Enw'r Pwyllgor: Name of Sub-Committee:	Exception Report from Medicines Management Operational Group (MMOG)
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Dr Subhamay Gosh, Associate Medical Director for Quality and Safety
Cyfnod Adrodd: Reporting Period:	February 2022 - July 2022

Materion Ansawdd, Diogelwch a Phrofiad: Quality, Safety & Experience Matters:

Patient Safety/Care

In December 2021, Welsh Government (WG) requested that all Health Boards rapidly develop a pathway to support patients who have been identified as very high risk and are COVID-19 positive to have access to specific therapies. These treatments are either oral antiviral drugs or an Intravenous (IV) infusion of the non-monoclonal antibody drug, Sotrovimab. The first line oral treatment is a drug called Paxlovid and patients are screened at a national level through the National Antiviral Service (NAVS). However not all patients are suitable to receive this oral therapy and these are referred to Health Boards to access Sotrovimab. These treatments have been identified as reducing the risk of hospitalisation in this high risk cohort of patients.

The Health Board successfully implemented these guidelines prior to Christmas 2021 in line with WG requirements. The pathway currently requires patients (COVID-19 positive) that have been referred from the NAVS to attend a pre-arranged appointment at one of the sites in Bronglais Hospital (BH), Glangwili (GGH) and Withybush (WGH). This has resulted in the Health Board treating over 180 patients on this pathway. In recent weeks, partly due to increased site pressures and also an increase in community transmission of COVID-19, the pathway is under considerable pressure, potentially resulting in patients not receiving first line option of a nMAB at Health Board level but instead receiving thirdline option of another anti-viral drugs molnupiravir. No harm has been identified through this change to thirdline option.

In the light of these continued pressures, it is timely that an alternative pathway is developed to support a longer term approach. Currently this is being actively progressed with the potential to utilise Acute Response Teams (ART) who have the appropriate clinical skills to administer an infusion, supported by registrants working within the Testing and Vaccination Centres. In the interim, the current four testing centres may offer an option to provide good geographical coverage and access for patients while ensuring appropriate clinical settings.

Automated Dispensary Unit (Dispensary Robot)

Both BGH and WGH are installing a new dispensary robot, as both currently have models that have exceeded their life span, with replacement parts no longer available. These have been a risk for a number of years. GGH and Prince Philips both had replacements in 2016. As the work to install has been combined with necessary Fire Coding and Asbestos work this has resulted in the need to re-locate pharmacy services for a 4-5 months period on both sites to allow this urgent work to be completed. Both sites have identified suitable alternative accommodation with WGH relocating the weekend of 30th/31st July and BGH 3rd/4th September. Work to be completed in January 23 and December 22 respectively.

