



AGENDA ITEM

3.2.10

QUALITY & SAFETY COMMITTEE

**CONTROLLED DRUG ACCOUNTABLE OFFICER (CDAO) REPORT:
APRIL 2021 – MARCH 2022**

Date of meeting	24/05/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Brian Hawkins, Interim Clinical Director and Head of Medicines Management
Presented by	Brian Hawkins, Interim Clinical Director and Head of Medicines Management
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome

ACRONYMS

CTMUHB	Cwm Taf Morgannwg University Health Board
CDAO	Controlled Drugs Accountable Officer
CDLIN	Controlled Drugs Local Intelligence Network
CD	Controlled Drug

1. SITUATION/BACKGROUND

The introduction of the [Controlled Drugs \(Supervision of Management and Use\) \(Wales\) Regulations 2008](#) which came in to force in Wales in January 2009, made provision under the Health Act 2006 to strengthen the systems for managing controlled drugs.

Both Cwm Taf Morgannwg University Health Board (CTMUHB), as a Designated Body and the Controlled Drug Accountable Officer (CDAO) have statutory responsibilities laid out in the regulations to ensure robust arrangements for the management and use of Controlled Drugs (CDs) to minimise patient harm, misuse and criminality across community, primary and secondary care.

The CDAO for CTMUHB is the Head of Medicines Management and Clinical Director of Pharmacy. From 1st April 2021 to 30th November 2021 this was Suzanne Scott-Thomas, from 1st December 2021 to the present, the role is being carried out by Brian Hawkins, Interim Chief Pharmacist and Clinical Director.

Under the aforementioned regulations, CDAO's are required to establish and operate appropriate arrangements for ensuring the proper sharing of information in accordance with regulation [25](#) or [26](#), by their designated body with other responsible bodies regarding the management and use of controlled drugs.

For a CDAO nominated or appointed by a Local Health Board, those arrangements must include establishing a network (a "local intelligence network") for sharing information regarding the management and use of controlled drugs. This network is known as the Controlled Drugs Intelligence Network (CDLIN).

The CDLIN is a multi-agency forum, which each Health Board is required to have, as set out in the Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008. It is chaired by the CDAO and includes representation from the police, General Pharmaceutical Council (GPhC), counter fraud, local authority and ambulance service along with primary care contractors and private care providers within the Health Board area. The Cwm Taf University Health Board (CTUHB) CDLIN was re-established in May 2018. Meetings have subsequently been held on a quarterly basis and have received excellent attendance. The role of the CDLIN is to share intelligence around the use/misuse of CDs, direct policies and procedures to ensure the safe use of CDs and to minimise risk to patients. The Terms of Reference for the CDLIN can be found in Appendix 1.

This report provides an update of activity undertaken at the direction of the CDAO and CDLIN throughout the last financial year during the COVID-19

Pandemic. It also outlines planned activity over the coming year designed to improve CD governance.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Areas of CD governance providing a challenge for the CDAO over the last year include:

2.1 COVID-19 Pandemic

In 2020, the COVID-19 global pandemic caused a fragility in the global supply chain of controlled drugs used within both palliative care and anaesthesia. Collaborative working on a local, All Wales and UK Level ensured supplies were maintained and patient care was not compromised. Temporary changes were made at an All Wales level around the repurposing of controlled drugs within care homes. These were implemented at a local level. The supply issues have been largely resolved and there is greater stability in the supply of previously affected medicines.

2.2 Management of Controlled Drugs Policy and Procedure for Secondary Care

It was identified during the transition period that a stand-alone policy with underpinning procedures for the management of controlled drugs was required for the newly formed CTMUHB. Due to the COVID Pandemic, this took longer than initially anticipated. This was completed and implemented on 1st March 2022.

2.3 Security of Lower Schedule Controlled Drugs

The CDAO has a responsibility to be informed of all incidents involving CDs within the CTMUHB area both within and outside of the University Health Board, to investigate (using their statutory powers if required) and identify appropriate actions.

The security of lower schedule controlled drugs i.e. schedule 3 and 4 (e.g. zopiclone, temazepam, gabapentin and diazepam), within the acute and community sites is an issue that is being looked at. A review of current practice against recognised standards will be completed and an action plan developed. This may include the need for additional automated auditable storage cabinets within all ward and clinical areas.

2.4 Additional Workload

There are several priorities to be delivered over the coming year within the limited resource available to support the CDAO (currently absorbed by the

Medicines Management Directorate), the timescales for completion will reflect the resource & capacity. Priorities include:

- Development and legal ratification of a Health Board policy regarding the requirements for Home Office Controlled Drugs and MHRA Wholesale Dealers Licenses.
- Development, in liaison with key stakeholders, of a CD incident template for Datix to improve quality and consistency of investigations.
- Supporting closer working with other Health Board CDAOs and Welsh Government to ensure where appropriate a 'Once for Wales' approach is taken.

