

Controlled Drug Accountable Officers Annual Report

1st September 2021 to 31st August 2022

Executive Summary

Accountability for safe management of controlled drugs sits with Bolton Hospice Board via the Controlled Drugs Accountable Officer (CDAO) and this role was held by Dr L. Vallance (CEO) until 29th October 2021 when Jenny Gallagher (Clinical Nurse Director) took over the role. This report is to provide assurance that Bolton Hospice is acquiescent with the current controlled drugs legislation, has effective controlled drugs systems and policies/procedures in place, which comply with the legislation and that all controlled drugs incidents and near misses are considered and actions are taken to reinforce controlled drugs safety and governance within all clinical services.

Within the reporting time frame there were 42 internal controlled drugs incidents, which is an increase of 50% compared to the same time 2020/2021. This increase is an affirmative increase as it validates an open and clear attitude to incident reporting. In addition, there were 2 external incidents which were reported to the Local Intelligence Network (LIN).

In the last 4 years there has been no indication of probable diversion of controlled drugs within any of the clinical services.

All registered staff are required to complete medicines management training at induction and complete a detailed workbook, which covers numerous subjects including controlled drug management, role of accountable officer and incident reporting.

The management of medicines policies and Standard Operating Procedures (SOP's) have all been revised within the last three years to ensure they remain fit for purpose.

Purpose of the Report

The purpose of this report is to ensure that "safe management of controlled drugs" is maintained as an organisational priority.

To provide assurance on the systems and processes within Bolton Hospice that lead to safe management of controlled drugs.

To describe the range of incidents reported to the CDAO and Local Intelligence Network (LIN) from 1st September 2021 – 31st August 2022.

To demonstrate to the Board of Trustees that Bolton Hospice is compliant with the requirements of the Misuse of Drugs Act (revised 2001), the Health Act 2006 and the Controlled Drugs (Supervision of Management and Use) (Amendment) Regulations 2020 and identify any deficiencies.

To highlight the recommendations from the Care Quality Commission (CQC) 2018 annual report on controlled drugs (last updated 12th May 2022).

Background

The Misuse of Drugs Act 1971 (MDA 1971)

This act principally covers the illegal use of drugs and provides a schedule structure for classification of these drugs, which provides the courts with guidance on the maximum sentences to be imposed if this law is broken (Schedules A, B & C).

The Misuse of Drugs Regulations 2001 (MDR 2001) (and subsequent amendments), covers the medical use of those drugs listed within the MDA 1971. Within the framework of MDR 2001 the classification structure for the medical use these drugs delineates the drugs by a different system of schedules (1, 2, 3, 4 & 5). Within this framework these drugs are classified according to their likelihood of harm vs therapeutic benefit. With Schedule 1 drugs being the most tightly controlled in terms of prescribing, dispensing, storage & transportation and Schedule 5 having the least control.

The British National Formulary (BNF) gives details of the legal status of most of the medicines used in the UK. The CDAO would be expected to intervene in all cases where there may be a concern about the use of these drugs by relevant people. Further details can be found on the home office website <http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/drug-licences/controlled-drugs-list> including contact details for advice on whether or not a specific substance is a controlled drug. (DLCUCommsOfficer@homeoffice.gsi.gov.uk). In August 2012 the legislation covering medicines for human use was revised and consolidated into a new act – The HUMAN MEDICINES REGULATIONS 2012. This legislation updated the 1968 medicines act and incorporated various changes introduced by EU legislation together with all the updates and variations to the original act.

Management of Controlled Drugs (CD's)

Following the activities of Dr Harold Shipman in the 1990's, it became clear that the systems and process of control that were in place at the time to govern the use of CDs were inadequate.

Following the fourth report of the Shipman enquiry in 2004, the chairman Dame Janet Smith concluded that the governance arrangements for these drugs needed to be strengthened.

Many of her recommendations from the enquiry were incorporated into part three of the 2007 Health Act and statutory instrument No. 3148 The Controlled Drugs (Supervision of Management and Use) Regulations.

http://www.legislation.gov.uk/ukpga/2006/28/pdfs/ukpga_20060028_en.pdf

http://www.legislation.gov.uk/uksi/2006/3148/pdfs/uksi_20063148_en.pdf

One of the key changes introduced by the 2007 Health Act was the statutory requirement for NHS trusts (and other relevant bodies) to appoint an Accountable Officer for Controlled Drugs (CDAO).