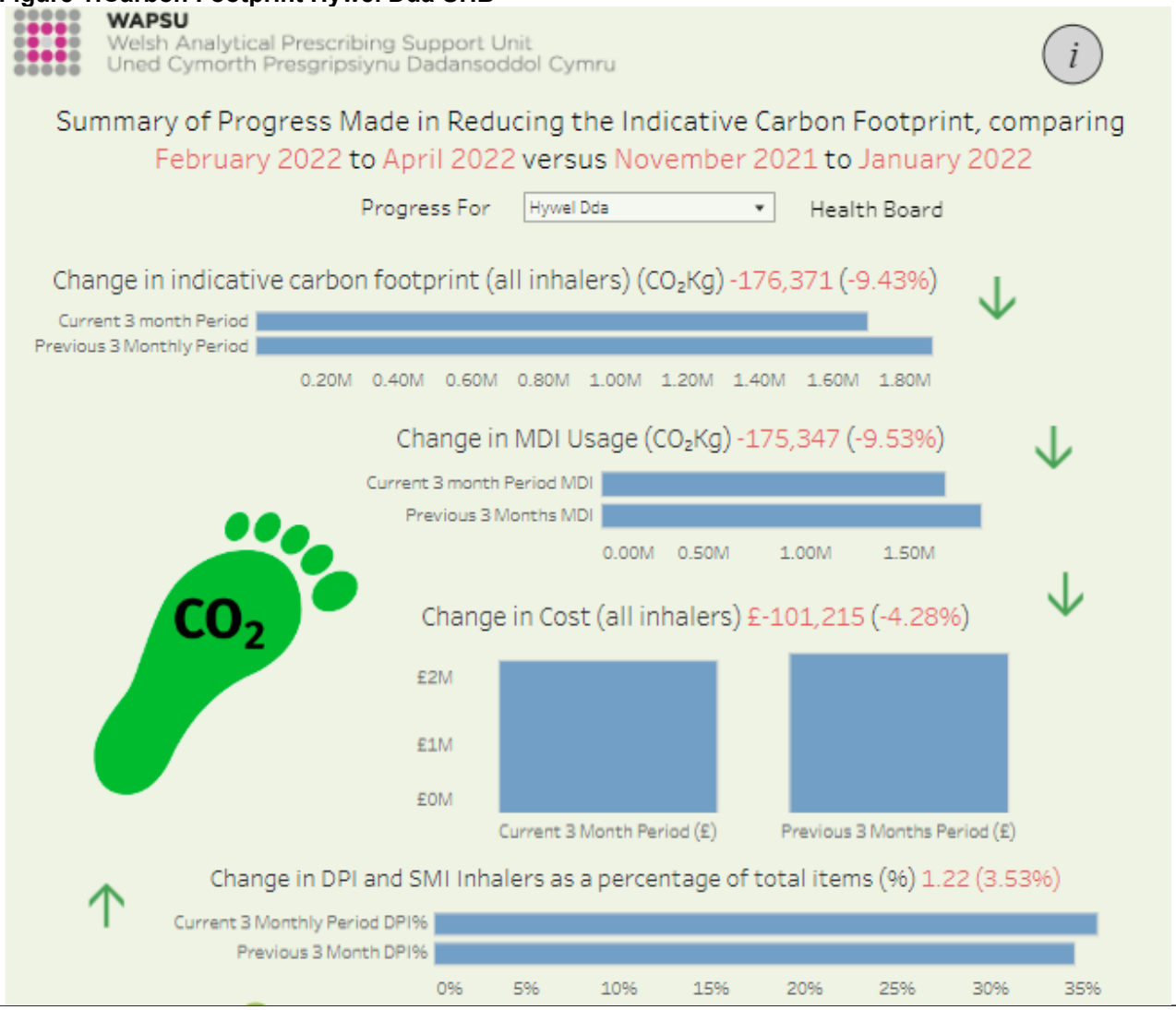
This will cause some disruption to service provision but this has been mitigated as much as possible through stock management and working with the out-patients departments to reduce demand on the pharmacy. Once replaced risk 1275 (9) and 653 (9) will be removed from the register.

