Meeting Date	**4th October 2018**	**Agenda Item**	**4a**
Report Title	**Medicines Management Update Report**		
Report Author	Senior Team and Clinical Director		
Report Sponsor	Judith Vincent, Clinical Director		
Presented by	Judith Vincent, Clinical Director		
Freedom of Information	Open		
Purpose of the Report	The paper will provide an update to the Quality & Safety Committee an update on the key activities undertaken in the Pharmacy and Medicines Management Delivery Group.		
Key Issues	The Pharmacy and Medicines Management Delivery Group has an extensive agenda across all the delivery units. The PMM delivery group has developed a transformational board structure to provide oversight and performance monitoring of the delivery of a range of key developments including: • Chief Pharmacist Collaborative Work • Pharmacy Transformation Programme • Implications of Boundary Changes • Patient Services Update • Primary Care • New Treatment Fund Implementation • Digital and IT • Antimicrobial Stewardship • Logistics • Controlled Drugs		
Specific Action Required ***(please ✓one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	√			
Recommendations	Members are asked to: • Note the contents of the report • Consider the content of future reports to the Quality & Safety Committee meetings			

Medicines Management Update Report

1. INTRODUCTION

To provide an update to the Quality & Safety Committee on the key elements of the Pharmacy and Medicines Management Delivery Group work programme.

2. BACKGROUND

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. The prescribing of medicines is the most common therapeutic intervention in health care and in this era of significant economic and demographic challenges, it is crucial that healthcare organisations get the best value from its medicines use in terms of clinical outcomes and cost efficiency.

2.1 CHIEF PHARMACIST COLLORATIVE WORKING.

The NHS Chairs and Chief Executives of the Local Health Boards have agreed an NHS Wales Improvement Programme. Each professional peer group/director committee have identified areas for improving efficiency and performance in their area and developing a plan for implementation.

This year the Chief Pharmacist Peer Group has streamlined its priorities for the Improvement Programme and the following summarises the Key Actions contained within, all of which will provide benefit at the local level.

Review of the benefits from investment opportunities for upscaling and implementation initially to include:

2.1.1 Patient Access Schemes and rebate opportunities

Use of refine and define benchmarking opportunities- **awaiting start date**.

To develop a robust and efficient process for full implementation of:

a. The Wales Patient Access (WPAS) Schemes for medicines appraised by the All Wales Medicines Strategy Group (AWMSG) and
b. The Patient Access (PAS) schemes associated with medicines appraised by the National Institute for Health and Care Excellence (NICE) in Wales.

Review all current PAS to identify any opportunities that have not been fully recognised. The development of an IT infrastructure to support a ‘Once for Wales’ approach to provide the assurance that NHS Wales is maximising the efficiencies offered by the PAS schemes for the benefit of our patients.

2.1.2 Transforming access to Medicines (TrAMs) review

This will consider increasing regional and national co-operation to improve productivity and efficiency of the pharmacy supply chain and patient access to medicines in Wales. The programme will include but not exclusively:

a. Strengthening national medicines procurement arrangements;

b. Repatriating homecare services from private providers in England to a community interest company or social enterprise based in Wales;
c. Consolidating the medicines stock-holding and modernising the supply chain;
d. More efficient use of aseptic services to make better use of facilities and reduce outsourcing;
e. Continue to explore opportunities to develop alternative delivery models for outpatient dispensing services; and
f. Dose Banding opportunities in chemotherapy.

The project team will review all of the stages of medicines journey, e.g. procurement, storage, distribution, dispensing, manufacture and third party service provider.

Early priorities identified by initial scoping exercise include:

- Medicine homecare services
- Medicine distribution
- Out-Patient dispensing services
- Pharmacy technical services
- A Welsh Medicine Business Unit

The project team will develop a business case with a full option appraisal if required for any favourable model(s) in 9-12 months (March 2019 – June 2019).