A progress report against actions identified by the CDAO can be found in Appendix 2. This progress report and action plan will be followed for 2022-23 to ensure governance around the use of controlled drugs is strengthened.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

The security of lower schedule controlled drugs i.e. schedule 3 and 4 (e.g. zopiclone, temazepam, gabapentin and diazepam), within the acute and community sites is an issue that is being looked at. A review of current practice against recognised standards will be completed and an action plan developed. This may include the need for additional automated auditable storage cabinets within all ward and clinical areas.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Controlled drug prescribing, supply & use is monitored across the CTMUHB area linking with all agencies as required. The objective is to minimise patient harm, misuse of CDs and criminality across community, primary and secondary care. The CD LIN supports networking and sharing of information to protect public and patients where appropriate.
Related Health and Care standard(s)	Governance, Leadership and Accountability
	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes:



	<p>Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Care; Individual Care; Staff & Resources</p> <p>http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf</p> <p>The work reported in this summary supports the quality themes</p>
<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p>
<p>Legal implications / impact</p>	<p>Yes (Include further detail below)</p>
	<p>Compliance with The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 as regards the CDAO statutory responsibilities.</p>
<p>Resource (Capital/Revenue £/Workforce) implications / Impact</p>	<p>Yes (Include further detail below)</p>
	<p>Managing the increased workload due to the merger with the Bridgend locality, additional staff dedicated to the governance role was included in the Medicines Management proposed new structure, which was subsequently not approved. No additional resource has been secured to support the Controlled Drugs Medication Safety agenda. The need for additional ward automated medicines cabinets</p>
<p>Link to Strategic Goals</p>	<p>Improving Care</p>

5. RECOMMENDATION

- 5.1 The Quality & Safety Committee is asked to **NOTE** the content of this report including the progress made and the actions prioritised for the coming year.

Appendix 1 Cwm Taf Morgannwg University Health Board Local Intelligence Network for Controlled Drugs Terms of Reference



Cwm Taf Morgannwg University Health Board Local Intelligence Network for Controlled Drugs

Terms of Reference

1. CONSTITUTION

The Network will be chaired by the Accountable Officer for the Cwm Taf Morgannwg University Health Board and activity will be reported, via the Quality and Safety Committee of the Health Board and monitored by Health Inspectorate Wales (HIW).

The Network will cover, Local Health Board employed staff, primary care contractors, all hospitals, private hospitals, hospices and care homes within Cwm Taf Morgannwg.

2. ROLE OF THE NETWORK

The purpose of the Local Intelligence Network (LIN) is to share information about incidents and concerns relating to the use and possible abuse of controlled drugs including potential or actual systems failures.

The Network will:

- agree local principles for sharing controlled drug (CD) intelligence between agencies
- actively share intelligence regarding use and potential abuse of CDs
- agree systems for reporting concerns
- agree procedures for investigation and participate in incident panels
- agree on the management of incidents affecting more than one agency
- receive reports from an investigation subgroup/Incident Panel and decisions of the Network Chair
- advise on monitoring processes and audits of CD management
- advise on training requirements for CD handling and undertake joint training
- advise on policy requirements
- update its membership as required



3. MEMBERSHIP

3.1 Membership

Membership will include, but will not be limited to:

- Accountable Officer, Cwm Taf Morgannwg UHB (Chair)
- Chief Pharmacist Governance, Cwm Taf Morgannwg UHB
- Chief Pharmacist Primary Care, Cwm Taf Morgannwg UHB
- Pharmacy Team Leader for Medicines Governance and MMPU, Cwm Taf Morgannwg UHB (Deputy Chair)
- Lead Pharmacist Community Pharmacy, Cwm Taf Morgannwg UHB
- Nurse Advisor Medicines Management, Cwm Taf Morgannwg UHB
- Medicines Management Support Officer (CDs & Community Pharmacy), Cwm Taf Morgannwg UHB
- Assistant Director Quality & Patient Experience, Cwm Taf Morgannwg UHB
- Head of Primary Care, Cwm Taf Morgannwg UHB or representative
- Primary Care Development Manager – Dental, Cwm Taf Morgannwg UHB
- Controlled Drugs/Chemical Liaison Officer, S Wales Police
- NHS Wales Shared Services Partnership Counter Fraud Officer
- Area Planning Board (APB) representative
- Health Inspectorate Wales representative
- Care and Social Services Inspectorate Wales (CSSIW) representative
- General Pharmaceutical Council (GPhC) Inspector
- Welsh Ambulance Service representative
- Local Authority Substance Misuse Representative
- CDAT representative Cwm Taf locality
- CDAT representative Bridgend locality
- Neighbouring LIN representatives
 - Cardiff and Vale
 - Swansea Bay
 - Aneurin Bevan
- Kaleidoscope representative
- Velindre representative
- CRGW representative
- Heatherwood Court representative
- Ty Cwm Rhondda representative
- Priory Church Village representative
- Parc Prison representative

Organisations required to have an Accountable Officer will normally be represented by that person.

