Leicestershire Partnership NHS Trust

Managing Controlled Drugs in Community – Policy and Standard Operating Procedure

This document describes the procedure to follow when managing controlled drugs in the community setting.

Key Words:	Controlled drugs, CDs, Controlled drug record card, CDRC, Standard Operating Procedure, SOP	
Version:	8	
Adopted by:	Trust Policy Committee	
Date this version was adopted:	24 May 2021	
Name of Author:	Tejas Khatau	
Name of responsible committee:	Medication Risk Reduction Group	
Please state if there is a reason for not publishing on website:	N/A	
Date issued for publication:	May 2021	
Review date:	October 2023	
Expiry date:	1 May 2024	
Target audience:	All clinical staff working in community services who are involved in handling controlled drugs (CDs) in any way. This will primarily be CHS division and Diana team within FYPC.	
Type of Policy	Clinical √	Non Clinical
Which Relevant CQC Fundamental Standards?	Reg 12	

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
Tejas Khatau	Lead Pharmacist FYPC

Circulated to the following individuals for comments

Name	Designation
Members of MRRG as at 01.03.2021	
Anthony Oxley	Head of Pharmacy
Joanne Charles	Lead Pharmacist CHS Division
Jo Beeching	Manager/Clinical Lead - Hospice at Home
Sarah Grandy	Community Services Manager
Fiona McGuigan	District Nursing Sister (City)
Katie Willetts	Modern Matron – FYPC Division
Heather Darlow	Clinical Governance Lead – CHS Division
Robert Lovegrove	Local Security Management Specialist (LSMS)

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1	June 2008	Comments during consultation received from: • Mandy Shuttlewood (Prescribing Lead District Nursing) • Mohammed Ibrahim (Prescribing Advisor)
Version 2	July 2008	Reflects the changes made following advice from NPSA: Reducing Dosing Errors with Opioid Medicines, 04/07/2008.
Version 3	December 2008	Reflects changes made following: • Results of the CD pilot looking at verification of initial quantities of CD and transport of CDs. • Introduction of the NHS Leicester City Controlled Drugs Policy. • Advice around healthcare professional's security when transporting CDs from the Dipak Chauhan. • Advice around obtaining consent from Helen Knight and Mohammed Ibrahim.
Version 3, Draft 1	February 2010	Under Destruction of Unwanted CDs: • Small quantity of CDs will be destroyed by discarding directly into a sharps bin (without putting in a tissue first). • Procedure on how to destroy small and larger quantities of CDs in a syringe driver added following approval by NHS Leicester City Medicines Management Committee on 21st January 2010. • Comments from Julie Bell (Practice Education Facilitator)
Version 3, Draft 2	September 2010	Recommendation from Clinical Governance Committee: • Include abbreviations • Include pages on contents table • Include Equality Impact Assessment Added a training section.
Version 4	September 2010	Policy approved at Clinical Governance Committee, subject to minor changes
Version 5	April 2011	Changes to the Destruction of CDs section informing staff that denaturing kits can be taken to selected community pharmacies partaking in the "Access to Palliative Care Drugs from Community Pharmacy Service Level Agreement" as well as Brookside. Removed former appendix 2 which was a copy of the CDRC.

Version 5 Draft 1	May 2012	Removed “obtaining and recording consent” section. Re-formatted into LPT style. Changed audit standards. Option to allow destruction of over 5ml of CDs in a syringe driver by a single person if difficult to get second member of staff. No need to store used CD denaturing kit in a CD cupboard for the first 24 hours as no evidence found for this. Advice to simply follow the instructions on the kit as each kit will vary.
Version 6 Draft 1	October 2012	Following widespread training and subsequent consultation with Joanne Charles, the need to work out DOSE of controlled drugs denatured in a syringe driver has been removed as it does not add any additional meaningful information. The need to record volume destroyed still remains. The CDRC has been updated to reflect this change.
Version 6 Draft 2	May 2013	1. Note added that it is not good practice for prescriber to also collect medication from pharmacy; 2. When accepting medicines from patient (and the quantity prescribed is unknown) nurse to get signature of patient/carer as verification of quantity handed over 3. Change to advice for stock checks when patient not actively being administered palliative care medicines.
Version 7	March 2015	1. Consulted with CHS Divisional staff via Clinical Network meeting. 2. Updated hyperlinks; 3. Losses and Discrepancies sheet added as an appendix;
Version 8	April 2021	Minor adjustment to grammar and terminology. Updated hyperlinks. Added relevant CQC Fundamental Standard. Updated circulation list. Changed healthcare professional (HCP) to registered nurse where appropriate.