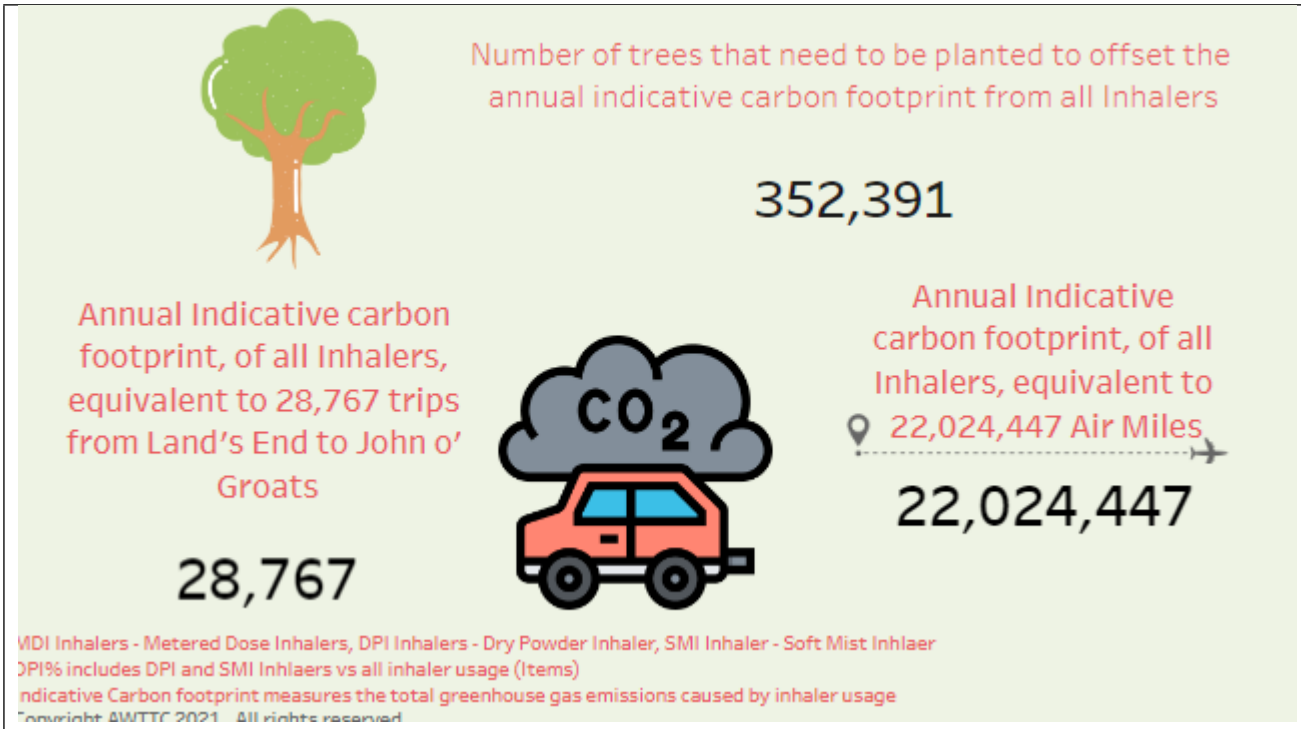
Decarbonisation

It is well established that the use of inhalers can impact significantly on the carbon footprint of the NHS, this is particularly true of the metered dose inhaler (MDI) devices. With development of inhalers there is now availability of inhalers that have a much reduced carbon footprint with no compromise to patient care and outcomes.

The Health Board is undertaking work to reduce the use of non-carbon friendly inhalers through a range of initiatives, with patient care at the centre. Many patients currently use a range of different inhaler devices and through review and rationalising to a single type of device significant improvements can be made, both to patient care but also the carbon footprint of the Health Board. There is a national targets to increase c-friendly inhaler use to 75% of all inhalers by 2025. The Health Board, although the highest place in Wales currently is at around 36%, has a long way to go over the following years. A task and finish group is in place to take this work forward, working in collaboration with services both locally and nationally. Figure 1 shows current position

Figure 1:Carbon Footprint Hywel Dda UHB





Annual Reports

Local Intelligence Network (LIN)
The establishment of the LIN is a requirement of the recommendation set out in the Department of Health: *Safer Management of Controlled Drugs: A Guide to Good Practice in Secondary Care* and the subsequent *Dangerous Drugs ,Wales: The Controlled Drugs (Supervision of Management of Use) (Wales) Regulations 2008* . The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 (legislation.gov.uk) .

The regulations require the establishment of the role of Accountable Officer for Controlled Drugs within each Health Board, a role that must have a direct line to the Chief Executive Officer with regard to issues relating to Controlled Drugs. Hywel Dda University Health Board's (HDdUHB) Accountable Officer for Controlled Drugs is the Medical Director.

A requirement of the LIN and the Accountable Officer for Controlled Drugs is for the LIN Annual Report to be submitted to the Board. To comply with this requirement the HDdUHB LIN Annual Report for 2021-22 is submitted as part of this report (Appendix 1).

Risgiau:
Risks (include Risk Register Reference):

- The lack of e-prescribing and medicines administration (EPMA) systems and the continued use of paper systems. This was initially identified in the Wales Audit Office 2016 Report on Medicines Management. WG are supportive of Health Boards progressing this work and a recent funding submission has been made to Digital Healthcare Wales who are managing this on behalf of WG for a pre-implementation team to ensure clinical engagement and develop the business case for EPMA across HDdUHB. Implementation will improve patient safety as demonstrated where

the use of EPMA has been successful. Such systems provide real time information to support audit, quality improvement and financial controls.
Risk Register Reference: 1171 (16) (Also linked to risks 84, 366, 401 & 406)

- Aseptic Units continue to remain high risk due to the current position of the facilities. Significant work has been undertaken to mitigate the risks to ensure the operational processes meet the necessary standards to mitigate risks. An interim business case for a medium term demountable unit , fully aligned to the Transforming Access to Medicines Programme will be submitted to WG by the end of September 2022
Risk Register References: 374 (12), 847 (15) , 732 (16) 716 (12)

Gwella Ansawdd:
Quality Improvement:

- **End to End Wound Dressing Service**.

HDdUHB were the first Health Board in Wales to implement a service that allowed direct ordering and supply of wound dressings for community nursing teams. This reduced the time spent chasing prescriptions both for signatures and dispensing and often resulted in repeat trips to different locations for nursing colleagues. This service is now being taken a step further, working with Shared Services to provide an End to End service, in which Shared Services undertake the full stock control, relieving district nurses of the need to order and manage stock. This is a really positive step and will release further time for the community nursing teams. There are some improvements required at some of the existing delivery points such as improved storage and access but 90% of these can be resolved. Two areas are identified as Red and require further work to resolve.

- **Thrombosis Guidelines**

The re-establishment of the Health Board's Thrombosis Group now means that the group are actively reviewing all guidance relating to thrombosis. This includes (but not exhaustive);

  - Low Molecular Weight Heparin Guideline
  - HDUHB Diagnosis and Management of Venous Thromboembolism: Deep Vein Thrombosis (DVt)
  - Anticoagulation Therapy: Bridging therapy
  - Peri-operative management of patients on warfarin guideline

The additional positive work is that once these guidelines have been approved these are now being added to the MicroGuide Application which allows clinicians to access rapidly, Health Board specific, current guidelines. This reduces the risk of clinicians accessing non-Health Board approved guidance

- **Pharmacy Technician Administration**

The role of pharmacy technicians in medicines administration continues to develop. There are now four technicians that have been trained and competency assessed to administer medicines at ward level alongside nursing colleagues. This role, while in early development, indicates improved medicine governance and release of valuable nursing time. The Standard Operating Procedure for this role has been signed off through the MMOG.