Representatives from Contractor Bodies will be invited as required (CPW, LMC LDC).

3.2 Nominated Deputies

Members where possible will have a nominated deputy who will attend Network meetings when the representative is unable to attend and who will be available to action intelligence passed on by the Network.

All participants should be aware of the confidential nature of some of the issues discussed.

The nominated deputy chairperson for the meeting will be the Pharmacy Team Leader for Medicines Governance and MMPU

3.3 Observers

Observers may from time to time be invited to attend but may be excluded where confidential issues are discussed.

3.4 Resignation

Membership may end by resignation at any time by notice to the chair

4. QUORUM

The quorum for the Network is six members, including the Chair or Deputy Chair and a police representative.

5. FREQUENCY OF MEETINGS

Meetings will be held as and when deemed necessary at the discretion of the Chairperson but no less than four times per year.

6. CONFIDENTIALITY

All members of the Network and their deputies are bound by an agreement of confidentiality to enable the sharing of identifiable information in the assured knowledge that named information or sources will not be revealed outside the network.

7. AGENDAS

The agendas for each meeting will be agreed by the Accountable Officer and will be despatched to all members no later than five days prior to the meeting.

Date Approved: 11th September 2018

(updated April 2019 to reflect change of organisation name)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

Review Date: 11th September 2020. This will be reviewed in 2022

Appendix 2.

The table below provides a progress report against actions identified in the previous year as well as new actions identified. Whilst progress has been made in some cases, competing priorities and limited resources have meant that it has not been possible to fully complete in all cases and therefore further action required going forward is noted.

Accountable Officer Action Plan			
Action/ regulation	Status	Progress	Further action required
Action: Develop Authorised Witness (AW) Training/ develop cross Health Board Training	Complete	SST extended AW certification by one year for all HB Awws that were due to expire last year because of COVID pressures. We have recently (April 2022) run another training session adding another 5 to the CTM pool (once practical training complete)	Continue to monitor AW and ensure further training required as per AW agreement.
Standardisation of AW training within Wales	Ongoing	CTMUHB have provided training for neighbouring health boards & trusts	All Wales work for standardisation. AW training and reciprocal arrangements within Wales
Action: Liaise with the CD lead for PoW and produce new CD Policy and procedures for secondary care within CTMUHB	Complete	Policy went live 1 st March 2022	Implementation across CTMUHB with training for nursing & pharmacy staff
Action : To re-educate front line staff on new CD policy and procedure	Ongoing	Training is ongoing	Continue to monitor progress and provide support.



<p>Action: Welsh Government have highlighted the need for an all Wales CDAO forum.</p>	<p>Ongoing</p>	<p>A survey of CD LINs in Wales by Public Health highlighted a number of concerns about consistency of approach across Wales and professional support for CDAOs.</p> <p>HIW have attended LINs across Wales in 2018/19 and have reported their findings.</p> <p>A meeting of Health Board CDAOs was held in April 2019 with the Chief Pharmaceutical Officer for Wales (deputy). A number of CD issues that are common to all Health Boards were discussed and the desire to deliver a 'Once for Wales' approach as far as possible. Letter to be sent to UHBs to address.</p>	<p>All Wales CDAO post agreed. Work underway to standardise approach and processed across Wales.</p> <p>Monitor, review and action as required.</p>
<p>Action: To audit the current practices and monitoring against Gosport recommendations from RPS/GPhC and CQC standards (no equivalent Welsh stds)</p>	<p>In progress</p>	<p>Started April 2022</p>	<p>To report findings to LIN, review action plan.</p>
<p>Action: Creation of KPIs Dashboard for monitoring CD use for ILGs</p>	<p>To action</p>	<p>To establish high level KPI</p> <p>to work with QlikSense team to create dashboards that fit with proposed</p>	<p>On - going</p>



		new HB operating model	
Action : Bi-annual CDAO newsletter	Ongoing	Newsletter published annually - Further newsletters to be produced and disseminated	published annually, to review post COVID and staffing levels
Action : Improving communication between Emergency Departments and CDAT and Harm Reduction	To Action	Processes in place in one ILG. Need to ensure same processes in place across for proposed new operating model	Progress delayed due to pandemic. To pick up in 22/23
Action : Management of controlled stationery procedure for CTMUHB.	In progress	To have a CTMUHB wide procedure for the management of controlled stationary. To work with counter fraud to ensure it is fit for purpose.	-ongoing
Action Review of ordering and supply arrangements for lower schedule controlled drugs i.e. schedule 3 and 4 (e.g. zopiclone, temazepam, gabapentin and diazepam), within the acute and community sites. A review of current practice against recognised standards will be completed and an action plan developed. This may include the need for additional	In progress	Started April 2022	



automated auditable storage cabinets within all ward and clinical areas.			
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