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?
Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

Lead Pharmacist for FYPC/LD Directorate

Lead Pharmacist for CHS Directorate

Head of Pharmacy

Definitions and abbreviation that apply to this Policy

CASE	Clinical Audit, Standards and Effectiveness or directorate equivalent
TWMRRG	Trust Wide Medicines Risk Reduction Group
Controlled Drug	Also known as CDs. CDs are defined and governed by the Misuse of Drugs Act and Misuse of Drugs Regulations. CDs have a greater potential for harm and abuse.
SOP	Standard Operating Procedure
CDRC	Controlled Drug Record Card
LPT	Leicestershire Partnership Trust
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

1.0 Summary of Policy

Community nurses (primarily nurses in CHS directorate and Diana team in FYPC/LD) come into contact with controlled drugs (CDs). Palliative care medicines are administered to patients in their preferred place of care. Activities involving CDs could include:

1. Ordering;
2. Receiving;
3. Recording;
4. Doing stock check;
5. Advising on storage;
6. Administering;
7. Transporting;
8. Destruction (either by denaturing or by returning to a community pharmacy);

This document describes the standard procedure that must be followed when carrying out any of the above activates.

2.0 Introduction

Community nurses (primarily nurses in CHS directorate and Diana team in FYPC/LD) are involved in the care of patients who need to be administered CDs. The most common scenario is administering CDs to a palliative care patient where either injection or syringe driver is needed. The most commonly encountered CDs are diamorphine, morphine, buprenorphine, fentanyl, midazolam and oxycodone.

CDs are strictly governed by the Misuse of Drugs Act and their Regulations. Whilst the CDs are prescribed for the patient and therefore remain the patient's responsibility, as healthcare professionals, nurses are expected to handle these drugs to the highest possible standards and ensure that robust records are kept.

This document describes step by step the standard process to follow when managing CDs as well as the record keeping requirements.

3.0 Purpose

The principle objectives of this policy and procedure are to:

- Improve and standardise the management of CDs in all community services within LPT;
- Reduce risks and abuse of CDs;
- Define clear roles and responsibilities for all those concerned with any involvement with CDs;
- Act as a training tool for new staff or a refresher for existing staff;
- Form the basis from which an audit tool can be developed.

4.0 Duties within the Organisation

4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.2 The Trust Wide Medicines Risk Reduction Group (TWMRRG) monitors all incidents involving CDs. The Group prepares a summary report of those incidents for presentation to the Medicines Management Group or other appropriate body. The Group ensures that lessons are learnt from such incidents and that this information is then disseminated to all those who may benefit from it.

4.3 Directors and Heads of Service are responsible for ensuring that there are appropriate resources provided within their service area to implement and adhere to the policy and procedure.

4.4 The Directorate will monitor adverse incidents across all service areas of their division including aggregate analysis and identify any trends and themes. This includes advising the directorate management team on significant areas of risk through their local governance reporting mechanisms.

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4.5 Managers and Team leaders will be responsible for:

- Ensuring this policy and procedure is implemented in their area of responsibility.
- Ensuring that their staff are appropriately trained in line with the requirements of this policy;

4.6 Responsibility of Staff:

It is the responsibility of staff who manage CDs in the community to ensure that they are familiar with this policy and procedure.

4.7 CD SOP training will be an element of the medicines management training. Relevant staff will be expected to undertake medicines management training at least every three years as part of the mandatory training. Refer to the training needs analysis for full details.