2.1.3 Consider further efficiency saving opportunities and develop an efficiency plan for Wales

The Chief Pharmacist / Directors of Finance Group, working closely with All-Wales Therapeutics and Toxicology Centre, will develop an efficiency plan to optimise medicines' use and improve health outcomes for patients and get the best value for NHS Wales. This will include **biosimilar adoption, direct acting oral anticoagulants (DOACs), respiratory prescribing and further disinvestment opportunities for low priority medicines**, including consideration of the NHSE guidance on reducing the prescribing of over the counter medicines (OTC). This may also include development of an all-Wales position statement Avastin and Lucentis on the conclusion of the Judicial Review.

2.1.4 Consider rollout of the Your Medicines Your Health (YMYH) Campaign across Wales

A national Medicines Management campaign programme based on the current Cwm Taf UHB "Your Medicines Your Health" Campaign will be created. YMYH uses behavioural science to inform a structured range of interventions. The purpose is to increase the responsible use of medicines by patients and the public. In doing this, YMYH promotes self-care, self-reliance and independence.

Review the outputs from the Chief Pharmacist Workforce group under the three headings of Train, Work, Live; Workforce data; and Career path/competency frameworks.

Develop a career framework for pharmacy professionals to collate competency documents; identify gaps and align emerging roles for pharmacists and technicians; and map existing workforce to support workforce planning and development.

2.2 Pharmacy Transformation Programme

Transforming the ABMU Pharmacy and Medicines Management service requires a structured programme of work. In 2017, staff attended workshops across the acute sites and primary care to help shape and develop the future vision for ABMU pharmacy.

Four work streams have been set up to consider the suggestions, agree priority actions, delivery targets and timescales for implementation over the coming year and beyond. The Pharmacy and Medicines Management Strategic Transformation Programme brings together a range of individual plans. The plan may be updated or amended when new priorities are identified either at a national level (linking in with the Chief Pharmacist programme) or through internal projects and innovation ideas.

Each work stream has a chair nominated from the service and a Senior Manager sponsor to ensure clear accountability for delivery to the service. The work streams report progress to the Pharmacy Transformation Programme Board on a bimonthly basis to provide assurance to the Clinical Director for Pharmacy and Medicines Management on the delivery of the key components.

2.2.1 Work streams and their Priorities/ Projects

Service Reconfiguration and Workforce (Patient Services) - Chair Duncan Davies, Sponsor: Stuart Wyn Evans

- Variation in services and workforce
- Technology – MTeD, FMD, E-prescribing
- Technician Administration, front door services to ED and SAU, service delivery model to Trauma and Orthopaedics, Cancer Associated Thrombosis, , Falls, Older People

Education, Training, and Recruitment- Chair: Jodie Gwenter, Sponsor: John Terry

- Sustainability – Integrated training, Targeted commissioning, Resource mapping
- Advanced practice – Advanced Practice Framework for technicians, Independent prescribing strategy

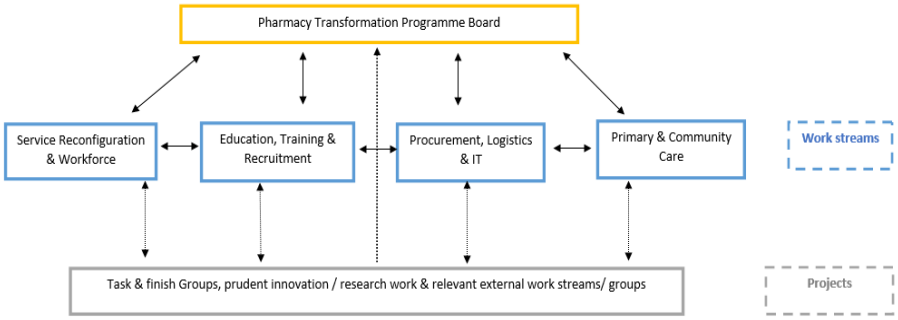
- Quality and Equality – Quality Improvement skills, Centralisation of study leave

