

2022-03-24

Thu 24 March 2022, 10:30 - 13:00

Agenda

10:30 - 10:30
0 min

1. PRELIMINARY MATTERS

PEQS_Agenda_24 March 2022.pdf (3 pages)

1.1. Welcome and Apologies

Oral Chair

1.2. Declarations of Interest

Oral All

1.3. Minutes from the previous meeting held on the 3 February 2022 for approval

Attached Chair

PEQS_Item_1.3_Unconfirmed Minutes 3 February 2022.pdf (8 pages)

1.4. Matters arising from the previous meeting

Oral Chair

1.5. Patient Experience, Quality and Safety Committee Action Log

Attached Chair

PEQS_Item_1.5_Action Log March 2022.pdf (2 pages)

10:30 - 10:30
0 min

2. ITEMS FOR APPROVAL / RATIFICATION / DECISION

There are no items for approval/ratification/decision

10:30 - 10:30
0 min

3. ITEMS FOR DISCUSSION

3.1. Inspections and External Bodies Report and Action Tracking

Attached Director of Nursing and Midwifery

PEQS_Item_3.1_Inspections and External Bodies Report and Action Tracking.pdf (7 pages)

PEQS_Item_3.1a_Appendix 1.pdf (7 pages)

3.2. Infection Prevention and Control Report - Including Nosocomial Update

Attached Director of Nursing and Midwifery

PEQS_Item_3.2a_Appendix 3.pdf (6 pages)

PEQS_Item_3.2_Infection Prevention & Control_March 2022.pdf (17 pages)

3.3. Annual Report of the Accountable Officer for Controlled Drugs

Attached Medical Director

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- PEQS_Item_3.3_Annual Report of the Accountable Officer for Controlled Drugs.pdf (11 pages)
- PEQS_Item_3.3a_APPENDIX1a.pdf (19 pages)
- PEQS_Item_3.3b_APPENDIX1b.pdf (62 pages)
- PEQS_Item_3.3c_APPENDIX1c.pdf (50 pages)
- PEQS_Item_3.3d_APPENDIX1d.pdf (24 pages)
- PEQS_Item_3.3e_APPENDIX1e.pdf (3 pages)

3.4. Safeguarding: Annual Report, Internal Audit Report and Midwifery Safeguarding Supervision

Attached Director of Nursing and Midwifery

- PEQS_Item_3.4__Safeguarding Annual Report.pdf (11 pages)
- PEQS_Item_3.4i_Powys Safeguarding Annual Report 2020-2021.pdf (45 pages)
- PEQS_Item_3.4ii_Report of Internal Audit into Midwifery Safeguarding Supervision.pdf (7 pages)
- PEQS_Item_3.4iii_Midwifery Safeguarding Supervision Final Report.pdf (13 pages)

3.5. Clinical Audit Progress Report

Attached Medical Director

- PEQS_Item_3.5_Clinical Audit Programme 2021-2022 update & 2022-23 programme.pdf (26 pages)

3.6. Mortality Report, including update on the Medical Examiner for Wales

Attached Medical Director

- PEQS_Item_3.6_Mortality Report, including update on the Medical Examiner for Wales.pdf (8 pages)

3.7. General Medical Practice Access Review

Attached Assistant Director of Primary Care Services

- PEQS_Item_3.7_GMS Access Review.pdf (14 pages)

3.8. Committee based risks on CRR

Attached Executive Directors

- PEQS_Item_3.8_Committee Risk Report_March_2022.pdf (2 pages)
- PEQS_Item_3.8a_APPENDIX 1_ PEQS_Risk Register_March_2022.pdf (11 pages)

10:30 - 10:30 4. ITEMS FOR INFORMATION

0 min

There are no items for inclusion

10:30 - 10:30 5. OTHER MATTERS

0 min

5.1. Items to be Brought to the Attention of Board and Other Committees

Oral Chair

5.2. Serious Incidents and Complex Concerns Overview

5.3. Any other Urgent Business

Oral Chair

5.4. Date of the Next Meeting: 12 May 2022 at 09:30 via Microsoft Teams

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**POWYS TEACHING HEALTH BOARD
PATIENT EXPERIENCE, QUALITY &
SAFETY COMMITTEE**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**24 MARCH 2022,
10:30 – 13:00**

TO BE HELD VIRTUALLY VIA MICROSOFT TEAMS

AGENDA

| Item | Title | Attached /Oral | Presenter |
|-------------|---|---------------------------|-----------------------------------|
| 1 | PRELIMINARY MATTERS | | |
| 1.1 | Welcome and Apologies | Oral | Chair |
| 1.2 | Declarations of Interest | Oral | All |
| 1.3 | Minutes of the previous meeting held on 3 February 2021 (for approval) | Attached | Chair |
| 1.4 | Matters Arising from Minutes of Previous Meeting | Oral | Chair |
| 1.5 | Patient Experience, Quality and Safety Committee Action Log | Attached | Chair |
| 2 | ITEMS FOR APPROVAL/RATIFICATION/DECISION | | |
| | There are no items for inclusion in this section | | |
| 3 | ITEMS FOR DISCUSSION | | |
| | Goal 1: Safety, Effectiveness and Experience | | |
| 3.1 | Inspections and External Bodies Report and Action Tracking | Attached | Director of Nursing and Midwifery |
| 3.2 | Infection Prevention & Control Report – including nosocomial update | Attached | Director of Nursing and Midwifery |
| 3.3 | Annual Report of the Accountable Officer for Controlled Drugs | Attached | Medical Director |
| 3.4 | Safeguarding: i. Annual Report ii. Internal Audit Report iii. Midwifery Safeguarding Supervision | Attached | Director of Nursing and Midwifery |
| | Goal 4: Improvement | | |
| 3.5 | Clinical Audit Progress Report | Attached | Medical Director |
| 3.6 | Mortality Report, including and update on the Medical Examiner for Wales | Attached | Medical Director |

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| Goal 5: Intelligence | | | |
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| 3.7 | General Medical Practice Access Review | Attached | Assistant Director of Primary Care Services |
| 3.8 | Committee based risks on CRR | Attached | Executive Directors |
| 4 | ITEMS FOR INFORMATION | | |
| | There are no items for inclusion | | |
| 5 | OTHER MATTERS | | |
| 5.1 | Items to be Brought to the Attention of the Board and Other Committees | Oral | Chair |
| <p>The Chair, with advice from the Board Secretary, has determined that the following items include confidential information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:</p> <p>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</p> <p><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i></p> | | | |
| 5.2 | Serious Incidents and Complex Concerns Overview | | |
| 5.3 | Any Other Urgent Business | Oral | Chair |
| 5.4 | Date of the Next Meeting: <ul style="list-style-type: none"> 12 May 2022, at 09:30 via Microsoft Teams | | |

Powys Teaching Health Board is committed to openness and transparency, and conducts as much of its business as possible in a session that members of the public are normally welcome to attend and observe.

However, in light of the current advice and guidance in relation to Coronavirus (COVID-19), the Board has agreed to run meetings virtually by electronic means as opposed to in a physical location, for the foreseeable future. This will unfortunately mean that members of the public will not be able attend in person. The Board has taken this decision in the best interests of protecting the public, our staff and Board members.

The Board is expediting plans to enable its committee meetings to be made available to the public via live streaming. In the meantime, should you wish to observe a virtual meeting of a committee, please contact the Board Secretary in advance of the meeting in order that your request can be considered on an individual basis (please contact James Quance, Interim Board Secretary, james.quance2@nhs.wales.uk)

In addition, the Board will publish a summary of meetings held on the Health Board's website within ten days of the meeting to promote openness and transparency.

Key: Clinical Quality Framwork Goals

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| | Goal 1: Safety, Effectiveness and Experience |
| | Goal 2: Organisational Culture – Director of Workforce and OD |
| | Goal 3: Clinical Leadership |
| | Goal 4: Improvement |
| | Goal 5: Intelligence |

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**POWYS TEACHING HEALTH BOARD
PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE
UNCONFIRMED**

**MINUTES OF THE MEETING HELD ON THURSDAY 3 FEBRUARY 2022
VIA MICROSOFT TEAMS**

Present:

| | |
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| Trish Buchan | Independent Member (Committee Vice-Chair) |
| Kirsty Williams | Vice-Chair |
| Frances Gerrard | Independent Member |
| Ian Phillips | Independent Member |
| Mark Taylor | Independent Member |

In Attendance:

| | |
|-----------------|---|
| Alison Davies | Director of Nursing and Midwifery |
| Claire Madsen | Director of Therapies and Health Sciences |
| Kate Wright | Medical Director |
| Stuart Bourne | Director of Public Health |
| James Quance | Interim Board Secretary |
| Wendy Morgan | Assistant Director of Quality and Safety |
| Zoe Ashman | Assistant Director of Quality and Safety |
| Bethan Hopkins | Audit Wales |
| Katie Blackburn | Community Health Council |
| Mitchell Parker | Health Inspectorate Wales |

Apologies for absence:

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| Vivienne Harpwood | PTHB Chair |
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Committee Support:

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| Stella Parry | Interim Corporate Governance Manger |
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| PEQS/21/43 | <p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the meeting, and CONFIRMED there was a quorum present. Apologies for absence were NOTED as recorded above.</p> <p>The Committee recognised that the meeting would be the last attended by the Committee Vice-Chair, Director of Nursing and Midwifery and Assistant Director of Quality and Safety. Committee Members expressed thanks for their commitment and contribution to the Committee's development. The Chair also welcomed Zoe Ashman, who was due to join the Health Board as the Assistant Director of Quality and Safety.</p> |
| PEQS/21/44 | <p>DECLARATIONS OF INTERESTS</p> <p>No interests were declared.</p> |
| PEQS/21/45 | <p>UNCONFIRMED MINUTES OF THE EXPERIENCE, QUALITY AND SAFETY COMMITTEE MEETING HELD ON 2 DECEMBER 2021</p> <p>The minutes of the previous meeting held on 2 December 2021 were AGREED as a true and accurate record subject to the following amendments:</p> <ul style="list-style-type: none"> The following amendment was requested to the attendance record (Page 1): Rebecca Collier Welsh Government Rebecca Collier Health Inspectorate Wales PEQS/21/29: The community service group will be asked to respond in terms of actions taken related to the survey, as part of the service groups next quality report to Committee. <p>The community service group will be asked to respond in terms of actions taken related to the survey, as part of the service groups next quality report to Committee.</p> |
| PEQS/21/46 | <p>MATTERS ARISING FROM PREVIOUS MEETINGS</p> <p>The following matters arising were discussed:</p> <ul style="list-style-type: none"> PEQS/21/23: The Chair noted that the agenda had been curtailed due to system pressures and the impact of the Omicron variant. An additional meeting of the Committee had been scheduled for 24th March |

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| | <p>2022 to consider deferred items prior to the end of the Committee year.</p> <ul style="list-style-type: none"> • PEQS/21/37: The Chair of the Workforce and Culture Committee declared an interest in the item and requested a discussion outside of Committee with the Medical Director in relation to the Quality Improvement cultural work discussed on 2nd December 2021. • PEQS/21/38: The Chair noted the number of important discussions held in relation to items such as the Clinical Quality Framework and Integrated Quality Reporting, due to the forthcoming changes to Committee membership it was requested that it was ensured that the items were captured on the 2022/23 workplan. |
| PEQS/21/47 | <p>COMMITTEE ACTION LOG</p> <p>The Committee DISCUSSED and NOTED the Action Log:</p> <ul style="list-style-type: none"> • PEQS/21/17 (Audit Wales: WHSSC Governance Arrangements): It was requested that this item be brought forward to 23rd March 2022 • IC_PEQS/21/5 (Presentation to In-Committee): It was requested that the Action be clarified to include the title of the presentation: Children and Young People Admitted in Crisis • PEQS/21/31 (Pressure Ulcers and CAUTI in Community Settings): It was requested that this item be brought forward of 23rd March 2022 |
| ITEMS FOR APPROVAL/RATIFICATION/DECISION | |
| PEQS/21/48 | There were no items for inclusion in this section. |
| ITEMS FOR DISCUSSION | |
| PEQS/21/49 | <p>COMMISSIONING ESCALATION REPORT</p> <p>The Director of Nursing and Midwifery presented the item which provided an overview of providers in special measures or scored as level 4 and above. The PTHB Internal Commissioning Assurance Meeting (ICAM) did not meet in September 2021. Based on commissioner/provider meetings with all commissioned providers outside of Powys during November and December 2021, along with the information gathered via that process, Commissioning Assurance Framework (CAF) scores and ratings had been maintained from those set in October 2021. There were:</p> |

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- 2 providers with services in special measures
- 1 provider at level 4

The report also provided:

- A high-level summary of key issues in relation Shrewsbury and Telford Hospitals NHS Trust (SaTH) and Cwm Taf Morgannwg University Health Board (CTMUHB)
- Referral to treatment (RTT) times

It was noted that a further inspection had been scheduled in January 2022 by NHS Improvement and NHS England focusing on The Royal Shrewsbury Hospital. The feedback report would be included in future reports to the Patient Experience Quality and Safety Committee.

Had a timeframe been agreed for the restoration of counterpart meetings with SaTH?

The Director of Nursing and Midwifery agreed that a formal update in relation to SaTH would be brought forward to a future meeting of the Committee. It was noted that the findings of the Care Quality Commission (CQC) in relation to SaTH had been extensive and despite marked improvement in many areas there was still significant work to be undertaken.

Action: Director of Nursing and Midwifery

What information was available in relation to patient outcomes?

The Director of Nursing and Midwifery noted that using performance data in the public domain and additional data from concern, mortality reviews etc. the Health Board was able to triangulate data in relation to patient outcomes. The Medical Director reported that the pre-pandemic system for tracking assurance and harms had remained in place throughout 2020/21 and 2021/22. An update report would be brought forward to a future meeting of the Committee.

Action: Medical Director

How was the Health Board tracking patient experience and patient outcomes for the areas of concern in CTMUHB?

The Medical Director noted that clinical and operational teams continued to meet regularly with CTMUHB counterparts to discuss areas of concern. It had been reported that a further Health Inspectorate Wales (HIW) review of the Emergency Departments (EDs) had reported a marked improvement, though this report had yet to be

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| | <p>formally received. A further update would be brought forward in a future iteration of the Commissioning Assurance Report.</p> <p><i>What steps had been taken to mitigate and assess harms as a result of increased RTTs and had the impact on health equity been sufficiently understood?</i></p> <p>The Medical Director reported that for commissioned services an established process for breaches and harm reviews was in place for NHS England. NHS Wales had a less defined process at the time of reporting. However, development work was underway. In terms of mitigation, it was noted that prioritisation based upon need was routine and that further work in relation to management of RTTs was due to be progressed as part of the Health Board's Renewal Programme.</p> <p><i>Had consideration been given to patients, particularly elderly patients, who lived alone, that may not be clinically most in need but risked a loss of independence as a result of delayed care?</i></p> <p>The Medical Director recognised this as an area of concern and assured the Committee that Orthopaedics had been thoroughly risk assessed. It was agreed that a specific paper in relation to the matter would return to a forthcoming meeting of the Committee.</p> <p>Action: Medical Director</p> <p><i>Had the challenges in relation to RTT and the mitigations in place been clearly communicated with the Powys population and wider stakeholders?</i></p> <p>The Committee recognised the importance of communications; it was noted that though some communications had been shared by the Health Board, further work on how best to communicate more efficiently with patients, stakeholders and partners would be beneficial. It was agreed that a specific report would be brought forward to the Committee in May 2022.</p> <p>Action: Director of Nursing and Midwifery</p> <p>The Committee DISCUSSED this Commissioning Escalation Report.</p> |
| <div> <div>PEQS/21/50</div> <div> <div>Powell, Beth</div> <div>03/17/2022 16:54:43</div> </div> </div> | <p>SERIOUS INCIDENTS AND CONCERNS REPORT</p> <p>The Assistant Director of Quality and Safety presented the item which provided an overview of the way in which</p> |

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| | <p>Putting Things Right was discharged within the Health Board, along with compensation claims activity for the period 1 November 2021 to 31 December 2021. An update on progress in relation to the support for the procurement of the Civica patient experience system was also provided.</p> <p><i>Had an implementation timeline for the Civica patient experience system been agreed?</i></p> <p>It was noted that the Civica system would need to follow the Health Board's application process for funding, as the system was not within the Health Board's current budget. The Director of Finance and IT noted that all new funding requests had to follow the established process, which included scrutiny by the Investment Benefits Group. The Committee noted the importance of gathering patient experience but recognised the need to ensure sufficient scrutiny of additional funding.</p> <p><i>How could No Surprise Notifications be communicated to the Committee in sufficient detail?</i></p> <p>The Director of Nursing noted that due to the low numbers reported this information would be shared via the confidential Patient Experience, Quality and Safety In-Committee meeting. It was suggested that consideration could be given to how No Surprises Notifications could be better reported to the In-Committee. However, the Director of Nursing and Midwifery assured members that should there be particular concern in relation to a No Surprises Notification this would be escalated to Board Members. It was agreed that the Board Secretary would review the mechanism by which No Surprise Notifications and other potential matters of concern were communicated with Board Members.</p> <p>Action: Board Secretary</p> <p>The Committee DISCUSSED and NOTED the Serious Incidents and Concerns Report.</p> |
| PEQS/21/51 | <p>MATERNITY SERVICES ASSURANCE FRAMEWORK</p> <p>The Director of Nursing presented the item which provided a position in relation to the maternity pathway for women in Powys, and provided an overview of:</p> <ul style="list-style-type: none"> • The Maternity Commissioning Assurance Framework • Commissioned maternity services subject to special measures: <ul style="list-style-type: none"> ◦ Shrewsbury and Telford Hospitals NHS Trust (SaTH) ◦ Cwm Taf Morgannwg University Health Board (CTMUHB) • The South Powys Programme Maternity and Neonatal Workstream |

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| | <ul style="list-style-type: none"> • The Powys Maternity Improvement Plan and HIW Maternity recommendations • External scrutiny with Welsh Government Maternity and Neonatal • Performance Board outcomes • Welsh Risk Pool Fetal Surveillance Audit • Internal Audit for Safeguarding Supervision Midwifery Compliance <p><i>Was it anticipated that comprehensive reviews of areas in which audits had been scaled back due to the pandemic would be undertaken in 2022-23?</i></p> <p>The Director of Nursing noted that the audit on Safeguarding had taken place with no restraints. Some delays in relation to Phase One/Two of the Health Inspectorate Wales (HIW) audit had been confirmed and work was underway to determine how this would align with the All Wales Neonatal and Maternity Improvement Programme. It was therefore suggested that some flexibility in approach should be anticipated in 2022-23. The Committee noted that the service had met with Internal Audit and suggested seven areas of focus for the forthcoming year. The Committee was assured that audits in relation to Maternity and Neonatal Services had been and would continue to be an area of intense focus, both internally and externally.</p> <p>Committee Members wished to express their thanks to staff for their ongoing commitment to care and safety throughout the pandemic, in particular the efforts undertaken to provide assurance in relation to the vaccination to pregnant women. The importance of early intervention in relation to health lifestyles and weight management provided by midwives was also recognised.</p> <p>The Committee DISCUSSED the Maternity Services Assurance Framework.</p> |
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ITEMS FOR INFORMATION

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| PEQS/21/52 | There were no items for inclusion in this section. |
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OTHER MATTERS

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| PEQS/21/53 | <p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</p> <p>The Committee Vice-Chair wished to highlight to the Board the importance of the ability to monitor and evaluate information in relation to Patient Experience as a Health Board.</p> |
| PEQS/21/54 | ANY OTHER URGENT BUSINESS |

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| | No other urgent business was declared. |
| PEQS/21/55 | DATE OF THE NEXT MEETING 23 rd March 2022, via Microsoft Teams. |

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Key:

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|-------------|
| Completed |
| Not yet due |
| Due |
| Overdue |
| Transferred |

PATIENT EXPERIENCE, QUALITY & SAFETY COMMITTEE

ACTION LOG MARCH 2022



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

| Minute | Meeting Date | Action | Responsible | Progress Position | Completed |
|---|--------------|---|---|--|-----------|
| ACTIONS TRANSFERRED TO PEQS COMMITTEE FROM FORMER EQS COMMITTEE | | | | | |
| PEQS/21/17 | 7 Oct 2021 | How issues identified in Audit Wales: WHSSC Governance Arrangements and WHSSC Management response would be addressed | Board Secretary | | |
| IC_PEQS/21/5 | 7 Oct 2021 | Presentation to In-Committee by Assistant Director of Mental Health and Learning Disability | Director of Primary, Community Care and Mental Health | | |
| PEQS/21/29 | 2 Dec 2021 | Next Quality Report to include details of actions taken as a result of staff survey | Director responsible for Community Services Group | | |
| PEQS/21/31 | 2 Dec 2021 | Information on instances of pressure ulcers and CAUTI (catheter acquired urinary tract infections) in care homes, community hospitals and community nursing to be provided to Committee | Director of Nursing and Midwifery | Will be brought to additional meeting March 2022 | |

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| PEQS/21/32 | 2 Dec 2021 | Requests for training to be considered as part of Board Development Programme | Board Secretary | | |
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Agenda item: 3.1

| Patient Experience, Quality and Safety Committee | | 24 March 2022 | |
|--|---|---------------|-------------|
| Subject: | Inspections and External Bodies Report and Action Tracking | | |
| Approved and Presented by: | Claire Roche, Director of Nursing & Midwifery | | |
| Prepared by: | Zoe Ashman, Assistant Director Quality & Safety Susannah Jermyn, Service Development Officer | | |
| Other Committees and meetings considered at: | Executive Committee | | |
| PURPOSE: | | | |
| The purpose of this report is to articulate the receipt and outcomes of regulatory inspections that have occurred during this reporting period and to share the Health and Social Care Regulatory Reports dashboard. | | | |
| RECOMMENDATION(S): | | | |
| The Patient Experience, Quality and Safety Committee is asked to DISCUSS the contents of this report. | | | |
| Approval/Ratification/Decision ¹ | | Discussion | Information |
| x | | x | |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✓ |
| | 3. Tackle the Big Four | ✓ |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | ✓ |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

Activity relating to Healthcare Inspectorate Wales (HIW) inspections since the last reporting period includes an inspection of the Brecon and District Community Mental Health Team, which took place on 14th and 15th December 2021.

A Quality Assurance Inspection by Cervical Screening Wales was undertaken of the Colposcopy Service at Newtown Hospital on 23rd November 2021.

A dashboard overview of the current position is provided, relating to the implementation of actions in response to recommendations from the Health and Social Care Regulators.

DETAILED BACKGROUND AND ASSESSMENT:

1. Health Inspectorate Wales Inspections

Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) Inspection Visit

Healthcare Inspectorate Wales (HIW) and Care inspectorate Wales (CIW) committed to inspecting the Community Mental Health Teams (CMHT's) across Wales (**appendix 1**).

This followed on from the 2017-18 joint thematic review of adult mental health in the community and further CMHT inspections which were conducted in 2018-19. These inspections focus on community adult mental health services (people between the ages of 18-65). The inspections are informed by legislation, policies and guidance documentation, including the Mental Health (Wales) Measure 2010, the Mental Health Act 1983, the Health and Care Standards 2015 and the Social Services and Well-being (Wales) Act 2014.

HIW carried out a Community Mental Health Team (CMHT) inspection visit at Powys Teaching Health Board / Powys County Council which was undertaken on 14 and 15 December 2021. The CMHT selected was Brecon and District, a two-day inspection visit took place which included discussions with CMHT staff, service users and carers, along with a review of documentation which included service user records, policies, staff records and system reviews.

A sample of patient records were viewed, for patients who have both nurse-led and social work-led care and treatment plans, the same sample provided experiences of service users and carers.

The health board completed and returned all pre-inspection information by Friday 12 November 2021.

Initial feedback recorded that there were no immediate assurances required. The following were noted:

1. Quality and patient experience

- Significant areas of good practice were highlighted including good patient experiences despite the pandemic.
- The team are doing everything they can to deliver services in the challenging context of Covid-19.
- Patients who met with Inspectors spoke very positively about their enjoyment from initiatives particularly including that with National Parks.

2. Safe and effective care

- Good referral, assessment and care processes are in place.
- The medicines management processes were noted as good.
- Sharing learning good with reference to L&D group.
- Low waiting times for psychology

3. Quality, management and leadership

- It was recognised that there is an evolving management structure and Covid-19 pressures, and highlighted the excellent relationship between two teams.
- There is good formal supervision but noted that there are separate systems for PCC and PTHB.

The completed Action plan has been returned to HIW by the Health Board. Draft report has been received by the Health Board, publication date of final report is yet to be shared.

4. Cervical Screening Wales Inspection

A Quality Assurance Inspection by Cervical Screening Wales was undertaken of the Colposcopy Service at Newtown Hospital on 23rd November 2021.

Newtown Site

Very positive visit with a few minor recommendations noted.

The report is imminently awaited with the action plan expected to be put in place at that time. There are usually 3,6, or 12-month timescales for recommendations.

5. National Maternity Improvement Plan 2021 Priorities

The Powys Maternity Improvement Plan is informed by the Local (July 2020) and National Report for Healthcare Inspectorate Wales (HIW) recommendations for Maternity services (March 2021). The areas of progress in Q4 have included:

- Llanidloes Birth Centre improvement plan is being developed with the Capital Estates team and funding in discussion with the League of Friends (although slightly delayed due to the pandemic).
- Implementation of a Women and Children's policy and procedures group with an action plan for all out-of-date documents.
- CO monitoring risk assessment tools have been developed and have been discussed through the joint midwifery and health visiting meeting on 10th November. Implementation was delayed due to the transmissibility of Omicron COVID19 and now scheduled to April 2022 in line with other Health Boards re-introduction.
- Healthier lifestyles interim evaluation report is completed which has informed a further 12 months funding plan for ongoing involvement of the support worker roles to support maternity and health visiting services.
- Powys infant feeding action plan has been reviewed in readiness for the group to resume. Programme of training agreed for joint midwifery and health visiting 2-day baby friendly initiative training has been delayed for

winter due to the transmissibility of Omicron COVID19 will be priority training for spring 2022/22. The ABA Infant feeding research study has been launched and all infant feeding support groups are offering face to face support alongside their virtual support networks

- Maternity Digital Cymru – ToR have been developed for a PTHB Project Board, meetings continue in earnest

6. Health and Social Care Regulatory Reports: Recommendations and Tracker

The overview of the current position relating to the implementation of recommendations following Healthcare Inspectorate Wales Inspections, and any made by Care Inspectorate Wales, is at Appendix 1, Dec 2021 tab. Validation of the tracker continues to ensure a current position on progress against all recommendations is captured.

The following table (1) sets out the inspections where all actions have been completed since the previous reporting period; the position remains the same as previously reported, as no further actions have been completed.

Table 1: Inspections with actions completed

| | | |
|---------|--------|---|
| 2017/18 | 171803 | Mental Health Service Inspection (Ystradgynlais Hospital) |
| 2017/18 | 171808 | MH Service Inspection Clywedog Ward Llandrindod Wells |
| 2018/19 | 181901 | Ionising Radiation Regulations and Follow Up Inspection (Brecon and Llandrindod Hospitals) |
| 2018/19 | 181902 | General practice Inspection (Presteigne Medical Practice) |
| 2018/19 | 181903 | Joint HIW & CIW National Review of Mental Health Services Inspection visit to (announced): Welshpool Community Mental Health Team |
| 2019/20 | 192001 | Joint Community Mental Health Team Inspection - The Hazels, Llandrindod |
| 2020/21 | 20045 | Tier 1 Quality Check: Tawe Ward, Ystradgynlais Hospital |
| 2020/21 | 20050 | Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital. |
| 2021/22 | 212204 | Deprivation of Liberty Safeguarding annual monitoring report – no actions required |

| | | |
|---------|--------|--|
| 2021/22 | 212205 | Notification of: National Review of Mental Health Crisis Prevention in the Community - Powys Teaching HB – no actions required at this stage |
|---------|--------|--|

Inspections added to the tracker since the last report, featured in Table (2) below, support ongoing monitoring and assurance on actions as they are implemented.

Table 2: Inspections added to the tracker

| | | |
|---------|--------|---|
| 2021/22 | 212215 | HIW Announced Inspection of community mental health services |
| 2021/22 | 212216 | Cervical Screening Wales: Visit to Brecon and Newtown: action plan to be drafted. |
| 2021/22 | 212217 | Welsh Risk Pool: All Wales Intrapartum Fetal Surveillance Standards: action plan to be drafted |
| 2021/22 | 212218 | HIW My Dentist Brecon - one minor amend to patient leaflet – managed by primary care - completed |
| 2021/22 | 212219 | HIW National Review of Patient Flow |
| 2021/22 | 212220 | HIW Caereinion Medical Practice |
| 2021/22 | 212221 | HIW National Review of Patient Flow, Stroke Pathway visit to Brecon Hospital planned for 6 th and 7 th July 2022. |

The following actions are outstanding:

- 212009: HIW Recommendations regarding Children and Young People review, predicated on National work which has been delayed due to Covid-19 pandemic.
- 212207: CIW Annual Review of Cottage View Residential Home satisfied with progress, actions will be completed by May 2022

7. Community Health Council

To our knowledge, there have been no recent visits by the Community Health Council.

8. Environmental Health Services

Environmental Health Officers undertook an inspection of the kitchens at Machynlleth Hospital on 2nd February 2022. The rating achieved was 5 with no remedial actions required.

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

| IMPACT ASSESSMENT | | | | |
|---|--------------------------|---------|--------------|----------|
| Equality Act 2010, Protected Characteristics: | | | | |
| | No impact | Adverse | Differential | Positive |
| Age | ✓ | | | |
| Disability | ✓ | | | |
| Gender reassignment | ✓ | | | |
| Pregnancy and maternity | ✓ | | | |
| Race | ✓ | | | |
| Religion/ Belief | ✓ | | | |
| Sex | ✓ | | | |
| Sexual Orientation | ✓ | | | |
| Marriage and civil partnership | ✓ | | | |
| Welsh Language | ✓ | | | |
| <p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p> | | | | |
| Risk Assessment: | | | | |
| | Level of risk identified | | | |
| | None | Low | Moderate | High |
| Clinical | ✓ | | | |
| Financial | ✓ | | | |
| Corporate | ✓ | | | |
| Operational | ✓ | | | |
| Reputational | ✓ | | | |
| <p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p> | | | | |

| Ref | Ref | Inspection Title | Recommendations Made | Recommendations Complete | Recommendations Overdue (agreed timescale) | Overdue Recommendation Revised Timescale | Recommendations Not Yet Due | All recommendations implemented |
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|

Health and Social Care Regulatory Report Recommendations Dashboard 16/06/21

| | | | | | | | | |
|---------|--------------------|--|----------------|------------|-----------|----------|-----------|-----|
| 2017/18 | 171808 | Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 9 | 8 | | 1 | | |
| | TOTAL | | 9 | 8 | | 1 | | |
| 2019/20 | 192003 | Unannounced Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 23 | 21 | 1 | 1 | | |
| | 192004 | Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection | 20 | 19 | 1 | | | |
| | 192006 | Unannounced Hospital Inspection: Llewellyn Ward, Bronllys Hospital | 13 | 12 | 1 | | | |
| | 192007 | Birth Centres (Free Standing Midwifery Led Unit) Across Powys | 9 | 8 | 1 | | | |
| | 192008 | NHS Mental Health Service Inspection (Unannounced): Felindre Ward, Bronllys Hospital | 23 | 21 | 1 | 1 | | |
| | 192009 | HIW Review of Healthcare Services for Young People | 37 (5 N/A) | 36 | 1 | | | |
| | TOTAL | | 125 | 117 | 6 | 2 | | |
| 2020/21 | 20050 | Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital | 2 | 2 | | | | Yes |
| | TOTAL | | 2 | 2 | | | | |
| 2021/22 | 212201 | HIW National Maternity Improvement Plan 2021 Priorities | 25 | 15 | 6 | | 4 | |
| | 212202 | Tier 1 Quality Check Clywedog Ward, Llandrindod Wells | 2 | 1 | | | 1 | |
| | 212207 | CIW Inspection of Cottage View | 8 | 7 | | | 1 | |
| | 212208 | HIW Tier 1 Quality Check: Felindre Ward, Bronllys Hospital | 27 | 20 | | 1 | 6 | |
| | 212215 | HIW Announced Inspection of community mental health services | Report Awaited | | | | | |
| | TOTAL | | 62 | 43 | 6 | 1 | 12 | |
| | GRAND TOTAL | | 198 | 170 | 12 | 4 | 12 | |

| Ref | Ref | Inspection Title | Recommendations Made | Recommendations Complete | Recommendations Overdue (agreed timescale) | Overdue Recommendation Revised Timescale | Recommendations Not Yet Due | All recommendations implemented |
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|

Health and Social Care Regulatory Report Recommendations Dashboard 16/06/21

| | | | | | | | | |
|---------|--------------------|--|----------------|------------|-----------|----------|-----------|-----|
| 2017/18 | 171808 | Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 9 | 8 | | 1 | | |
| | TOTAL | | 9 | 8 | | 1 | | |
| 2019/20 | 192003 | Unannounced Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 23 | 21 | 1 | 1 | | |
| | 192004 | Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection | 20 | 19 | 1 | | | |
| | 192006 | Unannounced Hospital Inspection: Llewellyn Ward, Bronllys Hospital | 13 | 12 | 1 | | | |
| | 192007 | Birth Centres (Free Standing Midwifery Led Unit) Across Powys | 9 | 8 | 1 | | | |
| | 192008 | NHS Mental Health Service Inspection (Unannounced): Felindre Ward, Bronllys Hospital | 23 | 21 | 1 | 1 | | |
| | 192009 | HIW Review of Healthcare Services for Young People | 37 (5 N/A) | 36 | 1 | | | |
| | TOTAL | | 125 | 117 | 6 | 2 | | |
| 2020/21 | 20050 | Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital | 2 | 2 | | | | Yes |
| | TOTAL | | 2 | 2 | | | | |
| 2021/22 | 212201 | HIW National Maternity Improvement Plan 2021 Priorities | 25 | 15 | 6 | | 4 | |
| | 212202 | Tier 1 Quality Check Clywedog Ward, Llandrindod Wells | 2 | 1 | | | 1 | |
| | 212207 | CIW Inspection of Cottage View | 8 | 7 | | | 1 | |
| | 212208 | HIW Tier 1 Quality Check: Felindre Ward, Bronllys Hospital | 27 | 20 | | 1 | 6 | |
| | 212215 | HIW Announced Inspection of community mental health services | Report Awaited | | | | | |
| | TOTAL | | 62 | 43 | 6 | 1 | 12 | |
| | GRAND TOTAL | | 198 | 170 | 12 | 4 | 12 | |

| Ref | Ref | Inspection Title | Recommendations Made | Recommendations Complete | Recommendations Overdue (agreed timescale) | Overdue Recommendation Revised Timescale | Recommendations Not Yet Due | All recommendations implemented |
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|

Health and Social Care Regulatory Report Recommendations Dashboard 16/06/21

| | | | | | | | | |
|---------|--------------------|--|---------------|-----|----|----|----|--|
| 2017/18 | 171808 | Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 9 | 8 | | 1 | | |
| | TOTAL | | 9 | 8 | | 1 | | |
| 2019/20 | 192003 | Unannounced Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 23 | 21 | 1 | 1 | | |
| | 192004 | Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection | 20 | 19 | 1 | | | |
| | 192006 | Unannounced Hospital Inspection: Llewellyn Ward, Bronllys Hospital | 13 | 12 | 1 | | | |
| | 192007 | Birth Centres (Free Standing Midwifery Led Unit) Across Powys | 9 | 6 | 3 | | | |
| | 192008 | NHS Mental Health Service Inspection (Unannounced): Felindre Ward, Bronllys Hospital | 23 | 21 | 1 | 1 | | |
| | 192009 | HIW Review of Healthcare Services for Young People | 37 (5 N/A) | 36 | 1 | | | |
| | TOTAL | | 125 | 115 | 8 | 2 | | |
| 2020/21 | 20050 | Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital | 2 | 2 | | 1 | | |
| | TOTAL | | 2 | 1 | | 1 | | |
| 2021/22 | 212201 | HIW National Maternity Improvement Plan 2021 Priorities | 25 | 15 | 6 | | 4 | |
| | 212202 | Tier 1 Quality Check Clywedog Ward, Llandrindod Wells | 2 | 1 | | | 1 | |
| | 212207 | CIW Inspection of Cottage View | 8 | 7 | | | 1 | |
| | 212208 | HIW Tier 1 Quality Check: Felindre Ward, Bronllys Hospital | 27 | 17 | | 1 | 6 | |
| | TOTAL | | 62 | 26 | 12 | 11 | 5 | |
| | GRAND TOTAL | | 198 | 150 | 20 | 15 | 13 | |

| Ref | Ref | Inspection Title | Recommendations Made | Recommendations Complete | Recommendations Overdue (agreed timescale) | Overdue Recommendation Revised Timescale | Recommendations Not Yet Due | All recommendations implemented |
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|

Health and Social Care Regulatory Report Recommendations Dashboard 16/06/21

| | | | | | | | | |
|---------|-------------|--|-----------------|-----|----|----|----|--|
| 2017/18 | 171808 | Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 9 | 8 | | 1 | | |
| | TOTAL | | 9 | 8 | | 1 | | |
| 2019/20 | 192003 | Unannounced Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 23 | 21 | | 2 | | |
| | 192004 | Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection | 20 | 19 | | 1 | | |
| | 192006 | Unannounced Hospital Inspection: Llewellyn Ward, Bronllys Hospital | 13 | 12 | | 1 | | |
| | 192007 | Birth Centres (Free Standing Midwifery Led Unit) Across Powys | 9 | 6 | | 3 | | |
| | 192008 | NHS Mental Health Service Inspection (Unannounced): Felindre Ward, Bronllys Hospital | 23 | 21 | | 2 | | |
| | 192009 | HIW Review of Healthcare Servcies for Young People | 37 (5 N/A) | 36 | | 1 | | |
| | TOTAL | | 125 | 115 | | 10 | | |
| 2020/21 | 20050 | Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital | 2 | 1 | | 1 | | |
| | TOTAL | | 2 | 1 | | 1 | | |
| 2021/22 | 212201 | HIW National Maternity Improvement Plan 2021 Priorities | 25 | 3 | 7 | | 15 | |
| | 212202 | Tier 1 Quality Check Clywedog Ward, Llandrindod Wells | 2 | 1 | | | 1 | |
| | 212207 | CIW Inspection of Cottage View | Outcome awaited | | | | | |
| | 212208 | HIW Tier 1 Quality Check: Felindre Ward, Bronllys Hospital | 27 | 13 | 3 | 11 | | |
| | TOTAL | | 54 | 17 | 10 | 11 | 16 | |
| | GRAND TOTAL | | 190 | 141 | 10 | 23 | 16 | |

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| Ref | Ref | Inspection Title | Recommendations Made | Recommendations Complete | Recommendations Overdue (agreed timescale) | Overdue Recommendation Revised Timescale | Recommendations Not Yet Due | All recommendations implemented |
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|
|-----|-----|------------------|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|

Health and Social Care Regulatory Report Recommendations Dashboard 05/05/21

| | | | | | | | | |
|---------|-------------|--|-----------------|-----|----|---|----|--|
| 2017/18 | 171808 | Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 9 | 8 | | 1 | | |
| | TOTAL | | 9 | 8 | | 1 | | |
| 2019/20 | 192003 | Unannounced Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 23 | 20 | | 3 | | |
| | 192004 | Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection | 20 | 19 | 1 | | | |
| | 192006 | Unannounced Hospital Inspection: Llewellyn Ward, Bronllys Hospital | 13 | 12 | 1 | | | |
| | 192007 | Birth Centres (Free Standing Midwifery Led Unit) Across Powys | 9 | 6 | 3 | | | |
| | 192008 | NHS Mental Health Service Inspection (Unannounced): Felindre Ward, Bronllys Hospital | 23 | 21 | 1 | 1 | | |
| | 192009 | HIW Review of Healthcare Servcies for Young People | 37 (5 N/A) | 36 | 1 | | | |
| | TOTAL | | 125 | 114 | 7 | 4 | | |
| 2020/21 | 20050 | Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital | 2 | | 2 | | | |
| | TOTAL | | 2 | | 2 | | | |
| 2021/22 | 212201 | HIW National Maternity Improvement Plan 2021 Priorities | 25 | 3 | 7 | | 15 | |
| | 212202 | Tier 1 Quality Check Clywedog Ward, Llandrindod Wells | 2 | 1 | | | 1 | |
| | 212207 | CIW Inspection of Cottage View | Outcome awaited | | | | | |
| | TOTAL | | 27 | 4 | 7 | | 16 | |
| | GRAND TOTAL | | 163 | 126 | 16 | 5 | 16 | |

Health and Social Care Regulatory Report Recommendations Dashboard

| Ref | Ref | Inspection Title | Recommendations Made | Recommendations Complete | Recommendations Overdue (agreed timescale) | Overdue Recommendation Revised Timescale | Recommendations Not Yet Due | All recommendations implemented |
|---------|--------------|---|----------------------|--------------------------|--|--|-----------------------------|---------------------------------|
| 2017/18 | | | | | | | | |
| | 171803 | Mental Health Service Inspection (Ystradgynlais Hospital) | 25 | 25 | | | | √ |
| | 171808 | Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 9 | 9 | | | | √ |
| | TOTAL | | 34 | 34 | | | | |
| 2018/19 | | | | | | | | |
| | 181901 | Ionising Radiation Regulations and Follow Up Inspection (Brecon and Llandrindod Hospitals) | 9 | 9 | | | | √ |
| | 181902 | General practice Inspection (Presteigne Medical Practice) | 13 | 13 | | | | √ |
| | 181903 | Joint HIW & CIW National Review of Mental Health Services Inspection visit to (announced): Welshpool Community Mental Health Team | 25 | 25 | | | | √ |
| | TOTAL | | 47 | 47 | | | | |
| 2019/20 | | | | | | | | |
| | 192001 | Joint Community Mental Health Team Inspection - The Hazels, Llandrindod | 19 | 19 | | | | √ |
| | 192003 | Unannounced Mental Health Service Inspection (Clywedog Ward, Llandrindod) | 23 | 20 | | 3 | | |
| | 192004 | Unannounced Twymyn Ward, Machynlleth Community Hospital & Graham Davies Ward, Llanidloes Hospital Inspection | 20 | 19 | 1 | | | |
| | 192006 | Unannounced Hospital Inspection: Llewellyn Ward, Bronllys Hospital | 13 | 12 | 1 | | | |
| | 192007 | Birth Centres (Free Standing Midwifery Led Unit) Across Powys | 9 | 6 | 3 | | | |

| | | | | | | | | |
|---------|--------------------|--|------------|------------|----------|----------|----------|----------|
| | 192008 | NHS Mental Health Service Inspection (Unannounced): Felindre Ward, Bronllys Hospital | 23 | 21 | | 1 | 1 | |
| | TOTAL | | 107 | 97 | 5 | 4 | 1 | |
| 2020/21 | | | | | | | | |
| | 20045 | Tier 1 Quality Check: Tawe Ward, Ystradgynlais Hospital | 2 | 1 | | 1 | | |
| | 20050 | Tier 1 Quality Check: Maldwyn Ward, Welshpool Hospital | 2 | | 2 | | | |
| | TOTAL | | 4 | 1 | 2 | 0 | 0 | 0 |
| | GRAND TOTAL | | 193 | 179 | 7 | 6 | 1 | |

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| Welsh Improvement Goal/Objective | Goal | Lead | Frequency/by when? | BRAG |
|---|---|--|--------------------|------|
| <p>To reduce C. Difficile Infection (CDI) and other specific HCAIs to target levels:</p> <ul style="list-style-type: none"> - A reduction of 10% on 2019/20 figures (unless 2019/20 was higher than 2018/19) - Includes E. coli, Klebsiella sp and Ps. aeruginosa and S. aureus Blood Stream Infections | Support PTHB staff and Care Home staff to manage and contain cases of HCAI. | IPC Team | Mar-23 | |
| | Completion of Post-Infection Review (PIR) within 30 days of positive result, to comply with new Datix requirements. | IPC Team - to oversee process Relevant HB departments/Primary care/Care Homes | Mar-23 | |
| | Monitor cases/rates of HCAIs against PHW data to ensure accuracy and to identify trends. | IPC Team | Mar-23 | |
| | Training of PTHB staff re. HCAIs (to meet Welsh Health Circulars) | IPC Team | Monthly | |
| | Manage & contain outbreaks of HCAIs to ensure they affect as few patients/staff as possible. | IPC Team Ward staff | As required | |
| | COVID19 management & preparation | IPC Team | As required | |
| <p>To reduce the burden of infection and risks of blood stream infections derived from the community:</p> | Implement evidence-based interventions in the management of: | | | |
| | - People who inject drugs (PWID) | PWID Lead | Mar-23 | |
| | - Wound / chronic ulcer management | TV Nurse | Mar-23 | |
| | Prevention of respiratory infections: | | | |
| | - Oral Care | Dental teams | | |

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| | | | | |
|---|---|---|-----------------|--|
| | - Immunisation against influenza | GP practices, School Nurses | Mar-23 | |
| | - COPD management | Respiratory Team | | |
| Roll out of ANTT in all healthcare settings. | Roll out of Aseptic Non-Touch Technique (ANTT) in hospital settings (rollout in community settings to be introduced in 2023-24) | IPC Team/Education/Primary Care/Care Home Leads | Mar-23 | |
| To improve UTI prevention, diagnosis and appropriate management across the whole healthcare system utilising 'UTI 9' standards. | Support PTHB staff to manage urinary health. | IPC Team/Continence Team | Mar-23 | |
| Other objectives | | | | |
| Audit | Implement annual audit programme across PTHB to include: | | | |
| | Renewal of audit programme to be introduced to relevant wards and departments | IPC Team | Mar-23 | |
| | All identified wards/departments to have an annual IPC audit - to include inpatient wards, outpatient departments & maternity. | IPC Team | Across the year | |

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| | | | |
|---|---|---|--|
| Ensure all inpatient wards have an audit done in conjunction with Environmental Cleanliness – in addition to above | IPC Team | Across the year | |
| Ensure theatres and endoscopy have regular audits to meet JAG requirements | IPC Team/Theatres | Mar-23 | |
| Baseline training status of staff to be collected from Department Managers, to include IPC Module 1&2, Hand hygiene training, PPE training and fit testing date. | IPC Team to oversee collection of data Department Managers to ensure completion | Mar-22 | |
| <p>Hand hygiene compliance programme:</p> <ul style="list-style-type: none"> - Baseline validation audit to be carried out in March 2022 - Results to be reviewed in April 2022 - Results to be shared in May 2022 - Renewal of hand hygiene compliance programme to be introduced in March 2022 with relevant inpatient wards and departments - Hand hygiene observation audits to be carried out, to meet standard of 20 observations over a month time period, with 5 observations of each of the following staff groups: - Nursing team staff - Doctors - Allied Health Professionals - Support staff (facilities, domestics etc) - Results to be submitted monthly - Submissions to be reviewed monthly & actions followed up | <p>IPC Team</p> <p>IPC Team IPC Team IPC Team</p> <p>Department staff - IPC Link Workers?</p> <p>Department Managers IPC Team</p> | <p>March 2022</p> <p>April 2022 May 2022 March 2022</p> <p>by end April 2022</p> <p>April 2022 April 2022</p> | |

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| | | | | |
|-----------------|---|---|--|--|
| | <p>PPE donning/doffing compliance:</p> <ul style="list-style-type: none"> - Baseline validation audit to be carried out in March 2022 - PPE donning/doffing compliance audits to be carried out, to meet standard of 20 observations over a month time period, with 5 observations of each of the following staff groups: - Nursing team staff - Doctors - Allied Health Professionals - Support staff (facilities, domestics etc) - Results to be submitted monthly - Submissions to be reviewed monthly & actions followed up | <p>IPC Team</p> <p>Department staff - IPC Link Workers?</p> <p>Department Managers IPC Team</p> | <p>March 2022</p> <p>by end May 2022</p> <p>May 2022 monthly</p> | |
| | <p>Other audits to be included:</p> <ul style="list-style-type: none"> - Management of enteral feeding lines - Non tunnelled venous catheters (CVC) Peripheral Intravenous (PVC) lines - VIP Score <p>To include clinical practice audits & surveillance audits</p> | Department Managers/IPC Team | By end Q3 | |
| | MRSA screening compliance | IPC Team | Weekly | |
| | (CPO screening compliance) | TBC | TBC | |
| | Datix reporting compliance | IPC Team | Weekly | |
| | Mattress audit | <p>Audit completed by Ward/department staff</p> <p>Completed audits reviewed by IPC Team</p> | <p>Weekly</p> <p>Weekly</p> | |
| | Undertake specific audits as required - Eg following an outbreak or cluster, or in response to a complaint | IPC Team | Mar-23 | |
| Decontamination | Monitor decontamination risks and incidents across PTHB as part of the Quarterly Decontamination Group and during IPC duties. | Band 8a IPC Team | Mar-23 | |

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| | | | | |
|------------------------|---|--|--------------|--|
| Training & Education | Expand IPC Link Worker programme to ensure PTHB has effective IPC representation in all departments | IPC Team/Nursing Operational Directorate | Mar-23 | |
| | Expand IPC Link Worker programme to include all GP practices | IPC Team | by end of Q3 | |
| | Ensure PTHB staff are competent and compliant with correct donning, wearing & doffing of PPE, including new starters. | IPC Team/Education/Department Managers | Mar-23 | |
| Meetings/areas of work | To ensure all groups & subgroups have IPC representation as required | IPC Team | 44986 | |
| | Strategic – every meeting | | | |
| | Operational – as required | | | |
| Enquiries/Datix | To ensure all wards and departments of PTHB, plus primary care GP practices, can access IPC advice. | IPC Team | Mar-23 | |
| | To ensure the Datix process is completed as per Welsh Government expectations. | IPC Team | Mar-23 | |
| Visibility of Team | All hospital inpatient wards will be visited every month | IPC Team | Mar-23 | |
| | All other onsite departments will be visited every 2 months | IPC Team | Mar-23 | |
| | All staff will feel confident about the current IPC policies/procedures in PTHB and will be able to ask questions. | IPC Team | Mar-23 | |

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| | | | | |
|---|--|----------------|-------------|--|
| | The PTHB intranet will be keep up-to-date | IPC Team | Mar-23 | |
| Assurance/Governance | Maintenance of IPC risk register | IPC Team | Mar-23 | |
| | To ensure that policies remain in-date. | IPC Team | 01-Mar | |
| | To identify requirement for new policies, SOPs and Action Cards and produce these for sign off in a timely manner. | IPC Team | Mar-23 | |
| | | | | |
| Project work | Getting back to BAU across PTHB | IPC Team | Mar-23 | |
| | IPC input to Buildings & Estates works | IPC Team | As required | |
| | Input into national and local campaigns | IPC Team/comms | As required | |
| To postpone until IPC Team more embedded. | Ensure all GP practices have an accompanied IPC audit every year | IPC Team | Mar-23 | |
| | Ensure all Care Homes (Residential and Nursing) have an accompanied IPC audit every year. | IPC Team | Mar-23 | |

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Agenda item: 3.2

| PATIENT EXPERIENCE, QUALITY AND SAFETY COMMITTEE | | Date of Meeting: 24 March 2022 |
|---|---|---|
| Subject : | Infection Control Quarter 3 Report. | |
| Approved and Presented by: | Claire Roche Executive Director of Nursing and Midwifery | |
| Prepared by: | Jason Crowl Interim Deputy Director of Nursing Jennie Leleux, Senior Infection Control Nurse. Hayley Harrison Jeffreys, Senior Infection Control Nurse | |
| Other Committees and meetings considered at: | Executive Committee | |

PURPOSE:

This paper provides the Committee with the oversight and assurance on activity regarding IPC compliance standards during Quarter 3 2021/22.

RECOMMENDATION(S):

The Committee is asked to:

- **DISCUSS this update.**

| Approval/Ratification/Decision¹ | Discussion | Information |
|---|-------------------|--------------------|
| x | ✓ | x |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|------------------------------|-----------------------------------|----------|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | x |

Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

| | | |
|----------------------------|--|---|
| | 3. Tackle the Big Four | ✗ |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | ✓ |
| | 8. Transforming in Partnership | ✓ |
| | | |
| Health and Care Standards: | 1. Staying Healthy | ✓ |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

- During Quarter 3 there were 3 outbreaks of COVID-19 in Powys Teaching Health Board (PTHB) inpatient wards.
- Year to date, there has been a decrease in gram negative bacteraemia's.
- 8 years since last MRSA bacteraemia.
- There has been considerable work undertaken by the team, wards and departments to maintain standards and reduce nosocomial infections.
- There is renewal work required as part of the recovery to business as usual arrangements.
- Work has commenced on replacing the washer disinfectors in Brecon as part of the planned upgrade work. Services have been maintained throughout.

DETAILED BACKGROUND AND ASSESSMENT:

Introduction:

This paper provides information to the Patient Experience, Quality and Safety Committee on the activities performed by the Infection, Prevention and Control (IPC) position during Quarter 3 of financial year 2021/22. It covers Healthcare Associated Infections (HCAI), including COVID19 infection, with data around cases, outbreaks, infection prevention and control activities undertaken to control its spread.

Workforce

The IPC team has undergone many changes and challenges during this quarter. There have been two new Band 7 posts appointed and commenced work within the

team. The Band 8a IPC Senior Nurse for primary care and care homes retired December 2021.

There have been periods of sickness among the team and bank Senior IPC nurse seconded to support from January 2022. The team have been supported by Quality team with administrative support.

Data management issues

PTHB has had an ongoing issue with patient data management and this continues into Quarter 3 2021. Shrewsbury & Telford Hospital NHS Trust (SATH) does not have a patient data management system that links into PTHB. This means that it is difficult to say with confidence that the data being retrieved from different patient management systems used in PTHB is correct. This remains an issue to be resolved on the IPC work plan.

Healthcare associated infections (HCAI): statistics and performance

Welsh Health Circular (WHC) 2021(028) published on 27th September 2021 sets out the AMR and HCAI improvement goals for 2021 – 22. These goals are in line with the UK AMR Strategy and the UK 5-year action plan 2019-24, both of which aim to combat antimicrobial resistance through lowering the burden of infections, improving treatments and optimising our use of antimicrobial in humans.

Similar to previous years, the improvement goals focus on 2 categories:

1. Optimising the use of antimicrobial, and
2. Lowering the burden of infection

For PTHB this is a 10% reduction on 2019-20 figures, however annual numbers are very small therefore it may not be possible to sustain a continuous reduction. The aim of the infection prevention and control team is to investigate the cases as they arise to identify any lessons to be learnt to improve outcomes and reduce incidences.

Reducing gram-negative blood stream infections is a key part of the Government's UK AMR (Antimicrobial Resistance) strategy and is monitored nationally. A gram-negative blood stream infection is only considered as hospital onset if the sample is taken 48 hours after admission, any sample taken before this point is considered as community-onset, clarification of the definition of healthcare associated infections are listed in Appendix 1.

Clostridioides *difficile* Infection

The geography of Powys means that the majority of local services are provided locally, through general practitioners and other primary care services, community hospitals and community services, however Powys residents receive specialist hospital services in hospitals outside of the county in both England and Wales.

Cases of *C. difficile* in PTHB have increased to date this year, this reflects the National increasing trend of cases. Individual hospital cases are investigated and lessons learnt shared to improve care and patient outcomes.

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Staphylococcus aureus (MSSA & MRSA) blood stream infections

There have been no cases of MRSA or MSSA BSIs since April 2021. It has been 9 years since the last case of MRSA bacteraemia, which is an achievement to celebrate.

Gram-negative blood stream infections

All GNBSIs allocated to PTHB are hospital-acquired. This can be explained by the fact that most BSIs acquired in the community require admission at an Acute Hospital and therefore will not be admitted to PTHB.

PTHB are currently on target to have an annual reduction in gram negative bacteraemia. There have been 2 E.coli bacteraemia's in Quarter 3, with an accumulative bacteraemia total of 3 cases compared to 9 cases year 2020/21. Root cause analysis of individual cases will commence in Q4 to identify, if possible, the cause of infection and any learning that can be shared.

Overview of organisms to end of Quarter 3:

| HCAI Review to end January 2022 | | | | | | |
|---------------------------------|---|---|---|---|--------------------------------------|---|
| 2021/22 | C. difficile | Bacteraemia cases | | | | |
| | | MRSA | MSSA | E. coli | P. aeruginosa | Klebsiella species |
| | 2020-21 total no. of cases = 7 | 2020-21 total no. of cases = 0 | 2020-21 total no. of cases = 1 | 2020-21 total no. of cases = 5 | 2020-21 total no. of cases = 1 | 2020-21 total no. of cases = 2 |
| Quarter 1 | 3 | 0 | 0 | 1 | 0 | 0 |
| Quarter 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| Quarter 3 | 3 | 0 | 0 | 2 | 0 | 0 |
| Quarter 4 | 1 | | | | | |
| Total | 9 | 0 | 0 | 3 | 0 | 0 |

COVID-19

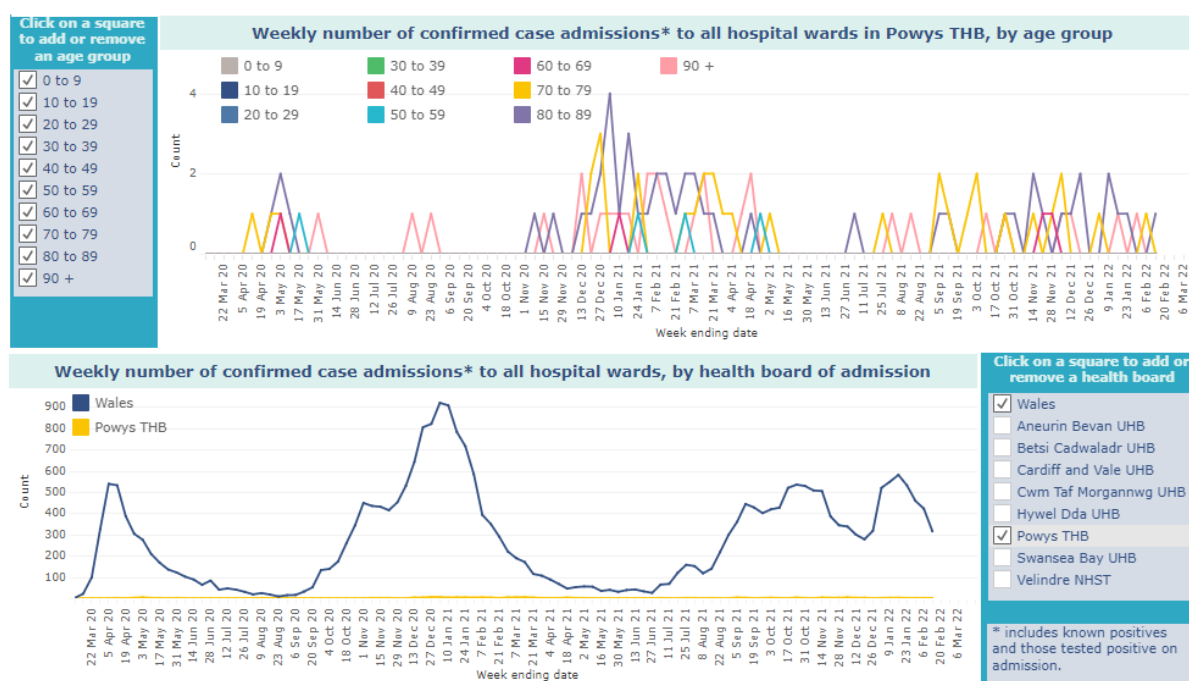
The emergence of Omicron variant of SARS-CoV2 in November 2021 has a major impact on the services as increased numbers of staff were reported absent due to either being positive or having close contact with a positive case. Guidance from the Welsh Government kept changing rapidly especially affecting staff dealing with immunocompromised or extremely clinically vulnerable patient population.

The IPCT kept staff informed of the many changes in national and local guidance though training and Powys announcements. Guidance on the PTHB was updated accordingly.

Nationally, a weekly nosocomial report is being produced by the Healthcare Associated Infection, Antimicrobial Resistance and Prescribing Programme (HARP) team of Public Health Wales, using data from ICNet. This information is analysed by the Nosocomial Group to identify and prioritise cases for investigation based upon the national surveillance definitions.

Nationally agreed surveillance definitions:

- **Community onset:** specimens taken on day of admission or day after (days 1 and 2)
- **Hospital onset, indeterminate healthcare associated:** specimens taken on days 3 to 7 of admission
- **Hospital onset, probable healthcare associated:** specimens taken on days 8 to 14 of admission
- **Hospital onset, actual healthcare associated:** specimens taken >14 days after admission.



Nosocomial COVID-19 infections can be identified from a number of sources. The main sources include:

- A patient safety incident reported in Datix
- Findings from mortality reviews (stage 1 or stage 2)
- Suspected or confirmed outbreaks or Period of Increased Incidence (PII's)
- Surveillance data from ICNet

Building on existing reporting systems, it was agreed that a standardised national approach to the reporting and investigation of possible hospital and work acquired COVID-19 infections would help determine if additional infection prevention and control measures are required, aiming to reduce the risk of further transmission between staff, patients and visitors. Toolkits for both staff and patients have been developed on an All Wales basis and Powys have adopted these with some minor

additions in order to capture some additional information on the staff toolkit. There is a process in place within the Health Board to investigate cases which includes a scrutiny panel with multidisciplinary membership.

As well as many individual inpatient and staff cases reported and managed, there have been 3 marked periods of increased incidence in inpatient areas which were deemed an outbreak by the Incident Management Team.

There were no other communicable diseases reported in this quarter.

Vaccination Programmes

Flu

Until the end of December there has been a 49.9% uptake in 2021/22 seasonal flu vaccination, with 54% of these being staff with direct patient contact.

Covid-19

Based on the current national data report, 4534 individuals in Powys are recorded on the Welsh Immunisation System as being healthcare workers.

Of these:

- 97.6% received their first dose
- 96.8% received their second dose
- 89.9% received their booster

Incidents and Adverse Events.

All adverse incidents are reported through the National Incident Reporting System.

Audit Results

Hand Hygiene Audits

Currently, hand hygiene audits are carried out by an observer discreetly watching their colleagues to assess them against the WHO's '5 Moments of Hand Hygiene':

- Before touching a patient
- Before a clean procedure
- After a dirty procedure
- After touching the patient
- After touching the patient's environment

Data is only available for the general inpatient wards for Quarter 3, with most areas achieving 100%. While 100% is a great figure to achieve, work in Quarter 4 will progress to strengthen the audit process with the introduction of a new tool to record episodes of hand hygiene. The tool, once finalised and embedded, will assist the IPCT in highlighting poor practices and problem areas to identify where training and support is required. These audits will be validated by hand hygiene audits by the IPCT.

Environmental Cleanliness Audits

The IPC Team have continued to carry out joint audits with the Service Improvement Manager: Compliance and Quality, Facilities; during Quarter 3. A formal annual

infection control environmental audit plan will be agreed and progressed by the IPCT during Quarter 4 as part of returning to business as usual.

Dental Department

The IPC team visited the Dental practice in Newtown and BUILT. The standard of PPE wearing, etc. was very good. The main issue they are experiencing is due to the Sodium Hypochlorite in the cleaning processes, there was deterioration in some of the stainless-steel cupboard and drawer handles. The IPC team continues to look at the best way to manage this and anticipates a resolution soon.

Care Home Visits

Visits to care homes in incident have continued during Quarter 3, the main issue identified has been the use of PPE. Feedback and advice have been provided during the visits.

Education & Training Activities

IPC Mandatory Training – levels 1 & 2

There has been a slight increase in training compliance in Quarter 3, particularly in the medical and nursing and midwifery categories which provides assurance.

Level 1 IPC Training compliance

| Staff Group | Assignment Count | Required | Achieved | Compliance % |
|----------------------------------|------------------|------------|------------|---------------|
| Add Prof Scientific and Technic | 4 | 4 | 1 | 25.00% |
| Administrative and Clerical | 702 | 702 | 616 | 87.75% |
| Allied Health Professionals | 14 | 14 | 11 | 78.57% |
| Estates and Ancillary | 237 | 237 | 210 | 88.61% |
| Medical and Dental | 2 | 2 | 1 | 50.00% |
| Nursing and Midwifery Registered | 1 | 1 | 1 | 100.00% |
| Grand Total | 960 | 960 | 840 | 87.50% |

Level 2 IPC Training compliance

| Staff Group | Assignment Count | Required | Achieved | Compliance % |
|---------------------------------|------------------|----------|----------|--------------|
| Add Prof Scientific and Technic | 91 | 91 | 74 | 81.32% |
| Additional Clinical Services | 488 | 488 | 407 | 83.40% |

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| | | | | |
|----------------------------------|-------------|-------------|-------------|---------------|
| Administrative and Clerical | 10 | 10 | 9 | 90.00% |
| Allied Health Professionals | 152 | 152 | 132 | 86.84% |
| Healthcare Scientists | 4 | 4 | 4 | 100.00% |
| Medical and Dental | 48 | 48 | 29 | 60.42% |
| Nursing and Midwifery Registered | 698 | 698 | 592 | 84.81% |
| Grand Total | 1491 | 1491 | 1247 | 83.64% |

Work is continuing with staff groups to promote the importance of completion through regular communication via internal Powys Announcements and Link Worker meetings.

IPC & PPE Updates

Training has remained virtual during Quarter 3, with 5 sessions delivered. Regular updates have also been regularly communicated through Powys Announcements. The training updates were brought in after the start of the pandemic and training over 1000 staff has been an amazing achievement, a breakdown of the staff groups can be found in the table below. The training offer has been extended to care homes since Jan 2022, however care homes monitor their own attendance.

| Staff Group | Bank | Substantive | Grand Total |
|----------------------------------|-----------|-------------|-------------|
| Add Prof Scientific and Technic | 4 | 47 | 51 |
| Additional Clinical Services | 6 | 220 | 226 |
| Administrative and Clerical | 1 | 77 | 78 |
| Allied Health Professionals | 3 | 114 | 117 |
| Estates and Ancillary | 30 | 221 | 251 |
| Healthcare Scientists | | 3 | 3 |
| Medical and Dental | | 20 | 20 |
| Nursing and Midwifery Registered | 11 | 357 | 368 |
| Grand Total | 55 | 1059 | 1114 |

IPC Link Worker Meetings

Monthly IPC Link Worker Meetings have continued through Quarter 3, allowing staff to bring up concerns and for the IPC Team to feedback useful information and findings from audits, visits etc. Attendance is low at times partly due to clinical

demands; this will be addressed in Quarter 4. Membership will also be extended to care homes in Quarter 4.

Nosocomial Group

Coronavirus has proved to be highly transmissible in all closed settings, even when individuals have no symptoms. Consequently, nosocomial transmission has been evident in all Welsh health boards, NHS Trusts and many care homes.

The prevention of nosocomial transmission of COVID-19 infection has, as for all health boards and NHS Trusts, been a major focus and challenge. PTHB has worked hard throughout the pandemic to do all it can to keep the virus out of hospitals and to protect people being cared for, often in difficult circumstances. As part of business continuity arrangements, and where indicated, the governance structure within the health board has been revised to enable full executive leadership and oversight of the arrangements put in place to enable as far as possible, safe effective and effective care over the last 2 years of the COVID-19 Pandemic. Elements of the arrangements have been reviewed by external regulators, including Audit Wales and Health Inspectorate Wales. The Health and Safety Executive has also sought assurance from the health board.

The nosocomial COVID-19 patient safety investigation decision has been developed and piloted within Cardiff and Vale University Health Board and has been accepted as the way in which proportionate investigation and management can be supported. The Delivery Unit has offered training for health boards on its implementation.

Current situation

Where there is high community transmission, inevitably this is reflected in both patients and potentially in staff, who are part of the communities in which they work. As COVID-19 community transmission rates have risen to unprecedentedly high levels in December 2021 driven by the spread of the Omicron variant, we have seen an increase rise in numbers of reported infections.

To date, PTHB have used a scrutiny panel approach to manage the investigation process. As per the agreed all-Wales approach, an executive led assurance panel will be established where necessary, liaison with Legal & Risk Services and proceed via Putting Things Right.

Patient Activity

The patient scrutiny panel is chaired by the Professional Head of Nursing for Community Services and follows the NHS Wales National Framework - Management of Patient Safety Incidents following Nosocomial Transmission of COVID-19. Instances reaching the threshold for investigation are investigated at ward level and presented at a scrutiny panel. All cases are investigated and presented to scrutiny panel and have previously been identified as indeterminate, probable or definite hospital onset. As part of the revision of the Framework, the way in which nosocomial categorisation has been changed to maximise equitable investigation, these categories are now healthcare associated or non-healthcare associated.

As of the end of December 2021, there have been 110 reported COVID-19 patient cases which required investigation, 98 cases have been reviewed at 14 scrutiny panels. The remaining 12 cases will be reviewed in the January 2022 panel.

Number of reported cases by HCAI to scrutiny panel

| HCAI category | Number of cases |
|--|-----------------|
| Indeterminate healthcare-associated | 12 |
| Probable healthcare-associated | 21 |
| Definite healthcare-associated | 65 |

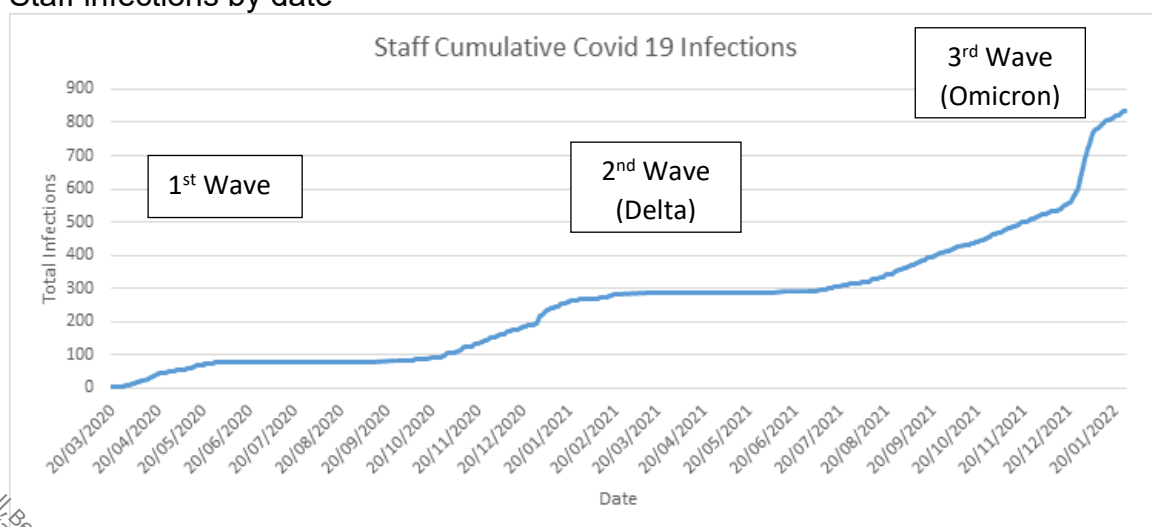
Staff Activity

The Chair of the Staff Scrutiny Panel is the Assistant Director of Facilities and Support Services. At the end of January there has been 22 scrutiny panels and panels are ongoing to review the most recent cases. Following investigation, 196 cases have been reported to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, there have been zero staff deaths. The rise and fall of staff cases has been consistent with community transmission.

Since September 2021, toolkits have consistently indicated sufficient supplies of PPE and PPE training, as pertinent to the work setting. There have been a handful of exceptions, but no trends. The same with access to hand washing and social distancing practice. The overwhelming majority of staff cases have been due to community transmission since November 2021.

Face Fit Testing is up to date but anticipating a possible shortfall in capacity from April 2022 due to the numbers of staff for whom the two-year accreditation period will have lapsed. Additional testing equipment has been purchased to increase capacity support the demand for testing.

Staff infections by date



Number of reported cases to the HSE by RIDDOR category

RIDDOR category

An accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2).

A person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus.

A worker dies as a result of occupational exposure to coronavirus.

The staff scrutiny panel continues to meet weekly in order to maintain the scrutiny of cases in order to ascertain whether a report needs to be made to the HSE in order to comply with statutory reporting timelines. The mandatory deadline from a confirmed diagnosis to the HSE receiving the report is fifteen days. The HSE states that a report must be made without delay, however it takes time for the confirmation of a positive COVID-19 test result to be received by a line manager, and then to establish that the infection experienced by the member of staff may have been acquired in the workplace therefore meeting the reporting requirements under RIDDOR. To report each confirmed case to the HSE without a review would result in significant over reporting. The aim is to achieve a target of reporting appropriate cases to the HSE within ten days.

Staff review from 1st March 2020 to 31st January 2021

| Scrutiny panel | No. | Comment |
|---------------------|-----|---|
| Total Reported | 836 | |
| Reviewed | 598 | Staff who have been in the workplace 14 days prior to infection |
| Review not required | 152 | Staff who have been excluded as not having been in the workplace 14 days prior to infection |
| Waiting | 87 | |

Further work has been completed to reduce the time review cases by implementing a new process with increased automation which has entered its testing phase. In order to meet the reporting criteria and quality assure information received by the scrutiny panel further identified resources are required.

Investigations Handling Team

Powys Teaching Health Board has received specific funding of £152,195.00 per annum for 2 years commencing April 2022.

Powys Teaching Health Board will be expected to deliver the following:

- Put in place the necessary resource and infrastructure to deliver the programme of investigation work in relation to patient safety incidents of nosocomial COVID-19. Investigation work must be completed in line with the *NHS Wales national framework – Management of patient safety*

incidents following nosocomial transmission of COVID-19 ([national framework](#)). This includes investigating cases where a person has acquired nosocomial COVID-19 in a care setting while receiving NHS funded care and when individuals were transferred from hospital into a care home and subsequently contracted COVID-19, within 14 days of transfer. The national framework is currently being updated to provide further clarity of these requirements for NHS funded care.

- Establish relevant internal assurance mechanisms such as scrutiny panels.
- Proactively engage with patients and families who have been affected by incidents of nosocomial COVID-19, including advocacy through the CHC.
- Put in place the necessary infrastructure to provide a dedicated point of contact for supporting families for five days a week.
- Develop robust governance structures, including:
 - internal mechanisms to ensure your Board is fully apprised of progress with investigations; and
 - reporting mechanism to update NHS Wales Delivery Unit (DU) on progress. Monthly reporting against an agreed reporting framework will be required. Further details on this will be provided by the DU.
- Engage with colleagues in the DU who will have overall responsibility for national leadership and oversight in relation to implementation and application of the national framework.
- Work with the DU to develop the national learning plan which will incorporate the lessons learned throughout the pandemic.

This funding has been provided to ensure the programme of investigation work can be delivered at pace.