In December 2015 further changes to legislation took place which enforced the use of new controlled stationary by anyone ordering stocks of controlled drugs. An unintended consequence of this legislation resulted in additional bureaucratic requirements for anyone receiving – or supplying controlled drugs outside of the legal entity of an NHS Trust. In order to comply with this legislation the Hospice is required to submit standard requisitions in order for an NHS trust to transfer stocks of controlled drugs to the Hospice.

During the Covid-19 pandemic the Home Office made changes to the Misuse of Drugs Regulations 2001: The Misuse of Drugs (Coronavirus) (Amendments Relating to the Supply of Controlled Drugs During a Pandemic etc.) Regulations 2020. The amendment removed the statutory expiry date and inserted a statutory review clause to ensure the provisions of the regulations remained in force beyond 31st March 2020 and gave government ministers (Department of Health and Social Care (DHSC) emergency powers for the supply of CDs in specific circumstances during a pandemic, such as the COVID-19 outbreak. The regulations are enabling so may be used only if 'activated' by ministers and apply in very limited circumstances. This amendments to regulations has not impacted the Hospice in any way.

Statutory Role of the Controlled Drugs Accountable Officer (CDAO)

The obligation for designated bodies to appoint a CDAO was made in the 2007 Health Act and has been restated in successive legislation. The CDAO must ensure that their designated body has adequate arrangements for the safe and legal management and usage of controlled drugs throughout the organisation.

The principal concern of the CDAO is to protect the patients and public from harm due to controlled drugs by relevant people. There are a number of specific duties of the CDAO. Full details of the duties of the CDAO are laid down in Part 2 of The Controlled Drugs (Supervision of Management and Use) Regulations 2013 (<https://www.legislation.gov.uk/ukxi/2013/373/contents/made>).

The designated body (Board of Trustees) has a responsibility to ensure that they notify the CQC of the name of the CDAO and that they are a “fit, proper and suitably experienced person” who does not ‘routinely supply, administer or dispose of controlled drugs as part of his or her duties’ and to ensure that the CDAO is provided with the necessary funds and resources to carry out their responsibilities.

The CQC are required to hold a record of all CD accountable officers (and ensure all relevant organisations are registered with them. See <https://www.cqc.org.uk/guidance-providers/controlled-drugs/controlled-drugs-accountable-officers>. Notification to the CQC is done through a secure portal on the CQC website.

The Board of trustees can be assured that the Care Quality Commission (CQC) hold details (as of 31st August 2022) of the CDAO for Bolton Hospice as follows:

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Duties of the CDAO include ensuring that:

- The organisation is following “adequate and up-to-date” Standard Operating Procedures (SOPs).
- Appropriate arrangements for monitoring and auditing the management and use of controlled drugs.
- Systems exist to alert the accountable officer of any complaints or concerns involving the management or use of controlled drugs.
- The incident reporting system captures untoward incidents involving the management or use of controlled drugs.
- Appropriate arrangements in place for analysing and responding to untoward incidents involving the management or use of controlled drugs.
- Relevant individuals receive appropriate training in relation to controlled drugs.
- Arrangements are appropriate for monitoring and auditing the management and use of controlled drugs by relevant individuals and assessing their performance.
- The recording of any concerns raised in relation to the management or use of controlled drugs by a relevant individual.
- The assessment and investigating of any concerns raised regarding the management or use of controlled drugs by a relevant individual. The CDAO must determine whether these concerns should be shared with a responsible body.
- Appropriate action is taken to protect patients or members of the public in cases where concerns in relation to the management or use of controlled drugs by a relevant person appear to be well-founded.
- Appropriate arrangements for ensuring the proper sharing of information.

The NHS England and NHS Improvement Northwest Region – (Greater Manchester [GM]) team CDAO is responsible for coordinating the sharing of information through Local Intelligence Networks (LIN's).

CD Recommendations from the Care Quality Commission (CQC)

The CQC scrutinise and report on how well health and social care providers, and other regulators, work together to ensure the sharing of intelligence/information on the safe management and use of controlled drugs by relevant people through the Controlled Drugs (Supervision of Management and Use) Regulations 2013.

As part of this work, the CQC publish their findings annually, together with recommendations on how the safe use and management of CDs can be improved.

