



ANNUAL CONTROLLED DRUG (CD) REPORT
SPENCER PRIVATE HOSPITALS (SPH)
MARGATE / ASHFORD 2023-24.

1. Context.

Controlled Drugs (CDs) are those controlled under the Misuse of Drugs Act 1971 and subsequent legislation. There are two main provisions for ensuring the safe management of controlled drugs:

1. Appointing Controlled Drugs Accountable Officers (CDAOs) in Controlled Drug Designated Bodies (CDDBs).
2. Sharing information between organisations, regulators, and agencies via Local Intelligence Networks (LINs). These are described in detail in the Controlled Drug (Supervision of Management and Use) Regulations 2013.

2. Care Quality Commission (CQC) Controlled Drugs Management.

The CQC continues its responsibility for assuring that providers of health and adult social care and other regulators create a safe environment for the management of CDs. The CQC published its latest Annual Report on the Safer Management of Controlled Drugs in 2022 (2023 report not yet published).

2.1 NHS England regional teams and controlled drug local intelligence networks (CDLIN's).

NHS England controlled drugs accountable officers (CDAOs) have continued to work effectively and collaboratively over the past year. Regular meetings were held which resulted in more consistent messaging to members of local intelligence networks (LINs) – both nationally and regionally.

Key concerns discussed at local intelligence network meetings:

- Ineffective governance arrangements in services. Workload pressures were identified as a concern resulting in staff being unable to carry out audits regularly or in as much detail as needed.
- The diversion of controlled drugs in lower schedules. This has been a particular challenge to identify for organisations that use them in larger volumes.
- Failure to report losses of controlled drugs, either through diversion or accidental losses.
- Diversion of controlled drugs by health and care professionals.
- Lack of communication about changes to people's medicines. For example, when a GP or hospital changes the directions for a person's medicines, this is not passed on to those who are caring for them.
- Ongoing fraud with private prescriptions, often for controlled drugs in lower schedules.
- Arrangements for using oral liquids safely – including balance checking, and how to better educate patients on the dangers of inaccurate dosing.
- Controlled drug patches, such as those containing fentanyl and buprenorphine. This includes inappropriate prescribing, where people do not need constant pain relief, as well as problems with administration.
- Loss of prescriptions in either postal or courier services. This is a particular issue for services who treat people for substance misuse.

The regional teams have published newsletters which have been shared throughout the organisation.

2.2 Controlled drug reporting tool.

NHS England have updated their reporting tool. The new design has improved how SPH reports concerns and incidents and has streamlined other controlled drug functions. The updated tool has helped to standardise processes for all organisations.

2.3 CQC Annual Update - Key hospital related issues.

- Governance of controlled drugs
- Prescribing controlled drugs without the right patient information
- DBS checks for staff working with controlled drugs who have no contact with patients.
- Collecting controlled drugs from pharmacies
- Home office licences / Applying for a licence
- Private prescribing of controlled drugs - Schedules 2, 3, 4, 5
- Controlled drugs management in secondary care.
- Cannabis-based products for medicinal use
- Transitioning to electronic systems

SPH responses to Key Issues:

- The governance of CDs has been fully reviewed during 2023-24. This includes the updating where required of related policies and ensuring compliance with the current SOP for ordering of CDs from EKHUFT Pharmacy. Internal and external governance audits continue in line with regulatory requirements.
- CDLIN meetings have been attended during 2023-24 and all relevant information has been discussed throughout the organisation for shared learning.
- SPH has access to NHS patient records and the trusts Sunrise system which includes relevant patient medical and medication history. Referrals from GPs also includes patients' relevant health information.

- SPH HR team undertakes DBS for all staff working for SPH. These checks are maintained in line with regulatory requirements and the information is held on staff HR files. Information is escalated to relevant managers where indicated.
- SPH follows pharmacy policy and procedures for collecting CDs. No diversions have been reported. All required governance processes are in place including twice daily CD auditing and internal and external monthly audits.
- Shared governance meetings between SPH and EKHUFT continue including reviewing and investigating any Datix incidents relating to CDs for shared learning.
- SPH did experience HO licence issuing in the correct timeframes which the CDLIN group has highlighted following concerns raised by numerous organisations. Discussions were held with the HO to ensure this was rectified. Margate has received its licence; however, Ashford's is still pending. Cheryl Lloyds has received written confirmation that the current licence covers legal requirements. At the time of writing this report the outstanding licence for Ashford is being chased.
- Private prescribing of CD's - schedules 4/5 is not undertaken within SPH. There is only 1 Consultant with practicing privileges at Margate who prescribes and schedules 2/3 through his own FP10PCD regulated prescribing agreement. These are used at SPH only. Michelle Marstin has reported that no Consultants undertake private prescribing in Ashford and Canterbury.
- Both Hospital Directors have undertaken the full training course in controlled drugs management. Lynn Orrin and Cheryl Lloyds undertook refresher training in 2023. CD reporting is discussed from Ward to Board and included in the organisations Quarterly Quality and Safety Reports. CD management is also discussed at SMT, Clinical Governance, Medical Advisory Committee, Ward and Pharmacy meetings along with information provided to all staff through the organisations newsletter "Digest". Reporting of CD concerns is completed through internal audits, external pharmacy auditing and through the organisations risk management system Datix. Incidents are discussed with all required staff. Incidents are shared with EKHUFT in relation to any transferred patients between the organisations.

