Management
Update provided by	No later than close of business <b>Friday 7<sup>th</sup> January 2022</b>

No progress made
Little progress made
Some progress made
Action completed







No	Alert Action	Action Required	Action to Date	Lead	Target Date & status
1	Disseminate this notice to all staff responsible for the safe and secure storage of medicines in clinical areas.		Notice disseminated to all CTMUHB pharmacy managers and leads.  Disseminated to all senior nurses for cascade.	SST/BH	<b>Completed</b>  <b>30.9.21</b>
2	Consider if immediate action needs to be taken locally and ensure that an action plan is underway, if required, to ensure compliance with this notice.	Risk assessments undertaken and action implemented	 psn 30 ctmuhb compliance JAN 20 t  Audit of clinical areas currently being undertaken, where covid allows. Planning, now aware of requirements of notice and need to communicate with medicines management for upgrades and new builds.	BH	<b>Partial as COVID has impacted the ability to enter all ward areas and the resources were re-deployed for a significant time.</b>  <b>Plan to complete audits of clinical areas by Jan 22</b>
3	Organisations must have governance arrangements in place to ensure the safe and secure storage of medicines. Risk assessments and documentation of decisions		Storage of medicines procedure is in place and in date with regular reviews.  Controlled drug procedures in place which include storage and	BH	Partially completed  Audit tool development onto



	should be in place, readily accessible, and regularly reviewed and updated.		<p>security. Currently new procedures drafted and out for consultation.</p> <p>Audits of compliance with this notice and the procedures were completed for PSN 30 and are being repeated for PSN55.</p> <p>Risk assessment in place and issue placed on the risk register for medicines management.</p> <p>Medicines storage report provided to the CTMUHB Quality and safety committee and update for Nov 21 meeting in progress.</p> <p> Medicines storage PSN30 Q &amp; S comm j</p>		AMAT system delayed due to Covid
4	Medicines storage areas and facilities in all new builds and refurbishments of existing clinical areas commissioned after publication of this notice	In discussion with planning for requirements within the	All Community vaccine centres were commissioned after this notice. Audits were completed	BH and estates director	Completed to date



	<p>must comply with the standards described in this notice.</p>	<p>Markes buildings at the entrance to RGH</p>	<p>prior to opening and all comply with PSN55. E.g. see insert:</p> <p> Risk Assessment Patient Safety Notice</p> <p> Risk Assessment Patient Safety Notice</p> <p> Risk Assessment Patient Safety Notice</p> <p> Risk Assessment Patient Safety Notice</p> <p>The fridges have constant temperature monitoring via recordable data loggers. Security of the medicines has been assessed and complies.</p> <p>New pharmacy department in PCH opened in 2021, fully complies with notice having automated robot storage, fridges with monitoring, security to access and alarmed etc.</p>		
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5	<p>Existing medication storage areas and systems (e.g. cupboards, trolleys, refrigerators etc.) in clinical areas must be risk assessed for compliance with the standards described in this notice and appropriate risk reduction strategies implemented until such a time as refurbishment can be undertaken.</p>	<p>To install air conditioning units in all medicines storage areas on PCH wards when capital investment available.</p> <p>All clinical areas to complete risk assessment on AMAT.</p> <p>To complete the implementation of data loggers for all fridges in clinical areas – not completed as diverted to vaccine fridges as priority.</p>	<p>Temperature of storage areas on PCH wards identified as non-compliant in hotter months, placed on HB risk register and progressing air conditioning units as part of capital prioritisation process. Interim mitigations in place.</p> <p>Discussions with estates to look at wider room temperature monitoring across Health Board.</p> <p>Fridge monitoring in place for all pharmacy managed fridges and freezers with recordable data and alert process to on call teams.</p> <p>Fridge data loggers and a procedure to be progressed for all ward/clinical areas managed by clinical staff, plane delayed due to</p>	<p>Clinical managers and pharmacy leads</p>	<p>Partially complete</p>



			<p>covid and need to prioritise vaccine fridges.</p> <p>Plan to roll out by March 22. Manual checking process in place as mitigation.</p> <p>Risk assessment audit tool in development and will be available on AMAT system for each clinical area to complete on a regular basis.</p> <p>Automated storage system in progress for theatres in PCH in response to recent audit.</p>		
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