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:**	December 2020 - July 2021

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

Patient Safety Reports

The Cumberlege Report *First Do No Harm*, Published by Healthcare Quality Improvement Partnership (HQIP) July 2020 The Baroness Cumberlege Report – First do no harm (Published 8th July 2020) – HQIP
One of the key areas covered in the Cumberlege report is the safe prescribing of sodium valproate in women of child-bearing age; this is due to the risk of harm to the developing foetus. GP practices across Hywel Dda University Health Board (HDdUHB) have reviewed all patients and have subsequently identified women of child-bearing age currently prescribed sodium valproate, many of whom may have been taking sodium valproate for treatment for many years. Each patient has been reviewed against two main criteria: (i) confirmation that they are fully aware of the risks and are taking contraception alongside their medication and (ii) they have had a review by a specialist team to determine whether remaining on sodium valproate is still the best option. In total 51 patients have been identified as requiring an annual review by the appropriate specialist services. Those under Mental Health and Paediatrics have been reviewed. A small number of patients (10) have been identified who require formal review through neurology services. Discussions are on-going with neurology leads based in Swansea Bay University Health Board (SBUHB) regarding how to progress this next step.

Gosport Report Learning from Gosport, Published 2018 Gosport Independent Panel report: government response - GOV.UK (www.gov.uk)
This report makes recommendations for a number of measures to be actioned relating to safe prescribing of controlled drugs, in particular at the end of life, following a high level of unexplained deaths within a community hospital in Gosport.
All the recommendations set out in the original Gosport report have now been implemented, with regular review of prescribing and incidents undertaken through both the Medicines Event Review Group (MERG), scrutiny groups and the Local Intelligence Network (LIN). The Palliative Care Guidelines have been updated and reflect best practice. Regular reports on the usage and strength of controlled drugs within Community Hospitals and wards across hospitals allow potential early identification of unusual practice. These reports are reviewed through MERG, a multi-professional independent group.

Antimicrobial Stewardship

The MMOG supports improvement through approval of key policies and documentation in the implementation across the Health Board of a high level of antimicrobial stewardship. The Health Board continues to see improvements in most areas of Primary Care, with the Medicines

Optimisation Team working closely with GP colleagues. Improvement is demonstrated in 3 out of the 4 National Prescribing Indicators for antibiotic prescribing, and HDdUHB remains at, or above the Welsh average in 2 of the 4 indicators. While the position is more challenging on hospital sites, the most recent Point Prevalence Audit (PPA) facilitated through Public Health Wales, indicated that 3 out of the 4 sites demonstrated improvement year on year. One site (Withybush General Hospital - WGH), however, highlighted that significant improvement is required to meet national standards. The PPA has limitations, as it is a snapshot, taking data from a single day. Already work has commenced, with an Antibiotic Review Kit (ARK) being rolled out - initially on a single site to ensure that the introduction of a further chart did not bring with it unintended consequences in terms of impacting on patient safety. This has not been seen and therefore the ARK is being implemented across all sites. ARK is a decision-making tool, aiding assessment of whether to continue, discontinue or change from intravenous to oral formulations.
Charts 1 and 2 (below) indicate an improvement at WGH site over recent weeks, following work with the ARK. It is too early to determine the sustainability of this improvement but the data does indicate the impact of some focused work undertaken with medical leads.

Chart 1

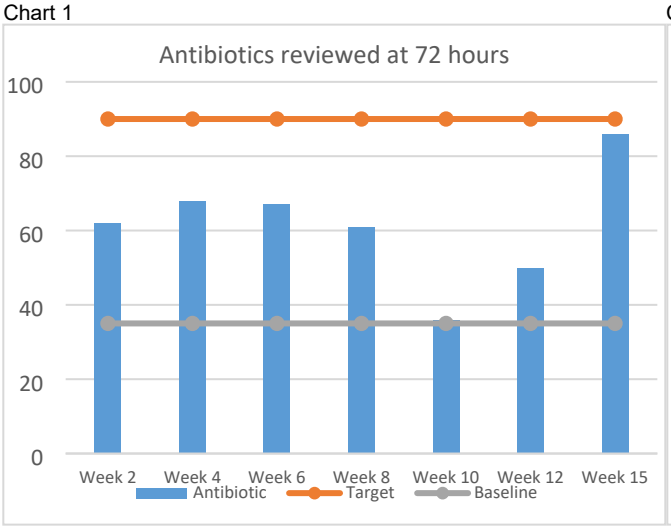
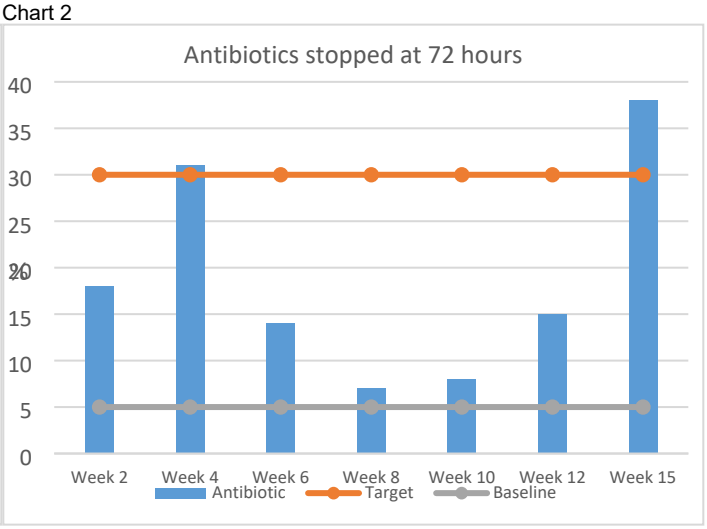


Chart 2



Aseptic Services

The units at Bronglais General Hospital (BGH) and WGH continue to be identified as high risk due to the facilities within which they operate. Increasing activity (due to increased workloads in Oncology and Haematology in the main) places additional pressure upon the service in relation to capacity and the need to ensure stringent controls are in place to mitigate the challenging facilities. The facilities no longer meet the increasingly stringent standards required by the Medicines and Healthcare products Regulatory Agency (MHRA), in relation to the footprint of the units, the work and air flow, and the need for separate changing facilities within a restricted area.

The MMOG received the most recent audit report (undertaken by the independent National Lead for Pharmacy Quality and Assurance in February 2021) which highlighted a marked improvement year on year in the operational processes in place in the unit. While two of the three moderate risks were not included in the February 2021 audit, internal audit indicates improvement in both these areas. The outstanding moderate/ high risks relate to the facilities ('Critical') and personnel,

training and competencies ('Moderate'). Formal staff competency and training plans are now in development and will shortly be in place, covering all aspects of capacity planning, standardisation of competencies (internal and national) and succession planning. The table below highlights the work that has taken place over the past 2 years to mitigate the risks. This is set against a background of increasing activity in the unit, due to the repatriation of a level of expensive out-sourced items and increased workload in Oncology and Haematology. The facilities remain at high risk of closure.

