

**Northumberland Tyne and Wear NHS Foundation Trust**

**Board of Directors Meeting**

**Meeting Date:** 25 January 2017

**Title and Author of Paper:**

Controlled Drugs Accountable Officer Annual Report 2015/16

Tim Donaldson, Trust Chief Pharmacist/Controlled Drugs Accountable Officer

**Paper for Debate, Decision or Information:** Information

**Key Points to Note:**

- The purpose of this report is to update the Board of Directors on developments in the management of controlled drugs during 2015/16
- In accordance with the statutory regulations introduced following the Shipman Inquiry, newly controlled drug occurrences within the organisation were shared via the Cumbria, Northumberland Tyne and Wear Local Intelligence Networks for Controlled Drugs
- The Trust Controlled Drugs policy was updated throughout the year, in line with new legislation and professional best practice guidance
- Regular Controlled Drugs stock checks were undertaken in all relevant wards/teams
- A comprehensive Controlled Drugs audit was completed to assess whether practice was in accordance with the Controlled Drugs policy; the audit (CA-15-0024) reported overall partial compliance (80-89%), for which an action plan was approved by the Medicines Management Committee

**Outcome required:**

- The Board is asked to receive this report and note that the requirements of the regulations on the safe and secure management of controlled drugs were met during the year.

# NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

## CONTROLLED DRUGS ACCOUNTABLE OFFICER REPORT 2015/16

### Background

Following the Shipman Inquiry, the introduction of The Health Act (2006) enabled regulations to be laid down relating to governance and monitoring of controlled drugs (CDs). These came into effect in England on 1 January 2007. The regulations set out the requirements for all health providers to appoint a Controlled Drugs Accountable Officer (CDAO) and described the responsibilities of CDAOs for the safe management and use of CDs within their organisations. The regulations require organisations to co-operate and share information and good practice regarding CDs through Local Intelligence Networks (LINs), now convened by NHS England Area Teams.

Within the organisation:

1. The Medicines Management Policy (NTW (C)17, UHM-PGN-04) provide the governance framework which incorporates legal and good practice measures for the prescribing, ordering, supply, secure storage, administration, recording and disposal of controlled drugs.
2. Standard Operating Procedures ensure that controlled drugs are managed safely and securely by the pharmacy service.
3. A software system (AdiOS) monitors the supply of controlled drugs to wards/units by Trust pharmacy departments, highlighting any unusual patterns for further investigation by clinical pharmacy teams; regular stock checks are undertaken by pharmacy and nursing staff. Apparent stock discrepancies are followed up for resolution; as part of the Medicines Management Policy monitoring framework, a comprehensive annual CD audit of compliance with CD policy requirements for the storage, ordering, record-keeping, administration and stock checking of CDs is undertaken and reported to the Medicines Management Committee (MMC). Regular reports are provided to the Trustwide Quality and Performance Committee for assurance.
4. Incidents concerning controlled drugs are reported in accordance with the Trust Incident Policy NTW (O)05. These incidents were collated and reported to the CDAO; any incidents of suspected misuse, misappropriation, theft or fraud involving CDs are further investigated; Local Security Management Specialists and the police may become involved, where appropriate.
5. More notable incidents ('CD occurrences') are shared via the Controlled Drugs Local Intelligence Network (LIN). Seven new occurrences were reported by the CDAO to the LIN during the year.

The following improvement actions were completed during the year:

1. The annual CD audit reported partial compliance with CD policy standards in all clinical areas. An improvement action plan was approved and monitored by the MMC
2. A CQC controlled drugs self-assessment was undertaken and reviewed by the MMC. The CQC self-assessment tool is designed to support Controlled Drug Accountable Officers and their organisations in identifying areas of good practice and those where improvements are required. Completion of the self-assessment is also recommended by the CQC in supporting organisations in determining whether they are meeting national best practice guidance and legislative requirements in CD governance. The organisational score was 81%, indicative of a high level of CD governance and this was commended by the MMC
3. The MMC approved a proposal for a new method for destroying and denaturing unwanted/waste controlled drugs to enhance medicines security. This issue has been raised in CQC inspection of other Trusts undertaken during the year. Medicines Management Policy practice guidance on controlled drugs is being updated accordingly
4. The Pharmacy team developed updated guidance for NTW prescribers regarding the use of benzodiazepines and 'Z-drugs', medicines commonly prescribed in the management of anxiety disorders and insomnia.
5. North of Tyne and Gateshead area shared care prescribing guidelines for dexamfetamine and methylphenidate (schedule 2 and 3 controlled drugs, respectively) for ADHD were updated and approved by the Area Prescribing Committee.

The requirements of the regulations on the safe and secure management of CDs were met during the year.

**Tim Donaldson**

**Trust Chief Pharmacist/Controlled Drugs Accountable Officer**