In July 2021, the CQC published their latest annual report: <https://www.cqc.org.uk/publications/safer-management-controlled-drugs-annual-update-2021> which was updated July 2022.

Last year, CQC recommended that services focus on improving their governance processes as it is crucial in supporting the safer use and management of controlled drugs. The report highlighted some areas of concern, including:

- Some organisations having poor and inadequate procedures and balance checks for controlled drugs. Balance checks are an important step in assisting to detect the misuse, including the diversion of controlled drugs. Procedures for balance checks need to be fit for purpose for each service and within the Hospice these checks are carried out every seven days by the night staff.
- Where changes were made to how services were provided during the pandemic, the policies and procedures were not updated to ensure that they accurately reflected those changes. Within the Hospice the Management of Medicines policies and standard operating procedures were regularly updated throughout the pandemic when any change in process was made, formally ratified and shared with the relevant staff.
- Poor and inappropriate reporting and reviewing of controlled drug incidents – both within organisations and to relevant external organisations (such as NHS England and CQC). Bolton Hospice has continued to report all controlled drug incidents/near misses both internally and externally, as appropriate, none have required reporting to NHS England or CQC.
- Lack of an appropriate risk assessment (RA) that results in unrestricted access to controlled drugs. The Hospice's current risk assessment for "Discrepancies - CD's stored and prescribed by the Hospice" was last updated April 2022 (RA004) and the RA for "Hospice mini bus collecting and transporting Controlled Drugs" was last updated March 2022 (RA0183).

Local Intelligence Networks and Occurrence Reporting

Under the Controlled Drugs (Supervision of Management and Use) Regulations 2013, the NHS England Accountable Officer must establish a controlled drug local intelligence network (CDLIN) to share information and intelligence about the misuse and safe use of controlled drugs. These meetings are attended by a range of organisations, including hospices.

During the period of the report there were four virtual Northwest Regional LIN meetings including one which was a learning event and as CDAO I attended all of these. The LIN meetings are an effective way to educate attendees regarding concerns and share intelligence and knowledge, as well as providing appropriate networking occasions for attendees. For organisations that fail to attend regularly NHS England and Improvement (NHSE&I) CDAOs proactively follow up with those organisations and re-engaged with them.

Prevention of Future Death reports

After an inquest, a coroner can write a Prevention of Future Death Report, sometimes called a 'Regulation 28 Report'. They do this when a coroner considers that more preventable deaths could occur if no action is taken to alleviate a recurrence. The report is sent to the person and/or organisation(s) that the coroner believes has the authority to take the protective action. They must then respond within 56 days showing how they have made changes according to the coroner's recommendations, or how they mean to, where relevant. Most reports are published on the Judiciary website.

Examples of controlled drugs related themes raised in these reports over the last five years include:

- Poor communication between health and social care providers in local systems.
- Poor monitoring of patients in primary care.
- Patients deliberately accessing multiple prescribers for controlled drugs, including online services.
- Patient education on risks of overdose.
- Independent providers of healthcare and access to NHS care records.

Although Prevention of Future Death reports are sent to specific individuals or organisations, the valuable information in them about controlled drugs risks must be used to support learning and change across both individual organisations and local health and care systems. For all of the examples above the risk to service users should be mitigated as far as possible. At the Hospice we have robust policies and procedures which centre on clear record keeping, safe prescribing and monitoring and prompt communication regarding medications prescribed for patients, regardless of whether the service user is seen in outpatients, inpatients or in their own home.

During the reporting period no "Regulation 28 Reports" were sent to the Hospice.