Whilst some of this work around scrutiny panels has already commenced, the work to date in PTHB has not included cases where a person has acquired nosocomial COVID-19 in a care setting while receiving NHS funded care and when individuals were transferred from hospital into a care home and subsequently contracted COVID-19, within 14 days of transfer.

Next Steps

- Work of the scrutiny groups will continue to ensure cases are reviewed and will be expected to reduce the frequency as case numbers reduce.
- Plans will be put into place to develop a scrutiny process around funded nursing care on receipt of additional guidance from the Delivery Unit.
- Nosocomial Group will move its focus to support the preparation required to collate all the records and relevant information for the next stage of investigation.
- Finalise the structure of the Investigations Handling Team.
- Finalise the investigations work plan and proceed at pace.

Decontamination Group

Work has commenced on replacing the washer disinfectors in Brecon as part of the planned upgrade work. Services have been maintained throughout. Work is also progressing on the electronic traceability system for endoscopy. Appropriate forms being completed for PTHB IG, cybersecurity and IT, meetings being arranged to discuss installation of system.

The WHC (2020)15 relating to Single Use Laryngoscopes has been completed with all services having moved to single use disposable devices

Representation to attend the All Wales Decontamination Group has been strengthened with either the DDON and IPC Senior Nurse in rotation

Policy for Decontamination, Storage and Use of Flexible and Rigid Endoscopes has been ratified and will now be for review in 2024

The National Site review was scheduled for November. This is a site and face to face review including all areas of decontamination in dentistry, radiography, theatres and endoscopy and has been rescheduled until April 2022

Group Structure

A review has been completed of the terms of reference for the Nosocomial Group (which has a primary focus on Covid -19) and the reporting structures have been outlined in Appendix 2. This work has identified the need to strengthen operational support to teams and departments on a wider range of IPC issues. To this end the IPC team to lead a bi monthly operational IPC Group with its membership made from ward, team and departmental managers from across the organisation.

Priorities for Quarter 4

- Introducing and embedding an audit framework to cover a variety of KPI's as well as environmental audits
- Continuing to progress the IPC team workplan (Appendix 3) which will assist team to be more proactive rather than reactive as pandemic continues
- Expanding IPC PPE/HH training to care homes in PTHB
- Working to raise the profile of the IPCT
- Developing Quality improvement methodologies to assist PTHB to maintain low HCAI rates
- Plan to refresh and strengthen the link nurse programme
- Working to return to business as usual while still responding to the demands of the pandemic

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

| IMPACT ASSESSMENT | | | | |
|---|--------------------------|---------|--------------|----------|
| Equality Act 2010, Protected Characteristics: | | | | |
| | No impact | Adverse | Differential | Positive |
| Age | X | | | |
| Disability | X | | | |
| Gender reassignment | X | | | |
| Pregnancy and maternity | X | | | |
| Race | X | | | |
| Religion/ Belief | X | | | |
| Sex | X | | | |
| Sexual Orientation | X | | | |
| Marriage and civil partnership | X | | | |
| Welsh Language | X | | | |
| <p align="center">Statement</p> <p><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p> | | | | |
| Risk Assessment: | | | | |
| | Level of risk identified | | | |
| | None | Low | Moderate | High |
| Clinical | | | X | |
| Financial | | X | | |
| Corporate | | | X | |
| Operational | | | X | |
| Reputational | | | X | |
| <p align="center">Statement</p> <p>Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.</p> | | | | |

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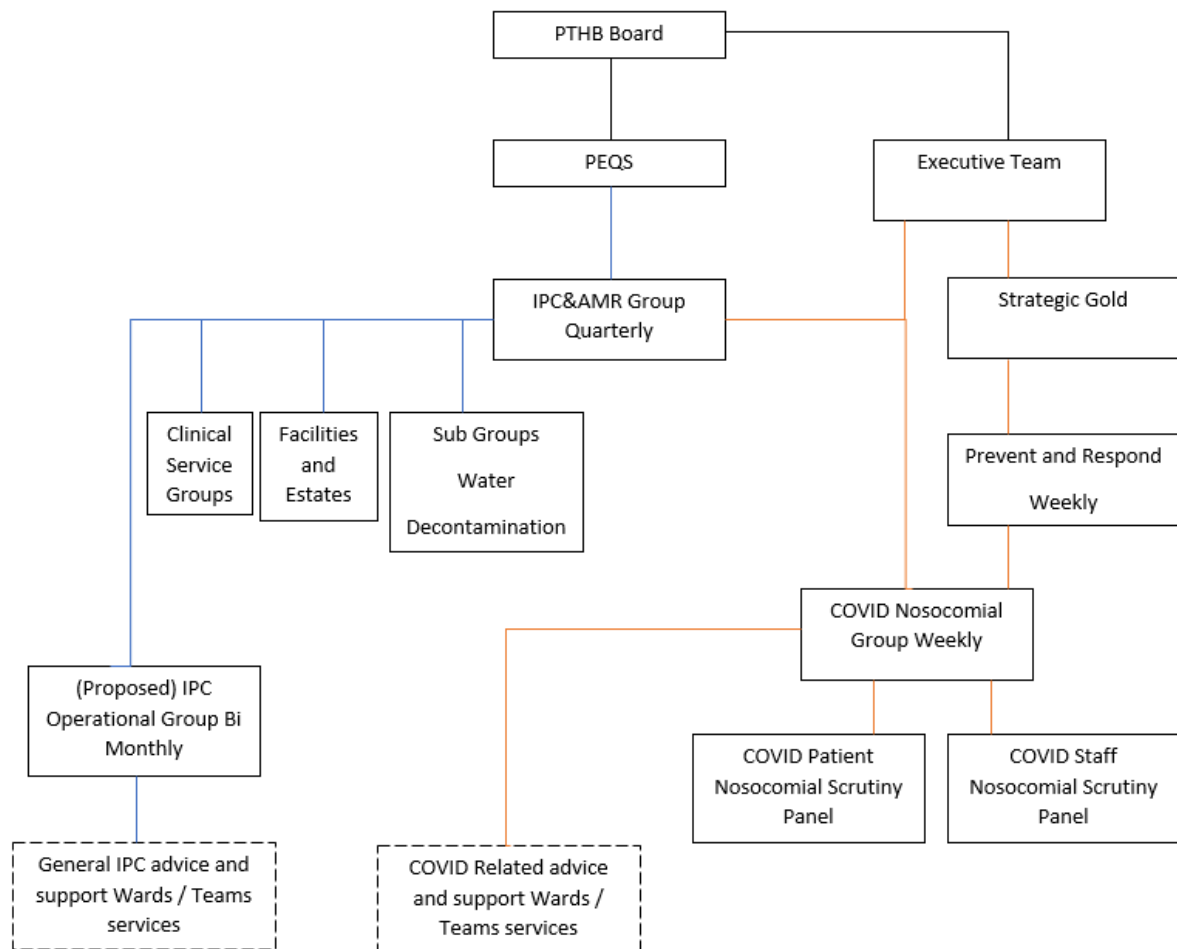
Appendix 1

Definitions of Healthcare Associated Infection:

| | |
|--|--|
| Hospital onset healthcare associated (HOHA) | Cases that are detected in the hospital two or more days after admission |
| Community onset healthcare associated (COHA) | Cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous four weeks |
| Community onset indeterminate association (COIA) | cases that occur in the community (or within two days of admission) when the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks |
| Community onset community associated (COCA) | cases that occur in the community (or within two days of admission) when the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks. |

Appendix 2

IPC/AMR and Nosocomial Group Structure



Appendix 3

Infection Prevention Control Work Plan 2022 / 2023

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Infection Prevention and Control
Report Quarter 3

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Patient Experience, Quality and
Safety Committee
24 March 2022
Agenda Item: 3.2



Agenda item: 3.3

**PATIENT EXPERIENCE, QUALITY AND
SAFETY COMMITTEE**

**Date of Meeting:
24 March 2022**

Subject: Annual Report of the Accountable Officer for
Controlled Drugs

**Approved and
Presented by:** Kate Wright, Executive Medical Director

Prepared by: Jacqui Seaton, Chief Pharmacist and Controlled
Drugs Accountable Officer

**Other Committees
and meetings
considered at:** Controlled Drugs Local Intelligence Network (27th
January 2022)
Executive Committee

PURPOSE:

The purpose of this paper is to provide the Patient Experience, Quality and Safety Committee with the Controlled Drugs Accountable Officer's (CDAO) Annual Report. The report provides:

- Background information about the legislation relating to CD governance
- Details of the responsibilities of the CDAO
- The objectives of the strengthened governance arrangements
- Information about the CD Local Intelligence Network (CDLIN) including:
 - Membership
 - Incident/occurrence reports
- Information about Standard Operating Procedures (SOPs) and declarations
- Details of arrangements for Authorised Witnesses (CD destruction)
- Information about education and training
- Details of the issues to be addressed during 2022/23

RECOMMENDATION(S):

The Patient Experience, Quality and Safety Committee is asked to recognise:

- The progress that has been made over the last 12 months despite the challenges presented by the COVID-19 pandemic.

- That there is still considerable work to be done to strengthen governance arrangements across the health board and through collaborative working with partners.

| Approval/Ratification/Decision ¹ | Discussion | Information |
|---|------------|-------------|
| | | ✓ |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | |
| | 2. Provide Early Help and Support | |
| | 3. Tackle the Big Four | |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | |
| | 6. Promote Innovative Environments | |
| | 7. Put Digital First | |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | |
| | 2. Safe Care | |
| | 3. Effective Care | |
| | 4. Dignified Care | |
| | 5. Timely Care | |
| | 6. Individual Care | |
| | 7. Staff and Resources | |
| | 8. Governance, Leadership & Accountability | ✓ |

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

CONTROLLED DRUGS ACCOUNTABLE OFFICER (CD AO)

ANNUAL REPORT

(Covering October 2020 – September 2021)

1. Background

The Shipman Inquiry published six reports between January 2002 and January 2005. The Fourth Report, published in 2004, was concerned with the overall management and use of CDs. Following the publication of this report, the UK Government strengthened the arrangements for the management of CDs.

CDs are controlled under Home Office legislation: The Misuse of Drugs Act 1971. The main purpose of the Act is to prevent the misuse of CDs (referred to as Class A, B or C).

Access to CDs for healthcare is regulated under the Misuse of Drugs Regulations 2001. These Regulations divide CDs into Schedules 1-5, according to the level of control required.

The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 – came into force on 9th January 2009. These Regulations relate to arrangements that support the safe management and use of controlled drugs in Wales.

Following the publication of The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008, it was stressed that the new arrangements should not interfere with the appropriate use of controlled drugs and good clinical care. It was also emphasized that the governance regimes should apply to all healthcare settings and individual practices where controlled drugs are prescribed, stored, administered or transported.

The safe use and management of controlled drugs requires a close and collaborative approach among a wide range of regulatory partners and national agencies, each of which deals with controlled drugs as part of their overall responsibilities.

2. Controlled Drugs Accountable Officer (CD AO)

In accordance with part two of The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008, healthcare bodies (i.e. Local Health Boards (LHBs), NHS Trusts and Welsh Independent Hospitals) are required to appoint an appropriate person to the role of Controlled Drugs Accountable Officer. Details of this individual must be reported to Healthcare Inspectorate Wales (HIW).

Jacqui Seaton, Chief Pharmacist was appointed to the role of CD AO in August 2020.

Responsibilities of the Local Health Board's CD AO include:

- Establish and chair the Controlled Drugs Local Intelligence Network (CD LIN).

- Ensure the safe and effective use and management of CDs across the organisations and by any body or person providing services to the health board (i.e. ensure compliance with legislation and best practice guidance).
- Analyse NHS and private prescribing of CDs
- Establish and ensure appropriate arrangements to comply with Misuse of Drugs legislation
- Ensure adequate and up-to-date Standard Operating Procedures (SOPs) are in place in relation to the management and use of CDs
- Request periodic declarations and self-assessments from GPs on the medical performers list regarding their CD management and use.
- Ensure arrangements are in place for periodic inspections of premises used in connection with management or use of CDs which may not be subject to inspection by other regulatory bodies (e.g. HIW or GPhC).
- Ensure adequate destruction and disposal arrangements for CDs
- Ensure monitoring and auditing of the management and use of CDs
- Ensure relevant individuals receive appropriate training
- Maintain a record of concerns regarding relevant individuals
- Assess and investigate concerns
- Convene an incident panel if serious concerns are raised
- Take appropriate action if there are well founded concerns
- Establish arrangements for sharing information
- Produce quarterly reports of their CD occurrences for the Local Intelligence Network. The occurrence report must describe details of any concerns that the organisation has regarding the management of CDs or confirmation that there have not been any concerns in the required timeframe.

3. Key objectives of the strengthened governance arrangements:-

Introduce better mechanisms for control to all healthcare settings and individual practices where controlled drugs are prescribed, stored, administered or transported.

Introduce proportionate and coordinated arrangements for monitoring and inspecting the management of controlled drugs

Make better use of available information to identify concerns around the management of controlled drugs.

Increase collaboration and sharing of information across sectors and between agencies.

Not interfere with the appropriate use of controlled drugs and good clinical care

4. Powys Controlled Drugs Local Intelligence Network (CD LIN)

The CD LIN is drawn from representatives of designated and responsible bodies. It is the responsibility of the health board's CD AO to determine the membership of the CD LIN. Members of the CD LIN have a duty to cooperate with other CD LIN members in identifying cases where action may be appropriate.

CD LIN membership includes:

- PTHB Controlled Drug Accountable Officer (Chair)
- Medical Director/Deputy Medical Director
- Head of Primary Care Medicines Management
- Head of Community Services Medicines Management

- Senior Pharmacy Technician Community Services
- Assistant Director, Quality & Safety
- Inspector/Police Pharmacy Liaison Officer, Dyfed-Powys Police
- NHS Counter Fraud officer
- Healthcare Inspectorate Wales
- Welsh Ambulance Services Trust
- Care Inspectorate Wales
- General Pharmaceutical Council (GPhC), Local Inspector
- Local Authority Representative (Domiciliary Carers, Care Homes Lead)
- Shropshire Doctors Co-operative (Shropdoc)
- Military of Defence Pharmacist
- Drug and alcohol service (Kaleidoscope)
- Pain management team representative
- Safety Systems & Information Co-ordinator (SICCO)

The CD LIN meets quarterly and receives Occurrence Reports from:

- Powys Teaching Health Board
- Welsh Ambulance Service

The CD LIN also receives update reports from:

- Dyfed-Powys Police
- Military of Defence
- GPhC
- Shropshire Doctors Co-Operative (Shropdoc)
- Kaleidoscope
- British Pregnancy Advisory Service (BPAS)

The CD LIN regularly checks that the central register of accountable officers, held by HIW, is up-to-date. This provides assurance that all accountable officers operating in Powys are included in the membership of the LIN.

Between October 2020 and September 2021 the CD LIN met 4 times:

- November 2020
- February 2021
- June 2021
- September 2021

5. CD incident reports/Quarterly Occurrence Reports

Accountable Officers reporting to the CD LIN are required to ensure that their organisations have robust systems in place to enable concerns relating to CDs to be raised, logged and investigated if appropriate.

PTHB has set up a generic email address to support submission of CD incident reports to the CD AO – Powys.CDAO@wales.nhs.uk

Powell Bethan
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The LIN has established mechanisms to ensure that information regarding the management of controlled drugs is shared appropriately.

Number of incident reports received from designated bodies between October 2020 and September 2021

| Designated Body | Number of incidents reported during the 12-month period |
|-----------------------------|---|
| Powys Teaching Health Board | 31 |
| Welsh Ambulance Service | 8 |

The nature of incident reports reported to the CD LIN included:

PTHB incidents:

- Concerns about patient use of controlled drugs
- Potential diversion of controlled drugs
- Alteration of prescriptions
- Missing drugs from hospital wards/community pharmacies
- Practitioner prescribing to friend/family
- Non-fatal poisonings
- Breach of process when returning controlled drugs to DGH
- Concerns about on-line pharmacies providing fake drugs
- Drug administration errors
- Transportation concerns

Welsh Ambulance Service:

- Unexplained/accidental ampoule breakages
- Lost keys

The CD LIN requests assurance that all incidents have been fully investigated, brought to a satisfactory conclusion and that learning has been cascaded appropriately.

6. Standard Operating Procedures (SOPs)

SOPs are working documents detailing current agreed working practice that take into account all of the issues applicable to the use of CDs in an individual setting.

SOPs are required to improve governance, provide clarity and consistency for all staff, define accountability and responsibilities, ensure safety and legal practice and they also support training.

The Health Board is required under the regulations to have SOPs in place covering every aspect of the controlled drugs journey.

SOPs should cover:

- Ordering and receipt of CDs
- Storage
- Transport
- Prescribing

- Clinical use
- Dispensing
- Record keeping
- Supplying
- Administration
- Destruction

During 2022/23 existing SOPs will be reviewed and where gaps are identified, new SOPs will be developed and implemented.

7. Self-assessment and controlled drug declaration statement

All healthcare organisations providing clinical services and relevant social care organisations are required to complete a periodic declaration (at least every 2 years) on whether or not they or their organisation keeps stocks of controlled drugs and whether there are any special circumstances that might explain any seemingly unusual patterns of prescribing or supply.

The Health Board's CD AO is responsible for sending the request for a declaration to all those listed on the LHB's Performers' List. Primary care clinicians will be asked to complete a declaration during 2022/23

A standard self-assessment and declaration form has been developed and recently reviewed.

NICE has developed a baseline assessment tool for controlled drugs: safe use and management to help healthcare organisations check whether they are meeting the guidance and legal requirements regarding the governance of controlled drugs. The Health Board will undertake a self-assessment during 2022/23. The assessment tool can be accessed via: <https://www.nice.org.uk/guidance/ng46/resources>

Community pharmacy contract visits have been suspended for the last 2 years due to COVID-19; however, these will be reintroduced during 2022/23 and assessment of controlled drugs management forms a standard part of the contract assurance visit

8. CD destruction/Authorised witnesses

The CD AO has reviewed arrangements for witnessing CD destructions and has ensured that suitable numbers of authorised witnesses are available to witness the destruction of obsolete drugs across the county.

Robust systems are in place to ensure that authorised witnesses are made available promptly to supervise the destruction of controlled drugs so as to avoid the build-up of expired or unwanted CD stock

All authorized witnesses are subject to a professional code of ethics and/or undergone a DBS check in the last 12 months. Systems are in place to ensure that DBS checks are updated appropriately.

All authorized witnesses have undertaken appropriate training

All destructions are carried out under the guidance of a standard operating procedure.

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9. Education and training

The Health Board's CD AO attended the 'Controlled Drugs and Accountable Officer online course' provided by [Sancus Solutions](#) during 2021.

Clinicians and patients are signposted to [Opioids Aware](#) which provides access to resources covering:

- [Best professional practice](#)
- [Understanding pain and medicines for pain](#)
- [Clinical use of opioids](#)
- [A structured approach to opioid prescribing](#)
- [Opioids and addiction](#)
- [Information for patients](#)
 - [About pain for patients](#)
 - [Thinking about opioid treatment for pain](#)
 - [Taking opioids for pain](#)

Case studies are used to promote reflection and learning.

When new SOPs are introduced or when existing SOPs are updated, training is provided to relevant staff. Competency assessments are carried out before relevant individuals are allowed to work to approved SOPs.

10. Important issues for 2022/23

The NHS is currently going through a challenging period as it continues to respond to the COVID-19 pandemic. It is vital, if we are to ensure patient safety and maintain public confidence, that the safe management of controlled drugs and the work of the CD AO and CD LIN remains high on the LHB's agenda.

Intelligence sharing: The LIN will continue to develop more effective arrangements for intelligence sharing within, and between networks.

Terms of Reference: The Terms of Reference need to be reviewed to ensure that they accurately reflect the membership, functions and responsibilities of the network.

Training: Training priorities need to be reviewed to ensure that they include an update on the role and responsibilities of the CD AO and good practice guidance.

Self-assessment: The LHB needs to undertake the NICE self-assessment and provide a report to the CD LIN during 2022/23. In addition to this, the LHB needs to obtain self-assessment and controlled drug declaration statements from all clinicians listed on the Performers List.

Strengthen governance arrangements: The CD AO will take further steps to ensure that good governance around controlled drugs is embedded into everyday practice.

Monitoring of controlled drugs prescribing in primary care and community services will be strengthened. Clinicians will be routinely notified and asked to review prescribing practice when potentially excessive or inappropriate prescribing is identified.

Policies will be reviewed and strengthened to ensure that all incidents involving controlled drugs are reported to the relevant CD AO within 24 hours of the incident occurring.

Policies, guidelines and SOPs: The CD AO will ensure that appropriate CD policies, assurance documents, guidelines and SOPs are reviewed, developed and rolled out across the LHB and wider CD LIN network.

11. Conclusion

Powys Teaching Health Board appointed a new CD AO in August 2020. Progressing the extensive controlled drugs agenda has been challenging due to the COVID-19 pandemic. However, the CD LIN managed to meet four times between September 2020 and September 2021, relationships with partner organisations have been strengthened and all CD incidents have been appropriately investigated.

During 2021 the LIN took steps to increase collaboration and sharing of information across sectors and between agencies. The process of information sharing will grow and mature with experience and as relationships develop.

The quarterly CD LIN meetings are structured to include an update on relevant clinical, operational and legislative issues/changes as well as receiving occurrence reports and updates from regulatory bodies.

Designated bodies covered by the Powys CD LIN have appointed Accountable Officers and the CD LIN ensures that the information held by HIW is up to date. Designated bodies have systems in place to ensure that Accountable Officers are replaced immediately when they leave and the CD LIN ensures that HIW has been notified of any changes in Accountable Officers.

CD AOs' provide quarterly occurrence reports to the LIN. The quarterly occurrence reports contain details of all reported incidents.

Local monitoring arrangements for controlled drugs are being strengthened.

It is recognised that there is still a lot to be done to ensure that the LHB has robust governance of controlled drugs.

Report prepared by:

Jacqui Seaton, Chief Pharmacist and CD Accountable Officer, Powys Teaching Health Board

December 2021

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Appendix 1

Controlled Drugs Prescribing Data (National Key Performance Indicators and data extracted from CASPA and Primary Care Services (Schedule 2 and 3 monitoring))

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

| IMPACT ASSESSMENT | | | | |
|---|--------------------------|---------|--------------|----------|
| Equality Act 2010, Protected Characteristics: | | | | |
| | No impact | Adverse | Differential | Positive |
| | | | | |
| Age | ✓ | | | |
| Disability | ✓ | | | |
| Gender reassignment | ✓ | | | |
| Pregnancy and maternity | ✓ | | | |
| Race | ✓ | | | |
| Religion/ Belief | ✓ | | | |
| Sex | ✓ | | | |
| Sexual Orientation | ✓ | | | |
| Marriage and civil partnership | ✓ | | | |
| Welsh Language | ✓ | | | |
| Statement <i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i> | | | | |
| Risk Assessment: | | | | |
| | Level of risk identified | | | |
| | None | Low | Moderate | High |
| Clinical | | | ✓ | |
| Financial | | | | |
| Corporate | | | ✓ | |
| Operational | | | | |
| Reputational | | | ✓ | |
| Although good progress has been made it is recognised that significant work is required to ensure that the LHB is fully assured that controlled drugs are being managed safely and securely. To do this, standard operating procedures need to be in place covering all aspects of controlled drugs management, monitoring arrangements need to be robust and all staff need to be aware of their responsibilities associated with controlled drugs | | | | |

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Controlled Drugs Prescribing Data (national KPIs) to support CD Accountable Officer Annual Report

Jacqui Seaton

Chief Pharmacist and CD Accountable Officer

December 2021

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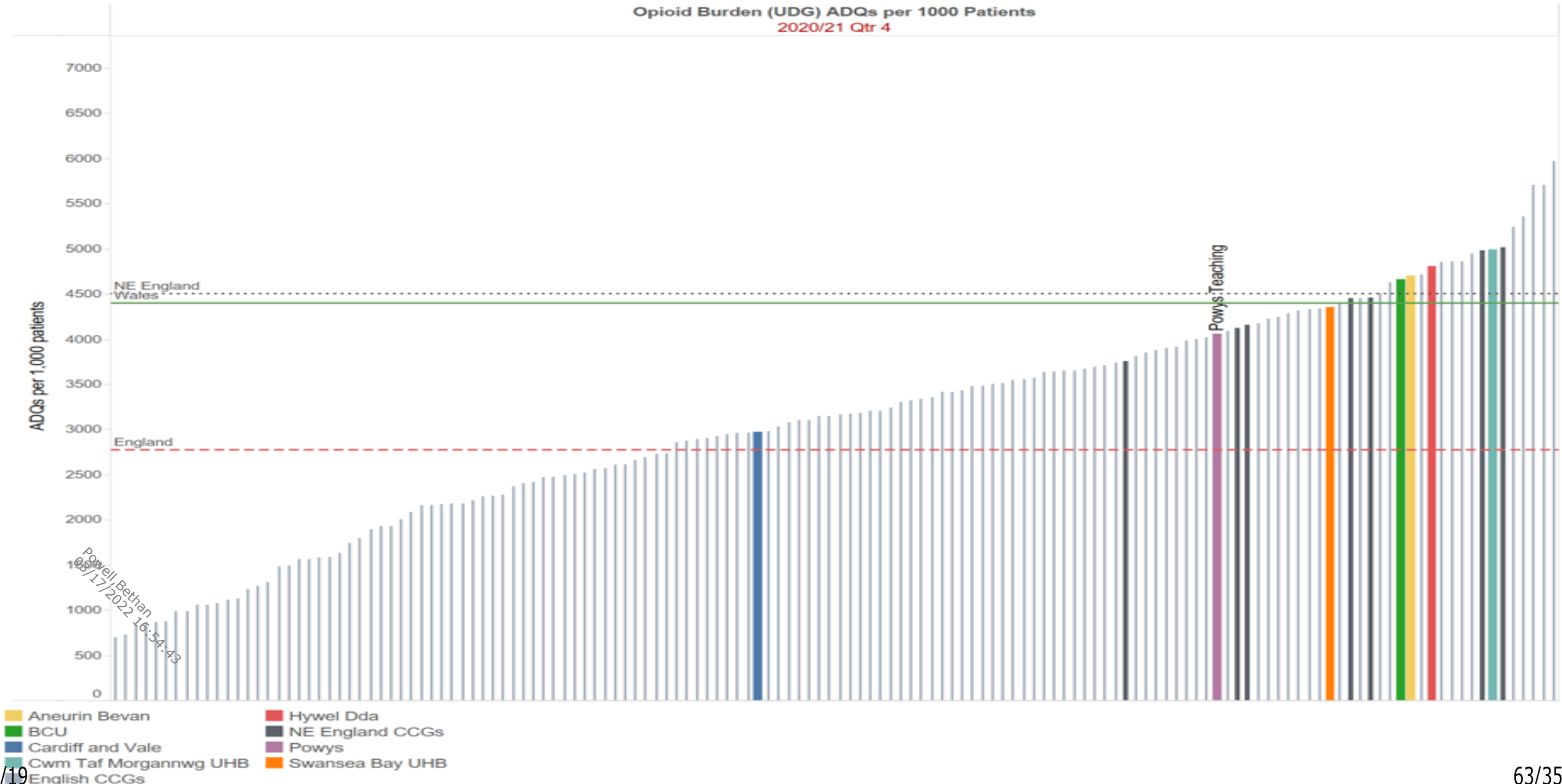
Dashboard 13 Comparison of English CCGs and Welsh Health Boards

Financial Year and ...
2020/21 Qtr 4

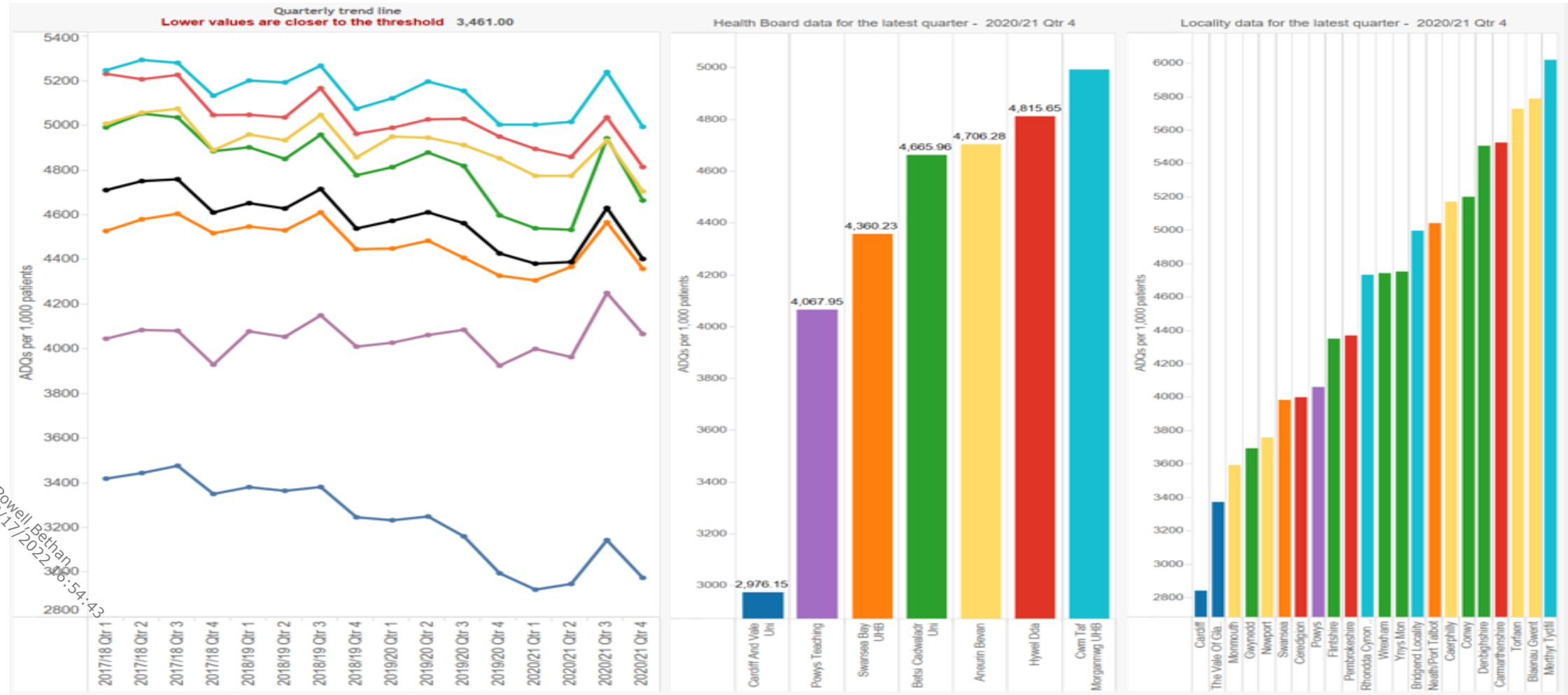
Indicator Description
Opioid Burden (UDG) ADQs per 1000 Patients

Highlight NE England CCGs
Yes

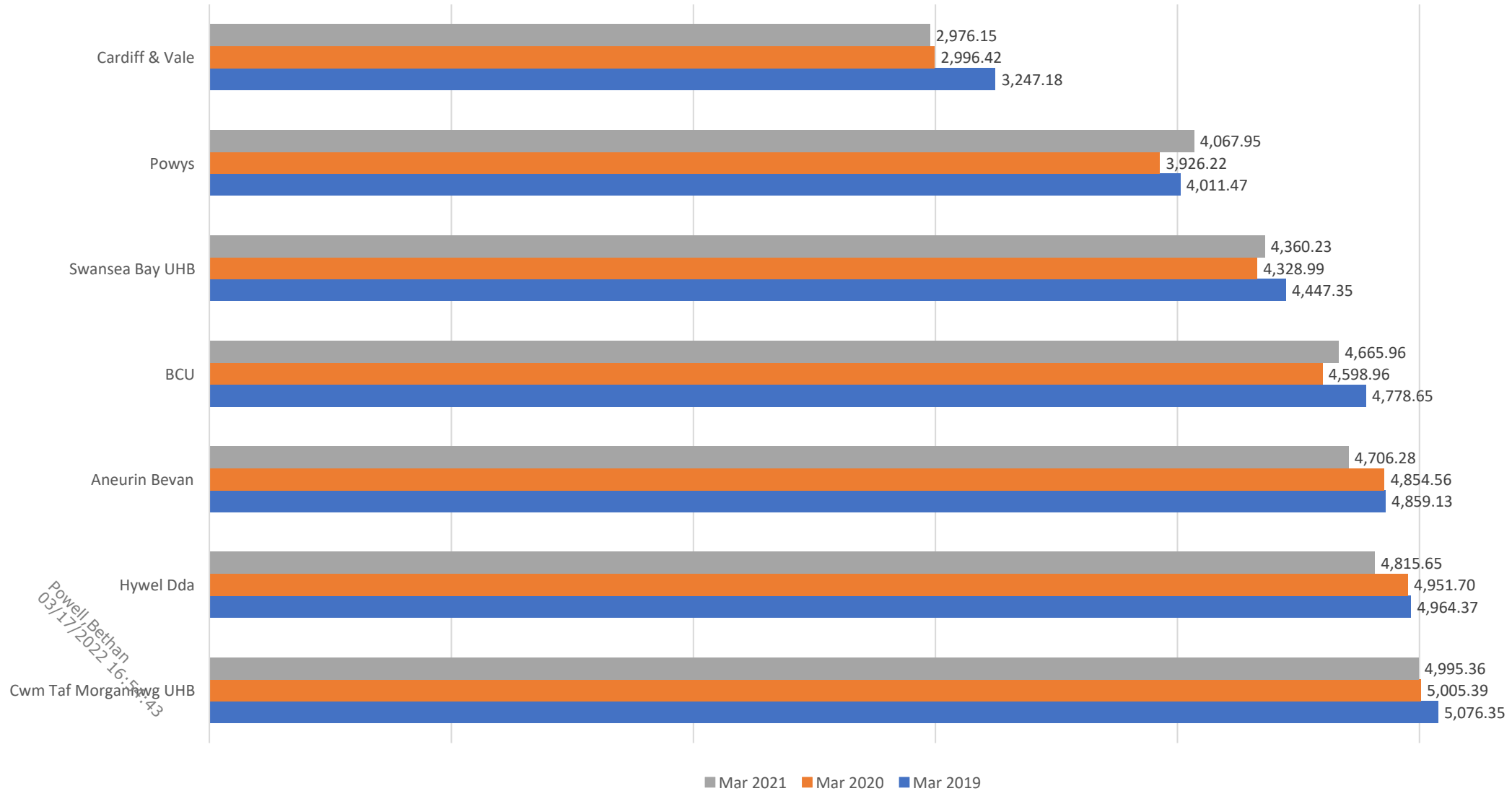
HB To Label
Powys Teaching



Opioid burden ADQ per 1000 patients

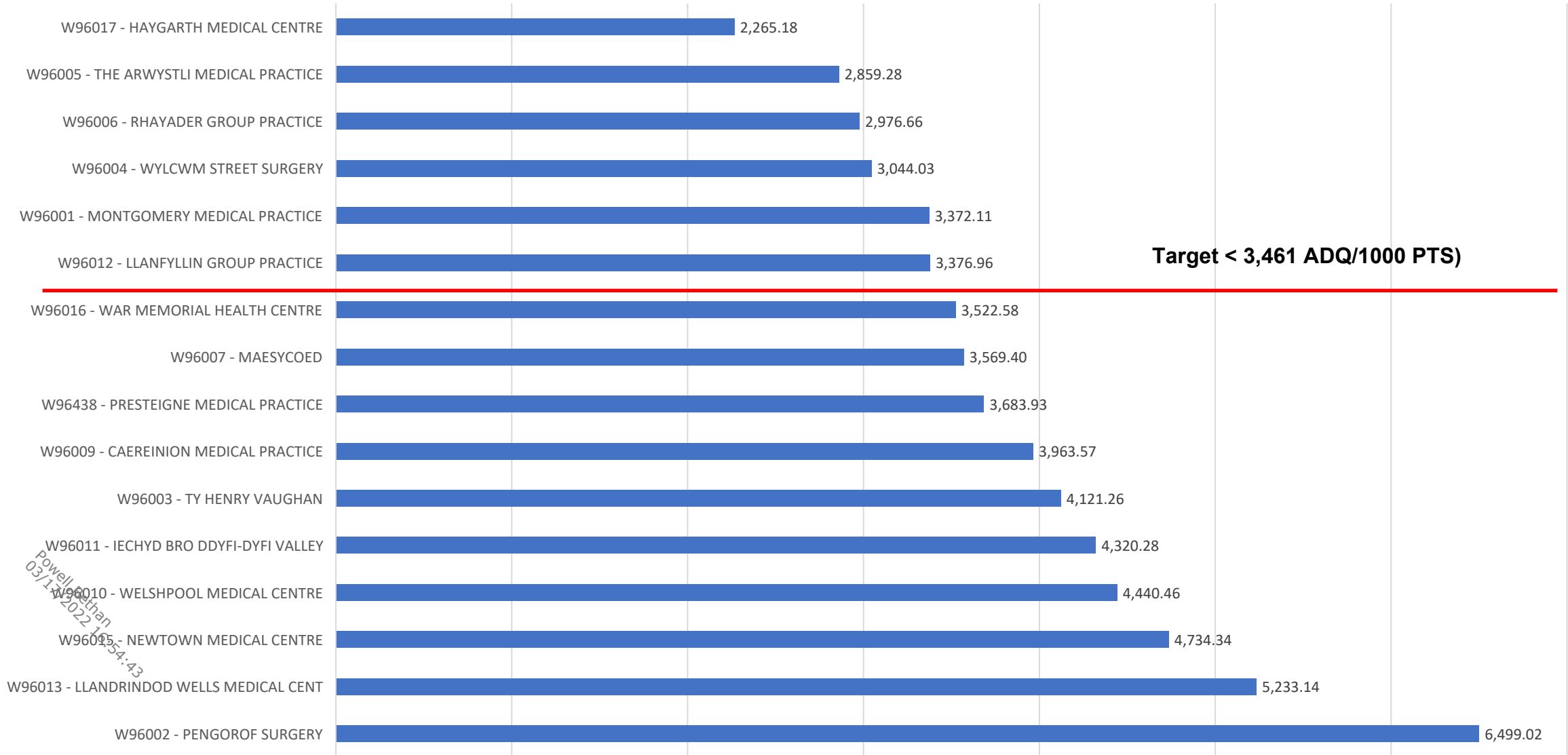


Opioid Burden (UDG) ADQs per 1000 Patients (Target < 3,461 ADQ/1000-PTS)

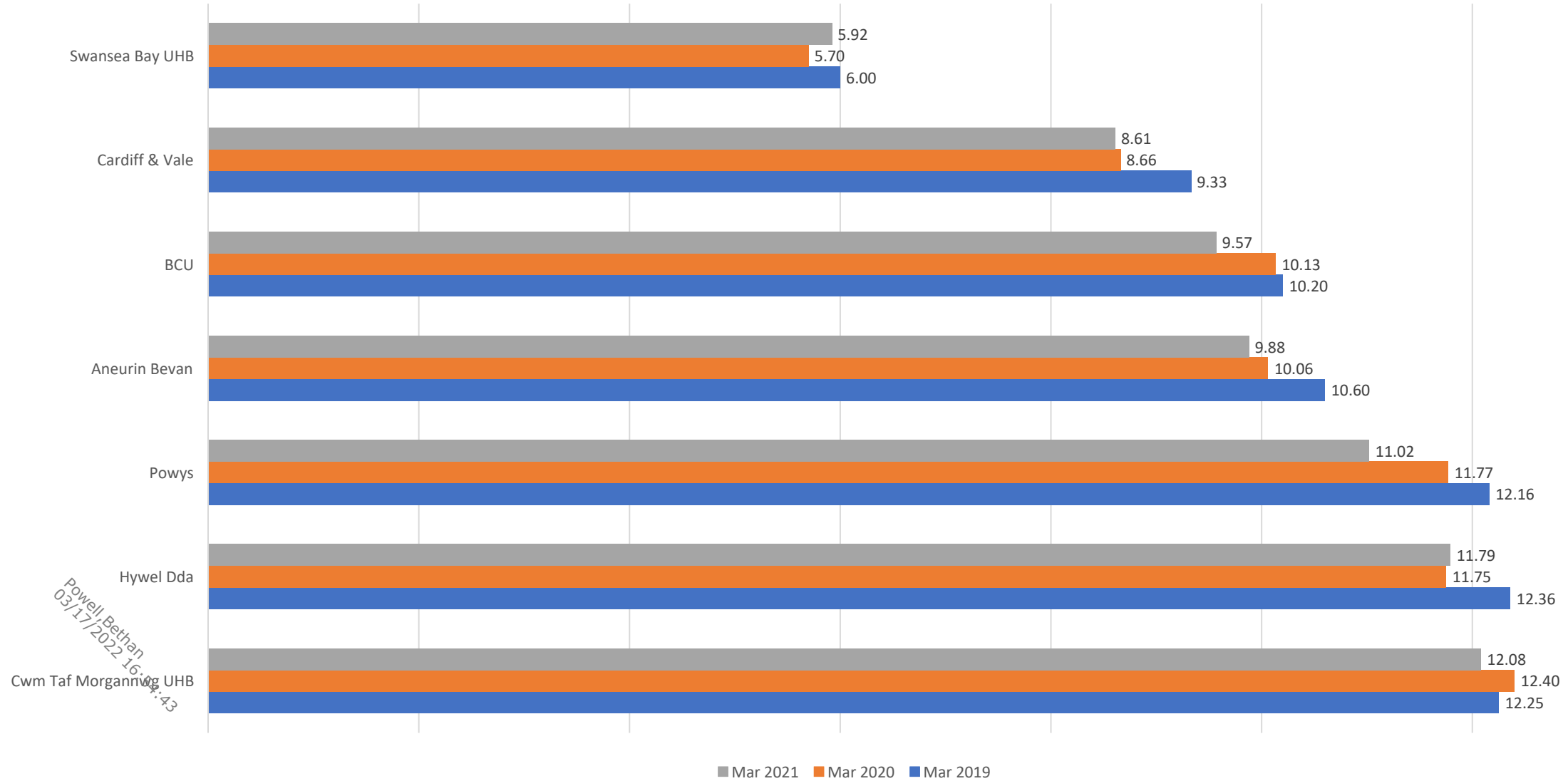


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Opioid Burden (UDG) ADQs per 1000 Patients (March 2021)

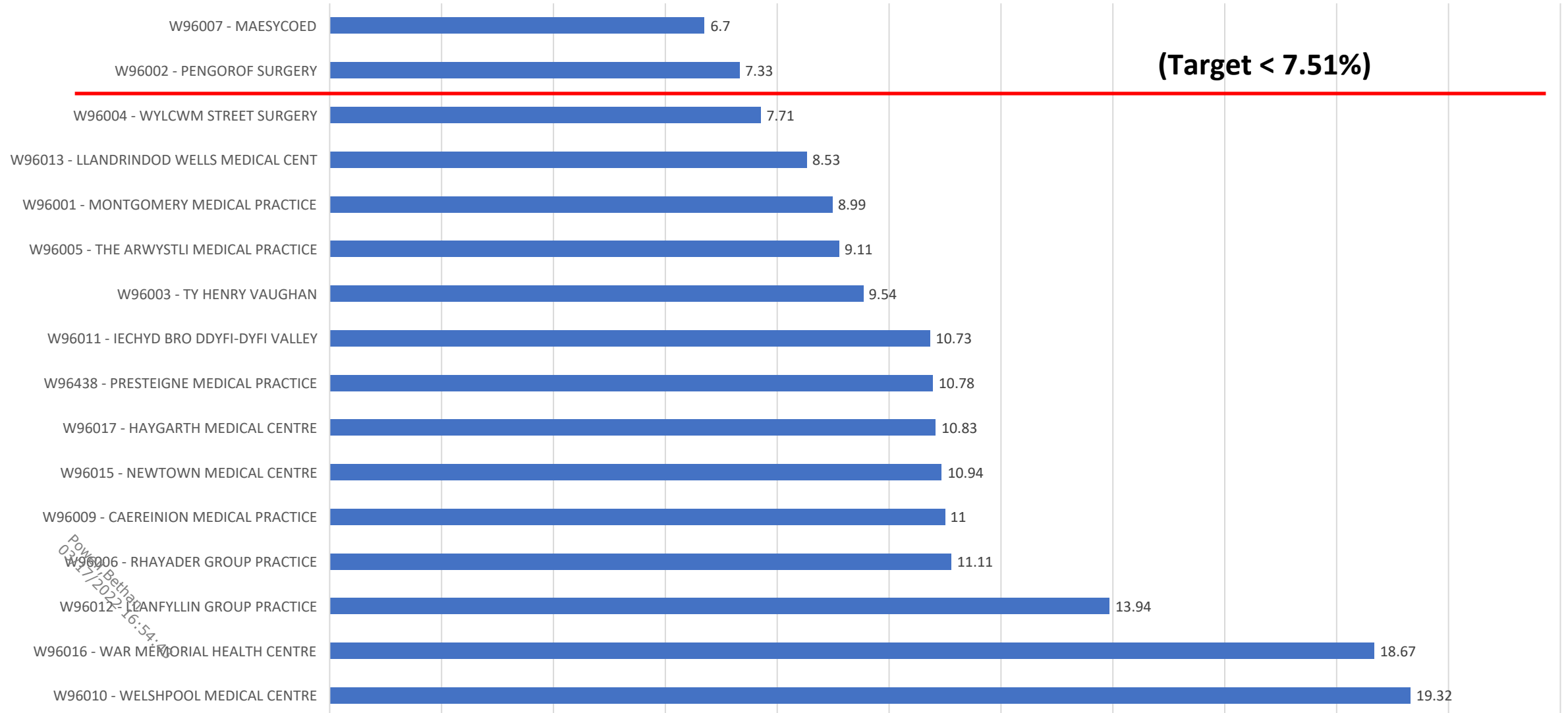


Opioid Patch Items as % of all Opioid Prescribing (Target < 7.51%)

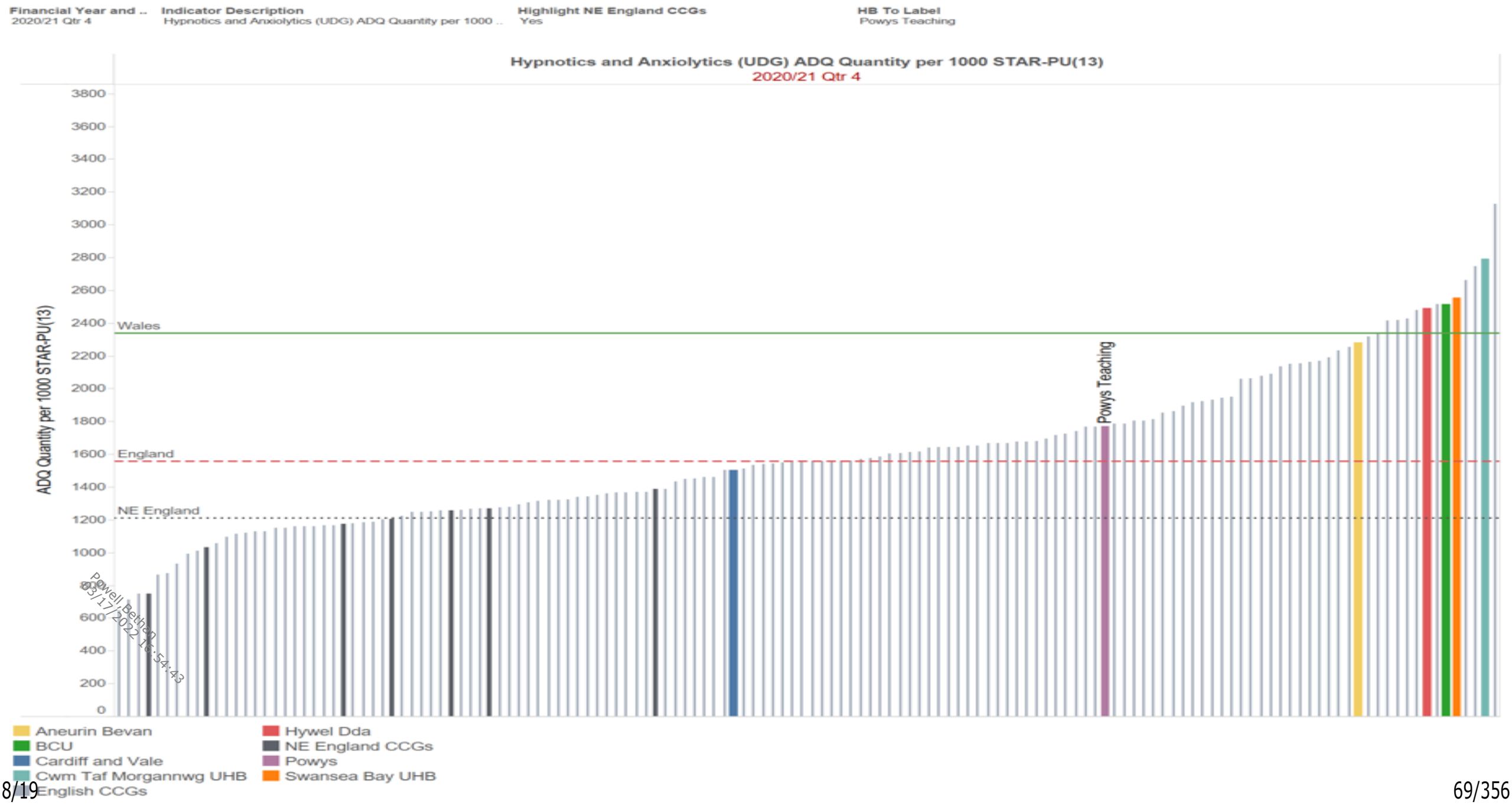


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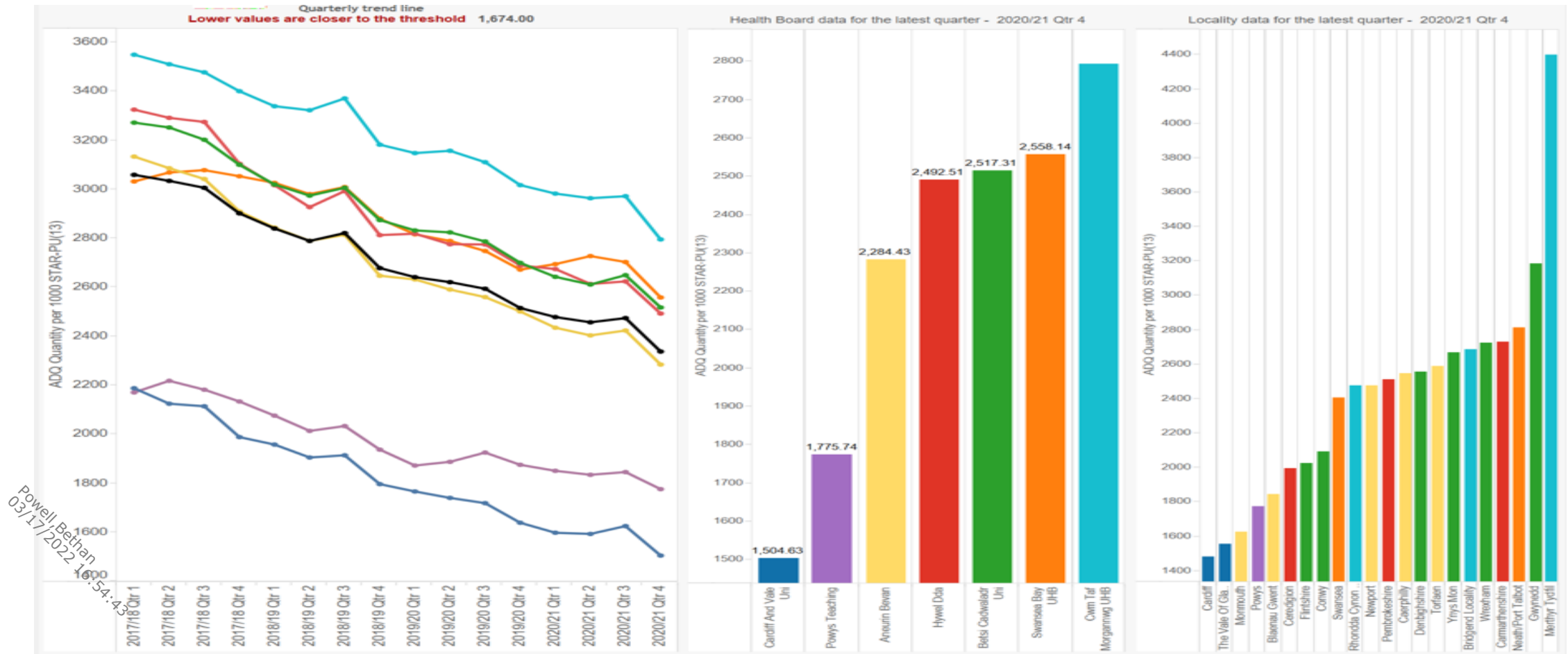
Opioid Patch Items as % of all Opioid Prescribing (March 2021)



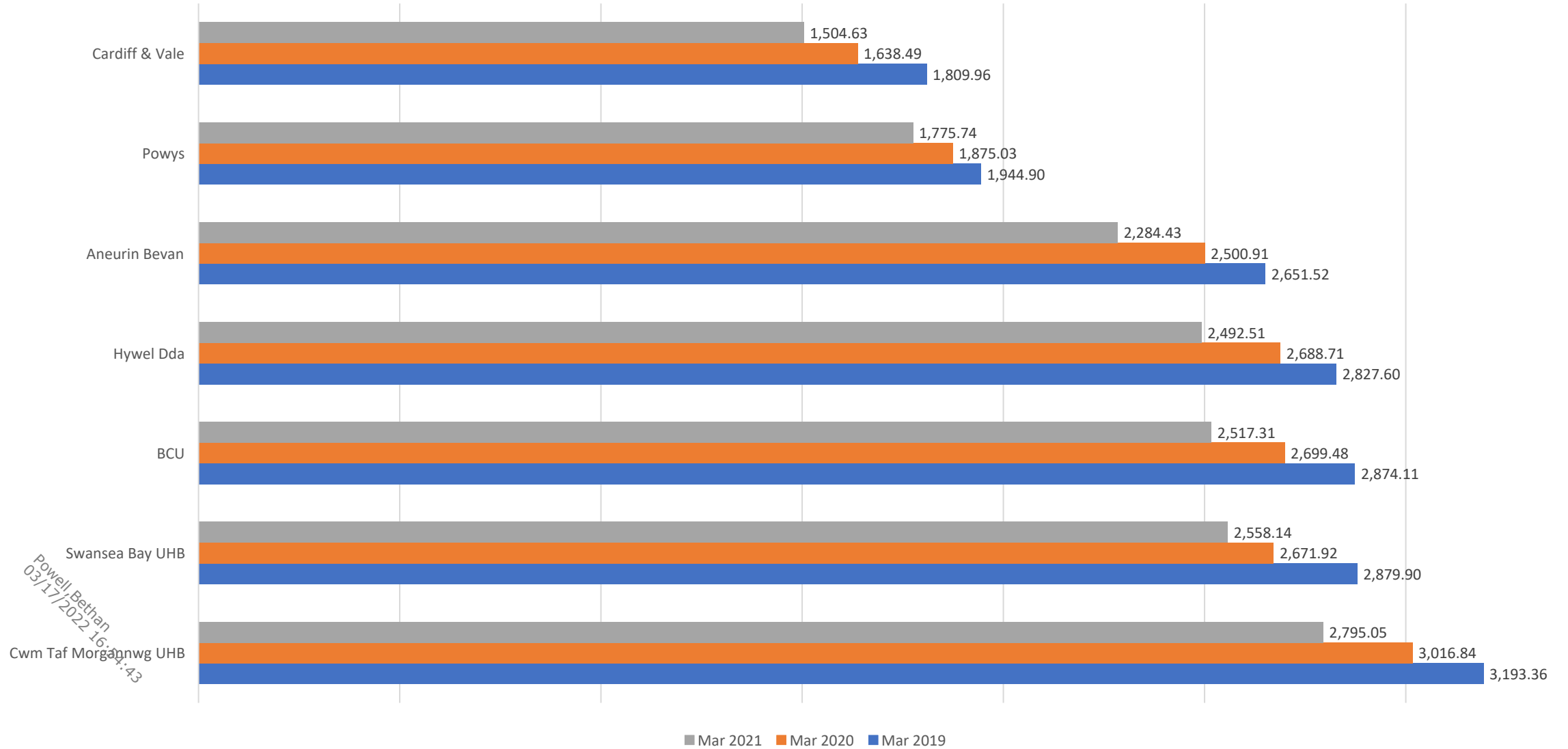
Dashboard 13 Comparison of English CCGs and Welsh Health Boards



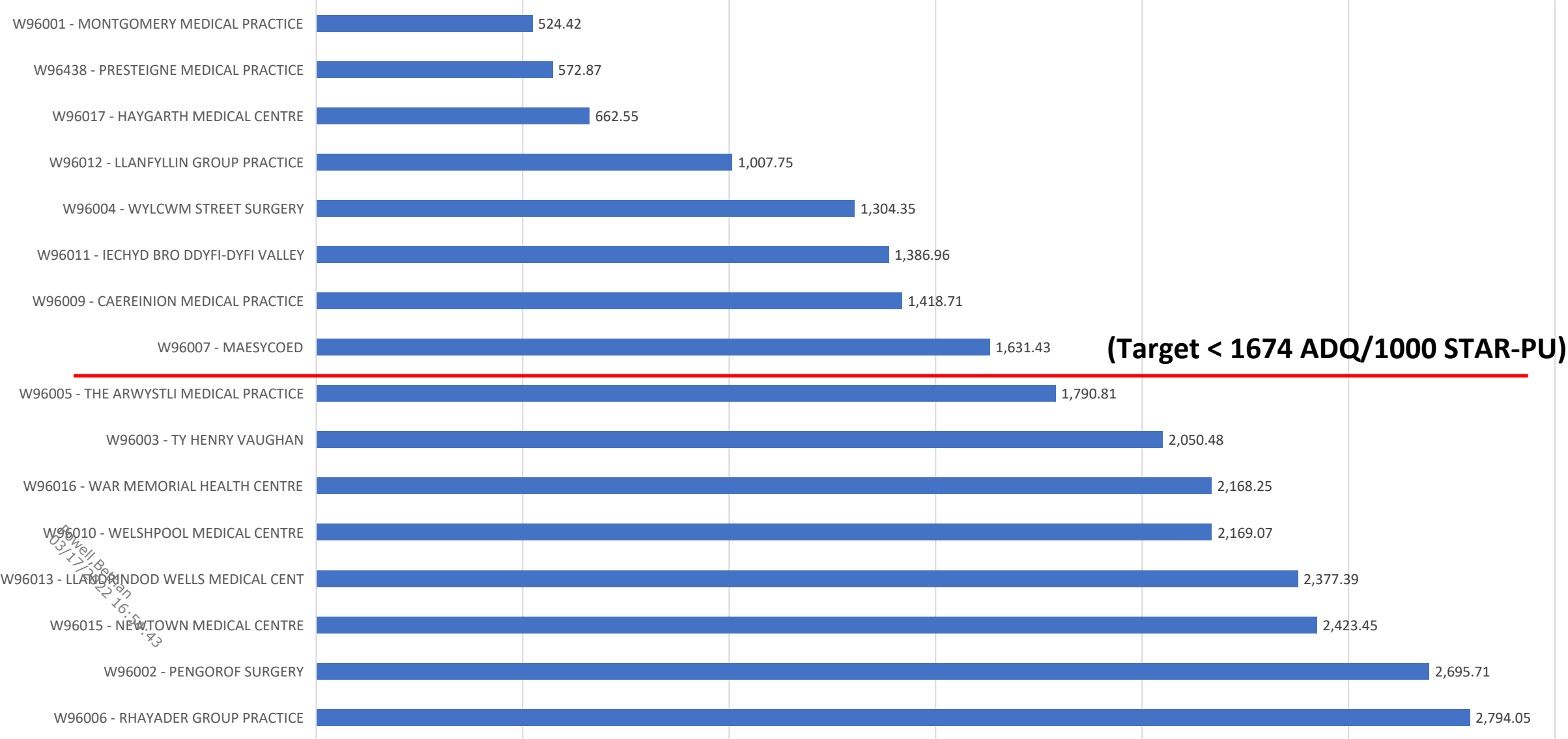
Hypnotics and anxiolytics ADQ per 1000 STAR-PU



Hypnotics and Anxiolytics (UDG) ADQ Quantity per 1000 STAR-PU(13) (Target < 1,674 ADQ/1000-STAR PU)



Hypnotics and Anxiolytics (UDG) ADQ Quantity per 1000 STAR-PU(13)
(March 2021)



Dashboard 13 Comparison of English CCGs and Welsh Health Boards

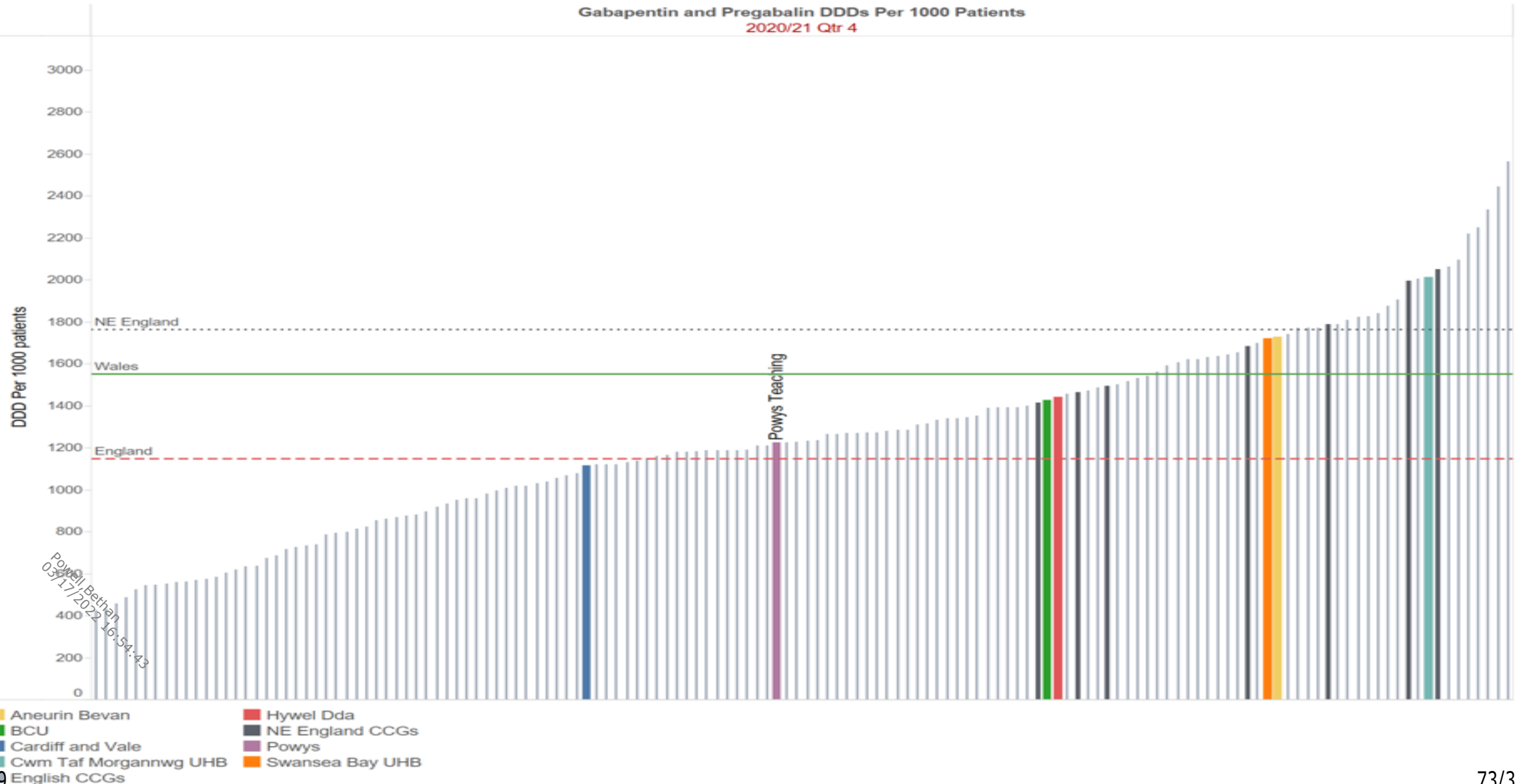
Financial Year and ..
2020/21 Qtr 4

Indicator Description
Gabapentin and Pregabalin DDDs Per 1000 Patients

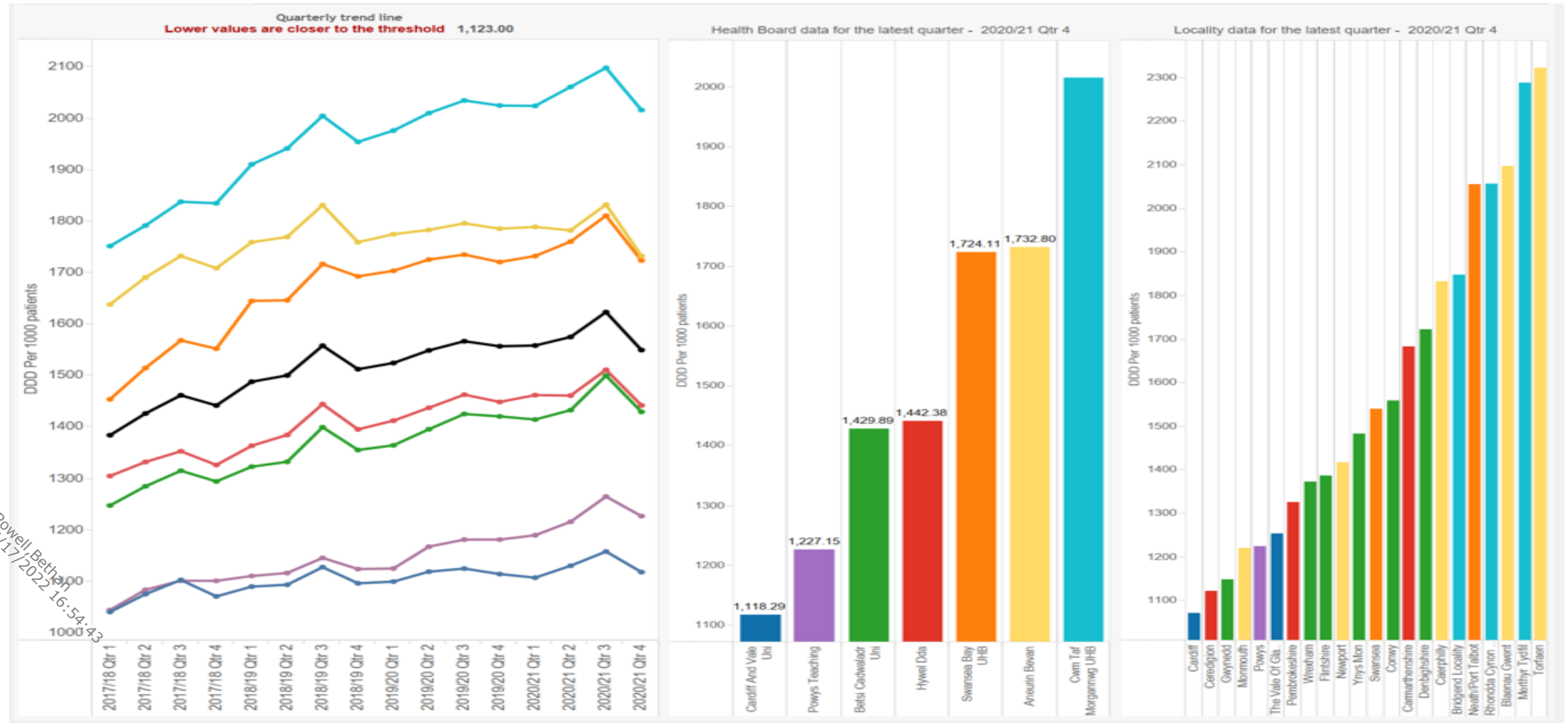
Highlight NE England CCGs
Yes

HB To Label
Powys Teaching

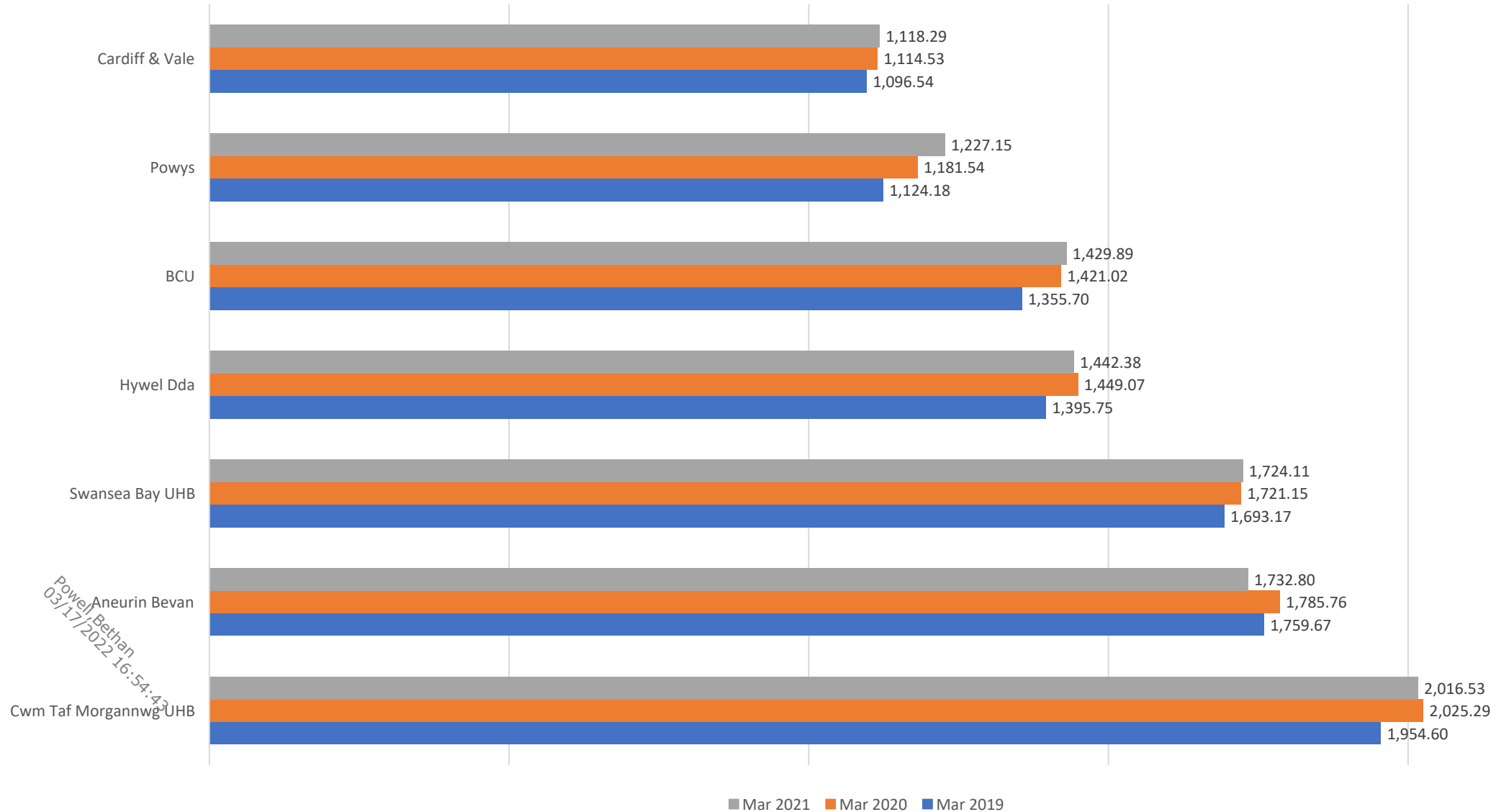
Gabapentin and Pregabalin DDDs Per 1000 Patients 2020/21 Qtr 4



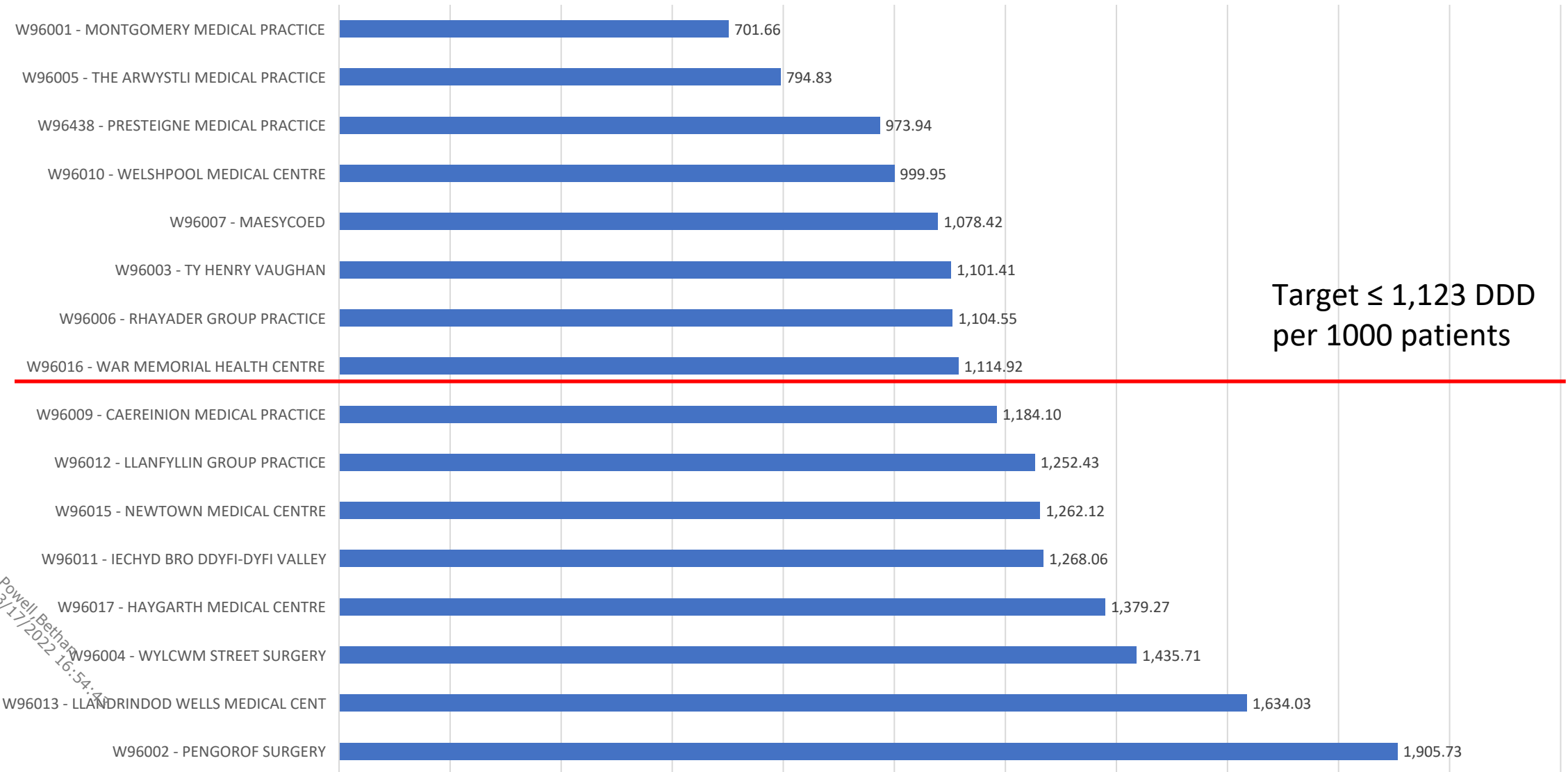
Gabapentin and pregabalin DDD per 1000 patients