5.0 Policy and Standard Operating Procedure for Management of CDs in Community Setting

Process	Responsibilities/ Comments
The most common CDs encountered by nurses in the community are: buprenorphine, diamorphine, fentanyl, midazolam, morphine and oxycodone. **This is not an exhaustive list. Refer to the BNF for further details.** **5.1 Ordering CDs** When supply is running low or when commencing therapy with CDs, further supply can be acquired in one of the following ways: <u>Independent prescriber prescribing in palliative care:</u> A prescription for a CD must satisfy the following: • Have patients name, address, date of birth and patient's NHS number; • Contain name of drug, strength and form; • State total quantity in words and figures; • Maximum of 28 days supply; • A dose (NB "as directed" is not sufficient) • Signed and dated Ask patient or patient's representatives to get the medication from a community pharmacy of their choice. Advice the patient's representatives that they will be asked for identification when collecting the medicines from the pharmacy. If supply is needed urgently or patient/patient's representatives are unable to take prescription to a community pharmacy, registered nurse can take the prescription to the most convenient pharmacy and establish when the prescription will be ready to collect. Check with the patient/family if they need to pay for the prescription. Collect medication from the pharmacy and take it straight to the patient's home. Refer to the Receipt of CDs and Transport of CDs section below for details. <u>Patient's GP</u> Call or task GP via SystmOne and state: • Who you are; • The patient's name and date of birth you are referring to; • The drug, strength, form and quantity required. Clarify with the GP which pharmacy the prescription will be sent to.	Patients/family members are responsible for ordering of medicines. However, in this situation, the registered nurse may need to work in partnership with the patient/family members to ensure that further supply is ordered in advance such that there is not a delay to patient's therapy. **Improving Access to Palliative Care Medicines** There is a formal agreement whereby selected pharmacies are stocking certain palliative care medicines during their usual opening hours. For more information on the palliative care medicines stocked and details of the pharmacies please follow this link: https://www.lmsg.nhs.uk/guidelines/health-community/palliative-care-2/

Process	Responsibilities/ Comments
Clarify with the GP/pharmacy whether the drugs will be delivered by the pharmacy or need to be collected. If the supply is needed urgently or where a face-to-face conversation is needed to discuss patient's therapy, visit the GP and state: • Who you are; • The patient's name and date of birth you are referring to; • The drug, strength, form and quantity required. Take the prescription to the most convenient pharmacy and establish when the prescription will be ready to collect. Collect medication from the pharmacy and take it straight to the patient's home. Refer to the Receipt of CDs and Transport of CDs section below for further details.	Registered nurse may be asked for proof of ID. It is the registered nurse's responsibility to carry their LPT NHS ID badge with them when collecting CDs
5.2 Receipt of CDs <u>Registered nurse collecting from community pharmacy</u> Upon receipt of CDs (and before leaving the premises) registered nurse must check that the drug, strength, formulation, quantity and patient's name tally on the pharmacy labels, medicines container, contents inside the container and prescription/requisition. Check the medicines are in date. It is good practice that the (nurse) prescribing the drugs does not collect them. Make an entry in the CD record card (CDRC).	This is done to ensure that any error on the part of the pharmacist is identified before leaving the premises. Sealed boxes need not be opened.
<u>Registered nurse receiving from patient</u> If the registered nurse is receiving a new supply or further supply of CDs from the patient/carer, the nurse must ask them to counter sign the CDRC to verify that what is being recorded is correct and complete. As a further check, the registered nurse should check the labels to ensure that the correct quantities are dispensed (e.g. pharmacy labels may say "box 1 of 2" in which case the nurse will know that a total of 2 boxes of that drug was dispensed). If there are any discrepancies in the supply given, the nurse must ascertain further information and satisfy themselves before proceeding. If there are any concerns or inconsistencies that cannot be explained, the nurse must escalate this to the team leader and raise an incident if necessary. Make an entry in the CDRC.	This is done to ensure that the records are accurate to begin with and CDs have not been diverted elsewhere.