- The identification of cannabis use is a part of the current pre-assessment process. Any areas of concern are escalated to the required teams and actioned.
- SPH has implemented electronic prescribing at Margate through its collaboration with EKHUFT. This assists with the monitoring and management of all controlled medicines. Implementation is on-going for Ashford under the management of Cheryl Lloyds and her senior nursing team.

2.4 CQC Controlled Drugs Recommendations:

Within their annual CD report the CQC made five recommendations for health care providers to drive improvement in the safer management of CD's.

1. Ensure governance processes are up-to-date and fit for purpose.
2. Make sure prescribing at transfer of care is completed safely.
3. Staff to know the identity of the organisations-controlled drugs accountable officers (CDAO)
4. Work collaboratively to improve the prescribing, managing, and monitoring of controlled drugs.
5. Ensure the organisation has a valid Home Office controlled drugs licence.

SPH complies with these five recommendations.

3. CQC CDAO Register.

The CQC continues to publish its CDAO Register. The register was last updated in March 2024. Lynn Orrin is on the register for Margate and Cheryl Lloyds is on the register for Ashford. The register does not cite Cheryl Lloyds for Canterbury as the management of CDs falls under the control of Invicta Ward in Canterbury (shared facility).

4. CQC Inspection.

The current CQC inspection outcomes remain in place. No concerns were raised with regard to the management of CDs. SPH CQC rating remains '**GOOD**'.

5. Role of the CDAO.

The CDAO is locally responsible for the safe and effective use and management of CDs and for taking action where concerns are raised. The responsibility within SPH for Controlled Drugs Management remains with Lynn Orrin for Margate and Cheryl Lloyds for Ashford and Canterbury. Day to day responsibility for the Management of CDs has been delegated to Margaret Fletcher, Matron for Margate and Michelle Marstin, Interim Clinical Lead for Ashford and Canterbury.

Lynn Orrin's DBS check is in place for Controlled Drugs. This will require renewal in June 2024. Cheryl Lloyds DBS was completed in November 2021 and will require renewal in November 2024

6. CD Licence.

- The CD licence renewal for Margate was submitted in line with regulatory timeframes. A delay from the HO occurred due to their staffing levels, however this issue was resolved, and the next licence renewal is due in September 2024. The licence for Ashford was due in November 2023 however the license has not been received. Cheryl Lloyds is chasing. No license is required for Canterbury as the CDs used are under the control of the Trust ward (Invicta).
- In line with recommendations, the CD certificates are no longer displayed within the ward areas as this highlights the fact that CDs are held on site which is seen as an increased risk to the organisation.

7. Home Office (HO) Compliance Visit.

- A HO compliance visit took place for Margate on 06 April 2023. No concerns were raised following the compliance visit. Ashford had its HO site visit in January 2024. No concerns were raised.

8. National Institute for Health and Care Excellence (NICE).

SPH assessed its CD Management against NICE Baseline assessment tool for CD's: safe use and management (NICE medicines practice guideline NG46) in January 2023. The next review will be undertaken in January 2025. All recommendations were met.

NICE Guidance on CDs: Safe Use and Management issued on 12 April 2016 (CD pathways reviewed 3rd August 2017) remains current guidance. The guidance has been fully appraised, and policies and procedures have been updated with pharmacy and in place to ensure all regulations are met.

9. Organisational Risk Register - 4 Risk.

The organisation continues to utilise the 4Risk Management system which is under review at the time of writing this report.

10. CD Local Intelligence Network (CD LIN) and CD Reporting.

In addition to ensuring that the SPH has a safe and effective management system for CDs including policies, procedures, audit and a training and inspection regime, the CDAO is responsible for sharing intelligence with other agencies in the local health economy. This goes beyond sharing good practice as a key aim is to protect the public from individuals such as Harold Shipman, whose case directly led to the introduction of these additional regulations for the safe and secure handling of CDs. For this purpose, Lynn Orrin and Cheryl Lloyds attend meetings held by NHS England Southeast CDLIN. Information from these meetings has been shared throughout the year with all appropriate staff. The last meeting was attended by Lynn Orrin on 01 May 2024.

A quarterly report of CD incidents is submitted to CD LIN Network. All reports were submitted during 2023-24 within the required time frames for Margate. Cheryl Lloyds has confirmed that all reports were submitted for Ashford and Canterbury.