Procurement, Logistics, and IT- Chair: Owain Williams, Sponsor: David Hughes

- Automated cabinets, E-Prescribing, MTeD
- Unlicensed medicines
- Falsified Medicines Directive
- Waste management project

Primary and community care– Chair: Rhys Howell, Sponsor: Ellie Daniels

- Prescribing clerks in GP practices
- Repeat Prescription Hub pilot
- Community Pharmacy contract opportunities
- Primary Care Workforce



2.3 Implications of Boundary Changes

Initial meetings have been held with colleagues from Cwm Taf Pharmacy department and an issues log developed. The following items are of highest priority for ABMU:

1. There are a few Health Board wide posts based in Bridgend, where the post holder has a senior management role in POW along with an ABMU wide responsibility (e.g. Education and Training, Research and Development)

2. ABMU uses the JAC Pharmacy management and stock control system. However, CTUHB use a different system. If POW maintains its use of JAC, funding (plus staff resource) will be required to action this (JAC implementation quote ~ £42k).

3. ABMU Pharmacy services provide Mental Health services as a hub and spoke model from Cefn Coed. Work will be need to realign staff across the ABMU Mental Health hub and provide cover for the Mental Health wards that will be transferred to CTUHB (NB: some specialist services in the Bridgend area, i.e.

Rehab, Forensics and Learning Difficulties, will remain in ABMUHB so drug transport will also need to be considered)

2.4 Patient services

The pharmacy team has a crucial role in ensuring the safe and effective use of medicines and the service has undergone significant change over recent years to meet the challenges of new and more complex medication regimens.

The Lord Carter Report on Operational Productivity and Performance in English Hospitals highlights the increasing spend on medicines in hospitals and recommends that *"more clinical pharmacy staff are deployed – working more closely with patients, doctors and nursing staff and independently – to deliver optimal use of medicines, make informed medicines choices, secure better value, and drive better patient outcomes".* The report states that pharmacists and pharmacy technicians spend more time on medicines optimisation through patient facing clinical pharmacy services.

The pharmacy patient services group is leading on the co-ordinated implementation of initiatives and changes in service models to deliver improvements for patients, cares, staff and other stakeholders. Examples of service innovations are:

- Medicines management services to patients in the unscheduled care pathway.

- Front-loading 'pharmaceutical care is the process of collating and resolving as many pharmaceutical issues relating to a patient's medication as early as possible following admission to hospital. This includes undertaking medicines reconciliation, rectifying any prescribing errors made following admission and initial clerking, and optimising therapy by contributing to therapeutic decision-making through the proactive provision of clinical advice.
  At both Morriston and Singleton hospitals services have been redesigned, increasing pharmacy activity at the "front door" with the aim of reviewing more patients at the point of admission.
  In Singleton SAU, the project is a Bevan Commission exemplar and has undergone a phased development over the last two years. The team now reconcile medicines and prepare medication charts for GP referrals before patients arrive on the unit. The time for a first review from pharmacy has reduced from an average of 15 hours to 3.5 hours and there has been a significant fall in the number of medicines reconciliation errors, from 44% (clinicians) to 2.6% (pharmacy). Significantly, the service has had a positive impact on clinician time and demonstrated improvements in patient flow.

In Morriston, there are a number of points of entry and services have been reconfigured to provide an increase in pharmacy capacity into admission areas in general surgery, medicine and orthopaedics. In addition, the Emergency department (ED) now has a dedicated pharmacy team that works closely with the consultant teams to provide early review of patients. The presence of a pharmacy team in ED has not been common practice in the UK and indeed the service at Morriston is unique in Wales. The time taken for review of patients has reduced from 12 hours to 2 hours and has supported the identification of drug-related admissions and detection of adverse effects as well as having a positive impact on patient flow.
The consistent presence of a technician in ED also provides other intangible benefits including enhanced governance in relation to drug usage and storage, increased use of patients' own drugs (PODs) and onward transfer of all patients' medication on admission to a ward, and improved timeliness of drug administration.