Argymhelliad:
Recommendation:

The Committee is asked to note the report and identify where further assurances may be required.
Dyddiad y Cyfarfod Pwyllgor Nesaf: **Date of Next Sub- Committee Meeting:**
Tuesday 27th September 2022

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University Health Board

Local Intelligence Network (LIN) Annual Report

2021/22

Introduction

This is the annual report of the Hywel Dda University Health Board's (HBUHB) Local Intelligence Network (LIN). This report provides details of the work overseen by the network during 2021/2022, outlining the main achievements which have contributed to improving the governance arrangements relating to controlled drugs (CD) within HDUHB.

Following the Health Act July 2006 and the Controlled Drugs Regulations which came into force in January 2009, all health and social care organisations are accountable for ensuring the safe management of controlled drugs These arrangements are intended to encourage good practice in the management of CDs as well as to help to detect unusual or poor clinical practice or systems, criminal activity or risk to patients.

Key changes to primary legislation include the creation of the role of the Controlled Drugs Accountable Officer (CDAO) and the establishment of the Local Intelligence Network (LIN).

LIN meets on a quarterly basis and although the COVID pandemic continued to cause disruption in 2021/2022, LIN met virtually on 3 occasions: April 22nd, July 1st and Oct 8th. The meeting scheduled for 27th Jan 2022 was cancelled due to the extreme operational pressures at the time for the Health Board.

Attendance and engagement has been good and from a range of organisations which is essential for building the foundations of a functioning network.

The Local Intelligence Network (LIN)

Membership:

- Accountable Officer for Controlled Drugs, Medical Director HDUHB (Chair)
- Clinical Director of Pharmacy and Medicines Management (Vice Chair)
- Head of Clinical Governance or Incident manager
- Head of Health, Safety and Security, HDUHB
- Primary Care MM/Pharmacy representative
- Secondary Care MM/Pharmacy representative
- Senior Nurse Medicines Management
- Police Pharmacy Liaison Officer, Dyfed-Powys Police
- Substance Misuse Service Lead
- Head of Quality and Governance
- NHS Counter Fraud Officer
- General Pharmaceutical Council, Local Inspector
- Local Authority Representative (Domiciliary Carers, Care Homes Lead) (Not appointed)

- Independent Sector Representative
- Ambulance Service Representative
- Health Care Inspectorate Wales
- Member of Substance Misuse Commissioning Team

Support to Committee: PA to Medicines Management

The meeting is chaired by the Controlled Drugs Accountable Officer (CDAO). This is the Health Board's Medical Director.

Other members are co-opted as necessary to support any agreed work programme. The committee will appoint sub-groups as and when required.

Reporting Arrangements:

The LIN reports directly to the Medicines Management Operational Group (MMOG) which provides the assurance for the Health Board and in-turn reports to the Health Board's Quality, Safety and Experience Committee (QSEC).

The Police report through their own internal structures to the relevant Detective Inspector and Superintendent.

Key Achievements

The establishment of the LIN provides assurances to the Health Board that matters affecting controlled drugs, their use and safe monitoring. This is achieved through the development of cross partnership working. The operational responsibilities remain with the services within the Health Board.

Regular Reporting:

Information relating to CDs is drawn from a wide area including:

- Data analysis (including prescribing data from both primary and acute sectors)
- Performance management systems
- Complaints
- Clinical governance systems (e.g. Datix)
- Risk systems
- Whistleblowers
- Police and other external agencies holding information related to Controlled Drugs

Depending on the report and the information disclosed the network may request further actions which may include:

- Further investigation of issues of concern
- Initial consultation with other members of the network
- Additional support and training
- Additional visits from a prescribing adviser or clinical governance lead
- Formal inspection
- Immediate action to protect patients

The role of the Medicines Error Reporting Group (MERG) and LIN in reviewing CD errors and incidents continues and forms an important part of sharing learning across the Health Board from incidents that are reported through the local scrutiny panels relating to CDs.

There was a short lapse in the reports that the Health Board was able to access relating to CDs in the acute sector due to changes to the existing pharmacy system to a new system that operates across the Health Board. This has now been resolved and regular reports are shared with MERG and LIN to review.

