Enw'r Pwyllgor: Name of Sub-Committee:	Medicines Management Operational Group (MMOG)
Cadeirydd y Pwyllgor: Chair of Sub-Committee:	Dr Subhamay Ghosh, Consultant Anaesthetist and Associate Medical Director for Quality and Safety
Cyfnod Adrodd: Reporting Period:	Meetings held 31 January, 1 March, 23 May and 18 July 2023

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

MMOG approved the following which have an impact on patient pathways and access to medicines:

- The protocol for a pilot project on the single checking of injectable medications at Glangwili Hospital (GGH) was approved. The Quality, Safety and Experience Committee (QSEC) is asked to note that the current Medicines Policy advocated double-checking for some injectable medicines.
- Prescribing and administration instructions for Tenecteplase (unlicensed) in Acute Stroke Services following the recent inclusion in the Royal College of Physicians' Stroke Guidelines which mitigates the risks posed by the world-wide limitations on the supply of thrombolytics.
- Three diabetes clinical guidelines were approved by MMOG: Management of Hyperglycaemia and Steroid (Glucocorticoid) Therapy Guideline, Adult VRIII Care Bundle and Adult Diabetic Ketoacidosis Care Bundle
- Six clinical anticoagulation and venous thromboembolic guidelines were developed/updated by the Thrombosis Group

MMOG approved the overall Hywel Dda UHB Pharmacy and Medicines Optimisation Strategy for 2023-2028 which is aligned to the All Wales Delivering a Healthier Wales Strategy.

MMOG approved the updated Term of References Version 6 (Appendix 1). The only change was the addition of 'Prescribing Information is approved directly by MMOG. All Prescribing Information, Guidelines and Procedures must be approved by MMOG prior to uploading onto an electronic resource (e.g. app)' following advice received from the Clinical Written Control Document Group.

Health and Care Standard 2.6 Medicines Management: People receive medication for the correct reason, the right medication at the right dose and at the right time.

Risgiau:
Risks (include Reference to Risk Register reference):

Medicines Management Risk Register

The Medicines Management Operational Group agreed the following actions:

- The Home Office (HO) Controlled Drugs Supply & Possession Licences have been added to the Risk Register. Following the HO & Chief Pharmaceutical Officer (CPhO) letter in

February 2024 the Pharmacy and Medicines Management Team (P&MMT) have worked with directorates and services to identify the areas that need to apply for Controlled Drugs licences and are taking action to ensure that services are delivered within the legal framework without compromising patient care. The Health Board (HB) is working with other HBs to share good practice and streamline the process.

- **Datix:** The lack of capacity within the Datix Team to provide timely Datix reports for analysis by MMOG subgroups was noted as a concern by MMOG as this reduces the ability of MMOG to provide assurance to QSEC on medication incidents and errors. The (Once for Wales) Datix reporting system problems are also noted as a risk by the Local Intelligence Network.
- **Local Intelligence Network (LIN) Information Sharing Protocol**: The Information Governance is working with LIN to progress registration.
- **All Wales Quality Assurance (QA) Review for Withybush Aseptic Unit**: This external QA report highlighted that the facilities still remain high-risk but in other areas the risks are limited.

Health and Care Standard 2.1 Managing Risk and Promoting Health and Safety

Gwella Ansawdd:
Quality Improvement:

- **Antibiotics used for Urinary Tract Infections (UTI) Prophylaxis – A review in Primary Care:** MMOG received a project report which detailed the reduction in the numbers of patients on long-term antibiotic prophylaxis for UTI's. The factors identified driving this reduction included the availability of D-mannose and methenamine and the joint approach with support from the Urologists was also an important factor. The new clinical pathways for UTIs that are being developed will amend the national guidance of six months of prophylaxis to three months in line with local guidance.
- **Implementation of the Hywel Dda COVID-19 Therapies Pathway (May 2023)** MMOG noted the work done by the Communication Hub Nursing Team and P&MMT to establish and deliver a local Health Board service to screen and treat highly vulnerable COVID-19 positive patients with antiviral or monoclonal antibiotics within existing resources. Collaboration with Swansea Bay University Health Board (SBUHB) was highlighted.
- **Enabling Quality Improvement in Practice (EQIiP) project:** The project which has increased the transfer of patient's medicines between wards is drawing to a close and has demonstrated an improvement in transfer rates and a reduction in lost or re-dispensed medicines. The project is now being 'spread and scaled'.
- **The Prescribing Management Scheme 2023-2024 for Primary Care Prescribing** was approved by MMOG and the Local Medical Committee.