- Pharmacy technician administration of medicines: Funding for a phase one roll out has been agreed on two surgical wards at Morriston.

- Development of a dedicated Cancer Associated Thrombosis pathway at Singleton.

- Development of a falls review process for at risk individuals.

- Development of a Pharmacy Care for Older Persons (PCOP) service at Singleton.

- Investment board project for pharmacy input into the gastroenterology service at Morriston and Singleton. A business case to support pharmacy input into the gastroenterology service at POW is currently in development.

- Investment board project for pharmacy input for rheumatology service at NPT.

- Investment board project for pharmacy support for women's cancer

2.5 Primary Care

A team of pharmacists, pharmacy technicians, dietitians and data analysts work across primary care to improve the quality and cost effectiveness of medicines management. Key working relationships include GP practice and cluster staff, domiciliary care medicines management teams, community pharmacies, care homes, primary care colleagues etc. Tools to help manage the £90M+ budget include in-house practice support, prescribing management schemes, annual

prescribing visits, ScriptSwitch® prescribing decision support software, team work plans and educational programmes. Current focus areas include antibiotics, respiratory, pain, proton pump inhibitors and items identified as low priority for NHS Wales funding. Additional initiatives currently under evaluation include:

2.5.1 Prescribing Clerks Scheme

Funded by a Welsh Government (WG) Invest to Save bid, the scheme supports prescribing clerks within GP practices to contribute to the quality and cost effectiveness of prescribing. It is based on the successful model in Bridgend and assuming similar pro rata benefits, £302K savings could be realised in for an investment of £93K to cover prescribing clerk time. Target saving for 18-19 is £151K to allow training and set up time. Summary of progress to date:

- Scheme rolling out across Swansea and Neath Port Talbot with 77% of practices engaged
- Projected savings from work undertaken May-July - £44K to year end (£7.8K carry over)
- Practice payments to date - £4.7K
- Evaluation criteria and reporting discussed with IBG and Welsh Government
- Challenges include staffing/time issues given current primary care workforce pressures. This is likely to result in lower investment costs with consequent lower savings compared to the original bid. However, return on investment should remain favourable as well as the additional quality and safety benefits. This will be closely monitored as the project evolves from its early set up phase.

2.5.2 Repeat Prescription Hub

The prescription ordering service provides an additional method for patients to order their repeat prescriptions within a Bridgend cluster. Aims include savings through reduced waste and improved quality and safety. Patients telephone a single number and order their prescription with a non-clinical, trained call handler who checks which items are required before generating the prescription. The prescription is generated and printed in the hub and delivered to each practice for signing by the GP. The four call handlers (Band 3) are trained and managed by a senior Medicines Management Technician (Band 6). Pharmacist professional support is also included in the project. Set up costs (~ £200k) were provided by the WG primary care Pacesetter fund. Expected savings from the prescribing budget will fund ongoing staff and revenue costs. Full evaluation of progress and impact from the October 2017 set up is pending but some early learning/challenges have included:

- Set up costs and logistics of prescription transport
- Recruitment and retention
- Evidence of existing community pharmacy managed repeat systems causing

waste
- Patient engagement and feedback
- Opportunities to build in further clinical intervention

2.5.3 Primary Care Workforce

A review of the primary care medicines management workforce is underway to meet the changing demands and primary care environment. This includes ensuring the best skill mix, retention and succession planning. Progress includes:

- Establishment of lead band 6 technician roles
- Specialist lead roles for pharmacists
- Team redeployment to provide targeted and equitable support
- Development of a band 6 primary care clinical pharmacy diploma post to support succession planning
- Links established with both cluster and practice employed pharmacists and technicians with bimonthly meetings established to include CPD and peer support
- An effective base for the team continues to provide challenges

2.5.4 Community Pharmacy Contract Opportunities

The team continue to work with PC&CS colleagues through provision of professional pharmaceutical support:

- Ensure appropriate and prudent use of, existing community pharmacy resource with opportunities to upskill. This will include provision of funding from WG to train additional pharmacy technicians to support delivery of existing enhanced services.
- Develop up to 3 community pharmacy pathfinders including training of up to 7 independent prescribers
- Develop a joint pharmacist post to support the primary care pharmacy contract and medicines management.
- Ensure ABMU Health Board maximises use of existing and future potential funding to achieve the above.