Table 1: Improvement in Assessed Risk in Aseptic Unit (WGH)

QUALITY RISK AREA	Jan 2019 Risk Rating	Jan 2020 Risk Rating	Feb 2021 Risk Rating
Minimising Risk with Injectable Medicines	MAJOR	MINOR	MINOR
Prescribing, Clinical and Aseptic Verification	N/A	MODERATE	MINOR
Management	CRITICAL	MINOR	MINOR
Formulation, Stability and Shelf Life	N/A	MODERATE	MINOR
Facilities and Equipment	CRITICAL	CRITICAL	CRITICAL
Pharmaceutical Quality System	CRITICAL	MODERATE	MODERATE
Personnel, Training and Competency	MODERATE	MODERATE	MODERATE
Aseptic Processing	CRITICAL	MODERATE	MINOR
Monitoring	MODERATE	MINOR	MINOR
Cleaning and Biodecontamination	MODERATE	MODERATE	MINOR
Starting Materials, Components and Consumables	N/A	MODERATE	MODERATE
Product Approval	N/A	MINOR	MINOR
Storage and Distribution	MINOR	MINOR	MINOR
Internal and External Audit	MAJOR	SATISFACTORY	SATISFACTORY

Annual Reports

Medicines Management Operational Group

The Annual report for the MMOG (April 2020-21) is included for information (Appendix 1). During the pandemic the MMOG continued to function to ensure that the governance arrangements relating to the safe management of medicines continued uninterrupted. The report highlights the significant amount of work that this group has overseen and completed in the past year.

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 CEO with regard to issues relating to Controlled Drugs. HDdUHB's Accountable Officer for Controlled Drugs is the Medical Director.

An action required of the LIN and the Accountable Officer is for the LIN Annual Report to be submitted to the Board. To reflect this recommendation the HDdUHB LIN Annual Report for 2020-21 is submitted as part of this report (Appendix 2).

Risgiau:
Risks (include Risk Register Reference):

- An increasing risk is identified in 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. A recent review by Welsh Government has highlighted continued risks relating to lack of electronic systems, and the patient safety benefits of moving to an e-prescribing system are now clearly identified. SBUHB has successfully moved to an EPMA system and has reported back reductions in errors and potential patient harm across the medicines pathway from prescribing, administration and communications across interfaces. Such systems provide real time information to support audit, quality improvement and financial controls.
  Risk Register Reference: 1171 (Score 4 x 4 = 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.
  Risk Register References: 374 (Score 4 x 4= 16), 847 (Score 4 x 5 = 20) , 732 (Score 4 x 4 = 16)

Gwella Ansawdd:
Quality Improvement:

Gluten-Free Card Scheme
The Health Board continues to implement the Gluten Free Care scheme that allows individuals with a diagnosis of coeliac disease to access GF foods through a pre-loaded payment card, in place of a prescription. Those patients who have currently taken up the scheme have reported back the positive impact this has had on their ability to manage their diet/ diagnosis more effectively. Currently this is available to all patients in Carmarthenshire and is being extended to Ceredigion and Pembrokeshire practices over the coming months.

Self-Administration Policy
This has been reviewed and updated. Training has now been undertaken in South Pembrokeshire Hospital to support patients to manage their own therapies (this support is most commonly used in insulin treatment). This move will support patients in retaining/ regaining control of their medicine regimens prior to discharge.

Pharmacy Technician Medication Administration.
This initiative supports a Pharmacy Technician working alongside nursing colleagues to administrate medicines at ward level to patients. This concept was first tested very successfully in one of the Health Board's Field Hospitals and has since been implemented within an acute setting on one ward in Prince Philip Hospital. This initiative has the potential to reduce the risk of errors relating to medicines. It releases some nursing time at ward level and increases learning opportunities across professions. A framework of learning and competency assessment has been developed to support the pharmacy technicians undertaking this new role

COVID-19 Vaccination
Activity to support the pandemic through MMOG:

- Throughout the pandemic the MMOG has overseen the review of the COVID-19 vaccine Patient Group Directions (18: Pfizer, 11: AZ and 4: Moderna) to support safe administration of the vaccine.
- Ensuring COVID-19 related guidance is embedded into the HB guidance, and where appropriate, this guidance is reflected in documents under review.
- Pharmacy services actively addressed the logistical challenges, ensuring the safe handling and management of COVID vaccines through standard operating processes based on best practice.

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 21st September 2021

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 July 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Medicines Management Operational Group Annual (2020/2021) Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care.
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Subhamay Ghosh Associate Medical Director Quality and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the Medicines Management Operational Group Annual Report 2020/21 to the Quality, Safety & Experience Committee. The Medicines Management Operational Group Annual Report provides assurances in respect of the work that has been undertaken by the Operational Group during 2020/21 and outlines the main achievements which have contributed to robust integrated governance across the University Health Board (UHB).

Cefndir / Background

The UHB's Standing Orders and the terms of reference for the Medicines Management Operational Group require the submission of an Annual Report to the Quality, Safety & Experience Committee to summarise the work of the Operational Group and to identify how it has fulfilled the duties required of it.

The fundamental purpose of the Operational Group is:

- To provide assurance to the Quality, Safety & Experience Committee that robust arrangements are in place for the delivery of safe, effective, evidence-based medicines management across the Health Board; and
- To develop the strategy for medicines management focused on improving clinical outcomes, patient experience and reducing unwarranted clinical variation.

The Annual Report specifically comments on the key issues considered by the Operational Group in terms of safety and quality, and the adequacy of the scrutiny and assurance in place.

Asesiad / Assessment

The Medicines Management Operational Group has been established under Board delegation, with the Health Board approving terms of reference of the Medicines Management Operational Group at its meeting on the 26th January 2021.

These terms of reference clearly detail the Operational Group's purpose to provide assurance to the Quality, Safety & Experience Committee around the organisation's governance, ensuring that there is an accurate reflection of the key risks, issues and arrangements to deliver against gaps in assurance.

In discharging this role, the Operational Group is required to oversee and monitor the governance agenda for the Quality, Safety & Experience Committee in respect of its provision of advice to the Board, and to ensure the implementation of the governance agenda against the following areas of responsibility:

- To ensure that robust arrangements are in place for the delivery of safe, effective, evidence-based medicines management across the Health Board;
- To develop the strategy for medicines management, focused on improving clinical outcomes, patient experience and reducing unwarranted clinical variation.

Medicines Management Operational Group Sub-Groups
The Groups reporting to the Medicines Management Operational Group during 2020/21 were as follows:

- **Medicines Formulary & Guidance Review Group** – established to:
  - Provide recommendations to MMSC on the adoption of guidance on all prescribing and medicines management issues, including those relating to NICE Technology Appraisals and AWMSG recommendations and on the management of the HDdUHB Formulary and applications for new medicines.
- **Patient Group Directions Group** – established to:
  - Provide assurance that governance arrangements are operating effectively with regard to the development, approval and audit of Patient Group Directions across the Health Board.
- **Thrombosis Group** – established to:
  - Advise on the implementation of best practice in relation to the prevention and treatment of Thrombosis as set out in its Terms of Reference;
  - Provide assurance in practice in relation to the prevention and treatment of Thrombosis;
  - Be responsible for the Health Board's Thrombosis Policy and Prescribing Information.
- **Pain Management Group** – established to:
  - Advise on the implementation of evidence-based practice in relation to Pain Management (mainly acute) as set out in its Terms of Reference;
  - Provide assurance that pain is managed in accordance with legislation and best-practice guidance.
- **Medicines Event Review Group** – established to:
  - Monitor medicines management incidents, identify trends and risk-minimisation strategies;
  - Communicate to the service both risks and preventative measure as set out in its Terms of Reference;
  - Provide assurance that a robust risk-minimisation strategy for medication incidents is in place;

- Respond to advice from national bodies and other guidance that involve medicines e.g. WG, NICE, MHRA, National Service Frameworks and National Patient Safety Agency (NPSA).