The activity that is regularly monitored includes the following (but not exclusively):

- Secondary Care Incidents, taken from Datix
- Primary Care Incidents, taken from Datix
- Ward level reports that are shared monthly to track unusual activity
- Police Referrals, received directly from the Police
- Welsh Ambulance Service Trust (WAST) Occurrence Reports, provided to the network for each quarter
- BMI Werndale Hospital Occurrence Reports, provided to the network for each quarter
- Private CD requisitions

Controlled Drug Policies, Procedures and Guidelines:

Review, consideration and approval by LIN for endorsement by MMOG of the following policies, procedures and guidelines to support management of CDs.

Controlled Drug Governance Policy: Approved 19.08.2021 Review 19.08.2024

https://nhswales365.sharepoint.com/sites/HDD_Corporate_Governance/Policies/Forms/AllItems.aspx?id=%2Fsites%2FHDD_Corporate_Governance%2FPolicies%2FClinical policies%2FMedicines Management%2E Acute Pain%2C Pharmacy%2F708%2F708 - Controlled Drugs Governance

Policy%2Epdf&parent=%2Fsites%2FHDD_Corporate_Governance%2FPolicies%2FClinical policies%2FMedicines Management%2E Acute Pain%2C Pharmacy%2F708

- Reporting of CD Discrepancies and Incidents to the CDAO Procedure
- CDAT SOP for Safe Handling and Safe Keeping of Buvidal in non-HB premises for the duration of Buvidal Clinics
- CD Incident/Error Reporting Form for Community Pharmacies.

These have now been superseded by the implementation of Once for Wales Datix system from 1st April 2022 that Community Pharmacy now have access to enable them to record incidents directly onto the system , investigate and share learning.

Authorised Witness Training:

Training of authorised witnesses continued during the pandemic.
The Health Board has approved a number of pharmacists to undertake the role of Authorised Witness (AW). This has ensured that out of date controlled drugs are removed from circulation in a timely and efficient manner. This reduces the risk to patients and the potential for misuse.

All authorised witnesses are signed off by the Controlled Drugs Accountable Officer. They undertake training to ensure that they are fully aware of the standard operating procedures in place. This is refreshed every two years.

Current number of AW approved by CDAO to undertake and/or witness destruction is:

- A total of 38 trained individuals, of which:
  - 29 are internal
  - 9 external.

Health Boards in Wales continue to recognise the training provided in other Health Boards to avoid the need for an AW to undertake the same training in each Health Board to gain approval. Approval is used on valid training providing in any Health Board.

Communication:

To ensure that appropriate information is shared and the Health Board is kept up to date as much as possible with controlled drugs use and regulations, the key links of distribution of information include:

- GP prescribing Leads – with an individual from each practice present to share information with their own practice
- Harm Reduction Groups
- Quality and Safety Forums
- Option for GP Practices as part of their GMS contract to review and ensure their documentation and process for controlled drugs is robust
- Section in the Community Pharmacy Newsletter

Training:

The AOCD training course has been attended by the Associate Medical Director and Lead Clinical Development Pharmacist.

A refresher course has been attended (Nov 21) by Medical Director as Accountable Office for Controlled Drugs for the Health Board.

Monitoring

General Practice and Dentists are required to make a declaration each year to indicate that they are compliant with CD regulations on safe storage, supply, administration and destruction of CDs. In addition, Controlled drug management is reviewed as part of governance visits to individual GPs. Further work is required to determine the process with Dental practices across the Health Board.

Community Pharmacy differs from this as they are not required (or contracted to) undertake either an annual self assessment or declaration. They are subject to inspections by the GPhC in which controlled drug management form part of the inspection process.

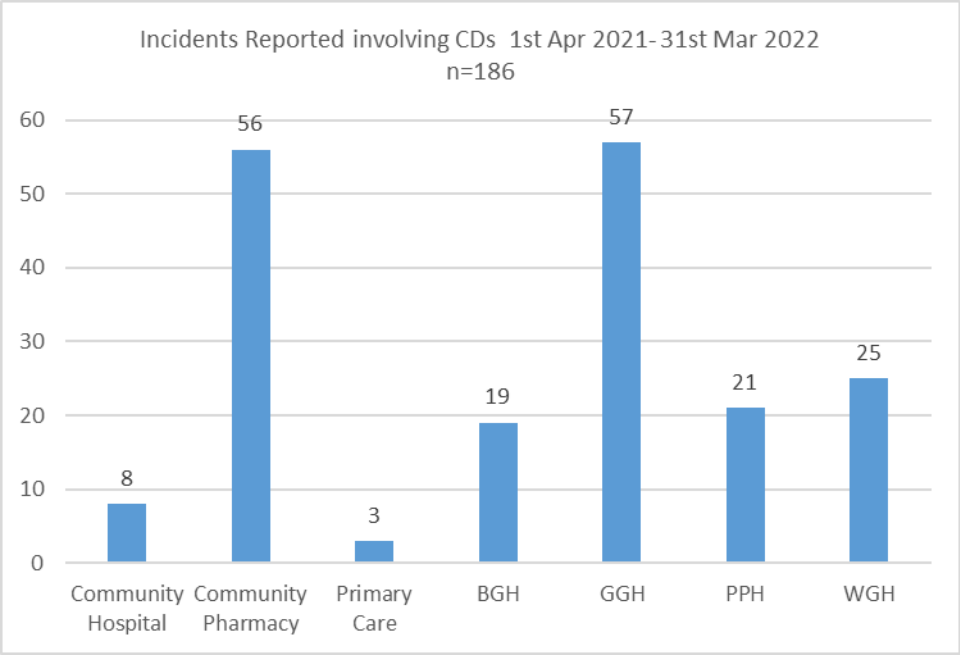
Ministry of Defence (MOD) prescribing of CDs is now reported anonymously to LIN and the attendance of the MOD pharmacist was welcomed