Other ongoing areas of work include a review of current supply routes for wound care dressings aiming for one single model and a new model of supply for lymphoedema garments supported by the Welsh network.

2.6 New Treatment Fund (NTF)

The Health Board Medicine Management Board has been divided into operational and strategic boards to allow for more detailed consideration of new drug recommendations (subject to Welsh New Treatment Fund requirements). The criteria for this consideration includes anything with a financial impact in excess of £200,000

to the Health Board. It has reshaped its strategic membership to reflect senior representatives from each delivery unit (Unit MD, ND, service director, or senior business partner) to enable consideration of funding requirements for rapid service delivery associated with these NTF recommended treatment options.

Of the 108 medicines within the NTF, which were recommended more than 60 days ago, the health board with the highest number on formulary within 60 days was Abertawe Bro Morgannwg UHB (100%). In relation to compliance with NTF compared to Welsh Health Boards, ABMUHB has the highest number of treatments on formulary within 30 days was Abertawe Bro Morgannwg UHB (94%). Of the 108 medicines within the NTF which were recommended more than 60 days ago, an average of 13 days was taken to add these to Welsh formularies, the health board that took the least average number of days was Abertawe Bro Morgannwg UHB (5 days). ABMU compliant with 108/108 medicines with no breaches of time limit.

It should be noted that the volume of NTF recommendations is putting considerable pressure on the Health Board service delivery capacity, particularly in relation to Singleton oncology unit and its ability to assess, deliver and prepare infusions in an effective manner.

2.7 Digital and Information Technology

2.7.1 Medicines Transcribing and e-Discharge(MTeD)

The Welsh Clinical Portal (WCP) Implementation Team, alongside clinical end users, are currently testing a new version of the WCP, which includes the ability to create, admit, discharge, and transfer (ADT) patients. Work has commenced to enable a phased implementation where ABMU Clinical Portal will continue to be used until all inpatient wards use WCP and MTeD. ABMU have chosen to wait until ADT functionality is available in WCP to implement MTeD, as without this user would be required to use both clinical portals.

It is anticipated that full testing of admissions, discharges and transfers, and necessary changes to ABMU Clinical Portal will take for 12 weeks from mid-July 2018 with a proposed pilot commencing in late November 2018. An MTeD operational group has been established for engagement with service users to inform and oversee the pilot at Morriston Hospital.

The benefits of using MTeD over the previous EToC (Electronic Transfer of Care) system, includes the ability to import medications from the GP record directly into MTeD; the generation of automated medicines compliance aids for patients and electronic pharmacy care plans; and the automatic creation of a discharge advice letter (DAL) (users currently have to create an EToC form manually). Functionality also includes the ability to access medication lists for patients outside of ABMU, thus supporting medicines management for visiting patients.

2.7.2 Hospital Electronic Prescribing and Medicines Administration (HEPMA)

The JAC HEPMA contract has been initiated and the majority of the HEPMA Project Team have been recruited and in post, including Informatics, Pharmacy and Nursing staff. An E-Prescribing Nurse Facilitator has been appointed and is due to commence post in September. The Data Analyst position, which has previously failed to recruit, was reviewed and will be re-advertised during Q2.

An options appraisal on the implementation of HEPMA at the second site location was submitted to Health Board Executives in light of the announced Health Board boundary change. Singleton hospital was approved as the second site to follow NPTH. Process mapping of current working practices and identifying anticipated changes following the implementation of e-prescribing is complete on all wards at NPTH and Singleton. Training on the local configuration of the JAC HEPMA system has been completed and a configuration group is to be set up to direct the local configuration of the system. Drafting of revised standard operational procedures are also underway, reflecting new processes for pharmacy, medical and nursing staff where patients move between wards with different medicines transcription and electronic discharge products i.e. EToC, MTeD and JAC.

