

**NORTHUMBERLAND, TYNE AND WEAR NHS FOUNDATION TRUST**

**BOARD OF DIRECTORS' MEETING**

**Meeting Date:** 25 November 2015

**Title and Author of Paper:**

Controlled Drugs Accountable Officer Annual Report 2014/15

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 2014/15.
- 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 CD stock checks were undertaken in all relevant wards/teams
- A comprehensive CD audit was completed to assess whether practice was in accordance with the CD policy; the audit reported 100% compliance in all clinical areas

**Outcome required:**

- The Board is asked to 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 2014/15

### 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 MMC.
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; where appropriate, Local Security Management Specialists and the police may become involved.
5. More notable incidents ('CD occurrences') are shared via the Controlled Drugs Local Intelligence Network (LIN). Four new occurrences were reported to the LIN during the year.

The following improvement actions were completed during the year:

1. The annual CD audit reported full compliance with CD policy standards in all clinical areas.
2. The Home Office introduced a parliamentary order reclassifying the following medicines as controlled drugs: lisdexamfetamine (ADHD treatment, now schedule 2), tramadol (analgesic, now schedule 3), zopiclone and zaleplon (hypnotics, now schedule 4 part1). The MMC approved amendments to the Medicines Management Policy CD guidance note (C17, PGN-O4) to incorporate these changes into the CD policy. A CAS alert was circulated to managers to highlight the changes to staff. The alert included an online questionnaire for completion by managers to confirm that their clinical teams had read, understood and had implemented the new storage and record-keeping requirements.
3. Following an increasing number of reports of the misuse of tramadol within the wider population, the MMC approved a proposal to extend additional local policy controls beyond those required in law. Tramadol was required to be treated within the organisation as a 'schedule 2' CD (i.e. in the same way as morphine, methadone, etc).
4. An 'Aide Memoire' was developed via the MMC, which summarised key handling and prescribing requirements for CDs within each schedule of the regulations.
5. In response to the investigation of a medication incident, the CD policy was amended to incorporate more detailed practice guidance for nursing staff in situations where CDs are administered but are not taken by patients.
6. A change to the CD policy was approved to authorise non-registered nurses to witness the administration of controlled drugs. Nursing Competencies were updated to reflect the change.

I can confirm that 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**