Process	Responsibilities/ Comments
5.3 Recording of CDs The general requirements for entry into a CDRC are as follows: • a separate CDRC must be used for each preparation and strength; • a separate line must be used each time medication is received or administered; • entry must be made in black/blue ink; • entry must be made in chronological order; • mistakes must be crossed out with a single line or bracketed such that original entry is still clearly legible. This must be signed and dated by the nurse (and a witness if a second member of staff is present) Ensure that the patient's date of birth is recorded on the bottom left hand side of each page of the CDRC. Upon receipt of CDs, make an entry into the patients CDRC corresponding to that drug immediately stating: o date and time; o name of pharmacy; o quantity obtained; o running balance and staff signature. When a CD has been administered or syringe driver prepared, the following must be entered in the CDRC corresponding to that CD: • date and time; • amount administered (mg); • amount wasted (mg); • route and site of administration; • batch number and expiry date; • Running balance and staff signature(s). Whilst patient is actively being cared for, store the CDRC with the rest of the patient's notes in their home. In the event when the CDRCs are no longer needed (e.g. patient dies) the original should be returned to the patient's notes. For audit purposes a photocopy may need to be made and placed in the designated file. CDRC can also be scanned into the patient's electronic records and read-coded where such facilities exist. **5.4 Stock Check** When medication administration begins, stock check should be done with each administration (by recording on the same row as that used to record the administration). As a minimum, a stock check must be carried out and documented once on each new day the staff enters the home to administer the medicine.	This is to ensure that if the CDRC is photocopied and stored for audit purposes, the separate pages can be identified. Sealed boxes need not be opened. It is the responsibility of the registered nurse who discovers the error to ensure that their line manager has been notified

Process	Responsibilities/ Comments

If a patient has injectable CDs that are not being used at the moment but nursing staff are going into the home for another nursing activity, it is advisable to undertake and record a weekly stock check to ensure that the stock continues to be available and in date. This involves the registered nurse(s):
• checking the balance recorded on the CDRC;
• checking the physical stock present;
• ensuring that the above two are the same;
• documenting this stock check on the CDRC by entering following in the next available row:
  o date and time;
  o number of units present during the stock check under the column that says “enter quantity in stock here”;
  o running balance and signature.
 	
If there are discrepancies, use appendix 2 in the first instance to try to resolve it. If still unresolved, it must be reported to the line manager immediately.
 	
An electronic incident report form (eIRF) must be completed.
 	
5.5 Storage of CDs
 	
Explain to the patient/relative/carer the nature of the drugs and emphasise the importance of safe and secure storage.
 	
CD should be stored in a secure and suitable location. Avoid storing them in kitchen cabinets and bathrooms where the temperature and humidity can rise. Avoid storage in direct sunlight. Keep out of reach of children and pets.
 	
Care should be taken to store high strength injectable opioids (e.g. 20mg or more) and low strength opioids (e.g. 5 to 10mg) as far apart as possible.
 	
5.6 Administration of CDs
 	
Administration is usually done by one registered nurse in adult services and in pairs in children’s services.
 	
Ensure that you have checked the identity of the patient, the authorisation is fully completed and the medication is due.
 	
Before the CD is administered the registered nurse(s) should ensure that the medicine is appropriate to use by checking:
• the details on the pharmacy label corresponds to the packaging and the item within the packaging;
• the expiry date;
• the storage conditions (if the item has been exposed to
	Ultimately, safe and secure storage of the CDs is the responsibility of the patient/relative/carer.
	
	To avoid error in selecting.
	
	Nurses have a clinical responsibility for ensuring that the dose prescribed/ about to be given is appropriate based on previous usage and previous routes of administration. Particular care is needed when converting patients from oral to parenteral opioid doses. Seek advice if unsure or concerned.