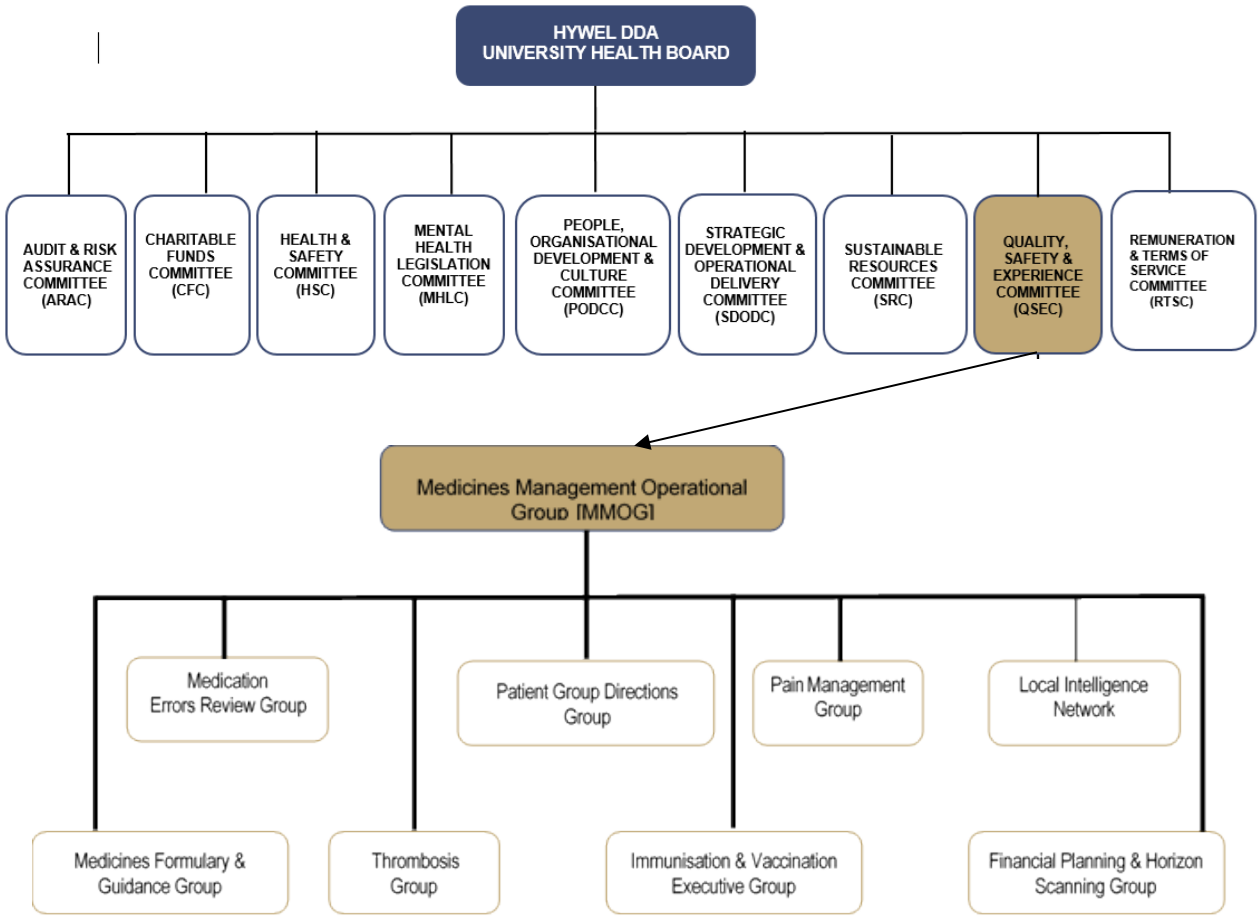
Health and Care Standard 2.6 Medicines Management
Health and Care Standard 3.1 Safe and Clinically Effective Care: Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

Argymhelliad: **Recommendation:**
QSEC is requested to note the content of the Medicines Management Operational Group update report and endorse the updated MMOG Terms of Reference.
Dyddiad y Cyfarfod Grwp Nesaf: **Date of Next Group Meeting:**
26 September 2023