Summary of Controlled Drug incidents across HDUHB

There have been a total of 189 Datix reports involving controlled drugs across the Health Board from 1st April 2021 to 31st March 2022

The locations of these incidents are summarised in chart 1 below

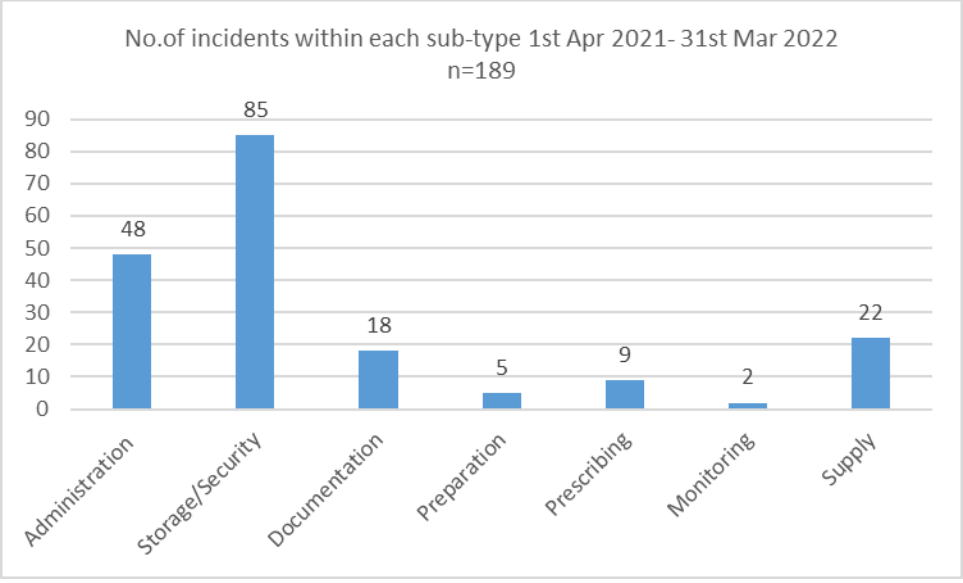
Chart 1: Location of Incidents involving a controlled drug.



Datix encourages the individual reporting to note, when the incident involves a medication, that if it is classified as a CD it is recorded as such to allow the system to pull out the relevant data to assist monitoring.

These incidents have been further broken down into sub-type e.g. administration errors, prescribing errors, documentation or storage/security. This breakdown is shown in Chart 2 below.

Chart 2: Break down of sub-type of incident



CD Incidents are now reviewed in detail through the scrutiny panels in place across sites and report into the Medicines Event Review Group (MERG). This mechanism encourages learning across the Health Board in response to incidents. Further targeted training and support may be implemented if a trend in number/type of errors is identified within a specific area.

LIN Risks:

LIN identified and discussed potential and existing risks which will be used to develop the LIN Risk Register. These risks relate to:

- Capacity within the Health Board to monitor and review controlled drug usage (most HB's have identified additional support e.g. B6 Pharmacy technician.

- Ability to review and identify clear audit trail for private prescribers and prescriptions as these are returned to the prescriber's 'home' organisational LIN and not shared with the area where they are dispensed.