- **Financial Planning and Horizon Scanning Group** – established to:
  - Provide information, monitor and provide analysis on medicines expenditure across the Health Board and future medicines under development which will have an impact on the Health Board in the future;
  - To review the impact of high cost drugs through horizon planning and in relation to the clinical and financial impact of new medicines on a monthly basis.

- **Local Intelligence Network Group** – established to:
  - Advise the Health Board (Primary & Secondary Care) and the Accountable Officer on the management, use and monitoring of Controlled Drugs used within the Health Board as set out in its Terms of Reference;
  - Provide assurance that Controlled Drugs used within the Health Board are used in accordance with legislation and best-practice guidance.

- **Vaccinations & Immunisation Group** – established to:
  - Advise the Health Board on the management, use and monitoring of vaccinations and immunisations;
  - Provide assurance that vaccinations and immunisations are used and monitored in accordance with national and best-practice guidance.

The Medicines Management Operational Group Annual Report 2020/21 is intended to outline how the Operational Group and its Sub-Groups have complied with the duties delegated by the Quality, Safety & Experience e Committee through the terms of reference set, and also to identify key actions that have been taken to address issues within the Operational Group's remit.

Constitution
From the terms of reference approved 26th January 2021, the membership of the Operational Group was agreed as the following:

- Chair - Consultant Anaesthetist and Associate Medical Director for Quality and Safety
- Clinical Director of Pharmacy and Medicines Management - Vice Chair
- Assistant Director of Nursing
- Assistant Director of Therapies & Health Science
- Director of Primary Care
- Acute Services Lead for Pharmacy
- Senior Pharmacist Manager Primary Care and Community Pharmacy
- Head of Financial Planning (Medicines Management)
- Acute Care Medical representative (2)
- Lead Nurse for Planned and Unscheduled Care
- Lead Site Nurse (representation on rotation)
- Senior Nurse Medicines Management
- Primary Care Medical Representative (2)
- Medicines Safety Officer

- Antimicrobial Stewardship Representative
- Clinical Development Pharmacist
- Site Lead Pharmacist (1)
- Independent Member
- Core Sub-Group Representatives (Patient Group Directions, Local Intelligence Network, Thrombosis , Medicines Formulary & Guidance, Medicines Event Review Group, Acute Pain Management, Vaccinations & Immunisations, Financial Planning & Horizon Scanning)*
- *May also be core member

Meetings
Since March 2020, Medicines Management Operational Group meetings have been held on a bi-monthly basis as follows:

- 21st May 2021
- 16th July 2021
- 10th September 2021
- 19th November 2021
- 26th January 2021
- 16th March 2021

As the Medicines Management Operational Group is directly accountable to the Quality, Safety & Experience Committee for its performance, following each meeting it provides an assurance to the Committee through a formal written update report which is received at the subsequent Committee meeting.

During 2020/21, the Operational Group met on 6 occasions and was quorate at all meetings.

Operational Group Terms of Reference and Principal Duties
In discharging its duties, the Medicines Management Operational Group has undertaken work during 2020/21 against the following areas of responsibility in relation to its terms of reference:

- Monitor variation in prescribing practice through national prescribing indicators and similar benchmarking tools, and to develop plans to address any variations identified.
- Oversee actions related to any Patient Safety Alerts/ Patient Safety Notices that relate to Medicines Management;
- Provide assurance to QSEC that the risks related to Medicines Management are being managed effectively by monitoring the risks, considering proposed mitigations and alerting QSEC when necessary;
- Oversee the development of policies and guidance and to advise on the safe, rational, effective and prudent use of medicines, and to inform and endorse the Health Board's Strategy on Medicines Management;
- Assure itself that written control documentation, which falls within the remit of the Group, has been adopted, developed or reviewed in line with HDdUHB Policy 190 – Written Control Documentation prior to approving it, and to provide evidence of that assurance to the Clinical Written Control Documentation Group when recommending a procedure or guideline for uploading, or a policy for final approval by the Clinical Written Control Documentation Group.

Feedback from Sub-Groups
In terms of feedback from Sub-Groups:

- **Medicines Formulary & Guidance Review Group** –
  Written update reports from the Medicines Formulary & Guidance Review Group (MFGG) highlighting the key areas of work scrutinised and identifying key risks and issues and matters of concern, have been regularly received by the Medicines Management Sub-Committee during 2020/21, including the following:
  - MFGG held 3 meetings (stood down during the COVID-19 pandemic in July & September 2020)
  - A medical Chair (GP) was appointed. Secondary Care medical representation is being sought. Nursing and pharmacy representation has been good.
  - MMFG evaluated 36 applications and made recommendations to MMSC

Approved	16
Not approved	
Reclassification	5
Deletion	1
Total	**22**

The formulary status of the recommendations was as follows:

Green (1st line including GP)	6
Blue (2nd line including GP)	1
Specialist Recommendation	
Specialist Initiation	8
Hospital Only	6
Non-Formulary	1
Total	**22**

- **Guidance Policies/ Guidelines/ Prescribing Information) considered:**
  These include Antimicrobial guidance (11)
  Medicines Guidance developed (28) to support patient care and safety.
  Medicines Guidance updated (12)
  Patient safety bulletins (3)
  Shared Care Protocols Update (3)
  Covid-19 guidelines (16) with Bronze Covid Guidelines Group

  A number of information bulletins, sharing learning from scrutiny and review groups:
  MERG Bulletin: Oral Paracetamol prescribing: Adult patients with a Low Body Weight
  Bulletin: Drug Library and Bbraun Pumps Update
  Bulletin: Risk of confusion between paracetamol, fluconazole, glucose 5% & sodium chloride 0.9% 100ml infusion bottles

Medical Management of Miscarriage/MToP prescribing label (minor update)
Armour Thyroid Repatriation Letter
SBAR Medicine Administration in Field Hospitals by Pharmacy Technicians
PrEP: Dispensing Risk Assessment for faxed prescriptions
Patient Information Leaflet: Self Administration of Medicines in Maternity
Methotrexate oral SCP Ophthalmology Update
Mycophenolate SCP Ophthalmology Update
Methotrexate SC for Rheumatology Shared Care Protocol (Update)

Covid-19 Clinical Guidance

The full list of guidance that has been approved through the MMOG can be seen in Appendix 2. In addition the MMOG has overseen the development of the Patient Group Directions for the safe administration of the Covid-19 vaccine.

The logistics of the delivery of the vaccination programme have been managed effectively through SOP (standard operating protocols) covering delivery, storage, preparation, storage and waste.

