

**Reference Number:** FOI/LHCH/2015104  
**From:** Other  
**Date:** 15 April 2015  
**Subject:** Medication Safety Officer

Q1 In accordance with the above patient safety alert, has your Trust identified a Medication Safety Officer?

A1 Yes

Q2 If no, why?

A2 Information not held (not applicable)

Q3 If yes, please could you provide their:  
a. Title  
b. Full name (first name and surname)  
c. Job title (aside from Medication Safety Officer)  
d. Email address  
e. Postal address  
f. Contact number

A3  
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