Future Developments:

The year ahead will enable the LIN to review some of the key foundations of the LIN, this will include:

a) Work Plan for 2022/23 to be finalised
b) Review of the NICE Guidance
c) Progress information sharing agreement with Police and HB
d) Strengthen links with neighbouring LIN across NHS Wales

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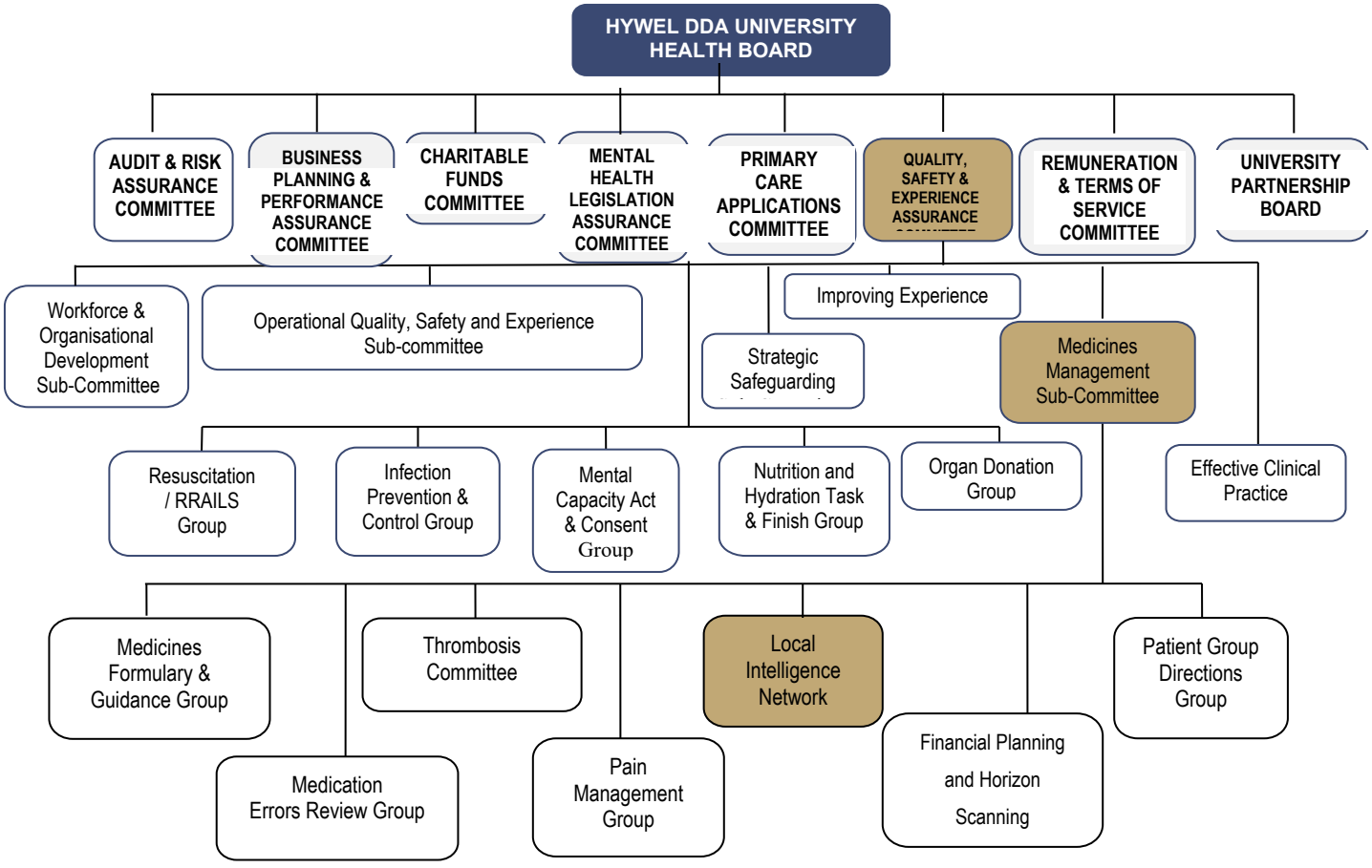
Appendix 1:

LOCAL INTELLIGENCE NETWORK

TERMS OF REFERENCE



Version	Issued to	Date	Comments
v.01	Medicines Management Group		
v.02	Medicines Management Sub-Committee		
v.03	Medicines Management Operational Group	18.7.2021	
v.04	Medicines Management Operational Group		

LOCAL INTELLIGENCE NETWORK

1. Constitution

1.1. The Network will be chaired by the Accountable Officer for Controlled Drugs for Hywel Dda University Health Board (HDUHB) and activity will be reported, via the Medicines Management Sub-Committee (MMSC) to the Quality, Safety and Experience Assurance Committee (QSEAC), to the Health Board, and monitored by Health Inspectorate Wales (HIW).

1.2. The Network will cover all health care providers within the geographic area of Hywel Dda, such as, primary care contractors, out of hours providers, all hospitals, private hospitals, hospices and care homes in Hywel Dda, as well as other services such as Mountain Rescue, etc., where controlled drugs are held.