- **Patient Group Directions Group** – written update reports from the Patient Group Directions (PGD) Group highlighting the key areas of work scrutinised and identifying key risks and issues and matters of concern, have been regularly received by the Medicines Management Sub-Committee during 2020/21, including the following:
    - Revising and updating existing PGDs (105 and the Community Pharmacy Common Ailments Scheme PGDs)
    - Rationale for development of PGDs approved:
        - Covid-19 vaccine PGDs Pfizer-BioNtech , AstraZeneca and Moderna
        - PGD for Urinary Tract Infections for Community Pharmacists.
    - PGD development requests not supported:
        - PGD for the administration of gentamicin i.m for high-risk patients prior to flexible cystoscopy
    - PGD retired:
        - Ophthalmology 17-4 Fluorescein Sodium 1% August 2020
- **Thrombosis Group** – written update reports from the Thrombosis Group highlighting the key areas of work scrutinised and identifying key risks and issues and matters of concern, have been regularly received by the Medicines Management Sub-Committee during 2020/21, including the following:
    - HDUHB Patient Information Leaflet (PIL) for the use of Low Molecular Weight Heparin (LMWH)
    - HDUHB Guidance on the Management of Heparin Induced Thrombocytopenia (HIT)
    - Single VTE Risk Assessment Form
    - Prescribing and Administration of intravenous ‘unfractionated’ heparin Information
    - Adoption by the HB of the All Wales VTE Policy
- **Medicines Event Review Group**– written update reports from the Medicines Management Review Group highlighting the key areas of work scrutinised and identifying key risks and issues

and matters of concern, have been regularly received by the Medicines Management Sub-Committee during 2020/21, including the following:

- Cumberlege Report Sodium Valproate Action Plan
- Gosport Action Plan
- PSN(055) Medicines Storage
- Education and Learning Actions after Prescribing Errors
- Controlled Drugs Workshops

- **Local Intelligence Network–** written update reports from the Local Intelligence Network highlighting the key areas of work scrutinised and identifying key risks and issues and matters of concern, have been regularly received by the Medicines Management Sub-Committee during 2020/21, including the following:

  - HIW and National Lead for CD LIN have attended meetings
  - Development of a Flowchart detailing action taken in the HB when referrals are received
  - Representation from police, substance misuse and MoD developed

- **Financial Planning and Horizon Scanning Group**– Has not met formally this year due to the impact of COVID-19 Pandemic although work between pharmacy and finance on financial planning and horizon scanning has continued.

- **Vaccination & Immunisation Group**
  Verbal updates on the progress on the childhood vaccine programme and influenza and COVID-19 vaccination were received.

Other Areas of Responsibility
During 2020/21, the Medicines Management Operational Group also received, and considered the following:

- **Service Development**
  Prescribing Management Scheme
  Mutual Aid SBAR
  SBAR Medicine Administration in Field Hospitals by Pharmacy Technicians
  Medications Management Options for Community Hospitals

- **Governance**
  HB Covid-19 vaccination SOPs for MVC, hospital & primary care use.
  Working with Bronze Covid-19 Guideline to implement guidance
  Moved to Virtual Meeting via Teams

- **Monitoring**
  HDUHB Internal Audit: Nursing Medication Administration & Errors May 2020
  Risk Register
  RR732 & 847 Aseptics
  RR848 Critical Medicines
  RR405 WDL
  RR681 DERS Library and
  RR406 Transfer of Information between Primary and Secondary Care
  RR848: Risk of avoidable harm to patients due to potential unavailability of critical care

medicines including haemofiltration fluids
RR639: Risk of disruption and delays to the supply of radiopharmaceuticals and critical medicines
Withybush General Hospital Aseptic Service Annual Quality Review 2020
Items Identified as Low Value for Prescribing in NHS Wales – Paper 3 (Updated December 2020)
Pharmacy & Medicines Management Annual Report 2020/2021 (Appendix 1)

Key Risks and Issues/ Matters of Concern
During 2020/21, the following key risks and issues/matters of concern were raised to the Quality, Safety & Experience Committee:

- QSEAC SBAR Critical Care Medicines
- AWMSG COVID-19 Oncology/Haematology guidance
- Health Inspectorate Wales (HIW) Reports
- HIW Review of Local Intelligence Networks (LIN) Chair: Dr Phil Kloer Controlled Drugs Accountable officer
- Risk Assessment of BBraun pumps used for End of Life medicines administration
- SBAR Mutual Aid
- Armour Thyroid Repatriation Letter
- SBAR App
- PrEP: Dispensing Risk Assessment for faxed prescriptions
- Progress in digitalisation

Matters Escalated to Quality, Safety & Experience Assurance Committee
During 2020/21, the following matters requiring Quality, Safety & Experience Assurance Committee level consideration or approval were raised:

- Critical Care Medicines being added to the Risk Register
- Guidance developed and approved
- Intravenous Administration of Biologic Medication via Homecare
- Prescription Proforma for use in the Macular Eye Clinics
- Internal Audit: Nursing Medication Administration & Errors May 2020
- Antibiotic PPS results 2019
- Development of a ‘grab bag’ for Controlled Drugs required by the Medical Emergency Team and pilot evaluation
- Immediate-release fentanyl preparations
- Drug Library and Bbraun Pumps Update
- Bulletin: Risk of confusion between paracetamol, fluconazole, glucose 5% & sodium chloride 0.9% 100ml infusion bottles
- Medicines Shortage: Sodium Bicarbonate Guidance
- Pharmacological Management of Diabetes Guidelines
- Thrombosis Group: Single VTE Risk Assessment Form
- Vitamin D Guideline
- Prescribing and Administration of intravenous ‘unfractionated’ heparin Information
- Perinatal Psychotropic Prescribing Tool: Antidepressants and Antipsychotics
- Rectus Sheath Catheter Guideline
- Reduction in Risk scores for RR848 & RR639
- LIN: Controlled Drug Monitoring Tool development

- MERG: Site Improvement Plans leading to focused training following a number of incidents.

Medicines Management Operational Group Developments for 2021/22
The following developments are planned for the Medicines Management Operational Group during 2021/22:

- Review of reports on the impact of the New Treatment Fund medicines to MMSC
- Completion of first MMSC Committee Effectiveness Review
- Review of sub-group ToRs and reporting structures following the pandemic
- Explore the development of a Sharepoint for MMOG and webpage on the new HB website.

Argymhelliad / Recommendation

To note the Medicines Management Operational Group Annual Report 2020/21.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability

Effaith/Impact:	
Ariannol / Financial: **Ansawdd / Patient Care:** **Gweithlu / Workforce:** **Risg / Risk:** **Cyfreithiol / Legal:** **Enw Da / Reputational:** **Gyfrinachedd / Privacy:** **Cydraddoldeb / Equality:**	Not Applicable

APPENDIX 1

Pharmacy & Medicines Optimisation Services
Annual Report for QSEC April 2020 – March 2021

In line with all services working in Health and Social Care, 2021 has been a year like no other. Despite the challenges the pharmacy and medicines optimisation teams have risen to the challenge with a flexible and proactive approach to deliver high quality pharmaceutical care to our patients. This has involved a lot of work supporting the Covid response across the sectors, in addition to significant input into the safe delivery of the Covid Vaccination Programme through GPs and at our Mass Vaccination centres (MVC). This brief is a summary of some of the key activities undertaken over the past year.

1 Agile workforce during COVID

The Pharmacy and Medicines Optimisation (PMO) team have reacted swiftly to the changing demands brought by the pandemic. Social distancing within relatively small departments resulted in teams developing alternative working patterns that extended the opening hours of the pharmacy departments. This benefited colleagues on the wards and patients as the expertise of the team were available for longer hours.

The Primary Care team responded quickly to the increasing demands seen by the opening of the Field hospitals. Pharmacists and Pharmacy Technicians moved from their current roles in GP practices to cover the needs of patients in the Field Hospitals. Pharmacy Technicians undertook additional training and a competency assessment programme to enable them to support nursing colleagues through undertaking drug administration to patients in the Field Hospitals. These technicians were the first in Wales to carry out this role.