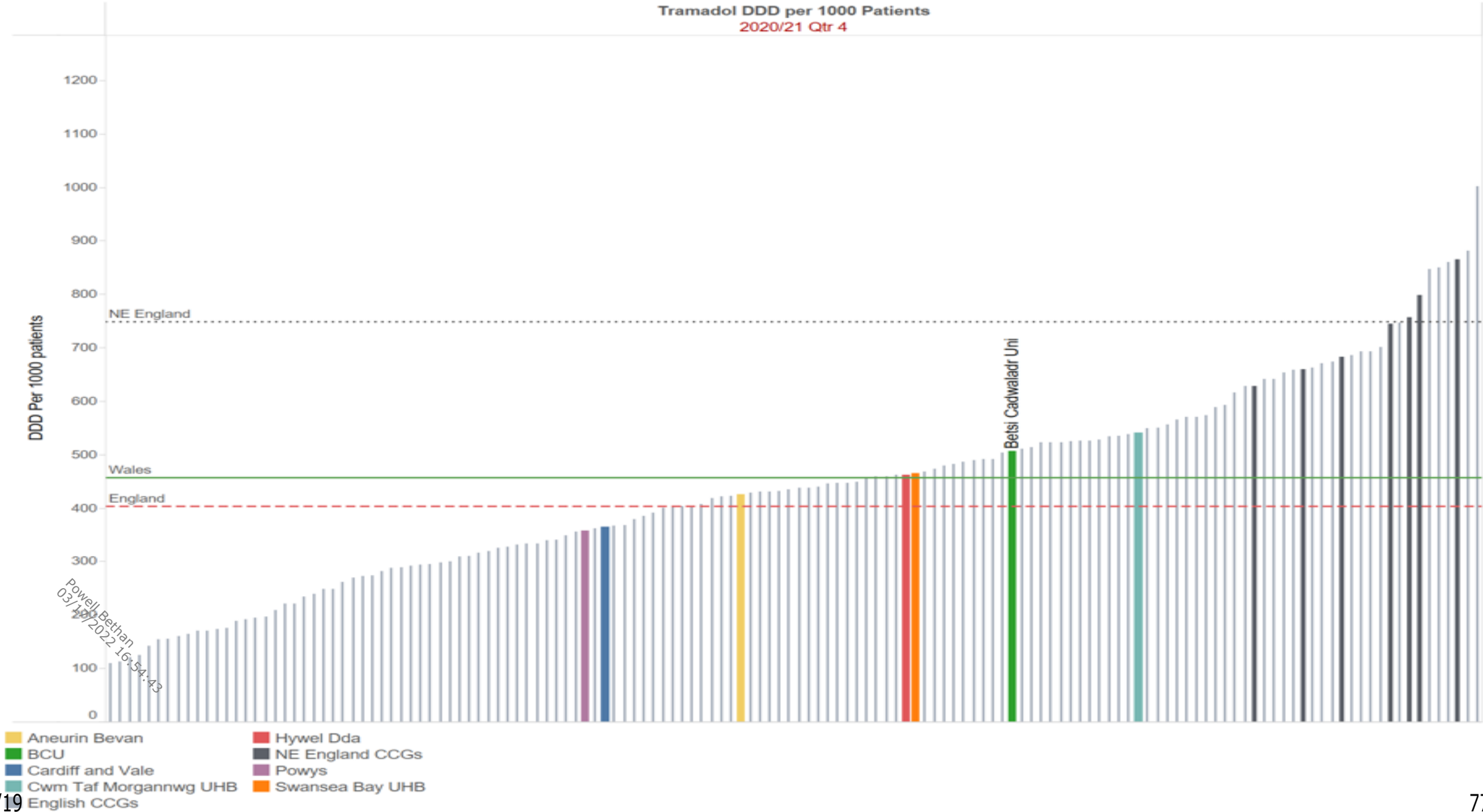
Gabapentin and Pregabalin DDDs Per 1000 Patients (Target < 1,123 DDD/1000 patients)



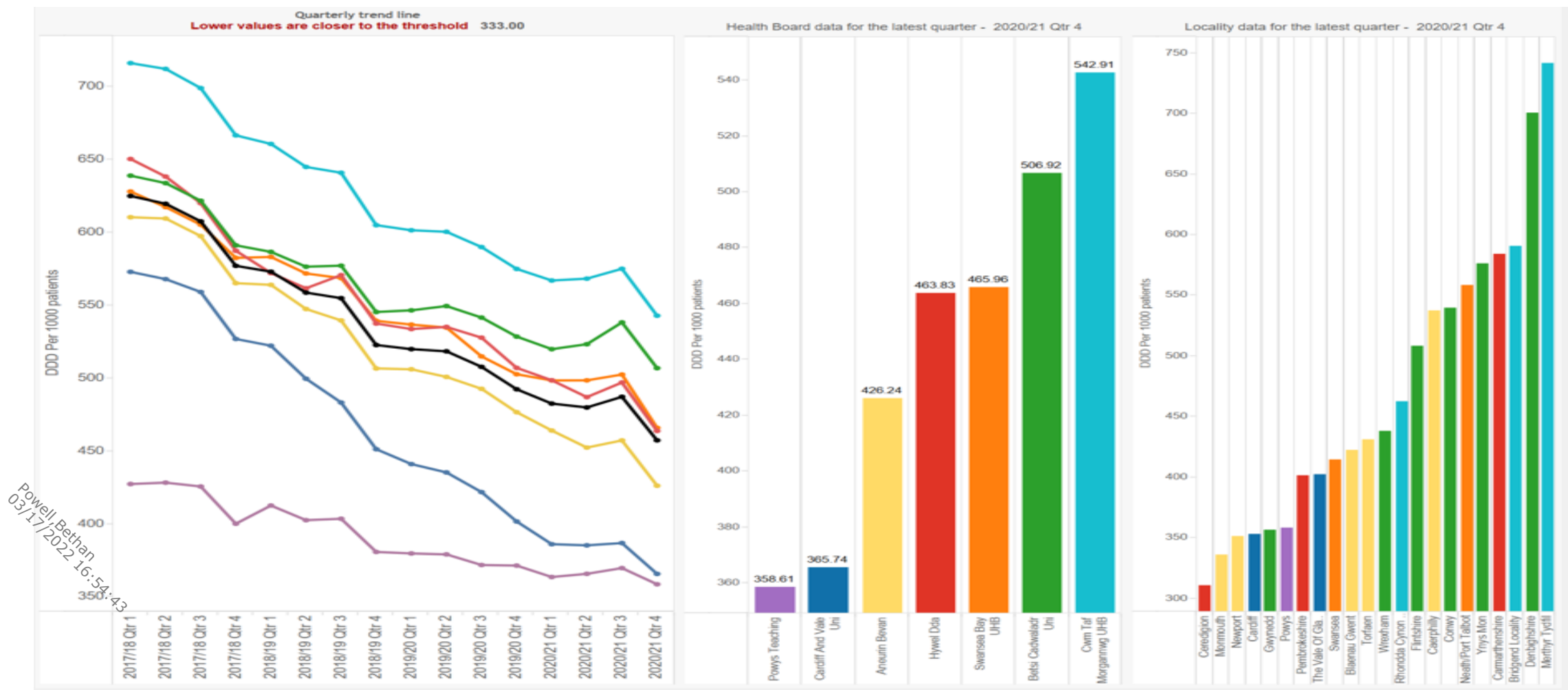
Gabapentin and Pregabalin DDDs Per 1000 Patients (March 2021)



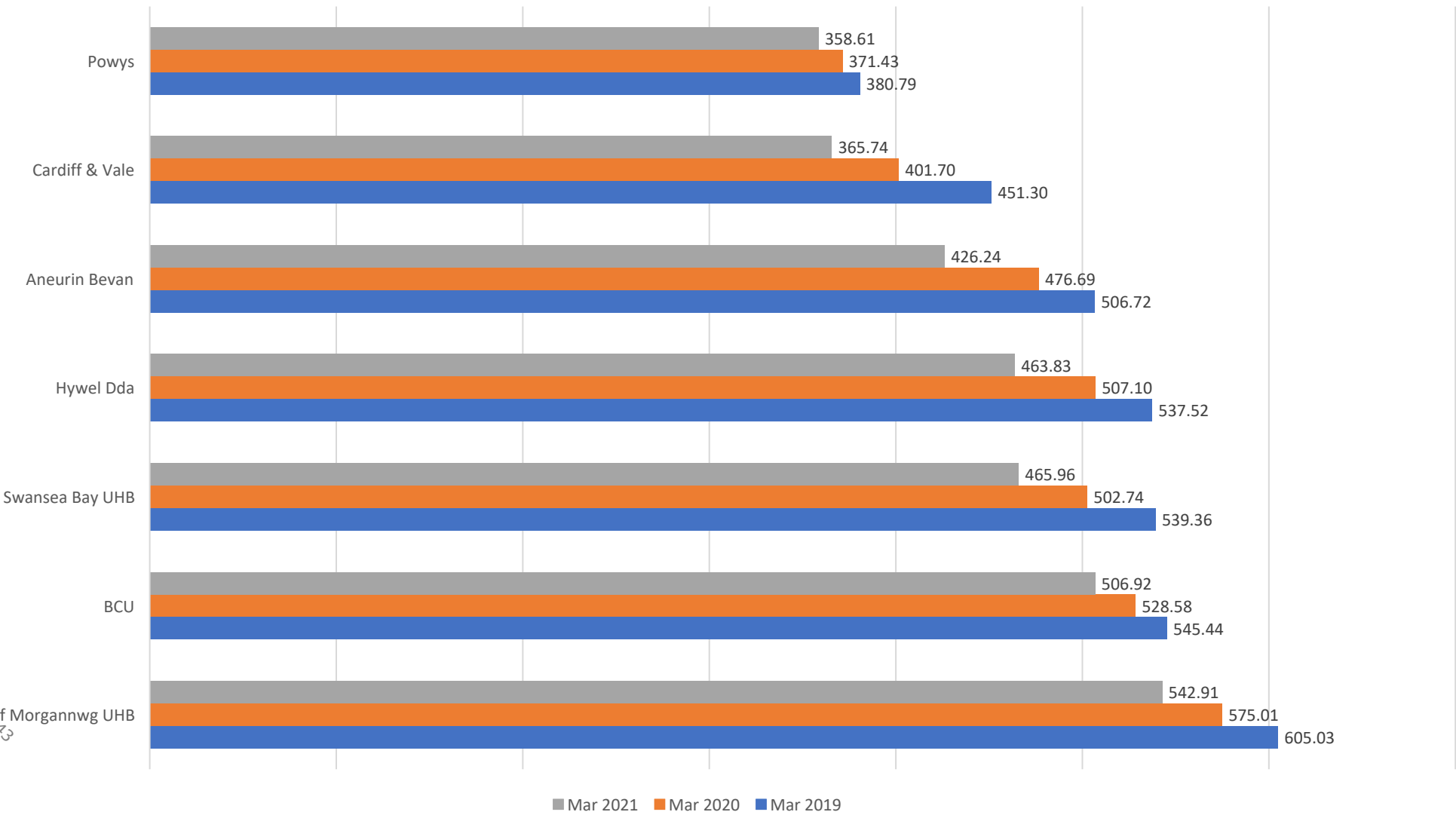
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Tramadol DDD per 1000 patients

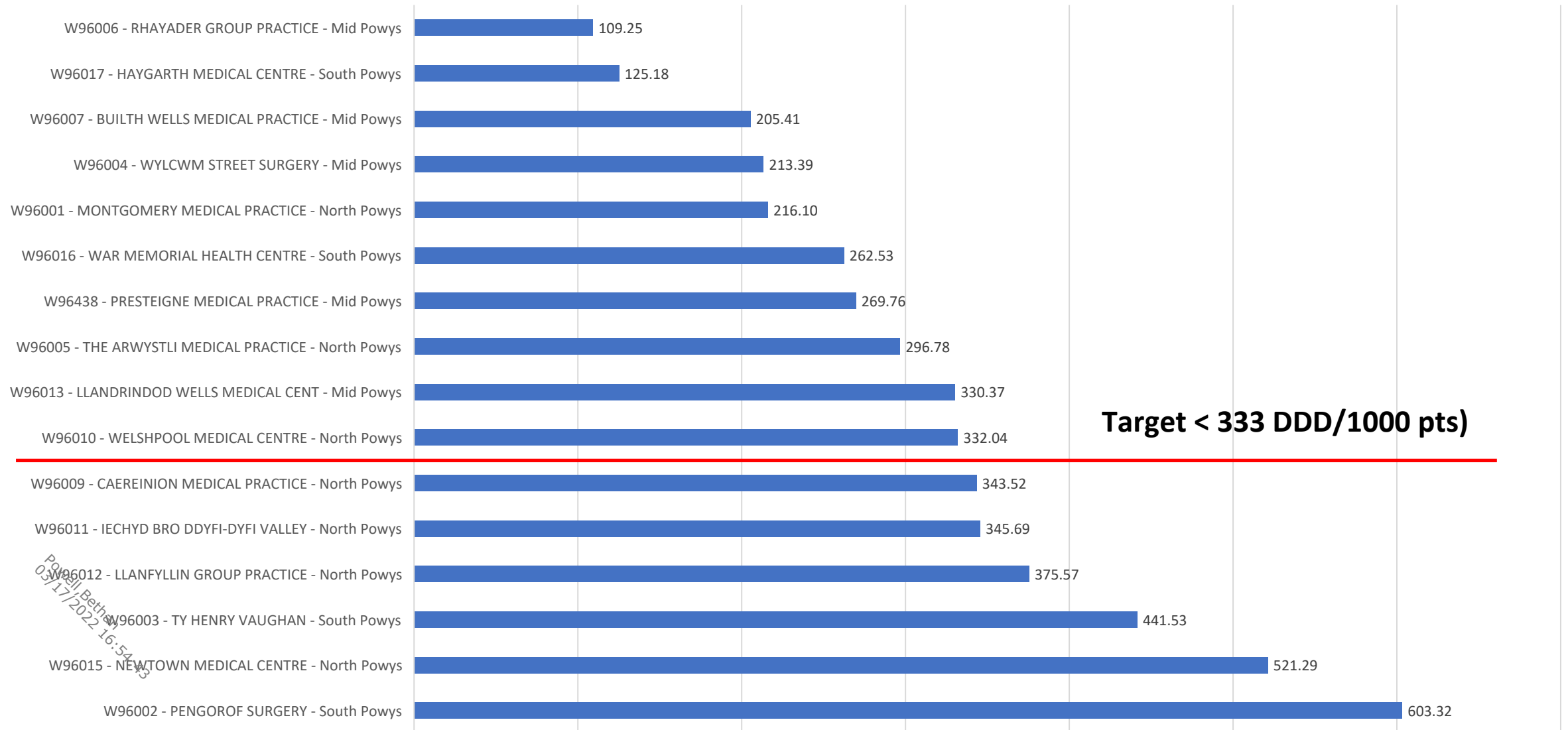


Tramadol DDD per 1000 Patients
(Target < 333 DDD/1000 patients)



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Tramadol DDD per 1000 patients April-June 2021



Controlled Drugs for Schedule II for Powys Teaching

| Description | Quantity | Basic Price |
|---|-----------|-------------|
| CENTRAL NERVOUS SYSTEM | 3,457,626 | £483,621.94 |
| HYPNOTICS AND ANXIOLYTICS | 616 | £1,275.57 |
| BARBITURATES | 616 | £1,275.57 |
| SECOBARBITAL SODIUM | 616 | £1,275.57 |
| TUINAL | 616 | £1,275.57 |
| TUINAL_PULVULE 100MG | 616 | £1,275.57 |
| | 56 | £1,275.57 |
| CNS STIMULANTS AND DRUGS USED FOR ADHD | 93,077 | £92,301.63 |
| CNS STIMULANTS AND OTHER DRUGS FOR ADHD | 93,077 | £92,301.63 |
| DEXAMFETAMINE SULFATE | 2,172 | £2,024.61 |
| DEXAMFET | 2,052 | £1,865.49 |
| DEXAMFETAMINE 5MG TABLETS | 1,932 | £1,706.37 |
| | 28 | £49.46 |
| | 28 | £24.73 |
| | 168 | £1,632.18 |
| DEXAMFET SULF_TAB 10MG | 120 | £159.12 |
| | 30 | £39.78 |
| | 30 | £119.34 |
| AMFEXA | 120 | £159.12 |
| AMFEXA_TAB 10MG | 120 | £159.12 |
| | 60 | £159.12 |
| METHYLPHENIDATE HYDROCHLORIDE | 84,353 | £74,195.84 |
| METHYLPHENIDATE | 25,802 | £5,756.25 |
| METHYLPHENIDATE 10MG TABLETS | 13,047 | £1,667.50 |
| | 20 | £5.02 |
| | 21 | £70.59 |
| | 28 | £178.58 |
| | 30 | £64.95 |
| | 30 | £57.59 |
| | 42 | £10.10 |
| | 56 | £7.04 |
| | 60 | £76.44 |
| | 60 | £160.78 |
| | 75 | £9.98 |
| | 84 | £163.81 |
| | 90 | £57.03 |
| | 90 | £23.28 |
| | 120 | £15.08 |
| | 140 | £145.03 |
| | 168 | £258.72 |
| | 180 | £233.52 |
| | 270 | £129.96 |
| METHYLPHENIDATE HCL_TAB 5MG | 8,246 | £832.89 |
| | 28 | £19.81 |
| | 30 | £69.69 |
| | 30 | £78.78 |
| | 42 | £8.48 |

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| | | |
|----------------------------------|--------|------------|
| | 56 | £39.62 |
| | 60 | £66.66 |
| | 60 | £157.56 |
| | 84 | £8.48 |
| | 90 | £90.90 |
| | 120 | £12.12 |
| | 168 | £84.85 |
| | 180 | £18.18 |
| | 220 | £177.76 |
| METHYLPHENIDATE 20MG TABLETS | 2,574 | £937.02 |
| | 30 | £32.76 |
| | 60 | £262.08 |
| | 84 | £642.18 |
| METHYLPHENIDATE HCL_TAB 18MG M/R | 452 | £469.92 |
| | 4 | £4.16 |
| | 56 | £465.76 |
| METHYLPHENIDATE HCL_TAB 36MG M/R | 591 | £836.27 |
| | 15 | £21.23 |
| | 28 | £475.44 |
| | 30 | £339.60 |
| METHYLPHENIDATE HCL_CAP 20MG M/R | 360 | £360.00 |
| | 30 | £360.00 |
| METHYLPHENIDATE HCL_TAB 54MG M/R | 532 | £652.65 |
| | 28 | £652.65 |
| RITALIN-SR | 2,668 | £594.05 |
| RITALIN_TAB 10MG | 2,668 | £594.05 |
| | 30 | £13.36 |
| | 56 | £99.76 |
| | 60 | £160.32 |
| | 140 | £280.53 |
| | 180 | £40.08 |
| EQUASYM | 14,757 | £15,583.64 |
| EQUASYM XL_CAP 10MG | 1,484 | £1,236.66 |
| | 7 | £11.66 |
| | 30 | £800.00 |
| | 30 | £425.00 |
| EQUASYM XL_CAP 20MG | 6,829 | £6,829.00 |
| | 2 | £2.00 |
| | 7 | £7.00 |
| | 20 | £40.00 |
| | 28 | £476.00 |
| | 30 | £900.00 |
| | 30 | £1,080.00 |
| | 56 | £1,624.00 |
| | 60 | £1,080.00 |
| | 60 | £1,620.00 |
| EQUASYM XL_CAP 30MG | 6,444 | £7,517.98 |
| | 28 | £555.39 |
| | 30 | £3,850.00 |
| | 30 | £1,610.00 |

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| | | |
|-----------------------|--------|------------|
| | 56 | £1,502.59 |
| CONCERTA | 30,724 | £41,831.99 |
| CONCERTA_XL_TAB 18MG | 7,948 | £8,263.24 |
| | 20 | £103.95 |
| | 28 | £611.31 |
| | 30 | £4,335.41 |
| | 30 | £2,152.11 |
| | 60 | £810.94 |
| | 60 | £249.52 |
| CONCERTA_XL_TAB 36MG | 14,426 | £20,412.79 |
| | 28 | £2,456.44 |
| | 30 | £5,433.60 |
| | 30 | £6,240.15 |
| | 60 | £3,650.70 |
| | 60 | £1,103.70 |
| | 90 | £1,528.20 |
| CONCERTA_XL TAB 27MG | 5,978 | £7,335.09 |
| | 20 | £49.08 |
| | 20 | £122.70 |
| | 28 | £721.56 |
| | 30 | £3,018.42 |
| | 30 | £993.87 |
| | 60 | £1,693.26 |
| | 60 | £736.20 |
| CONCERTA_XL TAB 54MG | 2,372 | £5,820.87 |
| | 14 | £68.72 |
| | 28 | £893.23 |
| | 30 | £1,619.64 |
| | 30 | £3,239.28 |
| MEDIKINET | 8,644 | £8,992.64 |
| MEDIKINET_TAB 5MG | 1,252 | £126.46 |
| | 28 | £11.32 |
| | 30 | £54.54 |
| | 60 | £60.60 |
| MEDIKINET_TAB 10MG | 792 | £144.90 |
| | 28 | £46.08 |
| | 30 | £43.92 |
| | 30 | £54.90 |
| MEDIKINET_TAB 20MG | 442 | £160.88 |
| | 28 | £40.76 |
| | 30 | £120.12 |
| MEDIKINET_XL_CAP 10MG | 780 | £625.04 |
| | 30 | £216.36 |
| | 30 | £408.68 |
| MEDIKINET_XL_CAP 20MG | 1,062 | £1,021.62 |
| | 16 | £184.68 |
| | 30 | £346.32 |
| | 30 | £490.62 |
| MEDIKINET_XL_CAP 30MG | 2,038 | £2,286.74 |
| | 8 | £44.90 |

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| | | |
|-----------------------------|-------|------------|
| | 28 | £659.82 |
| | 30 | £1,077.12 |
| | 30 | £437.58 |
| | 60 | £67.32 |
| MEDIKINET XL_CAP 40MG | 1,320 | £2,539.65 |
| | 28 | £377.09 |
| | 30 | £1,385.28 |
| | 30 | £346.32 |
| | 56 | £430.96 |
| MEDIKINET XL_CAP 50MG | 390 | £812.76 |
| | 30 | £812.76 |
| MEDIKINET XL_CAP 60MG | 568 | £1,274.59 |
| | 28 | £62.83 |
| | 30 | £1,211.76 |
| XENIDATE | 1,034 | £792.61 |
| XENIDATE XL_TAB 18MG | 412 | £213.82 |
| | 28 | £58.12 |
| | 30 | £155.70 |
| XENIDATE XL_TAB 54MG | 322 | £394.89 |
| | 28 | £137.36 |
| | 30 | £257.53 |
| XENIDATE XL_TAB 27MG | 300 | £183.90 |
| | 30 | £183.90 |
| DELMOSART | 364 | £446.42 |
| DELMOSART_TAB 54MG M/R | 364 | £446.42 |
| | 28 | £446.42 |
| XAGGITIN | 360 | £198.24 |
| XAGGITIN XL_TAB 18MG | 300 | £155.80 |
| | 30 | £155.80 |
| XAGGITIN XL_TAB 36MG | 60 | £42.44 |
| | 60 | £42.44 |
| LISDEXAMFETAMINE DIMESYLATE | 6,552 | £16,081.18 |
| LISDEXAMFETAMINE | 1,932 | £4,345.26 |
| LISDEXAMFETAMINE_CAP 20MG | 336 | £655.44 |
| | 28 | £655.44 |
| LISDEXAMFETAMINE_CAP 30MG | 896 | £1,863.68 |
| | 28 | £349.44 |
| | 28 | £582.40 |
| | 56 | £931.84 |
| LISDEXAMFETAMINE_CAP 40MG | 308 | £691.02 |
| | 28 | £314.10 |
| | 28 | £376.92 |
| LISDEXAMFETAMINE_CAP 50MG | 56 | £137.20 |
| | 28 | £137.20 |
| LISDEXAMFETAMINE_CAP 70MG | 336 | £997.92 |
| | 28 | £997.92 |
| ELVANSE | 4,368 | £11,016.60 |
| ELVANSE_CAP 30MG | 924 | £1,921.92 |
| | 28 | £1,921.92 |
| ELVANSE_CAP 70MG | 1,344 | £3,991.68 |

| | | |
|--|-----------|-------------|
| | 28 | £3,908.52 |
| | 28 | £83.16 |
| ELVANSE_CAP 50MG | 1,596 | £3,910.20 |
| | 28 | £823.20 |
| | 28 | £3,087.00 |
| ELVANSE_CAP 20MG | 168 | £327.72 |
| | 28 | £109.24 |
| | 28 | £218.48 |
| ELVANSE_CAP 40MG | 84 | £188.46 |
| | 28 | £125.64 |
| | 28 | £62.82 |
| ELVANSE_CAP 60MG | 252 | £676.62 |
| | 28 | £601.44 |
| | 28 | £75.18 |
| ELVANSE | 252 | £719.32 |
| ELVANSE ADULT_CAP 50MG | 56 | £137.20 |
| | 28 | £137.20 |
| ELVANSE ADULT_CAP 70MG | 196 | £582.12 |
| | 28 | £582.12 |
| ANALGESICS | 1,310,144 | £364,815.12 |
| OPIOID ANALGESICS | 1,310,144 | £364,815.12 |
| MORPHINE TARTRATE & CYCLIZINE TARTRATE | 3 | £5.25 |
| CYCLIMORPH | 3 | £5.25 |
| CYCLIMORPH 10_INJ 1ML AMP | 3 | £5.25 |
| | 1 | £5.25 |
| HYDROMORPHONE HYDROCHLORIDE | 3,188 | £1,221.72 |
| HYDROMORPHONE | 3,188 | £1,221.72 |
| HYDROMORPHONE HCL_CAP 1.3MG | 840 | £132.30 |
| | 60 | £132.30 |
| HYDROMORPHONE HCL_CAP 2MG M/R | 836 | £313.22 |
| | 56 | £20.98 |
| | 60 | £292.24 |
| HYDROMORPHONE HCL_CAP 4MG M/R | 1,512 | £776.20 |
| | 60 | £431.20 |
| | 112 | £345.00 |
| FENTANYL | 31,775 | £130,589.27 |
| FENTANYL | 1,696 | £9,681.37 |
| FENTANYL_TRANSDERMAL PATCH 25MCG/HR | 150 | £539.70 |
| | 5 | £143.92 |
| | 5 | £35.98 |
| | 10 | £323.82 |
| | 10 | £35.98 |
| FENTANYL_TRANSDERMAL PATCH 50MCG/HR | 186 | £1,252.15 |
| | 1 | £6.73 |
| | 5 | £134.64 |
| | 5 | £33.66 |
| | 10 | £269.28 |
| | 10 | £807.84 |
| FENTANYL_TRANSDERMAL PATCH 75MCG/HR | 150 | £1,409.70 |
| | 5 | £234.95 |

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| | 10 | £281.94 |
| | 10 | £751.84 |
| | 15 | £140.97 |
| FENTANYL_TRANSDERMAL PATCH 100MCG/HR | 185 | £2,140.82 |
| | 5 | £289.30 |
| | 10 | £1,620.08 |
| | 20 | £231.44 |
| FENTANYL_TAB BUCCAL 200MCG | 360 | £2,524.92 |
| | 60 | £420.82 |
| | 60 | £2,104.10 |
| FENTANYL_TRANSDERMAL PATCH 12MCG/HR | 455 | £1,145.69 |
| | 1 | £2.52 |
| | 5 | £239.21 |
| | 9 | £22.66 |
| | 10 | £553.96 |
| | 10 | £327.34 |
| FENTANYL_TAB SUBLINGUAL 200MCG S/F | 10 | £49.99 |
| | 10 | £49.99 |
| FENTANYL_TRANSDERMAL PATCH 37.5MCG/HR | 200 | £618.40 |
| | 5 | £123.68 |
| | 5 | £154.60 |
| | 10 | £278.28 |
| | 10 | £61.84 |
| DUROGESIC | 4,990 | £28,070.89 |
| DUROGESIC DTRANS_PATCH 25MCG | 1,740 | £6,260.52 |
| | 5 | £341.81 |
| | 5 | £53.97 |
| | 10 | £3,058.30 |
| | 10 | £1,151.36 |
| | 15 | £1,349.25 |
| | 25 | £89.95 |
| | 30 | £215.88 |
| DUROGESIC DTRANS_PATCH 50MCG | 1,120 | £7,539.84 |
| | 5 | £673.20 |
| | 10 | £5,789.52 |
| | 10 | £875.16 |
| | 30 | £201.96 |
| DUROGESIC DTRANS_PATCH 75MCG | 130 | £1,221.74 |
| | 5 | £93.98 |
| | 10 | £1,127.76 |
| DUROGESIC DTRANS_PATCH 100MCG | 885 | £10,241.22 |
| | 5 | £1,099.34 |
| | 10 | £6,943.20 |
| | 10 | £2,198.68 |
| DUROGESIC DTRANS_PATCH 12MCG | 1,115 | £2,807.57 |
| | 5 | £37.77 |
| | 5 | £12.59 |
| | 10 | £1,410.08 |
| | 10 | £780.58 |
| | 15 | £37.77 |

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| | 20 | £151.08 |
| | 30 | £377.70 |
| ACTIQ | 1,680 | £11,782.96 |
| ACTIQ_LOZ 200MCG | 1,680 | £11,782.96 |
| | 120 | £10,099.68 |
| | 240 | £1,683.28 |
| MATRIFEN | 11,756 | £36,024.26 |
| MATRIFEN_PATCH 12MCG/HR | 3,753 | £5,644.52 |
| | 3 | £4.51 |
| | 4 | £6.02 |
| | 5 | £782.08 |
| | 5 | £90.24 |
| | 8 | £24.06 |
| | 8 | £12.03 |
| | 9 | £27.08 |
| | 10 | £3,128.32 |
| | 10 | £1,158.08 |
| | 14 | £21.06 |
| | 15 | £360.96 |
| | 20 | £30.08 |
| MATRIFEN_PATCH 25MCG/HR | 3,596 | £7,738.57 |
| | 2 | £51.60 |
| | 3 | £32.30 |
| | 3 | £6.46 |
| | 4 | £8.61 |
| | 5 | £1,043.72 |
| | 5 | £53.80 |
| | 10 | £4,928.08 |
| | 10 | £1,484.88 |
| | 15 | £129.12 |
| MATRIFEN_PATCH 50MCG/HR | 2,172 | £8,740.11 |
| | 5 | £140.84 |
| | 5 | £20.12 |
| | 8 | £289.71 |
| | 10 | £6,720.08 |
| | 10 | £845.04 |
| | 15 | £724.32 |
| MATRIFEN_PATCH 75MCG/HR | 1,195 | £6,706.34 |
| | 5 | £140.30 |
| | 10 | £5,948.72 |
| | 10 | £617.32 |
| MATRIFEN_PATCH 100MCG/HR | 1,040 | £7,194.72 |
| | 5 | £691.80 |
| | 10 | £4,565.88 |
| | 10 | £415.08 |
| | 20 | £1,521.96 |
| MEZOLAR | 6,260 | £17,899.00 |
| MEZOLAR_MATRIX_TRANSDERMALPATCH 12MCG/HR | 1,479 | £2,227.37 |
| | 4 | £6.02 |
| | 5 | £82.83 |

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| | 5 | £120.48 |
| | 10 | £888.54 |
| | 10 | £1,129.50 |
| MEZOLAR MATRIX_TRANSDERMALPATCH 25MCG/HR | 2,043 | £4,400.62 |
| | 5 | £193.86 |
| | 5 | £140.01 |
| | 8 | £17.23 |
| | 10 | £1,680.12 |
| | 10 | £2,110.92 |
| | 20 | £258.48 |
| MEZOLAR MATRIX_TRANSDERMALPATCH 50MCG/HR | 2,012 | £8,100.29 |
| | 5 | £80.52 |
| | 5 | £201.30 |
| | 10 | £4,106.52 |
| | 10 | £3,180.54 |
| | 12 | £531.41 |
| MEZOLAR MATRIX_TRANSDERMALPATCH 75MCG/HR | 185 | £1,038.59 |
| | 5 | £28.07 |
| | 5 | £168.42 |
| | 10 | £842.10 |
| MEZOLAR MATRIX_TRANSDERMALPATCH100MCG/HR | 120 | £830.40 |
| | 5 | £69.20 |
| | 5 | £138.40 |
| | 10 | £276.80 |
| | 10 | £346.00 |
| MEZOLAR MATRIX_T/DERM PATCH 37.5MCG/HR | 421 | £1,301.73 |
| | 4 | £12.37 |
| | 5 | £170.06 |
| | 5 | £15.46 |
| | 7 | £21.64 |
| | 10 | £927.60 |
| | 10 | £154.60 |
| ABSTRAL | 5,223 | £26,062.91 |
| ABSTRAL_TAB SUBLINGUAL 100MCG | 2,763 | £13,787.51 |
| | 4 | £19.96 |
| | 15 | £74.99 |
| | 30 | £898.20 |
| | 112 | £1,117.76 |
| | 180 | £11,676.60 |
| ABSTRAL_TAB SUBLINGUAL 200MCG | 300 | £1,497.00 |
| | 120 | £598.80 |
| | 180 | £898.20 |
| ABSTRAL_TAB SUBLINGUAL 300MCG | 2,160 | £10,778.40 |
| | 180 | £10,778.40 |
| FENCINO | 170 | £1,067.88 |
| FENCINO_TRANSDERMAL PATCH 12MCG/HR | 10 | £16.92 |
| | 5 | £16.92 |
| FENCINO_TRANSDERMAL PATCH 25MCG/HR | 30 | £72.60 |
| | 5 | £12.10 |
| | 5 | £36.30 |

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| | 10 | £24.20 |
| FENCINO_TRANSDERMAL PATCH 50MCG/HR | 10 | £45.24 |
| | 5 | £45.24 |
| FENCINO_TRANSDERMAL PATCH 100MCG/HR | 120 | £933.12 |
| | 10 | £933.12 |
| OXYCODONE HYDROCHLORIDE | 381,862 | £103,251.89 |
| OXYCODONE | 159,182 | £26,288.83 |
| OXYCODONE HCL_ORAL SOLN 5MG/5ML S/F | 122,337 | £4,751.51 |
| | 90 | £3.50 |
| | 100 | £54.32 |
| | 150 | £11.66 |
| | 250 | £1,349.69 |
| | 250 | £825.35 |
| | 300 | £139.80 |
| | 400 | £46.62 |
| | 497 | £19.30 |
| | 500 | £1,048.68 |
| | 500 | £660.28 |
| | 750 | £87.39 |
| | 1000 | £504.92 |
| OXYCODONE HCL_CAP 5MG | 15,796 | £3,224.05 |
| | 7 | £77.22 |
| | 10 | £4.08 |
| | 20 | £4.08 |
| | 26 | £5.31 |
| | 28 | £74.27 |
| | 28 | £51.39 |
| | 30 | £18.36 |
| | 42 | £8.57 |
| | 56 | £1,337.31 |
| | 56 | £502.92 |
| | 84 | £34.28 |
| | 84 | £102.84 |
| | 112 | £160.02 |
| | 112 | £251.46 |
| | 140 | £28.57 |
| | 168 | £34.29 |
| | 216 | £529.08 |
| OXYCODONE HCL_CAP 10MG | 4,396 | £1,794.52 |
| | 28 | £137.16 |
| | 56 | £411.48 |
| | 56 | £68.58 |
| | 84 | £68.58 |
| | 90 | £514.36 |
| | 112 | £137.16 |
| | 112 | £457.20 |
| OXYCODONE HCL_CAP 20MG | 458 | £373.84 |
| | 10 | £8.16 |
| | 56 | £91.42 |
| | 112 | £182.84 |

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| | 112 | £91.42 |
| OXYCODONE HCL_TAB 10MG M/R | 5,768 | £2,579.14 |
| | 28 | £112.68 |
| | 28 | £12.52 |
| | 56 | £1,076.72 |
| | 56 | £651.04 |
| | 60 | £375.62 |
| | 112 | £50.08 |
| | 112 | £300.48 |
| OXYCODONE HCL_TAB 20MG M/R | 2,162 | £1,933.45 |
| | 6 | £5.37 |
| | 28 | £75.12 |
| | 56 | £1,302.08 |
| | 56 | £450.72 |
| | 112 | £100.16 |
| OXYCODONE HCL_TAB 40MG M/R | 1,288 | £2,304.37 |
| | 56 | £601.14 |
| | 56 | £1,502.85 |
| | 112 | £200.38 |
| OXYCODONE HCL_TAB 80MG M/R | 140 | £500.98 |
| | 28 | £100.20 |
| | 56 | £400.78 |
| OXYCODONE HCL_TAB 5MG M/R | 2,550 | £1,140.20 |
| | 2 | £0.89 |
| | 10 | £4.47 |
| | 14 | £18.78 |
| | 20 | £26.82 |
| | 28 | £125.20 |
| | 28 | £12.52 |
| | 56 | £425.68 |
| | 56 | £475.76 |
| | 112 | £50.08 |
| OXYCODONE 10MG/1ML SOLUTION FOR INJECTION AMPOULES | 1,086 | £1,737.60 |
| | 3 | £14.40 |
| | 5 | £384.00 |
| | 5 | £104.00 |
| | 9 | £14.40 |
| | 10 | £608.00 |
| | 10 | £128.00 |
| | 15 | £168.00 |
| | 15 | £72.00 |
| | 18 | £28.80 |
| | 20 | £96.00 |
| | 25 | £40.00 |
| | 50 | £80.00 |
| OXYCODONE 20MG/2ML SOLUTION FOR INJECTION AMPOULES | 163 | £521.60 |
| | 3 | £9.60 |
| | 5 | £32.00 |
| | 10 | £64.00 |
| | 10 | £64.00 |

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| | 15 | £96.00 |
| | 20 | £64.00 |
| | 30 | £192.00 |
| OXYCODONE HCL_INJ 50MG/ML 1ML AMP | 165 | £2,313.30 |
| | 5 | £280.40 |
| | 5 | £490.70 |
| | 10 | £841.20 |
| | 10 | £280.40 |
| | 15 | £420.60 |
| OXYCODONE HCL_TAB 60MG M/R | 224 | £609.96 |
| | 56 | £304.98 |
| | 56 | £304.98 |
| OXYCODONE HCL_TAB 30MG M/R | 1,071 | £1,457.97 |
| | 1 | £1.36 |
| | 6 | £8.17 |
| | 56 | £228.69 |
| | 56 | £76.23 |
| | 60 | £1,143.52 |
| OXYCODONE HCL_TAB 15MG M/R | 1,522 | £1,036.05 |
| | 10 | £6.81 |
| | 56 | £571.80 |
| | 56 | £152.48 |
| | 112 | £304.96 |
| OXYCODONE 10MG TABLETS | 56 | £10.29 |
| | 56 | £10.29 |
| OXYNORM | 46,025 | £9,028.69 |
| OXYNORM_LIQ 5MG/5ML S/F | 32,900 | £1,277.80 |
| | 100 | £34.92 |
| | 250 | £388.40 |
| | 250 | £135.94 |
| | 500 | £19.42 |
| | 500 | £194.20 |
| | 1000 | £504.92 |
| OXYNORM_CAP 5MG | 5,844 | £1,192.53 |
| | 4 | £0.82 |
| | 8 | £1.63 |
| | 10 | £2.04 |
| | 28 | £262.66 |
| | 30 | £79.56 |
| | 56 | £480.06 |
| | 224 | £365.76 |
| OXYNORM_CAP 10MG | 112 | £45.72 |
| | 56 | £45.72 |
| OXYNORM_CAP 20MG | 6,944 | £5,668.04 |
| | 224 | £3,291.12 |
| | 224 | £2,376.92 |
| OXYNORM_INJ 10MG/ML 1ML AMP | 125 | £200.00 |
| | 5 | £24.00 |
| | 10 | £32.00 |
| | 10 | £48.00 |

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| | 20 | £32.00 |
| | 40 | £64.00 |
| OXYNORM_INJ 10MG/ML 2ML AMP | 70 | £224.00 |
| | 30 | £96.00 |
| | 40 | £128.00 |
| OXYNORM_INJ 50MG/ML 1ML AMP | 30 | £420.60 |
| | 15 | £420.60 |
| OXYCONTIN | 5,462 | £5,310.58 |
| OXYCONTIN_TAB 10MG | 476 | £212.84 |
| | 28 | £12.52 |
| | 56 | £125.20 |
| | 56 | £75.12 |
| OXYCONTIN_TAB 20MG | 1,906 | £1,704.51 |
| | 58 | £51.87 |
| | 168 | £1,652.64 |
| OXYCONTIN_TAB 40MG | 896 | £1,603.04 |
| | 56 | £1,603.04 |
| OXYCONTIN_TAB 5MG | 1,148 | £513.32 |
| | 28 | £87.64 |
| | 56 | £400.64 |
| | 56 | £25.04 |
| OXYCONTIN_TAB 30MG M/R | 840 | £1,143.45 |
| | 56 | £1,143.45 |
| OXYCONTIN_TAB 15MG M/R | 196 | £133.42 |
| | 28 | £19.06 |
| | 56 | £114.36 |
| LONGTEC | 101,300 | £55,141.83 |
| LONGTEC_TAB 5MG M/R | 17,219 | £3,849.68 |
| | 4 | £0.89 |
| | 14 | £46.95 |
| | 14 | £3.13 |
| | 24 | £10.74 |
| | 26 | £5.81 |
| | 28 | £156.50 |
| | 28 | £287.96 |
| | 33 | £7.38 |
| | 56 | £1,577.52 |
| | 56 | £1,139.32 |
| | 84 | £112.68 |
| | 112 | £475.76 |
| | 112 | £25.04 |
| LONGTEC_TAB 10MG M/R | 29,509 | £6,597.37 |
| | 1 | £0.22 |
| | 5 | £1.12 |
| | 10 | £2.24 |
| | 14 | £222.23 |
| | 14 | £6.26 |
| | 21 | £4.69 |
| | 24 | £5.37 |
| | 28 | £212.84 |

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| | 28 | £75.12 |
| | 42 | £18.78 |
| | 42 | £9.39 |
| | 48 | £10.73 |
| | 56 | £2,491.48 |
| | 56 | £1,514.92 |
| | 84 | £563.40 |
| | 112 | £926.48 |
| | 112 | £500.80 |
| | 140 | £31.30 |
| LONGTEC_TAB 20MG M/R | 20,181 | £9,023.79 |
| | 8 | £3.58 |
| | 14 | £6.26 |
| | 28 | £338.04 |
| | 28 | £12.52 |
| | 55 | £24.59 |
| | 56 | £4,382.00 |
| | 56 | £2,478.96 |
| | 112 | £150.24 |
| | 112 | £500.80 |
| | 168 | £901.44 |
| | 168 | £225.36 |
| LONGTEC_TAB 40MG M/R | 10,643 | £9,519.67 |
| | 1 | £0.89 |
| | 10 | £8.94 |
| | 28 | £325.54 |
| | 28 | £300.48 |
| | 42 | £75.14 |
| | 48 | £42.93 |
| | 56 | £5,910.62 |
| | 56 | £2,704.86 |
| | 168 | £150.27 |
| LONGTEC_TAB 80MG M/R | 6,502 | £11,632.88 |
| | 2 | £10.74 |
| | 14 | £1,152.30 |
| | 28 | £150.27 |
| | 56 | £2,705.13 |
| | 112 | £2,204.18 |
| | 168 | £5,410.26 |
| LONGTEC_TAB 120MG M/R | 840 | £2,287.65 |
| | 56 | £2,287.65 |
| LONGTEC_TAB 15MG M/R | 4,097 | £1,394.42 |
| | 5 | £1.70 |
| | 12 | £4.08 |
| | 14 | £9.52 |
| | 14 | £9.52 |
| | 20 | £6.81 |
| | 28 | £9.53 |
| | 56 | £724.28 |
| | 56 | £628.98 |

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| LONGTEC_TAB 30MG M/R | 8,697 | £5,918.89 |
| | 1 | £0.68 |
| | 2 | £4.08 |
| | 10 | £6.81 |
| | 14 | £514.62 |
| | 28 | £514.62 |
| | 56 | £3,353.68 |
| | 56 | £1,524.40 |
| LONGTEC_TAB 60MG M/R | 3,612 | £4,917.48 |
| | 28 | £419.32 |
| | 28 | £457.44 |
| | 56 | £3,659.52 |
| | 56 | £381.20 |
| LYNLOR | 1,008 | £123.52 |
| LYNLOR_CAP 5MG | 1,008 | £123.52 |
| | 14 | £13.76 |
| | 56 | £54.88 |
| | 112 | £54.88 |
| SHORTEC | 67,545 | £7,098.64 |
| SHORTEC_CAP 5MG | 12,137 | £1,486.89 |
| | 10 | £2.46 |
| | 14 | £1.72 |
| | 14 | £1.72 |
| | 21 | £7.71 |
| | 28 | £61.74 |
| | 28 | £41.16 |
| | 42 | £30.90 |
| | 42 | £66.95 |
| | 56 | £356.72 |
| | 56 | £589.96 |
| | 84 | £174.93 |
| | 84 | £82.32 |
| | 112 | £27.44 |
| | 168 | £20.58 |
| | 168 | £20.58 |
| SHORTEC_CAP 10MG | 16,096 | £3,943.52 |
| | 4 | £0.98 |
| | 8 | £1.96 |
| | 10 | £4.90 |
| | 12 | £2.94 |
| | 14 | £58.31 |
| | 20 | £4.90 |
| | 28 | £82.32 |
| | 28 | £27.44 |
| | 30 | £7.35 |
| | 56 | £109.76 |
| | 56 | £480.20 |
| | 84 | £432.18 |
| | 84 | £679.14 |
| | 112 | £1,015.28 |

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| | 112 | £658.56 |
| | 140 | £377.30 |
| SHORTEC_CAP 20MG | 812 | £397.73 |
| | 28 | £13.71 |
| | 56 | £192.01 |
| | 56 | £27.43 |
| | 112 | £54.86 |
| | 224 | £109.72 |
| SHORTEC_ORAL SOLN 5MG/5ML | 38,500 | £1,270.50 |
| | 250 | £82.50 |
| | 250 | £33.00 |
| | 2500 | £1,155.00 |
| OXELTRA | 836 | £165.34 |
| OXELTRA_TAB 5MG M/R | 284 | £31.84 |
| | 4 | £0.45 |
| | 14 | £28.26 |
| | 28 | £3.13 |
| OXELTRA_TAB 30MG M/R | 224 | £76.18 |
| | 14 | £66.65 |
| | 28 | £9.53 |
| OXELTRA_TAB 10MG M/R | 140 | £15.66 |
| | 14 | £3.14 |
| | 56 | £12.52 |
| OXELTRA_TAB 15MG M/R | 7 | £1.19 |
| | 7 | £1.19 |
| OXELTRA_TAB 20MG M/R | 181 | £40.47 |
| | 2 | £0.45 |
| | 4 | £0.89 |
| | 7 | £1.57 |
| | 14 | £6.26 |
| | 28 | £18.78 |
| | 56 | £12.52 |
| OXYPRO | 504 | £94.46 |
| OXYPRO_TAB 5MG M/R | 112 | £12.52 |
| | 56 | £12.52 |
| OXYPRO_TAB 10MG M/R | 280 | £31.30 |
| | 56 | £25.04 |
| | 56 | £6.26 |
| OXYPRO_TAB 20MG M/R | 56 | £12.52 |
| | 56 | £12.52 |
| OXYPRO_TAB 60MG M/R | 56 | £38.12 |
| | 56 | £38.12 |
| OXYCODONE HYDROCHLORIDE/NALOXONE HYDROCH | 3,752 | £7,236.20 |
| TARGINACT | 3,752 | £7,236.20 |
| TARGINAT_TAB 10MG/5MG M/R | 672 | £507.84 |
| | 56 | £507.84 |
| TARGINAT_TAB 20MG/10MG M/R | 1,456 | £2,200.12 |
| | 56 | £1,100.06 |
| | 56 | £1,100.06 |
| TARGINACT_TAB 5MG/2.5MG M/R | 168 | £126.96 |

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| | 56 | £126.96 |
| TARGINACT_TAB 40MG/20MG M/R | 1,456 | £4,401.28 |
| | 112 | £4,401.28 |
| TAPENTADOL HYDROCHLORIDE | 13,062 | £10,961.08 |
| TAPENTADOL | 12,362 | £10,157.75 |
| TAPENTADOL HCL_TAB 50MG | 3,612 | £1,607.34 |
| | 28 | £12.46 |
| | 56 | £199.36 |
| | 112 | £199.36 |
| | 224 | £1,196.16 |
| TAPENTADOL HCL_TAB 75MG | 224 | £149.48 |
| | 56 | £149.48 |
| TAPENTADOL HCL_TAB 50MG M/R | 2,436 | £1,083.72 |
| | 28 | £186.89 |
| | 56 | £348.76 |
| | 56 | £24.91 |
| | 112 | £49.84 |
| | 140 | £373.68 |
| | 224 | £99.64 |
| TAPENTADOL HCL_TAB 100MG M/R | 2,940 | £2,615.55 |
| | 28 | £224.19 |
| | 56 | £1,295.32 |
| | 112 | £1,096.04 |
| TAPENTADOL HCL_TAB 150MG M/R | 2,030 | £2,708.86 |
| | 28 | £261.52 |
| | 42 | £56.05 |
| | 56 | £822.03 |
| | 84 | £1,569.26 |
| TAPENTADOL HCL_TAB 200MG M/R | 1,120 | £1,992.80 |
| | 28 | £298.92 |
| | 56 | £1,295.32 |
| | 56 | £398.56 |
| PALEXIA | 700 | £803.33 |
| PALEXIA_TAB 75MG | 196 | £130.76 |
| | 28 | £130.76 |
| PALEXIA_SR TAB 100MG | 252 | £224.19 |
| | 28 | £224.19 |
| PALEXIA_SR TAB 200MG | 252 | £448.38 |
| | 28 | £448.38 |
| DIPIPANONE HYDROCHLORIDE | 210 | £1,850.70 |
| DIPIPANONE | 210 | £1,850.70 |
| DIPIPANONE HCL/CYCLIZINE HCL_TAB 10/30MG | 210 | £1,850.70 |
| | 14 | £123.38 |
| | 28 | £1,727.32 |
| DIAMORPHINE HYDROCHLORIDE (SYSTEMIC) | 2,069 | £8,169.47 |
| DIAMORPH,COCAINE,CHLORPROMAZINE | 2,069 | £8,169.47 |
| DIAMORPH HCL_INJ 5MG AMP | 276 | £707.17 |
| | 1 | £2.56 |
| | 1 | £2.56 |
| | 3 | £61.52 |

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| | 3 | £53.83 |
| | 5 | £230.58 |
| | 5 | £76.86 |
| | 9 | £23.06 |
| | 10 | £128.10 |
| | 10 | £128.10 |
| DIAMORPH HCL_INJ 10MG AMP | 1,255 | £4,228.91 |
| | 1 | £3.31 |
| | 2 | £19.39 |
| | 2 | £12.77 |
| | 3 | £59.28 |
| | 3 | £39.53 |
| | 5 | £2,043.74 |
| | 5 | £348.69 |
| | 10 | £1,289.32 |
| | 10 | £114.80 |
| | 20 | £198.72 |
| | 30 | £99.36 |
| DIAMORPH HCL_INJ 30MG AMP | 263 | £837.22 |
| | 2 | £12.26 |
| | 3 | £19.88 |
| | 3 | £9.20 |
| | 5 | £63.68 |
| | 5 | £119.07 |
| | 10 | £100.38 |
| | 10 | £98.84 |
| | 15 | £45.99 |
| | 20 | £122.64 |
| | 25 | £153.30 |
| | 30 | £91.98 |
| DIAMORPH HCL_INJ 100MG AMP | 210 | £1,781.03 |
| | 2 | £16.96 |
| | 3 | £25.43 |
| | 5 | £720.92 |
| | 5 | £127.24 |
| | 10 | £508.88 |
| | 15 | £381.60 |
| DIAMORPH HCL_INJ 500MG AMP | 15 | £563.14 |
| | 5 | £563.14 |
| DIAMORPH HCL_TAB 10MG | 35 | £13.00 |
| | 5 | £5.58 |
| | 10 | £7.42 |
| DIAMORPH HCL_INJ 10MG VL | 15 | £39.00 |
| | 5 | £13.00 |
| | 10 | £26.00 |
| METHADONE HYDROCHLORIDE | 12 | £21.26 |
| PHYSEPTONE | 12 | £21.26 |
| PHYSEPTONE_INJ 50MG/ML 1ML AMP | 12 | £21.26 |
| | 12 | £21.26 |
| MORPHINE SULPHATE | 872,280 | £99,499.86 |

Powell
03/10/2022 14:43

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| MORPH | 137,480 | £26,732.59 |
| MORPH SULPH_CONC SOLN 20MG/ML S/F | 1,420 | £230.75 |
| | 100 | £16.25 |
| | 100 | £16.25 |
| | 120 | £117.00 |
| | 500 | £81.25 |
| MORPHINE SULFATE 10MG/1ML SOLUTION FOR INJECTION AMPOULES | 5,976 | £6,844.36 |
| | 1 | £1.15 |
| | 1 | £10.35 |
| | 2 | £20.61 |
| | 3 | £61.92 |
| | 3 | £30.96 |
| | 4 | £4.58 |
| | 4 | £4.58 |
| | 5 | £985.56 |
| | 5 | £573.00 |
| | 6 | £6.87 |
| | 7 | £8.02 |
| | 10 | £1,832.00 |
| | 10 | £652.65 |
| | 15 | £51.54 |
| | 15 | £34.36 |
| | 20 | £526.70 |
| | 20 | £389.30 |
| | 21 | £1,274.65 |
| | 28 | £32.06 |
| | 30 | £34.35 |
| | 30 | £137.40 |
| | 40 | £45.80 |
| | 50 | £57.25 |
| | 60 | £68.70 |
| MORPHINE SULFATE 15MG/1ML SOLUTION FOR INJECTION AMPOULES | 10 | £10.74 |
| | 10 | £10.74 |
| MORPHINE SULFATE 30MG/1ML SOLUTION FOR INJECTION AMPOULES | 1,682 | £1,932.65 |
| | 2 | £11.50 |
| | 3 | £6.90 |
| | 5 | £17.25 |
| | 6 | £6.89 |
| | 10 | £103.41 |
| | 10 | £45.96 |
| | 15 | £17.24 |
| | 20 | £620.46 |
| | 20 | £252.78 |
| | 30 | £344.70 |
| | 40 | £321.72 |
| | 40 | £45.96 |
| | 60 | £137.88 |
| MORPH SULPH_INJ 20MG/1ML AMP | 290 | £2,304.21 |
| | 2 | £15.88 |
| | 3 | £23.89 |

Powell Bethan
03/17/2022 15:54:43

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| | 10 | £238.86 |
| | 10 | £553.64 |
| | 15 | £119.39 |
| | 20 | £476.94 |
| | 20 | £477.66 |
| | 50 | £397.95 |
| MORPH SULPH_TAB 100MG M/R | 1,262 | £809.64 |
| | 14 | £386.14 |
| | 60 | £423.50 |
| MORPH SULPH_TAB 60MG M/R | 2,160 | £875.52 |
| | 60 | £608.00 |
| | 60 | £267.52 |
| MORPH SULPH_TAB 10MG M/R | 33,144 | £2,872.53 |
| | 8 | £0.69 |
| | 14 | £15.73 |
| | 14 | £4.84 |
| | 26 | £2.25 |
| | 28 | £53.46 |
| | 28 | £46.17 |
| | 30 | £49.40 |
| | 30 | £10.40 |
| | 42 | £7.28 |
| | 56 | £145.50 |
| | 56 | £33.95 |
| | 60 | £660.40 |
| | 60 | £655.20 |
| | 84 | £7.28 |
| | 90 | £7.80 |
| | 112 | £106.81 |
| | 112 | £184.49 |
| | 120 | £364.00 |
| | 120 | £447.20 |
| | 168 | £14.56 |
| | 180 | £15.60 |
| | 456 | £39.52 |
| MORPH SULPH_TAB 30MG M/R | 12,708 | £2,641.24 |
| | 2 | £7.98 |
| | 4 | £3.32 |
| | 8 | £3.32 |
| | 14 | £29.10 |
| | 14 | £49.47 |
| | 28 | £5.82 |
| | 30 | £6.23 |
| | 32 | £6.65 |
| | 42 | £8.73 |
| | 56 | £58.20 |
| | 56 | £93.12 |
| | 60 | £399.04 |
| | 60 | £823.02 |
| | 120 | £623.50 |

Powell Bethan
03/17/2022 16:54:43

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| | 120 | £473.86 |
| | 240 | £49.88 |
| MORPH SULPH_INJ 60MG/2ML AMP | 20 | £40.28 |
| | 10 | £40.28 |
| MORPH SULPH_TAB 10MG | 9,834 | £932.40 |
| | 14 | £9.31 |
| | 28 | £13.25 |
| | 28 | £7.95 |
| | 56 | £223.02 |
| | 56 | £26.55 |
| | 60 | £11.38 |
| | 84 | £63.68 |
| | 112 | £106.20 |
| | 150 | £56.88 |
| | 168 | £414.18 |
| MORPH SULPH_TAB 20MG | 2,814 | £533.12 |
| | 14 | £34.45 |
| | 56 | £169.76 |
| | 56 | £10.61 |
| | 112 | £297.08 |
| | 112 | £21.22 |
| MORPH SULPH_TAB 15MG M/R | 16,701 | £2,532.55 |
| | 14 | £78.44 |
| | 14 | £2.12 |
| | 18 | £2.73 |
| | 28 | £4.25 |
| | 30 | £59.15 |
| | 30 | £4.55 |
| | 55 | £8.34 |
| | 56 | £730.14 |
| | 56 | £59.43 |
| | 60 | £1,456.00 |
| | 60 | £127.40 |
| MORPH SULPH_TAB 5MG M/R | 21,714 | £1,190.59 |
| | 8 | £0.44 |
| | 10 | £2.75 |
| | 10 | £3.85 |
| | 14 | £3.85 |
| | 14 | £10.01 |
| | 28 | £53.90 |
| | 28 | £1.54 |
| | 30 | £57.40 |
| | 30 | £3.28 |
| | 42 | £2.30 |
| | 56 | £168.85 |
| | 56 | £12.28 |
| | 60 | £516.53 |
| | 60 | £230.30 |
| | 90 | £64.09 |
| | 120 | £59.22 |

Powell Bethan
03/17/2022 16:54:43

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| MORPH SULPH_GRAN SACH 20MG M/R | 56 | £45.88 |
| | 56 | £45.88 |
| MORPH SULPH_CAP 150MG M/R | 28 | £36.43 |
| | 28 | £36.43 |
| MORPH SULPH_CAP 10MG M/R | 14,840 | £858.25 |
| | 1 | £0.06 |
| | 7 | £0.40 |
| | 14 | £5.67 |
| | 16 | £0.93 |
| | 28 | £30.78 |
| | 30 | £48.44 |
| | 56 | £32.40 |
| | 56 | £35.64 |
| | 60 | £190.85 |
| | 60 | £52.05 |
| | 90 | £5.20 |
| | 112 | £246.24 |
| | 112 | £19.44 |
| | 120 | £62.46 |
| | 120 | £90.22 |
| | 150 | £17.34 |
| | 168 | £9.72 |
| | 180 | £10.41 |
| MORPH SULPH_CAP 30MG M/R | 11,002 | £1,522.03 |
| | 6 | £0.83 |
| | 8 | £1.11 |
| | 14 | £3.88 |
| | 28 | £3.87 |
| | 56 | £155.00 |
| | 56 | £31.00 |
| | 60 | £614.20 |
| | 60 | £307.10 |
| | 84 | £139.44 |
| | 120 | £33.20 |
| | 120 | £232.40 |
| MORPH SULPH_CAP 60MG M/R | 1,796 | £484.92 |
| | 56 | £15.12 |
| | 60 | £469.80 |
| MORPHINE SULFATE 10MG/10ML SOLUTION FOR INJECTION AMPOULES | 23 | £34.50 |
| | 3 | £4.50 |
| | 20 | £30.00 |
| MST | 61,934 | £8,329.15 |
| MST CONTINUS_TAB 10MG | 23,732 | £2,056.69 |
| | 14 | £9.68 |
| | 28 | £2.43 |
| | 28 | £4.86 |
| | 30 | £5.20 |
| | 30 | £23.40 |
| | 42 | £3.64 |
| | 56 | £208.55 |

Powell Bethan
03/17/2022 16:54:43

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| | 56 | £24.25 |
| | 60 | £260.00 |
| | 60 | £124.80 |
| | 112 | £271.88 |
| | 120 | £592.80 |
| | 120 | £322.40 |
| | 180 | £202.80 |
| MST CONTINUS_TAB 30MG | 8,114 | £1,686.44 |
| | 14 | £2.91 |
| | 56 | £244.44 |
| | 60 | £511.27 |
| | 60 | £149.64 |
| | 120 | £324.22 |
| | 168 | £453.96 |
| MST CONTINUS_TAB 60MG | 3,116 | £1,263.02 |
| | 56 | £22.70 |
| | 60 | £851.20 |
| | 120 | £97.28 |
| | 180 | £72.96 |
| | 180 | £218.88 |
| MST CONTINUS_TAB 100MG | 14 | £8.98 |
| | 14 | £8.98 |
| MST CONTINUS_TAB 200MG | 660 | £894.74 |
| | 60 | £894.74 |
| MST CONTINUS_SUSP GRAN SACH 20MG | 120 | £98.32 |
| | 60 | £98.32 |
| MST CONTINUS_TAB 5MG | 17,031 | £933.98 |
| | 14 | £13.09 |
| | 14 | £6.93 |
| | 28 | £46.20 |
| | 28 | £3.08 |
| | 30 | £26.24 |
| | 30 | £26.24 |
| | 42 | £2.30 |
| | 50 | £2.74 |
| | 56 | £85.96 |
| | 56 | £6.14 |
| | 60 | £355.32 |
| | 60 | £197.40 |
| | 84 | £96.81 |
| | 115 | £6.31 |
| | 120 | £13.16 |
| | 120 | £26.32 |
| | 180 | £19.74 |
| MST CONTINUS_TAB 15MG | 9,147 | £1,386.98 |
| | 13 | £1.97 |
| | 14 | £137.80 |
| | 14 | £14.84 |
| | 20 | £3.03 |
| | 30 | £59.15 |

Bethan
 05/17/2022 16:54:43

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| | 56 | £118.86 |
| | 56 | £59.43 |
| | 60 | £555.10 |
| | 60 | £273.00 |
| | 90 | £163.80 |
| ORAMORPH | 90 | £14.64 |
| ORAMORPH_ORAL SOLN CONC 20MG/ML S/F | 90 | £14.64 |
| | 30 | £14.64 |
| SEVREDOL | 11,312 | £1,472.46 |
| SEVREDOL_TAB 10MG | 8,372 | £793.58 |
| | 14 | £1.33 |
| | 28 | £74.20 |
| | 28 | £68.90 |
| | 42 | £3.98 |
| | 56 | £233.64 |
| | 56 | £185.85 |
| | 60 | £79.66 |
| | 84 | £7.96 |
| | 112 | £84.96 |
| | 112 | £21.24 |
| | 168 | £31.86 |
| SEVREDOL_TAB 20MG | 2,548 | £482.74 |
| | 28 | £10.60 |
| | 56 | £180.37 |
| | 84 | £15.91 |
| | 112 | £254.64 |
| | 112 | £21.22 |
| SEVREDOL_TAB 50MG | 392 | £196.14 |
| | 56 | £28.02 |
| | 112 | £168.12 |
| MXL | 1,792 | £1,715.48 |
| MXL_CAP 30MG | 364 | £141.83 |
| | 28 | £141.83 |
| MXL_CAP 60MG | 700 | £373.75 |
| | 28 | £373.75 |
| MXL_CAP 200MG | 728 | £1,199.90 |
| | 56 | £1,199.90 |
| ZOMORPH | 522,786 | £47,466.82 |
| ZOMORPH_CAP 10MG | 363,388 | £21,017.17 |
| | 2 | £0.12 |
| | 6 | £0.35 |
| | 6 | £0.35 |
| | 7 | £10.40 |
| | 10 | £0.58 |
| | 11 | £0.64 |
| | 12 | £0.69 |
| | 14 | £140.94 |
| | 14 | £122.31 |
| | 20 | £8.12 |
| | 20 | £1.16 |

Powell Bethan
03/17/2022 16:54:43

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| | 21 | £45.98 |
| | 21 | £4.84 |
| | 24 | £2.78 |
| | 28 | £273.78 |
| | 28 | £157.14 |
| | 30 | £115.92 |
| | 30 | £102.07 |
| | 40 | £2.31 |
| | 42 | £2.43 |
| | 50 | £2.89 |
| | 56 | £1,189.08 |
| | 56 | £87.48 |
| | 60 | £3,657.38 |
| | 60 | £2,043.83 |
| | 66 | £3.82 |
| | 74 | £4.28 |
| | 84 | £204.12 |
| | 84 | £106.92 |
| | 90 | £244.40 |
| | 90 | £202.80 |
| | 105 | £6.07 |
| | 112 | £3,298.32 |
| | 112 | £233.28 |
| | 120 | £4,184.82 |
| | 120 | £2,942.56 |
| | 140 | £178.20 |
| | 150 | £112.71 |
| | 150 | £17.34 |
| | 168 | £437.40 |
| | 168 | £77.76 |
| | 180 | £510.09 |
| | 180 | £135.33 |
| | 224 | £129.50 |
| | 240 | £13.88 |
| ZOMORPH_CAP 30MG | 130,600 | £18,067.75 |
| | 4 | £0.55 |
| | 6 | £0.83 |
| | 6 | £1.66 |
| | 8 | £1.11 |
| | 12 | £1.66 |
| | 14 | £403.52 |
| | 14 | £114.46 |
| | 26 | £3.60 |
| | 28 | £123.84 |
| | 28 | £274.77 |
| | 30 | £24.90 |
| | 30 | £448.20 |
| | 34 | £4.70 |
| | 36 | £4.98 |
| | 56 | £2,286.25 |

Powell Bethan
03/17/2022 16:54:43

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| | 56 | £170.50 |
| | 60 | £7,387.00 |
| | 60 | £3,660.30 |
| | 84 | £151.06 |
| | 90 | £161.85 |
| | 90 | £161.85 |
| | 112 | £851.95 |
| | 112 | £15.49 |
| | 120 | £962.80 |
| | 120 | £547.80 |
| | 168 | £302.12 |
| ZOMORPH_CAP 60MG | 22,534 | £6,084.18 |
| | 2 | £0.54 |
| | 4 | £9.72 |
| | 6 | £1.62 |
| | 8 | £4.32 |
| | 10 | £2.70 |
| | 14 | £196.56 |
| | 28 | £748.44 |
| | 30 | £32.40 |
| | 30 | £113.40 |
| | 56 | £725.76 |
| | 60 | £2,300.40 |
| | 60 | £1,134.00 |
| | 112 | £393.12 |
| | 120 | £421.20 |
| ZOMORPH_CAP 100MG | 6,204 | £2,254.12 |
| | 28 | £10.17 |
| | 30 | £152.60 |
| | 56 | £20.35 |
| | 60 | £1,068.20 |
| | 60 | £348.80 |
| | 120 | £654.00 |
| ZOMORPH_CAP 200MG | 60 | £43.60 |
| | 60 | £43.60 |
| MORPHGESIC | 136,886 | £13,768.72 |
| MORPHGESIC SR_TAB 10MG | 98,472 | £6,319.73 |
| | 14 | £32.40 |
| | 20 | £2.56 |
| | 28 | £162.00 |
| | 28 | £10.80 |
| | 30 | £48.25 |
| | 30 | £21.23 |
| | 32 | £2.05 |
| | 36 | £2.31 |
| | 42 | £140.40 |
| | 56 | £642.61 |
| | 56 | £53.85 |
| | 60 | £685.30 |
| | 60 | £334.95 |

Powell Bethan
03/17/2022 16:54:43

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| | 84 | £91.63 |
| | 90 | £132.94 |
| | 90 | £5.78 |
| | 112 | £1,775.93 |
| | 112 | £14.38 |
| | 120 | £1,178.10 |
| | 120 | £385.00 |
| | 140 | £62.86 |
| | 150 | £9.63 |
| | 168 | £334.18 |
| | 180 | £150.15 |
| | 210 | £40.44 |
| MORPHGESIC SR_TAB 30MG | 29,786 | £4,586.65 |
| | 14 | £131.76 |
| | 28 | £8.62 |
| | 56 | £1,310.24 |
| | 56 | £112.06 |
| | 60 | £1,968.12 |
| | 60 | £591.36 |
| | 112 | £224.25 |
| | 120 | £36.96 |
| | 120 | £203.28 |
| MORPHGESIC SR_TAB 60MG | 7,096 | £2,133.60 |
| | 14 | £218.92 |
| | 56 | £218.92 |
| | 60 | £757.68 |
| | 120 | £505.12 |
| | 120 | £432.96 |
| MORPHGESIC SR_TAB 100MG | 1,532 | £728.74 |
| | 56 | £159.84 |
| | 56 | £26.64 |
| | 60 | £485.18 |
| | 120 | £57.08 |
| PETHIDINE HYDROCHLORIDE | 1,931 | £2,008.42 |
| GPPE | 1,931 | £2,008.42 |
| PETHIDINE HCL_INJ 50MG/ML 1ML AMP | 26 | £13.26 |
| | 1 | £0.51 |
| | 1 | £12.75 |
| PETHIDINE 50MG TABLETS | 1,888 | £1,987.22 |
| | 10 | £134.27 |
| | 16 | £15.44 |
| | 30 | £28.95 |
| | 50 | £105.68 |
| | 50 | £573.81 |
| | 74 | £79.05 |
| | 84 | £628.68 |
| | 100 | £421.34 |
| PETHIDINE HCL_INJ 50MG/ML 2ML AMP | 17 | £7.94 |
| | 1 | £2.35 |
| | 2 | £0.93 |

Powell Bethan
03/17/2022 16:54:43

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| | 10 | £4.66 |
| DRUGS USED IN SUBSTANCE DEPENDENCE | 2,053,789 | £25,229.62 |
| DRUGS USED IN SUBSTANCE DEPENDENCE | 2,053,789 | £25,229.62 |
| METHADONE HYDROCHLORIDE | 2,053,789 | £25,229.62 |
| METHADONE | 2,049,585 | £25,173.05 |
| METHADONE HCL_MIX 1MG/1ML | 1,200 | £14.58 |
| | 500 | £5.90 |
| | 700 | £8.68 |
| METHADONE HCL_MIX 1MG/1ML S/F | 2,048,049 | £25,131.57 |
| | 10 | £0.12 |
| | 14 | £0.18 |
| | 20 | £0.24 |
| | 28 | £1.09 |
| | 30 | £4.44 |
| | 31 | £0.39 |
| | 35 | £0.82 |
| | 40 | £3.43 |
| | 42 | £0.53 |
| | 45 | £1.69 |
| | 48 | £0.57 |
| | 49 | £1.15 |
| | 50 | £2.42 |
| | 54 | £0.71 |
| | 56 | £1.36 |
| | 60 | £6.67 |
| | 64 | £0.74 |
| | 66 | £1.56 |
| | 70 | £8.81 |
| | 80 | £6.86 |
| | 84 | £3.02 |
| | 90 | £8.98 |
| | 91 | £1.06 |
| | 96 | £1.11 |
| | 98 | £18.11 |
| | 100 | £11.38 |
| | 105 | £2.54 |
| | 110 | £4.18 |
| | 112 | £33.25 |
| | 115 | £1.51 |
| | 116 | £1.35 |
| | 120 | £28.18 |
| | 125 | £1.64 |
| | 126 | £18.93 |
| | 130 | £6.63 |
| | 140 | £37.20 |
| | 150 | £27.25 |
| | 154 | £11.09 |
| | 160 | £13.59 |
| | 161 | £1.90 |
| | 165 | £4.24 |

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|-----|---------|
| 168 | £14.57 |
| 175 | £4.36 |
| 180 | £30.52 |
| 182 | £33.36 |
| 189 | £4.76 |
| 195 | £2.46 |
| 196 | £26.31 |
| 200 | £22.52 |
| 210 | £66.59 |
| 216 | £5.44 |
| 220 | £10.91 |
| 224 | £29.48 |
| 225 | £11.35 |
| 240 | £49.65 |
| 242 | £2.86 |
| 245 | £37.52 |
| 250 | £12.46 |
| 252 | £11.94 |
| 255 | £3.34 |
| 259 | £3.39 |
| 260 | £9.89 |
| 264 | £6.58 |
| 266 | £21.98 |
| 270 | £16.86 |
| 275 | £3.25 |
| 280 | £254.37 |
| 290 | £3.36 |
| 294 | £15.40 |
| 300 | £44.94 |
| 301 | £7.28 |
| 305 | £4.00 |
| 308 | £35.01 |
| 312 | £3.68 |
| 315 | £37.97 |
| 320 | £12.41 |
| 322 | £110.42 |
| 325 | £4.26 |
| 330 | £4.32 |
| 336 | £97.90 |
| 340 | £4.01 |
| 350 | £94.51 |
| 351 | £8.14 |
| 360 | £87.83 |
| 364 | £60.12 |
| 365 | £4.23 |
| 375 | £4.43 |
| 378 | £165.16 |
| 384 | £4.84 |
| 385 | £27.91 |
| 390 | £32.74 |