Process	Responsibilities/ Comments
• extreme heat or light, then it may not be fit for purpose); • that any required seals are in place Ensure that the item is clinically safe by checking: • the normal dose range for this drug; • recent opioid dose, formulation, frequency of administration; • any other analgesic medicines including 'prn' opioids used; • the route(s) of administration that are licensed for that product • the compatibility if injectable drugs are being reconstituted/mixed in one syringe. Calculate the dose required and prepare the dose. Where appropriate, ask the patient or their representatives for an independent check before administration. After the dose has been administrated (or syringe driver set up), make an entry in the CDRC. **5.7 Transport of CDs** Transport of CDs by registered nurse is strongly discouraged. However, it is recognised that in rare circumstances, CDs may need to be transported by registered nurse. Where it is deemed necessary, the registered nurse can transport the CDs in their original containers (or the containers dispensed by the community pharmacist) to minimise the likelihood of medication breaking/leaking. Check that containers and bottle lids are secure. During transport, keep the CDs in a locked compartment of the vehicle that is not visible to the public e.g. the boot/glove compartment of the car. Do not leave any medicines in a vehicle that is unattended. Transport the CDs directly to their final destination as soon as possible. CDs must not be stored at staff base or office. Under no circumstances must registered nurse agree to transport CDs if they feel vulnerable or have any reason to feel that their safety or security may be compromised. **5.8 Destruction of CDs** <u>Destruction of up to 5ml of CDs (e.g. in a part used ampoule)</u> This procedure can be carried out by a <u>single nurse.</u> In these situations, the CDs can be rendered irretrievable by placing the ampoule into a sharps bin. The sharps bin should be labelled immediately "contains mixed pharmaceutical waste and sharps – for incineration". The CDRC should state the amount administered and the amount wasted.	It may be helpful to have some privacy whilst you make up the medication so that you are not distracted. Small quantities of CDs up to 5ml may need to be destroyed (e.g. surplus when a dose smaller than the total quantity in an ampoule is drawn up or when a dose is drawn up but not used).

Process	Responsibilities/ Comments
Destruction of up to 5ml of CDs in a syringe driver This procedure can be carried out by a single nurse. Staff member must work out the volume of drug(s) that is/are being destroyed. This can be worked out by simply measuring the graduation on the syringe. If a quantity of CDs amounting to 5ml or less needs to be destroyed in a syringe driver, the CDs can be rendered irretrievable by placing the syringe into a sharps bin. The sharps bin should be labelled immediately "contains mixed pharmaceutical waste and sharps – for incineration". A record of this destruction needs to be made in the section titled "Destruction of CDs in syringe driver(s)" on the bottom of page 1 of the CDRC. A separate record needs to be made for each CD destroyed in the CDRC corresponding to that CD. Records must include: • date and time of destruction; • volume destroyed in the syringe driver(s); • reason for destruction; • print name(s) and signature(s) of nurse(s) undertaking destruction. Destruction of more than 5ml (and up to 50ml) of CDs in syringe driver(s) The CDs can be destroyed from one or more syringe driver(s), provided no more than 50ml is destroyed in total in each instance. More than 5ml of CDs requiring destruction must be rendered irretrievable by using a CD denaturing kit. A 250ml CD denaturing kit is available from NHS Logistics – order code KYA 003. Teams must ensure that they order these kits in advance and store them in a locked cupboard. This procedure should ideally be carried out in pairs, where one person is a nurse. The second person can be a nurse or healthcare assistant. If waiting for a second member of staff is going to lead to an unacceptable delay in service provision or patient care, this can be done by one member of staff. Staff must ensure that they have a CD denaturing kit with them. Work out the volume of drug(s) that need destroying. The volume can be worked out by simply measuring the graduation on the	Small quantities of CDs up to 5ml may need to be destroyed in a syringe driver. Larger quantities of CDs that have been drawn up may need to be destroyed (e.g. patient has died or dose has changed and syringe driver(s) contain over 5mls of CDs). CD denaturing kit is for single use only. Once the mixture has congealed, it cannot be topped up with more CDs. Always read the instructions on the CD denaturing kit as they may vary.