PMO Team have also been involved in training vaccinators in the process of preparing the COVID vaccine for administration to the public. They have also supported the Mass Vaccination Centres by volunteering as ‘reconstituters’ to cover evening and weekend sessions to provide the vaccine in a ready-to-use form for the vaccinators.

1.1 COVID Vaccine

The PMO Team have worked closely with nursing colleagues and Public Health Wales to develop in excess of 20 Standard Operating Procedures to support the COVID vaccination programme across the HB. These cover all aspects of the vaccination delivery from suitability of MVCs, safe practice to maintain the cold-chain, actions to mitigate any wastage of vaccine and ensuring adequate supply of vaccine to deliver the successful campaign across Hywel Dda.

1.2 Critical Medicines Supply

During the pandemic the supply chain of some medicines, including critical medicines, has been tested to the maximum. Increased demand across the UK, Europe and the rest of the World, coupled with transportation restrictions resulted in shortages in the acute and community sectors. Close collaboration between the teams working across the Health Board and at a national level has ensured that supplies have been maintained by moving stock to where it has been needed, identifying alternative sources and, for end of life (EoL) care, a process to ensure rapid access to EoL drugs at any time.

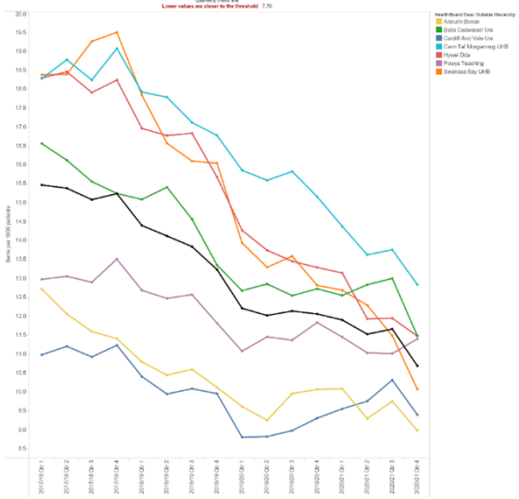
2 Antimicrobial Stewardship

Antimicrobial stewardship continues to be a priority across the Health Board, with point prevalence surveys and monitoring of the relevant All Wales Medicines Strategy Group (AWMSG) National Prescribing Indicators (NPI)

The systemic Antibacterial prescribing rate for Hywel Dda has increased in 2020 when compared to 2019 data. Three of the acute sites are below the All Wales average. An improvement plan implemented to improve prescribing performance is to be extended to the 4 sites. This improvement plan includes the introduction of the ARK (Antimicrobial Review Kit) medication chart.

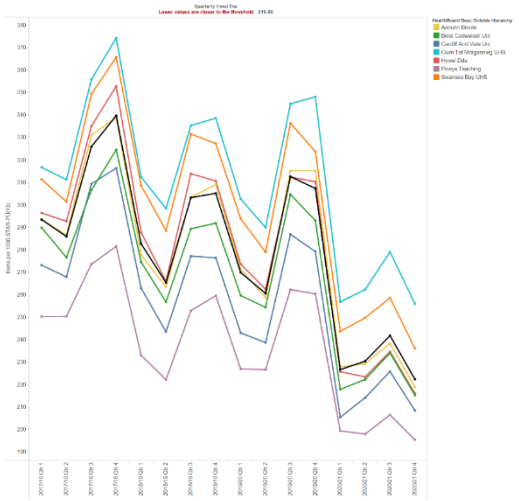
The Health Board continues to make progress against the AWMSG NPIs relating to antibiotic usage.

Indicator: 4C Antibacterial Items Per 1000 patients



HDUHB (Red line) is currently the 3rd highest prescribers for 4C Antibacterial Items per 1000 patients of 7 HBs. However the prescribing rate is reducing. Following the formation of the MO Antimicrobial Stewardship Group (AMS) in 2020, the team continues to support the Primary Care Antibiotic Pharmacist in auditing the prescribing of antimicrobials. This data is fed back to individual high prescribing practices with the support of the Microbiologists. There has been a marked decrease in the prescribing rate for co-amoxiclav.

Indicator: Antibacterial Items per 1000 STAR-PU



HDUHB (Red Line) is showing a large reduction in overall antibacterial items per 1000STAR-PU between Q4 2020 (310.4) and Q4 of 2021 (216.2). The HB has moved from 5th best (of 7HB's) to 4th best over the last 12 months. The AMS group continue to audit & feedback to practices and particular focus has been antibacterial items on repeat.

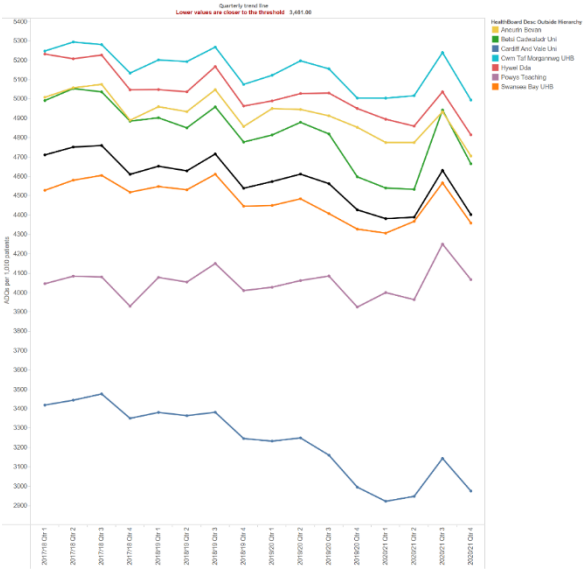
3 Pain Management

The PMO team continues to work as part of the multi-professional approach to pain management and there continues to be significant challenges to reduce the opioid burden across the Health Board. A lot of work continued last year in the finalisation of cross sector chronic pain management pathways and the identification of high use

practices. Targeting the expertise to high usage areas to support appropriate prescribing will continue with this area of complex care.

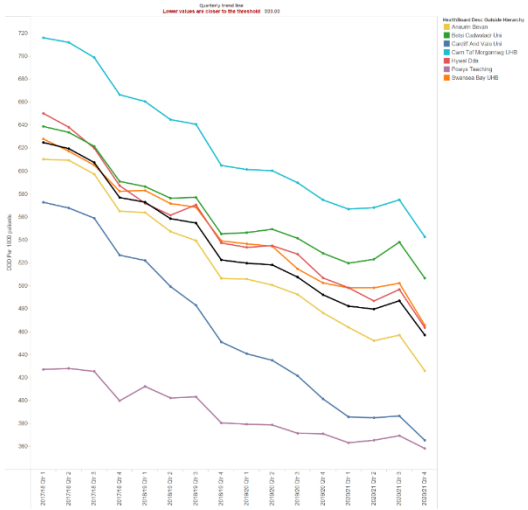
<u>Indicator:</u> Opioid Burden (UDG) ADQs per 1000 Patients

Q4 shows a marked reduction in prescribing compared to a slight increase in Q3. The HB (Red Line) has maintained its position as the 2nd highest prescribing HB. The Pharmacy Chronic Pain Team continues to assist GP Practices with reducing patients on high dose opioids via audit of current prescribing and feedback at MDT GP Practice meetings, they continue to support individual patients with individualised reduction plans and medication reviews. HDUHB Chronic Pain and Neuropathic Pain Guidelines have been developed and reducing high dose opioids is worth 50% of the Prescribing Management Scheme for 2020-2021 & has been continued for 2021-2022.