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|-----|-----------|
| 392 | £20.05 |
| 400 | £57.88 |
| 410 | £4.76 |
| 415 | £5.44 |
| 420 | £756.53 |
| 432 | £5.44 |
| 440 | £31.97 |
| 448 | £43.80 |
| 450 | £62.12 |
| 455 | £103.22 |
| 476 | £22.56 |
| 480 | £82.00 |
| 490 | £467.51 |
| 495 | £6.24 |
| 500 | £82.20 |
| 504 | £5.85 |
| 517 | £6.00 |
| 520 | £83.07 |
| 522 | £6.16 |
| 525 | £18.49 |
| 532 | £50.82 |
| 540 | £136.39 |
| 550 | £89.02 |
| 558 | £6.47 |
| 559 | £7.04 |
| 560 | £1,225.79 |
| 576 | £6.80 |
| 580 | £7.31 |
| 584 | £6.77 |
| 585 | £65.57 |
| 588 | £70.68 |
| 595 | £14.69 |
| 600 | £246.12 |
| 602 | £96.52 |
| 616 | £7.27 |
| 624 | £7.86 |
| 630 | £875.20 |
| 644 | £69.24 |
| 650 | £196.00 |
| 660 | £110.99 |
| 672 | £198.12 |
| 690 | £8.14 |
| 696 | £16.84 |
| 700 | £1,709.68 |
| 715 | £34.33 |
| 720 | £217.06 |
| 728 | £125.59 |
| 740 | £9.32 |
| 756 | £18.82 |
| 770 | £297.52 |

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|--------------------------------------|-------|-----------|
| | 780 | £308.79 |
| | 784 | £9.25 |
| | 796 | £9.23 |
| | 800 | £9.44 |
| | 804 | £9.49 |
| | 810 | £20.82 |
| | 812 | £60.17 |
| | 840 | £3,139.83 |
| | 845 | £30.42 |
| | 858 | £10.81 |
| | 868 | £10.94 |
| | 880 | £54.57 |
| | 896 | £23.03 |
| | 900 | £64.71 |
| | 910 | £1,007.19 |
| | 924 | £11.64 |
| | 940 | £21.99 |
| | 952 | £48.00 |
| | 960 | £106.69 |
| | 975 | £12.77 |
| | 980 | £3,498.09 |
| | 981 | £12.36 |
| | 984 | £23.22 |
| | 990 | £24.45 |
| | 992 | £11.51 |
| | 1020 | £12.85 |
| | 1040 | £242.25 |
| | 1050 | £86.52 |
| | 1080 | £171.71 |
| | 1120 | £2,263.93 |
| | 1140 | £13.45 |
| | 1148 | £143.86 |
| | 1170 | £425.46 |
| | 1176 | £169.58 |
| | 1190 | £366.11 |
| | 1200 | £15.72 |
| | 1225 | £43.13 |
| | 1260 | £2,213.43 |
| | 1442 | £18.17 |
| | 2450 | £750.22 |
| METHADONE HCL_ORAL CONC 10MG/1ML S/F | 336 | £26.90 |
| | 336 | £26.90 |
| METHADOSE | 56 | £3.44 |
| METHADOSE_ORAL CONC 10MG/1ML S/F | 56 | £3.44 |
| | 56 | £3.44 |
| PHYSEPTONE | 4,148 | £53.13 |
| PHYSEPTONE_MIX 1MG/1ML | 900 | £11.43 |
| | 900 | £11.43 |
| PHYSEPTONE_MIX 1MG/1ML S/F | 3,248 | £41.70 |
| | 98 | £1.26 |

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|-----|--------|
| 420 | £5.39 |
| 840 | £10.79 |
| 910 | £11.68 |
| 980 | £12.58 |

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| Items | DDD |
|--------|------------|
| 26,339 | 384,223.61 |
| 11 | 0 |
| 11 | 0 |
| 11 | 0 |
| 11 | 0 |
| 11 | 0 |
| 11 | 0 D |
| 2,365 | 74,261.80 |
| 2,365 | 74,261.80 |
| 20 | 804 |
| 18 | 724 |
| 14 | 644 |
| 2 | 18.67 |
| 1 | 9.33 D |
| 11 | 616 |
| 4 | 80 |
| 1 | 20 |
| 3 | 60 D |
| 2 | 80 |
| 2 | 80 |
| 2 | 80 |
| 2,119 | 63,051.13 |
| 427 | 9,617.33 |
| 202 | 4,349.00 |
| 2 | 13.33 |
| 26 | 182 |
| 50 | 466.66 |
| 17 | 170 |
| 15 | 150 D |
| 2 | 28 |
| 1 | 18.67 |
| 10 | 200 |
| 21 | 420 D |
| 1 | 25 D |
| 15 | 420 |
| 5 | 150 |
| 2 | 60 D |
| 1 | 40 |
| 8 | 373.33 |
| 12 | 672 |
| 10 | 600 |
| 4 | 360 |
| 128 | 1,374.33 |
| 128 | 32.67 |
| 23 | 115 |
| 26 | 130 D |
| 2 | 14 |

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|-----|------------|
| 7 | 65.33 |
| 11 | 110 |
| 26 | 260 D |
| 1 | 14 |
| 10 | 150 |
| 1 | 20 |
| 5 | 140 |
| 1 | 30 |
| 8 | 293.33 |
| 36 | 1,716.00 |
| 3 | 60 |
| 12 | 480 |
| 21 | 1,176.00 |
| 9 | 271.2 |
| 1 | 2.4 |
| 8 | 268.8 |
| 21 | 709.2 |
| 1 | 18 |
| 12 | 403.2 |
| 8 | 288 |
| 12 | 240 |
| 12 | 240 D |
| 19 | 957.6 |
| 19 | 957.6 |
| 32 | 889.33 |
| 32 | 889.33 |
| 2 | 20 D |
| 8 | 149.33 |
| 12 | 240 |
| 9 | 420 |
| 1 | 60 D |
| 408 | 11,491.33 |
| 51 | 494.67 |
| 2 | 4.67 |
| 32 | 320 |
| 17 | 170 D |
| 161 | 4,552.67 |
| 1 | 1.33 D |
| 1 | 4.67 |
| 2 | 26.67 |
| 17 | 317.33 |
| 30 | 600 |
| 36 | 720 D |
| 29 | 1,082.67 |
| 18 | 720 |
| 27 | 1,080.00 D |
| 196 | 6,444.00 |
| 17 | 476 |
| 110 | 3,300.00 |
| 46 | 1,380.00 D |

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| | | |
|-----|-----------|---|
| 23 | 1,288.00 | |
| 907 | 31,729.80 | |
| 251 | 4,768.80 | |
| 5 | 60 | D |
| 21 | 352.8 | |
| 139 | 2,502.00 | |
| 69 | 1,242.00 | D |
| 13 | 468 | |
| 4 | 144 | D |
| 405 | 17,311.20 | |
| 62 | 2,083.20 | |
| 128 | 4,608.00 | |
| 147 | 5,292.00 | D |
| 43 | 3,096.00 | |
| 13 | 936 | D |
| 12 | 1,296.00 | D |
| 170 | 5,380.20 | |
| 2 | 36 | |
| 5 | 90 | D |
| 21 | 529.2 | |
| 82 | 2,214.00 | |
| 27 | 729 | D |
| 23 | 1,242.00 | |
| 10 | 540 | D |
| 81 | 4,269.60 | |
| 2 | 50.4 | D |
| 13 | 655.2 | |
| 22 | 1,188.00 | |
| 44 | 2,376.00 | D |
| 286 | 7,319.33 | |
| 32 | 208.67 | |
| 4 | 18.67 | |
| 18 | 90 | D |
| 10 | 100 | D |
| 27 | 264 | |
| 9 | 84 | |
| 8 | 80 | |
| 10 | 100 | D |
| 15 | 294.67 | |
| 4 | 74.67 | |
| 11 | 220 | D |
| 26 | 260 | |
| 9 | 90 | |
| 17 | 170 | D |
| 41 | 708 | |
| 12 | 128 | |
| 12 | 240 | |
| 17 | 340 | D |
| 72 | 2,038.00 | |
| 5 | 40 | D |

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 14:00
 14:00

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|-----|-----------|
| 21 | 588 |
| 32 | 960 |
| 13 | 390 D |
| 1 | 60 |
| 41 | 1,760.00 |
| 7 | 261.33 |
| 24 | 960 |
| 6 | 240 D |
| 4 | 298.67 |
| 13 | 650 |
| 13 | 650 |
| 19 | 1,136.00 |
| 1 | 56 |
| 18 | 1,080.00 |
| 35 | 1,096.80 |
| 14 | 247.2 |
| 4 | 67.2 |
| 10 | 180 |
| 11 | 579.6 |
| 4 | 201.6 |
| 7 | 378 |
| 10 | 270 |
| 10 | 270 |
| 13 | 655.2 |
| 13 | 655.2 |
| 13 | 655.2 |
| 11 | 252 |
| 10 | 180 |
| 10 | 180 |
| 1 | 72 |
| 1 | 72 D |
| 226 | 10,406.67 |
| 61 | 2,408.00 |
| 12 | 224 |
| 12 | 224 D |
| 24 | 896 |
| 6 | 168 |
| 10 | 280 D |
| 8 | 448 |
| 11 | 410.67 |
| 5 | 186.67 |
| 6 | 224 D |
| 2 | 93.33 |
| 2 | 93.33 |
| 12 | 784 |
| 12 | 784 |
| 156 | 7,448.00 |
| 33 | 924 |
| 33 | 924 |
| 48 | 3,136.00 |

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| | | |
|--------|------------|---|
| 47 | 3,070.67 | |
| 1 | 65.33 | D |
| 57 | 2,660.00 | |
| 12 | 560 | |
| 45 | 2,100.00 | D |
| 6 | 112 | |
| 2 | 37.33 | |
| 4 | 74.67 | D |
| 3 | 112 | |
| 2 | 74.67 | |
| 1 | 37.33 | D |
| 9 | 504 | |
| 8 | 448 | |
| 1 | 56 | D |
| 9 | 550.67 | |
| 2 | 93.33 | |
| 2 | 93.33 | |
| 7 | 457.33 | |
| 7 | 457.33 | D |
| 20,954 | 227,669.13 | |
| 20,954 | 227,669.13 | |
| 3 | 0 | |
| 3 | 0 | |
| 3 | 0 | |
| 3 | 0 | D |
| 48 | 440.6 | |
| 48 | 440.6 | |
| 14 | 54.6 | |
| 14 | 54.6 | |
| 14 | 83.6 | |
| 1 | 5.6 | |
| 13 | 78 | |
| 20 | 302.4 | |
| 14 | 168 | |
| 6 | 134.4 | D |
| 2,700 | 20,893.96 | |
| 171 | 1,238.53 | |
| 20 | 75 | |
| 8 | 20 | |
| 2 | 5 | D |
| 9 | 45 | |
| 1 | 5 | D |
| 22 | 186 | |
| 1 | 1 | |
| 4 | 20 | |
| 1 | 5 | D |
| 4 | 40 | |
| 12 | 120 | D |
| 17 | 225 | |
| 5 | 37.5 | |

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| 3 | 45 |
| 8 | 120 D |
| 1 | 22.5 |
| 20 | 370 |
| 5 | 50 |
| 14 | 280 |
| 1 | 40 |
| 6 | 120 |
| 1 | 20 |
| 5 | 100 D |
| 56 | 109.2 |
| 1 | 0.24 |
| 19 | 22.8 |
| 1 | 2.16 D |
| 22 | 52.8 |
| 13 | 31.2 D |
| 1 | 3.33 |
| 1 | 3.33 |
| 29 | 150 |
| 8 | 30 |
| 10 | 37.5 D |
| 9 | 67.5 |
| 2 | 15 D |
| 499 | 4,222.60 |
| 167 | 870 |
| 19 | 47.5 |
| 3 | 7.5 D |
| 85 | 425 |
| 32 | 160 D |
| 25 | 187.5 D |
| 1 | 12.5 D |
| 2 | 30 D |
| 120 | 1,120.00 |
| 20 | 100 |
| 86 | 860 |
| 13 | 130 D |
| 1 | 30 D |
| 14 | 195 |
| 2 | 15 |
| 12 | 180 |
| 98 | 1,770.00 |
| 19 | 190 |
| 60 | 1,200.00 |
| 19 | 380 D |
| 100 | 267.6 |
| 3 | 3.6 |
| 1 | 1.2 D |
| 56 | 134.4 |
| 31 | 74.4 D |
| 1 | 3.6 D |

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|-------|----------|---|
| 3 | 14.4 | D |
| 5 | 36 | D |
| 13 | 560 | |
| 13 | 560 | |
| 12 | 480 | |
| 1 | 80 | |
| 1,291 | 8,743.22 | |
| 426 | 900.72 | |
| 1 | 0.72 | |
| 1 | 0.96 | |
| 104 | 124.8 | |
| 12 | 14.4 | D |
| 2 | 3.84 | |
| 1 | 1.92 | D |
| 2 | 4.32 | |
| 208 | 499.2 | |
| 77 | 184.8 | D |
| 1 | 3.36 | |
| 16 | 57.6 | |
| 1 | 4.8 | |
| 423 | 1,798.00 | |
| 12 | 12 | |
| 5 | 7.5 | |
| 1 | 1.5 | D |
| 1 | 2 | |
| 97 | 242.5 | |
| 5 | 12.5 | D |
| 229 | 1,145.00 | |
| 69 | 345 | D |
| 4 | 30 | D |
| 217 | 2,172.00 | |
| 7 | 35 | |
| 1 | 5 | D |
| 9 | 72 | |
| 167 | 1,670.00 | |
| 21 | 210 | D |
| 12 | 180 | D |
| 122 | 1,792.50 | |
| 5 | 37.5 | |
| 106 | 1,590.00 | |
| 11 | 165 | D |
| 103 | 2,080.00 | |
| 20 | 200 | |
| 66 | 1,320.00 | |
| 6 | 120 | D |
| 11 | 440 | |
| 668 | 4,221.71 | |
| 162 | 354.96 | |
| 1 | 0.96 | D |
| 11 | 13.2 | |

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 11

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| 16 | 19.2 | D |
| 59 | 141.6 | |
| 75 | 180 | D |
| 214 | 1,021.50 | |
| 18 | 45 | |
| 13 | 32.5 | D |
| 1 | 4 | |
| 78 | 390 | |
| 98 | 490 | D |
| 6 | 60 | D |
| 206 | 2,012.00 | |
| 4 | 20 | |
| 10 | 50 | D |
| 102 | 1,020.00 | |
| 79 | 790 | D |
| 11 | 132 | D |
| 22 | 277.5 | |
| 1 | 7.5 | |
| 6 | 45 | D |
| 15 | 225 | D |
| 15 | 240 | |
| 2 | 20 | |
| 4 | 40 | D |
| 4 | 80 | |
| 5 | 100 | D |
| 49 | 315.75 | |
| 1 | 3 | D |
| 11 | 41.25 | |
| 1 | 3.75 | D |
| 1 | 5.25 | |
| 30 | 225 | |
| 5 | 37.5 | D |
| 37 | 1,640.50 | |
| 23 | 460.5 | |
| 1 | 0.67 | |
| 1 | 2.5 | |
| 6 | 30 | |
| 2 | 37.33 | |
| 13 | 390 | |
| 2 | 100 | |
| 1 | 40 | |
| 1 | 60 | |
| 12 | 1,080.00 | |
| 12 | 1,080.00 | |
| 21 | 267.4 | |
| 2 | 2.4 | |
| 2 | 2.4 | D |
| 5 | 15 | |
| 1 | 2.5 | |
| 3 | 7.5 | D |

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|-------|-----------|---|
| 1 | 5 | D |
| 2 | 10 | |
| 2 | 10 | D |
| 12 | 240 | |
| 12 | 240 | |
| 3,918 | 47,385.41 | |
| 1,144 | 7,409.49 | |
| 361 | 1,631.15 | |
| 1 | 1.2 | |
| 14 | 18.67 | |
| 2 | 4 | |
| 139 | 463.33 | |
| 85 | 283.33 | D |
| 12 | 48 | |
| 3 | 16 | |
| 1 | 6.63 | |
| 54 | 360 | |
| 34 | 226.67 | D |
| 3 | 30 | |
| 13 | 173.33 | D |
| 285 | 1,053.06 | |
| 54 | 25.2 | |
| 2 | 1.33 | |
| 1 | 1.33 | |
| 1 | 1.73 | D |
| 13 | 24.27 | |
| 9 | 16.8 | D |
| 3 | 6 | |
| 1 | 2.8 | |
| 117 | 436.8 | |
| 44 | 164.27 | D |
| 2 | 11.2 | |
| 6 | 33.6 | D |
| 7 | 52.27 | |
| 11 | 82.13 | D |
| 1 | 9.33 | D |
| 1 | 11.2 | D |
| 12 | 172.8 | D |
| 62 | 586.13 | |
| 12 | 44.8 | |
| 18 | 134.4 | |
| 3 | 22.4 | D |
| 2 | 22.4 | |
| 14 | 168 | |
| 3 | 44.8 | |
| 10 | 149.33 | D |
| 6 | 122.13 | |
| 1 | 2.67 | |
| 2 | 29.87 | |
| 2 | 59.73 | |

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|-----|--------|---|
| 1 | 29.87 | D |
| 100 | 769.07 | |
| 9 | 33.6 | |
| 1 | 3.73 | D |
| 43 | 321.07 | |
| 26 | 194.13 | D |
| 14 | 112 | D |
| 1 | 14.93 | |
| 6 | 89.6 | D |
| 40 | 576.53 | |
| 1 | 1.6 | |
| 3 | 22.4 | |
| 26 | 388.27 | |
| 9 | 134.4 | D |
| 1 | 29.87 | |
| 22 | 686.93 | |
| 6 | 179.2 | |
| 15 | 448 | D |
| 1 | 59.73 | D |
| 3 | 149.33 | |
| 1 | 29.87 | D |
| 2 | 119.47 | D |
| 56 | 170 | |
| 1 | 0.13 | |
| 1 | 0.67 | D |
| 3 | 2.8 | D |
| 3 | 4 | D |
| 10 | 18.67 | |
| 1 | 1.87 | D |
| 17 | 63.47 | |
| 19 | 70.93 | D |
| 1 | 7.47 | D |
| 127 | 362 | |
| 3 | 3 | D |
| 48 | 80 | |
| 13 | 21.67 | D |
| 1 | 3 | |
| 38 | 126.67 | |
| 8 | 26.67 | D |
| 7 | 35 | |
| 3 | 15 | D |
| 1 | 6 | D |
| 3 | 20 | |
| 1 | 8.33 | D |
| 1 | 16.67 | D |
| 12 | 108.67 | |
| 1 | 2 | |
| 2 | 6.67 | D |
| 2 | 13.33 | |
| 2 | 13.33 | D |

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| 2 | 20 | D |
| 1 | 13.33 | |
| 2 | 40 | |
| 21 | 275 | |
| 4 | 33.33 | |
| 7 | 58.33 | D |
| 6 | 100 | |
| 2 | 33.33 | D |
| 2 | 50 | D |
| 4 | 179.2 | |
| 2 | 89.6 | |
| 2 | 89.6 | D |
| 20 | 428.4 | |
| 1 | 0.4 | D |
| 1 | 2.4 | |
| 3 | 67.2 | |
| 1 | 22.4 | D |
| 14 | 336 | D |
| 24 | 304.4 | |
| 1 | 2 | |
| 15 | 168 | |
| 4 | 44.8 | D |
| 4 | 89.6 | D |
| 1 | 7.47 | |
| 1 | 7.47 | |
| 246 | 2,833.26 | |
| 87 | 438.66 | |
| 9 | 12 | |
| 40 | 133.33 | |
| 14 | 46.67 | D |
| 1 | 6.67 | |
| 10 | 66.67 | D |
| 13 | 173.33 | |
| 112 | 389.6 | |
| 1 | 0.27 | |
| 1 | 0.53 | |
| 1 | 0.67 | |
| 46 | 85.87 | |
| 13 | 26 | D |
| 42 | 156.8 | |
| 8 | 119.47 | D |
| 2 | 14.93 | |
| 2 | 14.93 | |
| 31 | 1,851.73 | |
| 18 | 1,075.20 | |
| 13 | 776.53 | D |
| 10 | 41.67 | |
| 3 | 5 | D |
| 2 | 6.67 | |
| 3 | 10 | D |

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|-------|-----------|---|
| 1 | 6.67 | D |
| 1 | 13.33 | D |
| 2 | 46.67 | |
| 1 | 20 | D |
| 1 | 26.67 | D |
| 2 | 50 | |
| 2 | 50 | D |
| 80 | 1,501.33 | |
| 9 | 63.47 | |
| 1 | 3.73 | |
| 5 | 37.33 | |
| 3 | 22.4 | D |
| 12 | 508.27 | |
| 1 | 15.47 | |
| 11 | 492.8 | D |
| 16 | 477.87 | |
| 16 | 477.87 | |
| 24 | 76.53 | |
| 7 | 13.07 | |
| 16 | 59.73 | |
| 1 | 3.73 | D |
| 15 | 336 | |
| 15 | 336 | |
| 4 | 39.2 | |
| 1 | 5.6 | |
| 3 | 33.6 | |
| 1,899 | 31,607.60 | |
| 335 | 1,147.93 | |
| 1 | 0.27 | |
| 15 | 14 | |
| 1 | 0.93 | D |
| 2 | 3.2 | |
| 1 | 1.73 | |
| 25 | 46.67 | |
| 46 | 85.87 | D |
| 1 | 2.2 | |
| 126 | 470.4 | |
| 91 | 339.73 | D |
| 6 | 33.6 | D |
| 19 | 141.87 | |
| 1 | 7.47 | D |
| 536 | 3,934.54 | |
| 1 | 0.13 | |
| 1 | 0.67 | |
| 1 | 1.33 | |
| 1 | 132.54 | |
| 2 | 3.73 | D |
| 1 | 2.8 | |
| 1 | 3.2 | |
| 34 | 126.93 | |

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 Nathan

| | | |
|-----|----------|---|
| 12 | 44.8 | D |
| 2 | 11.2 | |
| 1 | 5.6 | D |
| 1 | 6.4 | |
| 199 | 1,485.87 | |
| 121 | 903.47 | D |
| 30 | 336 | D |
| 37 | 552.53 | |
| 20 | 298.67 | D |
| 1 | 18.67 | |
| 333 | 5,381.59 | |
| 1 | 2.13 | |
| 1 | 3.73 | |
| 27 | 201.6 | |
| 1 | 7.47 | D |
| 1 | 14.67 | |
| 175 | 2,613.33 | |
| 99 | 1,478.40 | D |
| 3 | 89.6 | |
| 10 | 298.67 | D |
| 12 | 537.6 | |
| 3 | 134.4 | D |
| 203 | 5,676.27 | |
| 1 | 0.53 | |
| 1 | 5.33 | |
| 13 | 194.13 | |
| 12 | 179.2 | D |
| 2 | 44.8 | |
| 1 | 25.6 | |
| 118 | 3,524.27 | |
| 54 | 1,612.80 | D |
| 1 | 89.6 | D |
| 108 | 6,935.46 | |
| 3 | 6.4 | |
| 46 | 686.93 | |
| 3 | 89.6 | |
| 27 | 1,612.80 | |
| 11 | 1,314.13 | |
| 18 | 3,225.60 | |
| 15 | 1,344.00 | |
| 15 | 1,344.00 | |
| 79 | 819.4 | |
| 1 | 1 | |
| 1 | 2.4 | |
| 2 | 5.6 | |
| 2 | 5.6 | D |
| 1 | 4 | |
| 1 | 5.6 | |
| 38 | 425.6 | |
| 33 | 369.6 | D |

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|-----|----------|
| 214 | 3,478.80 |
| 1 | 0.4 |
| 3 | 2.4 |
| 1 | 4 |
| 54 | 302.4 |
| 27 | 302.4 |
| 88 | 1,971.20 |
| 40 | 896 D |
| 76 | 2,889.60 |
| 11 | 246.4 |
| 12 | 268.8 D |
| 48 | 2,150.40 |
| 5 | 224 D |
| 20 | 67.2 |
| 20 | 67.2 |
| 8 | 7.47 D |
| 8 | 29.87 |
| 4 | 29.87 |
| 471 | 3,685.13 |
| 223 | 809.13 |
| 2 | 1.33 |
| 1 | 0.93 |
| 1 | 0.93 D |
| 3 | 4.2 |
| 18 | 33.6 |
| 12 | 22.4 D |
| 6 | 16.8 |
| 13 | 36.4 D |
| 52 | 194.13 |
| 86 | 321.06 D |
| 17 | 95.2 |
| 8 | 44.8 D |
| 2 | 14.93 |
| 1 | 11.2 |
| 1 | 11.2 D |
| 209 | 2,146.13 |
| 1 | 0.53 |
| 1 | 1.07 |
| 2 | 2.67 |
| 1 | 1.6 |
| 17 | 31.73 |
| 1 | 2.67 |
| 12 | 44.8 |
| 4 | 14.93 D |
| 1 | 4 |
| 8 | 59.73 |
| 35 | 261.33 D |
| 21 | 235.2 |
| 33 | 369.6 D |
| 37 | 552.53 |

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|----|--------|---|
| 24 | 358.4 | D |
| 11 | 205.33 | D |
| 11 | 216.53 | |
| 1 | 7.47 | D |
| 7 | 104.53 | |
| 1 | 14.93 | D |
| 1 | 29.87 | |
| 1 | 59.73 | D |
| 28 | 513.33 | |
| 10 | 33.33 | |
| 4 | 13.33 | D |
| 14 | 466.67 | |
| 49 | 176.87 | |
| 20 | 18.93 | |
| 1 | 0.27 | |
| 18 | 16.8 | |
| 1 | 1.87 | |
| 15 | 89.6 | |
| 14 | 78.4 | |
| 1 | 11.2 | |
| 4 | 18.67 | |
| 2 | 3.73 | |
| 2 | 14.93 | |
| 1 | 1.4 | |
| 1 | 1.4 | |
| 9 | 48.27 | |
| 1 | 0.53 | |
| 1 | 1.07 | |
| 1 | 1.87 | |
| 2 | 7.47 | |
| 3 | 22.4 | |
| 1 | 14.93 | |
| 9 | 104.53 | |
| 2 | 7.47 | |
| 2 | 7.47 | |
| 5 | 37.33 | |
| 4 | 29.87 | |
| 1 | 7.47 | D |
| 1 | 14.93 | |
| 1 | 14.93 | D |
| 1 | 44.8 | |
| 1 | 44.8 | |
| 54 | 0 | |
| 54 | 0 | |
| 12 | 0 | |
| 12 | 0 | |
| 26 | 0 | |
| 13 | 0 | |
| 13 | 0 | D |
| 3 | 0 | |

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| 3 | 0 |
| 13 | 0 |
| 13 | 0 |
| 194 | 0 |
| 169 | 0 |
| 25 | 0 |
| 1 | 0 |
| 8 | 0 |
| 4 | 0 |
| 12 | 0 |
| 4 | 0 |
| 4 | 0 |
| 38 | 0 |
| 15 | 0 |
| 14 | 0 |
| 1 | 0 D |
| 1 | 0 |
| 6 | 0 D |
| 1 | 0 |
| 46 | 0 |
| 9 | 0 |
| 26 | 0 |
| 11 | 0 |
| 33 | 0 |
| 7 | 0 D |
| 1 | 0 |
| 11 | 0 |
| 14 | 0 |
| 23 | 0 |
| 6 | 0 D |
| 13 | 0 |
| 4 | 0 D |
| 25 | 0 |
| 7 | 0 |
| 7 | 0 |
| 9 | 0 |
| 9 | 0 |
| 9 | 0 |
| 9 | 0 |
| 8 | 0 |
| 8 | 0 |
| 8 | 0 |
| 1 | 0 |
| 7 | 0 |
| 324 | 0 |
| 324 | 0 |
| 52 | 0 |
| 1 | 0 A |
| 1 | 0 D |
| 8 | 0 |

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|--------|------------|
| 7 | 0 D |
| 18 | 0 |
| 6 | 0 D |
| 1 | 0 D |
| 5 | 0 |
| 5 | 0 D |
| 203 | 0 |
| 1 | 0 D |
| 3 | 0 |
| 2 | 0 D |
| 6 | 0 |
| 7 | 0 D |
| 115 | 0 |
| 22 | 0 D |
| 39 | 0 |
| 4 | 0 D |
| 3 | 0 |
| 1 | 0 |
| 28 | 0 |
| 2 | 0 |
| 2 | 0 |
| 1 | 0 D |
| 4 | 0 |
| 7 | 0 D |
| 3 | 0 |
| 3 | 0 D |
| 1 | 0 |
| 2 | 0 |
| 2 | 0 |
| 1 | 0 |
| 31 | 0 |
| 1 | 0 |
| 1 | 0 |
| 17 | 0 |
| 3 | 0 D |
| 6 | 0 |
| 3 | 0 |
| 3 | 0 |
| 3 | 0 |
| 5 | 0 |
| 3 | 0 |
| 2 | 0 |
| 2 | 0 |
| 1 | 0 D |
| 1 | 0 D |
| 1 | 24 |
| 1 | 24 |
| 1 | 24 |
| 1 | 24 |
| 13,631 | 158,681.65 |

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|-------|-----------|
| 2,861 | 24,941.25 |
| 9 | 284 |
| 1 | 20 |
| 1 | 20 D |
| 6 | 144 D |
| 1 | 100 D |
| 646 | 1,992.00 |
| 1 | 0.33 A |
| 9 | 3 D |
| 9 | 6 |
| 18 | 18 |
| 9 | 9 D |
| 1 | 1.33 |
| 1 | 1.33 D |
| 172 | 286.67 |
| 100 | 166.67 D |
| 1 | 2 D |
| 1 | 2.33 |
| 160 | 533.33 |
| 57 | 190 D |
| 3 | 15 |
| 2 | 10 D |
| 23 | 153.33 |
| 17 | 113.33 D |
| 53 | 371 |
| 1 | 9.33 |
| 1 | 10 |
| 4 | 40 D |
| 1 | 13.33 |
| 1 | 16.67 |
| 1 | 20 D |
| 1 | 5 |
| 1 | 5 D |
| 83 | 1,682.00 |
| 5 | 10 |
| 2 | 6 |
| 3 | 15 |
| 1 | 6 |
| 9 | 90 |
| 4 | 40 D |
| 1 | 15 D |
| 27 | 540 |
| 11 | 220 D |
| 10 | 300 |
| 7 | 280 |
| 1 | 40 D |
| 2 | 120 |
| 20 | 193.33 |
| 1 | 1.33 |
| 1 | 2 |

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|-----|------------|
| 3 | 20 |
| 7 | 46.67 D |
| 1 | 10 |
| 3 | 40 |
| 3 | 40 D |
| 1 | 33.33 D |
| 54 | 1,262.00 |
| 43 | 602 |
| 11 | 660 D |
| 36 | 1,296.00 |
| 25 | 900 |
| 11 | 396 D |
| 488 | 3,314.40 |
| 1 | 0.8 |
| 13 | 18.2 |
| 4 | 5.6 D |
| 1 | 2.6 |
| 22 | 61.6 |
| 19 | 53.2 D |
| 19 | 57 |
| 4 | 12 D |
| 2 | 8.4 |
| 30 | 168 |
| 7 | 39.2 D |
| 127 | 762 |
| 126 | 756 D |
| 1 | 8.4 D |
| 1 | 9 D |
| 11 | 123.2 |
| 19 | 212.8 D |
| 35 | 420 |
| 43 | 516 D |
| 1 | 16.8 |
| 1 | 18 D |
| 1 | 45.6 D |
| 212 | 3,812.40 |
| 19 | 11.4 |
| 4 | 4.8 |
| 2 | 4.8 |
| 10 | 42 |
| 17 | 71.4 D |
| 1 | 8.4 |
| 1 | 9 D |
| 1 | 9.6 |
| 1 | 12.6 D |
| 5 | 84 |
| 8 | 134.4 D |
| 32 | 576 |
| 66 | 1,188.00 D |
| 25 | 900 |

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|-----|----------|---|
| 19 | 684 | D |
| 1 | 72 | D |
| 2 | 40 | |
| 2 | 40 | |
| 112 | 983.4 | |
| 7 | 9.8 | |
| 5 | 14 | |
| 3 | 8.4 | D |
| 42 | 235.2 | |
| 5 | 28 | D |
| 2 | 12 | |
| 8 | 67.2 | D |
| 10 | 112 | |
| 4 | 60 | |
| 26 | 436.8 | |
| 45 | 562.8 | |
| 13 | 36.4 | |
| 16 | 179.2 | |
| 1 | 11.2 | D |
| 14 | 313.6 | |
| 1 | 22.4 | D |
| 322 | 2,505.15 | |
| 37 | 77.7 | |
| 1 | 2.1 | D |
| 1 | 2.7 | |
| 1 | 4.2 | D |
| 13 | 58.5 | |
| 1 | 4.5 | D |
| 1 | 8.25 | |
| 86 | 722.4 | |
| 7 | 58.8 | D |
| 160 | 1,440.00 | |
| 14 | 126 | D |
| 413 | 1,085.70 | |
| 1 | 0.4 | |
| 5 | 2.5 | |
| 7 | 3.5 | D |
| 5 | 3.5 | |
| 13 | 9.1 | D |
| 35 | 49 | |
| 1 | 1.4 | D |
| 35 | 52.5 | |
| 2 | 3 | D |
| 1 | 2.1 | D |
| 55 | 154 | |
| 4 | 11.2 | D |
| 157 | 471 | |
| 70 | 210 | D |
| 13 | 58.5 | |
| 9 | 54 | D |

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|-----|-----------|---|
| 1 | 11.2 | |
| 1 | 11.2 | |
| 1 | 42 | |
| 1 | 42 | |
| 216 | 1,484.00 | |
| 1 | 0.1 | D |
| 1 | 0.7 | |
| 7 | 9.8 | |
| 1 | 1.6 | |
| 19 | 53.2 | |
| 28 | 84 | |
| 10 | 56 | |
| 11 | 61.6 | D |
| 55 | 330 | |
| 15 | 90 | D |
| 1 | 9 | D |
| 38 | 425.6 | |
| 3 | 33.6 | D |
| 9 | 108 | |
| 13 | 156 | D |
| 2 | 30 | D |
| 1 | 16.8 | |
| 1 | 18 | |
| 168 | 3,300.60 | |
| 1 | 1.8 | |
| 1 | 2.4 | |
| 2 | 8.4 | D |
| 1 | 8.4 | D |
| 20 | 336 | |
| 4 | 67.2 | D |
| 74 | 1,332.00 | |
| 37 | 666 | D |
| 12 | 302.4 | |
| 2 | 72 | |
| 14 | 504 | D |
| 30 | 1,077.60 | |
| 1 | 33.6 | D |
| 29 | 1,044.00 | |
| 2 | 7.67 | |
| 1 | 1 | D |
| 1 | 6.67 | D |
| 962 | 10,258.60 | |
| 274 | 2,373.20 | |
| 8 | 11.2 | D |
| 1 | 2.8 | |
| 2 | 5.6 | D |
| 2 | 6 | |
| 9 | 27 | D |
| 1 | 4.2 | D |
| 43 | 240.8 | |

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|-----|----------|---|
| 5 | 28 | D |
| 50 | 300 | |
| 24 | 144 | D |
| 28 | 313.6 | |
| 57 | 684 | |
| 31 | 372 | D |
| 13 | 234 | |
| 101 | 2,434.20 | |
| 1 | 4.2 | |
| 21 | 352.8 | |
| 41 | 738 | |
| 12 | 216 | D |
| 13 | 468 | D |
| 13 | 655.2 | |
| 42 | 1,869.60 | |
| 1 | 33.6 | |
| 35 | 1,260.00 | D |
| 2 | 144 | D |
| 1 | 108 | |
| 3 | 324 | D |
| 1 | 14 | |
| 1 | 14 | |
| 11 | 1,320.00 | |
| 11 | 1,320.00 | |
| 2 | 24 | |
| 2 | 24 | |
| 320 | 851.55 | |
| 17 | 11.9 | |
| 9 | 6.3 | D |
| 30 | 42 | |
| 2 | 2.8 | D |
| 16 | 24 | |
| 16 | 24 | D |
| 1 | 2.1 | D |
| 1 | 2.5 | |
| 28 | 78.4 | |
| 2 | 5.6 | D |
| 108 | 324 | |
| 60 | 180 | D |
| 21 | 88.2 | |
| 1 | 5.75 | |
| 2 | 12 | |
| 4 | 24 | D |
| 2 | 18 | |
| 211 | 1,372.05 | |
| 1 | 1.95 | |
| 65 | 136.5 | |
| 7 | 14.7 | D |
| 1 | 3 | |
| 13 | 58.5 | |

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|-------|-----------|---|
| 14 | 117.6 | |
| 7 | 58.8 | D |
| 61 | 549 | |
| 30 | 270 | D |
| 12 | 162 | D |
| 3 | 18 | |
| 3 | 18 | |
| 3 | 18 | |
| 199 | 1,542.80 | |
| 162 | 837.2 | |
| 1 | 1.4 | |
| 28 | 78.4 | |
| 26 | 72.8 | D |
| 1 | 4.2 | |
| 44 | 246.4 | |
| 35 | 196 | D |
| 14 | 84 | |
| 1 | 8.4 | |
| 8 | 89.6 | |
| 2 | 22.4 | D |
| 2 | 33.6 | |
| 33 | 509.6 | |
| 2 | 11.2 | |
| 17 | 190.4 | D |
| 1 | 16.8 | |
| 12 | 268.8 | |
| 1 | 22.4 | D |
| 4 | 196 | |
| 1 | 28 | D |
| 3 | 168 | |
| 51 | 1,985.20 | |
| 13 | 109.2 | |
| 13 | 109.2 | |
| 25 | 420 | |
| 25 | 420 | |
| 13 | 1,456.00 | |
| 13 | 1,456.00 | |
| 7,635 | 95,363.20 | |
| 4,729 | 36,338.80 | |
| 1 | 0.2 | D |
| 1 | 0.6 | |
| 1 | 0.6 | D |
| 26 | 18.2 | |
| 1 | 1 | |
| 1 | 1.1 | |
| 1 | 1.2 | |
| 174 | 243.6 | |
| 151 | 211.4 | D |
| 7 | 14 | |
| 1 | 2 | D |

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| 38 | 79.8 | |
| 4 | 8.4 | D |
| 2 | 4.8 | |
| 169 | 473.2 | |
| 97 | 271.6 | D |
| 67 | 201 | |
| 59 | 177 | D |
| 1 | 4 | |
| 1 | 4.2 | |
| 1 | 5 | |
| 367 | 2,055.20 | |
| 27 | 151.2 | D |
| 1,054 | 6,324.00 | |
| 589 | 3,534.00 | D |
| 1 | 6.6 | |
| 1 | 7.4 | |
| 42 | 352.8 | |
| 22 | 184.8 | D |
| 47 | 423 | |
| 39 | 351 | D |
| 1 | 10.5 | |
| 509 | 5,700.80 | |
| 36 | 403.2 | D |
| 603 | 7,236.00 | |
| 424 | 5,088.00 | D |
| 22 | 308 | |
| 13 | 195 | |
| 2 | 30 | D |
| 45 | 756 | |
| 8 | 134.4 | D |
| 49 | 882 | |
| 13 | 234 | D |
| 10 | 224 | |
| 1 | 24 | |
| 2,340 | 39,180.00 | |
| 1 | 1.2 | |
| 1 | 1.8 | |
| 2 | 3.6 | D |
| 1 | 2.4 | |
| 1 | 3.6 | D |
| 208 | 873.6 | |
| 59 | 247.8 | D |
| 1 | 7.8 | |
| 32 | 268.8 | |
| 71 | 596.4 | D |
| 6 | 54 | |
| 108 | 972 | D |
| 1 | 10.2 | D |
| 1 | 10.8 | |
| 295 | 4,956.00 | |

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|-------|-----------|---|
| 22 | 369.6 | D |
| 890 | 16,020.00 | |
| 441 | 7,938.00 | D |
| 13 | 327.6 | |
| 13 | 351 | |
| 13 | 351 | D |
| 55 | 1,848.00 | |
| 1 | 33.6 | D |
| 58 | 2,088.00 | |
| 33 | 1,188.00 | D |
| 13 | 655.2 | D |
| 469 | 13,520.40 | |
| 1 | 1.2 | D |
| 9 | 21.6 | |
| 1 | 3.6 | D |
| 2 | 9.6 | |
| 1 | 6 | D |
| 52 | 436.8 | D |
| 99 | 1,663.20 | |
| 4 | 72 | |
| 14 | 252 | D |
| 48 | 1,612.80 | |
| 142 | 5,112.00 | |
| 70 | 2,520.00 | D |
| 13 | 873.6 | |
| 13 | 936 | D |
| 96 | 6,204.00 | |
| 1 | 28 | |
| 14 | 420 | D |
| 1 | 56 | |
| 49 | 2,940.00 | |
| 16 | 960 | D |
| 15 | 1,800.00 | |
| 1 | 120 | |
| 1 | 120 | |
| 1,920 | 24,572.60 | |
| 1,231 | 9,847.20 | |
| 36 | 50.4 | |
| 2 | 4 | |
| 90 | 252 | |
| 6 | 16.8 | D |
| 25 | 75 | |
| 11 | 33 | D |
| 1 | 3.2 | D |
| 1 | 3.6 | D |
| 52 | 218.4 | |
| 179 | 1,002.40 | |
| 15 | 84 | D |
| 178 | 1,068.00 | |
| 87 | 522 | D |

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|-----|----------|---|
| 17 | 142.8 | |
| 23 | 207 | |
| 1 | 9 | D |
| 247 | 2,766.40 | |
| 2 | 22.4 | D |
| 153 | 1,836.00 | |
| 50 | 600 | D |
| 7 | 98 | |
| 1 | 15 | |
| 31 | 520.8 | |
| 13 | 234 | |
| 3 | 63 | D |
| 531 | 8,935.80 | |
| 61 | 256.2 | |
| 2 | 16.8 | |
| 152 | 2,553.60 | |
| 13 | 218.4 | D |
| 213 | 3,834.00 | |
| 64 | 1,152.00 | D |
| 13 | 436.8 | |
| 2 | 72 | |
| 11 | 396 | D |
| 133 | 4,257.60 | |
| 52 | 436.8 | |
| 13 | 436.8 | |
| 42 | 1,512.00 | |
| 14 | 1,008.00 | |
| 12 | 864 | D |
| 25 | 1,532.00 | |
| 6 | 336 | |
| 1 | 56 | D |
| 17 | 1,020.00 | |
| 1 | 120 | D |
| 73 | 243.5 | |
| 73 | 243.5 | |
| 26 | 3.25 | |
| 1 | 0.13 | |
| 25 | 3.13 | D |
| 40 | 236 | |
| 13 | 16.25 | |
| 1 | 2 | |
| 1 | 3.75 | |
| 2 | 12.5 | |
| 11 | 68.75 | D |
| 1 | 9.25 | |
| 7 | 73.5 | |
| 4 | 50 | D |
| 7 | 4.25 | |
| 5 | 1.25 | D |
| 1 | 0.5 | |

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|-------|-----------|---|
| 1 | 2.5 | D |
| 3,009 | 82,292.68 | |
| 3,009 | 82,292.68 | |
| 3,009 | 82,292.68 | |
| 3,002 | 82,104.36 | |
| 2 | 48 | |
| 1 | 20 | |
| 1 | 28 | |
| 2,999 | 81,921.96 | |
| 1 | 0.4 | |
| 1 | 0.56 | |
| 1 | 0.8 | |
| 3 | 3.36 | |
| 12 | 14.4 | |
| 1 | 1.24 | |
| 2 | 2.8 | |
| 7 | 11.2 | |
| 1 | 1.68 | |
| 3 | 5.4 | |
| 1 | 1.92 | |
| 2 | 3.92 | |
| 4 | 8 | |
| 1 | 2.16 | |
| 2 | 4.48 | |
| 9 | 21.6 | |
| 1 | 2.56 | |
| 2 | 5.28 | |
| 10 | 28 | |
| 7 | 22.4 | |
| 3 | 10.08 | |
| 8 | 28.8 | |
| 1 | 3.64 | |
| 1 | 3.84 | |
| 15 | 58.8 | |
| 9 | 36 | |
| 2 | 8.4 | |
| 3 | 13.2 | |
| 24 | 107.52 | |
| 1 | 4.6 | |
| 1 | 4.64 | |
| 19 | 91.2 | |
| 1 | 5 | |
| 12 | 60.48 | |
| 4 | 20.8 | |
| 22 | 123.2 | |
| 15 | 90 | |
| 6 | 36.96 | |
| 7 | 44.8 | |
| 1 | 6.44 | |
| 2 | 13.2 | |

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|----|--------|
| 7 | 47.04 |
| 2 | 14 |
| 14 | 100.8 |
| 15 | 109.2 |
| 2 | 15.12 |
| 1 | 7.8 |
| 11 | 86.24 |
| 9 | 72 |
| 26 | 218.4 |
| 2 | 17.28 |
| 4 | 35.2 |
| 11 | 98.56 |
| 4 | 36 |
| 17 | 163.2 |
| 1 | 9.68 |
| 13 | 127.4 |
| 4 | 40 |
| 4 | 40.32 |
| 1 | 10.2 |
| 1 | 10.36 |
| 3 | 31.2 |
| 2 | 21.12 |
| 7 | 74.48 |
| 5 | 54 |
| 1 | 11 |
| 75 | 840 |
| 1 | 11.6 |
| 4 | 47.04 |
| 12 | 144 |
| 2 | 24.08 |
| 1 | 12.2 |
| 9 | 110.88 |
| 1 | 12.48 |
| 10 | 126 |
| 3 | 38.4 |
| 28 | 360.64 |
| 1 | 13 |
| 1 | 13.2 |
| 24 | 322.56 |
| 1 | 13.6 |
| 22 | 308 |
| 2 | 28.08 |
| 20 | 288 |
| 14 | 203.84 |
| 1 | 14.6 |
| 1 | 15 |
| 35 | 529.2 |
| 1 | 15.36 |
| 6 | 92.4 |
| 7 | 109.2 |

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|-----|----------|
| 4 | 62.72 |
| 12 | 192 |
| 1 | 16.4 |
| 1 | 16.6 |
| 146 | 2,452.80 |
| 1 | 17.28 |
| 6 | 105.6 |
| 8 | 143.36 |
| 11 | 198 |
| 18 | 327.6 |
| 4 | 76.16 |
| 14 | 268.8 |
| 78 | 1,528.80 |
| 1 | 19.8 |
| 13 | 260 |
| 1 | 20.16 |
| 1 | 20.68 |
| 13 | 270.4 |
| 1 | 20.88 |
| 3 | 63 |
| 8 | 170.24 |
| 21 | 453.6 |
| 13 | 286 |
| 1 | 22.32 |
| 1 | 22.36 |
| 178 | 3,987.20 |
| 1 | 23.04 |
| 1 | 23.2 |
| 1 | 23.36 |
| 9 | 210.6 |
| 10 | 235.2 |
| 2 | 47.6 |
| 34 | 816 |
| 13 | 313.04 |
| 1 | 24.64 |
| 1 | 24.96 |
| 114 | 2,872.80 |
| 9 | 231.84 |
| 25 | 650 |
| 14 | 369.6 |
| 24 | 645.12 |
| 1 | 27.6 |
| 2 | 55.68 |
| 199 | 5,572.00 |
| 4 | 114.4 |
| 25 | 720 |
| 14 | 407.68 |
| 1 | 29.6 |
| 2 | 60.48 |
| 32 | 985.6 |

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| 33 | 1,029.60 |
| 1 | 31.36 |
| 1 | 31.84 |
| 1 | 32 |
| 1 | 32.16 |
| 2 | 64.8 |
| 6 | 194.88 |
| 304 | 10,214.40 |
| 3 | 101.4 |
| 1 | 34.32 |
| 1 | 34.72 |
| 5 | 176 |
| 2 | 71.68 |
| 6 | 216 |
| 90 | 3,276.00 |
| 1 | 36.96 |
| 2 | 75.2 |
| 4 | 152.32 |
| 9 | 345.6 |
| 1 | 39 |
| 289 | 11,328.80 |
| 1 | 39.24 |
| 2 | 78.72 |
| 2 | 79.2 |
| 1 | 39.68 |
| 1 | 40.8 |
| 19 | 790.4 |
| 7 | 294 |
| 13 | 561.6 |
| 165 | 7,392.00 |
| 1 | 45.6 |
| 10 | 459.2 |
| 30 | 1,404.00 |
| 12 | 564.48 |
| 25 | 1,190.00 |
| 1 | 48 |
| 3 | 147 |
| 142 | 7,156.80 |
| 1 | 57.68 |
| 25 | 2,450.00 |
| 1 | 134.4 |
| 1 | 134.4 |
| 1 | 22.4 |
| 1 | 22.4 |
| 1 | 22.4 D |
| 6 | 165.92 |
| 1 | 36 |
| 1 | 36 |
| 5 | 129.92 |
| 1 | 3.92 |

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| 1 | 16.8 |
| 1 | 33.6 |
| 1 | 36.4 |
| 1 | 39.2 |

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Controlled Drugs for Schedule III for Powys Teaching

| Description | Quantity | Basic Price | Items |
|----------------------------------|-----------|-------------|--------|
| CENTRAL NERVOUS SYSTEM | 4,516,877 | £426,303.54 | 61,930 |
| HYPNOTICS AND ANXIOLYTICS | 87,737 | £6,825.17 | 3,548 |
| HYPNOTICS | 87,737 | £6,825.17 | 3,548 |
| MIDAZOLAM MALEATE | 10 | £294.00 | 2 |
| MIDAZOLAM | 10 | £294.00 | 2 |
| MIDAZOLAM MAL_LIQ SPEC 50MG/5ML | 10 | £294.00 | 2 |
| | 5 | £294.00 | 2 |
| TEMAZEPAM | 87,727 | £6,531.17 | 3,546 |
| TEMAZEPAM | 87,727 | £6,531.17 | 3,546 |
| TEMAZEPAM_ORAL SOLN 10MG/5ML S/F | 1,400 | £855.32 | 10 |
| | 50 | £122.20 | 4 |
| | 150 | £366.56 | 4 |
| | 300 | £366.56 | 2 |
| TEMAZEPAM_TAB 10MG | 64,415 | £4,397.53 | 2,607 |
| | 1 | £0.36 | 6 |
| | 1 | £0.05 | 1 |
| | 3 | £0.72 | 4 |
| | 4 | £0.69 | 3 |
| | 5 | £0.61 | 2 |
| | 5 | £2.36 | 8 |
| | 6 | £5.27 | 15 |
| | 7 | £195.83 | 477 |
| | 7 | £3.40 | 8 |
| | 10 | £12.36 | 21 |
| | 10 | £2.34 | 4 |
| | 12 | £4.33 | 6 |
| | 14 | £303.71 | 370 |
| | 14 | £119.01 | 145 |
| | 15 | £0.91 | 1 |
| | 20 | £7.14 | 6 |
| | 21 | £14.82 | 12 |
| | 21 | £25.00 | 20 |
| | 24 | £1.45 | 1 |
| | 28 | £1,348.82 | 816 |
| | 28 | £461.66 | 280 |
| | 42 | £133.90 | 54 |
| | 42 | £60.09 | 24 |
| | 56 | £801.70 | 243 |
| | 56 | £805.42 | 62 |
| | 70 | £21.20 | 5 |
| | 84 | £64.38 | 13 |
| TEMAZEPAM_TAB 20MG | 21,912 | £1,278.32 | 929 |
| | 5 | £3.80 | 13 |
| | 7 | £138.93 | 342 |
| | 7 | £0.37 | 1 |
| | 8 | £6.51 | 14 |
| | 10 | £0.61 | 1 |

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|------------------------|-----------|-------------|--------|
| | 14 | £20.86 | 26 |
| | 14 | £0.83 | 1 |
| | 20 | £15.04 | 13 |
| | 28 | £444.85 | 272 |
| | 28 | £110.31 | 68 |
| | 30 | £31.49 | 18 |
| | 32 | £1.89 | 1 |
| | 42 | £65.97 | 27 |
| | 56 | £276.24 | 84 |
| | 56 | £101.12 | 31 |
| | 60 | £59.50 | 17 |
| ANALGESICS | 2,187,049 | £248,425.68 | 36,358 |
| OPIOID ANALGESICS | 1,112,691 | £171,582.90 | 17,210 |
| TRAMADOL HYDROCHLORIDE | 1,076,973 | £66,519.96 | 11,442 |
| TRAMADOL | 1,036,241 | £57,287.43 | 10,871 |
| TRAMADOL HCL_CAP 50MG | 916,929 | £30,986.02 | 9,069 |
| | 2 | £0.06 | 1 |
| | 2 | £0.12 | 2 |
| | 6 | £0.20 | 1 |
| | 7 | £0.46 | 2 |
| | 8 | £0.27 | 1 |
| | 10 | £1.68 | 5 |
| | 10 | £4.69 | 14 |
| | 12 | £0.40 | 1 |
| | 12 | £0.41 | 1 |
| | 14 | £11.52 | 25 |
| | 14 | £3.06 | 7 |
| | 15 | £1.00 | 2 |
| | 16 | £1.61 | 3 |
| | 20 | £14.83 | 22 |
| | 20 | £2.15 | 3 |
| | 21 | £10.37 | 14 |
| | 24 | £2.42 | 3 |
| | 24 | £0.80 | 1 |
| | 28 | £86.45 | 91 |
| | 28 | £61.36 | 65 |
| | 30 | £611.26 | 602 |
| | 30 | £383.02 | 377 |
| | 35 | £10.56 | 9 |
| | 35 | £12.18 | 11 |
| | 36 | £3.88 | 3 |
| | 40 | £49.20 | 37 |
| | 42 | £102.78 | 72 |
| | 45 | £1.50 | 1 |
| | 50 | £143.15 | 85 |
| | 50 | £48.73 | 29 |
| | 56 | £775.27 | 411 |
| | 56 | £117.85 | 62 |
| | 60 | £2,316.98 | 1,148 |
| | 60 | £888.20 | 437 |

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| 70 | £56.66 | 24 |
| 80 | £221.30 | 82 |
| 80 | £37.72 | 14 |
| 84 | £206.84 | 74 |
| 84 | £49.08 | 17 |
| 90 | £255.48 | 84 |
| 90 | £112.50 | 37 |
| 96 | £3.20 | 1 |
| 100 | £5,865.57 | 1,736 |
| 100 | £2,589.65 | 768 |
| 112 | £1,061.46 | 280 |
| 112 | £474.03 | 125 |
| 120 | £847.04 | 209 |
| 120 | £566.08 | 140 |
| 124 | £3.84 | 1 |
| 124 | £26.14 | 6 |
| 130 | £48.62 | 11 |
| 140 | £156.57 | 33 |
| 150 | £492.65 | 97 |
| 150 | £272.90 | 54 |
| 160 | £131.18 | 24 |
| 160 | £140.56 | 26 |
| 168 | £689.99 | 121 |
| 168 | £333.72 | 58 |
| 170 | £32.82 | 6 |
| 180 | £608.96 | 100 |
| 180 | £207.60 | 34 |
| 200 | £3,456.69 | 511 |
| 200 | £1,538.19 | 227 |
| 210 | £86.17 | 12 |
| 220 | £97.38 | 13 |
| 224 | £2,840.46 | 375 |
| 224 | £512.65 | 68 |
| 230 | £21.93 | 3 |
| 240 | £157.36 | 19 |
| 240 | £618.88 | 77 |
| 244 | £7.56 | 1 |
| 248 | £116.64 | 14 |
| 250 | £93.74 | 11 |
| 252 | £8.65 | 1 |
| 252 | £26.04 | 3 |
| 280 | £38.16 | 4 |
| 280 | £136.72 | 14 |
| 336 | £68.22 | 6 |
| 6 | £4.80 | 6 |
| 1 | £4.80 | 6 |
| 18,394 | £4,703.26 | 371 |
| 14 | £363.43 | 91 |
| 28 | £482.40 | 60 |
| 30 | £129.15 | 15 |

TRAMADOL HCL_INJ 50MG/ML 2ML AMP

TRAMADOL HCL_TAB 100MG M/R

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R. Well-Bottom

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|----------------------------|--------|-----------|-----|
| | 30 | £94.71 | 11 |
| | 56 | £460.59 | 40 |
| | 60 | £892.10 | 53 |
| | 60 | £751.39 | 52 |
| | 112 | £385.68 | 12 |
| | 112 | £283.19 | 10 |
| | 120 | £155.74 | 10 |
| | 120 | £447.72 | 13 |
| | 224 | £257.16 | 4 |
| TRAMADOL HCL_TAB 150MG M/R | 2,116 | £862.16 | 31 |
| | 56 | £313.43 | 13 |
| | 56 | £21.40 | 1 |
| | 60 | £238.01 | 11 |
| | 112 | £289.32 | 6 |
| TRAMADOL HCL_TAB 200MG M/R | 3,704 | £1,921.28 | 63 |
| | 56 | £566.09 | 19 |
| | 60 | £672.39 | 23 |
| | 60 | £682.80 | 21 |
| TRAMADOL HCL_TAB SOLB 50MG | 780 | £104.00 | 13 |
| | 60 | £104.00 | 13 |
| TRAMADOL HCL_CAP 50MG M/R | 14,994 | £1,809.28 | 213 |
| | 10 | £2.42 | 2 |
| | 14 | £1.69 | 1 |
| | 14 | £1.69 | 1 |
| | 30 | £79.64 | 22 |
| | 30 | £61.54 | 17 |
| | 44 | £5.31 | 1 |
| | 50 | £54.27 | 9 |
| | 56 | £141.96 | 21 |
| | 56 | £6.76 | 1 |
| | 60 | £195.48 | 27 |
| | 60 | £405.44 | 56 |
| | 90 | £141.18 | 13 |
| | 90 | £130.32 | 12 |
| | 120 | £28.96 | 2 |
| | 120 | £231.68 | 16 |
| | 168 | £40.54 | 2 |
| | 200 | £193.04 | 8 |
| | 224 | £27.03 | 1 |
| | 500 | £60.33 | 1 |
| TRAMADOL HCL_CAP 100MG M/R | 30,224 | £7,289.57 | 443 |
| | 14 | £3.38 | 1 |
| | 20 | £4.82 | 1 |
| | 28 | £87.75 | 13 |
| | 30 | £101.36 | 14 |
| | 56 | £864.64 | 64 |
| | 56 | £364.77 | 27 |
| | 60 | £1,779.81 | 123 |
| | 60 | £1,504.88 | 104 |
| | 90 | £282.23 | 13 |

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| | 90 | £173.68 | 8 |
| | 112 | £675.25 | 25 |
| | 120 | £926.08 | 32 |
| | 120 | £520.92 | 18 |
| TRAMADOL HCL_CAP 150MG M/R | 3,792 | £1,372.00 | 68 |
| | 30 | £86.80 | 8 |
| | 56 | £243.12 | 12 |
| | 60 | £651.30 | 30 |
| | 60 | £390.78 | 18 |
| TRAMADOL HCL_CAP 200MG M/R | 12,620 | £6,084.88 | 208 |
| | 20 | £9.64 | 1 |
| | 56 | £1,215.00 | 45 |
| | 60 | £1,996.17 | 69 |
| | 60 | £2,516.91 | 87 |
| | 120 | £347.16 | 6 |
| TRAMADOL HCL_TAB 400MG M/R | 336 | £342.12 | 12 |
| | 28 | £342.12 | 12 |
| TRAMADOL HCL_CAP 50MG @GN | 60 | £4.00 | 1 |
| | 60 | £4.00 | 1 |
| TRAMADOL HCL_ORODISPER TAB 50MG S/F | 450 | £53.36 | 16 |
| | 28 | £49.80 | 15 |
| | 30 | £3.56 | 1 |
| TRAMADOL 37.5MG / PARACETAMOL 325MG TABLETS | 18,518 | £607.77 | 182 |
| | 28 | £12.08 | 13 |
| | 30 | £0.83 | 1 |
| | 60 | £137.45 | 70 |
| | 60 | £7.25 | 4 |
| | 100 | £55.18 | 17 |
| | 100 | £9.30 | 3 |
| | 112 | £6.24 | 2 |
| | 120 | £98.76 | 25 |
| | 180 | £233.16 | 39 |
| | 180 | £47.52 | 8 |
| TRAMADOL HCL_TAB 50MG M/R | 11,878 | £910.61 | 163 |
| | 16 | £1.23 | 1 |
| | 28 | £2.15 | 1 |
| | 30 | £6.90 | 3 |
| | 30 | £11.50 | 5 |
| | 40 | £3.07 | 1 |
| | 56 | £72.93 | 17 |
| | 56 | £4.29 | 1 |
| | 60 | £220.80 | 48 |
| | 60 | £193.20 | 42 |
| | 90 | £20.70 | 3 |
| | 100 | £7.67 | 1 |
| | 112 | £17.18 | 2 |
| | 112 | £8.59 | 1 |
| | 120 | £138.00 | 15 |
| | 120 | £202.40 | 22 |
| TRAMADOL/PARACET_TAB EFF 37.5/325MG S/F | 1,440 | £232.32 | 12 |

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| | 120 | £232.32 | 12 |
| ZYDOL | 9,010 | £2,457.07 | 111 |
| ZYDOL_CAP 50MG | 2,200 | £167.86 | 11 |
| | 200 | £167.86 | 11 |
| ZYDOL SR 100_TAB 100MG | 2,894 | £830.58 | 49 |
| | 14 | £12.06 | 3 |
| | 30 | £8.61 | 1 |
| | 30 | £94.71 | 11 |
| | 56 | £16.07 | 1 |
| | 60 | £241.08 | 14 |
| | 60 | £241.08 | 14 |
| | 84 | £24.11 | 1 |
| | 112 | £32.14 | 1 |
| | 112 | £32.14 | 1 |
| | 224 | £128.58 | 2 |
| ZYDOL SR 150_TAB 150MG | 116 | £49.94 | 2 |
| | 56 | £24.11 | 1 |
| | 60 | £25.83 | 1 |
| ZYDOL SR 200_TAB 200MG | 1,380 | £791.20 | 23 |
| | 60 | £412.80 | 12 |
| | 60 | £378.40 | 11 |
| ZYDOL_TAB SOLB 50MG | 1,220 | £163.25 | 6 |
| | 100 | £13.95 | 1 |
| | 224 | £149.30 | 5 |
| ZYDOL XL_TAB 300MG | 480 | £399.04 | 8 |
| | 60 | £399.04 | 8 |
| ZYDOL SR_TAB 50MG | 720 | £55.20 | 12 |
| | 60 | £55.20 | 12 |
| ZAMADOL | 3,626 | £1,329.16 | 44 |
| ZAMADOL SR_CAP 100MG | 1,350 | £325.61 | 18 |
| | 6 | £1.45 | 1 |
| | 24 | £5.79 | 1 |
| | 60 | £14.47 | 1 |
| | 84 | £303.90 | 15 |
| ZAMADOL SR_CAP 150MG | 780 | £282.23 | 13 |
| | 60 | £282.23 | 13 |
| ZAMADOL SR_CAP 200MG | 1,496 | £721.32 | 13 |
| | 56 | £27.00 | 1 |
| | 120 | £694.32 | 12 |
| TRAMACET | 9,210 | £1,485.88 | 89 |
| TRAMACET_TAB 37.5MG/325MG | 9,150 | £1,476.20 | 88 |
| | 30 | £4.84 | 1 |
| | 60 | £58.08 | 6 |
| | 60 | £290.40 | 30 |
| | 120 | £464.64 | 24 |
| | 120 | £387.20 | 20 |
| | 240 | £116.16 | 3 |
| | 240 | £154.88 | 4 |
| TRAMACET_TAB EFF 37.5MG/325MG | 60 | £9.68 | 1 |
| | 60 | £9.68 | 1 |

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| TRADOREC | 360 | £177.57 | 7 |
| TRADOREC XL_TAB 100MG | 330 | £155.10 | 6 |
| | 30 | £14.10 | 1 |
| | 60 | £141.00 | 5 |
| TRADOREC XL_TAB 300MG | 30 | £22.47 | 1 |
| | 30 | £22.47 | 1 |
| MAROL | 5,088 | £758.64 | 103 |
| MAROL_TAB 100MG M/R | 56 | £17.04 | 1 |
| | 56 | £17.04 | 1 |
| MAROL_TAB 200MG M/R (TEVA) | 1,320 | £312.23 | 27 |
| | 30 | £71.00 | 10 |
| | 60 | £241.23 | 17 |
| MAROL_TAB 100MG M/R (TEVA) | 3,712 | £429.37 | 75 |
| | 12 | £1.39 | 1 |
| | 30 | £83.28 | 24 |
| | 56 | £32.40 | 5 |
| | 60 | £270.66 | 39 |
| | 60 | £41.64 | 6 |
| MAXITRAM | 13,438 | £3,024.21 | 217 |
| MAXITRAM SR_CAP 50MG | 1,936 | £146.76 | 55 |
| | 2 | £0.15 | 1 |
| | 4 | £0.30 | 1 |
| | 6 | £0.45 | 1 |
| | 14 | £27.56 | 26 |
| | 60 | £27.30 | 6 |
| | 60 | £91.00 | 20 |
| MAXITRAM SR_CAP 100MG | 8,344 | £1,688.26 | 106 |
| | 30 | £12.14 | 2 |
| | 56 | £158.62 | 14 |
| | 60 | £303.50 | 25 |
| | 60 | £364.20 | 30 |
| | 120 | £242.80 | 10 |
| | 120 | £607.00 | 25 |
| MAXITRAM SR_CAP 150MG | 878 | £266.55 | 18 |
| | 30 | £45.55 | 5 |
| | 56 | £221.00 | 13 |
| MAXITRAM SR_CAP 200MG | 2,280 | £922.64 | 38 |
| | 60 | £607.00 | 25 |
| | 60 | £315.64 | 13 |
| BUPRENORPHINE | 35,718 | £105,062.94 | 5,768 |
| BUPRENORPHINE | 12,062 | £22,629.32 | 715 |
| BUPRENORPHINE_TAB SUBLING 200MCG S/F | 7,550 | £761.08 | 86 |
| | 7 | £0.71 | 1 |
| | 10 | £1.01 | 1 |
| | 20 | £12.12 | 6 |
| | 25 | £2.52 | 1 |
| | 50 | £85.68 | 17 |
| | 50 | £55.44 | 11 |
| | 100 | £120.96 | 12 |
| | 100 | £110.88 | 11 |

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| | 112 | £45.16 | 4 |
| | 135 | £54.44 | 4 |
| | 150 | £105.84 | 7 |
| | 150 | £166.32 | 11 |
| BUPRENORPHINE 400MICROGRAM SUBLINGUAL TABLETS SUGAR FREE | 1,740 | £350.49 | 27 |
| | 12 | £2.42 | 1 |
| | 24 | £4.83 | 1 |
| | 26 | £10.48 | 2 |
| | 28 | £5.64 | 1 |
| | 42 | £8.46 | 1 |
| | 56 | £146.64 | 13 |
| | 70 | £14.10 | 1 |
| | 112 | £157.92 | 7 |
| BUPRENORPHINE_PATCH 35MCG/HR (96HR) | 234 | £924.30 | 27 |
| | 4 | £31.60 | 2 |
| | 8 | £31.60 | 1 |
| | 8 | £347.60 | 11 |
| | 10 | £513.50 | 13 |
| BUPRENORPHINE_PATCH 52.5MCG/HR (96HR) | 172 | £1,019.60 | 22 |
| | 1 | £23.72 | 4 |
| | 8 | £284.52 | 6 |
| | 10 | £711.36 | 12 |
| BUPRENORPHINE_PATCH 70MCG/HR (96HR) | 72 | £568.80 | 12 |
| | 4 | £31.60 | 1 |
| | 4 | £158.00 | 5 |
| | 8 | £379.20 | 6 |
| BUPRENORPHINE_PATCH 5MCG/HR (7DAY) | 735 | £3,234.00 | 182 |
| | 1 | £17.60 | 4 |
| | 2 | £17.60 | 2 |
| | 3 | £13.20 | 1 |
| | 4 | £2,147.20 | 122 |
| | 4 | £827.20 | 47 |
| | 8 | £35.20 | 1 |
| | 8 | £176.00 | 5 |
| BUPRENORPHINE_PATCH 10MCG/HR (7DAY) | 945 | £7,453.69 | 224 |
| | 1 | £7.89 | 1 |
| | 4 | £4,259.25 | 135 |
| | 4 | £2,366.25 | 75 |
| | 8 | £63.10 | 1 |
| | 8 | £757.20 | 12 |
| BUPRENORPHINE_PATCH 20MCG/HR (7DAY) | 372 | £5,343.78 | 80 |
| | 4 | £3,447.60 | 60 |
| | 4 | £402.22 | 7 |
| | 8 | £1,493.96 | 13 |
| BUPRENORPHINE_PATCH 15MCG/HR (7DAY) | 242 | £2,973.58 | 55 |
| | 2 | £24.58 | 1 |
| | 4 | £1,572.80 | 32 |
| | 4 | £786.40 | 16 |
| | 8 | £589.80 | 6 |
| TEMGESIC | 3,638 | £659.42 | 35 |

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| TEMGESIC_TAB SUBLING 200MCG | 728 | £73.32 | 13 |
| | 56 | £73.32 | 13 |
| TEMGESIC_TAB SUBLING 400MCG | 2,910 | £586.10 | 22 |
| | 120 | £314.21 | 13 |
| | 150 | £271.89 | 9 |
| TRANSTEC | 978 | £5,526.45 | 131 |
| TRANSTEC_PATCH 35MCG/HR (20MG) | 472 | £1,864.40 | 66 |
| | 4 | £189.60 | 12 |
| | 7 | £221.20 | 8 |
| | 8 | £600.40 | 19 |
| | 8 | £853.20 | 27 |
| TRANSTEC_PATCH 52.5MCG/HR (30MG) | 170 | £1,007.65 | 23 |
| | 4 | £23.71 | 1 |
| | 7 | £414.90 | 10 |
| | 8 | £569.04 | 12 |
| TRANSTEC_PATCH 70MCG/HR (40MG) | 336 | £2,654.40 | 42 |
| | 8 | £821.60 | 13 |
| | 8 | £1,832.80 | 29 |
| BUTRANS | 1,509 | £13,901.07 | 352 |
| BUTRANS_PATCH 5MCG/HR | 468 | £2,059.20 | 118 |
| | 2 | £17.60 | 2 |
| | 4 | £1,531.20 | 87 |
| | 4 | £510.40 | 29 |
| BUTRANS_PATCH 10MCG/HR | 424 | £3,344.30 | 93 |
| | 4 | £1,388.20 | 44 |
| | 4 | £1,135.80 | 36 |
| | 8 | £63.10 | 1 |
| | 8 | £757.20 | 12 |
| BUTRANS_PATCH 20MCG/HR | 441 | £6,334.97 | 98 |
| | 1 | £14.37 | 1 |
| | 4 | £4,481.88 | 78 |
| | 4 | £344.76 | 6 |
| | 8 | £1,493.96 | 13 |
| BUTRANS_TRANSDERMAL PATCH 15MCG/HR | 176 | £2,162.60 | 43 |
| | 4 | £1,572.80 | 32 |
| | 4 | £491.50 | 10 |
| | 8 | £98.30 | 1 |
| BUTEC | 13,601 | £49,874.28 | 3,547 |
| BUTEC_TRANSDERMAL PATCH 5MCG/HR | 5,447 | £10,785.06 | 1,440 |
| | 1 | £235.62 | 119 |
| | 1 | £1.98 | 1 |
| | 2 | £23.76 | 6 |
| | 2 | £3.96 | 1 |
| | 3 | £35.64 | 6 |
| | 4 | £8,284.32 | 1,046 |
| | 4 | £1,916.64 | 242 |
| | 5 | £29.70 | 3 |
| | 8 | £253.44 | 16 |
| BUTEC_TRANSDERMAL PATCH 10MCG/HR | 4,184 | £14,853.20 | 1,071 |
| | 1 | £181.05 | 51 |

Powell Bethan
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|--|-------|------------|-----|
| | 1 | £35.50 | 10 |
| | 2 | £49.70 | 7 |
| | 2 | £35.50 | 5 |
| | 3 | £10.65 | 1 |
| | 4 | £11,076.00 | 780 |
| | 4 | £2,612.80 | 184 |
| | 6 | £255.60 | 12 |
| | 8 | £227.20 | 8 |
| | 8 | £369.20 | 13 |
| BUTEC_TRANSDERMAL PATCH 20MCG/HR | 2,440 | £15,775.12 | 649 |
| | 1 | £672.88 | 104 |
| | 2 | £38.79 | 3 |
| | 2 | £12.93 | 1 |
| | 4 | £9,464.76 | 366 |
| | 4 | £3,516.96 | 136 |
| | 8 | £1,499.88 | 29 |
| | 8 | £465.48 | 9 |
| | 16 | £103.44 | 1 |
| BUTEC_TRANSDERMAL PATCH 15MCG/HR | 1,530 | £8,460.90 | 387 |
| | 2 | £99.54 | 9 |
| | 4 | £7,100.52 | 321 |
| | 4 | £1,260.84 | 57 |
| BUPEAZE | 196 | £765.87 | 26 |
| BUPEAZE_TRANSDERMAL PATCH 35MCG/HR(96HR) | 28 | £66.29 | 5 |
| | 4 | £28.41 | 3 |
| | 8 | £37.88 | 2 |
| BUPEAZE_TRANSDERMALPATCH52.5MCG/HR(96HR) | 56 | £195.86 | 7 |
| | 8 | £195.86 | 7 |
| BUPEAZE_TRANSDERMAL PATCH 70MCG/HR(96HR) | 112 | £503.72 | 14 |
| | 8 | £287.84 | 8 |
| | 8 | £215.88 | 6 |
| RELETRANS | 3,502 | £10,850.49 | 927 |
| RELETRANS_TRANSDERMAL PATCH 5MCG/HR | 1,117 | £1,770.67 | 314 |
| | 1 | £69.96 | 44 |
| | 2 | £12.68 | 4 |
| | 4 | £1,027.08 | 162 |
| | 4 | £653.02 | 103 |
| | 5 | £7.93 | 1 |
| RELETRANS_TRANSDERMAL PATCH 10MCG/HR | 1,182 | £3,356.88 | 290 |
| | 1 | £5.68 | 2 |
| | 2 | £11.36 | 2 |
| | 4 | £1,738.08 | 153 |
| | 4 | £1,420.00 | 125 |
| | 8 | £159.04 | 7 |
| | 8 | £22.72 | 1 |
| RELETRANS_TRANSDERMAL PATCH 15MCG/HR | 526 | £2,327.56 | 120 |
| | 1 | £8.86 | 2 |
| | 4 | £973.50 | 55 |
| | 4 | £885.00 | 50 |
| | 8 | £460.20 | 13 |