Process	Responsibilities/ Comments
syringe. Nurse must then slowly empty the contents of the syringe driver(s) into the CD denaturing kit. When the entire contents of the syringe driver(s) have been emptied, the CD denaturing kit must be filled with tap water to the mark stated on the outside of the container. The lid must be replaced tightly and contents shaken vigorously for at least 30 seconds until fully dispersed. The contents will usually take up to 2 minutes to congeal, although this time can vary significantly depending on the make of the denaturing kit. Mark on the denaturing kit the date and time. A record of this destruction needs to be made in the section titled "Destruction of CDs in syringe driver(s)" on the bottom of page 1 of the CDRC. A separate record needs to be made for each CD destroyed in the CDRC corresponding to that CD. Records must include: • date and time of destruction; • volume destroyed in the syringe driver(s); • reason for destruction; • name(s) and signature(s) of staff member(s). Once the destruction has been recorded in the CDRC, every effort must be made to immediately take the used CD denaturing kit and corresponding CDRC(s) to a point where it can be safely destroyed. Sites include: 1. An LPT community hospital (with prior arrangement); 2. In the City, selected community pharmacies partaking in the "Improving Access to Palliative Care Medicines". Details of partaking community pharmacies in the city can be found on: https://267lv2ve190med3l1mgc3ys8-wpengine.netdna-ssl.com/wp-content/uploads/2018/09/Palliative-Care-Drugs-and-Emergency-Antibiotics-%E2%80%93Pharmacies-and-Stock.pdf 3. For County, staff can utilise either of the above two options If it is not possible to take the used CD denaturing kit immediately, it must be left in the patient's home until the earliest opportunity when the used CD denaturing kit can be returned. **5.9 Return of Unused CDs to community pharmacy** When unused CDs (e.g. tablets, liquids, intact ampoules) are no longer needed they should be returned to any community pharmacy for safe destruction. All community pharmacies are required to accept patient returned controlled drugs.	The CDRC is taken so that the end user can identify the contents of the denaturing kit. The CDRC must then be returned back to the patient's notes. CDs must not be stored in the staff base or office where disposal facilities do not exist.

Process	Responsibilities/ Comments
<u>Patient/relative/carer returning unused CDs</u> In the first instance, encourage the patient/relative/carer to take the CDs back to a community pharmacy as soon as possible. Where they agree to do this, in the relevant section on page 4 of the CDRC: • healthcare professional should fill in the total quantity of drug • (in words and figures) being returned; • patient/relative/carer should print their name, sign and date this. <u>Registered nurse returning unused CDs</u> Where it is deemed inappropriate for a patient/relative/carer to return unused CDs, the registered nurse may decide to return the CDs to a pharmacy. When making this decision, registered nurse should consider the time of the day and whether a community pharmacy will be open so that the CDs can be transported there as soon as possible. In the section which says "Return of CDs by healthcare professional" on page 4 of the CDRC, input: • name of the registered nurse; • total quantity being returned (in words and figures); • registered nurse's name and signature. Obtain consent for returning the CDs by asking the patient/relative/ carer to print their name and sign. The CDs should be transported as described in the "Transport of CDs" section above. Once at the pharmacy, the registered nurse should go through the unwanted CDs with a senior member of the staff in the dispensary (preferably the pharmacist, technician or dispenser) to verify the CDs and check the quantities. The registered nurse should ask the senior member of pharmacy staff to input the following details on page 4 of the appropriate CDRC to confirm receipt of the unwanted CDs: • quantity of CDs received (in words and figures); • print their name, sign and date; • put their pharmacy stamp	An informal risk assessment should be carried out by the registered nurse before returning CDs. Factors to consider are: 1. communication difficulties/language barrier/lack of understanding 2. risk of abuse/ diversion (e.g. is there a substance misuse person in the family?) 3. how likely is it that the CDs will be returned promptly? (e.g. patient lives alone/partner frail and elderly/ unwillingness to return?) 4. are there any risks to the family or the general public (e.g. unusually large quantities of CDs present/children in the home /security issues)

6.0 Management and Implementation

This policy and procedure will be implemented and disseminated throughout the organisation, in accordance to the post ratification process. Following approval the policy and procedure will be catalogued in the Trust register of Policies and posted on the intranet.

It is the responsibility of the Service Lead to ensure that staff are familiar and compliant with this policy and procedure and have documented evidence of this.

7.0 Monitoring Compliance and Effectiveness

The directorate will monitor any adverse incidents across all service areas of their division including aggregate analysis and identify any trends and themes. This includes advising the directorate management team on significant areas of risk through their local clinical governance reporting mechanisms. The TWMRRG will also obtain reports on CD incidents. This group, supported by directorate sub group or equivalent will ensure that themes are identified and the organisation learns from medication incidents.