<u>Indicator</u>: Tramadol DDD per 1000 Patients

HDUHB (Red line) has shown large reductions in Tramadol prescribing, and prescribing is now just above the All Wales average. The Pharmacy Chronic Pain Team continue to assist practices through discussion of difficult cases and encourage review of Tramadol prescribing as part of medication reviews. Ceredigion County is the lowest prescriber in Wales for Tramadol prescribing.



<u>4 Yellow Card Reporting</u>

The promotion of submission of Yellow Cards which provide vital data on potential side-effects of medicines remained in place during the past year. This was of particular importance with the rapid roll out of a new vaccine, allowing possible unknown risks to be identified at a national and world-wide level.

Data is not yet available for quarter 4; however the previous quarter data shows HDdUHB submitting the highest number of yellow cards in general practice out of all HBs; however numbers are much lower for secondary care. GPs are incentivised to submit yellow cards as a gateway requirement of the Prescribing Management Scheme for 2020-2021 & 2021-2022 with practices expected to submit a minimum of 1 card per 2000 registered patient population to qualify for awards.

Quarterly Trend Data

Number of yellow cards submitted

Submitted By	FyearQtr	Aneurin Bevan	Betsi Cadwaladr Uni	Cardiff And Vale Uni	Cwm Taf Morgannwg Uni	Hywel Dda	Powys Teaching	Swansea Bay Uni	Velindre NHS Trust
General Practice	2020-2021 Qtr 1	17	63	13	24	83	6	24	0
	2020-2021 Qtr 2	16	87	16	29	152	2	15	0
	2020-2021 Qtr 3	29	69	12	23	136	9	10	0
Secondary Care	2020-2021 Qtr 1	4	30	11	11	10	1	6	19
	2020-2021 Qtr 2	9	36	25	10	15	1	16	38
	2020-2021 Qtr 3	15	36	24	9	16	2	18	16
Community Pharmacy	2020-2021 Qtr 1	1	0	0	1	0	0	0	0
	2020-2021 Qtr 2	1	1	0	2	3	0	1	0
	2020-2021 Qtr 3	3	6	1	3	3	0	1	0

FyearQtr	Aneurin Bevan	Betsi Cadwaladr Uni	Cardiff And Vale Uni	Cwm Taf Morgannwg Uni	Hywel Dda	Powys Teaching	Swansea Bay Uni	Velindre NHS Trust
2020-2021 Qtr 1	40	116	44	44	105	10	37	19
2020-2021 Qtr 2	42	148	52	55	185	7	36	38
2020-2021 Qtr 3	68	125	62	52	165	14	40	16

2020/21 quarterly totals

HBTotals

in excess of 1 yellow card per 2000 health board population

Spira HB	2020-2021 Qtr 1	2020-2021 Qtr 2	2020-2021 Qtr 3
Aneurin Bevan	✗ 0.54	✗ 0.14	✗ 0.22
Betsi Cadwaladr Uni	✗ 0.98	✗ 0.42	✗ 0.35
Cardiff And Vale Uni	✗ 0.81	✗ 0.20	✗ 0.24
Cwm Taf Morgannwg Uni	✗ 0.55	✗ 0.24	✗ 0.22
Hywel Dda	✗ 0.98	✗ 0.94	✗ 0.84
Powys Teaching	✗ 0.36	✗ 0.10	✗ 0.20
Swansea Bay Uni	✗ 0.57	✗ 0.18	✗ 0.20

✗ Target missed

General Practice

In excess of 1 yellow cards per 2000 practice population

	Achieved	Not Achieved	No Of Practices
Aneurin Bevan	3	73	76
Betsi Cadwaladr Uni	25	79	104
Cardiff And Vale Uni	1	61	62
Cwm Taf Morgannwg UHB	3	51	54
Hywel Dda	34	14	48
Powys Teaching	1	15	16
Swansea Bay UHB	3	46	49

5 Medicine Transfer and Electronic Discharges (MTeD)

The electronic transfer of discharge prescriptions ensure information arrives with GP practices in a timely manner and that information is legible. During the pandemic MTeD was made available to all wards in the acute hospitals sites. A report from January 2021 showed that approximately 70% of 2249 discharge advice letters were issued electronically. The pharmacy team aims to increase this further over the next 6-12 months recognising the benefits it brings to patient safety and experience.

Appendix 2:

Guidance Approved by MMOG 2020-2021

Antimicrobial Guidance

ARK SBAR
OPAT Antibiotic Guidelines
Paediatric Monographs
Antibiotic Guidelines:
Amputation
Diverticulitis,
Biliary Infection,
Pyelonephritis,
Groin Abscess and Pilonidal Sinus (new),
Septal Abscess (new)
Splenectomy Guideline

Guidance

Hypertension Acute Stroke Guideline
Diabetes in Pregnancy Care Bundle
Rectus Sheath Catheter Guideline
961- All Wales Competencies for Review, Authorisation and Prescribing of Systemic Anti-Cancer Therapy (SACT) For Adult Patients
Depot Antipsychotic Procedure
Prescribing Oxygen Acute Paediatric Procedure
Administration of Entonox Guideline (884)
934 - Vedolizumab infusion in children Procedure
Hypertension in Pregnancy (Magnesium sulphate)
722 - Hypercalcaemia of Malignancy Guideline
725 - Management of Chemotherapy-induced Nausea & Vomiting
766 - Tumour Lysis Syndrome
Perinatal Psychotropic Prescribing Tool: Antidepressants and Antipsychotics
Guidance on the use of H2-receptor antagonists for the prevention of infusion-related reactions to SACT (systemic anti-cancer therapy)
Pharmacological Management of Diabetes Guidelines
Medicines Shortage: Sodium Bicarbonate Guidance
Vitamin D Guideline
Intrathecal Opioid Guideline
Medical Management of Miscarriage at Home
Guidelines for the delegation of Insulin administration in Community Settings
Paediatric Monographs
Salbutamol IV bolus and infusion (updates)
MTOP / MMM prescription chart labels (inpatient)
Update of the RCPaed Standardised Concentrations

High-strength sodium chloride Polyfusor shortage: Preparation information
Phosphate Polyfusor Shortage Preparation & Administration information

Review
Guidelines For Home Glucose Monitoring (Primary, Community, Acute & Mental Health Care)
Acute Pain Management for adult patients already taking strong opioids Guideline
Guidelines for the delegation of insulin administration by non-registered health care workers in the community
Chronic Pain & Neuropathic Pain Guidelines
337 Epidural Guideline
Pharmacist Enabling & Therapeutic Substitution Guideline
Biosimilar letter
Paediatric infliximab procedure
337 Epidural Analgesia Guideline
Prevention of Falls pharmaceutical element
Appendix 3 Intravenous (and subcutaneous) Therapy: Administration Device Selection
Injectable Medicines and Infusion Therapy Policy

Version Control: Medicines Policy HCSW Second Check Mental Health
Version Control: 268 Medicines Policy IP&C Control Variation

MERG Bulletin: Oral Paracetamol prescribing: Adult patients with a Low Body Weight
Bulletin: Drug Library and Bbraun Pumps Update
Bulletin: Risk of confusion between paracetamol, fluconazole, glucose 5% & sodium chloride 0.9% 100ml infusion bottles