Powell
03/11/2022 16:54:43

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| RELETRANS_TRANSDERMAL PATCH 20MCG/HR | 677 | £3,395.38 | 203 |
| | 1 | £225.90 | 45 |
| | 4 | £2,006.00 | 100 |
| | 4 | £1,163.48 | 58 |
| RELEVTEC | 224 | £840.56 | 33 |
| RELEVTEC_TRANSDERMAL PATCH 35MCG/HR | 144 | £398.16 | 23 |
| | 4 | £110.60 | 10 |
| | 8 | £176.96 | 8 |
| | 8 | £110.60 | 5 |
| RELEVTEC_TRANSDERMAL PATCH 70MCG/HR | 80 | £442.40 | 10 |
| | 8 | £442.40 | 10 |
| BUNOV | 8 | £15.48 | 2 |
| BUNOV_TRANSDERMAL PATCH 5MCG/HR | 4 | £5.54 | 1 |
| | 4 | £5.54 | 1 |
| BUNOV_TRANSDERMAL PATCH 10MCG/HR | 4 | £9.94 | 1 |
| | 4 | £9.94 | 1 |
| NEUROPATHIC AND FUNCTIONAL PAIN | 1,074,358 | £76,842.78 | 19,148 |
| PREGABALIN | 1,073,958 | £73,904.57 | 19,144 |
| PREGABALIN | 1,073,258 | £73,099.57 | 19,127 |
| PREGABALIN_CAP 25MG | 152,891 | £7,916.81 | 2,579 |
| | 3 | £0.12 | 1 |
| | 4 | £0.26 | 1 |
| | 7 | £2.94 | 9 |
| | 7 | £0.52 | 2 |
| | 8 | £0.60 | 2 |
| | 10 | £3.85 | 7 |
| | 12 | £0.86 | 1 |
| | 14 | £98.51 | 138 |
| | 14 | £57.27 | 81 |
| | 18 | £46.57 | 51 |
| | 21 | £61.83 | 58 |
| | 21 | £2.27 | 2 |
| | 25 | £12.96 | 9 |
| | 28 | £375.49 | 261 |
| | 28 | £118.71 | 82 |
| | 30 | £2.14 | 1 |
| | 32 | £1.18 | 1 |
| | 32 | £1.23 | 1 |
| | 35 | £1.34 | 1 |
| | 42 | £5.71 | 2 |
| | 42 | £1.61 | 1 |
| | 47 | £1.80 | 1 |
| | 56 | £2,683.46 | 926 |
| | 56 | £1,059.07 | 369 |
| | 60 | £4.28 | 1 |
| | 69 | £2.65 | 1 |
| | 70 | £4.99 | 1 |
| | 73 | £2.80 | 1 |
| | 84 | £776.50 | 179 |
| | 84 | £259.27 | 61 |

Powell Bethan
03/17/2022 16:54:43

PREGABALIN_CAP 50MG

| | | |
|---------|------------|-------|
| 98 | £3.61 | 1 |
| 100 | £7.81 | 2 |
| 100 | £54.38 | 10 |
| 112 | £717.50 | 123 |
| 112 | £360.16 | 61 |
| 120 | £69.50 | 12 |
| 140 | £91.00 | 13 |
| 140 | £40.21 | 5 |
| 154 | £32.79 | 4 |
| 160 | £50.40 | 6 |
| 168 | £385.86 | 42 |
| 168 | £180.42 | 21 |
| 224 | £103.68 | 9 |
| 224 | £87.20 | 7 |
| 252 | £141.50 | 11 |
| 211,698 | £12,102.29 | 3,559 |
| 5 | £1.02 | 4 |
| 6 | £1.09 | 3 |
| 7 | £37.45 | 89 |
| 7 | £0.34 | 1 |
| 10 | £0.68 | 1 |
| 12 | £0.90 | 1 |
| 14 | £154.97 | 199 |
| 14 | £36.34 | 49 |
| 18 | £0.87 | 1 |
| 21 | £113.62 | 93 |
| 21 | £35.12 | 27 |
| 28 | £624.87 | 390 |
| 28 | £136.60 | 84 |
| 36 | £2.70 | 1 |
| 40 | £2.31 | 1 |
| 42 | £41.58 | 15 |
| 42 | £3.42 | 2 |
| 54 | £4.05 | 1 |
| 55 | £3.73 | 1 |
| 56 | £3,704.20 | 1,164 |
| 56 | £1,656.56 | 527 |
| 57 | £3.87 | 1 |
| 60 | £50.73 | 15 |
| 60 | £4.07 | 1 |
| 73 | £2.43 | 1 |
| 77 | £3.71 | 1 |
| 82 | £6.13 | 1 |
| 84 | £2,145.23 | 440 |
| 84 | £702.84 | 145 |
| 100 | £4.82 | 1 |
| 112 | £613.74 | 95 |
| 112 | £19.70 | 3 |
| 126 | £6.90 | 1 |
| 140 | £286.74 | 35 |

Powell Bethan
03/17/2022 16:54:43

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|----------------------|---------|------------|-------|
| | 140 | £204.05 | 26 |
| | 168 | £802.58 | 83 |
| | 168 | £122.82 | 13 |
| | 180 | £137.06 | 13 |
| | 224 | £37.61 | 4 |
| | 252 | £187.14 | 12 |
| | 252 | £181.50 | 13 |
| | 336 | £16.20 | 1 |
| PREGABALIN_CAP 75MG | 202,458 | £15,242.77 | 3,559 |
| | 4 | £0.65 | 2 |
| | 5 | £0.19 | 1 |
| | 6 | £0.99 | 2 |
| | 7 | £24.67 | 43 |
| | 7 | £0.47 | 1 |
| | 10 | £1.34 | 2 |
| | 14 | £96.54 | 89 |
| | 14 | £81.77 | 81 |
| | 21 | £2.43 | 3 |
| | 21 | £25.52 | 13 |
| | 24 | £0.93 | 1 |
| | 28 | £757.32 | 363 |
| | 28 | £350.86 | 174 |
| | 30 | £3.48 | 3 |
| | 42 | £26.80 | 12 |
| | 49 | £4.66 | 1 |
| | 50 | £5.80 | 1 |
| | 52 | £3.88 | 1 |
| | 56 | £6,109.19 | 1,440 |
| | 56 | £2,867.31 | 698 |
| | 60 | £16.06 | 4 |
| | 84 | £1,633.50 | 255 |
| | 84 | £815.36 | 129 |
| | 112 | £887.80 | 100 |
| | 112 | £525.72 | 63 |
| | 140 | £165.81 | 16 |
| | 168 | £452.94 | 36 |
| | 168 | £185.22 | 14 |
| | 224 | £195.56 | 11 |
| PREGABALIN_CAP 100MG | 197,936 | £13,545.95 | 3,186 |
| | 1 | £0.08 | 1 |
| | 2 | £0.16 | 1 |
| | 7 | £0.45 | 1 |
| | 7 | £24.28 | 51 |
| | 9 | £0.74 | 1 |
| | 10 | £0.83 | 1 |
| | 12 | £0.99 | 1 |
| | 13 | £1.06 | 1 |
| | 14 | £62.03 | 56 |
| | 14 | £29.72 | 31 |
| | 15 | £1.24 | 1 |

Powell Bethan
03/17/2022 16:54:43

PREGABALIN_CAP 150MG

| | | |
|---------|------------|-------|
| 20 | £1.65 | 1 |
| 21 | £245.50 | 169 |
| 21 | £38.64 | 25 |
| 28 | £380.78 | 197 |
| 28 | £254.07 | 131 |
| 30 | £1.29 | 1 |
| 42 | £472.87 | 162 |
| 56 | £3,627.28 | 956 |
| 56 | £1,921.48 | 505 |
| 60 | £9.80 | 2 |
| 63 | £5.24 | 1 |
| 70 | £63.17 | 13 |
| 84 | £2,034.07 | 352 |
| 84 | £1,077.41 | 186 |
| 100 | £16.45 | 2 |
| 112 | £742.36 | 95 |
| 112 | £270.49 | 39 |
| 120 | £30.18 | 4 |
| 140 | £232.75 | 25 |
| 140 | £151.63 | 15 |
| 163 | £11.84 | 1 |
| 168 | £1,568.92 | 137 |
| 168 | £255.70 | 20 |
| 252 | £10.80 | 1 |
| 166,967 | £11,042.39 | 3,197 |
| 2 | £1.17 | 9 |
| 4 | £0.52 | 2 |
| 5 | £0.38 | 1 |
| 7 | £1.53 | 3 |
| 7 | £0.45 | 1 |
| 8 | £0.68 | 1 |
| 12 | £0.92 | 1 |
| 14 | £362.29 | 394 |
| 14 | £12.40 | 15 |
| 16 | £0.86 | 1 |
| 21 | £107.72 | 74 |
| 21 | £10.80 | 8 |
| 28 | £531.24 | 285 |
| 28 | £178.10 | 95 |
| 30 | £22.49 | 11 |
| 42 | £4.97 | 2 |
| 42 | £2.71 | 1 |
| 56 | £3,997.66 | 1,082 |
| 56 | £2,393.40 | 655 |
| 84 | £1,485.91 | 264 |
| 84 | £800.34 | 143 |
| 90 | £10.02 | 2 |
| 112 | £471.08 | 64 |
| 112 | £599.60 | 79 |
| 168 | £45.15 | 4 |

Powell Bethan
03/17/2022 16:54:43

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| PREGABALIN_CAP 200MG | 50,042 | £3,979.55 | 963 |
| | 1 | £0.64 | 8 |
| | 2 | £0.34 | 2 |
| | 6 | £0.50 | 1 |
| | 7 | £13.56 | 23 |
| | 7 | £1.16 | 2 |
| | 9 | £2.75 | 5 |
| | 10 | £0.94 | 1 |
| | 12 | £3.35 | 5 |
| | 14 | £46.58 | 39 |
| | 14 | £1.16 | 1 |
| | 15 | £1.43 | 1 |
| | 21 | £242.90 | 144 |
| | 21 | £22.70 | 15 |
| | 28 | £23.57 | 11 |
| | 28 | £40.42 | 18 |
| | 30 | £19.12 | 8 |
| | 30 | £2.49 | 1 |
| | 42 | £29.04 | 9 |
| | 56 | £1,137.00 | 259 |
| | 56 | £756.39 | 168 |
| | 60 | £3.34 | 1 |
| | 60 | £3.34 | 1 |
| | 84 | £947.68 | 141 |
| | 84 | £622.81 | 93 |
| | 112 | £56.34 | 6 |
| PREGABALIN_CAP 300MG | 91,266 | £9,269.81 | 2,084 |
| | 2 | £21.02 | 112 |
| | 3 | £0.42 | 1 |
| | 4 | £0.34 | 1 |
| | 6 | £0.65 | 1 |
| | 7 | £0.59 | 1 |
| | 10 | £1.84 | 2 |
| | 14 | £467.13 | 329 |
| | 14 | £29.33 | 20 |
| | 21 | £5.00 | 2 |
| | 28 | £452.24 | 160 |
| | 28 | £52.86 | 19 |
| | 30 | £21.15 | 7 |
| | 56 | £5,337.10 | 935 |
| | 56 | £2,655.34 | 469 |
| | 60 | £65.34 | 11 |
| | 112 | £159.46 | 14 |
| LYRICA | 700 | £805.00 | 17 |
| LYRICA_CAP 25MG | 532 | £611.80 | 14 |
| | 28 | £418.60 | 13 |
| | 168 | £193.20 | 1 |
| LYRICA_CAP 100MG | 168 | £193.20 | 3 |
| | 56 | £193.20 | 3 |
| GABAPENTIN (NEUROPATHIC PAIN) | 400 | £2,938.21 | 4 |

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|---|-----------|-------------|--------|
| GABAPENTIN | 400 | £2,938.21 | 4 |
| GABAPENTIN_GEL 6% | 400 | £2,938.21 | 4 |
| | 100 | £2,938.21 | 4 |
| ANTIEPILEPTICS | 2,220,147 | £133,022.28 | 20,864 |
| CONTROL OF EPILEPSY | 2,219,379 | £115,754.14 | 20,696 |
| PREGABALIN | 42,057 | £6,662.72 | 404 |
| PREGABALIN | 42,057 | £6,662.72 | 404 |
| PREGABALIN 25MG CAPSULES | 820 | £781.90 | 9 |
| | 28 | £30.59 | 1 |
| | 56 | £69.58 | 3 |
| | 84 | £91.77 | 1 |
| | 112 | £122.36 | 1 |
| | 120 | £131.10 | 1 |
| | 154 | £336.50 | 2 |
| PREGABALIN_CAP 100MG | 112 | £10.94 | 2 |
| | 56 | £10.94 | 2 |
| PREGABALIN_CAP 300MG | 112 | £122.36 | 2 |
| | 56 | £122.36 | 2 |
| PREGABALIN_CAP 225MG | 9,828 | £581.53 | 185 |
| | 28 | £32.36 | 19 |
| | 56 | £326.13 | 98 |
| | 56 | £223.04 | 68 |
| PREGABALIN 20MG/ML ORAL SOLUTION SUGAR FREE | 20,812 | £4,358.90 | 44 |
| | 473 | £4,358.90 | 44 |
| PREGABALIN 25MG TABLETS | 392 | £34.63 | 7 |
| | 56 | £30.64 | 6 |
| | 56 | £3.99 | 1 |
| PREGABALIN 50MG TABLETS | 3,493 | £183.95 | 46 |
| | 14 | £0.80 | 1 |
| | 21 | £1.20 | 1 |
| | 28 | £5.82 | 4 |
| | 42 | £2.80 | 1 |
| | 56 | £23.78 | 8 |
| | 56 | £42.30 | 14 |
| | 84 | £14.37 | 3 |
| | 84 | £25.54 | 6 |
| | 140 | £7.98 | 1 |
| | 168 | £59.36 | 7 |
| PREGABALIN 100MG TABLETS | 704 | £46.06 | 9 |
| | 4 | £0.27 | 1 |
| | 56 | £3.73 | 1 |
| | 84 | £32.74 | 6 |
| | 140 | £9.32 | 1 |
| PREGABALIN 200MG TABLETS | 280 | £23.12 | 5 |
| | 56 | £23.12 | 5 |
| PREGABALIN 300MG TABLETS | 450 | £58.60 | 9 |
| | 2 | £0.26 | 1 |
| | 56 | £14.38 | 2 |
| | 56 | £43.96 | 6 |
| PREGABALIN 75MG TABLETS | 5,054 | £460.73 | 86 |

Powell & Coker
 03/12/2022 16:54:43

GABAPENTIN
GABAPENTIN
GABAPENTIN_CAP 100MG

| | | |
|-----------|------------|--------|
| 28 | £27.89 | 11 |
| 28 | £20.45 | 8 |
| 42 | £3.59 | 1 |
| 56 | £24.25 | 5 |
| 56 | £222.77 | 43 |
| 84 | £7.48 | 1 |
| 84 | £84.88 | 11 |
| 112 | £39.48 | 4 |
| 168 | £29.94 | 2 |
| 2,129,703 | £97,677.98 | 19,570 |
| 2,127,731 | £96,556.90 | 19,545 |
| 522,856 | £12,031.71 | 5,517 |
| 6 | £0.13 | 1 |
| 7 | £8.33 | 52 |
| 8 | £0.17 | 1 |
| 10 | £0.24 | 1 |
| 12 | £0.58 | 2 |
| 14 | £17.71 | 55 |
| 14 | £0.95 | 3 |
| 15 | £0.70 | 2 |
| 20 | £0.46 | 1 |
| 21 | £16.52 | 34 |
| 25 | £0.58 | 1 |
| 28 | £282.50 | 437 |
| 28 | £33.11 | 51 |
| 30 | £42.52 | 62 |
| 30 | £47.22 | 68 |
| 35 | £0.80 | 1 |
| 39 | £0.90 | 1 |
| 40 | £1.90 | 2 |
| 42 | £125.57 | 130 |
| 42 | £10.39 | 11 |
| 45 | £1.03 | 1 |
| 47 | £1.07 | 1 |
| 50 | £52.63 | 45 |
| 50 | £9.29 | 8 |
| 56 | £545.00 | 424 |
| 56 | £139.24 | 108 |
| 60 | £73.13 | 53 |
| 60 | £61.83 | 45 |
| 63 | £1.44 | 1 |
| 68 | £1.55 | 1 |
| 75 | £1.74 | 1 |
| 78 | £1.78 | 1 |
| 84 | £1,886.74 | 975 |
| 84 | £774.55 | 401 |
| 90 | £121.14 | 59 |
| 90 | £372.45 | 180 |
| 96 | £4.28 | 2 |
| 100 | £1,485.50 | 645 |

Powell Bethan
03/17/2022 16:54:43

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| 100 | £570.40 | 248 |
| 105 | £2.39 | 1 |
| 112 | £514.07 | 199 |
| 112 | £236.14 | 91 |
| 120 | £38.68 | 14 |
| 120 | £94.40 | 34 |
| 130 | £51.31 | 17 |
| 138 | £12.70 | 4 |
| 140 | £167.64 | 52 |
| 140 | £132.05 | 41 |
| 144 | £3.14 | 1 |
| 150 | £55.71 | 16 |
| 150 | £58.47 | 17 |
| 156 | £13.60 | 4 |
| 159 | £6.94 | 2 |
| 160 | £11.17 | 3 |
| 162 | £10.59 | 3 |
| 164 | £56.23 | 15 |
| 168 | £1,362.33 | 353 |
| 168 | £584.92 | 151 |
| 178 | £4.13 | 1 |
| 180 | £182.70 | 44 |
| 180 | £62.24 | 15 |
| 196 | £80.48 | 18 |
| 200 | £451.52 | 98 |
| 200 | £287.84 | 63 |
| 210 | £5.08 | 1 |
| 224 | £267.33 | 52 |
| 236 | £53.14 | 10 |
| 252 | £215.26 | 37 |
| 252 | £16.83 | 3 |
| 270 | £19.59 | 3 |
| 300 | £174.30 | 25 |
| 300 | £34.38 | 5 |
| 336 | £68.34 | 9 |

GABAPENTIN 300MG CAPSULES

| | | |
|-----------|------------|--------|
| 1,365,236 | £47,295.95 | 11,943 |
| 1 | £0.03 | 1 |
| 4 | £0.13 | 1 |
| 7 | £13.11 | 54 |
| 8 | £82.20 | 298 |
| 9 | £0.31 | 1 |
| 10 | £1.37 | 4 |
| 13 | £0.46 | 1 |
| 14 | £22.77 | 47 |
| 16 | £0.52 | 1 |
| 20 | £0.65 | 1 |
| 21 | £64.11 | 88 |
| 21 | £20.73 | 29 |
| 24 | £0.87 | 1 |
| 28 | £515.78 | 531 |

Powell Bethan
03/17/2022 16:54:43

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| 28 | £141.27 | 144 |
| 30 | £145.18 | 140 |
| 30 | £159.64 | 154 |
| 32 | £1.05 | 1 |
| 33 | £1.20 | 1 |
| 35 | £1.27 | 1 |
| 36 | £3.78 | 3 |
| 40 | £4.24 | 3 |
| 40 | £12.80 | 9 |
| 42 | £101.98 | 70 |
| 42 | £5.66 | 4 |
| 45 | £1.47 | 1 |
| 49 | £39.44 | 23 |
| 50 | £18.71 | 11 |
| 50 | £15.43 | 9 |
| 54 | £3.54 | 2 |
| 56 | £1,258.48 | 650 |
| 56 | £246.33 | 127 |
| 60 | £265.86 | 128 |
| 60 | £337.19 | 163 |
| 63 | £6.59 | 3 |
| 63 | £111.43 | 51 |
| 70 | £2.29 | 1 |
| 77 | £10.08 | 4 |
| 84 | £7,667.71 | 2,631 |
| 84 | £1,919.94 | 661 |
| 90 | £333.84 | 107 |
| 90 | £696.50 | 224 |
| 96 | £3.31 | 1 |
| 100 | £2,791.61 | 803 |
| 100 | £1,623.83 | 469 |
| 112 | £2,098.92 | 543 |
| 112 | £461.68 | 119 |
| 120 | £186.84 | 45 |
| 120 | £261.66 | 63 |
| 126 | £17.42 | 4 |
| 126 | £4.41 | 1 |
| 140 | £725.66 | 150 |
| 140 | £192.94 | 40 |
| 150 | £164.00 | 32 |
| 150 | £78.71 | 15 |
| 152 | £5.24 | 1 |
| 168 | £6,498.28 | 1,115 |
| 168 | £1,791.00 | 307 |
| 172 | £5.62 | 1 |
| 180 | £392.69 | 63 |
| 180 | £512.87 | 82 |
| 196 | £170.64 | 25 |
| 196 | £67.57 | 10 |
| 198 | £75.21 | 11 |

Powell Bethan
03/17/2022 16:54:43

GABAPENTIN 400MG CAPSULES

| | | |
|---------|------------|-------|
| 200 | £1,555.82 | 224 |
| 200 | £751.08 | 109 |
| 210 | £88.68 | 12 |
| 224 | £926.80 | 119 |
| 224 | £130.95 | 17 |
| 240 | £40.78 | 5 |
| 250 | £190.58 | 22 |
| 250 | £320.32 | 37 |
| 252 | £3,339.09 | 384 |
| 252 | £1,268.78 | 145 |
| 270 | £505.50 | 54 |
| 270 | £539.30 | 58 |
| 280 | £360.23 | 37 |
| 282 | £47.40 | 5 |
| 300 | £1,199.52 | 115 |
| 300 | £323.28 | 31 |
| 308 | £30.92 | 3 |
| 308 | £54.89 | 5 |
| 310 | £150.33 | 14 |
| 336 | £2,140.08 | 184 |
| 336 | £474.21 | 41 |
| 360 | £122.46 | 10 |
| 360 | £162.12 | 13 |
| 392 | £12.82 | 1 |
| 400 | £193.96 | 14 |
| 53,734 | £2,252.50 | 515 |
| 28 | £31.82 | 27 |
| 56 | £61.08 | 26 |
| 56 | £28.21 | 12 |
| 60 | £32.62 | 13 |
| 84 | £737.62 | 209 |
| 84 | £199.69 | 57 |
| 90 | £6.92 | 2 |
| 100 | £113.78 | 27 |
| 100 | £95.98 | 23 |
| 112 | £46.38 | 10 |
| 120 | £65.00 | 13 |
| 150 | £44.95 | 7 |
| 168 | £254.38 | 36 |
| 168 | £26.74 | 4 |
| 200 | £50.64 | 6 |
| 200 | £67.12 | 8 |
| 224 | £122.26 | 13 |
| 252 | £126.87 | 12 |
| 336 | £140.44 | 10 |
| 130,815 | £11,249.16 | 1,449 |
| 1 | £0.09 | 1 |
| 3 | £0.18 | 1 |
| 12 | £0.72 | 1 |
| 21 | £45.71 | 30 |

GABAPENTIN 600MG TABLETS

Powell, Nathan
03/10/2022 16:54:43

| | | | |
|---|--------|------------|-----|
| | 24 | £2.20 | 1 |
| | 28 | £70.36 | 29 |
| | 28 | £30.48 | 13 |
| | 30 | £18.42 | 6 |
| | 40 | £3.67 | 1 |
| | 40 | £7.34 | 2 |
| | 42 | £237.81 | 66 |
| | 56 | £492.47 | 103 |
| | 56 | £294.47 | 61 |
| | 60 | £3.61 | 1 |
| | 60 | £63.60 | 12 |
| | 70 | £78.42 | 13 |
| | 84 | £3,814.12 | 529 |
| | 84 | £803.36 | 112 |
| | 90 | £102.74 | 13 |
| | 90 | £111.65 | 15 |
| | 93 | £88.11 | 11 |
| | 100 | £573.96 | 65 |
| | 100 | £326.27 | 35 |
| | 112 | £1,325.68 | 137 |
| | 112 | £50.56 | 4 |
| | 128 | £11.74 | 1 |
| | 140 | £88.04 | 7 |
| | 140 | £152.44 | 13 |
| | 168 | £1,347.40 | 96 |
| | 168 | £634.07 | 45 |
| | 180 | £60.96 | 3 |
| | 200 | £178.08 | 10 |
| | 224 | £230.43 | 12 |
| GABAPENTIN_TAB 800MG | 2,326 | £633.23 | 32 |
| | 30 | £89.71 | 11 |
| | 84 | £251.18 | 11 |
| | 100 | £108.88 | 4 |
| | 112 | £183.46 | 6 |
| GABAPENTIN 50MG/ML ORAL SOLUTION SUGAR FREE | 52,764 | £23,094.35 | 89 |
| | 84 | £220.01 | 6 |
| | 150 | £984.72 | 15 |
| | 150 | £196.84 | 3 |
| | 300 | £395.04 | 3 |
| | 450 | £2,560.08 | 13 |
| | 510 | £223.58 | 1 |
| | 600 | £2,628.04 | 10 |
| | 750 | £3,939.35 | 12 |
| | 1050 | £11,946.69 | 26 |
| NEURONTIN | 1,972 | £1,121.08 | 25 |
| NEURONTIN_CAP 300MG | 1,300 | £551.20 | 13 |
| | 100 | £551.20 | 13 |
| NEURONTIN_TAB 600MG | 672 | £569.88 | 12 |
| | 56 | £569.88 | 12 |
| PHENOBARBITAL | 47,319 | £10,994.61 | 720 |

| | | | |
|--|--------|------------|-----|
| PHENOBARBITAL | 47,319 | £10,994.61 | 720 |
| PHENOBARB_ELIX 15MG/5ML | 180 | £29.88 | 1 |
| | 180 | £29.88 | 1 |
| PHENOBARB_TAB 15MG | 834 | £701.28 | 36 |
| | 14 | £152.97 | 13 |
| | 28 | £446.99 | 19 |
| | 30 | £101.32 | 4 |
| PHENOBARB_TAB 30MG | 31,066 | £1,283.16 | 439 |
| | 14 | £0.59 | 1 |
| | 28 | £83.02 | 72 |
| | 28 | £57.56 | 50 |
| | 56 | £211.26 | 92 |
| | 56 | £71.80 | 27 |
| | 84 | £325.83 | 95 |
| | 84 | £85.83 | 25 |
| | 112 | £188.24 | 41 |
| | 112 | £55.12 | 12 |
| | 168 | £89.88 | 13 |
| | 252 | £114.03 | 11 |
| PHENOBARBITAL 60MG TABLETS | 9,719 | £2,696.02 | 213 |
| | 3 | £0.84 | 1 |
| | 28 | £388.32 | 50 |
| | 28 | £310.28 | 40 |
| | 56 | £993.92 | 64 |
| | 56 | £699.54 | 45 |
| | 84 | £303.12 | 13 |
| PHENOBARB_LIQ SPEC 50MG/5ML | 2,570 | £3,076.76 | 15 |
| | 100 | £959.01 | 3 |
| | 150 | £576.04 | 1 |
| | 180 | £636.80 | 4 |
| | 200 | £904.91 | 7 |
| PHENOBARB_ORAL SOLN 50MG/5ML | 150 | £174.67 | 1 |
| | 150 | £174.67 | 1 |
| PHENOBARB_ORAL SUSP 50MG/5ML | 2,800 | £3,032.84 | 15 |
| | 180 | £1,984.62 | 10 |
| | 200 | £1,048.22 | 5 |
| PHENOBARBITAL SOD | 300 | £418.83 | 2 |
| PHENOBARB | 300 | £418.83 | 2 |
| PHENOBARB SOD_LIQ SPEC 50MG/5ML | 300 | £418.83 | 2 |
| | 100 | £319.67 | 1 |
| | 200 | £99.16 | 1 |
| DRUGS USED IN STATUS EPILEPTICUS | 768 | £17,268.14 | 168 |
| MIDAZOLAM MALEATE | 9 | £411.84 | 6 |
| MIDAZOLAM | 9 | £411.84 | 6 |
| MIDAZOLAM MAL_OROMUCSOLN10MG/1MLPFOS S/F | 9 | £411.84 | 6 |
| | 1 | £183.04 | 4 |
| | 1 | £45.76 | 1 |
| | 4 | £183.04 | 1 |
| MIDAZOLAM HYDROCHLORIDE | 759 | £16,856.30 | 162 |
| MIDAZOLAM | 251 | £5,639.77 | 60 |

| | | | |
|--|--------|------------|-------|
| MIDAZOLAM HCL_OROMUC SOLN 2.5MG/0.5MLPFS | 17 | £348.50 | 5 |
| | 1 | £20.50 | 1 |
| | 4 | £328.00 | 4 |
| MIDAZOLAM HCL_OROMUC SOLN 5MG/1ML PFS | 36 | £769.50 | 9 |
| | 4 | £684.00 | 8 |
| | 4 | £85.50 | 1 |
| MIDAZOLAM HCL_OROMUC SOLN 7.5MG/1.5MLPFS | 12 | £267.00 | 3 |
| | 4 | £89.00 | 1 |
| | 4 | £178.00 | 2 |
| MIDAZOLAM HCL_OROMUC SOLN 10MG/2ML PFS | 186 | £4,254.77 | 43 |
| | 1 | £68.64 | 3 |
| | 2 | £91.50 | 2 |
| | 4 | £2,104.50 | 23 |
| | 4 | £732.00 | 8 |
| | 5 | £114.38 | 1 |
| | 6 | £137.25 | 1 |
| | 8 | £549.00 | 3 |
| | 10 | £457.50 | 2 |
| BUCCOLAM | 508 | £11,216.53 | 102 |
| BUCCOLAM_OROMUC SOLN 2.5MG/0.5ML PFS | 28 | £574.00 | 7 |
| | 4 | £410.00 | 5 |
| | 4 | £164.00 | 2 |
| BUCCOLAM_OROMUC SOLN 5MG/1ML PFS | 190 | £4,061.25 | 27 |
| | 4 | £513.00 | 6 |
| | 4 | £342.00 | 4 |
| | 6 | £128.25 | 1 |
| | 8 | £171.00 | 1 |
| | 8 | £1,881.00 | 11 |
| | 12 | £1,026.00 | 4 |
| BUCCOLAM_OROMUC SOLN 7.5MG/1.5ML PFS | 84 | £1,869.00 | 18 |
| | 4 | £1,157.00 | 13 |
| | 4 | £178.00 | 2 |
| | 8 | £534.00 | 3 |
| BUCCOLAM_OROMUC SOLN 10MG/2ML PFS | 206 | £4,712.28 | 50 |
| | 2 | £274.50 | 6 |
| | 2 | £45.75 | 1 |
| | 3 | £68.63 | 1 |
| | 4 | £1,372.50 | 15 |
| | 4 | £1,647.00 | 18 |
| | 5 | £571.90 | 5 |
| | 8 | £732.00 | 4 |
| DRUGS USED IN SUBSTANCE DEPENDENCE | 21,944 | £38,030.41 | 1,160 |
| DRUGS USED IN SUBSTANCE DEPENDENCE | 12,610 | £9,151.04 | 641 |
| BUPRENORPHINE HYDROCHLORIDE | 12,610 | £9,151.04 | 641 |
| BUPRENORPHINE | 12,610 | £9,151.04 | 641 |
| BUPRENORPHINE_TAB SUBLING 2MG S/F | 10,070 | £5,594.02 | 472 |
| | 2 | £6.81 | 6 |
| | 4 | £2.02 | 1 |
| | 5 | £3.02 | 1 |
| | 7 | £44.38 | 11 |

| | | | |
|---|-------|------------|-----|
| | 8 | £13.56 | 3 |
| | 10 | £6.13 | 1 |
| | 11 | £17.77 | 3 |
| | 12 | £64.66 | 10 |
| | 13 | £111.98 | 15 |
| | 14 | £1,807.06 | 233 |
| | 16 | £19.62 | 2 |
| | 18 | £31.16 | 3 |
| | 20 | £12.09 | 1 |
| | 21 | £23.49 | 2 |
| | 22 | £13.29 | 1 |
| | 24 | £91.62 | 7 |
| | 25 | £12.64 | 1 |
| | 26 | £80.75 | 6 |
| | 27 | £13.65 | 1 |
| | 28 | £1,915.12 | 125 |
| | 42 | £574.56 | 23 |
| | 56 | £34.32 | 1 |
| | 84 | £694.32 | 15 |
| BUPRENORPHINE_TAB SUBLING 8MG S/F | 2,540 | £3,557.02 | 169 |
| | 2 | £6.21 | 2 |
| | 3 | £9.04 | 2 |
| | 4 | £10.62 | 2 |
| | 6 | £7.70 | 1 |
| | 7 | £35.92 | 4 |
| | 8 | £27.68 | 2 |
| | 10 | £12.83 | 1 |
| | 12 | £190.81 | 11 |
| | 13 | £169.89 | 9 |
| | 14 | £2,153.26 | 111 |
| | 15 | £19.24 | 1 |
| | 16 | £27.68 | 1 |
| | 18 | £70.89 | 3 |
| | 20 | £34.60 | 1 |
| | 22 | £92.59 | 3 |
| | 24 | £65.90 | 2 |
| | 26 | £133.48 | 4 |
| | 28 | £294.92 | 8 |
| | 112 | £193.76 | 1 |
| OPIOID DEPENDENCE | 9,334 | £28,879.37 | 519 |
| BUPRENORPHINE HYDROCHLORIDE | 9,334 | £28,879.37 | 519 |
| BUPRENORPHINE | 77 | £1,502.61 | 10 |
| BUPRENORPHINE_ORAL LYOPHILISATE 2MG S/F | 71 | £64.41 | 4 |
| | 14 | £25.40 | 2 |
| | 21 | £19.05 | 1 |
| | 22 | £19.96 | 1 |
| BUPRENORPHINE_INJ 64MG/0.18ML PFS P/R | 2 | £479.40 | 2 |
| | 1 | £479.40 | 2 |
| BUPRENORPHINE_INJ 96MG/0.27ML PFS P/R | 3 | £719.10 | 3 |
| | 1 | £719.10 | 3 |

Powell Bethel
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|--|-------|------------|-----|
| BUPRENORPHINE_INJ 128MG/0.36ML PFS P/R | 1 | £239.70 | 1 |
| | 1 | £239.70 | 1 |
| ESPRANOR | 9,190 | £13,154.56 | 442 |
| ESPRANOR_ORAL LYOPHILISATE 2MG | 6,515 | £5,874.67 | 266 |
| | 2 | £14.48 | 8 |
| | 4 | £3.63 | 1 |
| | 6 | £5.44 | 1 |
| | 7 | £44.45 | 7 |
| | 8 | £21.78 | 3 |
| | 10 | £9.07 | 1 |
| | 11 | £9.98 | 1 |
| | 12 | £43.56 | 4 |
| | 13 | £23.58 | 2 |
| | 14 | £1,092.20 | 86 |
| | 19 | £17.24 | 1 |
| | 22 | £39.92 | 2 |
| | 24 | £152.39 | 7 |
| | 26 | £141.54 | 6 |
| | 28 | £2,209.80 | 87 |
| | 30 | £27.21 | 1 |
| | 33 | £29.94 | 1 |
| | 39 | £70.76 | 3 |
| | 42 | £1,181.10 | 31 |
| | 56 | £508.00 | 10 |
| | 84 | £228.60 | 3 |
| ESPRANOR_ORAL LYOPHILISATE 8MG | 2,675 | £7,279.89 | 176 |
| | 1 | £5.44 | 2 |
| | 2 | £5.44 | 1 |
| | 4 | £10.89 | 1 |
| | 7 | £95.25 | 5 |
| | 8 | £108.85 | 5 |
| | 9 | £73.47 | 3 |
| | 10 | £54.42 | 2 |
| | 11 | £299.40 | 10 |
| | 12 | £359.26 | 11 |
| | 13 | £247.66 | 7 |
| | 14 | £3,771.90 | 99 |
| | 24 | £65.31 | 1 |
| | 26 | £353.80 | 5 |
| | 28 | £1,828.80 | 24 |
| BUVIDAL | 67 | £14,222.20 | 67 |
| BUVIDAL_INJ 24MG/0.48ML PFS P/R | 10 | £559.30 | 10 |
| | 1 | £559.30 | 10 |
| BUVIDAL_INJ 64MG/0.18ML PFS P/R | 1 | £239.70 | 1 |
| | 1 | £239.70 | 1 |
| BUVIDAL_INJ 96MG/0.27ML PFS P/R | 24 | £5,752.80 | 24 |
| | 1 | £5,752.80 | 24 |
| BUVIDAL_INJ 128MG/0.36ML PFS P/R | 32 | £7,670.40 | 32 |
| | 1 | £7,670.40 | 32 |

PowerHealth
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994,754.81

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54,259.50

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504 D

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1,736.00 D

175

546

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65

2,394.00

7 D

112

10 D

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F:\Well Betha

364
14 D
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7,616.00
1,904.00 D
540
32
1,134.00
4,704.00
1,736.00 D
1,020.00 D
582,366.40
209,538.14
200,296.87
188,007.87
152,821.54
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0.67 D
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2.33
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8.33
23.33 D
2
2 D
58.33
16.33 D
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73.33
10 D
49
12
4 D
424.67
303.34 D
3,010.00
1,885.00 D
52.5
64.17 D
18 D
246.67
504
7.5
708.33
241.67 D
3,835.99
578.66 D
11,480.00
4,370.00 D

Powell
03/17/2025 11:43

280
1,093.33
186.67 D
1,036.00
238 D
1,260.00
555 D
16
28,933.39
12,800.03 D
5,226.68
2,333.34 D
4,180.00
2,800.00 D
20.67
124 D
238.33
770
2,425.00
1,350.00 D
640
693.33 D
3,388.00
1,624.00 D
170
3,000.00
1,020.00 D
17,033.32
7,566.66 D
420
476.67
13,999.99
2,538.66 D
115
760
3,080.00 D
40.67 D
578.67
458.33 D
42
126 D
186.67
653.33 D
336
2
2 D
6,131.34
424.67
560
150

Powell Beth
03/17/2022 16:54:43

110 D
746.67
1,060.00
1,040.00 D
448
373.33 D
400
520 D
298.67
1,058.00
364
28 D
330
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2,469.33
709.33
920
840 D
130
130
2,499.00
3.33
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85 D
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75 D
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9.33 D
270
560 D
195
180 D
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320 D
56 D
266.67 D
37.33
83.33
10,074.67
4.67
6.67
121.33
140
1,194.67
504 D
2,460.00
2,080.00 D
390

Powell
03/11/2022 11:54:50

240 D
933.33
1,280.00
720 D
1,896.00
120
336 D
900
540 D
8,413.33
13.33 D
1,680.00
2,760.00
3,480.00 D
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1,979.67
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25 D
6.67
158.67
9.33 D
480
420 D
45
16.67
27.33
18.67 D
300
440 D
0

Powell
03/17/2024 11:54:58

0
3,112.67
366.67
366.67 D
964.67
14
10
110 D
18.67
280
280 D
28
37.33
37.33 D
149.33
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920
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16.67
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997.33
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Powell Bethan
03/17/2022 16:54:43

140
110
10 D
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2,136.00
18.67
18.67 D
880
200
680
1,237.33
4
240
93.33
780
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5,063.00
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60.67 D
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200 D
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261.33
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439
75
364
1,520.00
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9,241.27
2,767.43
1,258.33
1.17
1.67
20
4.17
141.67
91.67 D
200
183.33 D

Powell Beth
03/17/2012 16:34:43

74.67
90
175
275 D
580
4
8
17.33
9.33
14
242.67
23.33
261.33
163.8
5.6
5.6
61.6 D
91
180.6
4.2
50.4
126
100.8
5.6
28 D
67.2
73.5
0.4
0.4
0.3
48.8
18.8 D
0.8
4 D
189
0.2
108
60 D
1.6
19.2 D
148.8
96
11.2 D
41.6
72.6
0.6
38.4
19.2 D
14.4
1,091.33

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03/17/2022 15:34:43

121.33
121.33
970
520 D
450 D
979.3
330.4
33.6 D
39.2
106.4
151.2 D
178.5
4.2
73.5
100.8 D
470.4
145.6
324.8 D
360.8
46.8
0.4
34.8
11.6 D
84.8
35.2
28.8 D
1.6
19.2 D
176.4
0.4
124.8
9.6 D
41.6
52.8
38.4
12 D
2.4
2,816.50
544.7
11.9
0.1 D
1.2
0.2 D
1.8
418.4
96.8 D
4.5
12.8
836.8
10.2

Powell Bethany
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2 D
2.8
2 D
0.6
624
147.2 D
14.4
12.8
20.8 D
976
41.6
2.4
0.8 D
585.6
217.6 D
92.8
28.8 D
6.4 D
459
5.4
385.2
68.4 D
235.2
19.6
8.4
11.2
58.8
58.8
156.8
89.6
67.2 D
776.7
111.7
4.4
0.8
64.8
41.2 D
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236.4
0.4
0.8 D
122.4
100 D
11.2
1.6 D
157.8
0.6
66
60 D
31.2

Powell
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270.8
18
160
92.8 D
212.8
100.8
28
44.8
28 D
112
112 D
1.2
0.4
0.4 D
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372,828.26
372,828.26
372,727.93
12,740.95
0.25 D
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5.25
1.17 D
1.33
5.83
1 D
161
94.5 D
76.5 D
101.5
3.5 D
18.75
608.99
191.33 D
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3.92
4,321.36
1,722.01 D
5 D
5.75 D
5.83
6.08
1,253.00
427 D

Powell Behrman
03/17/2022 11:09:43

8.17 D
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569.33 D
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58.33 D
51.33 D
80
588
294 D
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35,282.96
3.33
3
103.84
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2 D
464.33
114.33 D
3
325.5
94.5 D
1,820.01
392 D
6
6.67
105
14 D
9 D
9.17
10,863.96
4,918.65 D
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6,160.00
2,030.00 D
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03/17/2025 12:11 PM
154:59

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Powell Bethany
03/17/2022 11:54:49

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1,222.66 D
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160
1,166.67
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7,672.00
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2,758.00
105 D
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777
84 D
3,990.00
1,330.00 D
165
42
21 D
30,296.00
18,340.00 D
11,088.00
6,006.00 D
90 D
3,584.00
4,424.00 D
336

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03/11/2022 14:54:59

33,361.32
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107.33
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342,703.17
342,662.50
11,725.80
11,725.80
68.33
2.33 D
14 D
7 D
9.33 D
10 D
25.67 D
37.33
37.33 D
112
112 D
7,371.00
399 D
4,116.00
2,856.00 D
1,387.47
1,387.47
32.67
28
4.67 D
582.17
2.33
3.5
18.67 D
7
74.67
130.67 D
42
84 D
23.33 D
196 D
234.67
1.33
18.67
168 D
46.67 D
186.67
186.67
450
2
11.2
336 D
1,263.50

Powell Bethan
03/17/2022 14:54:49

77
56 D
10.5 D
70
602 D
21
231 D
112 D
84
315,073.00
314,632.34
29,047.63
0.33 D
20.22
0.44
0.56
1.33
42.78
2.33 D
1.67
1.11
39.67
1.39 D
679.8
79.34 D
103.34
113.34 D
1.94
2.17
4.44
303.33
25.67 D
2.5
2.61
125
22.22 D
1,319.11
336 D
176.66
150 D
3.5 D
3.78
4.17
4.33
4,550.03
1,871.35 D
295
900 D
10.67 D
3,583.36

PowerShell
03/11/2022 11:54:59

1,377.79 D
5.83
1,238.22
566.22 D
93.33
226.67 D
122.78 D
30.67
404.45
318.89 D
8
133.33
141.67 D
34.67 D
17.67
26.67
27
136.67
3,294.65
1,409.33 D
9.89
440
150 D
196 D
1,088.89
700 D
11.67
647.11
131.11
518
42 D
45
416.67
83.33 D
168
227,539.37
0.17
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63
397.32
1.5
6.67
2.17 D
109.67
2.67
3.33
308
101.5 D
4
2,478.02

Powell Bette
03/17/2022 16:34:43

672 D
700
770 D
5.33
5.5
5.83
18
20
60 D
490
28 D
7.5
187.83
91.67
75 D
18
6,066.64
1,185.33 D
1,280.00
1,630.00 D
31.5
535.5 D
11.67
51.33
36,834.00
9,254.00 D
1,605.00
3,360.00 D
16
13,383.36
7,816.68 D
10,136.02
2,221.34 D
900
1,260.00 D
84
21 D
3,499.99
933.33 D
800
375 D
25.33
31,220.00
8,596.00 D
28.67
1,890.00
2,460.00 D
816.67
326.67 D
363

PowerShell
03/11/2025 16:34:59

7,466.66
3,633.33 D
420 D
4,442.66
634.67 D
200
916.67
1,541.67 D
16,128.00
6,090.00 D
2,430.00
2,610.00 D
1,726.67
235
5,750.00
1,550.00 D
154
256.67 D
723.33
10,304.00
2,296.00 D
600
780 D
65.33 D
933.33 D
11,940.89
168
323.55
149.33 D
173.33
3,901.34
1,064.00 D
40
600
511.11 D
248.89 D
346.67 D
233.33
1,344.00
149.33 D
266.67
355.56 D
647.11
672
746.67
43,605.00
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PowerToGo
03/19/2022 16:34:43

8 D
270.67
121.33 D
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13.33
26.67 D
924
1,922.67
1,138.67 D
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240 D
303.33
14,812.00
3,136.00 D
390
450 D
341
2,166.66
1,166.67 D
5,114.66
149.33 D
42.67 D
326.67
606.67 D
5,376.00
2,520.00 D
180
666.67
896 D
1,033.78
146.67 D
410.67
177.78
298.67 D
1,465.67
14
62.5
12.5 D
25
162.5 D
14.17
166.67
250 D
758.33
440.67
216.67
216.67 D
224
224
15,833.70

Powell
03/17/2014 11:43

15,833.70
5.4
5.4
125.1
27.3
79.8
18
9,319.80
4.2
604.8
420 D
1,545.60
453.6 D
2,394.00
630 D
1,377.60
403.2 D
655.2 D
831.6 D
5,831.40
1.8
840
672 D
2,150.40
1,512.00 D
655.2 D
257
30 D
15 D
72
140
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15
280
180
100
30
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30
10 D
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40.67
6.67
6.67
6.67
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1 D
2.67
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Powell Bethan
03/17/2022 16:54:43

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15,419.07

5,057.50

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5,057.50

2,517.50

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19.25

PowerShell
03/12/2022 16:34:43

6
2.5
8.25
30
48.75
815.5
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13.5
5
10.5 D
5.5
42
6.25
39
6.75
875
241.5
14
315 D
2,540.00
4
6
8
6
28
16
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132
117
1,554.00
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16
54
20
66
48
104
224
112
10,361.57
10,361.57
471.09
17.75
7
5.25
5.5
106.67
106.67
240
240

Powell Beth
03/17/2022 16:54:43

106.67
106.67
4,303.75
1,628.75
4
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1.5
12.25
6
2.5
2.75
12
6.5
301
4.75
11
42
39
609
7.5
8.25
29.25
325.5
140
63
2,675.00
2
2
4
35
40
27
20
110
132
91
1,386.00
24
130
672
5,586.73
200
200
53.33
53.33
1,920.02
1,920.02
3,413.38
3,413.38

PowerShell
03/11/2024 11:43

| Row Labels | Sum of Basic Price - Oct 20-Sept 21 |
|--|-------------------------------------|
| Abstral_Tab Sublingual 100mcg | £13,787.51 |
| Abstral_Tab Sublingual 200mcg | £1,497.00 |
| Abstral_Tab Sublingual 300mcg | £10,778.40 |
| Abtard_Tab 10mg M/r | £0.00 |
| Abtard_Tab 20mg M/r | £0.00 |
| Actiq_Loz 200mcg | £11,782.96 |
| Actiq_Loz 400mcg | £0.00 |
| Bunov_Transdermal Patch 10mcg/hr | £9.94 |
| Bunov_Transdermal Patch 5mcg/hr | £5.54 |
| Bupeaze_Transdermal Patch 35mcg/hr(96hr) | £66.29 |
| Bupeaze_Transdermal Patch 70mcg/hr(96hr) | £503.72 |
| Bupeaze_Transdermalpatch52.5mcg/hr(96hr) | £195.86 |
| Bupramyl_Transdermal Patch 10mcg/hr | £0.00 |
| Buprenorphine 400microgram Sublingual Tablets Sugar Free | £350.49 |
| Buprenorphine_Patch 10mcg/hr (7day) | £7,453.69 |
| Buprenorphine_Patch 15mcg/hr (7day) | £2,973.58 |
| Buprenorphine_Patch 20mcg/hr (7day) | £5,343.78 |
| Buprenorphine_Patch 35mcg/hr (96hr) | £924.30 |
| Buprenorphine_Patch 52.5mcg/hr (96hr) | £1,019.60 |
| Buprenorphine_Patch 5mcg/hr (7day) | £3,234.00 |
| Buprenorphine_Patch 70mcg/hr (96hr) | £568.80 |
| Buprenorphine_Tab Subling 200mcg S/f | £761.08 |
| Buspirone 10mg Tablets | £4,464.25 |
| Buspirone 5mg Tablets | £6,290.95 |
| Butech_Transdermal Patch 10mcg/hr | £14,853.20 |
| Butech_Transdermal Patch 15mcg/hr | £8,460.90 |
| Butech_Transdermal Patch 20mcg/hr | £15,775.12 |
| Butech_Transdermal Patch 5mcg/hr | £10,785.06 |
| Butrans_Patch 10mcg/hr | £3,344.30 |
| Butrans_Patch 20mcg/hr | £6,334.97 |
| Butrans_Patch 5mcg/hr | £2,059.20 |
| Butrans_Transdermal Patch 15mcg/hr | £2,162.60 |
| Chloral Hydrate 143.3mg/5ml Oral Solution Bp | £97.70 |
| Chlordiazepoxide 10mg Capsules | £268.74 |
| Chlordiazepoxide 5mg Capsules | £296.07 |
| Clomethi Edisilate_Soln 250mg/5ml S/f | £0.00 |
| Clomethi_Cap 192mg | £1,882.69 |
| Cloral Betaine 707mg Tablets | £0.00 |
| Codeine 30mg Tablets | £39,735.56 |
| Codeine Phos_Oral Soln 25mg/5ml | £75.70 |
| Codeine Phos_Tab 15mg | £26,550.52 |
| Codeine Phos_Tab 60mg | £372.18 |
| Cyclimorph 10_Inj 1ml Amp | £5.25 |
| Df 118_Fte_Tab 40mg | £7.36 |
| Dhc Continus_Tab 120mg | £164.25 |
| Dhc Continus_Tab 60mg | £88.40 |
| Dhc Continus_Tab 90mg | £112.58 |

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| Diamorph Hcl_Inj 100mg Amp | £1,781.03 |
| Diamorph Hcl_Inj 10mg Amp | £4,228.91 |
| Diamorph Hcl_Inj 10mg VI | £39.00 |
| Diamorph Hcl_Inj 30mg Amp | £837.22 |
| Diamorph Hcl_Inj 500mg Amp | £563.14 |
| Diamorph Hcl_Inj 5mg Amp | £707.17 |
| Diamorph Hcl_Tab 10mg | £13.00 |
| Diazemuls_Inj 5mg/ml 2ml Amp | £1.81 |
| Diazepam 10mg Tablets | £422.72 |
| Diazepam 2mg Tablets | £6,760.87 |
| Diazepam 2mg/5ml Oral Solution Sugar Free | £25,399.10 |
| Diazepam 5mg Tablets | £6,210.56 |
| Diazepam Rectube_2mg/ml 2.5ml Tube | £29.25 |
| Diazepam_Inj 5mg/ml 2ml Amp | £0.00 |
| Diazepam_Oral Susp 2mg/5ml | £1,850.14 |
| Diazepam_Soln 10mg/2.5ml Rectal Tube | £152.78 |
| Diazepam_Soln 2mg/ml 1.25ml Rectal Tube | £11.30 |
| Diazepam_Soln 5mg/2.5ml Rectal Tube | £26.25 |
| Dihydrocodeine 30mg Tablets | £23,814.30 |
| Dihydrocodeine Tart_Tab 120mg M/r | £2,168.96 |
| Dihydrocodeine Tart_Tab 40mg | £84.02 |
| Dihydrocodeine Tart_Tab 60mg M/r | £2,717.00 |
| Dihydrocodeine Tart_Tab 90mg M/r | £1,060.72 |
| Dipipanone Hcl/cyclizine Hcl_Tab 10/30mg | £1,850.70 |
| Durogesic Dtrans_Patch 100mcg | £10,241.22 |
| Durogesic Dtrans_Patch 12mcg | £2,807.57 |
| Durogesic Dtrans_Patch 25mcg | £6,260.52 |
| Durogesic Dtrans_Patch 50mcg | £7,539.84 |
| Durogesic Dtrans_Patch 75mcg | £1,221.74 |
| Effentora_Tab Buccal 100mcg | £0.00 |
| Fencino_Transdermal Patch 100mcg/hr | £933.12 |
| Fencino_Transdermal Patch 12mcg/hr | £16.92 |
| Fencino_Transdermal Patch 25mcg/hr | £72.60 |
| Fencino_Transdermal Patch 50mcg/hr | £45.24 |
| Fencino_Transdermal Patch 75mcg/hr | £0.00 |
| Fentanyl_Tab Buccal 100mcg S/f | £0.00 |
| Fentanyl_Tab Buccal 200mcg | £2,524.92 |
| Fentanyl_Tab Buccal 400mcg | £0.00 |
| Fentanyl_Tab Sublingual 200mcg S/f | £49.99 |
| Fentanyl_Transdermal Patch 100mcg/hr | £2,140.82 |
| Fentanyl_Transdermal Patch 12mcg/hr | £1,145.69 |
| Fentanyl_Transdermal Patch 25mcg/hr | £539.70 |
| Fentanyl_Transdermal Patch 37.5mcg/hr | £618.40 |
| Fentanyl_Transdermal Patch 50mcg/hr | £1,252.15 |
| Fentanyl_Transdermal Patch 75mcg/hr | £1,409.70 |
| Gabapentin_Gel 6% | £2,938.21 |
| Hapoctasin_Patch 52.5mcg/hr | £0.00 |
| Hydromorphone Hcl_Cap 1.3mg | £132.30 |
| Hydromorphone Hcl_Cap 2mg M/r | £313.22 |
| Hydromorphone Hcl_Cap 4mg M/r | £776.20 |

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| Hydromorphone Hcl_Inj 10mg/ml 1ml Amp | £0.00 |
| Icenia_Melatonin Cap 2mg | £0.00 |
| Icenia_Melatonin Cap 3mg | £0.00 |
| Longtec_Tab 10mg M/r | £6,597.37 |
| Longtec_Tab 120mg M/r | £2,287.65 |
| Longtec_Tab 15mg M/r | £1,394.42 |
| Longtec_Tab 20mg M/r | £9,023.79 |
| Longtec_Tab 30mg M/r | £5,918.89 |
| Longtec_Tab 40mg M/r | £9,519.67 |
| Longtec_Tab 5mg M/r | £3,849.68 |
| Longtec_Tab 60mg M/r | £4,917.48 |
| Longtec_Tab 80mg M/r | £11,632.88 |
| Loprazolam Mesil_Tab 1mg | £675.00 |
| Lorazepam 2.5mg Tablets | £517.27 |
| Lorazepam_Oral Soln 1mg/1ml | £2,010.18 |
| Lorazepam_Oral Soln 1mg/5ml | £0.00 |
| Lorazepam_Oral Soln 500mcg/5ml | £27.47 |
| Lorazepam_Tab 1mg | £12,224.41 |
| Lorazepam_Tab 500mcg | £7,355.38 |
| Lormetazepam 1mg Tablets | £106.62 |
| Lormetazepam_Tab 500mcg | £468.40 |
| Lynlor_Cap 5mg | £123.52 |
| Lyrica_Cap 100mg | £193.20 |
| Lyrica_Cap 150mg | £0.00 |
| Lyrica_Cap 200mg | £0.00 |
| Lyrica_Cap 25mg | £611.80 |
| Lyrica_Cap 75mg | £0.00 |
| Mabron_Tab 100mg M/r | £0.00 |
| Mabron_Tab 150mg M/r | £0.00 |
| Marol_Tab 100mg M/r | £17.04 |
| Marol_Tab 100mg M/r (teva) | £429.37 |
| Marol_Tab 150mg M/r | £0.00 |
| Marol_Tab 150mg M/r (teva) | £0.00 |
| Marol_Tab 200mg M/r (teva) | £312.23 |
| Matrifen_Patch 100mcg/hr | £7,194.72 |
| Matrifen_Patch 12mcg/hr | £5,644.52 |
| Matrifen_Patch 25mcg/hr | £7,738.57 |
| Matrifen_Patch 50mcg/hr | £8,740.11 |
| Matrifen_Patch 75mcg/hr | £6,706.34 |
| Maxitram Sr_Cap 100mg | £1,688.26 |
| Maxitram Sr_Cap 150mg | £266.55 |
| Maxitram Sr_Cap 200mg | £922.64 |
| Maxitram Sr_Cap 50mg | £146.76 |
| Melatonin 2mg Capsules | £4,057.69 |
| Melatonin 3mg Capsules | £584.39 |
| Melatonin 3mg Tablets | £1,581.87 |
| Melatonin 5mg Capsules | £294.00 |
| Melatonin_Cap 20mg | £190.55 |
| Melatonin_Cap 3mg M/r | £0.00 |
| Melatonin_Oral Soln 2mg/5ml | £504.87 |

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| Melatonin_Oral Soln 3mg/5ml | £0.00 |
| Melatonin_Oral Soln 5mg/5ml | £1,040.01 |
| Melatonin_Oral Soln 5mg/5ml S/f | £34,874.70 |
| Melatonin_Oral Susp 10mg/5ml | £0.00 |
| Melatonin_Tab 1mg M/r | £1,071.20 |
| Melatonin_Tab 3mg | £0.00 |
| Melatonin_Tab 5mg M/r | £1,167.34 |
| Meptazinol Hcl_Tab 200mg | £268.07 |
| Meptid_Tab 200mg | £11.06 |
| Methadone Hcl_Tab 5mg | £0.00 |
| Mezolar Matrix_T/derm Patch 37.5mcg/hr | £1,301.73 |
| Mezolar Matrix_Transdermalpatch 12mcg/hr | £2,227.37 |
| Mezolar Matrix_Transdermalpatch 25mcg/hr | £4,400.62 |
| Mezolar Matrix_Transdermalpatch 50mcg/hr | £8,100.29 |
| Mezolar Matrix_Transdermalpatch 75mcg/hr | £1,038.59 |
| Mezolar Matrix_Transdermalpatch100mcg/hr | £830.40 |
| Midazolam Mal_Liq Spec 50mg/5ml | £294.00 |
| Morph Sulf_Inj 5mg/5ml Amp | £0.00 |
| Morph Sulph_Cap 100mg M/r | £0.00 |
| Morph Sulph_Cap 10mg M/r | £858.25 |
| Morph Sulph_Cap 150mg M/r | £36.43 |
| Morph Sulph_Cap 30mg M/r | £1,522.03 |
| Morph Sulph_Cap 60mg M/r | £484.92 |
| Morph Sulph_Conc Soln 20mg/ml S/f | £230.75 |
| Morph Sulph_Gran Sach 20mg M/r | £45.88 |
| Morph Sulph_Inj 20mg/1ml Amp | £2,304.21 |
| Morph Sulph_Inj 60mg/2ml Amp | £40.28 |
| Morph Sulph_Oral Soln 10mg/5ml @gn | £9.20 |
| Morph Sulph_Sach 30mg M/r | £0.00 |
| Morph Sulph_Tab 100mg M/r | £809.64 |
| Morph Sulph_Tab 10mg | £932.40 |
| Morph Sulph_Tab 10mg M/r | £2,872.53 |
| Morph Sulph_Tab 15mg M/r | £2,532.55 |
| Morph Sulph_Tab 20mg | £533.12 |
| Morph Sulph_Tab 30mg M/r | £2,641.24 |
| Morph Sulph_Tab 5mg M/r | £1,190.59 |
| Morph Sulph_Tab 60mg M/r | £875.52 |
| Morphgesic Sr_Tab 100mg | £728.74 |
| Morphgesic Sr_Tab 10mg | £6,319.73 |
| Morphgesic Sr_Tab 30mg | £4,586.65 |
| Morphgesic Sr_Tab 60mg | £2,133.60 |
| Morphine Sulfate 10mg/10ml Solution For Injection Ampoules | £34.50 |
| Morphine Sulfate 10mg/1ml Solution For Injection Ampoules | £6,844.36 |
| Morphine Sulfate 10mg/5ml Oral Solution | £40,735.73 |
| Morphine Sulfate 15mg/1ml Solution For Injection Ampoules | £10.74 |
| Morphine Sulfate 30mg/1ml Solution For Injection Ampoules | £1,932.65 |
| Mst Continus_Susp Gran Sach 20mg | £98.32 |
| Mst Continus_Susp Gran Sach 60mg | £0.00 |
| Mst Continus_Tab 100mg | £8.98 |
| Mst Continus_Tab 10mg | £2,056.69 |

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| Mst Continus_Tab 15mg | £1,386.98 |
| Mst Continus_Tab 200mg | £894.74 |
| Mst Continus_Tab 30mg | £1,686.44 |
| Mst Continus_Tab 5mg | £933.98 |
| Mst Continus_Tab 60mg | £1,263.02 |
| Mxl_Cap 200mg | £1,199.90 |
| Mxl_Cap 30mg | £141.83 |
| Mxl_Cap 60mg | £373.75 |
| Nitrazepam_Oral Susp 2.5mg/5ml | £13,224.00 |
| Nitrazepam_Tab 5mg | £8,722.16 |
| Oramorph_Oral Soln 10mg/5ml | £11,684.70 |
| Oramorph_Oral Soln Conc 20mg/ml S/f | £14.64 |
| Oxazepam_Tab 10mg | £983.56 |
| Oxazepam_Tab 15mg | £597.32 |
| Oxeltra_Tab 10mg M/r | £15.66 |
| Oxeltra_Tab 15mg M/r | £1.19 |
| Oxeltra_Tab 20mg M/r | £40.47 |
| Oxeltra_Tab 30mg M/r | £76.18 |
| Oxeltra_Tab 5mg M/r | £31.84 |
| Oxycodone 10mg Tablets | £10.29 |
| Oxycodone 10mg/1ml Solution For Injection Ampoules | £1,737.60 |
| Oxycodone 20mg/2ml Solution For Injection Ampoules | £521.60 |
| Oxycodone Hcl_Cap 10mg | £1,794.52 |
| Oxycodone Hcl_Cap 20mg | £373.84 |
| Oxycodone Hcl_Cap 5mg | £3,224.05 |
| Oxycodone Hcl_Inj 50mg/ml 1ml Amp | £2,313.30 |
| Oxycodone Hcl_Oral Soln 10mg/1ml S/f | £0.00 |
| Oxycodone Hcl_Oral Soln 5mg/5ml S/f | £4,751.51 |
| Oxycodone Hcl_Tab 10mg M/r | £2,579.14 |
| Oxycodone Hcl_Tab 15mg M/r | £1,036.05 |
| Oxycodone Hcl_Tab 20mg M/r | £1,933.45 |
| Oxycodone Hcl_Tab 30mg M/r | £1,457.97 |
| Oxycodone Hcl_Tab 40mg M/r | £2,304.37 |
| Oxycodone Hcl_Tab 5mg M/r | £1,140.20 |
| Oxycodone Hcl_Tab 60mg M/r | £609.96 |
| Oxycodone Hcl_Tab 80mg M/r | £500.98 |
| Oxycontin_Tab 10mg | £212.84 |
| Oxycontin_Tab 15mg M/r | £133.42 |
| Oxycontin_Tab 20mg | £1,704.51 |
| Oxycontin_Tab 30mg M/r | £1,143.45 |
| Oxycontin_Tab 40mg | £1,603.04 |
| Oxycontin_Tab 5mg | £513.32 |
| Oxynorm_Cap 10mg | £45.72 |
| Oxynorm_Cap 20mg | £5,668.04 |
| Oxynorm_Cap 5mg | £1,192.53 |
| Oxynorm_Inj 10mg/ml 1ml Amp | £200.00 |
| Oxynorm_Inj 10mg/ml 2ml Amp | £224.00 |
| Oxynorm_Inj 50mg/ml 1ml Amp | £420.60 |
| Oxynorm_Liq 5mg/5ml S/f | £1,277.80 |
| Oxypro_Tab 10mg M/r | £31.30 |

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| Oxypro_Tab 20mg M/r | £12.52 |
| Oxypro_Tab 5mg M/r | £12.52 |
| Oxypro_Tab 60mg M/r | £38.12 |
| Palexia_Sr Tab 100mg | £224.19 |
| Palexia_Sr Tab 200mg | £448.38 |
| Palexia_Sr Tab 50mg | £0.00 |
| Palexia_Tab 75mg | £130.76 |
| Panitaz_Transdermal Patch 20mcg/hr | £0.00 |
| Pethidine 50mg Tablets | £1,987.22 |
| Pethidine Hcl_Inj 50mg/ml 1ml Amp | £13.26 |
| Pethidine Hcl_Inj 50mg/ml 2ml Amp | £7.94 |
| Physeptone_Inj 50mg/ml 1ml Amp | £21.26 |
| Pregabalin_Cap 100mg | £13,545.95 |
| Pregabalin_Cap 150mg | £11,042.39 |
| Pregabalin_Cap 200mg | £3,979.55 |
| Pregabalin_Cap 25mg | £7,916.81 |
| Pregabalin_Cap 300mg | £9,269.81 |
| Pregabalin_Cap 50mg | £12,102.29 |
| Pregabalin_Cap 75mg | £15,242.77 |
| Reletrans_Transdermal Patch 10mcg/hr | £3,356.88 |
| Reletrans_Transdermal Patch 15mcg/hr | £2,327.56 |
| Reletrans_Transdermal Patch 20mcg/hr | £3,395.38 |
| Reletrans_Transdermal Patch 5mcg/hr | £1,770.67 |
| Relevtec_Transdermal Patch 35mcg/hr | £398.16 |
| Relevtec_Transdermal Patch 52.5mcg/hr | £0.00 |
| Relevtec_Transdermal Patch 70mcg/hr | £442.40 |
| Reltebon_Tab 20mg M/r | £0.00 |
| Reltebon_Tab 30mg M/r | £0.00 |
| Sevredol_Tab 10mg | £793.58 |
| Sevredol_Tab 20mg | £482.74 |
| Sevredol_Tab 50mg | £196.14 |
| Shortec_Cap 10mg | £3,943.52 |
| Shortec_Cap 20mg | £397.73 |
| Shortec_Cap 5mg | £1,486.89 |
| Shortec_Oral Soln 5mg/5ml | £1,270.50 |
| Slentyto_Tab 1mg M/r | £3,364.68 |
| Slentyto_Tab 5mg M/r | £6,324.20 |
| Stilnoct_Tab 10mg | £55.00 |
| Stilnoct_Tab 5mg | £2.20 |
| Tapentadol Hcl_Tab 100mg M/r | £2,615.55 |
| Tapentadol Hcl_Tab 150mg M/r | £2,708.86 |
| Tapentadol Hcl_Tab 200mg M/r | £1,992.80 |
| Tapentadol Hcl_Tab 50mg | £1,607.34 |
| Tapentadol Hcl_Tab 50mg M/r | £1,083.72 |
| Tapentadol Hcl_Tab 75mg | £149.48 |
| Targinact_Tab 40mg/20mg M/r | £4,401.28 |
| Targinact_Tab 5mg/2.5mg M/r | £126.96 |
| Targinat_Tab 10mg/5mg M/r | £507.84 |
| Targinat_Tab 20mg/10mg M/r | £2,200.12 |
| Temazepam_Oral Soln 10mg/5ml S/f | £1,710.64 |

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|---|------------|
| Temazepam_Tab 10mg | £8,795.06 |
| Temazepam_Tab 20mg | £2,556.64 |
| Temgesic_Tab Subling 200mcg | £73.32 |
| Temgesic_Tab Subling 400mcg | £586.10 |
| Tradorec XI_Tab 100mg | £155.10 |
| Tradorec XI_Tab 200mg | £0.00 |
| Tradorec XI_Tab 300mg | £22.47 |
| Tramacet_Tab 37.5mg/325mg | £1,476.20 |
| Tramacet_Tab Eff 37.5mg/325mg | £9.68 |
| Tramadol 37.5mg / Paracetamol 325mg Tablets | £607.77 |
| Tramadol Hcl_Cap 100mg M/r | £7,289.57 |
| Tramadol Hcl_Cap 150mg M/r | £1,372.00 |
| Tramadol Hcl_Cap 200mg M/r | £6,084.88 |
| Tramadol Hcl_Cap 50mg | £30,986.02 |
| Tramadol Hcl_Cap 50mg @gn | £4.00 |
| Tramadol Hcl_Cap 50mg M/r | £1,809.28 |
| Tramadol Hcl_Inj 50mg/ml 2ml Amp | £4.80 |
| Tramadol Hcl_Orodisper Tab 50mg S/f | £53.36 |
| Tramadol Hcl_Tab 100mg M/r | £4,703.26 |
| Tramadol Hcl_Tab 150mg M/r | £862.16 |
| Tramadol Hcl_Tab 200mg M/r | £1,921.28 |
| Tramadol Hcl_Tab 400mg M/r | £342.12 |
| Tramadol Hcl_Tab 50mg M/r | £910.61 |
| Tramadol Hcl_Tab Solb 50mg | £104.00 |
| Tramadol/paracet_Tab Eff 37.5/325mg S/f | £232.32 |
| Transtec_Patch 35mcg/hr (20mg) | £1,864.40 |
| Transtec_Patch 52.5mcg/hr (30mg) | £1,007.65 |
| Transtec_Patch 70mcg/hr (40mg) | £2,654.40 |
| Zamadol Sr_Cap 100mg | £325.61 |
| Zamadol Sr_Cap 150mg | £282.23 |
| Zamadol Sr_Cap 200mg | £721.32 |
| Zamadol Sr_Cap 50mg | £0.00 |
| Zimovane Ls_Tab 3.75mg | £280.00 |
| Zimovane_Tab 7.5mg | £762.86 |
| Zolpidem Tart_Tab 10mg | £1,255.16 |
| Zolpidem Tart_Tab 5mg | £1,483.16 |
| Zomorph_Cap 100mg | £2,254.12 |
| Zomorph_Cap 10mg | £21,017.17 |
| Zomorph_Cap 200mg | £43.60 |
| Zomorph_Cap 30mg | £18,067.75 |
| Zomorph_Cap 60mg | £6,084.18 |
| Zopiclone_Oral Soln 3.75mg/5ml | £1,682.16 |
| Zopiclone_Oral Susp 3.75mg/5ml | £0.00 |
| Zopiclone_Oral Susp 7.5mg/5ml | £735.72 |
| Zopiclone_Tab 3.75mg | £13,626.60 |
| Zopiclone_Tab 7.5mg | £13,210.86 |
| Zydol 100_Inj 50mg/ml 2ml Amp | £0.00 |
| Zydol Sr 100_Tab 100mg | £830.58 |
| Zydol Sr 150_Tab 150mg | £49.94 |
| Zydol Sr 200_Tab 200mg | £791.20 |

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| Zydol Sr_Tab 50mg | £55.20 |
| Zydol XI_Tab 300mg | £399.04 |
| Zydol_Cap 50mg | £167.86 |
| Zydol_Tab Solb 50mg | £163.25 |
| Grand Total | £965,483.62 |

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| Sum of Basic Price - Oct 19 - Sept 20 | Sum of Basic Price - % Variation | Sum of Items - Oct 20 - Sept 21 |
|---------------------------------------|----------------------------------|---------------------------------|
| £28,275.70 | -51.24% | 23 |
| £11,127.70 | -86.55% | 2 |
| £0.00 | 100.00% | 12 |
| £12.52 | -100.00% | 0 |
| £25.04 | -100.00% | 0 |
| £841.64 | 1300.00% | 13 |
| £420.82 | -100.00% | 0 |
| £9.94 | 0.00% | 1 |
| £0.00 | 100.00% | 1 |
| £28.41 | 133.33% | 5 |
| £107.94 | 366.67% | 14 |
| £27.98 | 600.00% | 7 |
| £12.62 | -100.00% | 0 |
| £496.11 | -29.35% | 27 |
| £6,901.59 | 8.00% | 224 |
| £688.10 | 332.14% | 55 |
| £5,659.81 | -5.58% | 80 |
| £1,212.65 | -23.78% | 27 |
| £972.17 | 4.88% | 22 |
| £2,917.20 | 10.86% | 182 |
| £568.80 | 0.00% | 12 |
| £780.63 | -2.50% | 86 |
| £1,978.84 | 125.60% | 124 |
| £3,447.10 | 82.50% | 392 |
| £18,506.15 | -19.74% | 1071 |
| £8,029.56 | 5.37% | 387 |
| £16,576.49 | -4.83% | 649 |
| £11,622.60 | -7.21% | 1440 |
| £3,596.70 | -7.02% | 93 |
| £4,999.02 | 26.72% | 98 |
| £1,544.40 | 33.33% | 118 |
| £1,572.80 | 37.50% | 43 |
| £97.70 | 0.00% | 1 |
| £377.53 | -28.82% | 42 |
| £176.12 | 68.11% | 45 |
| £120.00 | -100.00% | 0 |
| £1,752.60 | 7.42% | 23 |
| £194.03 | -100.00% | 0 |
| £35,077.91 | 13.28% | 9356 |
| £88.98 | -14.92% | 14 |
| £24,255.03 | 9.46% | 9078 |
| £401.30 | -7.26% | 59 |
| £5.25 | 0.00% | 3 |
| £0.00 | 100.00% | 2 |
| £153.30 | 7.14% | 15 |
| £67.60 | 30.77% | 17 |
| £103.92 | 8.33% | 13 |