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

GRŴP GWEITHREDOL RHEOLI MEDDYGINIAETHAU
MEDICINES MANAGEMENT OPERATIONAL GROUP

DRAFT TERMS OF REFERENCE



Version	Issued to:	Date	Comments
V1.0	Medicines Management Group	14.08.2017	Approved
V2.0	Medicines Management Group	06.12.2017	Approved
V3.0	Medicines Management Sub-Committee	19.09.2018	Approved
V3.0	Quality, Safety & Experience Committee	16.10.2018	Approved
V4.0	Medicines Management Sub-Committee	09.04.2019	Approved
V4.0	Quality, Safety & Experience Committee	04.06.2019	Approved
V5.0	Medicines Management Operational Group	26.01.2021	Approved
V6.0	Medicines Management Operational Group	23.5.2023	Approved
V6.0	Quality, Safety and Experience Committee	05.10.2023	For Approval

1. Constitution

1.1 The Medicines Management Operational Group [MMOG] is now reporting twice a year to the Quality, Safety & Experience Assurance Committee from January 2021 following the Health Board Governance Review. Previously, this was a Group of the Effective Clinical Practice Sub-Committee, constituted from 1st June 2015 and then a Sub-Committee of the Quality, Safety and Experience Committee from April 2018.

2. Membership

2.1 The membership of MMOG shall comprise:

Title
Chair - Consultant
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 (Optional)

Core Sub-Group Representatives (Patient Group Directions, Local Intelligence Network, Thrombosis , Medicines Formulary & Guidance, Medicines Event Review Group, Acute Pain Management, Vaccinations & Immunisations, Homecare Medicines Governance Group)*
*May also be core member

2.2 The membership of MMOG will be reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of a third of the membership and must include as a minimum the Chair or Vice Chair, a medical representative and a pharmacy representative.

3.2 An Independent Member can attend the meeting in a scrutiny capacity. The scrutiny role of Independent Members in relation to Sub-Committees is to ensure Sub-Committees' effectiveness in terms of processes and outcomes, work is organised and undertaken in accordance with their terms of reference, that they have clarity about the limits of their delegated powers and responsibilities and that they understand fully their relationship with and reporting responsibilities to their parent Committee

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

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

3.5 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.

3.6 The Chair of the Medicines Management Operational Group shall have reasonable access to Executive Directors and other relevant senior staff.

3.7 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. Principle Duties

4.1 The principal duties of the Medicines Management Operational Group are to:

- 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 QSEAC that the risks related to Medicines Management are being managed effectively by monitoring the risks, considering proposed mitigations and alerting QSEAC 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. Prescribing Information is approved directly by MMOG. All Prescribing Information, Guidelines and Procedures must be approved by MMOG prior to uploading onto an electronic resource (e.g. app)

Whilst the MMOG recognises that it is not a commissioning forum, it will offer advice to the University Health Board on all prescribing and commissioning issues. The MMOG will be informed by, but not limited to, the following local and national policies/guidance:

- All Wales Medicines Strategy Group
- NICE Guidance
- Prudent Healthcare

5. Operational Responsibilities

5.1 The Group will, in respect of its provision of assurance/ advice to Committee ensure 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.

5.2 Contributory Sub-Groups

In order for the Medicines Management Operational Group to undertake its duties effectively it will receive reports from the Chair of the following Sub-Groups and, as appropriate, escalate issues that impact upon clinical patient outcomes, or provide assurance of best practice to the Quality, Safety and Experience Committee:

- Medicines Formulary & Guidance Review
- Patient Group Directions
- Thrombosis
- Pain Management
- Medicines Event Review
- Local Intelligence Network
- Homecare Medicines Governance GroupVaccinations & Immunisation

5.2.1 Medicines Formulary & Guidance Review Group

The Medicines Formulary & Guidance Review Group provides recommendations to MMOG 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.

5.2.2 Patient Group Directions Group

With the support of the Patient Group Directions Group, the MMOG is to provide Quality, Safety and Experience Committee with assurance that governance arrangements are operating effectively with regard to the development, approval and audit of Patient Group Directions across the Health Board.

5.2.3 Thrombosis Group
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, and to provide assurance through the MMOG to the Quality, Safety and Experience Committee, and to be responsible for the Health Board's Thrombosis Policy and Prescribing Information.