Medical Management of Miscarriage/MToP prescribing label (minor update)
Armour Thyroid Repatriation Letter
SBAR Medicine Administration in Field Hospitals by Pharmacy Technicians
PrEP: Dispensing Risk Assessment for faxed prescriptions
Patient Information Leaflet: Self Administration of Medicines in Maternity

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PrEP: Dispensing Risk Assessment for faxed prescriptions
Patient Information Leaflet: Self Administration of Medicines in Maternity

Methotrexate oral SCP Ophthalmology Update
Mycophenolate SCP Ophthalmology Update
Methotrexate SC for Rheumatology Shared Care Protocol (Update)

COVID-19 Clinical Guidance

- Tenecteplase for Thrombolysis of STEMI (LocCOV.011) - issued 09/04/2020
- COVID-19 Myocarditis-UHW guide (LocCOV.007) - issued 15/04/2020
- Standard Operating Procedure for the delivery of abortion care within HDUHB during Coronavirus (Covid-19) (LocCOV025) - issued 28/04/2020
- Management of Controlled Drugs on Wards During COVID19 Pandemic HD v1.1 (LocCOV.019) - issued 16/04/2020
- Guideline for the Administration of medicines requiring two registrants for patients in isolation during COVID 19 Pandemic (LocCOV.024) - issued 30/04/2020
- Safe Administration of Medicines to COVID-19 Patients in isolation (LocCOV.032) - issued 07/05/2020
- Symptom Management for all patients being treated for Covid-19 (Community & Primary Care) (including End of Life Care Prescribing Guidelines) (LocCOV.012) - issued 20/04/2020
- Prescribing Guidance for Symptom Management for all patients being treated for Covid-19 (Hospital Inpatients) (including End of Life Care Prescribing Guidelines) (LocCOV.013) - issued 20/04/2020
- End of Life Symptom Management - Alternative Options During Drug Device Shortages (LocCOV.039) - issued 01/05/2020
- Guidance for use of SGLT2 inhibitors in primary care during Covid-19 pandemic (LocCOV.036) - issued 30/04/2020
- End of Life COVID-19 Medicines Service to supply Just in Time Emergency Medicines Packs (started 15th April 2020)
- Guidance for Local Health Boards and NHS Trusts on the reuse of end of life medicines in hospices and care homes
- Management of Controlled Drugs on Wards During COVID19 Pandemic HD v2 (LocCOV.019) - issued 17/06/2020
- HDUHB Local Procedure for the ordering of remdesivir for the treatment of COVID-19 supplied under the MHRA Early Access to Medicines Scheme (LocCOV.056) - issued 18/06/2020 LocCOV.056 links to NatCOV.081- COVID-19 Therapeutic Alert - Early Access to Medicines Scheme for remdesivir in the treatment of COVID-19. Implementation of the scheme and management of supply
- Reducing the Risk of Venous Thromboembolism in Adult Patients admitted with suspected or confirmed Covid-19 Local Guidance (LocCOV.054) - issued 03/06/2020
- Guidance for Care homes and hospices: Running an End Of Life (EOL) medicines reuse scheme (LocCOV.046) - issued 26/05/2020 (Click here to view guideline frontsheet)
- Quick Reference Guide to Prescribing End of Life Medications (LocCOV.046) - issued 26/05/2020 LocCOV.046 links to NatCOV.072 - End of Life Medicines Reuse Scheme in a care home or hospice setting.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Local Intelligence Network Group Annual Report

2020/21

Introduction

This is the annual report of the Hywel Dda University Health Board (HB) Local Intelligence Network Group (LIN). This report details the work undertaken by the network during 2020/2021 outlining the main achievements which have contributed to improving the governance arrangements relating to controlled drugs (CD) within Hywel Dda UHB.

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).

Although the COVID pandemic caused disruption in 2020/2021, LIN met virtually on 3 occasions: July and October 2020 and Jan 2021. Attendance and engagement has been good and from a range of organisations.

The Local Intelligence Network (LIN)

Membership:

- 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
- 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).

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 which provides the quality assurance for the HB and in-turn reports to the HB'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 HB that matters affecting controlled drugs, their use and safe monitoring, including early identification of potential misuse of these drugs, are reviewed and monitored. This is achieved through the development of cross-partnership working. The operational responsibilities remain with the service and site leads within the HB.

Regular Reporting:

Information relating to controlled drugs is drawn from a wide area including:

- Data analysis (including prescribing data)
- 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 group may request further action 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
- Disciplinary processes

- Immediate action to protect patients

A flow chart has been developed to ensure that Police referrals are screened and managed in a consistent manner by the HB. This flow chart has been updated during the year in response to the referrals received.

The role of the Medicines Error Reporting Group and LIN in reviewing CD errors and incidents has been clarified to reduce duplication of work.

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

- Secondary Care Incidents, taken from Datix
- Primary Care Incidents, taken from Datix
- Police Referrals, received directly from the Police
- Welsh Ambulance Service Trust (WAST) Occurrence Reports, provided to the Group for each quarter
- BMI Werndale Hospital Occurrence Reports, provided to the Group for each quarter
- Private CD requisitions

The Controlled Drugs Hospital Occurrence Report Form was redesigned to smooth the completion process; this, with improvements to the mechanism and presentation of Datix Reports to Site Leads, has led to with an increase in reports received.

Health Inspectorate Wales LIN Review Report

This report was published and considered by LIN. The recommendations in the Summary Report mainly concern developing a consistent All Wales approach and developing networking between individual HB LINs.

Jo Kember (Betsi Cadwaladr UHB) has been appointed as National Controlled Drugs Local Intelligence Network (CDLIN) Lead Pharmacist with the aim of providing the link and dialogue between the CDLINs, and developing the cross-border links with England, Scotland and Northern Ireland for intelligence and reporting of CD incidents. Standardised Terms of Reference and a Monitoring and Reporting framework for LINs are being developed. A review of CD Regulations in Wales in due in the next 2 years.

Review of Dexamphetamine Prescribing in Primary Care

The prescribing of Dexamphetamine in Primary Care was reviewed in 2020/2021. Although small numbers of patients were identified HDUHB has the highest prescribing rate in Wales. Therefore, links were made with the HDUHB Adult ADHD service and representatives attended the GP Prescribing Leads meetings. Current patients (7) were identified and are being fast-tracked for review. Six paediatric ADHD patients were identified, use was reviewed and found to be appropriate and in-line with NICE guidance. The remaining 5 patients have a diagnosis of narcolepsy and there are on-going discussions with Neurology to facilitate a review.

Controlled Drug Policies and Procedures:

The following CD procedures were developed in response to changes in working practices demanded by the COVID pandemic were approved by the COVID Bronze Guideline Approval Group and subsequently endorsed by LIN and MMOG:

- Management of Controlled Drugs on Wards during COVID19 Pandemic HD v2 (LocCOV.019) - issued 17/06/2020
- Guideline for the Administration of medicines requiring two registrants for patients in isolation during COVID 19 Pandemic (LocCOV.024) - issued 30/04/2020
- Safe Administration of Medicines to COVID-19 Patients in isolation (LocCOV.032) - issued 07/05/2020
- Guidance for Care homes and hospices: Running an End of Life (EOL) medicines reuse scheme (LocCOV.046) - issued 26/05/2020
- Quick Reference Guide to Prescribing End of Life Medications (LocCOV.046) - issued 26/05/2020
- LocCOV.046 links to NatCOV.072 - End of Life Medicines Reuse Scheme in a care home or hospice setting

Gosport Report

MERG has strengthened the monitoring and audit of CD use in Community Hospitals which included the resolution and strengthened monitoring of CD supply in one setting where CDs could be provided from both Primary and Secondary Care.