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|------------|----------|------|
| £267.39 | 566.08% | 31 |
| £8,837.87 | -52.15% | 203 |
| £0.00 | 100.00% | 2 |
| £2,156.70 | -61.18% | 28 |
| £0.00 | 100.00% | 3 |
| £1,871.14 | -62.21% | 52 |
| £0.00 | 100.00% | 5 |
| £0.91 | 98.90% | 1 |
| £396.82 | 6.53% | 527 |
| £6,167.47 | 9.62% | 7118 |
| £28,933.16 | -12.21% | 74 |
| £5,811.87 | 6.86% | 6774 |
| £0.00 | 100.00% | 5 |
| £0.55 | -100.00% | 0 |
| £2,373.45 | -22.05% | 16 |
| £185.00 | -17.42% | 21 |
| £0.00 | 100.00% | 1 |
| £61.54 | -57.34% | 4 |
| £21,716.86 | 9.66% | 4744 |
| £1,883.49 | 15.16% | 194 |
| £262.43 | -67.98% | 5 |
| £3,135.60 | -13.35% | 418 |
| £1,159.22 | -8.50% | 150 |
| £246.76 | 650.00% | 8 |
| £9,431.18 | 8.59% | 98 |
| £2,165.48 | 29.65% | 100 |
| £6,026.65 | 3.88% | 167 |
| £8,179.38 | -7.82% | 120 |
| £4,605.02 | -73.47% | 14 |
| £359.28 | -100.00% | 0 |
| £1,135.29 | -17.81% | 12 |
| £25.38 | -33.33% | 2 |
| £0.00 | 100.00% | 5 |
| £203.58 | -77.78% | 2 |
| £693.88 | -100.00% | 0 |
| £2,215.56 | -100.00% | 0 |
| £10,099.68 | -75.00% | 6 |
| £1,269.48 | -100.00% | 0 |
| £0.00 | 100.00% | 1 |
| £289.30 | 640.00% | 20 |
| £881.30 | 30.00% | 56 |
| £755.58 | -28.57% | 20 |
| £92.76 | 566.67% | 29 |
| £1,582.02 | -20.85% | 22 |
| £469.90 | 200.00% | 17 |
| £7,177.93 | -59.07% | 4 |
| £14.23 | -100.00% | 0 |
| £127.26 | 3.96% | 14 |
| £307.97 | 1.70% | 14 |
| £788.55 | -1.57% | 20 |

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|------------|----------|------|
| £264.00 | -100.00% | 0 |
| £505.26 | -100.00% | 0 |
| £166.12 | -100.00% | 0 |
| £7,219.75 | -8.62% | 536 |
| £2,440.16 | -6.25% | 15 |
| £1,524.78 | -8.55% | 79 |
| £8,960.30 | 0.71% | 333 |
| £6,214.30 | -4.75% | 214 |
| £8,268.36 | 15.13% | 203 |
| £3,006.57 | 28.04% | 335 |
| £6,137.32 | -19.88% | 76 |
| £14,228.91 | -18.24% | 108 |
| £45.00 | 1400.00% | 30 |
| £879.27 | -41.17% | 48 |
| £953.27 | 110.87% | 29 |
| £56.60 | -100.00% | 0 |
| £0.00 | 100.00% | 1 |
| £13,339.99 | -8.36% | 3079 |
| £1,882.20 | 290.79% | 269 |
| £0.00 | 100.00% | 6 |
| £452.18 | 3.59% | 16 |
| £207.56 | -40.49% | 20 |
| £386.40 | -50.00% | 3 |
| £16.10 | -100.00% | 0 |
| £644.00 | -100.00% | 0 |
| £386.40 | 58.33% | 14 |
| £354.20 | -100.00% | 0 |
| £122.09 | -200.00% | 0 |
| £43.46 | -100.00% | 0 |
| £0.00 | 100.00% | 1 |
| £356.03 | 20.60% | 75 |
| £19.22 | -100.00% | 0 |
| £10.39 | -100.00% | 0 |
| £418.68 | -25.43% | 27 |
| £8,197.83 | -12.24% | 103 |
| £6,942.49 | -18.70% | 426 |
| £8,769.40 | -11.75% | 423 |
| £9,883.00 | -11.56% | 217 |
| £8,541.46 | -21.48% | 122 |
| £2,007.54 | -15.90% | 106 |
| £541.53 | -50.78% | 18 |
| £1,116.88 | -17.39% | 38 |
| £85.21 | 72.23% | 55 |
| £0.00 | 100.00% | 35 |
| £0.00 | 100.00% | 5 |
| £3,854.39 | -58.96% | 50 |
| £0.00 | 100.00% | 2 |
| £0.00 | 100.00% | 1 |
| £332.24 | -100.00% | 0 |
| £702.51 | -28.13% | 20 |

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| | | |
|------------|----------|------|
| £55.18 | -100.00% | 0 |
| £0.00 | 100.00% | 3 |
| £27,206.34 | 28.19% | 181 |
| £33.26 | -100.00% | 0 |
| £1,098.67 | -2.50% | 28 |
| £54.64 | -100.00% | 0 |
| £309.00 | 277.78% | 13 |
| £149.24 | 79.62% | 15 |
| £110.60 | -90.00% | 1 |
| £1.14 | -100.00% | 0 |
| £1,654.22 | -21.31% | 49 |
| £2,432.19 | -8.42% | 162 |
| £4,264.92 | 3.18% | 214 |
| £9,022.24 | -10.22% | 206 |
| £572.63 | 81.37% | 22 |
| £1,453.20 | -42.86% | 15 |
| £0.00 | 100.00% | 2 |
| £100.83 | -100.00% | 0 |
| £65.40 | -100.00% | 0 |
| £1,274.33 | -32.65% | 216 |
| £0.00 | 100.00% | 1 |
| £1,744.47 | -12.75% | 168 |
| £274.32 | 76.77% | 30 |
| £0.00 | 100.00% | 9 |
| £49.16 | -6.67% | 1 |
| £432.37 | 432.93% | 20 |
| £0.00 | 100.00% | 2 |
| £0.00 | 100.00% | 1 |
| £102.16 | -100.00% | 0 |
| £418.21 | 93.60% | 54 |
| £877.81 | 6.22% | 112 |
| £2,864.50 | 0.28% | 488 |
| £1,985.75 | 27.54% | 322 |
| £273.19 | 95.15% | 45 |
| £2,357.46 | 12.04% | 212 |
| £1,206.83 | -1.35% | 413 |
| £630.70 | 38.82% | 36 |
| £634.54 | 14.85% | 25 |
| £5,554.65 | 13.77% | 1231 |
| £4,487.06 | 2.22% | 531 |
| £2,217.80 | -3.80% | 133 |
| £0.00 | 100.00% | 2 |
| £3,814.94 | 79.41% | 646 |
| £37,621.01 | 8.28% | 7518 |
| £37.58 | -71.42% | 1 |
| £90.80 | 2028.47% | 83 |
| £122.90 | -20.00% | 2 |
| £95.37 | -100.00% | 0 |
| £0.00 | 100.00% | 1 |
| £2,119.86 | -2.98% | 274 |

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|------------|----------|------|
| £1,561.40 | -11.17% | 211 |
| £813.40 | 10.00% | 11 |
| £1,774.96 | -4.99% | 101 |
| £1,165.68 | -19.88% | 320 |
| £1,384.62 | -8.78% | 42 |
| £1,199.90 | 0.00% | 13 |
| £141.83 | 0.00% | 13 |
| £388.70 | -3.85% | 25 |
| £36,252.00 | -63.52% | 44 |
| £9,761.98 | -10.65% | 2090 |
| £11,740.90 | -0.48% | 2574 |
| £9.76 | 50.00% | 3 |
| £1,067.02 | -7.82% | 105 |
| £1,137.39 | -47.48% | 43 |
| £0.00 | 100.00% | 4 |
| £0.00 | 100.00% | 1 |
| £0.00 | 100.00% | 9 |
| £0.00 | 100.00% | 15 |
| £0.00 | 100.00% | 20 |
| £0.00 | 100.00% | 1 |
| £1,531.20 | 13.48% | 127 |
| £918.40 | -43.21% | 12 |
| £3,008.55 | -40.35% | 62 |
| £1,097.04 | -65.92% | 6 |
| £2,822.62 | 14.22% | 285 |
| £4,121.88 | -43.88% | 21 |
| £332.24 | -100.00% | 0 |
| £4,063.51 | 16.93% | 361 |
| £2,927.90 | -11.91% | 100 |
| £352.61 | 193.82% | 24 |
| £3,239.10 | -40.31% | 40 |
| £1,290.55 | 12.97% | 20 |
| £1,803.42 | 27.78% | 22 |
| £764.61 | 49.12% | 56 |
| £0.00 | 100.00% | 4 |
| £1,202.34 | -58.33% | 3 |
| £150.24 | 41.67% | 9 |
| £228.72 | -41.67% | 4 |
| £1,652.64 | 3.14% | 12 |
| £686.07 | 66.67% | 15 |
| £1,302.47 | 23.08% | 16 |
| £350.56 | 46.43% | 24 |
| £45.72 | 0.00% | 2 |
| £5,668.04 | 0.00% | 31 |
| £1,588.04 | -24.91% | 112 |
| £64.00 | 212.50% | 10 |
| £0.00 | 100.00% | 2 |
| £0.00 | 100.00% | 2 |
| £2,409.97 | -46.98% | 87 |
| £0.00 | 100.00% | 5 |

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| | | |
|-----------|----------|------|
| £0.00 | 100.00% | 1 |
| £0.00 | 100.00% | 2 |
| £0.00 | 100.00% | 1 |
| £323.83 | -30.77% | 9 |
| £647.66 | -30.77% | 9 |
| £37.38 | -100.00% | 0 |
| £242.84 | -46.15% | 7 |
| £45.96 | -100.00% | 0 |
| £1,446.67 | 37.37% | 40 |
| £15.30 | -13.33% | 26 |
| £4.70 | 68.94% | 7 |
| £0.00 | 100.00% | 1 |
| £8,156.13 | 66.08% | 3186 |
| £9,389.64 | 17.60% | 3197 |
| £3,205.73 | 24.14% | 963 |
| £5,662.81 | 39.80% | 2579 |
| £8,311.96 | 11.52% | 2084 |
| £6,360.96 | 90.26% | 3559 |
| £8,924.53 | 70.80% | 3559 |
| £1,425.68 | 135.46% | 290 |
| £1,898.14 | 22.62% | 120 |
| £2,605.67 | 30.31% | 203 |
| £856.54 | 106.72% | 314 |
| £11.06 | 3500.00% | 23 |
| £83.00 | -100.00% | 0 |
| £0.00 | 100.00% | 10 |
| £125.20 | -100.00% | 0 |
| £190.60 | -100.00% | 0 |
| £621.62 | 27.66% | 162 |
| £445.62 | 8.33% | 33 |
| £0.00 | 100.00% | 4 |
| £3,180.59 | 23.99% | 209 |
| £1,892.67 | -78.99% | 11 |
| £1,374.50 | 8.18% | 223 |
| £1,485.00 | -14.44% | 28 |
| £2,513.20 | 33.88% | 83 |
| £2,678.00 | 136.15% | 62 |
| £77.00 | -28.57% | 56 |
| £13.20 | -83.33% | 2 |
| £2,696.51 | -3.00% | 46 |
| £2,454.01 | 10.39% | 33 |
| £2,590.64 | -23.08% | 23 |
| £1,800.92 | -10.75% | 25 |
| £1,435.54 | -24.51% | 38 |
| £112.09 | 33.36% | 4 |
| £4,739.84 | -7.14% | 13 |
| £550.16 | -76.92% | 3 |
| £1,100.32 | -53.85% | 12 |
| £2,200.12 | 0.00% | 26 |
| £2,932.48 | -41.67% | 20 |

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|------------|----------|-------|
| £9,287.68 | -5.30% | 5214 |
| £2,824.90 | -9.50% | 1858 |
| £73.32 | 0.00% | 13 |
| £616.31 | -4.90% | 22 |
| £366.60 | -57.69% | 6 |
| £29.96 | -100.00% | 0 |
| £0.00 | 100.00% | 1 |
| £1,681.74 | -12.22% | 88 |
| £9.68 | 0.00% | 1 |
| £596.70 | 1.86% | 182 |
| £6,920.11 | 5.34% | 443 |
| £1,219.32 | 12.52% | 68 |
| £6,035.71 | 0.81% | 208 |
| £27,410.84 | 13.04% | 9069 |
| £24.00 | -83.33% | 1 |
| £1,567.50 | 15.42% | 213 |
| £4.00 | 20.00% | 6 |
| £67.84 | -21.34% | 16 |
| £5,037.65 | -104.95% | 371 |
| £728.78 | 18.30% | 31 |
| £2,922.41 | -34.26% | 63 |
| £372.67 | -8.20% | 12 |
| £677.58 | 34.39% | 163 |
| £111.46 | -6.69% | 13 |
| £154.88 | 50.00% | 12 |
| £1,544.45 | 20.72% | 66 |
| £1,796.00 | -43.89% | 23 |
| £3,476.00 | -23.64% | 42 |
| £257.59 | 26.41% | 18 |
| £282.23 | 0.00% | 13 |
| £810.04 | -10.95% | 13 |
| £21.72 | -100.00% | 0 |
| £273.28 | 2.46% | 126 |
| £826.60 | -7.71% | 236 |
| £1,358.04 | -7.58% | 1046 |
| £1,519.92 | -2.42% | 834 |
| £1,903.90 | 18.39% | 96 |
| £19,321.00 | 8.78% | 4729 |
| £30.52 | 42.86% | 1 |
| £17,330.53 | 4.25% | 2340 |
| £6,622.02 | -8.12% | 469 |
| £1,002.62 | 67.78% | 52 |
| £299.68 | -100.00% | 0 |
| £1,583.30 | -53.53% | 10 |
| £13,235.94 | 2.95% | 14078 |
| £13,028.10 | 1.40% | 14508 |
| £1.60 | -100.00% | 0 |
| £918.11 | -9.53% | 49 |
| £49.94 | 0.00% | 2 |
| £1,032.00 | -23.33% | 23 |

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|--------------------|------------------|---------------|
| £105.80 | -47.83% | 12 |
| £648.44 | -38.46% | 8 |
| £167.86 | 0.00% | 11 |
| £268.74 | -39.25% | 6 |
| £957,897.60 | 13320.50% | 150939 |

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| Sum of Items - Oct 19 - Sept 20 | Sum of Items - % Variation |
|---------------------------------|----------------------------|
| 64 | -64.06% |
| 18 | -88.89% |
| 0 | 100.00% |
| 1 | -100.00% |
| 1 | -100.00% |
| 1 | 1200.00% |
| 1 | -100.00% |
| 1 | 0.00% |
| 0 | 100.00% |
| 2 | 150.00% |
| 3 | 366.67% |
| 1 | 600.00% |
| 1 | -100.00% |
| 41 | -34.15% |
| 208 | 7.69% |
| 14 | 292.86% |
| 87 | -8.05% |
| 46 | -41.30% |
| 19 | 15.79% |
| 166 | 9.64% |
| 9 | 33.33% |
| 80 | 7.50% |
| 133 | -6.77% |
| 380 | 3.16% |
| 1324 | -19.11% |
| 363 | 6.61% |
| 647 | 0.31% |
| 1523 | -5.45% |
| 90 | 3.33% |
| 80 | 22.50% |
| 88 | 34.09% |
| 31 | 38.71% |
| 1 | 0.00% |
| 57 | -26.32% |
| 34 | 32.35% |
| 2 | -100.00% |
| 19 | 21.05% |
| 2 | -100.00% |
| 8990 | 4.07% |
| 15 | -6.67% |
| 8393 | 8.16% |
| 63 | -6.35% |
| 3 | 0.00% |
| 0 | 100.00% |
| 14 | 7.14% |
| 13 | 30.77% |
| 12 | 8.33% |

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| | |
|------|----------|
| 4 | 675.00% |
| 479 | -57.62% |
| 0 | 100.00% |
| 89 | -68.54% |
| 0 | 100.00% |
| 101 | -48.51% |
| 0 | 100.00% |
| 1 | 0.00% |
| 546 | -3.48% |
| 7139 | -0.29% |
| 67 | 10.45% |
| 7070 | -4.19% |
| 0 | 100.00% |
| 1 | -100.00% |
| 30 | -46.67% |
| 31 | -32.26% |
| 0 | 100.00% |
| 11 | -63.64% |
| 4845 | -2.08% |
| 169 | 14.79% |
| 12 | -58.33% |
| 479 | -12.73% |
| 174 | -13.79% |
| 1 | 700.00% |
| 93 | 5.38% |
| 91 | 9.89% |
| 171 | -2.34% |
| 133 | -9.77% |
| 31 | -54.84% |
| 6 | -100.00% |
| 17 | -29.41% |
| 3 | -33.33% |
| 0 | 100.00% |
| 8 | -75.00% |
| 11 | -100.00% |
| 5 | -100.00% |
| 13 | -53.85% |
| 4 | -100.00% |
| 0 | 100.00% |
| 5 | 300.00% |
| 51 | 9.80% |
| 28 | -28.57% |
| 5 | 480.00% |
| 26 | -15.38% |
| 7 | 142.86% |
| 13 | -69.23% |
| 1 | -100.00% |
| 14 | 0.00% |
| 15 | -6.67% |
| 20 | 0.00% |

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| | |
|------|----------|
| 4 | -100.00% |
| 6 | -100.00% |
| 1 | -100.00% |
| 572 | -6.29% |
| 16 | -6.25% |
| 87 | -9.20% |
| 341 | -2.35% |
| 251 | -14.74% |
| 163 | 24.54% |
| 266 | 25.94% |
| 73 | 4.11% |
| 138 | -21.74% |
| 2 | 1400.00% |
| 67 | -28.36% |
| 17 | 70.59% |
| 2 | -100.00% |
| 0 | 100.00% |
| 3351 | -8.12% |
| 147 | 82.99% |
| 0 | 100.00% |
| 14 | 14.29% |
| 30 | -33.33% |
| 6 | -50.00% |
| 1 | -100.00% |
| 8 | -100.00% |
| 12 | 16.67% |
| 10 | -100.00% |
| 7 | -200.00% |
| 2 | -100.00% |
| 0 | 100.00% |
| 62 | 20.97% |
| 2 | -100.00% |
| 1 | -100.00% |
| 37 | -27.03% |
| 112 | -8.04% |
| 546 | -21.98% |
| 488 | -13.32% |
| 281 | -22.78% |
| 149 | -18.12% |
| 130 | -18.46% |
| 38 | -52.63% |
| 46 | -17.39% |
| 31 | 77.42% |
| 0 | 100.00% |
| 0 | 100.00% |
| 50 | 0.00% |
| 0 | 100.00% |
| 0 | 100.00% |
| 2 | -100.00% |
| 23 | -13.04% |

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|------|----------|
| 2 | -100.00% |
| 0 | 100.00% |
| 141 | 28.37% |
| 1 | -100.00% |
| 31 | -9.68% |
| 3 | -100.00% |
| 3 | 333.33% |
| 7 | 114.29% |
| 10 | -90.00% |
| 1 | -100.00% |
| 56 | -12.50% |
| 184 | -11.96% |
| 214 | 0.00% |
| 225 | -8.44% |
| 17 | 29.41% |
| 23 | -34.78% |
| 0 | 100.00% |
| 4 | -100.00% |
| 3 | -100.00% |
| 309 | -30.10% |
| 0 | 100.00% |
| 211 | -20.38% |
| 17 | 76.47% |
| 0 | 100.00% |
| 2 | -50.00% |
| 9 | 122.22% |
| 0 | 100.00% |
| 0 | 100.00% |
| 2 | -100.00% |
| 47 | 14.89% |
| 129 | -13.18% |
| 451 | 8.20% |
| 239 | 34.73% |
| 26 | 73.08% |
| 155 | 36.77% |
| 400 | 3.25% |
| 26 | 38.46% |
| 23 | 8.70% |
| 1170 | 5.21% |
| 500 | 6.20% |
| 138 | -3.62% |
| 0 | 100.00% |
| 345 | 87.25% |
| 7043 | 6.74% |
| 7 | -85.71% |
| 13 | 538.46% |
| 4 | -50.00% |
| 1 | -100.00% |
| 0 | 100.00% |
| 291 | -5.84% |

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| | |
|------|----------|
| 200 | 5.50% |
| 10 | 10.00% |
| 113 | -10.62% |
| 415 | -22.89% |
| 37 | 13.51% |
| 13 | 0.00% |
| 13 | 0.00% |
| 26 | -3.85% |
| 112 | -60.71% |
| 2260 | -7.52% |
| 2679 | -3.92% |
| 2 | 50.00% |
| 103 | 1.94% |
| 72 | -40.28% |
| 0 | 100.00% |
| 0 | 100.00% |
| 0 | 100.00% |
| 0 | 100.00% |
| 0 | 100.00% |
| 0 | 100.00% |
| 110 | 15.45% |
| 20 | -40.00% |
| 88 | -29.55% |
| 10 | -40.00% |
| 231 | 23.38% |
| 16 | 31.25% |
| 7 | -100.00% |
| 335 | 7.76% |
| 136 | -26.47% |
| 11 | 118.18% |
| 64 | -37.50% |
| 24 | -16.67% |
| 18 | 22.22% |
| 33 | 69.70% |
| 0 | 100.00% |
| 2 | 50.00% |
| 7 | 28.57% |
| 6 | -33.33% |
| 16 | -25.00% |
| 9 | 66.67% |
| 13 | 23.08% |
| 17 | 41.18% |
| 2 | 0.00% |
| 31 | 0.00% |
| 137 | -18.25% |
| 2 | 400.00% |
| 0 | 100.00% |
| 0 | 100.00% |
| 180 | -51.67% |
| 0 | 100.00% |

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| | |
|------|----------|
| 0 | 100.00% |
| 0 | 100.00% |
| 0 | 100.00% |
| 13 | -30.77% |
| 13 | -30.77% |
| 1 | -100.00% |
| 13 | -46.15% |
| 2 | -100.00% |
| 29 | 37.93% |
| 29 | -10.34% |
| 10 | -30.00% |
| 0 | 100.00% |
| 2812 | 13.30% |
| 3159 | 1.20% |
| 923 | 4.33% |
| 2253 | 14.47% |
| 1953 | 6.71% |
| 2898 | 22.81% |
| 3554 | 0.14% |
| 115 | 152.17% |
| 84 | 42.86% |
| 151 | 34.44% |
| 141 | 122.70% |
| 1 | 2200.00% |
| 5 | -100.00% |
| 0 | 100.00% |
| 10 | -100.00% |
| 10 | -100.00% |
| 131 | 23.66% |
| 26 | 26.92% |
| 0 | 100.00% |
| 202 | 3.47% |
| 36 | -69.44% |
| 217 | 2.76% |
| 41 | -31.71% |
| 65 | 27.69% |
| 24 | 158.33% |
| 78 | -28.21% |
| 12 | -83.33% |
| 50 | -8.00% |
| 28 | 17.86% |
| 26 | -11.54% |
| 36 | -30.56% |
| 54 | -29.63% |
| 3 | 33.33% |
| 14 | -7.14% |
| 13 | -76.92% |
| 26 | -53.85% |
| 26 | 0.00% |
| 12 | 66.67% |

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| | |
|-------|----------|
| 5962 | -12.55% |
| 1980 | -6.16% |
| 13 | 0.00% |
| 23 | -4.35% |
| 13 | -53.85% |
| 1 | -100.00% |
| 0 | 100.00% |
| 84 | 4.76% |
| 1 | 0.00% |
| 140 | 30.00% |
| 464 | -4.53% |
| 63 | 7.94% |
| 217 | -4.15% |
| 9081 | -0.13% |
| 6 | -83.33% |
| 188 | 13.30% |
| 5 | 20.00% |
| 17 | -5.88% |
| 401 | -105.60% |
| 32 | -3.12% |
| 91 | -30.77% |
| 13 | -7.69% |
| 118 | 38.14% |
| 14 | -7.14% |
| 13 | -7.69% |
| 55 | 20.00% |
| 41 | -43.90% |
| 55 | -23.64% |
| 13 | 38.46% |
| 13 | 0.00% |
| 14 | -7.14% |
| 3 | -100.00% |
| 122 | 3.28% |
| 258 | -8.53% |
| 924 | 13.20% |
| 758 | 10.03% |
| 82 | 17.07% |
| 4220 | 12.06% |
| 1 | 0.00% |
| 2139 | 9.40% |
| 456 | 2.85% |
| 32 | 62.50% |
| 6 | -100.00% |
| 26 | -61.54% |
| 14516 | -3.02% |
| 14552 | -0.30% |
| 2 | -100.00% |
| 50 | -2.00% |
| 2 | 0.00% |
| 30 | -23.33% |

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| | |
|---------------|-----------------|
| 19 | -36.84% |
| 13 | -38.46% |
| 11 | 0.00% |
| 9 | -33.33% |
| 149377 | 9168.35% |

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| Rank | BNFCode | BNFLevel | Description |
|------|-----------------|----------|--|
| 1 | 0407020Q0AAABAB | 6 | Morphine Sulfate 10mg/1ml Solution For Injection Ampoules |
| 2 | 0407020K0AAABAB | 6 | Diamorph Hcl_Inj 10mg Amp |
| 3 | 0407020ADAAANAN | 6 | Oxycodone Hcl_Inj 50mg/ml 1ml Amp |
| 4 | 0407020Q0AAAFAP | 6 | Morph Sulph_Inj 20mg/1ml Amp |
| 5 | 0407020Q0AAADAD | 6 | Morphine Sulfate 30mg/1ml Solution For Injection Ampoules |
| 6 | 0407020K0AAAFAP | 6 | Diamorph Hcl_Inj 100mg Amp |
| 7 | 0407020ADAAALAL | 6 | Oxycodone 10mg/1ml Solution For Injection Ampoules |
| 8 | 0407020K0AAAEAE | 6 | Diamorph Hcl_Inj 30mg Amp |
| 9 | 0407020K0AAAAAA | 6 | Diamorph Hcl_Inj 5mg Amp |
| 10 | 0407020K0AAAGAG | 6 | Diamorph Hcl_Inj 500mg Amp |
| 11 | 0407020ADAAAMAM | 6 | Oxycodone 20mg/2ml Solution For Injection Ampoules |
| 12 | 0407020ADBBAHAN | 6 | Oxynorm_Inj 50mg/ml 1ml Amp |
| 13 | 0407020ADBBAGAM | 6 | Oxynorm_Inj 10mg/ml 2ml Amp |
| 14 | 0407020ADBBAFAL | 6 | Oxynorm_Inj 10mg/ml 1ml Amp |
| 15 | 0407020Q0AAAMAM | 6 | Morph Sulph_Inj 60mg/2ml Amp |
| 16 | 0407020K0AAEGEG | 6 | Diamorph Hcl_Inj 10mg VI |
| 17 | 0407020Q0AAGAGA | 6 | Morphine Sulfate 10mg/10ml Solution For Injection Ampoules |
| 18 | 0407020M0BBAIAC | 6 | Physeptone_Inj 50mg/ml 1ml Amp |
| 19 | 0407020V0AAAAAA | 6 | Pethidine Hcl_Inj 50mg/ml 1ml Amp |
| 20 | 0407020Q0AAACAC | 6 | Morphine Sulfate 15mg/1ml Solution For Injection Ampoules |
| 21 | 0407020V0AAAEAE | 6 | Pethidine Hcl_Inj 50mg/ml 2ml Amp |
| 22 | 040702020BBAAAA | 6 | Cyclimorph 10_Inj 1ml Amp |
| 23 | 040702040AAABAB | 6 | Tramadol Hcl_Inj 50mg/ml 2ml Amp |
| 24 | 0401020K0BBAAAQ | 6 | Diazemuls_Inj 5mg/ml 2ml Amp |
| 25 | 0401020K0AAACAC | 6 | Diazepam_Inj 5mg/ml 2ml Amp |
| 26 | 040702050AAANAN | 6 | Hydromorphone Hcl_Inj 10mg/ml 1ml Amp |
| 27 | 0407020Q0AAFZFF | 6 | Morph Sulf_Inj 5mg/5ml Amp |
| 28 | 040702040BBABAB | 6 | Zydol 100_Inj 50mg/ml 2ml Amp |

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| Basic Price - Oct 20-Sept 2 | Basic Price - Oct 19 - Sept 2 | Basic Price - % Variation | Items - Oct 20-Sept 2 |
|-----------------------------|-------------------------------|---------------------------|-----------------------|
| £13,688.72 | £7,629.88 | 79.41% | 1,292 |
| £8,457.82 | £17,675.74 | -52.15% | 406 |
| £4,626.60 | £8,243.76 | -43.88% | 42 |
| £4,608.42 | £864.74 | 432.93% | 40 |
| £3,865.30 | £181.60 | 2028.47% | 166 |
| £3,562.06 | £534.78 | 566.08% | 62 |
| £3,475.20 | £3,062.40 | 13.48% | 254 |
| £1,674.44 | £4,313.40 | -61.18% | 56 |
| £1,414.34 | £3,742.28 | -62.21% | 104 |
| £1,126.28 | £0.00 | 100.00% | 6 |
| £1,043.20 | £1,836.80 | -43.21% | 24 |
| £841.20 | £0.00 | 100.00% | 4 |
| £448.00 | £0.00 | 100.00% | 4 |
| £400.00 | £128.00 | 212.50% | 20 |
| £80.56 | £0.00 | 100.00% | 4 |
| £78.00 | £0.00 | 100.00% | 4 |
| £69.00 | £0.00 | 100.00% | 4 |
| £42.52 | £0.00 | 100.00% | 2 |
| £26.52 | £30.60 | -13.33% | 52 |
| £21.48 | £75.16 | -71.42% | 2 |
| £15.88 | £9.40 | 68.94% | 14 |
| £10.50 | £10.50 | 0.00% | 6 |
| £9.60 | £8.00 | 20.00% | 12 |
| £3.62 | £1.82 | 98.90% | 2 |
| £0.00 | £1.10 | -100.00% | 0 |
| £0.00 | £528.00 | -100.00% | 0 |
| £0.00 | £201.66 | -100.00% | 0 |
| £0.00 | £3.20 | -100.00% | 0 |

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Items - Oct 19 - Sept 2 Items - % Variation Items - Difference

| | | |
|-----|----------|------|
| 690 | 87.25% | 602 |
| 958 | -57.62% | -552 |
| 32 | 31.25% | 10 |
| 18 | 122.22% | 22 |
| 26 | 538.46% | 140 |
| 8 | 675.00% | 54 |
| 220 | 15.45% | 34 |
| 178 | -68.54% | -122 |
| 202 | -48.51% | -98 |
| 0 | 100.00% | 6 |
| 40 | -40.00% | -16 |
| 0 | 100.00% | 4 |
| 0 | 100.00% | 4 |
| 4 | 400.00% | 16 |
| 0 | 100.00% | 4 |
| 0 | 100.00% | 4 |
| 0 | 100.00% | 4 |
| 0 | 100.00% | 2 |
| 58 | -10.34% | -6 |
| 14 | -85.71% | -12 |
| 20 | -30.00% | -6 |
| 6 | 0.00% | 0 |
| 10 | 20.00% | 2 |
| 2 | 0.00% | 0 |
| 2 | -100.00% | -2 |
| 8 | -100.00% | -8 |
| 8 | -100.00% | -8 |
| 4 | -100.00% | -4 |

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Agenda Item: 3.4

| Patient Experience, Quality and Safety Committee | | Date of Meeting: 24 March 2022 | |
|--|---|-----------------------------------|-------------|
| Subject: | Safeguarding Annual Report | | |
| Approved and presented by: | Claire Roche, Executive Director of Nursing and Midwifery | | |
| Prepared by | Jayne Wheeler Sexton, Assistant Director of Nursing for Safeguarding and Public Protection | | |
| Other Committees and meetings considered at: | The Annual Safeguarding Report has been received at the Safeguarding Strategic Group. Executive Committee 17 November 2021 | | |
| PURPOSE: | | | |
| The purpose of this paper is to: | | | |
| To present the Patient Experience, Quality and Safety Committee with the 2020-2021 Safeguarding Annual Report. | | | |
| RECOMMENDATION: | | | |
| Patient Experience, Quality and Safety Committee is asked to: | | | |
| <ul style="list-style-type: none">Note the contents of this paper | | | |
| Approval/Ratification/Decision ¹ | | Discussion | Information |
| | | | x |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|-----------------------|-----------------------------------|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✓ |

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level – **N/A**

| | | |
|----------------------------|---|---|
| | 3. Tackle the Big Four | |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✓ |
| | 7. Put Digital First | |
| | 8. Transforming in Partnership | ✓ |
| | | |
| Health and Care Standards: | • Staying Healthy | ✓ |
| | • Safe Care | ✓ |
| | • Effective Care | ✓ |
| | • Dignified Care | ✓ |
| | • Timely Care | ✓ |
| | • Individual Care | ✓ |
| | • Staff and Resources | ✓ |
| | • Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

PTHB Safeguarding Annual Report presents the key areas of development and achievement which have supported the Health Board to meet its statutory responsibilities in safeguarding the people of Powys during 2020/21. The report is aligned to the Standards of the Safeguarding Maturity Matrix (SMM); a self-assessment tool which addresses the interdependent strands regarding safeguarding; service quality improvement, compliance against agreed standards and learning from incidents and reviews.

The SMM Standards are; Governance and Rights Based Approach, Safe Care, ACE's Informed, Learning Culture and Multiagency Partnership Working.

The report highlights key areas of development and improvement over the past 12 months within each Standard and sets out the actions we said we would achieve and the progress made.

Powys Teaching Health Board's SMM self-assessment and improvement plan is completed annually and submitted to the National Safeguarding Team. Both are used, alongside other Health Boards submissions, to inform a national report through the NHS Wales Safeguarding Network to the Chief Nursing Officer in Welsh Government. The aim of capturing and collating a national SMM is to provide assurance, share practice and drive improvements towards a 'Once for Wales' consistent approach to safeguarding across Wales.

1. Introduction

1.1 NHS Wales has an essential role in ensuring that all adults and children receive the care, support and services they need in order to promote a healthy, safer and

fairer Wales, however measuring the effectiveness of health services and their contribution to safeguarding adults and children is difficult and complex.

Powys Teaching Health Board is committed to ensuring safeguarding is part of its core business. The Health Board recognises that safeguarding children and adults at risk is a shared responsibility that requires all our employees to have the competencies to safeguard people, and are able to develop strong effective joint working relationships with our partner agencies and colleagues. Our vision is that Powys residents live their lives free from violence, abuse, neglect and exploitation. The Health Board will promote the United Nations Convention on the Rights of the Child, Human Rights and the United Nations principles for Older Persons in all its work.

1.2 The annual report outlines, with some examples, how the safeguarding service is performing and innovating to deliver an accessible, research led service. It provides an update on safeguarding priorities during 2020-2021 and identifies safeguarding key developments coming during 2021-2022. The Safeguarding Service acknowledges the need to build on what has already been achieved to ensure PTHB and all contracted services, fully meet their statutory responsibilities for preventing harm, and act in a timely way on concerns raised about the welfare of people who reside, work or visit Powys.

1.3 The Covid-19 pandemic has had a profound impact on the way health care services have been delivered over the past year. The stay at home guidance during the height of the first lockdown limited and re-shaped the usual contact with patients, carers and professionals, all of which may have impacted upon the Health Board's ability to recognise an adult or child at risk.

1.4 Safeguarding remained a key priority within the Health Board during this uncertain and unprecedented time, this is evidenced by the Safeguarding Team not being redeployed as part of the Health Board's response to the pandemic. Legislation that drives the Health Board's 'Safeguarding Agenda' did not change, this includes the SS&WW Act 2014, Violence against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015, Wales Safeguarding Procedures 2019 and the MCA 2005. At all times PTHB continued to have a legal duty to report safeguarding concerns.

1.5 This Safeguarding Annual Report is aligned to the Standards of the Safeguarding Maturity Matrix (SMM); a self-assessment tool which addresses the interdependent strands regarding safeguarding; service quality improvement, compliance against agreed standards and learning from incidents and reviews.

1.6 A SMM self-assessment tool and improvement plan is completed by Powys Teaching Health Board annually, and submitted to the National Safeguarding Team, these helps inform a national report through the NHS Wales Safeguarding

Network, to the Chief Nursing Officer in Welsh Government. The aim of capturing and collating a national SMM is to provide assurance, share practice and drives improvements towards a 'Once for Wales' consistent approach to safeguarding across Wales.

1.7 The SMM Standards are; Governance and Rights Based Approach, Safe Care, ACE's Informed, Learning Culture and Multiagency Partnership Working. PTHB SMM 2020-21 Improvement Plan was developed and monitored via the Safeguarding Strategic Group.

2. Governance and Right Based Approach

2.1 PTHB has in place clear lines of communication, responsibility and accountability. The Strategic Safeguarding Group has continued to meet quarterly and new Terms of Reference have been agreed. Key issues in relation to Safeguarding and Public Protection activity across PTHB are presented using a Data Set which assists in identifying good practice, themes, issues, risks and providing assurance to support PTHB to demonstrate how it is meeting its statutory responsibilities for safeguarding and public protection. The Safeguarding Strategic Group provides a link between PTHB, the Regional Safeguarding Board, the Violence Against Women, Domestic Abuse and Sexual Violence Strategic Group and The NHS Wales National Safeguarding Network.

2.2 NHS Wales Shared Services Partnership Audit and Assurance Service undertook two Internal Audits; one to review a previous audit that gave limited assurance in regard to DoLS and one in respect of Safeguarding Process during the height of the Covid-19 pandemic. Both audits provided overall reasonable assurance to the Health Board.

2.3 The Safeguarding Team has redesigned its Intranet Page to make it easier to navigate and more user friendly. The page has links to all the relevant legislation and associated guidance which details the roles and responsibilities of agencies in relation to safeguarding and public protection, and include levels of accountability; responsibilities and duties of staff; the skills and competencies required by staff to perform their duties; handling individual cases and effective interagency working at all levels.

2.4 The Health Board has engaged with the Childrens Commissioner for Wales Office who presented an Introduction to Childrens Rights to PTHB Safeguarding Operational Group, a Safeguarding Newsletter has re-introduced the Childrens Pledge and a work plan is being developed around undertaking The Right Way Matrix; a self-assessment tool to help us take Childrens Rights forward within the Health Board.

| 2.5 Governance and Rights Base Approach: We Said | We Achieved | We need to progress |
|--|---|--|
| Children Rights/Children's Pledge must be embedded throughout the Health Board | Relaunch of the Childrens Pledge and presentation to the Operational Safeguarding Group by the Childrens Commissioners Office | develop Train the Trainer model to deliver Children's Rights Awareness across PTHB |
| Data presented to the SSG requires improvement to enable areas of good practice, risks, trends and themes to be identified | New Data set developed and presented quarterly | Completed |

3. Safe Care

3.1. In accordance with the Social Services and Well-being (Wales) Act 2014 and the Children Act 1989/2004, the Health Board has a statutory duty to report a child or adult who is (a) experiencing or is at risk of abuse, neglect or other kinds of harm, and (b) has needs for care and support needs.

A total of 165 child safeguarding reports were made by PTHB staff during 2020-21. 24% of the reports related to domestic abuse, 13% raised concerns about neglect and 12% were in respect of emotional abuse.

29 Children required a Child Protection Medical during 2020-21. 15 female and 14 males. 17 were 5 years and over.

Work has commenced with CTMUHB to support PTHB with the child protection process. Once agreed the CP Medical Policy will be updated. ToR have been drafted for a multiagency CP Medical Forum, we hope the first meeting will take place in the next few months.

3.2 Child Exploitation

MACE (Multi Agency Child Exploitation) meetings provide a framework to facilitate regular information sharing, data analysis, quality assurance, performance and professional challenge on information and intelligence relating to Victims, Offenders, Locations and Themes. Use this analysis to direct resources under the four strands of Prevent, Pursue, Prepare and Protect.

MACE meetings are quarterly. Each meeting is attended by a senior representative for the PTHB Safeguarding Team. During 2020-2021; 135 children were subject to Exploitation, this included; trafficking, criminal and sexual exploitation, Online abuse and harmful sexual behaviour. 61% were female and 39% male.

3.3 Looked After Children (LAC) are children up to the age of 18 for whom the Local Authority is providing accommodation or care for a period of more than 24 hours (Children Act 1989). LAC are amongst the most socially excluded groups in our society and have been found to have significantly increased health needs in

comparison with children from comparable socio-economic backgrounds (Sampeys 2015).

Improving the health of looked after children is a multi-agency responsibility involving local authorities and health agencies. PTHB have duty to comply with the related legislation: Part 6, Social Services & Wellbeing (Wales) Act 2014 – Looked After & Accommodated Children.

During 2021-21 368 Looked after Children health assessments were carried out by PTHB lac Nurses. 84% were completed within statutory time frames. 293 health assessments were with children from Powys and 75 were with children from other Local Authorities.

A multi-agency meeting to support children's homes response to Covid-19 continue to meet weekly, this has enabled a proactive approach to any concern, issue, or sharing of good practice regarding testing, PPE, contacts and outbreaks of Covid-19.

3.4 A total of 77 adult safeguarding reports were made by PTHB staff during 2020-21. 14% of the reports related to neglect, 12% raised concerns about emotional abuse and 10% were in respect of financial abuse.

3.5 The Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) was not waived by the COVID 19 Act, however due to the restrictions on visiting hospitals, residential and nursing care homes during the outbreak of COVID-19, the Mid and West Wales Safeguarding Board Region agreed a regional process to managing Deprivation of Liberty Safeguards (DoLS) applications and authorisations. This resulted in the majority of best interest and DoLS assessment being undertaken remotely, and only face to face when necessary for most of 2020-21.

PTHB DoLS applications throughout 2020-21 steadily increased, this is despite reduced activity on some of the wards. During April through to June 2020, 82 DoLS applications were made compare to 107 during January to March 2021.

The amount of outstanding DoLS applications also rose in line with the increase in applications. Additional funding from Welsh Government enabled the Health Board to purchase Best Interest Assessments to address the gap in resource bringing the outstanding applications down to 19 at the end of March 2021.

A suite of resources has been developed to support practitioner's knowledge and skills in regards to the Mental Capacity Act and Deprivation of Liberty Safeguards. These include; MCA Policy, MCA training became mandatory, DoLS signatory

training and development of a SOP, working closely with our partners to co-produce guidance on Deprivation of Liberty Safeguards applications and authorisations during Covid-19. Newsletter and modular training available to staff.

An Internal Audit review undertaken by NHS Wales Shared Services Partnership in 2021 gave the Health Board Reasonable Assurance. All recommendation within the Improvement Plan have been completed.

3.6 Violence against women, domestic abuse and sexual violence has far reaching consequences for families, children, communities and society. The direct harm to the health and well-being of victims is clear, and at its most severe can, and does, result in death. However, impacts are not just on health and wellbeing but include human rights, poverty, unemployment, homelessness and the economy.

Whilst the Covid-19 pandemic did not cause domestic abuse, it created a *perfect storm* of challenges for survivors and the services supporting them. The Covid-19 virus and lockdown measures designed to fight it, gave perpetrators a tool that they quickly learnt to use for coercion, manipulation and to induce fear.

Statutory and third sector organisations become concerned that not every home is a place of safety, and for some, it may become a place where social isolation increases the risk of abuse and control. Numerous reports over the past 12 months have described the impact of lockdown measure on violence as a '*shadow pandemic*' that has accompanied Covid-19 (UN 2020)

PTHB Safeguarding Team have continued to works closely with partner agencies to respond to VAWDASV and provide staff with safeguarding supervision and support, delivered VAWDASV Training and produced monthly VAWDASV Newsletters to share the latest information in relation to national, regional and local support agencies, trends and emerging themes and training links. The Safeguarding team have also continued to engage operationally in Domestic Abuse Conference Calls and Multi Agency Risk Assessment Conference, these are meetings where high-risk victims of abuse are discussed. The safeguarding Team have continued to offer VAWDASV Group 2 Training via MS Teams. There as been a steady increase in compliance over the past 12 months from 17.9% to 57.06%.

| 3.7 Safe Care: We Said | We Achieved | We need to progress |
|---|--|---|
| PTHB must prepare for the implementation of Liberty Protection Safeguards, PTHB workforce need to increase their knowledge, skills and confidence in MCA and DoLS | Upskilling of staff knowledge and skills re MCA & DoLS has been a focus. Development of LPS Working and Oversight Groups | continue planning, await Code of Practice and Regulations |

| | | |
|---|---|---|
| PTHB to be assured professionals are aware of, and using PTHB's Was Not Brought Protocol | Protocol updated and relaunched | Audit planned for 2021/22 |
| PTHB must comply with the National Standards for CP Medicals. The CP Medical rota requires strengthening to meets the needs of the children in Powys. To seek assurance of the quality of CP Medicals | Links with CTMUHB to support CP rota. Regular meetings with LA to establish CP Medicals group and how we deliver multi agency Childhood Injuries Training | Strengthen further links with CTMUHB Set date to commence CP Medical Group with LA & Police Deliver multi agency training |

4. Ace Informed

4.1 Adverse Childhood Experiences (ACEs) are traumatic events, particularly those in early childhood that significantly affect the health and wellbeing of people in Wales, the rest of the UK and the world. We can break the cycle of ACEs at any stage; it's never too late. Preventing ACEs in a single generation or reducing their impact can benefit not only those children but also future generations in Wales.

4.2 The National lockdown in response to Covid-19 is known to have increased calls to Childline with concerns involving ACE's. The NSPCC report that the most common concerns for people contacting the helpline is "parent/adult health and/or behaviour" and Parental alcohol/substance misuse". Data from the PHW HWB survey found that almost a quarter of adults that live with a child under 18 years old reported drinking more alcohol since lockdown, and just over a fifth of those living with someone under 18 years also reported having a diagnosed mental illness.

| 4.3 ACE Informed: We Said | We Achieved | We need to progress |
|---|---|------------------------|
| PTHB to be assured that the CSERQ15 is used routinely within health settings & establish a system to identify children at risk of Child Exploitation within the Electronic Health Board's System. | Newsletter on the use of the CSERQ15 developed to raise awareness, child at risk of CE alert added to electronic system | Audit CSERQ15 Oct 2021 |
| Audited Safeguarding Children Standards for Adult Mental Health Professionals | We were unable to progress this | Added to 2021-22 plan |

5. Learning Culture

5.1 All organisations have a responsibility to support their employees to develop their knowledge, skills and capability to perform effectively in their role. PTHB have signed up to the National Safeguarding Training Framework co-produced by NST, Health Boards and Trusts. The framework is aligned to and benchmarked against the Intercollegiate guidance, national workforce competencies such as; the UK Core Skills Training Framework 2018, Adverse Childhood Experiences (ACEs) Skills and Knowledge Framework for Wales (March 2019), National Training Framework for Violence Against Women Domestic Abuse and Sexual Violence 2016.

5.2 Over the past 12 months PTHB Safeguarding Team reviewed how we enable staff to achieve their safeguarding training competencies. A blended learning approach has been developed which includes the following;

- i. MS Teams training sessions developed for; Safeguarding Adults and Children Level 3, VAWDASV Group 2 Ask and Act, Mental Capacity Act, Deprivation of Liberty Safeguards and Looked after Children.
- ii. Introduction of an additional training platform called Modular learning. Modules provided flexible access to training material for practitioners. To date 8 modules have been recorded over power point presentations and uploaded to you tube.
- iii. Newsletters & Safeguarding Briefings have been produced monthly
- iv. PTHB Competency Training Passport has been updated and re launched, an exemplar of a completed passport has been developed.

5.3 Training compliance in safeguarding adult and children level 1, 2 and 4 has been maintained at or increased to over 80%. Level 3 adults and children's progress in compliance has been slow with an increase of 10% over the year; adults from 24.77% to 34.28% and children from 55.05% to 64.53%. training compliance is monitored via the Strategic Safeguarding Group.

5.4 Staff should also be able to raise concerns and feel supported in their safeguarding role. Effective safeguarding supervision is important in promoting good standards of practice and to support individual staff members; it should assist in ensuring health practitioners are competent and confident and provides a safe environment for challenging practice. Types of Safeguarding Supervision include;

- i. Immediate Telephone Supervision, Advice, Support
- ii. Requested Individual Safeguarding Supervision
- iii. Group Supervision Sessions
- iv. Debrief Sessions
- v. Peer Review for Medical Paediatric Staff

During 2020-21 the Safeguarding Team offered 100 Group Supervision Sessions with 466 staff attending these sessions.

5.5 To support the principles of Child, Adult and Domestic Homicide Reviews, PTHB formed a Practice Review Group, the first meeting was held in July 2021. There was one published Child Practice Review during 2020-21. An action plan was developed by the Safeguarding Team who have worked with representatives from Midwifery and Health Visiting to address the following;

- i. Joint Safeguarding Group Supervision for Health Visitors & Midwives
- ii. Training & Education provision to ensure professional curiosity and disguised compliance is explored
- iii. Establish the *Chronology* function on WCCIS
- iv. Review guidance in relation to Concealed Pregnancy and late Bookings

| 5.6 Learning Culture: We Said | We Achieved | We need to progress |
|--|--|---------------------|
| Actions from Practice Reviews and DHR'S should be tracked until completed. PTHB will improve how we share the learning points from Practice Reviews and DHR's with our staff, in a way that will support and influence practice. | Development of Practice Review Group, learning from reviews delivered in training, supervision, newsletters. | Completed |
| Safeguarding Team will share appropriate and relevant documents, articles and links with PTHB workforce in a way that supports staff to have the information in an easy to read format | Developed monthly newsletters, 7 Minutes briefings and Month Briefings which are distributed via Powys Announcements & SSG & SOG | Completed |

6. Multi Agency Partnership Working

6.1 Multi-agency working is fundamental to the delivery of safe and good quality care. The benefits are most commonly identified as being improved and more effective services and joint problem solving, it also allows for the ability to take a holistic approach and increased understanding and trust between agencies.

6.2 PTHB are committed to working alongside our partners at a National, Regional and Local level. Throughout 2020 -21 there are numerous examples on how have worked in partnership;

- i. Contribution to Safeguarding Week
- ii. Co-produced Regional Documents and Leaflets
- iii. Partnership response to supporting Children's Homes during Covid-19
- iv. Support within the NHS Safeguarding Team VAWDASV Work stream

| 6.2 Multiagency Partnership Working: We Said | We Achieved | We need to progress |
|--|--|--|
| Standard of MARF's require auditing and Quality Assuring | Process in place where all MARF's are tracked by the Safeguarding Team and QA. | Completed |
| PTHB to increase our contribution to strategy discussions with the LA and Police via PTHB Safeguarding HUB | Safeguarding HUB model developed, improved links regarding CP Medicals | Pilot ongoing with the LA & Police re strategy discussions |

In summary, the Patient Experience and Quality Safety Committee can take assurance that safeguarding and public protection has been maintained throughout 2020-21. The service is both visible and accessible across the whole Health Board and has been able to drive change during the unprecedented circumstances Covid-19 presented to the Health Board and society.

Next steps include:

- Progress the Safeguarding Maturity Matrix Improvement Plan

- LPS is due to replace DoLS in April 2022, WG has recommended to national government that this date is not practicable, PTHB will however continue with the Health Boards preparation for the implementation of LPS while awaiting further instruction from WG.
- Promote the new Children Wales Act which will become law on 21st March 2022. The new Act abolishes the defence of reasonable punishment in Wales, making all forms of child physical punishment in Wales a criminal offence.
- Attend the Regional Sexual Assault Referral Centre work streams to ensure Powys is fully engaged and represented.

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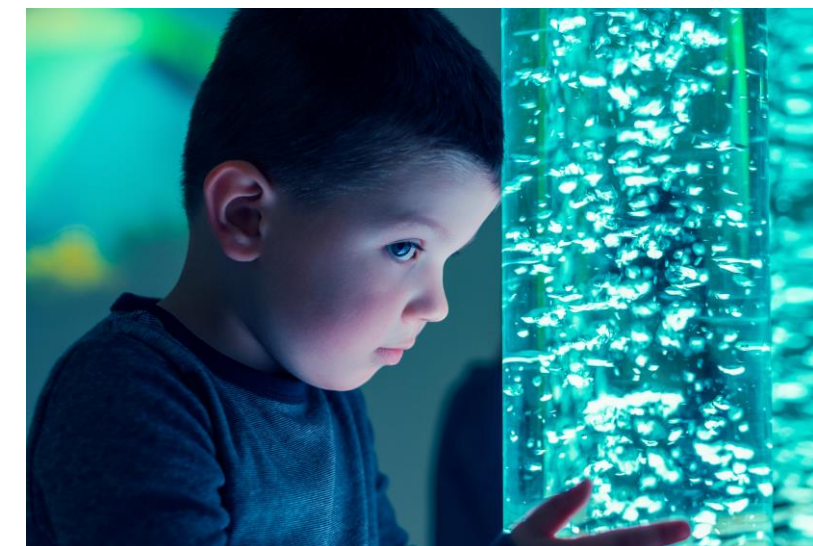


Powys Teaching Health Board Safeguarding Annual Report 2020-2021

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Introduction

Powys Teaching Health Board (PTHB) is responsible for providing health care and well-being services for approximately 133,000 people living throughout the area of Powys, this includes health services both provided by and commissioned on behalf of PTHB.

PTHB employs 3006 members of staff which includes 573 bank staff. Care is delivered across a network of services and practitioners. The geography and rurality can make access to some services a challenge and requires the health board to be innovative and creative to ensure Powys residents have timely access to high quality services to meet their needs. PTHB is uniquely positioned as Powys accounts for a quarter of the land mass in Wales and borders a number of other Welsh and English Health Boards.

Powys Teaching Health Board is committed to ensuring safeguarding is part of its core business. The Health Board recognises that safeguarding children and adults at risk is a shared responsibility that requires all our employees to have the competencies to safeguard people, and are able to develop strong effective joint working relationships with our partner agencies and colleagues.

Our vision is that Powys Residents live their lives free from violence, abuse, neglect and exploitation. The Health Board will promote the United Nations Convention on the Rights of the Child, Human Rights and the United Nations principles for Older Persons in all its work.

This annual report outlines, with some examples, how the safeguarding service is performing and innovating to deliver an accessible, research led service. It provides an update on safeguarding priorities during 2020-2021 and identifies safeguarding key developments during 2021-2022.

The Safeguarding Service acknowledges we need to build on what has already been achieved to ensure PTHB and all contracted services fully meet their statutory responsibilities for preventing harm and act in a timely way on concerns raised about the welfare of people who reside, work or visit Powys.



The beginning of 2020 & Covid-19

At the end of February 2020, the UK Government confirmed that the first case of the Covid-19 virus had been transmitted inside the country. Lockdown measures to control the spread of the virus came into force in March 2020; schools were closed and we were instructed to only go outside to purchase essential items, to exercise once a day, or to go to work if we absolutely could not work from home.

The Covid-19 pandemic has had a profound impact on the way health care services have been delivered over the past year. The stay at home guidance during the height of the first lockdown limited and re-shaped the usual contact with patients, carers and professionals, all of which may have impacted upon the health board's ability to recognise an adult or child at risk.

The Safeguarding Team issued a guide to the safeguarding processes during the Covid-19 pandemic. The guide reiterated that safeguarding people is everyone's responsibility and must remain in the forefront of our thoughts, and considered during all contacts with people. Safeguarding remained a key priority within the Health Board during this uncertain and unprecedented time, evidenced by the Safeguarding Team not being redeployed as part of the Health Board's response to the pandemic.

Legislation that drives the Health Board's 'Safeguarding Agenda' did not change, this includes the SS&WW Act 2014, Violence against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015, Wales Safeguarding Procedures 2019 and the MCA 2005. At all times PTHB continued to have a legal duty to report safeguarding concerns.

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Safeguarding Maturity Matrix

NHS Wales has an essential role in ensuring that all adults and children receive the care, support and services they need in order to promote a healthy, safer and fairer Wales, however measuring the effectiveness of health services and their contribution to safeguarding adults and children is difficult and complex.

The Safeguarding Maturity Matrix (SMM) is a self-assessment tool which addresses the interdependent strands regarding safeguarding; service quality improvement, compliance against agreed standards and learning from incidents and reviews. Powys Teaching Health Board's SMM self-assessment and improvement plan is completed annually and submitted to the National Safeguarding Team. Both are used, alongside other health boards submissions, to inform a national report through the NHS Wales Safeguarding Network to the Chief Nursing Officer in Welsh Government. The aim of capturing and collating a national SMM is to provide assurance, share practice and drives improvements towards a 'Once for Wales' consistent approach to safeguarding across Wales.

This Safeguarding Annual Report is aligned to the Standards of the Safeguarding Maturity Matrix;



Safeguarding Maturity Matrix

PTHB Safeguarding Maturity Matrix Improvement Plan Included;



GOVERNANCE
& Rights Base
Approach

Children Rights/Children’s Pledge must be embedded throughout the Health Board
Reporting data to the Strategic Safeguarding Group requires improvement to enable areas of good practice, risks, trends and themes to be identified



Safe
Care

PTHB must prepare for the implementation of Liberty Protection Safeguards, PTHB workforce need to increase their knowledge, skills and confidence in MCA and DoLS
PTHB to be assured professionals are aware of and using PTHB’s Was Not Brought Protocol
PTHB must comply with the forthcoming National Standards for Child Protection Medicals. The Child Protection Medical rota in Powys requires strengthening to ensure the service meets the needs of the children in Powys and to be assured of the quality of commissioned service for Child Protection Medicals



ACE
Informed

PTHB to be assured that the CSERQ15 is used routinely within health settings
Establish a system to identify children at risk of Child Exploitation within the Electronic Health Board’s system. PTHB last audited Safeguarding Children Standards for Adult Mental Health Professionals in 2018, the audit recommended repeating in 2020



Learning
Culture

Actions from Practice Reviews and DHR’S should be tracked until completed
PTHB must improve how we share the learning points from Practice Reviews and DHR’s with our staff, in a way that will support and influence practice.
PTHB Safeguarding Team will share appropriate and relevant documents, articles and links with our workforce in a way that supports staff to have the information in an easy to read format



Multiagency
Partnership
Working

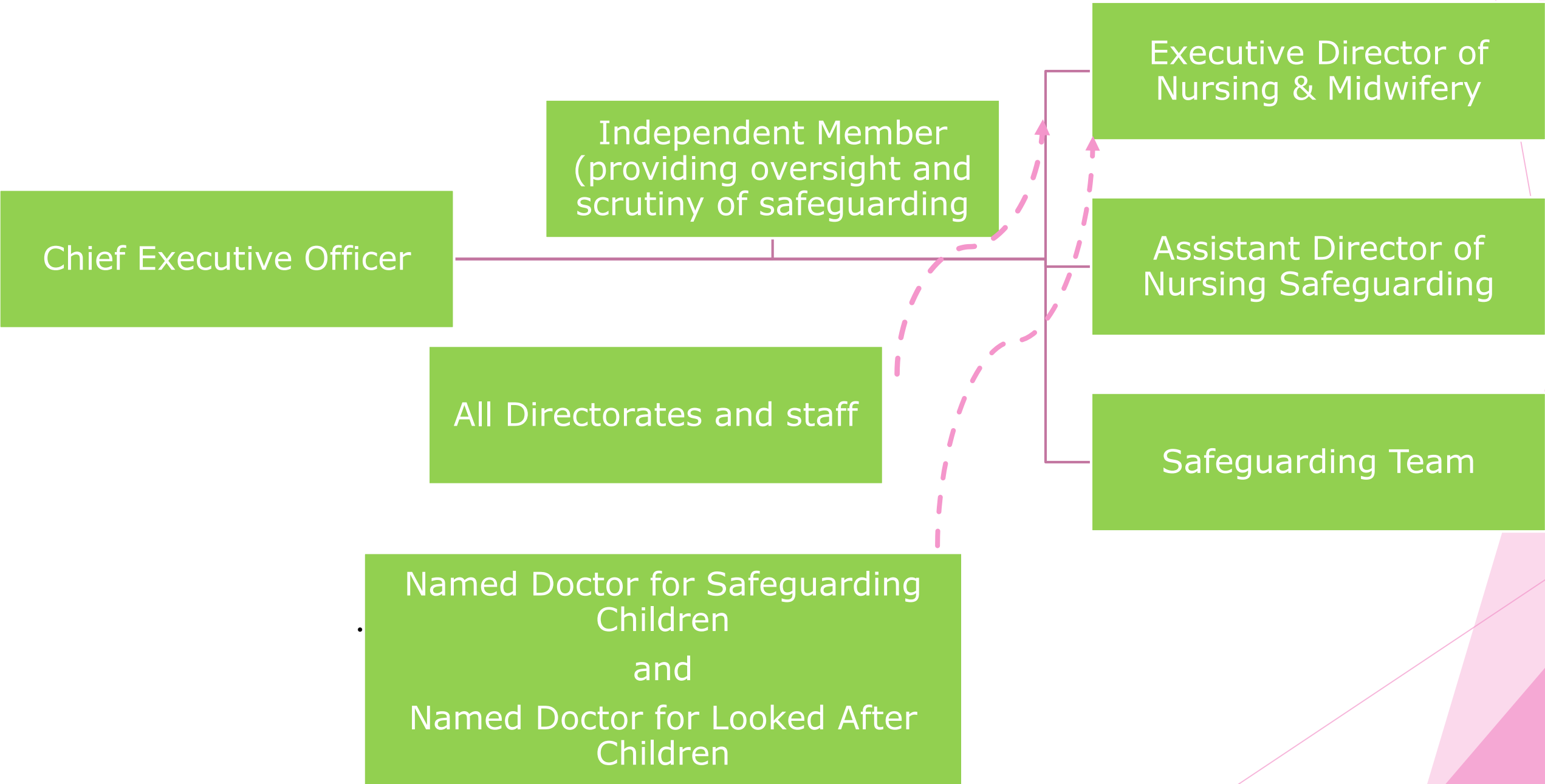
The standard of MARFs require auditing and Quality Assuring
PTHB to increase our contribution to Strategy Discussions with the LA and Police via PTHB Safeguarding HUB



Governance & Rights Based Approach

Although the Chief Executive assumes overall responsibility for safeguarding, the Executive Director of Nursing and Midwifery is the delegated Executive Lead for Safeguarding. The Health Board's Vice Chair is the designated Lead Independent Member for children's and young people's services with responsibility for providing oversight and scrutiny of the broader safeguarding agenda.

Safeguarding Lines of Accountability



Governance & Rights Based Approach

Reporting arrangements

PTHB has in place clear lines of communication, responsibility and accountability. Whilst the Chief Executive has the overall responsibility for Safeguarding, the Executive Director of Nursing and Midwifery is the lead Executive Officer in taking forward strategic direction, policy implementation and reports on safeguarding matters to the Board.

Governance Reporting Structure



Governance & Rights Based Approach

Legislation and associated guidance details the roles and responsibilities of agencies in relation to safeguarding and public protection and include levels of accountability; responsibilities and duties of staff; the skills and competencies required by staff to perform their duties; handling individual cases and effective interagency working at all levels. These include;

- ▶ Children Act 1989 & 2004
- ▶ United Nations Convention on the Rights of the Child UNCRC
- ▶ Wales Safeguarding Procedures (2019)
- ▶ Working Together to Safeguard Children (2018)
- ▶ Protecting Children & Young People, GMC (2012)
- ▶ Safeguarding Children & Young People Intercollegiate Document: Roles & Responsibilities for Health Care Staff – January 2019 4th Edition
- ▶ Adult Safeguarding: Roles and Competencies for Health Care Staff – August 2018 1st Edition
- ▶ Social Services & Well-being (Wales) Act 2014
- ▶ The Well Being of Future Generations (Wales) Act 2015
- ▶ NSF, Health Inspectorate Wales, Vulnerable Groups Act (2006)
- ▶ NICE 16, Standard 13 (Vulnerable Groups)
- ▶ Mental Capacity Act 2005 & Mental Capacity (Amendment) Act 2019 (Liberty Protection Safeguards)
- ▶ Dignified Care: Two Years On (2014): Older People
- ▶ Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- ▶ Mental Health Act, 1983
- ▶ Health and Care Standards (April 2015) Standards 2.7
- ▶ Counter Terrorism and Security Act 2015

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Governance & Rights Based Approach

PTHB Safeguarding Strategic Group is chaired by Executive Director of Nursing and Midwifery, the group supports the Health Board to execute its duties to safeguard children and adults at risk within the statutory frameworks (Social Services & Well-being (Wales) Act 2014, Children Act 1989, 2004). It also aims to ensure that the Health Board promotes and protects the welfare and safety of children and adults who become vulnerable or are at risk at any time.

The Safeguarding Strategic Group has an Independent Board Member within its membership and each Service Area is represented by a Senior Manager. The group ensures there is scrutiny of the data being presented, the implementation, monitoring and audit of relevant guidance, receives the reports from Domestic Homicide Reviews, Adult and Child Practice Reviews. Monitor the implementation of recommendations and share lessons learnt across the organisation.

The Safeguarding Strategic Group provides a link between PTHB, the Regional Safeguarding Board, the Violence Against Women, Domestic Abuse and Sexual Violence Strategic Group and The NHS Wales National Safeguarding Network. The Safeguarding Strategic Group reports directly to the Quality Governance Group.

PTHB Safeguarding Intranet Page hosts a suite of National, Regional & PTHB Policies and documents

[PTHB | Safeguarding](#)

Wales Safeguarding Procedures (2019) became operational in April 2020

Safeguarding Presentation made to PTHB Board Members

NHS Safeguarding Maturity Matrix completed

Safeguarding Strategic Group meet quarterly

Safeguarding Operational Group First meeting September 2020

PTHB represented at M&WW Safeguarding Board

NHS Wales Audit & Assurance Services; DoLs & Safeguarding Internal Audit completed



Governance & Rights Based Approach

Childrens Rights



Sept 2020

- SMM Action Plan identifies Childrens Rights as a priority action

April 2021

- Childrens Commissioner Officer presented an introduction to Childrens Rights to PTHB Safeguarding Operational Group

April 2021

- Childrens Rights Newsletter re introduced Childrens Pledge

July 2021

- Train the Trainer training planned for end of year

Safe Care

Safeguarding Referrals Raised by PTHB Staff during 2020-21

In accordance with the Social Services and Well-being (Wales) Act 2014 and the Children Act 1989/2004, the Health Board has a statutory duty to report a child or adult who is (a) experiencing or is at risk of abuse, neglect or other kinds of harm, and (b) has needs for care and support needs.

165 child

reports were made
by PTHB staff in
2020-2021

24% of

reports related to domestic abuse and

13%

raised concerns about
neglect

Safeguarding Children at Risk

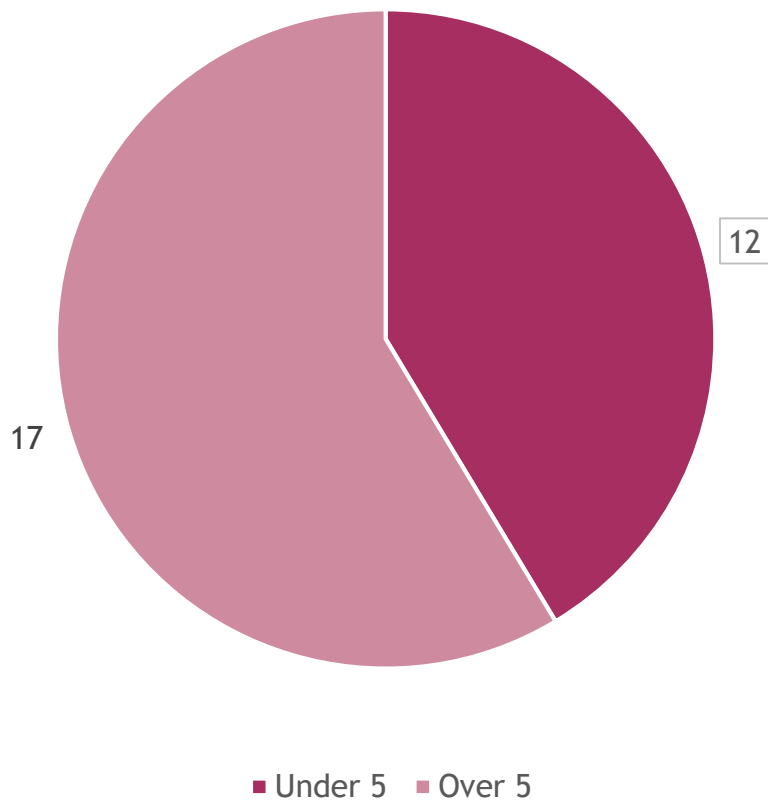
12%

of reports were in
relation
emotional abuse

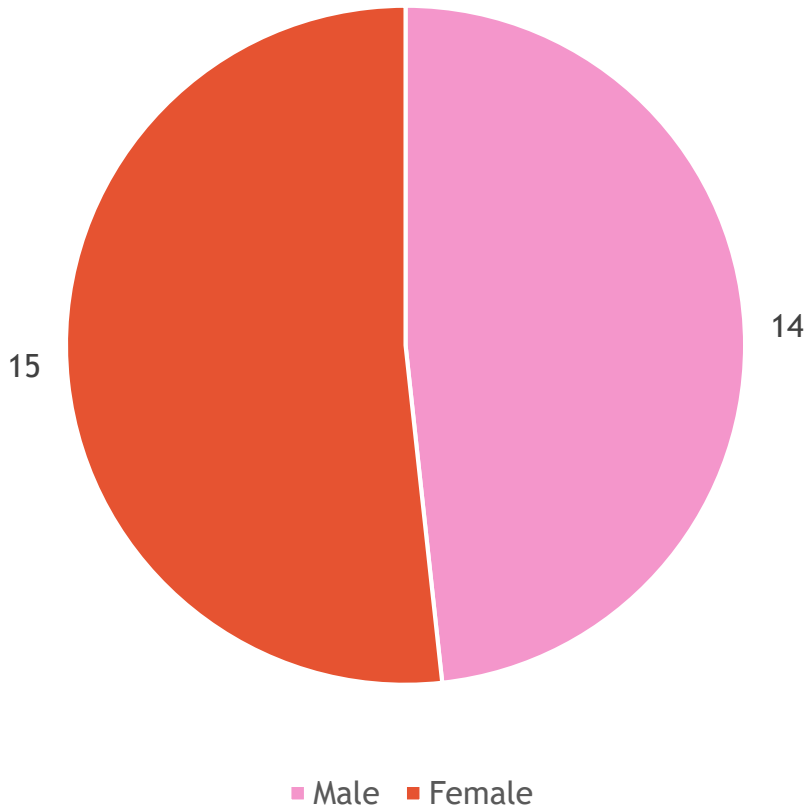
Child Protection Medicals

29 Child Protection medicals were carried out 2020-2021.

CP Medical by Age



CP Medical by Gender



New National Standards for Child Protection medicals were published in October 2020. Implementing and auditing the New Standards has been identified as an action in the Safeguarding Maturity Matrix Improvement Plan.

A new CP Pathway to support PTHB Community Paediatricians with CP Medicals has been established with CTMUHB. Work is planned to update PTHB's CP Medical Policy and to consider multi agency reflection on CP medical cases.

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Safe Care

Child Exploitation

During 2020-2021 135 children were subject to the following types of exploitation

Trafficking
Sexual Exploitation
Criminal Exploitation
Harmful Sexual Behaviour
On Line Abuse
Multiple Categories

MACE (Multi Agency Child Exploitation)

MACE meetings provide a framework to facilitate regular information sharing, data analysis, quality assurance, performance and professional challenge on information and intelligence relating to Victims, Offenders, Locations and Themes all relating to Child Exploitation.

The MACE Panel have the ability to;

- Use this analysis to direct resources under the four strands of Prevent, Pursue, Prepare and Protect. Identify broader themes and best practice in relations to interventions.
- Provide evidence towards outcomes and actions from the National Action Plan to Tackle Child Sexual Exploitation (Wales) on behalf of the Mid and West Safeguarding Board.

MACE meetings are held quarterly. PTHB is represented by the Senior Nurse Safeguarding

61% were female
39% were male

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Safe Care

Looked After Children (LAC)

- ▶ The strict lockdown measures to prevent the spread of the Covid-19 virus had an immediate impact on the work of the Powys Teaching Health Boards Looked after Children Team. A rapid response was required to safeguard staff by ensuring that they could work safely from home and interim measures to promote the safety and well-being of Looked After Children remotely.
- ▶ The LAC Nurses continued to offer direct advice and support for professionals and children via telephone or via SKYPE/Teams. This included, LAC health assessments, attending LAC reviews, Pathway Plans for the 16+, strategy meetings and being a point of support for the child.
- ▶ A risk assessment tool was developed and when the lock down rules allowed, some LAC health assessments were completed face to face by maintaining social distancing and ensuring that they took place outside.
- ▶ Some young people were offered a review health assessment early as there were concerns that the LAC nurses could be re-deployed. All young people who received an early health assessment have since received a follow up contact from the LAC Nurses.

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Looked After Children (LAC)

The views of Looked After Children (LAC) are captured during their statutory health assessment and help to shape the child's LAC Health Plan

368 Health Assessments were completed by Powys
Looked After Children Nurses

84% were completed within statutory timescales

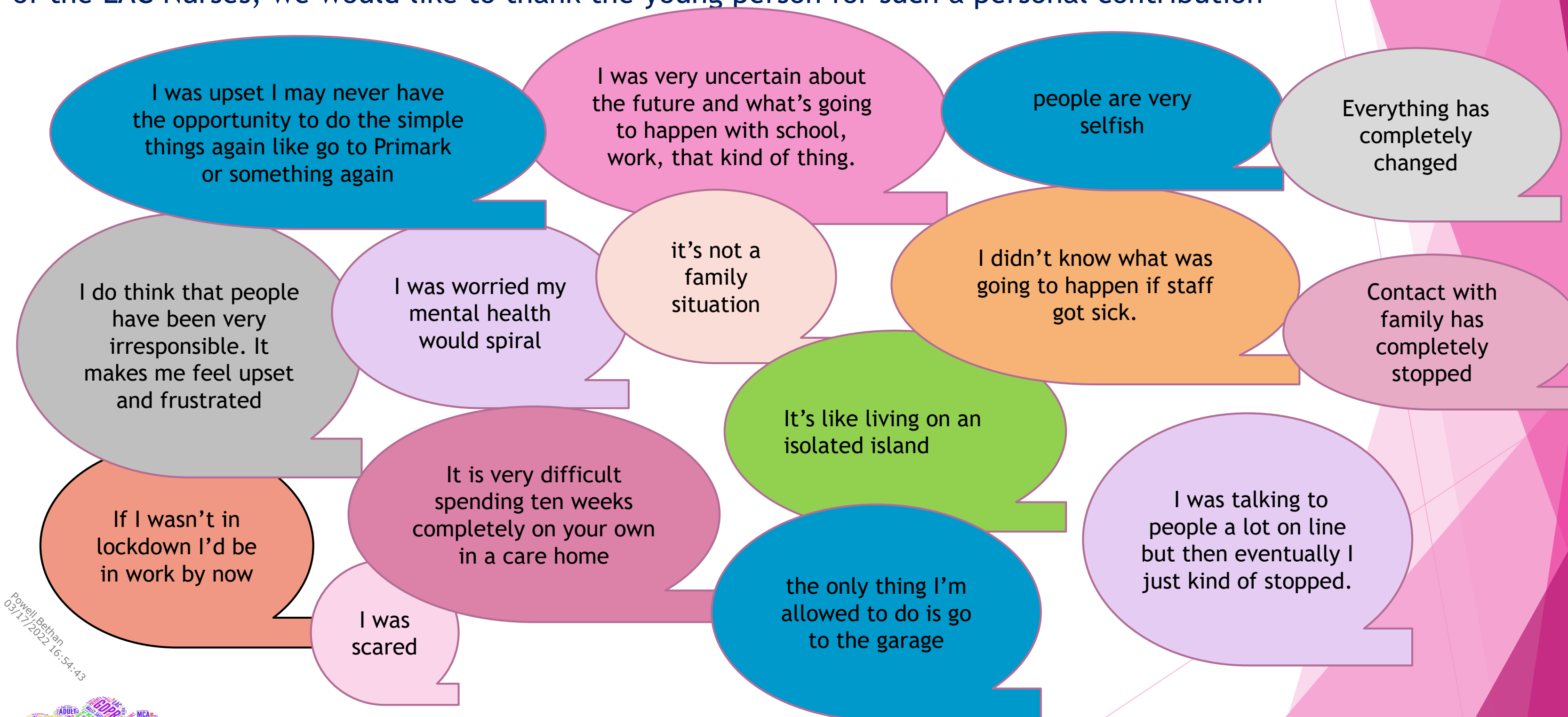
293 Health Assessments were with children from Powys

75 Health Assessments were with children from other Local Authorities



Looked After Children

A perspective of a Looked After Child during COVID19: the following speech bubbles represent the voice and words of a looked after child. Their views, reflections and feelings were captured during a conversational interview with one of the LAC Nurses, we would like to thank the young person for such a personal contribution



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Safe Care

Safeguarding Referrals Raised by PTHB Staff during 2020-21

In accordance with the Social Services and Well-being (Wales) Act 2014 and the Children Act 1989/2004, the Health Board has a statutory duty to report a child or adult who is (a) experiencing or is at risk of abuse, neglect or other kinds of harm, and (b) has needs for care and support needs.