Technical resource commenced post at NWIS in May and the design of how the JAC HEPMA system will integrate with WCP has been completed. This is currently under review at NWIS with a view to be approved in Q2 followed by initiation of the integration work. The appointment of this resource is a positive step forward to allow the joint NWIS and ABMU team to develop a robust implementation plan. At present the delivery date for the release of WCP v3.11 which includes the JAC HEPMA – WCP integration is scheduled for November to support the implementation of HEPMA. The project remains constrained by the implementation of WCP, which includes ADT functionality as a prerequisite to enable ADT functionality to be undertaken in WCP.

Proposed timelines:

- Pilot one ward NPTH – Mid-Feb 2019
- Complete NPTH implementation – Apr-May 2019
- Complete Singleton implementation – Jun-Oct 2019

2.8 Restrictive Antibiotic Guidelines

ABMU Health Board's new Antibiotic Guidelines launched on the 12th June 2018. Co-amoxiclav has been removed from formulary (excluding Paediatrics, Burns and Plastics) and the use of other broad-spectrum antibiotics reduced (e.g. piperacillin/tazobactam, cephalosporins). These antibiotics have been replaced,

where possible, with combinations of narrow-spectrum antibiotics including gentamicin and co-trimoxazole.

Analysis of antibiotic usage since the launch (**figure 1**) shows a reduction in co-amoxiclav usage and an increase the new agents recommended.