2. Membership

- 2.1 The membership of the network shall comprise:

• Accountable Officer for Controlled Drugs, HDUHB (Chair)
• Clinical Director of Pharmacy and Medicines Management (Vice Chair)
• Head of Clinical Governance or Incident manager
• Head of Health, Safety and Security, HDUHB
• Primary Care MM/Pharmacy representative
• Secondary Care MM/Pharmacy representative
• Senior Nurse Medicines Management
• Inspector/Police Pharmacy Liaison Officer, Dyfed-Powys Police
• Substance Misuse Service Lead
• Head of Quality and Governance
• NHS Counter Fraud Officer
• General Pharmaceutical Council, Local Inspector
• Local Authority Representative (Domiciliary Carers, Care Homes Lead)
• Independent Sector Representative
• Ambulance Service Representative
• Health Care Inspectorate Wales
• Member of Substance Misuse Commissioning Team

2.2 Membership of the network will be reviewed on an annual basis.

2.3 Organisations required to have an Accountable Officer will normally be represented by that person. Representatives from Contractor Bodies will be invited as required (LMC, LDC). Other possible members include:

- GP (to provide GP perspective, NOT representative of all GPs)
- Community Pharmacist (to provide perspective from their profession)
- Independent hospitals and hospices representative
- Child Protection team member
- POVA member

3. Quorum and Attendance

3.1 A quorum shall consist of six members, and must include as a minimum the Chair or Vice-Chair of the network. If the meeting is not quorate, it will continue as a working meeting with subsequent ratification of decisions made by Chair's Action.

3.2 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of the meeting, to assist with discussions on a particular matter.

3.3 The network may also co-opt additional independent 'external' experts from outside the organisation to provide specialist skills.

3.4 Should any officer member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

3.5 Those that have not attended for the last 2 meetings will be written to to request attendance (at a minimum of 2 meetings per annum) and/or send a representative.

3.6 The network may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

4.1 To share intelligence regarding the use and potential abuse of controlled drugs (CDs) that are purchased or ordered, prescribed, dispensed, handled and administered within Hywel Dda University Health Board geographic area.

5. Operational Responsibilities

5.1 Develop an information sharing code based on agreed principles for sharing controlled drug (CD) intelligence between agencies.

5.2 Receive and review intelligence on the patterns of purchasing, ordering, prescribing, dispensing, handling and administration of controlled drugs.

5.3 Actively share intelligence regarding use and potential abuse of CDs.

5.4 Agree how to report concerns.

5.5 Agree procedures for investigation and participate in incident panels.

5.6 Agree on the handling of incidents affecting more than one agency.

5.7 Review the 'Log of Incidents' or concerns that have been raised and any action taken by each of the organisations within the network.

5.8 Hear reports from an investigation subgroup/Incident Panel and decisions of the Network Chair.

5.9 Advise on monitoring processes and audits of CD management.

5.10 Advise on training requirements for CD handling and undertake joint training.

5.11 Advise on policy requirements.

5.12 Update its membership as required.

6. Agenda and Papers

6.1 The agenda will be agreed by the Accountable Officer for Controlled Drugs for HDUHB with the Clinical Director of Pharmacy and Medicines Management.

6.2 All papers must be approved by the Chair of the Local Intelligence Network.

6.3 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.

6.4 The minutes and action log will be circulated to members within **ten** days to check the accuracy.

6.5 Members must forward amendments to the Local Intelligence Network (LIN) Secretary within the next **seven** days. The LIN Secretary will then forward the final version to the Chair for approval.

7. Frequency of Meetings

7.1 The LIN will meet quarterly and shall agree its schedule of meetings for the anticipated 12 month duration. Any additional meetings will be arranged as determined by the Chair of the LIN.

7.2 The Chair of the LIN, in discussion with the LIN Secretary, shall determine the time and the place of meetings of the LIN and procedures of such meetings.

8. Accountability, Responsibility and Authority

8.1 The LIN will be accountable to the Medicines Management Sub-Committee, which reports directly to the Quality, Safety and Experience Assurance Committee for its performance in exercising the functions set out in these Terms of Reference.

8.2 The LIN shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

8.3 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the network.

9. Reporting

9.1 The LIN through its Chair and members shall work closely with the Chair and members of the Medicines Management Sub-Committee and the Medication Event Review Group (MERG). With MERG, LIN will scrutinise Datix reports and Risk Registers involving Controlled Drugs.

9.2 In doing so, the LIN shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 Bring to the Medicines Management Sub-Committee's specific attention any significant matters under consideration by the network.

10. Secretarial Support

10.1 The LIN Secretary role will be undertaken by the administration support for the Accountable Officer for Controlled Drugs.

11. Review Date

11.1 These Terms of Reference and operating arrangements shall be reviewed on an annual basis.