An annual audit will take place based on the completed CDRCs stored at the team base.

CDRC should be easily retrievable for audit purposes. This can be done in any of the following ways:

- Keep a register of the patient's name and date of birth where CDRC have been used. The register can be used to randomly select patients and the CDRC should then be easily retrievable from the patient's notes;
- Take a photocopy of the CDRC and store it in a designated folder. The photocopies will be selected randomly for audit;
- Scan the CDRC into the patient's electronic notes and enter a read code.

The audit team should retrieve a random sample of CDRC to conduct an audit on:

- Around 20 patients (or as many as are available) per team/locality/area;
- The patient records must be reviewed against the criteria in the audit template;
- Key criteria have been agreed with the commissioners as part of the Quality Schedule and the standard for these criteria has been set as 100%. For the remaining criteria, the standard should be 90% and above.

The above will be part of the Trust's audit calendar and the quality schedule with the commissioners.

8.0 Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the general duty of the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations. .

It is judged that it is not proportionate (equality relevant) in respect of this policy as it specifically refers to the administration of medicines prescribed for patients

If staff become aware of any exclusions that impact on the delivery of this policy, processes are in place to mitigate any risk.

Refresher training is provided every three years to support staff in the implementation of this policy and procedure.

References and Associated Documents

1. Controlled drugs and drug dependence, British National Formulary 53, page 7, March 2007.
2. Safer management of controlled drugs: Private CD prescriptions and other changes to the prescribing and dispensing of controlled drugs, Department of Health, June 2006.
3. Safer Management of Controlled Drug: Changes to Record Keeping Requirements (For England only). Department of Health. October 2007.
4. Ensuring safer practice with high dose ampoules of diamorphine and morphine, Safer practice notice 12, National Patient Safety Agency, May 2006.
5. Reducing Dosing Errors with Opioid Medicines, National Patient Safety Agency, 04 July 2008.
6. Mental Capacity Act Policy;
7. Medicines Management Policy;
8. LPT T34 Syringe Driver Policy.

Appendix 1

Signature Sheet

Name of Service:	
Location:	
Clinical Lead:	

I have read and understood the SOPs

Date	Name	Job Title	Signature	Initial (as appears on records)

Appendix 2

LOSSES OR DISCREPANCIES – COMMUNITY

Controlled Drugs

When a discrepancy between the balance on the Controlled Drug Record Card (CDRC) and the actual stock is noticed this **must** be investigated by the registered nurse taking the following steps.

Step	Action required	Action completed (√)
1	Report to the line manager and request a second checker.	
2	**Check for the following :** • Additions/Subtractions recorded on the CDRC for accuracy	
	• Any missing records following administration by the nurse/GP/OOHs/other supporting services.	
	• Any breakage or spillage that has not been recorded	
	• That stock has not been put into the wrong box or misplaced.	
	• Consider the possibility of a pharmacy dispensing error if additional supplies have been received into the community setting since the last correct check and if appropriate contact the dispensing pharmacy for further information.	
3	Report the incident on Ulysses via an eIRF	
4	Inform line manager of the outcome to the investigation If the discrepancy is resolved – **no further action.**	
5	If the discrepancy is still unresolved the nurse or their line manager must also inform: • The patient • The Local Security Management Specialist (LSMS) • The Local Police (& obtain a crime reference number) • The Head of Pharmacy • If OOHs the On-call manager and **on-call pharmacist (for discussion)**	
6	Any further requirements for investigation by the nurse will be agreed in conjunction with the LSMS.	

Other Medicines in the Patient Home

If the registered nurse is alerted by the patient, or by other means, to the **possible loss of medication which causes concern**, the nurse should make an incident report and inform the prescriber. The nurse should then discuss with their manager to decide if any further action is required.

Appendix 3

DATA PRIVACY IMPACT ASSESSMENT SCREENING

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Managing Controlled Drugs in the Community – Policy and Procedure**	
Completed by:	**Tejas Khatau**	
Job title	**Lead Pharmacist – FYPC&LD**	**Date 17/05/2021**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.	
Data Privacy approval name:	
Date of approval	