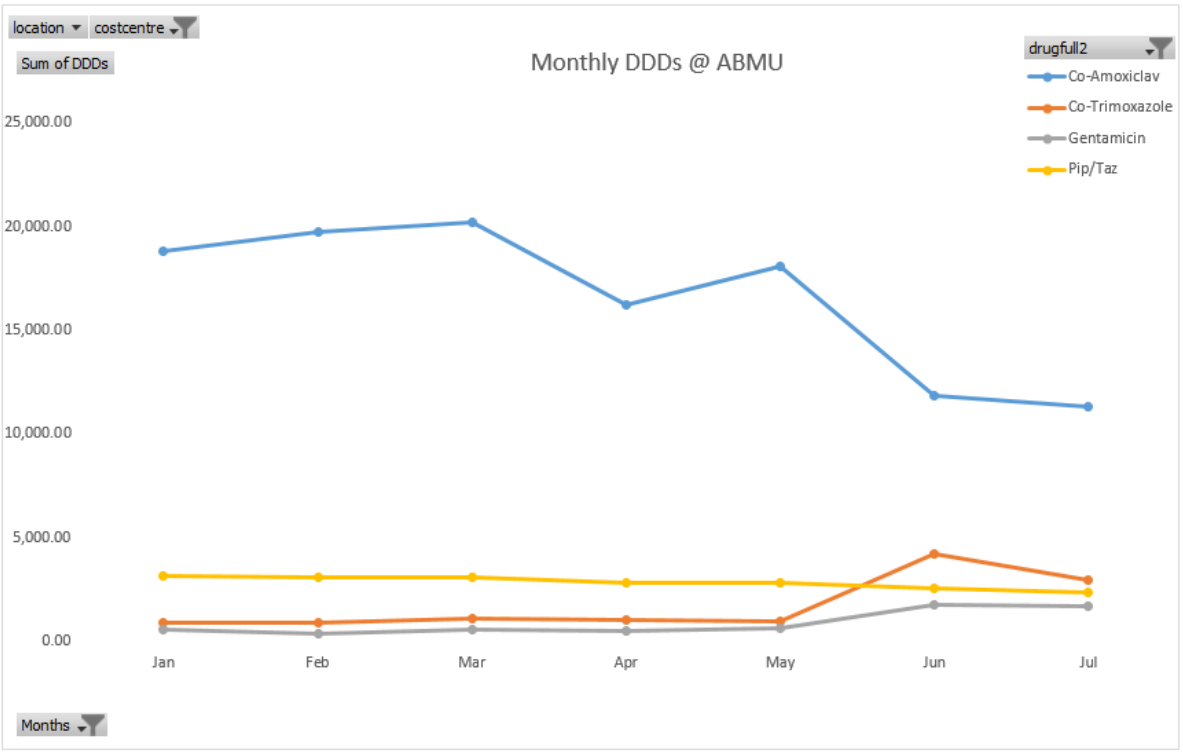


Figure 1: Total usage (by defined daily doses) of selected antibiotics within ABMU HB

Co-amoxiclav prescriptions based on a Consultant recommendation have remained low and are monitored (**figure 2 and 3**). These figures exclude co-amoxiclav prescribed under Microbiology advice. Indications identified that are not currently covered by the guidelines are being addressed via the Antimicrobial Advisory Group.

N.o. of Forms by Site	ABMU	Morriston	Singleton	POWH	NPTH
11 June 2018	0	0	0	0	0
18 June 2018	0	0	0	0	0
25 June 2018	4	1	2	1	0
02 July 2018	2	1	0	1	0
09 July 2018	4	2	1	0	1
16 July 2018	1	1	0	0	0
23 July 2018	0	0	0	0	0
30 July 2018	1	0	1	0	0

Figure 2: Number of co-amoxiclav prescriptions prescribed on Consultant recommendation by site and week

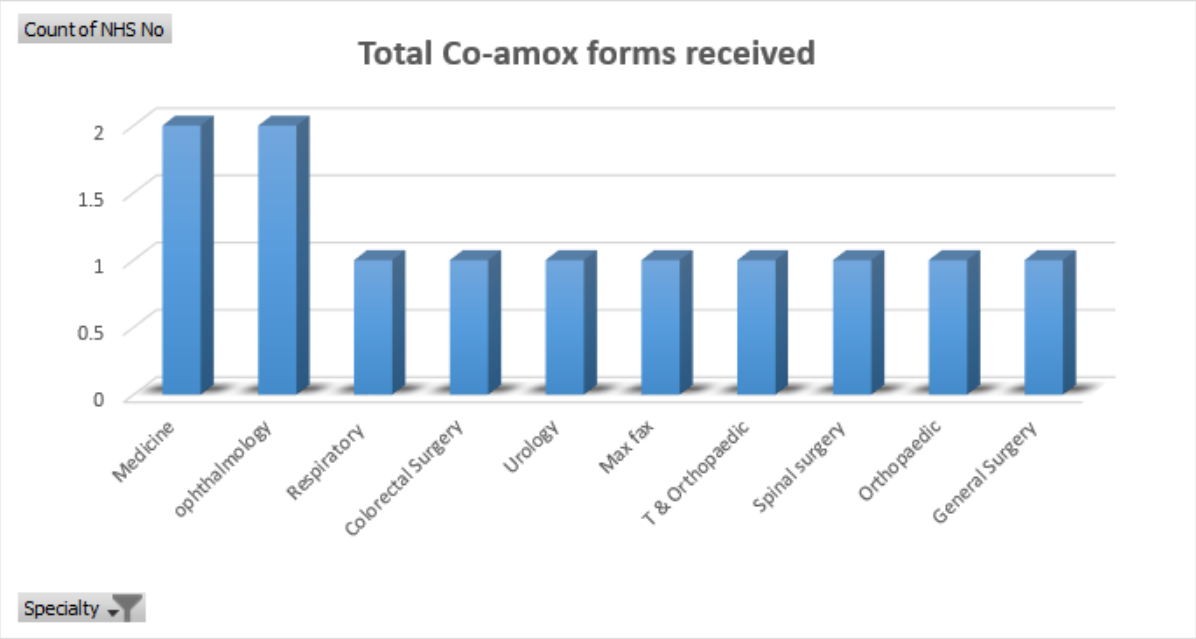


Figure 3: Number of co-amoxiclav prescriptions prescribed on Consultant recommendation by specialty since the launch of the guidelines

Compliance to the guidelines will be monitored via the bimonthly antibiotic stewardship audits. The first report will be available in August 2018.