Authorised Witness Training:

Training of authorised witnesses continued during the pandemic.
The HB 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 and also undertake training to ensure that they are fully aware of the standard operating procedures in place.

The requirement for DBS for authorised witnesses was clarified.

Communication:

To ensure that appropriate information is shared and the HB 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

Training:

The AOCD training course has been attended by Dr June Picton (Associate Medical Director) and Sue Beach (Lead Clinical Development Pharmacist).

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.

Community Pharmacy differs from this as they are not required (or contracted to) undertake either an annual self assessment or declaration. This issue is being taken forward on a National (Wales) level with the General Pharmaceutical Council, NHS Wales and Community Pharmacy Wales.

The reporting of CD discrepancies and incidences to the AOCD procedure has been strengthened and a new Community Pharmacy Incident Reporting Form has been developed.

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 in Community Pharmacy:

April 2019 - March 2020

There have been a total of 13 Datix reports involving controlled drugs in community pharmacies.

- Moderate Risk (Level 2) = 2
- High Risk =7 (taken by patient, however no harm came to the patient)
- All others were Low Risk = 4 (Unaccounted losses).

Many can be classed as dispensing errors: incorrect quantity, brand, drug, dose or patient. Others can be classed as balance errors: excess or shortage of stock when compared to recorded balances in the CD registers.

Detailed Action Plans were developed with 2 community pharmacies.

The Cluster Lead Pharmacist has developed the links with the police and joint working with the General Pharmaceutical Society Inspector while investigating referrals and incidents.

The Primary Care Medicines Optimisation Team have identified and referred patients receiving prescriptions for high volumes of liquid opioid preparations to the Chronic Pain Service for review.

Secondary (Acute) Care Summary and CD Use Report:

June 2020 to Dec 2020

Hospital	GGH	WGH	PPH	BGH	Total
Incidents	32	16	21	9	84

The reports are classified as:

Administration	25
Prescribing	2
Documentation	16
Supply	0
Handling/Storage	7
Missing Medication	19
Clinical	9
Security	12
Miscellaneous	3

Data not reported on for Mar-June 2020 and incomplete returns for Jan-March 2021. All prescribing and administration errors have been investigated; the trends identified include:

- Missing PODs
- Prescriptions not signed
- Patient presented an amended prescription

Documentation errors were often due to not recording administration on the correct section of the CD register, where no information recorded in the CD register or where miscalculations were made.

CD Incidents are now reviewed in detail in MERG and further targeted training consisting of practice workshops to change culture and implement policies accurately was held in Sept 2020 with the support of MERG, Jenny Pugh-Jones and Mandy Rayani (Director of Nursing).

The AOCD (through LIN) will take action to ensure quarterly reports are completed on all site.

LIN Risk Register:

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

Future Developments:

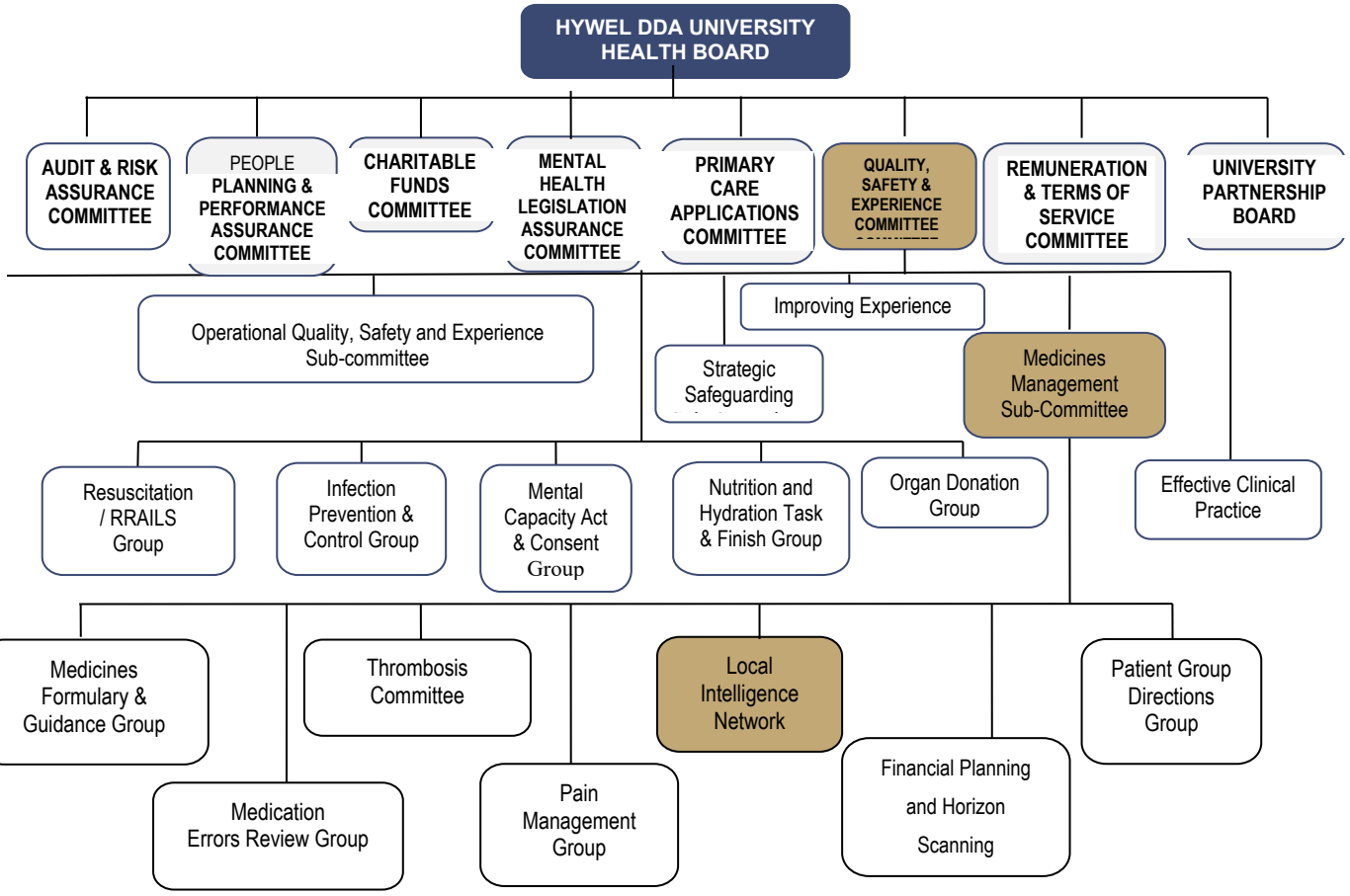
The year ahead will enable the LIN to review some of the key foundations of the LIN, this will include:

a) Developing the work plan for 2021/22
b) Participating in the development of national LIN ToRs and reporting, audit and monitoring templates.
c) Receiving a presentation on Drug Related Deaths and Actions.

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	

GIG CYMRU NHS WALES
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Hywel Dda
University Health Board

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 Committee (QSEC), 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 group 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 group 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 group. 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 group 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 group 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 group.

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 group.

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.