5.2.4 Pain Management Group
Through the Pain Management Group, MMOG is to advise on the implementation of evidence based practice in relation to Pain Management (mainly acute) as set out in its Terms of Reference, and provide assurance to the Quality, Safety and Experience Committee that pain is managed in accordance with legislation and best-practice guidance.

5.2.5 Medicines Event Review Group
Through the Medicines Event Review Group, MMOG is to monitor medicines management incidents, identify trends and risk-minimisation strategies, and communicate to the service both risks and preventative measure as set out in its Terms of Reference, and provide assurance to the Quality, Safety and Experience Committee that a robust risk-minimisation strategy for medication incidents is in place. Respond to advice from national bodies and other guidance e.g. WG, NICE, MHRA, National Service Frameworks and National Patient Safety Agency (NPSA) that involve medicines.

5.2.6 Homecare Medicines Governance Group
Through the Homecare Medicines Governance Group. MMOG is to provide information, monitor and provide analysis on medicines supplied via contracts with Homecare Companies (expenditure and governance) across the Health Board as set out in its Terms of Reference, and provide assurance to the Quality, Safety and Experience Committee.

5.2.7 Local Intelligence Network
Through the Local Intelligence Network, MMOG is 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, and to provide the Quality, Safety & Experience Assurance Committee with appropriate assurances.

5.2.8 Vaccinations & Immunisation
Through the Vaccinations and Immunisation Group, MMOG is to advise the Health Board on the management, use and monitoring of vaccinations and immunisations used within the Health Board as set out in its Terms of Reference, and to provide the Quality, Safety and Experience Committee with appropriate assurances. The monitoring of the delivery of vaccination programme is through other Health Board Committees.

5.3 Monitoring the Sub-Groups
The Medicines Management Operational Group is to monitor risks within the scope of the contributory groups, ensuring that all identified risks are appropriately captured, and that risks above agreed tolerance levels are being regularly reviewed and sufficiently mitigated, agreeing mitigating actions where necessary.

6. Agenda and Papers

The Group's Secretary is to hold an agenda setting meeting with the Chair and the Group Lead at least **six weeks/three** weeks before the meeting date.

6.2 The agenda will be based around the Group work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Group members. Following approval, the agenda and timetable for receipt of papers will be circulated to all Group members.

6.3 All papers should have relevant sign off before being submitted to the Group Secretary.

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

6.5 The draft minutes and table of actions will be circulated to members within **ten** days to check the accuracy.

6.6 Members must forward amendments to the Group Secretary within the next **seven** days. The Group Secretary will then forward the final version to the Group Chair.

7. Frequency of Meetings

7.1 MMOG will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of MMOG.

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

8. Accountability, Responsibility and Authority

8.1 MMOG will be accountable to the Quality, Safety and Experience Committee for its performance in exercising the functions set out in these terms of reference.

8.2 The MMOG shall embed the University Health Board'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 University Health Board's Standing Orders are equally applicable to the operation of MMOG

9. Reporting

9.1 The Medicines Management Operational Group, through its Chair and Members, shall work closely with the Board's other committees, including joint and sub-committees and groups to provide advice and assurance to the Quality, Safety and Experience Committee through the:

9.1.1 Joint planning and co-ordination of Board and Committee business
9.1.2 Sharing of information

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

9.3 MMOG may, subject to the approval of the Quality, Safety and Experience Committee, establish groups or task and finish groups to carry out on its behalf specific aspects of its business. MMOG will receive written update reports following each meeting which details the business undertaken on its behalf. The following groups have been established:

- Medicines Formulary & Guidance Review
- Patient Group Directions
- Thrombosis
- Pain Management
- Medicines Event Review
- Local Intelligence Network
- Homecare Medicines Governance Group
- Vaccinations & Immunisation

9.4 The Group Chair, supported by the Group Secretary, will:

9.4.1 Report formally, regularly and on a timely basis to the Quality, Safety and Experience Committee on the MMOG's activities. This includes the submission of a written update report (including detailed commentary on the management of the Group's Risk Register and associated mitigation plans) following each meeting, and the presentation of an annual report within 6 weeks of the end of the financial year.

9.4.2 Bring to the Quality, Safety and Experience Committee's specific attention any significant matter under consideration by the Group.

10. Secretarial Support

10.1 The Group Secretary shall be determined by the Chair of MMOG and the Clinical Director of Pharmacy and Medicines Management

11. Review Date

11.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group for approval by the Quality, Safety and Experience Committee.