11. Home Office (HO) Annual CD Returns.

The annual return for 2023 was completed and submitted to the HO in January 2024 by EKHUFT Pharmacy, as SPH is now considered as an end user of CDs supplied by EKHUFT. Compliance has been discussed with Wil Wilson, Pharmacy Director for EKHUFT. This is included in the current SOP for Ordering and Supply of CD's.

12. Internal Audit of CD Management.

The clinical areas where CDs are stored are audited monthly in Margate by the Matron and Ward Manager. At Ashford these are completed by the senior nursing team along with external audits at three monthly intervals by EKHUFT pharmacy personnel for both sites. The results of all audits have been discussed at Ward, Outpatient, Clinical Governance and Health and Safety meetings to ensure best practice and shared learning is maintained.

13. Staff Training.

Training sessions have continued for all clinical staff throughout the year on the management of CD's. All required clinical staff at Margate had their SPH drug competencies undertaken in 2023. This includes regular agency staff. Cheryl Lloyds has confirmed that all staff at Ashford and Canterbury have undertaken their competency assessments including agency staff. We are liaising with EKHUFT to ensure all required clinical staff undertake the Trusts medicine's management course – training remains ongoing due to limited training spaces. The SPH drug competency assessment framework was updated in 2022 and includes all aspects of Controlled Drug Management including NICE Guidance. The Matron for Margate will be reviewing the SPH competency assessment document with Michelle Marstin, Interim Clinical Lead for Ashford and Canterbury in 2024 as a part of the current ongoing clinical governance review.

14. Reportable Incidents 2023/24 (RAG Rated - Red / Amber / Green).

SPH continues to utilise its RAG rated incident system which was implemented to:

- Assist staff to determine the type of incidents or concerns that need to be reported more urgently than within the normal quarterly return.
- Assist staff involved with the management and/or administration of CDs of the degree of urgency required when reporting CD incidents internally.

This system is used in conjunction with SPH CD policies and procedures and the Clinical Governance and Safety Reporting System.

The examples given below are not exhaustive. If staff are in any doubt or have any concerns regarding any incident, they inform the CDAO (or Deputy) immediately.

Traffic Light System (RAG Rated)

- RED** Requires notification by SPH CDAO, (or Deputy) to NHSE **within 1 working day** of the incident occurring or a concern being raised. Examples include:
- An unexpected or “suspicious” death is linked to the use of CDs.
 - A concern is raised regarding a person’s fitness to practice in relation to the prescribing and/or administration of CDs.
 - A concern is raised regarding fraudulent activity which may, or may not, constitute criminal activity involving CDs.
- AMBER** Requires notification by the SPH CDAO (or Deputy) to the NHSE **within 1 week** of the incident occurring of a concern being raised. Examples include:
- Suspected major harm to a patient is linked to the use of CDs.

- GREEN** These will be minor issues and there is no necessity to notify SPH CDAO (or Deputy) Examples include:
- Minor errors in record keeping.
 - Minor dispensing errors that do not result in harm and do not constitute a repeating pattern.
 - Minor stock discrepancies that have not resulted in harm, do not constitute a repeating pattern, and do not appear to be linked with fraud or other criminal activity.

Margate.

In 2023/24 there were no reported Red Controlled Drug Incidents.

In 2023/24 there were no reported Amber Controlled Drug Incidents

In 2023/24 there were five Green Reported Controlled Drug Incidents.

There were two errors related to documentation of CDs. No patient harm reported.

There were three errors related to administration of a CDs. No patient harm reported.

Lessons learnt:

1. Staff have undergone re-training in all aspects of CD Management.
2. Agency staff have been trained in all aspects of administration of medicines including CD's.
3. Drug competencies have been completed.
4. Staff have refreshed their knowledge of all policies and procedures.
5. Reflective learning has been completed by nursing staff involved in incidents.

Ashford.

In 2023/24 there were no reported Red Controlled Drug Incidents.

In 2023/24 there were no reported Amber Controlled Drug Incidents.

In 2023/24 there were no reported Green Controlled Drug Incidents.

Canterbury

In 2023/24 there were no reported Red Controlled Drug Incidents.

In 2023/24 there were no reported Amber Controlled Drug Incidents.

In 2023/24 there were two reported Green Controlled Drug Incidents.

The two incidents reported in Canterbury related to documentation of CDs. No patient harm reported.

Lessons learnt:

1. Administration checking processes have been reviewed following the incidents and staff have completed written reflections.
2. Drug competencies have been retaken by the required staff members.

14. Recommendation.

In the opinion of the CDAO, the system of Management of CDs within Spencer Private Hospitals in Margate and Ashford are safe and robust.

Lynn Orrin

Hospital Director / CDAO.

May 2024.