The appropriate use of Co-amoxiclav prescribing remains a focus of the messages relayed to GPs via the Medicines Management advisory mechanisms.

2.9 Logistics and Procurement

2.9.1 Falsified Medicines Directive (FMD)

On February 9th 2019 the Falsified Medicines Directive (FMD) will become legislative for the UK, which will require all prescription-only medicines (unless exempted) to be verified as authentic and decommissioned from the European hub. The Pharmacy and Medicines Management team are currently working collaboratively with IT and robotic providers, the MHRA/DHSC and other Welsh Health Boards to scope the impact of implementing FMD and to plan on the optimal process to comply with the Directive.

Currently, the team are scoping potential options for managing FMD within our current workflows, and to review any potential capital requirements (if known) to comply with the Directive.

2.9.2 Transforming Access to Medicines (TRAMs)

As detailed in 2.1.2, an internal NHS Wales review has recently been commissioned by Welsh Government to look into the way we currently supply medicines to patients. The Transforming Access to Medicines (TRAMs) review will look at the long-term sustainability of current arrangements, and to identify opportunities to improve long-term resilience of the service and to support any future investment decisions. The project will be completed by March 2019.

Pharmacy and Medicines Management will continue to actively support this review project, including supporting two members of staff to be seconded to the project.

3.0. Controlled Drugs

The Controlled Drug Accountable Officer (CDAO) role continues to evolve to provide a greater focus on strategic leadership of Controlled Drug (CD) governance across the Health Board. Operational management of CD incident/concerns and other CD related issues, previously undertaken by the CDAO are being realigned within established Service Delivery Unit (SDU) quality and safety processes in response to the learning outcomes of the recent desk top review into CD management in ABMU Health Board theatres. The CDAO has sought to promote and discuss the application of these desk top review outcomes with SDUs and is seeking associated assurances that they have been acted upon.

The CDAO continues to chair the Western Bay Controlled Drug Local Intelligence Network (LIN) comprising key local and national stakeholders in the management of CDs. The Gosport Independent Panel report was highlighted at the last LIN meeting and members encouraged to read it. Recommendations from this report will also be discussed at the Health Board CDAO governance meeting. Further to a request from WG, in response to this report, a briefing has been submitted to WG providing details of systems in ABMU Health Board that are in place for monitoring opioid use, particularly for pain relief in palliative care setting.

Finally, the CDAO is currently working with Risk and Legal colleagues in the Health Board to identify the nature and quantity of Home Office Controlled Drug Licenses that are required for the activity of ABMU Health Board. This has involved seeking the advice of NWSSP Legal and Risk Services and that of a Barrister which is currently ongoing. Once completed, this information will be shared with other Health Boards and WG.

4. RECOMMENDATION

The Quality & Safety Committee is asked to:

- Note the content of this update
- Recommend the future structure and content of papers coming to the Board.

Governance and Assurance							
Link to corporate objectives *(please ✓)*	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships		
		√	√	√	√		
Link to Health and Care Standards *(please ✓)*	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		√	√		√		

Quality, Safety and Patient Experience

Ensuring that the Health Board make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.

Financial Implications

There are some financial implications contained within this report. However, specific impact, where relevant, will have been considered within the Finance and Business Partners Report to the Board.

Legal Implications (including equality and diversity assessment)

There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual schemes.

Staffing Implications

Within the Pharmacy Transformational programme, there are workstreams, which will advise on the future shape and role of the pharmacy workforce within the organisation.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

There are no direct implications on the Well-being of Future Generations (Wales) Act. However, the specific updates in this report will be subject to full impact against the act where necessary.

Report History	None

Appendices	None