77 adult

reports were made
by PTHB staff in
2020-2021

14% of the reports were in relation to **neglect**

12% were in
relation to **emotional**
abuse

Safeguarding Adults at Risk



10%
of reports were in
relation to
financial abuse



Safe Care

Best Interest Assessments, Mental Capacity Assessments and Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS), (Mental Capacity Act (2005)) became effective on 1st April 2009. Its purpose is to provide a legal framework for safeguarding the deprivation of an individual's liberty in a hospital or care home setting.

The DoLS apply to anyone aged 18 and over, who suffers from a mental disorder or disability of the mind, such as dementia, or a profound learning disability; who lacks the capacity to give informed consent to the arrangements made for their care or treatment and for whom deprivation of liberty (within the meaning of Article 5 of the European Convention of Human Rights) is considered, after an independent assessment, to be necessary and in their best interest and to protect them from harm.

Process

Once patients are deemed to lack capacity an application is sent to the DoLS Team, applications are prioritized and assessments are allocated. The current process involves independent assessments from trained Best Interest Assessors (BIAs) and medical staff qualified in the field of psychiatry, who are registered under Section 12 of the MHA. Once decisions are made that a patient is suitable for DoLS assessments are scrutinized and signed by a PTHB signatory.

| DoLS activity: 2020/21 | | | | |
|---|------------|------------|------------|------------|
| PTHB Monthly DoLS Figures | Q1 2020/21 | Q2 2020/21 | Q3 2020/21 | Q4 2020/21 |
| Number of referrals for the period | 82 | 99 | 113 | 107 |
| Number of urgent referrals for the period | 74 | 87 | 102 | 83 |
| Number of standard/renewal referrals for the period | 8 | 12 | 11 | 24 |
| | | | | |
| Number withdrawn/not granted | 52 | 85 | 76 | 88 |
| Number allocated to internal BIAs | 18 | 20 | 21 | 17 |
| Number allocated to external BIAs | 2 | 4 | 2 | 45 |
| | | | | |
| Number granted | 13 | 18 | 15 | 23 |
| | | | | |
| Total outstanding applications | 30 | 25 | 46 | 19 |

Safe Care

Work undertaken during 2020/21 to improve processes and knowledge of DoLS and MCA

Quarter 1

- ❖ MCA Policy Ratified
- ❖ Mid and West Wales Safeguarding Board agreed a regional process to managing Deprivation of Liberty Safeguards (DoLS) applications and authorisations during Covid

Quarter 2

- ❖ MCA Managers Training delivered
- ❖ MCA Training became mandatory for staff
- ❖ DoLS Signatory Training delivered
- ❖ MCA & DoLS Newsletters shared across the Health Board

Quarter 3

- ❖ DoLS Signatory rota in place
- ❖ MCA and DoLS additional training module uploaded onto Youtube
- ❖ LPS Working Group Established
- ❖ Supported preparation for Covid 19 Vaccine role out to vulnerable people

Quarter 4

- ❖ DoLS Signatory SOP agreed
- ❖ Internal DoLS Audit-Reasonable Assurance
- ❖ Supervision for BIAs and DoLS signatories by an external provider
- ❖ DoLS care plan rolled out to all wards
- ❖ DoLS monitoring tool commenced on wards
- ❖ WG Money funded extra Best Interest Assessments

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Safe Care

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Violence against women, including domestic abuse and sexual violence (VAWDASV) is a major public health problem in Wales and globally, and is a violation of human rights. Through taking a public health approach to VAWDASV, we can make progress towards achieving our vision:

a Wales that is free from violence against women, domestic abuse and sexual violence.

All forms of violence and abuse are unacceptable, anyone who experiences violence against women, domestic abuse and sexual violence deserves an effective and timely response from all public services. The enactment of the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 requires the public sector in Wales to work together, in a consistent and cohesive way, to improve the outcomes for individuals and their families subjected to violence against women, domestic abuse or sexual violence.

TYPES OF VAWDASV

Coercion & Control

Emotional

Sexual Violence

Child to Parent

Financial

FGM

Modern Slavery

Cuckooing

Physical

Forced Marriage

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Safe Care

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Violence against women, domestic abuse and sexual violence has far reaching consequences for families, children, communities and society. The direct harm to the health and well-being of victims is clear, and at its most severe can, and does, result in death. However, impacts are not just on health and wellbeing but include human rights, poverty, unemployment, homelessness and the economy.

Whilst the Covid-19 pandemic did not cause domestic abuse, it created a *perfect storm* of challenges for survivors and the services supporting them. The Covid-19 virus and lockdown measures designed to fight it, gave perpetrators a tool that they quickly learnt to use for coercion, manipulation and to induce fear.

Statutory and third sector organisations become concerned that not every home is a place of safety, and for some, it may become a place where social isolation increases the risk of abuse and control. Numerous reports over the past 12 months have described the impact of lockdown measure on violence as a *shadow pandemic* that has accompanied Covid-19 (UN 2020)

Home Office Statistics (2020) inform us;

1 in 4 women and 1 in 6 men are victims of some form of VAWDASV

5 in 6 victims (83%) do not report their experiences to the police.

The Crime Survey of England and Wales estimates 20% of women have experienced some type of sexual assault since the age of 16, equivalent to an estimated 3.4 million female victims.

2 Women a week are killed in the UK by a partner or ex-partner

Approximately 2 million adults experienced domestic abuse last year.

An estimated 3.1% of women aged 16-59 experienced sexual assault in the last year.

Powys Teaching Health Board
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Safe Care

Powys Teaching Health Board works closely with partner agencies to respond to VAWDASV. Initially Regional Operational VAWDASV Meetings increased to enable a proactive response to the emerging Covid-19 crisis. The development of a Regional VAWDASV Pathway supported practitioners to navigate advice and support for victims. Also, in preparation for the recovery phase partners contributed to the 2021/22 VAWDASV Regional Priorities

PTHB Safeguarding Team have continued to provide staff with safeguarding supervision and support, delivered VAWDASV Training and produced monthly VAWDASV Newsletters to share the latest information in relation to national, regional and local support agencies, trends and emerging themes and training links.

The Safeguarding team have also continued to engage operationally in Domestic Abuse Conference Calls and Multi Agency Risk Assessment Conference, these are meetings where high-risk victims of abuse are discussed.



Safe Care

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Powys Teaching Health Board receives Daily Domestic Abuse Notifications from Dyfed Powys Police following a report of Domestic Abuse when an individual involved is pregnant or there are children associated with the victim or perpetrator.

During 2020-2021 there were **372** Daily Domestic Incident Notifications received from the Police which were shared with the appropriate GP, HV Hub, School Nurse Hub and Midwifery

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Safe Care

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

Domestic Abuse Daily Discussion (DADD) is a multi-agency conference call where all high risk victims of domestic abuse are discussed within 48 hours of a domestic incident, enabling earlier intervention, joint decision making and timely decisions around Claire's Law disclosures. If a high risk case requires additional safety planning via the MARAC process, the MARAC is better informed regarding risk and risk management.

During 2020-2021 there were

93 daily discussions and

259 cases were discussed

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Safe Care

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

PTHB Safeguarding Team actively participate in all aspects of the MARAC process. A representative from the Safeguarding Team attends all MARAC meetings along with our colleagues in Mental Health.

Domestic Abuse Multi Agency Risk Assessment Conferences (MARAC) are held every two weeks. MARAC meetings are victim-focused, agencies share information on the highest risk cases of domestic abuse. A safety plan for each victim is developed.

During 2020-2021 there were

21 MARAC *meetings which developed safety plans for*

78 high risk victims

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Safe Care

Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

VAWDASV Key activities in PTHB during 2020-21;

Partnership Working

A virtual Chat Bot Agent pilot – an advice, guidance & sign posting tool added to PTHB Internet

Delivery of VAWDASV Group 2 Ask & Act training via MS Teams

Awareness raising regarding VAWDASV within PTHB monthly newsletters

Mass Vaccination Sites provided with information packs on VAWDASV

Domestic Abuse Risk assessment Training for Midwives & HV's

PTHB Domestic Abuse Policy added 'Safe Leave' guidance for employees requiring support if suffering VAWDASV

The Violence Prevention unit of Dyfed Powys Police presented at the PTHB Safeguarding Strategic Group to strengthen links and explore data sharing to support the development of a Powys Vulnerability Map.



ACE Informed



Adverse Childhood Experiences (ACEs) are traumatic events, particularly those in early childhood that significantly affect the health and wellbeing of people in Wales, the rest of the UK and the world.

We can break the cycle of ACEs at any stage; it's never too late. Preventing ACEs in a single generation or reducing their impact can benefit not only those children but also future generations in Wales.

ACE Informed

Adverse Childhood Experiences range from children suffering from or being in a household where there is;



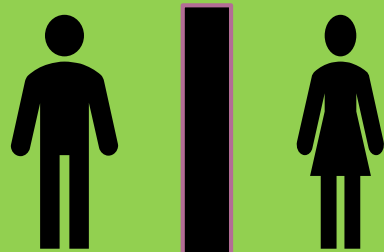
Verbal Abuse



Physical Abuse



Sexual Abuse



Parental Separation



Mental Illness



Alcohol Abuse



Drug Use



Incarceration



ACE Informed

Impact of lockdown on ACEs

Data from Childline shows a weekly increase since lockdown of Covid-19 related calls. Mental health, suicidal thoughts and feelings, and family relationships are the three main concerns expressed by children.

The NSPCC report that the most common concerns for people contacting the helpline is “parent/adult health and/or behaviour” and Parental alcohol/substance misuse”

Data from the PHW HWB survey found that almost a quarter of adults that live with a child under 18 years old reported drinking more alcohol since lockdown.

Data from the PHW HWB survey found that just over a fifth of those living with someone under 18 years also reported having a diagnosed mental illness

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Learning Culture

Learning from Reviews

The Social Services and Well-being (Wales) Act 2014; Working Together to Safeguard People: Volumes 2 and 3 sets out the arrangements for multi-agency adult and child practice reviews.

PTHB Safeguarding Team, continue to engage with a number of Practice Reviews commissioned by the Mid and West Wales Safeguarding Board.

A Domestic Homicide Review is a multi-agency review of the circumstances in which the death of a person, aged 16 or over, has or appears to have resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves. There is a statutory requirement for agencies to conduct DHRs (*Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews 2016*). The Community Safety Partnerships within each Locality Authority area lead on DHRs

There was one published Child Practice Review during 2020-21

An action plan was developed by the Safeguarding Team who have worked with representatives from Midwifery and Health Visiting to address the following;

- **Joint Safeguarding Group Supervision for Health Visitors & Midwives**
- **Training & Education provision to ensure professional curiosity and disguised compliance is explored**
- **Establish the *Chronology* function on WCCIS**

Review guidance in relation to Concealed Pregnancy and late Bookings

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Learning Culture

Learning from Reviews

To support the principles of Child, Adult and Domestic Homicide Reviews, PTHB formed a Practice Review Group, the **first** meeting was held in July 2021

The objectives of the group include;

- ▶ Ensure all actions plans for CPRs, APRs, MAPFs and DHRs are monitored until completed.
- ▶ Review and scrutinise all health records following a serious safeguarding incident to identify immediate learning and develop an action plan to improve practice if needed. This action should not wait until the outcome of a practice review.
- ▶ Identify specific audits when required so that lessons may be learnt and fed back into practice.
- ▶ Identify specific audits to ensure that changes in practice or processes has been achieved and maintained.
- ▶ Identify the development of policies or guidance in response to any learning or change in practice identified as the result of a review.
- ▶ Ensure that the dissemination of learning and themes identified following a practice review forms part of the action plan and is shared in a way that engages all relevant staff groups, for example, use of Briefings, posters, learning events, MS Teams.
- ▶ Review Regional Practice Reviews to identify learning and cross reference with practice in PTHB

Multi Agency
Shared Learning
Themes Identified
Learning from Incidents
Transparent
Learning Event
Family Consulted



Learning Culture

Training & Development

Over the past 12 months PTHB Safeguarding Team reviewed how we enable staff to achieve their safeguarding training competencies. A blended learning approach has been developed which includes the following;

- MS Teams training sessions developed for; Safeguarding Adults and Children Level 3, VAWDASV Group 2 Ask and Act, Mental Capacity Act, Deprivation of Liberty Safeguards and Looked after Children.
- Introduction of an additional training platform called **Modular learning**. Modules provided flexible access to training material for practitioners. To date 8 modules have been recorded over power point presentations and uploaded to you tube.
- Newsletters & Safeguarding Briefings have been produced monthly
- PTHB Competency Training Passport has been updated and re launched, an exemplar of a completed passport has been developed.

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Powell Bethan



Learning Culture

Training & Development

Themes

- ▶ PTHB Safeguarding News Letters

PTHB | Safeguarding Team Newsletters

- ## ▶ PTHB 7 Minute Briefings

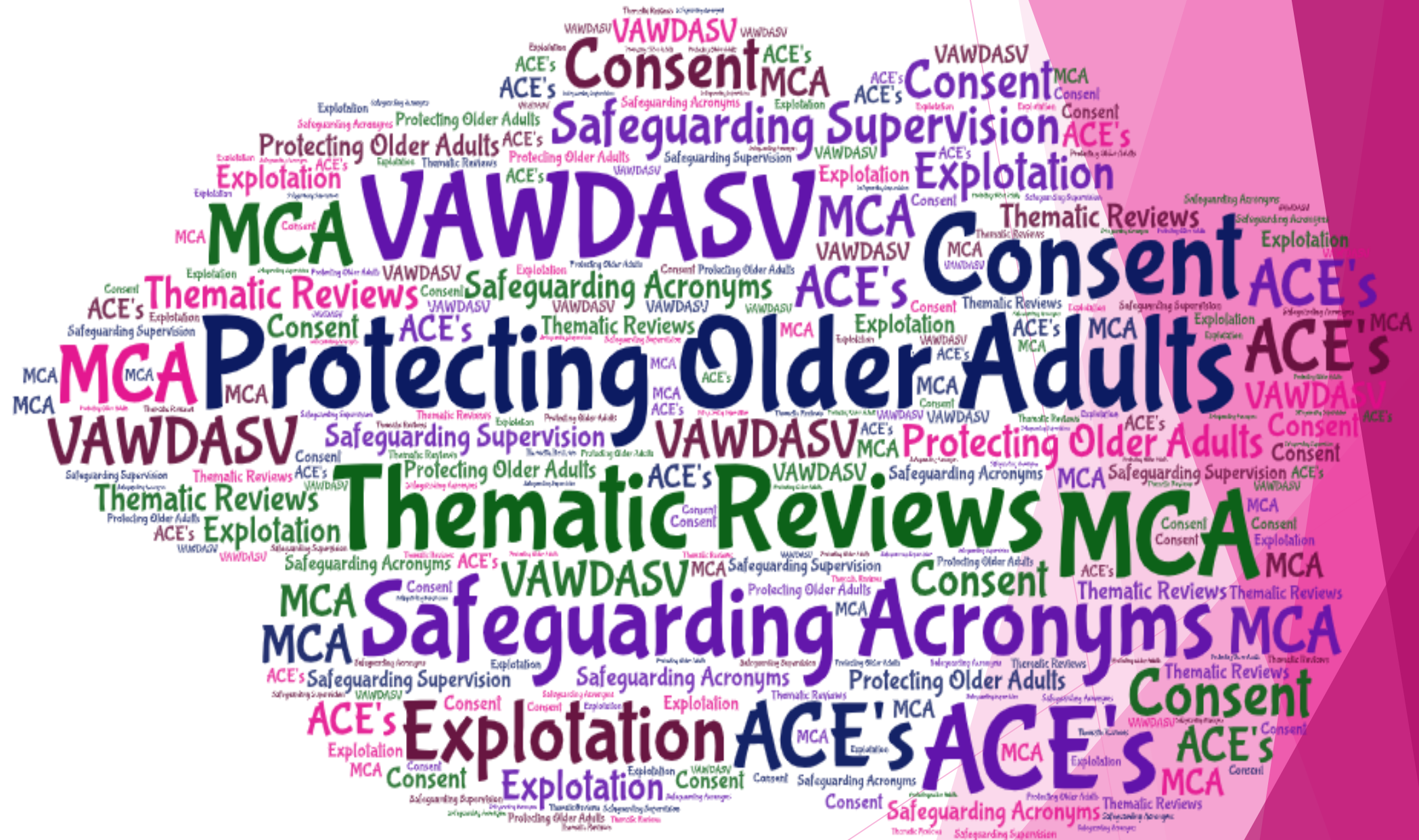
PTHB | PTHB Safeguarding 7 Minute Briefings

- ▶ PTHB Safeguarding Monthly Briefings

PTHB | Safeguarding Monthly Briefings (wales.nhs.uk)

- ## ► PTHB Modular Training

PTHB | Safeguarding Level 3 Modular Training



Learning Culture

Training & Development

during 2020-21 the Safeguarding Team delivered a variety of training over MS Teams to PTHB Practitioners;

155 attended MCA
training

512 attended Ask & Act
training

165 attended Safeguarding Children Level 3

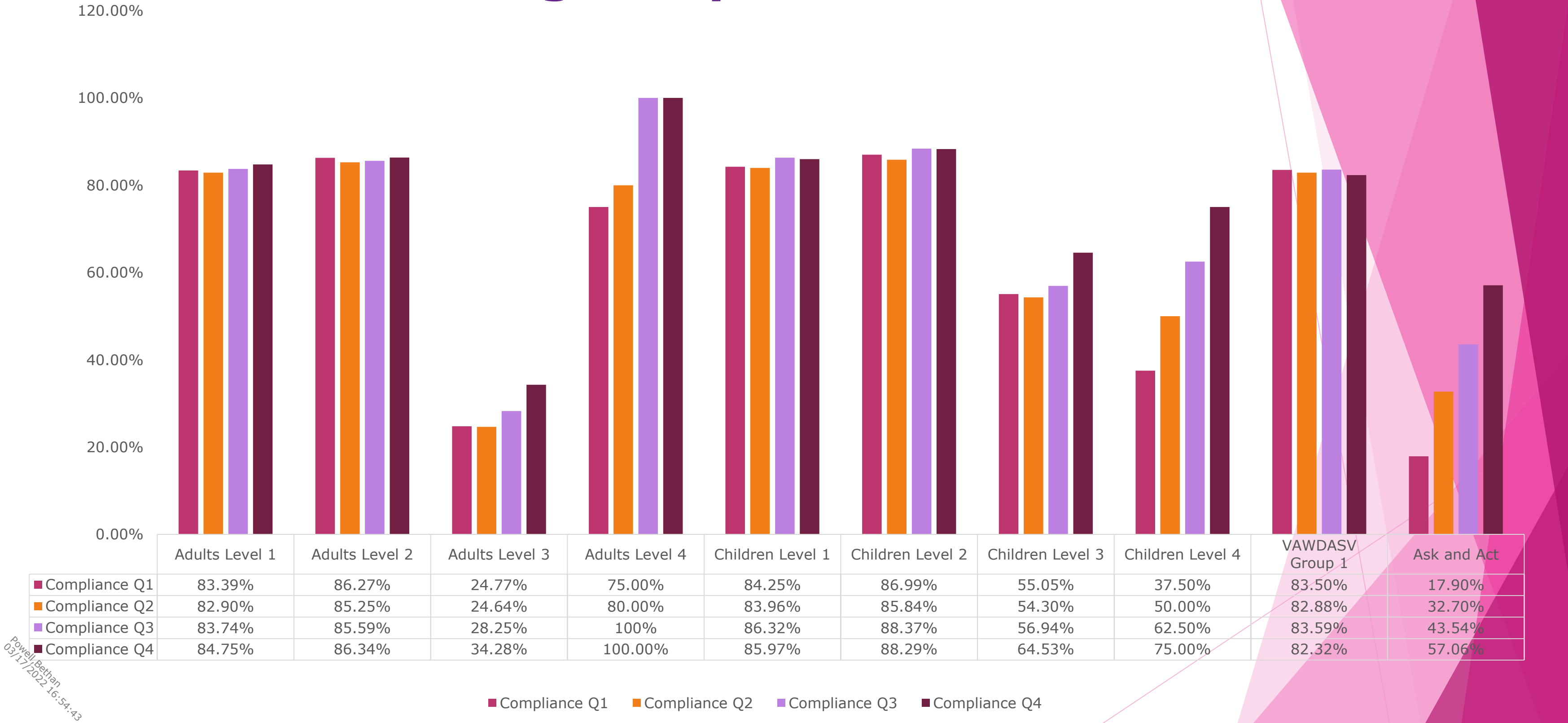
617 attended Safeguarding Adults Level 3

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Learning Culture

Training Compliance 2020-21



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Learning Culture

Safeguarding Supervision

Powys Teaching Health Board is responsible for ensuring that all staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and adults.

Staff should be able to raise concerns and feel supported in their safeguarding role.

Effective safeguarding supervision is important in promoting good standards of practice and to support individual staff members; it should assist in ensuring health practitioners are competent and confident and provides a safe environment for challenging practice

Principles of Safeguarding Supervision

Good quality safeguarding supervision can help to;

- Provide an opportunity for reflection and critical incident analysis.
- Identify and learn from near misses and best practice.
- Ensure best outcomes for children and adults at risk, their families/carers and colleagues.
- Promote good standards of practice and support individual colleagues.
- Ensure that practice is soundly based and consistent with PTHB, regional and national policies, procedures and best practice guidance.
- Provide a forum for the practitioner to discuss the emotional impact of working within this challenging area of practice.
- Identify the training and development needs of practitioners, which enhance practitioner skills to provide an effective service.
- Provide advice and expertise to endorse judgements at certain key points in the safeguarding processes.
- Agree key decisions; these should always be recorded on case files

PTHB Safeguarding Supervision Protocol can be viewed on PTHB Safeguarding Intranet page

<http://nww.powysthb.wales.nhs/safeguarding-policies-local>

Types of Safeguarding Supervision include;

- Immediate Telephone Supervision, Advice, Support
- Requested Individual Safeguarding Supervision
- Group Supervision Sessions
- Debrief Sessions
- Peer Review for Medical Paediatric Staff

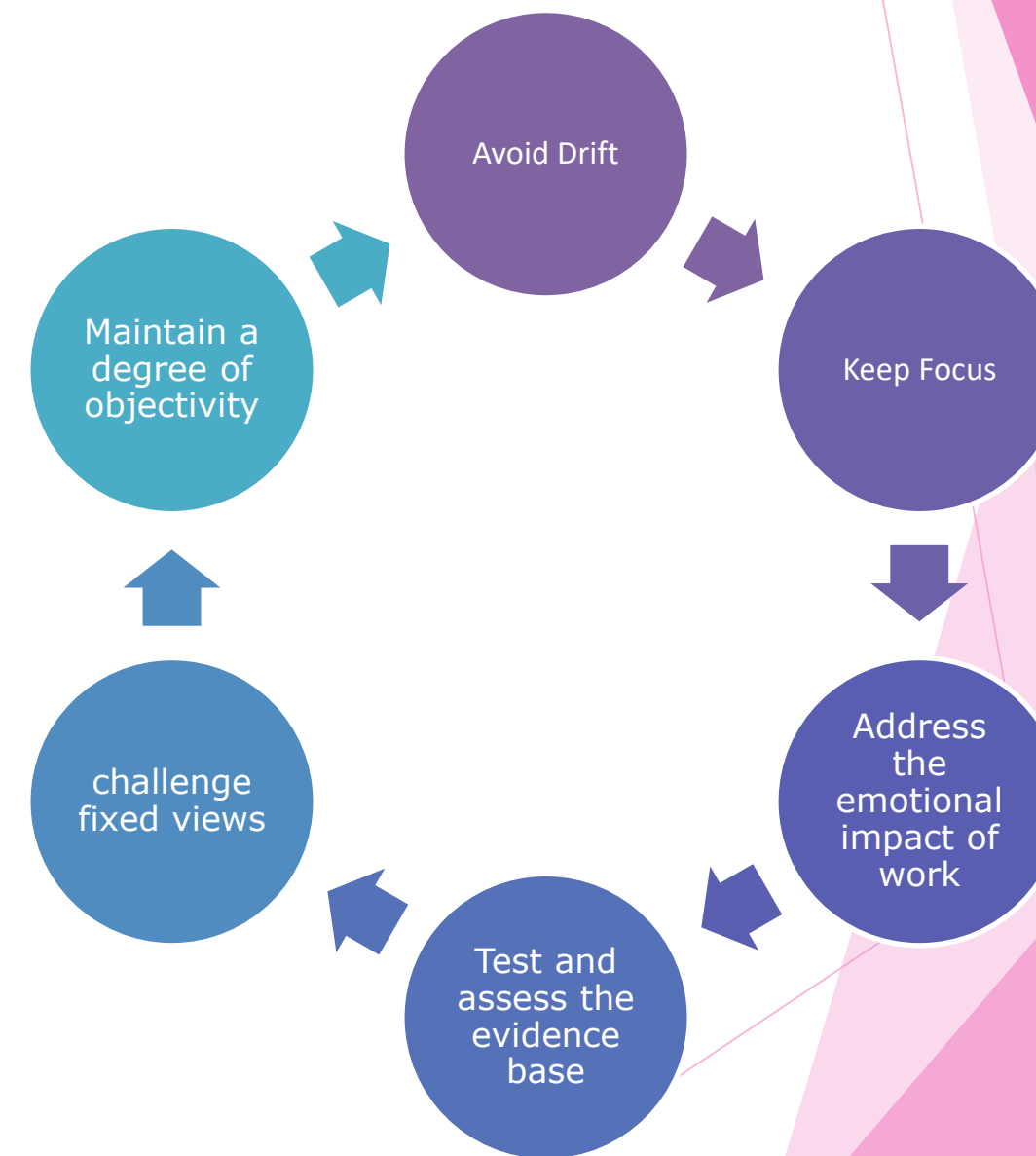


Safeguarding Supervision

PTHB Corporate Safeguarding Team's arrangements for supervision are;

Safeguarding supervision primary functions are to;

- ▶ Immediate telephone supervision
- ▶ Requested Individual Safeguarding Supervision
- ▶ Group supervision
- ▶ Professionals who access 3 monthly group supervision; Health Visitors, School Nurses, Midwives, CAMHS registrants, Community Paediatric Nurses, Children with Learning Disability Nurses
- ▶ Professionals who access 6 monthly group supervision; Paediatric Allied Health Professionals, Adult Learning Disability Nurses, District Nurses
- ▶ Minor Injury Unit Staff, Continuing Health Care Staff, Adult Mental Health Professionals
- ▶ Debrief sessions
- ▶ Peer Review for Medical Paediatric Staff



Learning Culture

Safeguarding Supervision

During 2020-21 the Safeguarding Team

offered **100** Group Supervision Sessions
with **466** staff attending these sessions.



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Multi Agency Partnership Working

Multi-agency working is fundamental to the delivery of safe and good quality care. The benefits are most commonly identified as being improved and more effective services and joint problem solving, it also allows for the ability to take an holistic approach and increased understanding and trust between agencies.

PTHB are committed to working alongside our partners at a National, Regional and Local level.

Throughout 2020 -21 there are numerous examples on how we have worked in partnership;

- ❖ **Contribution to Safeguarding Week**
- ❖ **Co-produced Regional Documents and Leaflets**
- ❖ **Partnership response to supporting Children's Homes during Covid-19**
- ❖ **Support within the NHS Safeguarding Team VAWDASV Work stream**



Multi Agency Partnership Working

PTHB Actively Contributes to Meetings and Groups across the Safeguarding Arena

National Meetings

- ❖ NHS Safeguarding Network
- ❖ SARC Project Board & Implementation Group
- ❖ Safeguarding Maturity Matrix
- ❖ WG Abolition of Physical Punishment Bill
- ❖ WG Strategic LPS Implementation Group
- ❖ NHS VAWDASV Steering Group
- ❖ NHS Network LAC Steering Group
- ❖ All Wales Self Neglect Policy Group
- ❖ NHS Training Sub-group
- ❖ NHS DOLS/LPS/MCA Task & Finish Group
- ❖ LAC Cymru (Peer Group)

Regional Meetings

- ❖ M&WWSB Board
- ❖ M&WWSB CPR/APR/MAPF Sub-Group
- ❖ VAWDASV Strategic Group
- ❖ VAWDASV Training Sub-Group
- ❖ VAWDASV Delivery group
- ❖ VAWDASV Commissioning Group
- ❖ M&WWSB Appeal Panel
- ❖ M&WWSB Training Sub-Group
- ❖ M&WWSB MAPF Group
- ❖ M&WWSB Policy and Procedure Sub-Group
- ❖ Regional DoLS/LPS and MCA Forum
- ❖ M&WWSB Safeguarding Child working Group
- ❖ M&WWSB Safeguarding Adult working Group
- ❖ Regional Anti-Slavery Group

Local Meetings

- ❖ PLOG
- ❖ Corporate Parenting Group
- ❖ CPR/APR/DHR/MAPF Panel
- ❖ Youth Justice Board
- ❖ Start Well Project
- ❖ MARAC Steering Group
- ❖ MARAC
- ❖ PRUDiC
- ❖ DDAC
- ❖ Channel Panel
- ❖ MAPPA Level 2 and 3
- ❖ MASCE
- ❖ National Safeguarding Week Planning Group
- ❖ Community Safety Partnership (CSP)
- ❖ Professional Abuse Strategy meetings
- ❖ Complex Strategy meetings

Health Board

- ❖ Pressure Ulcer Scrutiny Panel
- ❖ Heads of Nursing/Midwifery
- ❖ DoLS Signatory
- ❖ Child Death Review Group
- ❖ Safeguarding Strategic Group
- ❖ Safeguarding Operational Group
- ❖ LPS Oversight Group
- ❖ LPS Working Group
- ❖ JIMP
- ❖ QSE Funded Nursing Care
- ❖ Falls Group

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How did we do with our Safeguarding Maturity Matrix Improvement Plan?



| We Said | We Achieved | We need to progress |
|--|---|--|
| Children Rights/Children’s Pledge must be embedded throughout the Health Board | Relaunch of the Childrens Pledge and presentation to the Operational Safeguarding Group by the Childrens Commissioners Office | develop Train the Trainer model to deliver Children’s Rights Awareness across PTHB |
| Data presented to the SSG requires improvement to enable areas of good practice, risks, trends and themes to be identified | New Data set developed and presented quarterly | Completed |



| We Said | We Achieved | We need to progress |
|---|---|---|
| PTHB must prepare for the implementation of Liberty Protection Safeguards, PTHB workforce need to increase their knowledge, skills and confidence in MCA and DoLS | Upskilling of staff knowledge and skills re MCA & DoLS has been a focus. Development of LPS Working and Oversight Groups | continue planning, await Code of Practice and Regulations |
| PTHB to be assured professionals are aware of, and using PTHB’s Was Not Brought Protocol | Protocol updated and relaunched | Audit planned for 2021/22 |
| PTHB must comply with the National Standards for CP Medicals. The CP Medical rota requires strengthening to meets the needs of the children in Powys. To seek assurance of the quality of CP Medicals | Links with CTMUHB to support CP rota. Regular meetings with LA to establish CP Medicals group and how we deliver multi agency Childhood Injuries Training | Strengthen further links with CTMUHB Set date to commence CP Medical Group with LA & Police Deliver multi agency training |

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How did we do with our Safeguarding Maturity Matrix Improvement Plan?



ACE
Informed

| We Said | We Achieved | We need to progress |
|---|---|------------------------|
| PTHB to be assured that the CSERQ15 is used routinely within health settings & establish a system to identify children at risk of Child Exploitation within the Electronic Health Board's System. | Newsletter on the use of the CSERQ15 developed to raise awareness, child at risk of CE alert added to electronic system | Audit CSERQ15 Oct 2021 |
| Audited Safeguarding Children Standards for Adult Mental Health Professionals | We were unable to progress this | Added to 2021-22 plan |



Learning
Culture

| We Said | We Achieved | We need to progress |
|--|--|---------------------|
| Actions from Practice Reviews and DHR'S should be tracked until completed. PTHB will improve how we share the learning points from Practice Reviews and DHR's with our staff, in a way that will support and influence practice. | Development of Practice Review Group, learning from reviews delivered in training, supervision, newsletters. | Completed |
| Safeguarding Team will share appropriate and relevant documents, articles and links with PTHB workforce in a way that supports staff to have the information in an easy to read format | Developed monthly newsletters, 7 Minutes briefings and Month Briefings which are distributed via Powys Announcements & SSG & SOG | Completed |



Multiagency
Partnership
Working

| We Said | We Achieved | We need to progress |
|--|--|--|
| Standard of MARF's require auditing and Quality Assuring | Process in place where all MARF's are tracked by the Safeguarding Team and QA. | Completed |
| PTHB to increase our contribution to strategy discussions with the LA and Police via PTHB Safeguarding HUB | Safeguarding HUB model developed, improved links regarding CP Medicals | Pilot ongoing with the LA & Police re strategy discussions |



What's on the Horizon

Abolition of Physical Punishment Bill

Ending Physical Punishment in Wales

- ▶ In January 2020 The Senedd passed *The Children Abolition of Defence of Reasonable Punishment (Wales) Bill known as the Children Wales Act*. This received Royal Ascent on 20th March 2020 and will come into force on Monday 21st March 2022.

The Act will;

- Remove the defence of Reasonable Punishment
- Remove the legal loop hole
- Protect and give children the same rights as adults
- Provide clarity.

The Act will not;

- Create a new offence
- Stop parental discipline
- Interfere with parents ability to parent

PTHB Staff have been asked to watch a short *Youtube* clip to gain more information on the new Bill <https://youtu.be/pzKhzNIj-j8>

There is **no place for physical punishment in modern Wales;** gov.wales/endphysicalpunishment

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What's on the Horizon

Liberty Protection Safeguards

- ▶ The Mental Capacity (Amendment) Act 2019 which received Royal Assent on 16 May 2019 introduced Liberty Protection Safeguards (LPS) to replace the current Deprivation of Liberty Safeguards system.
- ▶ The legislation provides for the repeal of the Deprivation of Liberty Safeguards (DoLS) contained in the Mental Capacity Act 2005 (MCA), and their replacement with a new scheme called the Liberty Protection Safeguards (LPS) <https://www.youtube.com/watch?v=J3EzLXKZx2E>
- ▶ **In preparation for the new Liberty Protection Safeguards in April 2022 PTHB has;**

- ❖ Established an Oversight and Working LPS Group
- ❖ Provided training and factsheets on the Mental Capacity Act to support staff knowledge and skill across the organisation
- ❖ PTHB are represented on the National, Regional and local LPS Groups and responded to a Welsh Government National Training needs analysis
- ❖ Promoted the introduction of LPS via newsletters and sharing a LPS video link
- ❖ Reviewed outstanding DoLS applications
- ❖ Presented an update on LPS to PTHB Executive Committee

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Agenda item: 3.4ii

| Patient Experience Quality Safety Committee | | Date of Meeting: 24 March 2022 |
|---|--|---|
| Subject: | Midwifery Safeguarding Supervision Internal Audit Report | |
| Approved and Presented by: | Claire Roche, Executive Director of Nursing and Midwifery | |
| Prepared by: | Jayne Wheeler Sexton, Assistant Director of Nursing for Safeguarding and Public Protection | |
| Other Committees and meetings considered at: | Audit, Risk and Assurance Committee | |

PURPOSE:

Provide the Patient Experience Quality Safety Group with the findings of the Internal Audit into Midwifery Safeguarding Supervision

RECOMMENDATION(S):

The Executive Committee is asked to note the report for information

| Approval/Ratification/Decision¹ | Discussion | Information |
|---|-------------------|--------------------|
| x | x | ✓ |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

| | | |
|----------------------------|--|----|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✓ |
| | 3. Tackle the Big Four | x |
| | 4. Enable Joined up Care | x |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | x |
| | 7. Put Digital First | x |
| | 8. Transforming in Partnership | /x |
| | | |
| Health and Care Standards: | 1. Staying Healthy | x |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | x |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

A review of Midwifery Safeguarding Supervision was undertaken and completed in line with the 2021/22 Internal Audit Plan for Powys Health Board.

The purpose of the audit was to evaluate and determine the adequacy of the systems and controls in place within the Health Board for Midwifery Safeguarding Supervision. The audit gave an overall rating of Reasonable Assurance which was a combination of;

- i. Appropriate Safeguarding Supervision: *Assurance Substantial*
- ii. Robust processes in place within midwifery services: *Assurance Reasonable*
- iii. Supervision sessions appropriately documented: *Assurance Substantial*
- iv. Monitoring and reporting arrangements: *Assurance Reasonable*

Two *Matters Arising* were identified as requiring a management response and action plan:

- i. Compliance rates for safeguarding supervision are low, management need to ensure that the action plan is implemented.
- ii. Enhancements are required to present the safeguarding supervision data in the safeguarding performance report by discipline.

An action plan has been developed to ensure the recommendations are managed and completed by December 2021

DETAILED BACKGROUND AND ASSESSMENT:

Introduction

- 1.1 Powys Teaching Health Board is responsible for ensuring that all staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and adults. Staff should be able to raise concerns and feel supported in their safeguarding role.
- 1.2 Effective safeguarding supervision is important in promoting good standards of practice, sharing experiences, keeping focused and to empower individual staff members; it should assist in ensuring health practitioners are competent and confident and provides a safe environment for challenging practice.
- 1.3 Good quality supervision can help to:
 - I. Provide an opportunity for reflection and critical incident analysis.
 - II. Identify and learn from near misses and best practice.
 - III. Ensure best outcomes for children and adults at risk, their families/carers and colleagues.
 - IV. Promote good standards of practice and support individual colleagues.
 - V. Ensure that practice is soundly based and consistent with PTHB, regional and national policies, procedures and best practice guidance.
 - VI. Provide a forum for the practitioner to discuss the emotional impact of working within this challenging area of practice.
 - VII. Identify the training and development needs of practitioners, so each has the skills to provide an effective service.
 - VIII. Provide advice and expertise to endorse judgements at certain key points in the safeguarding processes.
 - IX. Agree key decisions; these should always be recorded on case files
- 1.4 The review of Midwifery Safeguarding Supervision was undertaken and completed in line with the 2021/22 Internal Audit Plan for Powys Health Board.
- 1.5 The potential risks considered in the audit are;
 - I. non-compliance with applicable legislation, guidance and policy.
 - II. a lack of training and development of staff to ensure effective working.
 - III. a duty of care to children and adults at risk not being implemented

2. Audit Objectives, Findings and Recommendations

- 2.1 Objective 1; is there an appropriate Safeguarding Supervision guidance/policy in place and are all relevant staff aware of their responsibilities.
- 2.2 PTHB Safeguarding Supervision Protocol is in place and reported to be comprehensive, up to date and accessible to staff via the dedicated Safeguarding Intranet page. A Safeguarding Supervision Newsletter was also produced to support engagement with practitioners. Feedback from a sample of midwifery staff contacted noted that staff are aware of requirements regarding attending safeguarding supervision sessions and the advice available to them.
- 2.3 Findings noted *substantial assurance* against this objective.
- 2.4 Objective 2; are there robust processes are in place within Midwifery services to ensure that staff comply with safeguarding supervision requirements and appropriate supervision sessions are provided.
- 2.5 Whilst safeguarding supervision compliance rates fell during the pandemic, a work plan has been developed which, once implemented, should help to ensure that the rates improve.
- 2.6 Safeguarding Supervision sessions for midwives are run jointly with health visiting staff. The Safeguarding Team are responsible for scheduling the sessions and midwives responsible for managing their own bookings via a MS Teams booking system, the new system automatically sends reminders to staff and enables them to undertake changes to their booking. Midwives can now attend any safeguarding supervision session throughout Powys offering more flexibility and availability in terms of dates and times of sessions.
- 2.7 Findings noted *reasonable assurance against this objective*.
Recommendations made include;
- I.** Management should ensure that staff are reminded of their responsibility to attend a Safeguarding Supervision Session every three months.
 - II.** Management should also ensure that the Work Plan drawn up to improve compliance is effectively implemented
- 2.8 Objective 3; supervision sessions are appropriately documented and actions are taken to address any identified issues, concerns or staff training and development needs.

- 2.9 At each safeguarding group supervision session an agreement and record of the supervision session is completed by the Safeguarding Lead for the Session and are forwarded to the midwife's manager. When required one to one sessions are also available to midwives. Following a specific case discussion, a safeguarding plan of care is drawn up and placed on the patient's case notes. Themes, challenges and good practice discussed at the session are used to inform future learning.
- 2.10 Findings noted *substantial assurance against this objective*.
- 2.11 Objective 4; there are appropriate arrangements in place within the midwifery service for the monitoring and reporting of safeguarding supervision.
- 2.12 Safeguarding supervision compliance is presented monthly at the Midwifery Management Team meeting by the Lead Midwife for Safeguarding. Midwifery is represented at the Health Board's Safeguarding Strategic group by the Head of Midwifery who provides a highlight report from the service. The Lead Midwife for Safeguarding attends the Health Board's Operational Safeguarding group.
- 2.13 Safeguarding Supervision compliance from across the Health Board is presented by the Safeguarding Team at each safeguarding group meeting. In addition to this, to support Midwifery improve their compliance percentages the Safeguarding Team developed and introduced a Safeguarding Supervision Compliance Tracker during May 2021.
- 2.14 The Tracker has been successful as it provides a clear picture of the midwives who attend regularly and those who don't. It has enabled targeted support by managers and the development of an action plan to improve compliance rates. The Safeguarding Tracker has now been rolled out across all Service Groups. The first version was shared with all Heads of Nursing/Therapies during October and will be repeated every quarter.
- 2.15 Findings noted *reasonable assurance against this objective*. Recommendations made include;
- I.** Management should consider separating the safeguarding compliance information for midwifery and health visiting that is reported within the performance report. Separating out the two services will mean that issues regarding compliance specific to each service can be identified.

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- II.** Management may also wish to consider enhancing the current reporting data by also reporting current compliance as a percentage and even setting a target percentage for compliance

2.16 Both these actions have been implemented and completed.

3. Summary

In summary, the audit provides overall Reasonable Assurance in respect of the adequacy of the systems and controls in place within the Health Board for Midwifery Safeguarding Supervision. Recommendations made within the audit have been accepted by senior management and an action plan has been implemented.

NEXT STEPS:

- Share the report at the Strategic Safeguarding Group and weekly Midwifery Management Team meeting
- Deliver against the agreed management action plan
- Report progress of the action plan to the Strategic Safeguarding Group and weekly Midwifery Management Team meeting

The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

| IMPACT ASSESSMENT | | | | |
|---|-----------|---------|--------------|----------|
| Equality Act 2010, Protected Characteristics: | | | | |
| | No impact | Adverse | Differential | Positive |
| | | | | |
| Age | x | | | |
| Disability | x | | | |
| Gender reassignment | x | | | |
| Pregnancy and maternity | | | | x |
| Race | x | | | |
| Religion/ Belief | x | | | |
| Sex | x | | | |
| Sexual Orientation | x | | | |
| Marriage and civil partnership | x | | | |
| Welsh Language | x | | | |
| <p style="text-align: center;">Statement</p> <p>The purpose of safeguarding supervision is to ensure that all staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and adults at risk.</p> | | | | |

| Risk Assessment: | | | | | |
|------------------|--------------------------|-----|----------|------|---|
| | Level of risk identified | | | | Statement |
| | None | Low | Moderate | High | |
| | | | | | <p>The potential risks considered for not attending safeguarding supervision is:</p> <ul style="list-style-type: none">• Non-compliance with applicable legislation, guidance and policy;• A lack of training and development of staff to ensure effective working; and• A duty of care to children and adults at risk not being implemented. |
| Clinical | | | | | |
| Financial | | | | | |
| Corporate | | | | | |
| Operational | | | | | |
| Reputational | | | | | |

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Midwifery – Safeguarding Supervision Final Internal Audit Report

November 2021

Powys Teaching Health Board



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|-------------------------------|---|
| Review reference: | PTHB-2122-09 |
| Report status: | Final Internal Audit Report |
| Fieldwork commencement: | 2 nd August 2021 |
| Fieldwork completion: | 18 th October 2021 |
| Draft report issued: | 27 th October 2021 |
| Management response received: | 4 th November 2021 |
| Final report issued: | 5 th November 2021 |
| Auditors: | Jayne Gibbon, Audit Manager Ian Virgil, Head of Internal Audit |
| Executive sign-off: | Alison Davies, Director of Nursing & Midwifery |
| Distribution: | Jayne Wheeler-Sexton, Assistant Director of Nursing Safeguarding Julie Richards, Head of Midwifery & Sexual Health |
| Committee: | Audit, Risk & Assurance Committee |



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit, Risk and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Powys Teaching Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Executive Summary

Purpose

To evaluate and determine the adequacy of the systems and controls in place within the Health Board for Midwifery – Safeguarding Supervision.

Overview

Our overall rating of Reasonable Assurance reflects the protocol and guidance that is in place and available to all staff. A number of areas requiring improvement were identified.


We identified two key matters requiring management attention:

- Compliance rates for safeguarding supervision are low, management need to ensure that the action plan is implemented.
- Enhancements are required to the safeguarding supervision data reported in the Safeguarding performance Report.

Other recommendations / advisory points are within the detail of the report.

Report Classification

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

| Assurance objectives | | | Assurance |
|----------------------|--|--|-------------|
| 1 | Appropriate Safeguarding Supervision guidance | | Substantial |
| 2 | Robust processes in place within the Midwifery service | | Reasonable |
| 3 | Supervision sessions appropriately documented | | Substantial |
| 4 | Monitoring and reporting arrangements | | Reasonable |

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

| Key Matters Arising | | Assurance Objective | Control Design or Operation | Recommendation Priority |
|---------------------|---|---------------------|-----------------------------|-------------------------|
| 1 | Attendance at Safeguarding Supervision Sessions | 2 | Operation | Medium |
| 2 | Reporting of Compliance | 4 | Design | Medium |

1. Introduction

- 1.1 The review of Midwifery – Safeguarding Supervision was undertaken and completed in line with the 2021/22 Internal Audit Plan for Powys Health Board ('The Health Board').
- 1.2 The relevant Executive Director for the review is the Director of Nursing and Midwifery.
- 1.3 Healthcare professionals are required to assure their professional regulator, employer, service users and themselves that they are fit to practice safely and effectively by having up-to-date knowledge and clinical skills. Safeguarding supervision is one of the most important vehicles through which practitioners can gather evidence that they have achieved this.
- 1.4 Supervision is a term used to describe a formally agreed process of professional support and learning which enables practitioners to develop knowledge and competence.
- 1.5 The purpose of safeguarding supervision is to ensure that all staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and adults at risk.
- 1.6 The potential risks considered in this review were as follows:
 - Non-compliance with applicable legislation, guidance and policy;
 - A lack of training and development of staff to ensure effective working; and
 - A duty of care to children and adults at risk not being implemented.

2. Detailed Audit Findings

Objective 1: There is appropriate Safeguarding Supervision guidance / policy in place and all relevant staff are aware of their responsibilities.

- 2.1 The Health Board has a Safeguarding Supervision Protocol in place which is available to all staff on the Safeguarding page on the Health Board's intranet.
- 2.2 The protocol document was found to be comprehensive and up to date and included responsibilities for all staff, information on different types of supervision and how to access.
- 2.3 There is a dedicated page for Safeguarding on the Health Board's intranet where advice on safeguarding issues can be accessed.
- 2.4 As a result of the Covid-19 pandemic in September 2020 a Safeguarding newsletter was introduced to provide staff with updates on safeguarding issues. The newsletter was well received and has now become a regular issue.

- 2.5 Feedback from a sample of midwifery staff contacted noted that staff are aware of requirements regarding attending safeguarding supervision sessions and the advice that is available on the Safeguarding page of the Intranet.

Conclusion:

- 2.6 There is appropriate guidance in place for Safeguarding Supervision. We have provided substantial assurance against this objective.

Objective 2: Robust processes are in place within Midwifery services to ensure that staff comply with safeguarding supervision requirements and appropriate supervision sessions are provided

- 2.7 Safeguarding Supervision sessions for midwifery staff are run jointly with health visiting staff, with the central Safeguarding Department scheduling the sessions. Once the sessions have been scheduled the information will be shared with all staff.
- 2.8 Responsibility for booking onto a session lies with the individual member of staff, if a session is not fully booked then reminder emails will be issued to request staff book a place.
- 2.9 Since the 1st April 2021 a 'Safeguarding Tracker' has been in place for Safeguarding Sessions attended. Whilst the tracker is maintained by the Corporate Safeguarding Team the Lead Midwife for Safeguarding is able to access and review the compliance of midwifery staff.
- 2.10 When midwifery staff fail to attend a safeguarding supervision session an email will be sent to their line manager to advise of the non attendance.
- 2.11 The service was aware that compliance for safeguarding supervision sessions had fallen during the Covid-19 pandemic. As a result of this a Safeguarding Women and Children Work Plan covering midwifery staff was drawn up to address the situation. **(Matter Arising 1)**
- 2.12 We undertook testing on a sample of midwifery staff to ascertain their safeguarding session compliance. Of the 20 staff selected we noted that 1 member of staff had not attended a safeguarding session at the time of the fieldwork. **(Matter Arising 1)**

Conclusion:

- 2.13 Whilst safeguarding supervision compliance rates fell during the pandemic, a work plan has been developed which, once implemented, should help to ensure that the rates improve. We have provided reasonable assurance against this objective.

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Objective 3: Supervision sessions are appropriately documented and actions are taken to address any identified issues, concerns or staff training and development needs.

- 2.14 For each supervision session that takes place a document titled 'safeguarding group supervision agreement and record of supervision session' is completed by the Safeguarding Lead for the Session. The document records:
- 2.14.1 Attendee name and designation
 - 2.14.2 Theme discussed at the session and main discussion points
 - 2.14.3 Agreed actions, completion date and name of action lead.
- 2.15 A copy of the completed form will then be forwarded to the Corporate Safeguarding Team, all session participants and their line managers.
- 2.16 When required one to one sessions will take place for staff. They usually arise out of a concern for a specific case and will result in a safeguarding plan of care being drawn up and placed in the patient's case notes.
- 2.17 The 'supervision records' are reviewed by the Safeguarding Team to highlight any themes/trends. If any are identified then the Safeguarding Lead Midwife will meet with the relevant team to discuss the issue and agree appropriate actions. The theme would also be a discussion point for a future safeguarding session.

Conclusion:

- 2.18 We found that supervision sessions are appropriately documented. We have provided substantial assurance against this objective.

Objective 4: Appropriate arrangements are in place within the midwifery service for the monitoring and reporting of safeguarding supervision.

- 2.19 Safeguarding compliance will be reviewed and discussed at the Weekly Midwifery Management Team meeting when the agenda theme is governance.
- 2.20 At the above meeting the Midwifery aspect of the Women and Children Action plan will be reviewed.
- 2.21 An update on Midwifery Compliance for the specific month is also presented by the Lead Midwife for Safeguarding.
- 2.22 The service is represented at the Health Board's Safeguarding Strategic group by the Head of Midwifery and the Health Board's Operational Safeguarding group by Lead Midwife for Safeguarding.
- 2.23 The Head of Midwifery will provide updates to the Safeguarding Strategic Group on any safeguarding issues.
- 2.24 Midwifery Safeguarding Supervision Sessions Compliance is reported with the Safeguarding Performance Report that is produced by the Corporate Safeguarding

Team. The report is submitted to both the Safeguarding Strategic and Operational Safeguarding Groups quarterly.

- 2.25 We were provided with a copy of the 2020/21 Quarter 4 Performance Report. From our review of the report we confirmed that data concerning safeguarding sessions is reported. We also noted that midwifery compliance is reported jointly with health visiting staff resulting in us being unable to ascertain the actual level of compliance for midwifery services. **(Matter Arising 2)**

Conclusion:

- 2.26 There are processes within both Midwifery Services and Corporately for monitoring and reporting safeguarding supervision compliance however enhancements regarding the information reported Corporately are recommended. We have provided Reasonable assurance against this objective.

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Appendix A: Management Action Plan

| Matter Arising 1: Attendance at Safeguarding Supervision Sessions (Operating Effectiveness) | Impact |
|---|---|
| <p>In accordance with the Safeguarding Supervision Protocol midwifery staff are expected to attend a Safeguarding Supervision session every 3 months. A random sample of midwifery staff was selected to ascertain compliance for the period 1st April 2021 to 30th September 2021. The following was noted from the testing:</p> <ul style="list-style-type: none"> Of the 20 staff selected 1 member of staff had not attended a supervision session during that period. <p>As a result of the Covid pandemic, compliance levels for safeguarding supervision had reduced and this has been acknowledged and reported by the department as part of the compliance figures detailed in Matter Arising 2 below.</p> <p>As a result of this, a Safeguarding Women and Children Work Plan covering midwifery staff supervision was drawn up in December 20 to address the situation. At the time of review, the work plan had not been updated to confirm the status of the actions.</p> | <p>Failure of staff to attend sessions could lead to ineffective working and a failure of duty of care to patients.</p> |
| Recommendations | Priority |
| <p>1.1 Management should ensure that staff are reminded of their responsibility to attend a Safeguarding Supervision Session every three months.</p> <p>1.2 Management should also ensure that the Work Plan drawn up to improve compliance is effectively implemented.</p> | <p>Medium</p> |

| Agreed Management Action | Target Date | Responsible Officer |
|---|--|--|
| <p>1.1 a) Head of Midwifery to highlight to all Midwives at all Powys Midwifery meeting on their responsibility to attend Safeguarding Supervision every three months</p> <p>b) Head of Midwifery will be reviewing compliance through weekly Bronze meetings with Band 7 Midwives</p> <p>c) Requirements to attend Safeguarding supervision and available dates for Q3 are highlighted through the Midwifery Weekly brief that is shared to all Powys Midwives</p> | <p>11th Nov 2021</p> <p>Nov 2021</p> <p>Completed</p> | <p>Julie Richards, Head of Midwifery and Sexual Health</p> <p>Julie Richards Head of Midwifery and Sexual Health</p> <p>Debbie Howells, Named Midwife for Safeguarding supervision</p> |
| <p>1.2 a) Safeguarding supervision compliance will be monitored through monthly Midwifery Management and Leadership Governance meeting and has been included into the Women and Children's Senior Leadership Performance Dashboard</p> <p>b) Women and Children's Safeguarding Work plan to be reviewed and updated to ensure improvements with compliance is effectively implemented</p> | <p>December 2021</p> <p>December 2021</p> | <p>Julie Richards, Head of Midwifery and Sexual Health</p> <p>Louise Turner, Assistant Director for Women and Children's services</p> |

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| Matter Arising 2: Reporting of Compliance (Control Design) | Impact |
|---|--|
| <p>We note that Safeguarding Supervision Sessions compliance is reported as part of the Performance report that is considered at the Health Board’s Safeguarding Strategic and Operation Safeguarding Group meetings. As part of our audit fieldwork we were provided with a copy of the 2020/21 Quarter 4 Performance Report. From our review of the report we made the following observations:</p> <ul style="list-style-type: none"> • There is no separate compliance figure report for Midwifery Safeguarding compliance, it is reported as a joint figure with Health Visiting. • For the period 1st July 2020 to 28th February 2021 (which was reported in the Quarter 4 Safeguarding Performance Report that went to the July 21 Safeguarding Group) there were 78 midwifery and health visiting staff in post meaning there should have been 156 attendances. The actual number of attendances reported was 70 which is a compliance rate of 45%. • Due to the fact that midwifery and health visiting staff compliance is reported as one figure we are unable to identify the actual compliance rate for midwifery staff. | Health Board is not aware of the true compliance rate for midwifery staff. |
| Recommendations | Priority |
| <p>2.1 Management should consider separating the safeguarding compliance information for midwifery and health visiting that is reported within the performance report. Separating out the two services will mean that issues regarding compliance specific to each service can be identified.</p> | Medium |
| <p>2.2 Management may also wish to consider enhancing the current reporting data by also reporting current compliance as a percentage and even setting a target percentage for compliance.</p> | |

| Agreed Management Action | Target Date | Responsible Officer |
|---|-----------------------|--|
| 2.1 and 2.2 We commenced separating all service groups in July 2021. This has enabled the corporate safeguarding team to produce individual compliance reports that clearly identifies each registrant's compliance and the overall percentage compliance for each service. The Quarter 2 Reports were distributed to the Heads of Service for the first time at the end of Q2 and will be reported at the next Strategic and Operational Safeguarding Groups. I accept that we should set targets. | 2.1 and 2.2 completed | Jayne Wheeler-Sexton Assistant Director of Nursing Safeguarding |

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Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

| | | |
|--|---------------------------------|--|
|  | Substantial assurance | Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. |
|  | Reasonable assurance | Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. |
|  | Limited assurance | More significant matters require management attention. Moderate impact on residual risk exposure until resolved. |
|  | No assurance | Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. |
|  | Assurance not applicable | Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed. |

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

| Priority level | Explanation | Management action |
|----------------|--|----------------------|
| High | Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement. | Immediate* |
| Medium | Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective. | Within one month* |
| Low | Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration. | Within three months* |

* Unless a more appropriate timescale is identified/agreed at the assignment.



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| Patient Experience, Quality and Safety Committee | | Date of Meeting: 24 March 2022 | |
|---|--|-----------------------------------|-------------|
| Subject : | 2021 – 2022 Clinical Audit Programme Update and 2022-2023 Clinical Audit Programme | | |
| Approved and Presented by: | Kate Wright, Medical Director | | |
| Prepared by: | Howard Cooper, Safety and Quality Improvement Manager | | |
| Other Committees and meetings considered at: | | | |
| PURPOSE: | | | |
| The purpose of this paper is to note the progress of the 2021-2022 Clinical Audit Programme and to provide the latest draft audit plan for 2022-2023. | | | |
| RECOMMENDATION(S): | | | |
| The Patient Experience, Quality and Safety Committee is asked to note and approve the content. | | | |
| Approval/Ratification/Decision ¹ | | Discussion | Information |
| ✓ | | x | x |
| THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S): | | | |
| | | | |
| Strategic Objectives: | 1. Focus on Wellbeing | | ✓ |
| | 2. Provide Early Help and Support | | ✓ |
| | 3. Tackle the Big Four | | ✓ |
| | 4. Enable Joined up Care | | ✓ |
| | 5. Develop Workforce Futures | | ✓ |
| | 6. Promote Innovative Environments | | ✓ |

Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

| | | |
|----------------------------|--|---|
| | 7. Put Digital First | ✓ |
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | ✓ |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

The paper presents an update to the PTHB clinical audit programme for 2021-2022 (Appendix A).

Clinical Audits are classified into three tiers. Tier 1 are the National Clinical Audit and Outcome Review programme as mandated by Welsh Government or other audits conducted at the national scale. Tier 2 will be Organisational Audits selected by senior clinical staff within the Health Board and designed to support the organisational ambitions of the Health Board to provide safe, effective and timely care. Finally Tier 3 will be Individual Audits which are performed by members of staff wishing to undertake a local quality improvement project using clinical audit methodology.

The Paper also introduces the first draft of the Clinical Audit Programme for 2022-2023 (Appendix B). During the course of the programme further audits may be added as new issues are identified.

BACKGROUND AND ASSESSMENT:

Audits reporting this period.

Women and Childrens Service.

Within the Women and Childrens Service the sexual health team reported the results of their Test and Post project. Since 2020, as part of the "Frisky Wales" service, this has allowed for citizens to have test kits for sexually transmitted infections discreetly sent to their homes. 1367 test kits were requested in the previous 12 months by Powys residents with 67 giving a positive indication of infection. Of the 112 cases sampled by the audit the patient was notified of their results within the 10-day standard timeframe in 86% of cases.

As well as reporting on note keeping and the speed of testing, the audit noted that compared to the previous year the number of cases of chlamydia had fallen by 40% and those of gonorrhoea by 54%. This may be due to restrictions in social events during the pandemic.

The Paediatric Physiotherapy service presented an audit on whether premature babies are reliably referred to the therapeutic services within Powys as a default position or only if an obvious concern is identified by staff. The referral pathway is complicated by the fact that of the 70 premature births of Powys residents that occurred in 2020, 61 of them took place out of county. The audit identified the 70 cases through data held by the informatics team but found that only 17 of the children had been referred to therapeutic services. An improvement plan has been put in place to advise staff about the therapeutic services available in Powys or to directly identify potential clients through primary data sources.

Community Services Group.

The Community Dental Service reported that they had successfully completed their equipment decontamination audit and that all the process examined met the criteria of the WHTM01-05 standard.

Staff from the out-patient eye clinic reported the findings of their audit which showed that the new to Powys service of providing intravitreal Anti-VEGF treatment for patients with wet age-related macular degeneration was highly effective in slowing down the progress of this degenerative condition with 56% of patients actually showing an improvement in vision between appointments.

All of the Powys GP surgeries reported their findings for three audits that they had undertaken. These audits covered the services offered to citizens with diabetes and the prescribing and safety monitoring of patients receiving either anti-coagulants or drugs which carry an inherently high risk of side effects. Despite the limitations of the pandemic, surgeries were able to report good results for the majority of measures.

The Occupational Therapy staff reported an audit of their record keeping performed against the Health and Care Professional Council standards. Overall case records scored 68% compliance against the standard, an improvement on the previous years but indicating improvement was still required. Feedback was given to teams on those aspects of the records that required improvement.

The Lead for Community Covid Vaccination presented an audit done on the recording of best interest decisions for individuals who lack the capacity to consent to Covid vaccination for themselves. Of the 13 patients whose cases were examined six had a completed treatment "Form 4" whilst seven did not. The use of Form 4 is not a legal requirement for recording best interest decisions but it is a nationally used form which provides structured guidance to the clinician who is judging what is in the best interest of the patient. Its use is therefore advised. Education was provided to vaccinators on the use of Form 4.

The endoscopy team presented the findings of their patient satisfaction survey. This is performed annually as part of accreditation for the JAG award. Patient comments were very positive one saying that it was "Well organised considering appointment was during the Covid pandemic lockdown" whilst another stated that the staff "explained everything and made a worrying and frightening experience into a relaxed procedure".

The Podiatry service presented an audit of their record keeping. Results were disappointing with patient notes only meeting the required standard 72% of the time. Particular areas identified as needing improvement was the recording of consent, improving the use of standardised abbreviations and the clear stating of treatment objectives.

The Minor Injury Unit team presented data showing the effect of the introduction of their telephone triage service introduced as a response to the Covid pandemic to allow the service to continue but in a socially distanced manner. The data showed that the number of patients being seen face to face had fallen to 43% (Site 1) and 55% (Site 2) of the equivalent pre-pandemic activity. A total of 3611 patients were redirected from MIU to A&E, GP care, high street pharmacists or self-care in the period April to September 2020.

Changes to the audit programme requested this period

The Committee is asked to agree;

- the addition to the programme of a suite of audits from the Surgery and Endoscopy team,
- the addition to the programme of three audits based on the Enhanced Service Agreements with GP surgeries,
- the addition to the programme of an audit of the care of patients with macular degeneration,
- the addition to the programme of a number of non-programme national audits in the Women and Childrens service,
- the addition to the programme of a Safeguarding audit in response to a serious incident,
- the addition to the programme of two audits on sexual health in the Women and Childrens service.

Clinical Audit Programme 2022-2023

The first draft of the Clinical Audit Programme for 2022-2023 is presented in Appendix B

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Appendix A

Clinical Audit Plan 2021/22

| Community Services Group Audits | | | | |
|-----------------------------------|---|------------------------|----------------------|---|
| Community Nursing | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 1 - National Audit Programme | Pulmonary Rehabilitation | Ongoing national audit | CSM South | To be determined nationally |
| Tier 1 - National Audit Programme | Cardiac Rehabilitation Audit | Ongoing database | Head of Nursing | Ongoing data collection Next report date to be determined nationally |
| Tier 2 – Identified risk | Completion of Admission Assessment Documents (re-audit of 2021 audit) | Quarter 2 2021 | Emma McGowan | Quarter 4 2021 |
| Tier 2 – Identified risk | Patient Identification Audit | Rolling Monthly audit | Senior Nursing Staff | Rolling Monthly audit |
| Tier 2 – Identified risk | Completion of DNACPR audit | Rolling Monthly audit | Senior Nursing Staff | Rolling Monthly audit |
| Tier 2 – Identified risk | Completion of NEWS chart audit | Rolling Monthly audit | Senior Nursing Staff | Rolling Monthly audit |

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| | | | | |
|--|---|-----------------------|----------------------------|---|
| Tier 2 – Identified risk | Observation of Hand Hygiene Practice audit | Rolling Monthly audit | Senior Nursing Staff | Rolling Monthly audit |
| Tier 2 – Identified risk | Compliance with the use of Personal Protective Equipment (PPE) audit | Rolling Monthly audit | Senior Nursing Staff | Rolling Monthly audit |
| Out Patient services | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 2 Service Improvement | Intravitreal Anti-VEGF treatment for wet Age-related macular degeneration | Quarter 1 2021 | Eye Clinic | Quarter 1 2021 COMPLETED |
| | | | | |
| Dentistry | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 2- Audit for accreditation scheme | WHTM01-05 (equipment decontamination) audit | Quarter 2 2021 | Dental staff | Quarter 3 2021 COMPLETED |
| Medicines Management Team | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 2 – Identified risk | Safe Storage of medicines audit | Quarter 3 2021 | Medicines Management Staff | COMPLETED Quarter 4 2021 |
| Tier 2 Service Improvement | Audit of authorisation process for staff to use Patient Group Directions | Quarter 3 2021 | Medicines Management Staff | Delayed to 2022/23 Quarter 4 2021 |

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|--------------------------------------|--|-------------------|----------------------------|---|
| Tier 2 Service Improvement | Record keeping regarding the use of Patient Group Directions | Quarter 3 2021 | Medicines Management Staff | UNDERWAY Quarter 4 2021 |
| Tier 2 Service Improvement | Use of Patient Group Directions across the health Board | Quarter 3 2021 | Medicines Management Staff | Delayed to 2022/23 Quarter 4 2021 |
| Tier 2 – Identified risk | Audit of the use of Standard Operating Procedures with regards to Controlled Drugs | Quarter 3 2021 | Medicines Management Staff | UNDERWAY Quarter 4 2021 |
| Tier 2 – Identified risk | Controlled Drugs Register Audit | Quarter 3 2021 | Medicines Management Staff | Delayed to 2022/23 Quarter 4 2021 |
| Primary Care | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 2 Service Improvement | Audit of patients receiving anti-coagulation drugs | Quarter 1 2021 | GP Practice staff | Quarter 3 2021 COMPLETED |
| Tier 2 Service Improvement | Audit of services provided to patients with diabetes | Quarter 1 2021 | GP Practice staff | Quarter 3 2021 COMPLETED |
| Tier 2 Service Improvement | Audit of the management of inherently high-risk medications | Quarter 1 2021 | GP Practice staff | Quarter 3 2021 COMPLETED |
| | | | | |
| Therapies and Health Sciences | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |

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|-----------------------------------|--|-----------------------------|----------------------------|---|
| Tier 1 - National Audit Programme | National Diabetes Foot Care Audit | To be determined nationally | Head of Podiatry | Stood down by Welsh Government |
| Tier 1 - National Audit Programme | All Wales Audiology Audit - 2021 Quality Standards for Children's Hearing Services | To be determined nationally | Head of Audiology | COMPLETED |
| Tier 1 - National Audit Programme | Stroke Audit (SSNAP) | Quarter 1 2021 | Consultant Therapist | COMPLETED Quarter 3 2022 |
| Tier 2-Service Improvement | Notes Audit (re-audit of 2020 audit) | Quarter 3 2021 | Occupational Therapy staff | Delayed to 2022/23 Quarter 3 2021 |
| Tier 2-Service Improvement | Notes Audit | Quarter 3 2021 | Podiatry staff | COMPLETED Quarter 3 2021 |
| Tier 2-Service Improvement | Notes Audit (re-audit of 2020 audit) | Quarter 3 2021 | Physiotherapy staff | Delayed to 2022/23 Quarter 3 2021 |
| Tier 2-Service Improvement | Notes Audit | Quarter 3 2021 | Speech and Language staff | Delayed to 2022/23 Quarter 3 2021 |
| Tier 2-Service Improvement | CMATS Osteo arthritis Knee Audit based on NICE guidance. | Quarter 3 2021 | Physiotherapy staff | Data Collection complete Analysis underway |

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|---|---|----------------|-------------------|---------------------------------------|
| | | | | Quarter 4 2021 |
| Tier 2-Service Improvement | Taxonomy Audit | Quarter 3 2021 | Podiatry staff | CANCELLED Quarter 4 2021 |
| Tier 2- Audit for accreditation scheme | Non-medical referrers audit | Quarter 3 2021 | Radiography staff | COMPLETED Quarter 3 2021 |
| Tier 2- Audit for accreditation scheme | Compliance with Standard operating procedures | Quarter 3 2021 | Radiography staff | COMPLETED Quarter 3 2021 |
| Tier 2- Audit for accreditation scheme | Compliance with gonad protection standards | Quarter 3 2021 | Radiography staff | COMPLETED Quarter 3 2021 |
| Tier 2- Audit for accreditation scheme | Reject analysis | Quarter 3 2021 | Radiography staff | COMPLETED Quarter 3 2021 |
| Tier 2- Audit for accreditation scheme | Recording of date of last menstrual period | Quarter 3 2021 | Radiography staff | COMPLETED Quarter 3 2021 |
| Tier 2- Audit for accreditation scheme | Correct use of radiographic markers | Quarter 3 2021 | Radiography staff | COMPLETED Quarter 3 2021 |
| Tier 2- Audit for accreditation scheme | Radiographer commenting audit | Quarter 3 2021 | Radiography staff | COMPLETED Quarter 3 2021 |
| Tier 2-Service Improvement | Number and appropriateness of referrals received into department | Quarter 3 2021 | Audiology staff | COMPLETED Quarter 4 2021 |
| Tier 2 – Identified risk | Waiting times/compliance with targets | Quarter 3 2021 | Audiology staff | Delayed to 2022/23 |

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|--|---|-------------------|----------------------------------|---|
| | | | | Quarter 4 2021 |
| Tier 2-Service Improvement | Outcome measures for hearing aid users | Quarter 3 2021 | Audiology staff | CANCELLED Quarter 4 2021 |
| Tier 2 – Identified risk | Daily calibration checks on equipment | Quarter 3 2021 | Audiology staff | COMPLETED Quarter 4 2021 |
| Tier 3 – Local Audit following change of policy/process | Number of tinnitus referrals into Audiology versus into ENT. | Quarter 3 2021 | Audiology staff | TAKEN FORWARD AS NON-AUDIT WORK Quarter 4 2021 |
| Tier 2-Service Improvement | Number of hearing aids lost by patients | Quarter 3 2021 | Audiology staff | COMPLETED Quarter 4 2021 |
| Tier 2-Service Improvement | Spasticity against National Standards | Quarter 3 2021 | Physiotherapy staff | Delayed to 2022/23 Quarter 4 2021 |
| | | | | |
| Unscheduled Care | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 2-Service Improvement | Missed Fractures Audit | Quarter 3 2021 | Senior Nurse Unscheduled Care | Quarter 4 2021 |
| Tier 2-Service Improvement | Mattress audit | Quarter 3 2021 | Senior Nurse Unscheduled Care | Quarter 4 2021 |

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|---|---|-------------------|----------------------------------|-------------------|
| Tier 2-Service Improvement | Hand Hygiene Audit | Quarter 3 2021 | Senior Nurse Unscheduled Care | Quarter 4 2021 |
| Tier 2-Service Improvement | Primary Care Attenders | Bi Yearly 2021 | Senior Nurse Unscheduled Care | Quarter 4 2021 |
| Tier 2-Service Improvement | Paramedic/downgrade ambulance audit | Bi yearly 2021 | Senior Nurse Unscheduled Care | Quarter 4 2021 |
| Tier 2-Service Improvement | PGD Audit | Monthly | Senior Nurse Unscheduled Care | Quarter 3 2021 |
| Tier 2-Service Improvement | Paeds under five audit – scrutiny of every attender under five | Bi yearly 2021 | Senior Nurse Unscheduled Care | Quarter 3 2021 |
| Tier 2-Service Improvement | Documentation audit | Bi Yearly 2021 | Senior Nurse Unscheduled Care | Quarter 3 2021 |
| Tier 2-Service Improvement | PPE Audit | Monthly | Senior Nurse Unscheduled Care | Quarter 3 2021 |
| | | | | |
| Surgery and Endoscopy | | | | |
| Tier 2-Service Improvement | Consent to Surgery Audit | Quarter 2 2021 | Theatre Data Manager | Quarter 3 2021 |
| Tier 2-Service Improvement | Surgical Record Keeping Audit | Quarter 2 2021 | Theatre Data Manager | Quarter 3 2021 |
| Tier 2-Service Improvement | Consent to Endoscopy Audit | Quarter 3 2021 | Theatre Data Manager | Quarter 4 2021 |
| Tier 2-Service Improvement | Endoscopy Record Keeping Audit | Quarter 3 2021 | Theatre Data Manager | Quarter 4 2021 |
| Tier 2- Audit for accreditation scheme | Patient Satisfaction Audit (Surgery) | Quarter 2 2021 | Theatre Data Manager | Quarter 3 2021 |

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|---|---|--|--|--|
| Tier 2- Audit for accreditation scheme | Patient Satisfaction Audit (Endoscopy) | Quarter 3 2021 | Theatre Data Manager | Quarter 4 2021 |
| | | | | |
| Women's and Children's Service | | | | |
| Maternity Services | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 1-National Audit Programme | National Maternity and Perinatal Audit | As requested nationally | Head of Midwifery & Sexual Health Services | Delayed to 2022/23 |
| Tier 1-National Audit in line with Welsh Health Risk Pool | Clinical Audit report for Intelligent Intermittent Auscultation for Fetal Wellbeing | April 2021 and August 2021 WRP audit visit | Consultant Midwife and Clinical Supervisor of Midwives | COMPLETED December 2021 |
| Tier 1-National Audit with Delivery Unit | Neurodevelopmental Demand and Capacity Audit | Quarter 3 2021 | Sian Hooban & Delivery Unit | TAKEN FORWARD AS NON-AUDIT WORK Quarter 4 2021 |
| Tier 2-Service Improvement | Audit of the use of NICE guidance for Intermittent Auscultation | Quarter 3 2021 | Assistant Head of Maternity & Sexual Health Services | COMPLETED Quarter 4 2021 |
| Tier 1-National Audit | SGA Audit Compliance with GAP/GROW fetal surveillance programme at detecting SGA babies | Quarter 3 2021 | Assistant Head of Midwifery & Sexual Health Services | Delayed to 2022/23 Quarter 4 2021 |

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|--|---|----------------|--|---------------------------------------|
| | | | Midwife Sonographer Governance Leads | |
| Tier 2-Service Improvement | WAST Transfer Audit - Implementation of new transfer flow chart | Quarter 3 2021 | Shelly Higgins Consultant Midwife / Kate Evans | Delayed to 2022/23 Dec 2021 |
| Tier 2-Service Improvement | Clinical Information Sharing Audit | April 2021 | Clinical Supervisor for Midwives | COMPLETED July 2021 |
| Tier 2-Local Audits in response to a Serious Incident or Case Review | Safeguarding Supervision Policy – Maternity Specific | August 2021 | Head of Midwifery & Sexual Health | COMPLETED September 2021 |
| | | | | |
| Sexual Health | | | | |
| Tier 3 – Local Audit for service evaluation | Evaluation of Midwife & Health Visitor Led Contraception pilot. | Quarter 1 2021 | Sexual Health Clinical Lead | COMPLETED Quarter 3 2021 |
| Tier 3 – Local Audit for service evaluation | Evaluate management of referrals to Sexual Health Services via All Wales Test & Post platform | Quarter 1 2021 | Sexual Health Clinical Lead | COMPLETED Quarter 3 2021 |
| Tier 2-Service Improvement | Evaluation of Midwife & Health Visitor Led Contraception pilot. | Quarter 1 2021 | Sexual Health Clinical Lead | COMPLETED September 2021 |
| Tier 2-Service Improvement | Referrals to Sexual Health Services via All Wales Test & Post platform | January 2021 | Sexual Health Clinical Lead | June 2021 COMPLETED |
| | | | | |
| | | | | |
| Community Paediatrics | | | | |
| Tier 3- Audit suggested by FOI request | Recording of Antenatal Alcohol Exposure on Adoption Medical Reports | Quarter 1 2021 | Consultant Community Paediatrician | Delayed to 2022/23 |

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|---|--|----------------|---|--|
| | | | | Quarter 3 2021 |
| Tier 1-National Audit Programme | National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) | | Consultant Community Paediatrician | Delayed to 2022/23 Autumn 2021 |
| Tier 2 – Local Audit following change of policy/process | Melatonin Use Re-Audit | July 2021 | Consultant Community Paediatrician | COMPLETED With RE-AUDIT 2022/23 August 2021 |
| Tier 2-Service Improvement | Recording of Antenatal Alcohol Exposure on Adoption Medical Reports | Quarter 3 2021 | Consultant Community Paediatrician | Delayed to 2022/23 Quarter 4 2021 |
| Tier 2-Service Improvement | Child Protection Medicals in Powys (Trends over last 3 years) | June 2020 | Consultant Community Paediatrician (IP) | Delayed to 2022/23 April 2021 (Delayed presentation but audit Complete) |
| | | | | |
| Children's Therapies | | | | |
| Tier 2 – Local Audit following change of policy/process | Using TOMS to measure virtual therapy practices | Quarter 1 2021 | Head of Children's SLT service | Delayed to 2022/23 Quarter 3 2021 |
| | | | | |

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| Children's Nursing/Health Visiting | | | | |
|---|--|----------------|--|--|
| Tier 2 - Audits in response to a Serious Incident | CYSUR Action Plan Point 5 – Audit of the use of the SIP2 form | Quarter 1 2021 | Assistant Head of Children's Public Health Nursing - Health Visiting and School Nursing & Assistant Head of Midwifery & Sexual Health Services | TAKEN FORWARD AS NON-AUDIT WORK Quarter 3 2021 |
| Tier 2-Service Improvement | UNICEF Baby Friendly Initiative Infant feeding audit | Quarter 3 2021 | Infant Feeding Coordinator | Delayed to 2022/23 Quarter 4 2021 |
| Tier 2 - Audits in response to a Serious Incident | Child Was Not Brought to Appointment Policy Audit | Autumn 2021 | Sian Hooban & Mary Cottrill & Safeguarding Team | COMPLETED March 2022 |
| Tier 2-Service Improvement | CCN Profiling RCN Department of Health Audit | Quarter 3 2021 | Childrens Community Nursing | TAKEN FORWARD AS NON-AUDIT WORK April 2022 |
| Tier 2-Service Improvement | Audit of the use of NICE guidance with respect to LD Nursing, Neurodevelopment Service and Continence care | September 2021 | | Delayed to 2022/23 December 2021 |
| Tier 2-Service Improvement | Audit of the use of All Wales guidance for Continuing Care. | September 2021 | | CANCELLED December 2021 |
| Tier 2-Service Improvement | Record Keeping Audit | January 2022 | Childrens Community Nursing | Delayed to 2022/23 |

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|---|--|-------------------|---|--|
| Tier 2-Service Improvement | Audit of the Healthy Child Wales Programme measures | Quarter 3 2021 | Rebecca Hamley Locke | CANCELLED March 2022 |
| Tier 1- National Audits | Health Care Standards Audit | Quarter 3 2021 | Health Visiting | Delayed to 2022/23 March 2022 |
| Tier 1- National Audits in accordance with Welsh Government directive | SN Framework and Special School Nursing Framework | September 2021 | School Nursing | Delayed to 2022/23 December 2021 |
| Tier 2- Audits following change to policy or procedure | Clinical Supervision Policy for Childrens Nursing Services | January 2022 | Childrens Nursing | Delayed to 2022/23 March 2022 |
| | | | | |
| | | | | |
| Women's Health | | | | |
| Tier 2-Service Improvement | Benchmarking audit for compliance with NICE Guidance for Endometriosis | August 2021 | Specialist Nurse for Women's Health / Endometriosis | COMPLETED December 2021 |
| | | | | |
| | | | | |
| Mental Health and Learning Disabilities | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 1 WG national audit programme | WARRN Risk Assessment audit (second phase) | Q4 21-22 | MH Quality and Safety Team | April 2022 |

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|-----------------------------------|---|-------------------|----------------------------|-----------------|
| | The MH services are currently engaged in the outcome measures work with the DU to train staff in outcomes measures work which will inform future audits to invest in services and delivery of these services. | | MH Quality and Safety Team | |
| Safeguarding | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| <i>Tier 2 Service Improvement</i> | Safeguarding Maturity Matrix audit | Quarter 3 2021 | Head of Safeguarding | Quarter 4 2021 |
| <i>Tier 2 Service Improvement</i> | Safeguarding Supervision audit | Quarter 4 2021 | Head of Safeguarding | Quarter 4 2021 |
| | | | | |

Audit Driver Key:

| | |
|--|--|
| | Driver |
| | Welsh Government National Audit Programme |
| | Other National Audits |
| | Audits performed for accreditation schemes |
| | Local Audits for service improvement |
| | Local Audits following change to policy or procedure |
| | Local Audits in response to a Serious Incident/Identified Risk |

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| | |
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| | Service Evaluation |
| | Other |

Appendix B

Clinical Audit Plan 2022/23

| Community Services Group Audits | | | | |
|---------------------------------|-------------|------------|------|----------|
| Community Nursing | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| | | | | |
| Out Patient services | | | | |

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| Driver | Audit Title | Start Date | Lead | End Date |
|-------------------------------|--|----------------|----------------------------|----------------|
| | | | | |
| Dentistry | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| | | | | |
| Medicines Management Team | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 2 Service Improvement | Audit of authorisation process for staff to use Patient Group Directions | Quarter 3 2022 | Medicines Management Staff | Quarter 4 2022 |
| Tier 2 Service Improvement | Use of Patient Group Directions across the health Board | Quarter 3 2022 | Medicines Management Staff | Quarter 4 2022 |
| Tier 2 Service Improvement | Use of Patient Group Directions across the health Board | Quarter 3 2022 | Medicines Management Staff | Quarter 4 2022 |
| Tier 2 – Identified risk | Controlled Drugs Register Audit | Quarter 3 2022 | Medicines Management Staff | Quarter 4 2022 |
| Primary Care | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| | | | | |
| Therapies and Health Sciences | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |

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|--------------------------------|--|----------------|-----------------------------------|----------------|
| Tier 2-Service Improvement | Notes Audit (re-audit of 2020 audit) | Quarter 2 2022 | Occupational Therapy staff | Quarter 4 2022 |
| Tier 2-Service Improvement | Notes Audit (re-audit of 2020 audit) | Quarter 2 2022 | Physiotherapy staff | Quarter 4 2022 |
| Tier 2-Service Improvement | Notes Audit | Quarter 2 2022 | Speech and Language staff | Quarter 4 2022 |
| Tier 2 – Identified risk | Waiting times/compliance with targets | Quarter 2 2022 | Audiology staff | Quarter 4 2022 |
| Tier 2-Service Improvement | Spasticity against National Standards | Quarter 2 2022 | Physiotherapy staff | Quarter 4 2022 |
| | | | | |
| Unscheduled Care | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| | | | | |
| | | | | |
| Surgery and Endoscopy | | | | |
| | | | | |
| Women's and Children's Service | | | | |
| Maternity Services | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| National Audit Programme | National Maternity and Perinatal Audit | April 2022 | Head of Midwifery & Sexual Health | Quarter 2 2022 |

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|--|---|------------------------------|--|----------------|
| | | | Services & W&C Governance Lead | |
| Local Audits for service improvement | Audit of Compliance with Pool Evacuation Policy | April 2022 | Clinical Supervisor of Midwives | Quarter 2 2022 |
| UNICEF BFI | BFI Infant feeding audits | TBC | Infant Feeding Coordinator | TBC |
| Other National Audits | SGA Audit Compliance with GAP/GROW fetal surveillance programme at detecting SGA babies | April 2022 | Head of Midwifery & Sexual Health Services | Quarter3 2022 |
| Local Audits for service improvement | WAST Transfer Audit - Implementation of new transfer flow chart | Brought forward from 2021/22 | Shelly Higgins Consultant Midwife / Kate Evans | Quarter3 2022 |
| Local Audits following change to policy or procedure | Clinical Supervision Policy | Autumn 2022 | TBC | Quarter3 2022 |
| Local Audits for service improvement | Infection Control Audits (Environmental, Hand Hygiene) | Brought forward from 2021/22 | W&C Risk and Governance Lead | Quarter3 2022 |
| Local Audits for service improvement | Annual Record Keeping Audit of Clinical Records | April 2022 | All service leads | Quarter3 2022 |
| Local Audits for service improvement | Audit of Access to DAU Service and Care Against DAU Guideline | April 2022 | Assistant Head of Midwifery & Sexual Health Services | Quarter3 2022 |
| | | | | |
| Sexual Health | | | | |
| | | | | |
| Community Paediatrics | | | | |

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|---|---|------------------------------|--|----------------|
| Changes to Policy and Practice | Melatonin Use Re-Audit | Brought forward from 2021/22 | Consultant Community Paediatricians | Quarter 1 2022 |
| National Audit Programme | National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12) | Brought forward from 2021/22 | Consultant Community Paediatricians | Quarter 3 2022 |
| Child Protection Quality Standards (UK) | Child Protection Medicals in Powys (Trends over last 3 years) | Brought forward from 2021/22 | Consultant Community Paediatricians | Quarter 1 2022 |
| FOI request re FASD | Recording of Antenatal Alcohol Exposure on Adoption Medical Reports (trends over last 10 years) | TBC | Consultant Community Paediatricians | TBC |
| | | | | |
| Children's Therapies | | | | |
| National Audit Programme | Audit of Quality Standards for Paediatric Audiology | Brought forward from 2021/22 | Professional/Medical Lead for Paediatric Audiology | Quarter 2 2022 |
| Changes to Policy and Practice | Using TOMS to measure virtual therapy practices | Brought forward from 2021/22 | Head of Children's Speech and Language Therapy/Team Leader North | Quarter 3 2022 |
| Local Audits for service improvement | NICE Guidance – Neurodevelopment Service | Brought forward from 2021/22 | ND service | Quarter 3 2022 |
| | | | | |

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| Children's Nursing/Health Visiting | | | | |
|---|--|------------|----------------------------|----------------|
| Other National Audits | Health Care Standards Audit | April 2022 | Health Visiting | Quarter 3 2022 |
| Other National Audits | SN Framework and Special School Nursing Framework | April 2022 | School Nursing | Quarter 3 2022 |
| | | | | |
| Mental Health and Learning Disabilities | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| Tier 1 WG national audit programme | The Care and Treatment Planning audit is planned for later this year and this will inform the learning and training investment moving forward. | Q3 | MH Quality and safety team | |
| | | | | |
| | | | | |
| Safeguarding | | | | |
| Driver | Audit Title | Start Date | Lead | End Date |
| | | | | |

| Driver |
|--|
| Welsh Government National Audit Programme |
| Other National Audits |
| Audits performed for accreditation schemes |
| Local Audits for service improvement |
| Local Audits following change to policy or procedure |
| Local Audits in response to a Serious Incident/Identified Risk |

| | |
|--|--------------------|
| | Service Evaluation |
| | Other |

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Agenda item: 3.6

| Patient Experience, Quality and Safety Committee | | Date of Meeting: 24 March 2022 | |
|---|---|-----------------------------------|-------------|
| Subject: | Mortality Report | | |
| Approved and Presented by: | Kate Wright, Medical Director | | |
| Prepared by: | Howard Cooper, Safety & Quality Improvement Manager | | |
| Other Committees and meetings considered at: | | | |
| PURPOSE: | | | |
| This purpose of this paper is to provide an update to the Patient Experience, Quality & Safety Committee on the mortality data for the period 1 May 2021 to 31 December 2021 and to update the Committee on developments in the mortality review process. | | | |
| RECOMMENDATION(S): | | | |
| The Patient Experience, Quality and Safety Committee is asked to note the findings of this report and progress achieved in improving the arrangements for the review of patient care. | | | |
| Approval/Ratification/Decision ¹ | | Discussion | Information |
| ✓ | | x | x |
| THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S): | | | |
| Strategic Objectives: | 1. Focus on Wellbeing | | ✓ |
| | 2. Provide Early Help and Support | | ✓ |
| | 3. Tackle the Big Four | | ✓ |
| | 4. Enable Joined up Care | | ✓ |
| | 5. Develop Workforce Futures | | ✓ |
| | 6. Promote Innovative Environments | | ✓ |
| | 7. Put Digital First | | ✓ |

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

| | | |
|----------------------------|--|---|
| | 8. Transforming in Partnership | ✓ |
| Health and Care Standards: | 1. Staying Healthy | ✓ |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✓ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

This paper provides a summary report on the deaths of Powys residents occurring both in Powys community hospitals and in the services commissioned at out of county District General Hospitals during the period 1st May 2021 to 31st December 2021.

The paper also details the findings of the third round of independent reviews of deaths occurring in Powys Community Hospitals.

Finally, the paper provides a brief update on the Datix Mortality Module and the roll out of the Medical Examiner project.

DETAILED BACKGROUND AND ASSESSMENT:

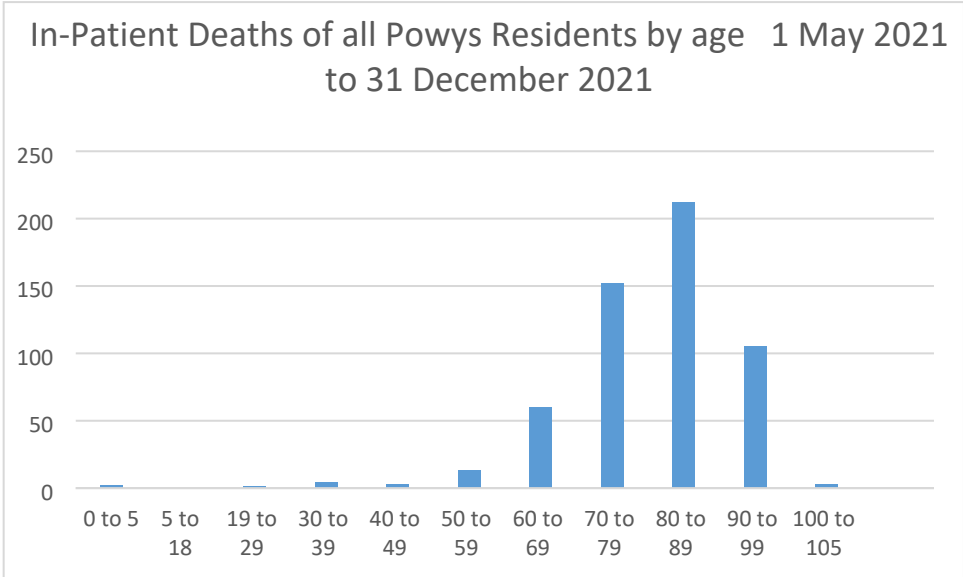
Deaths of Powys Residents in Hospitals (1st May 2021 – 31st December 2021)

During the period under review there have been 555 deaths of Powys residents in either Powys community hospitals or in acute units of neighbouring Health Boards and NHS Trusts.

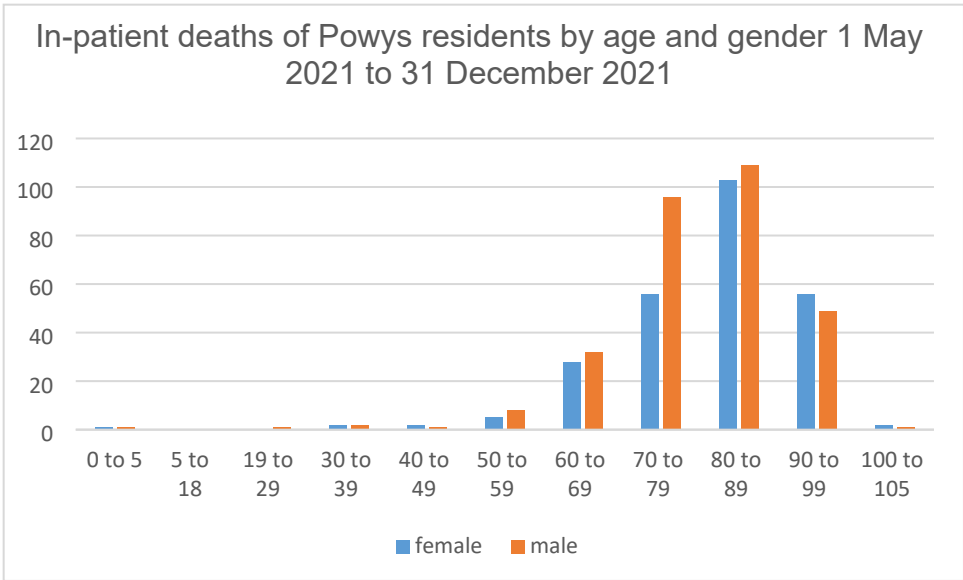
| | |
|---|-----|
| Deaths in Powys community hospitals | 153 |
| Deaths in acute units in neighbouring English NHS Trusts | 218 |
| Deaths in acute units in neighbouring Welsh Health Boards | 82 |
| Deaths in other acute trusts (locations which not currently specified on the Powys Informatics system but the majority, 80+, of these deaths were at Prince Charles Hospital) | 102 |
| Of these; | |
| Total number of deaths that were subject to a serious incident (SI) investigation | 0 |
| Infant and child deaths | 0 |
| Perinatal deaths | 2 |

| | |
|--|-----|
| Maternal Deaths | 0 |
| Total number of reported deaths of Powys residents in hospitals. | 555 |

The graph below demonstrates that most deaths of Powys residents in all hospitals are of people over the age of 60 with the greatest number being those aged between 80 and 89 years of age.



The graph below breaks these deaths down by gender.



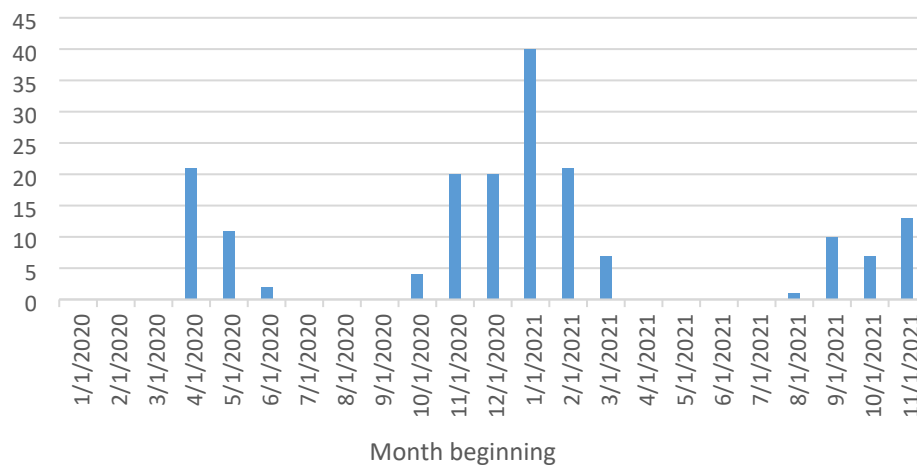
The table below gives the numbers of deaths due to the following conditions.

- 'The Big Four' Cancer, Mental Health, Respiratory and Cardiovascular
- Dementia
- Covid-19
- Other

| | Primary Cause of Death | PTHB Provider Male | PTHB Provider Female | Commissioned Services: Male | Commissioned Services: Female | Total |
|---------------------|---|--------------------|----------------------|-----------------------------|-------------------------------|------------|
| The Big Four | Cancer | 34 | 27 | 48 | 34 | 143 |
| | Mental Health | 0 | 0 | 0 | 0 | 0 |
| | Respiratory Disease (not Covid 19) | 12 | 8 | 36 | 26 | 82 |
| | Cardiovascular Disease | 13 | 13 | 52 | 47 | 125 |
| | Dementia | 5 | 7 | 7 | 8 | 27 |
| | Covid 19 (includes cases awaiting lab confirmation) | 0 | 0 | 20 | 14 | 34 |
| | Other causes | 21 | 12 | 52 | 59 | 144 |

The next graph shows the numbers of deaths of Powys residents from laboratory confirmed or suspected Covid 19 infection over the course of the pandemic which occurred in either Powys community hospitals or at out of county hospitals.

In-patient deaths from Covid 19 (in and out of county) of Powys residents during the course of the pandemic



Senior Staff Mortality Reviews of Deaths on Powys Wards

As described more fully in the February 2021 mortality report to this group the Medical Director has convened a group of senior clinicians to undertake an independent review of all deaths that have occurred on the wards of Powys community hospitals. As before, following the Stage 1 review of the notes using the agreed proforma, any cases requiring further discussion are flagged for a meeting of all the senior reviewers.

The third round of these reviews has now been completed. The majority of deaths occurring on Powys wards between the 1 April 2021 and 31 August 2021 have been reviewed.

The number of cases which had a Stage 1 review were as follows:

- Bronllys 5
- Brecon 12
- Ystradgynlais
- Llandrindod 15
- Llanidloes 16
- Newtown 2
- Welshpool 12
- Machynlleth 6

The notes were generally of high quality with good communication between staff and patients/families being found but the reviewers did find three cases where the record was considered deficient or incomplete.

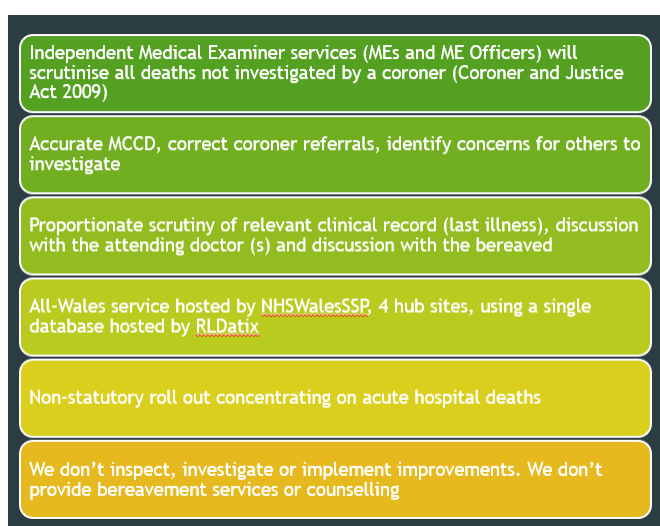
Though generally good, there was variation in how the notes were ordered from case to case. The reviewers noted an improved number of treatment escalation plans being in place, but this could be improved.

A high number of admissions for palliative care were identified.

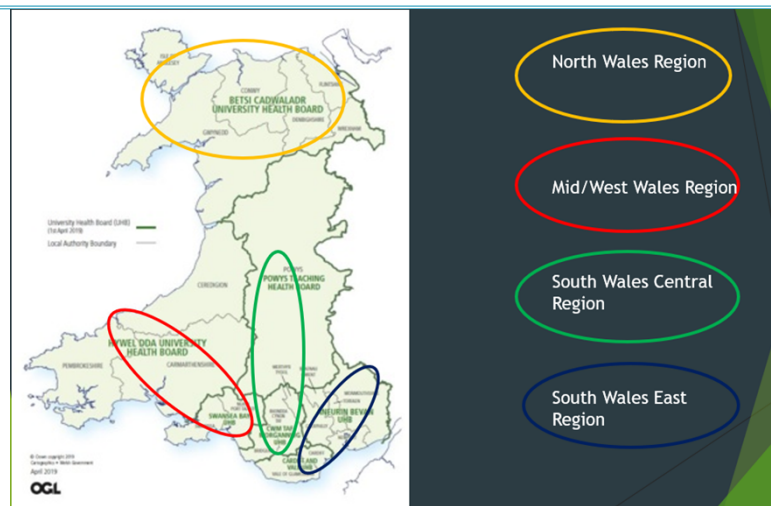
Two sets of notes were flagged for attention at a Stage 2 meeting which are currently underway. In one of these cases the precise cause of death was unclear and in the second case it was unclear whether a patient had been admitted with existing pressure damage or if it had been suffered during admission.

The Datix Mortality Module and the Medical Examiner Role

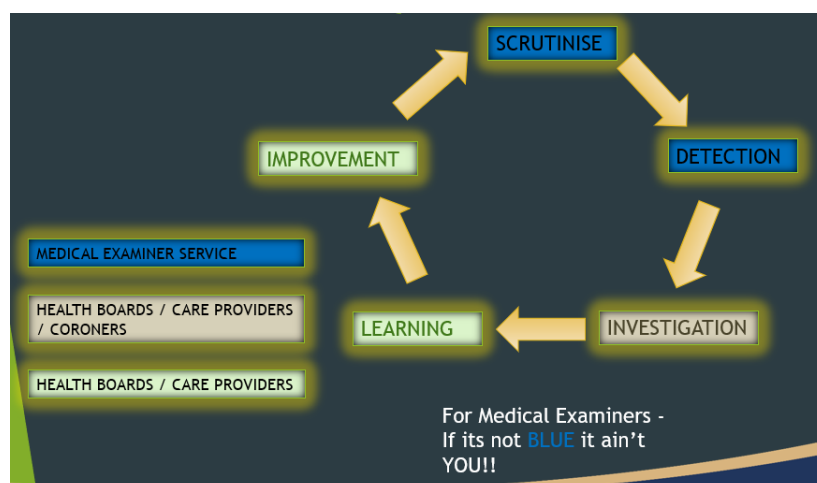
The implementation of the Medical Examiner Service is gathering pace. The Lead Medical Examiner for Wales, Dr Jason Shannon, recently presented the following graphics outlining progress. In the first, he explains what the basics of the service involves.



The service will be based in four hubs covering the whole of Wales.



Dr Shannon emphasised that the role of the Medical Examiner is to detect and identify potential areas of concern but that, unlike coroners, they have no role in conducting or overseeing further investigation.



Many, but not all, of the planned posts in the Medical Examiner Service have now been filled and the Service is currently running in pilot format examining around 700 cases per month.

At the moment the majority of the work has been in the Health Boards that provide acute care. No reviews have taken place in Powys to this point.

Work has been underway in collaboration with the medical examiner service to ensure that systems are in place ahead of roll out. A pilot will commence in Powys Teaching Health Board in April 2022 on two community hospital sites prior to full roll out. A draft SOP has been produced and will be finalised following the pilot. The medical examiner service is also starting to work with primary care across Wales in preparation for roll out to primary care services.

The Datix mortality module that will be used to record the referrals sent by the Medical Examiner has recently gone live.

Further reports will be submitted to the Patient Experience Quality and Safety Committee once the pilot is complete and processes have been finalised.

| Patient Experience, Quality & Safety Committee | | Date of Meeting: 24 March 2022 |
|---|---|---|
| Subject : | General Medical Practice Access Review | |
| Approved and Presented by: | Pete Hopgood, Director of Finance, Information & IT Services, and Interim Director of Primary Care | |
| Prepared by: | Jayne Lawrence, Assistant Director of Primary Care | |
| Other Committees and meetings considered at: | | |

PURPOSE:

The purpose of this paper is to update the PTHB Executive Committee on the recent Access Review undertaken with general practice and to propose renewal support funding to assist general practice in managing current patient demand.

RECOMMENDATION(S):

The Executive Committee is asked to note the results of the GMS access review. The Executive Committee is requested to agree to progress Option 4 outlined in this report:

- Continue to offer a minimum 75% activity achievement level threshold for all LES and NES's against a 100% payment guarantee, effective from 1st January 2022 until 31st March 2022;
- Offer £160k PTHB renewal funding to support practices in paying for additional resources (both clinical and non-clinical) where required to increase capacity and deliver additional activity to support patient demand from 1st January 2022 until 31st March 2022;
work with cluster leads to match fund the £160k renewal fund out of cluster funds

| Approval/Ratification/Decision ¹ | Discussion | Information |
|---|------------|-------------|
| ✓ | ✓ | ✓ |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|----------------------------|--|---|
| Strategic Objectives: | 1. Focus on Wellbeing | ✓ |
| | 2. Provide Early Help and Support | ✓ |
| | 3. Tackle the Big Four | ✓ |
| | 4. Enable Joined up Care | ✓ |
| | 5. Develop Workforce Futures | ✓ |
| | 6. Promote Innovative Environments | ✗ |
| | 7. Put Digital First | ✗ |
| | 8. Transforming in Partnership | ✗ |
| Health and Care Standards: | 1. Staying Healthy | ✓ |
| | 2. Safe Care | ✓ |
| | 3. Effective Care | ✓ |
| | 4. Dignified Care | ✗ |
| | 5. Timely Care | ✓ |
| | 6. Individual Care | ✓ |
| | 7. Staff and Resources | ✓ |
| | 8. Governance, Leadership & Accountability | ✗ |

EXECUTIVE SUMMARY:

In September 2021, to recognise the increasing demand on GMS the PTHB Executive agreed to offer a minimum 75% activity achievement level threshold for all LES and NES's against a 100% payment guarantee, effective from 1st October 2021 until 31st December 2021 on the proviso that practices agreed to undertake a robust Access Review as directed by PTHB. Fifteen practices participated in the Access Review.

The access review was in two parts and comprised of an access survey and a demand and capacity audit. The survey element focussed on the practices access model and the demand and capacity audit involved data capture during a one week period during the 15/11/21 to the 19/11/21 regarding patient demand and the practices capacity to manage.

The review has provided assurance on

- Patient access into practice premises, recognising some offer controlled access

¹ Equality Impact Assessment (EiA) must be undertaken to support all organisational decision making at a strategic level

- Patient waiting areas have been risk assessed and can be safely used by patients
- All practices offer telephone and face to face contact with some offering alternative digital contact.
- All offer both routine and urgent on the day appointments.
- The total patient initiated contact for the fifteen practices was 39,333 (approx. 30% of Powys patient population) for the week
- Telephone is the main method used by patients to contact their practice (84%)/
- Approximately one third of patient contacts to the Practice were to request an appointment with a clinician, with the remainder of patient contact for other reasons.
- Across the week, the total patient initiated contact for appointments was 13,095 with an average of contacts requesting an appointment per day of 2,619. Crudely per practice this is a 'patient appointment ask' of 175 appointments per day.
- the review confirms the mixed access model approach between remote and face to face appointments

Practices are currently managing demand by extending clinical sessions, however this model is becoming unsustainable and clinician exhaustion and fatigue is being confirmed in the national primary care escalation levels (44% reporting Level 4 and (38%) reporting level three. The current sustainability of practices cannot be underestimated.

- Current Powys Practice staff absences continue to be higher than any other Health Board across Wales for GP and Admin staff absences, and the second highest absence rate for the MDT team
- Currently the PTHB commitment made in September 2021 for LES and NES attainment at a minimum of 75% to maintain 100% payment , expires on the 31st December. Removing the 25% relaxation measure would further impact on practice capacity and workload.
- Health Boards across wales are offering recovery and renewal funding to general practice. The areas of support vary from funding additional GP sessions, additional reception hours, schemes to address chronic disease backlog, phlebotomy support and offering centralised support from within health boards.

Consideration has been given to the support that Powys general practice requires to get through the winter recognising that we are already mid-way through the winter period and the fatigue and exhaustion being experienced is escalating.

PTHB renewal funding, further supported by cluster funding is proposed to support the service along with the continuation of the current enhanced service offer. If agreed, a framework will be put in place to support the renewal funding offer to monitor the increased activity and resources and care it has enabled over and above a practices normal compliment.

The access survey results demonstrate the workforce pressure points across practices, however these vary from practice to practice affecting the entire practice team across clinical and non-clinical roles. The framework will allow practices flexibility to use the resource where and when they need to. Practices would be required to retrospectively complete a monthly return to demonstrate the increased activity and required to undertake a monthly Demand and Capacity review audit during the months of January through to March 2022 to enable the PTHB to continue to review patient demand and practice capacity to manage.

DETAILED BACKGROUND AND ASSESSMENT:

In September 2021, to recognise the increasing demand on GMS the PTHB Executive agreed to offer a minimum 75% activity achievement level threshold for all LES and NES's against a 100% payment guarantee, effective from 1st October 2021 until 31st December 2021 on the proviso that practices agreed to undertake a robust access review as directed by PTHB.

The purpose of the access review was to gain an understanding of the access arrangements included in a practice's appointment offer, versus all patient encounters both remote and face to face. The review was undertaken as a supportive exercise, designed to

- enable the Health Board to further understand GP access demands
- identify any areas where extra PTHB support and or guidance may be required.
- prompt discussions at individual practice level and potentially at cluster level.

Following input from both the Community Health Council (CHC) and Local Medical Committee an access review was progressed with practices during November 2021.

The access review was in two parts and comprised of an access survey and a demand and capacity audit. The survey element focussed on the practices access model (Appendix 1) and the demand and capacity audit involved data capture during a 1 week period during the 15/11/21 to the 19/11/21 regarding patient demand and the practices capacity to manage (Appendix 2).

Participation in the access review was at the discretion of the practice and only if practices participated would they be entitled to the 75% relaxation agreement. Fifteen practices participated in the access review. Haygarth Medical Practice did not participate in the review.

Access Survey Review

Physical access into the Practice

- Nine practices are operating open-door access for patients across their main sites.

- Six practices are using controlled access for patients to enter the main site for the following reasons:
 - to manage patient numbers in the waiting room to allow for social distancing measures.
 - To enable one-way system.
 - As a response to risk assessment.
 - To ensure compliance with infection control measures.
 - To decrease unnecessary footfall into the building (e.g. Receptionist meets patient at the door with prescriptions).
- Where controlled access is in place, access is controlled via an intercom/bell or visual system where the reception team will respond. Three practices report that patients also telephone to announce their arrival in some cases, however the telephone calls are minimal.

Waiting Rooms

- Fifteen practices confirm that all their patient waiting areas have been risk assessed and can be safely used by patients, noting that capacity numbers vary depending on the size of a waiting room.
- When a waiting room maximum capacity has been reached, patients may need to wait outside/in their cars for their appointment. Some patients also choose to not use the waiting room and prefer to remain outside/in their cars until the clinician is ready to see them.

Patient Contact

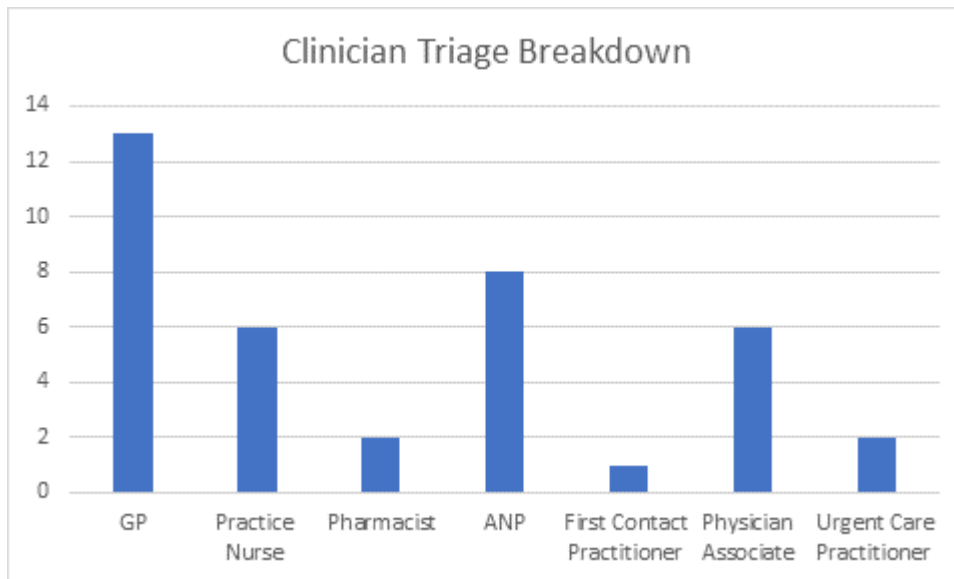
- All fifteen practices offer telephone and face to face contact with patients.
- Various other contact methods are in place as follows:

| Contact Method | No of practices | % of practices |
|-------------------|-----------------|----------------|
| Telephone | 15 | 100% |
| My Health on line | 14 | 93% |
| E-consultation | 2 | 13% |
| Dedicated email | 14 | 93% |
| Video contact | 11 | 73% |
| Face to face | 15 | 100% |

- All fifteen practices confirmed the first point of contact with a patient would involve actively signposting the patient to other services. However, only three practices confirmed this is recorded in the patient notes, and two of these practices use free-text only.
- All fifteen practices confirmed they offer both routine and urgent on the day appointments.

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- The majority of practices operate GP triage (n=13, 87%), 8 practices (53%) also have ANP triage, and 6 practices (40%) use Practice Nurses and Physician Associates to triage.



- Fourteen practices confirm the triage call back to patient would be the same day. One Practice 'aims' to contact patient same day.
- Fourteen practices confirmed that should the patient not answer the triage call, they would attempt contact at least once more. One practice confirmed the process would depend on the clinical risk.

Telecommunication Systems

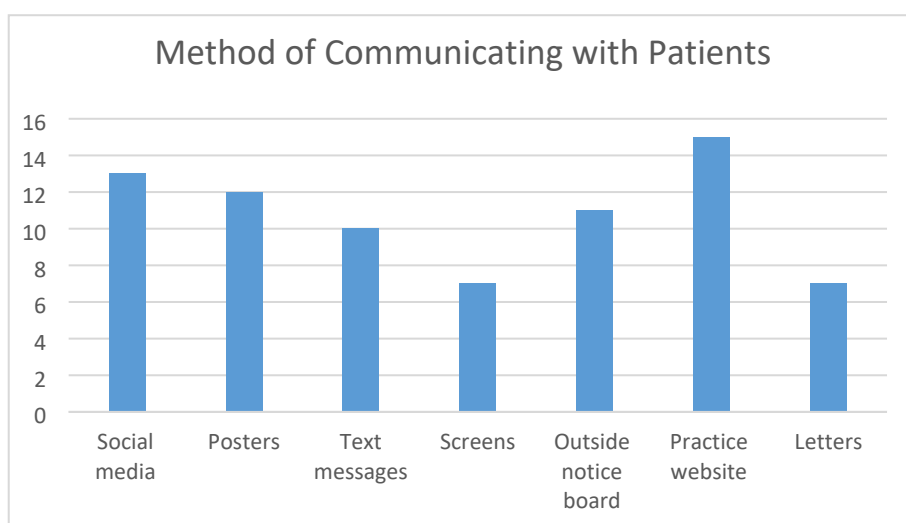
In 2019/2020 and as part of the GMS contract negotiation national funding was given to practices to upgrade their telephone systems. All practices upgraded their telephone systems to support meeting the newly introduced national Access Standards, however since the pandemic the GMS access model has changed to a predominantly telephone triage model for all urgent and routine appointments and also the consultation offer to patients is now frequently via telephone consultation. The GMS negotiations have just been finalised and for 2021-22 further funding is available to support access. The detail of this has not yet been confirmed.

- All fifteen practices have reviewed their call demand.
- Eleven practices are restricted by the number of telephone lines coming into the practice.
- Three practices have upgraded their telephone system to become cloud based in order to have unlimited telephone lines coming into the practice, however, report the limitation is the staff to respond to them.
- All fifteen practices report that the failure of the telephone system features in their business continuity plan, with fourteen practices reporting regular testing of these arrangements.

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General Access Arrangements, including short term changes

- All fifteen practices advised they regularly review and update patients regarding access arrangements.



Demand and Capacity Review:

The demand and capacity audit involved data capture during 15/11/21 to the 19/11/21.

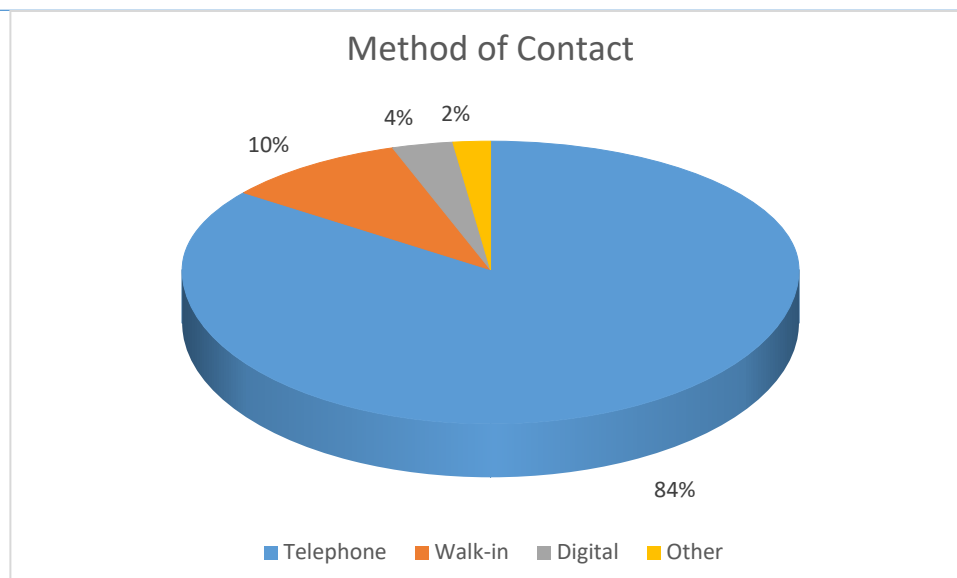
Patient Demand

The number of patient contacts varied significantly across all practices due to the size of the practice and also depending on the day - Monday has always been the busiest contact day for general practice and this is reflected in the data.

In terms of a high level weekly summary,

- The total patient initiated contact for the fifteen practices was 39,333 (approx. 30% of Powys patient population) for the week, with average contacts per day of 7867 contacts across Powys.
- The method of contact varied between practices. On average, 84% of the contact was over the telephone, 10% were 'walk in' requests, 4% used digital means and 2% other means (hand-written requests etc).

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- On average, only 33% of patient contacts to the Practice was to request an appointment. 67% of contact was for other reasons (e.g. chasing referrals, COVID vaccine queries, medication queries etc).
- Across the week, the number of patients signposted to other services totalled 861 patients, with an average per day of 172 patients.
- Across the week, the total patient initiated contact for appointments for Powys was 13,095 with an average of contacts requesting an appointment per day of 2,619. Crudely per practice this is a 'patient appointment ask' of 175 appointments per day.
- Total of 13,095 requests for appointments resulted in
 - 9,418 (71.92%) appointments made with an appropriate practitioner,
 - 2,903 (22.16%) of patients had other outcomes and added to waiting lists for example a chronic disease review, minor surgery or smear appointment).
 - 775 patients (5.92%) of patients were asked to contact at another time as there was no suitable appointment available.

Practice Capacity (Appointment Analysis)

The practice capacity element of the review confirms the mixed access model approach between remote and face to face appointments, noting the appointment offer is based on clinical judgement and appropriateness. The figures below include routine appointments made in advance of the 15/12/21 and also appointments made during the weeks of 15/11/21 – 19/11/21.

| Weekly Clinician Capacity 15/11/21 – 19/11/21 | | | | |
|---|-------------------|------------------------|--------------------|-----|
| Clinician | Appointment type: | Number of appointments | Total appointments | % |
| GP | Face to face | 2,200 | 6,334 | 35% |

| | | | | |
|-----------------------------|-----------------|-------|--------|-----|
| | Telephone/video | 4,134 | | 65% |
| Advanced Nurse Practitioner | Face to face | 645 | 1,825 | 35% |
| | Telephone/video | 1,180 | | 65% |
| Urgent Care Practitioner | Face to face | 125 | 451 | 28% |
| | Telephone/video | 326 | | 72% |
| Pharmacist | Face to face | 90 | 294 | 31% |
| | Telephone/video | 204 | | 69% |
| Health Care Assistant | Face to face | 2,181 | 2,249 | 97% |
| | Telephone/video | 68 | | 3% |
| Phlebotomist | Face to face | 410 | 640 | 64% |
| | Telephone/video | 230 | | 36% |
| Practice Nurse | Face to face | 2,191 | 2,928 | 75% |
| | Telephone/video | 736 | | 25% |
| Physician Associate | Face to face | 205 | 563 | 36% |
| | Telephone/video | 358 | | 64% |
| Other (please list) | Face to face | 131 | 236 | 56% |
| | Telephone/video | 105 | | 44% |
| Total | | | 15,520 | |

Demand versus capacity

The data would suggest that during this data collection week that clinician capacity is greater than patient demand – taken as an average across all practices, 206 patients received an appointment per day and the demand coming into the practice of patients requesting an appointment was 175 appointments per day.

Practices comments to support the data included that clinical sessions would be extended beyond the planned duration to help manage and accommodate patient demand, hence the low percentage of patients (5.92%) requested to ring back for an appointment. However, this model is becoming unsustainable and clinician exhaustion and fatigue is being confirmed in the national primary care escalation levels. As at 7th December,

- Seven practices (44%) are reporting a Level 4 and
- Six practices (38%) reporting a level three.

Appendix 3 details the escalation levels.

Current Powys Practice absences continue to be higher than any other Health Board across Wales for GP and Admin staff absences, and the second highest absence rate for the MDT team (national average in brackets): GPs 17.86% (11.56%), MDT 14.93% (10.05%), Admin 15.87% (10.17%).

Practice themes linked to the escalation include

- Staff morale low and exhaustion high.
- High number of mental health patients – increasing burden on time and mental wellbeing of staff.
- Increased workload putting pressure on both clinical and non-clinical staff.
- Increased patient contact.
- Premises burden of shortage of suitable rooms.
- Unable to recruit/replace both salaried and Partner GPs.
- Unable to recruit/replace MDT members.
- Significant staff absences across the team in all areas.

Enhanced Service position

Currently the PTHB commitment made in September 2021 for LES and NES attainment at a minimum of 75% to maintain 100% payment, expires on the 31st December and therefore a further PTHB Executive decision on the Powys approach to LES and NES's from 1st January 2022 is required. Removing the 25% relaxation measure would further impact on practice capacity and workload.

All Wales HB support offers

All Health Boards across Wales are offering recovery and renewal funding to general practice to support back log. The areas of support vary from funding additional GP sessions, Additional reception hours, schemes to address chronic disease backlog, phlebotomy support, offering centralised support from within health boards.

Options considered:

Option 1: Remove existing enhanced service concession of a minimum of 75% activity achievement to maintain 100% payment guarantee

Pros: this will be in line with WG and all other health board positions across Wales

Cons:

- Primary care workforce exhaustion implications as they navigate through winter. The sustainability of general practice is becoming an increasing concern

- Due to the high number of LESs in place in Powys, the full focus on enhanced services will be at the detriment of routine and urgent access to GMS which during the winter is pivotal to support the health economy.

Option 2: Continue to offer a minimum 75% activity achievement level threshold for all LES and NES's against a 100% payment guarantee, effective from 1st January 2022 until 31st March 2022

Pros:

- Acknowledges that PTHB considers the rural enhanced services model commissioned from Powys general practice
- Recognises the winter demands that will be placed on general practice

Cons:

- Primary care workforce exhaustion implications will continue as they navigate through winter. The sustainability of general practice is becoming an increasing concern.
- LES & NES offer does not mirror the national DES position

Option3:

- ***Continue to offer a minimum 75% activity achievement level threshold for all LES and NES's against a 100% payment guarantee, effective from 1st January 2022 until 31st March 2022;***
- ***offer PTHB renewal funding to support practices in paying for additional resources (both clinical and non-clinical) where required to manage demand, from 1st January 2022 until 31st March 2022;***
- ***Approximately £160k is suggested for this paid on a pro rata basis to practices against evidence of additional staffing hours/appointments offered***

Pros:

- Recognises the winter demands that are being placed on general practice in conjunction with chronic disease management backlog
- Supports the sustainability of general practice.
- Acknowledges that PTHB considers the rural enhanced services model commissioned from Powys general practice

Cons: LES & NES offer does not mirror the national DES position

Option 4:

- ***Continue to offer a minimum 75% activity achievement level threshold for all LES and NES's against a 100% payment guarantee, effective from 1st January 2022 until 31st March 2022;***

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- ***offer PTHB renewal funding to support practices in paying for additional resources (both clinical and non-clinical) where required to manage demand from 1st January 2022 until 31st March 2022;***
- ***Approximately £160k is suggested for this, paid on a pro rata basis to practices against evidence of additional staffing hours/appointments offered***
- ***work with cluster leads to match fund the £160k renewal fund out of cluster funds***

Pros:

- Recognises the winter demands that are being placed on general practice in conjunction with chronic disease management backlog
- Supports the sustainability of general practice. The financial support will demonstrate the pressures currently facing GMS.
- Cluster funding is being secured for Dental support via an alternative approach with Welsh Government
- Cluster funding has been secured via the WG Ophthalmology fund to support optometry initiatives.

Cons: LES & NES offer does not mirror the national DES position

Option 4 is the preferred option and recommendation for executive decision.

A framework will be put in place to support the renewal funding offer to monitor the increased activity and resources it has enabled over and above a practices normal compliment, for example two extra Practice Nurse session has provided 20 diabetic reviews; an extra phlebotomy session has provided 18 blood appointments; an extra GP session has provided fifteen urgent appointments, extra Pharmacy technician hours have undertaken 40 medication reviews etc.

The access survey results demonstrate the workforce pressure points across practices, however these vary from practice to practice affecting the entire practice team across clinical and non-clinical roles. The framework will allow practices flexibility to use the resource where and when they need to, as a previous chronic disease management audit confirmed that practices have prioritised different areas during the pandemic. Practices would be required to retrospectively complete a monthly return to demonstrate the increased activity and required to undertake a monthly Demand and Capacity review audit during the months of January through to March 2022.

NEXT STEPS:

- 1) Pending Executive Committee approval develop and implement aa Framework to monitor renewal and primary care recovery
- 2) Update the CHC on the Access review

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The following Impact Assessment must be completed for all reports requesting Approval, Ratification or Decision, in-line with the Health Board's Equality Impact Assessment Policy (HR075):

| IMPACT ASSESSMENT | | | | |
|---|--------------------------|---------|--------------|----------|
| Equality Act 2010, Protected Characteristics: | | | | |
| | No impact | Adverse | Differential | Positive |
| | | | | |
| Age | | | | |
| Disability | | | | |
| Gender reassignment | | | | |
| Pregnancy and maternity | | | | |
| Race | | | | |
| Religion/ Belief | | | | |
| Sex | | | | |
| Sexual Orientation | | | | |
| Marriage and civil partnership | | | | |
| Welsh Language | | | | |
| <p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p> | | | | |
| Risk Assessment: | | | | |
| | Level of risk identified | | | |
| | None | Low | Moderate | High |
| | | | | |
| Clinical | | | | |
| Financial | | | | |
| Corporate | | | | |
| Operational | | | | |
| Reputational | | | | |
| <p style="text-align: center;">Statement</p> <p style="text-align: center;"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p> | | | | |

Appendix 1

Survey Questionnaire - practices access model

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Access Survey.docx

Appendix 2 Demand and Capacity audit template



Access Data
Capture.xlsx

Appendix 3 – Primary Care Escalation Levels



Appendix 3 -
Escalation Levels.docx

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Agenda item: 3.8

| Patient Experience, Quality and Safety Committee | | Date of Meeting: 24 March 2022 |
|---|---|---|
| Subject: | COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER | |
| Approved and Presented by: | Interim Board Secretary | |
| Prepared by: | Interim Corporate Governance Manager | |
| Other Committees and meetings considered at: | n/a | |

PURPOSE:

The purpose of this paper is to provide the Committee with the end of March 2022 version of the Committee Risk Register for information.

RECOMMENDATION(S):

It is recommended that the Committee CONSIDERS the risks identified as requiring oversight by this Lead Committee.

| Approval/Ratification/Decision | Discussion | Information |
|---------------------------------------|-------------------|--------------------|
| x | ✓ | ✓ |

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):

| | | |
|-----------------------|------------------------------------|--|
| Strategic Objectives: | 1. Focus on Wellbeing | |
| | 2. Provide Early Help and Support | |
| | 3. Tackle the Big Four | |
| | 4. Enable Joined up Care | |
| | 5. Develop Workforce Futures | |
| | 6. Promote Innovative Environments | |

| | | |
|----------------------------|--|---|
| Health and Care Standards: | 7. Put Digital First | |
| | 8. Transforming in Partnership | ✓ |
| | 1. Staying Healthy | |
| | 2. Safe Care | |
| | 3. Effective Care | |
| | 4. Dignified Care | |
| | 5. Timely Care | |
| | 6. Individual Care | |
| | 7. Staff and Resources | |
| | 8. Governance, Leadership & Accountability | ✓ |

EXECUTIVE SUMMARY:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

BACKGROUND AND ASSESSMENT:

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Committee is asked to DISCUSS the risks relating to Patient Experience, quality and Safety and the risk targets within the Committee Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A**.

NEXT STEPS:

The Risk and Assurance Group will lead the ongoing development of the CRR, escalating any organisational risks for proposal to the CRR, for consideration by the Executive Committee.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Patient Experience, Quality and Safety Committee based Risk Register January 2022

Risk Management
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Patient Experience, Quality and
Safety Committee
24 March 2022
Agenda item: 3.8
APPENDIX 1

CORPORATE RISK HEAT MAP: January 2022

There is a risk that...

| | | | | | | | | |
|---------------|---------------------|----------|-------------------|-----------------|-----------------|---------------|-----------------------|--|
| Impact | Catastrophic | 5 | | | | | | |
| | Major | 4 | | | | | | <ul style="list-style-type: none"> Once accessed, residents in Powys may receive poor quality of care |
| | Moderate | 3 | | | | | | |
| | Minor | 2 | | | | | | |
| | Negligible | 1 | | | | | | |
| | | | 1 | 2 | 3 | 4 | 5 | |
| | | | Rare | Unlikely | Possible | Likely | Almost Certain | |
| | | | Likelihood | | | | | |

CORPORATE RISK DASHBOARD – MARCH 2022

| Risk Lead | Risk ID | Main Risk Type | Risk Description There is a risk that: | SCORE (Likelihood x Impact) | Trend | Board Risk Appetite | Risk Target | At Target ✓/✗ | Lead Board Committee | Risk Impacts on |
|-----------|---------|------------------------------|--|--------------------------------|-------|---------------------|-------------|------------------|--------------------------------------|---|
| DoN | CRR 001 | Quality & Safety of Services | Once accessed, residents in Powys may receive poor quality of care | 5 x 4 = 20 | ➔ | Low | 6 | ✗ | Patient Experience, Quality & Safety | Organisational Priorities underpinning WBO 1 to 4 |

Risk Management
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Patient Experience, Quality and
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24 March 2022
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APPENDIX 1

KEY:

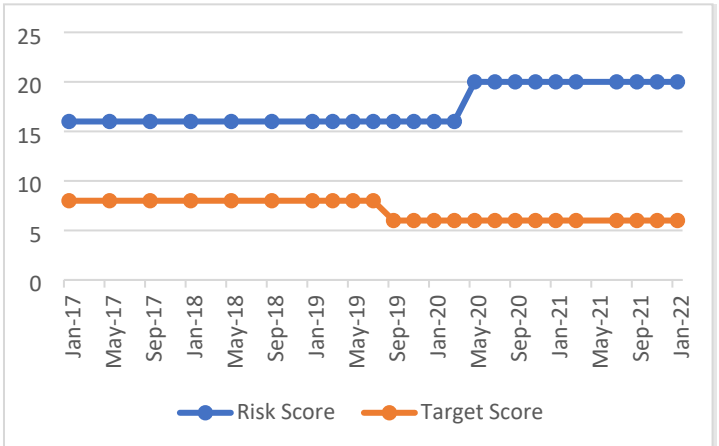
| LIKELIHOOD | IMPACT | | | | |
|---------------------|--------------------|------------|---------------|------------|-------------------|
| | Insignificant 1 | Minor 2 | Moderate 3 | Major 4 | Catastrophic 5 |
| Almost Certain 5 | 5 | 10 | 15 | 20 | 25 |
| Likely 4 | 4 | 8 | 12 | 16 | 20 |
| Possible 3 | 3 | 6 | 9 | 12 | 15 |
| Unlikely 2 | 2 | 4 | 6 | 8 | 10 |
| Rare 1 | 1 | 2 | 3 | 4 | 5 |

| | | | | | | | |
|----------|-----|-----|-----|----------|------|------|-------|
| Very Low | 1-3 | Low | 4-8 | Moderate | 9-12 | High | 15-25 |
|----------|-----|-----|-----|----------|------|------|-------|

| Executive Lead: | |
|-----------------|---|
| CEO | Chief Executive |
| DPCMH | Director of Primary, Community Mental Health Services |
| DN | Director of Nursing |
| DFIIT | Director of Finance, Information and IT |
| MD | Medical Director |
| DPH | Director of Public Health |
| DWODSS | Director of Workforce & OD and Support Services |
| DTHS | Director of Therapies & Health Sciences |
| DPP | Director of Planning & Performance |
| BS | Board Secretary |

| RISK APPETITE | | |
|--------------------------------|-------------------|------------------|
| Category | Appetite for Risk | |
| Quality & Safety of Services | Low | Risk Score 1-6 |
| Regulation & Compliance | Low | Risk Score 1-6 |
| Reputation & Public Confidence | Moderate | Risk Score 8-10 |
| Finance | Moderate | Risk Score 8-10 |
| Innovation & Strategic Change | High | Risk Score 12-15 |

| Trend | |
|-------|---------------------------|
| ↑ | risk score increased |
| → | risk score remains static |
| ↓ | risk score reduced |

| CRR 001 Risk that: once accessed, residents in Powys may receive poor quality of care | | Executive Lead: Director of Nursing & Midwifery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|------------|--------------|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--------|----|---|--|
| Risk Impacts on: Organisational Priorities underpinning WBO 1 to 4 | | Assuring Committee: Patient Experience, Quality and Safety Date last reviewed: January 2022 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Risk Rating (likelihood x impact): Initial: $4 \times 4 = 16$ Current: $5 \times 4 = 20$ Target: $2 \times 3 = 6$ |  <table border="1"> <caption>Risk Score and Target Score Data</caption> <thead> <tr> <th>Date</th> <th>Risk Score</th> <th>Target Score</th> </tr> </thead> <tbody> <tr><td>Jan-17</td><td>16</td><td>8</td></tr> <tr><td>May-17</td><td>16</td><td>8</td></tr> <tr><td>Sep-17</td><td>16</td><td>8</td></tr> <tr><td>Jan-18</td><td>16</td><td>8</td></tr> <tr><td>May-18</td><td>16</td><td>8</td></tr> <tr><td>Sep-18</td><td>16</td><td>8</td></tr> <tr><td>Jan-19</td><td>16</td><td>8</td></tr> <tr><td>May-19</td><td>16</td><td>8</td></tr> <tr><td>Sep-19</td><td>16</td><td>8</td></tr> <tr><td>Jan-20</td><td>16</td><td>6</td></tr> <tr><td>May-20</td><td>20</td><td>6</td></tr> <tr><td>Sep-20</td><td>20</td><td>6</td></tr> <tr><td>Jan-21</td><td>20</td><td>6</td></tr> <tr><td>May-21</td><td>20</td><td>6</td></tr> <tr><td>Sep-21</td><td>20</td><td>6</td></tr> <tr><td>Jan-22</td><td>20</td><td>6</td></tr> </tbody> </table> | Date | Risk Score | Target Score | Jan-17 | 16 | 8 | May-17 | 16 | 8 | Sep-17 | 16 | 8 | Jan-18 | 16 | 8 | May-18 | 16 | 8 | Sep-18 | 16 | 8 | Jan-19 | 16 | 8 | May-19 | 16 | 8 | Sep-19 | 16 | 8 | Jan-20 | 16 | 6 | May-20 | 20 | 6 | Sep-20 | 20 | 6 | Jan-21 | 20 | 6 | May-21 | 20 | 6 | Sep-21 | 20 | 6 | Jan-22 | 20 | 6 | Rationale for current score: <ul style="list-style-type: none"> • National policy direction with some decisions outwith of local control. • The longevity and continued impact of the Covid-19 pandemic, compounded by the omicron variant, articulated via the 4 harms, on the ability of health boards and trusts to provide quality care and treatment, given the accumulative effect of successive waves of infection and its unequitable adverse impact. • The redeployment of staff from a finite group to meet continued and increasing demands in relation to mass vaccination. • Staff fatigue across all sectors impacting upon a whole systems approach to health and social care provision, adversely affecting organisation and system wide resilience. • People presenting for treatment at a later stage resulting in greater acuity and complexity. • UK wide prioritisation of recovery, opportunity predicated on a range of factors outwith of the Health Board's control. • Pre and intra pandemic, Regulators and external bodies have identified poor quality of care in health boards and trusts in Wales and England where residents of Powys access services. • Some services accessed by residents in Powys are in special measures, at level 4 escalation. They have independent oversight and scrutiny mandated by government. The scope, pace and assurance available in terms of improvement varies. • Some services accessed by residents in Powys have received internal audit reports which provided a limited level of assurance in relation to care and treatment, or services that impact upon it. Dependent oversight and scrutiny is mandated by government. |
| Date | Risk Score | Target Score | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-17 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-17 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-17 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-18 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-18 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-18 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-19 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-19 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-19 | 16 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-20 | 16 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-20 | 20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-20 | 20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-21 | 20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May-21 | 20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep-21 | 20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan-22 | 20 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | <p>The scope, pace and assurance available in terms of improvement varies.</p> <ul style="list-style-type: none"> • Potential short- and longer-term unplanned changes within the health and social care workforce, adversely affecting organisations and wider systems opportunity to recover and renew. • Commissioning assurance processes have been less achievable as a result of the pandemic and may not identify risks for Powys residents across the whole system. • The capacity, capability and processes for whole system quality and commissioning are finite. • The strategic plan to repatriate services as appropriate into Powys has been impacted upon by the pandemic. • Lack of clarity about pathways for Powys patients leading to sub-optimum care and potential for significant harm. • Non-compliance with statutory requirements including joint commissioning with the local authority (including Section 33). | | | | | | | | | |
|---|------------|---|--------|------|----------|--|------------|--------------------------------------|--|------------|--------------------------------------|
| Controls (What are we currently doing about the risk?) | | <p>Mitigating actions (What more should we do?)</p> <p>Actions in relation to externally commissioned services including SaTH, the Big 4, the South Powys Programme and waiting times are set out in the organisation's 13 main priorities and revised quarterly plan (rather than the actions in the original annual plan below)</p> | | | | | | | | | |
| <ul style="list-style-type: none"> ▪ Cognisance and implementation of Welsh Government policy. ▪ Staff wellbeing initiatives in place internally and within other organisations. ▪ Escalated oversight and assurance arrangements in place related to patient flow, length of stay and community provision, in partnership with PCC and third sector. ▪ Consideration of Local Options Framework where indicated. ▪ Enhanced reporting to Welsh Government. ▪ IMTP planning predicated on the impacts of COVID-19. ▪ Recovery and renewal key focus of PTHB Annual Plan for 2021/22 overseen by CEO led Portfolio Board. | | <table> <tr> <th>Action</th><th>Lead</th><th>Deadline</th></tr> <tr> <td>Embed whole system commissioning through the implementation of the Strategic Commissioning Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> <tr> <td>Embed and ensure implementation of the Commissioning Assurance Framework</td><td>DPP / DoNM</td><td>In line with Annual Plan for 2021-22</td></tr> </table> | Action | Lead | Deadline | Embed whole system commissioning through the implementation of the Strategic Commissioning Framework | DPP / DoNM | In line with Annual Plan for 2021-22 | Embed and ensure implementation of the Commissioning Assurance Framework | DPP / DoNM | In line with Annual Plan for 2021-22 |
| Action | Lead | Deadline | | | | | | | | | |
| Embed whole system commissioning through the implementation of the Strategic Commissioning Framework | DPP / DoNM | In line with Annual Plan for 2021-22 | | | | | | | | | |
| Embed and ensure implementation of the Commissioning Assurance Framework | DPP / DoNM | In line with Annual Plan for 2021-22 | | | | | | | | | |

| | | | |
|---|--|------------|--------------------------------------|
| <ul style="list-style-type: none"> Non-recurrent revenue and capital secured for first phase of priorities. Risk-based implementation of the plan in relation to support infrastructure required, including procurement capacity; operational recruitment, particularly in relation to theatre staff; the availability of additional external clinical capacity; and, unscheduled care pressures. Progression of the North Powys Programme. Continued implementation of the Strategic Commissioning Framework (for whole system commissioning) – partially restored at present. Implementation of the Clinical Quality Governance Framework. Implementation of the OD Framework. Focus on whole patient pathway improvement inclusive of provided and commissioned services for maternity, neonates, CAMHs. Refreshed approach to ensuring appropriate deployment of the workforce throughout the health board. Embedding the Commissioning Assurance Framework (CAF) escalation process - partially restored at present. Executive Committee Strategic Commissioning and Change Group (including consideration of fragile services – currently replaced by the DGH Log mapping pathway changes across multiple providers across England and Wales due to the COVID-19 pandemic). Regular review at Delivery and Performance meetings. Scrutiny by Performance and Resources Committee. Scrutiny by Patient Experience, Quality and Safety Committee. Internal Audit. Contract Quality and Performance Review Meetings for the 15 NHS Providers and key private sector providers. Individual Patient Funding Request Panel and Policy. WHSCC Joint Committee and Management Group. WHSSC ICP agreed within PTHB IMTP – and process underway for 21/22. Emergency Ambulances Services Committee. Shared Services Framework Agreements. | Implement commissioning intentions for 2021-22 | DPP / DoNM | In line with Annual Plan for 2021-22 |
| | Robustly identify and articulate performance of all providers of planned care services for the people of Powys through the Commissioning Assurance Framework | DPP / DoNM | In line with Annual Plan for 2021-22 |
| | Programme of work to strengthen effective processes to develop and manage condition specific and service plans | DPP / DoNM | In line with Annual Plan for 2021-22 |
| | Strengthening of commissioning intelligence in line with IMTP | DPP / DoNM | In line with Annual Plan for 2021-22 |
| | Review Patient flows and activity into specialised services to ensure safe and appropriate pathways | DPP / DoNM | In line with IMTP/ICP |
| | Strengthen the organisation's capacity, capability and governance processes for commissioning – including interface with specialised services | DPP / DoNM | In line with IMTP/ICP |
| | As a member of the Powys Regional Partnership Board, support delivery of the Powys Area Plan which includes commissioning appropriate, effective and efficient accommodation options for older people, individual children and looked after children | DPP / DoNM | In line with Annual Plan for 2021-22 |

| | | | |
|---|---|---------------|--------------------------------------|
| <ul style="list-style-type: none"> Section 33 Agreements. Responsible Commissioner Regulations for Vulnerable Children Placed away from Home. Specific Organisational Delivery Objectives set out in health board's Annual Plan for 2021-22. Participation in the Cross-Border Network Between England and Wales (Statement of Values and Principles between England and Wales). Commissioning Intentions set out in IMTP (response to the pandemic currently being implemented not commissioning intentions). NHS LTA and SLA Overview submitted to the Executive Committee (and approval process). Executive Committee approved LTA and SLA narrative (updated each year). CEO signed LTAs and SLAs for healthcare. CAF developed for General Dental Services. CAF developed for General Medical Services. Recruitment of Public Health Consultant to help strengthen commissioning intelligence (currently transferred to COVID-19 related duties). Prior approval policy in place (Following the EU exit the EEA policy has ceased to apply). INNU policy in place. Pooled fund manager for Section 33 Residential Care. SATH Improvement Alliance with UHB in place. Respiratory and Circulatory Transformation leads in place (but circulatory support was temporarily diverted to help manage changes to emergency flows). Temporary cancer post to help ensure appropriate pathways for patients with cancer. DGH and Specialised Work-stream within PTHB's COVID-19 response plan. PTHB CEO lead Programme Board involving 3 health boards and WAST. Participation in cross-border command and control structures. Essential Services Framework implementation underway. PTHB Children's Home Group in response to the COVID-19 pandemic. | Through the Joint Partnership Board, continue to develop opportunities for pooling Third Sector commissioning | DPP / DoNM | In line with Annual Plan for 2021-22 |
| | Strengthen the whole system approach to the Big 4 | DPP / DoNM | In line with IMTP |
| | Review of the health board's interface with SATH | DPP / DoNM | July 2021 |
| | Receive the Wales Audit quality governance review and identify key areas for improvement | DONM | Aug 2021 |
| | Agree and establish monitoring of the health boards provision of care and treatment using the principles of the commissioning assurance framework | DPCM H / DoNM | Sept 2021 |

| <ul style="list-style-type: none"> ▪ Scheduled peer meetings with clinical teams in commissioned services focused on addressing concerns and sharing improvements in services where poor care has been identified. ▪ Review of policy and protocols within the health board to consider the whole patient pathway. ▪ CEO escalation where required. | | | |
|--|---|--|--|
| Current Risk Rating | Additional Comments | | |
| <p>5 x 4 = 20</p> | <p>Whilst the overall risk score remains unchanged, the rationale and controls are constantly changing, i.e. the static score does not reflect the nature of the risk itself.</p> <p>The risk resulting from COVID-19 is changeable and is constantly reviewed in terms of directly provided services.</p> <p>During the COVID-19 period the usual commissioning arrangements are not in place, nor the actions set out in the original Annual Plan. Health Boards and NHS Trusts providing services for Powys patients have made service changes in response to directions from respective governments in England and Wales through the different phases of the pandemic. Neighbouring English providers have moved into whole system Silver and Gold command arrangements.</p> <p>Whilst quality governance arrangements are developing within the health board, the pace of change has been stymied by the pandemic with service groups at varying stages of maturity.</p> <p>It was not possible to score the Commissioning Assurance Framework (CAF) in the first COVID-19 peak. It has been restored where possible, but not all domains can be scored or escalated in the usual way (for example Finance and NHS LTAs and SLAs remain in block arrangements and finance and activity patterns are different to anticipated due to the pandemic.) There are recognised extensive delays across the NHS for elective procedures with a growing</p> | | |

number of patients waiting more than 52 weeks for treatment (capacity across providers is significantly reduced due to social distancing, PPE and the need to maintain surge capacity and due to the priority of the mass vaccination programme.). In Q4 of 2021/22 the Omicron variant has led to extreme pressure on DGH capacity both from patient volume and staff sickness levels with local decisions being made regarding the ability to receive patients for scheduled and unscheduled treatment.

The **cumulative risk** in relation to commissioned services remains extremely challenging. Whilst changes to emergency flows in South Powys in response to early opening of the Grange University Hospital have been managed; an Improvement Alliance with UHB is in place for SaTH; and the UK has exited the EU with a deal – the underlying position for commissioned services is unprecedented in terms of the pressures arising from COVID-19 (in winter) and the impact this is having on capacity and waiting times for routine services.

The need to prioritise accelerated changes in emergency flows in South Powys diverted strategic planning and commissioning resource from other areas including SaTH risks and circulatory services. SaTH remains in special measures and of concern. Transformational resource to address circulatory services is being rebalanced.

Mitigating actions in place include: the priorities set out in the Q3&Q4 plan; South Powys Pathways Workstream Phase 2; DGH & Specialised workstream; participation in the command and control arrangements for neighbouring English regions; monitoring Q&S and maternity information; a weekly DGH log of pathway changes; shared modelling assumptions with NHS partners; implementation of the Welsh Government Essential Services Framework; fast-tracking of elements of the Big 4 respiratory work to strengthen local resilience; Exec led meetings with the Ambulance Service; continued

work with the Welsh Health Specialised Services Committee; restoration of the Section 33 Group for residential care; participation in system working in England; a renewed focus on SaTH and planning for 2021/22. There will need to be whole system work to renewal including to address waiting times.

Risk Management
Powell, R. Nathan
03/17/2022 16:54:43