CD Safety

- Bolton Hospice has medical and NMP prescribing within outpatients, inpatient unit and within the Hospice at Home service. All prescribers have maintained safe prescribing practices, prescribing minimum quantities in line with policy and communication with the patients General Practitioner (GP) and other key healthcare providers has been maintained in a timely manner, usually within 24 hours of the consultation. Timely communication is recognised as best practice when prescribing for patients to ensure that patient safety is maintained.
- Signatures, storage and distribution: The requirement for wet (written, not electronic) signatures for controlled drug prescriptions created practical challenges for providers. At the Hospice we have a vigorous system for ordering medication for patients and this was maintained during the report period. Our portering staff who attend the local NHS Trust to collect the medication are all appropriately trained and clear audit trails of medication, ordered, collected and received are maintained.
- The Department of Health and Social Care and NHS England and NHS Improvement published guidance to facilitate using patients' unused medicines in care homes and hospices under certain criteria due to the pandemic. As a consequence Bolton Hospice developed and implemented a "Reuse of Medicines in Bolton Hospice during the COVID-19 Pandemic – Temporary Policy and Procedure" but it was not needed and has now been rescinded.
- The Hospice does not use private prescriptions, all our FP10 prescriptions for Schedule 2 – 5 controlled drugs are submitted via the pharmacy that dispenses the medication, to the NHS Business Services Authority. Where Schedule 4 and 5 medications are prescribed on the inpatient unit, the pharmacist from the local NHS trust monitors the drug wardex and any concerns regarding inappropriate prescribing, excessive ordering or low stock that cannot be accounted for in the weekly stock check, would be reported to the CDAO and internally incident reported and investigated, no concerns have been raised during this time period.

- Safe custody does not relate to Schedule 4 and 5 CD's and there is no requirement to keep records in a controlled drugs register. This can create an increased potential option for diversion and misuse of these medications by staff, either for their own use or for onward supply. The effects of the pandemic on the health and care workforce have been significant and ongoing, with people working longer hours and under exceptionally challenging circumstances. CQC have acknowledged in their annual report that the stress associated with this has influenced people towards diversion and misuse where the opportunity arises, resulting in harm. Good governance, audits and oversight can help to reduce the opportunity for diversion or identify these activities at an earlier stage.

It has never been more crucial to support staff working in health and care. Support offered to staff is varied and includes 1 Point confidential counselling service, WHYSUP, mental health and wellbeing free training programme and the employee assistance programme, as well as access to NHS support services.

- In addition, educating staff of the potential harm associated with these medicines and a risk assessments regarding the procurement, transportation and storage of CD's all contribute to minimizing the risk of abuse and diversion of these medications.

In July 2022 the HR department included a section in the newsletter to educate staff and raise awareness titled "Colleague Support Guide - Recognising the Signs of Drug Misuse" with a separate more detailed information leaflet (Appendix 1).

- Prescribing in inpatients is under the scrutiny of the Pharmacy team and relates to prescriptions for both drugs initiated in the inpatient setting and those prescribed prior to admission.
- Within the hospice there are three qualified and registered Non-Medical Prescribers (NMPs), one of whom is the CDAO so does not actively prescribe or administer controlled drugs. There is a policy and procedure for the staff to follow, including safe use of FP10 stationary and prescribing which is monitored and audited. Where staff are prescribing on FP10 prescriptions the costs are covered by the Integrated Care Partnership (ICP) and assurance has been received that the ICP has processes in place for monitoring CD prescribing.
- The CDAO was audited for their prescribing before taking on the role of CDAO and achieved 100% compliance. Prescribes on the IPU wardex and their practice is overseen by the Medical Director (Appendix 2).

This report makes the following statements of assurance to the Board of Trustees in relation to controlled drugs and relevant people.

Board of Trustees should note the following.

- 1) Serious concerns relating to controlled drugs are investigated and actions taken to prevent recurrence.
- 2) The CDAO shares all incidents relating to controlled drugs with the CEO, the Quality and Governance Committee (which has Trustee representation) and the Northwest LIN and any serious concerns are also shared with NHS England. Within this reporting period there have been no serious concerns identified or reported at the Hospice.
- 3) The CDAO attends the Northwest Regional CD LIN meetings.

Ordering

Bolton Hospice obtains Controlled Drugs through service level agreements (SLAs) through two providers, Bolton NHS Foundation Trust (named patient CD medications) and Salford Royal NHS Foundation Trust (stock CD medications), in accordance with national recommendations and requirements. All CD drugs cannot be supplied from one Acute Trust due to lack of a Wholesaler Dealers Authorisation permitting supply of stock medicines to another organisation from the local Acute Trust.

Disposal Arrangements

In line with the regulations defined in the Misuse of Drugs Act (revised 2001) the CDAO is required to authorise individuals who can witness the destruction of controlled drugs and also ensure that they are destroyed in a way which ensures that they are irrecoverable. In addition, the Waste Regulations requires the Hospice to have a valid T28 exemption for the denaturing of controlled drugs preceding to waste disposal. The Hospice has an SLA with a regulated waste disposal company, to remove clinical waste including denatured controlled drugs. Denaturing is undertaken by using a Dupe kit which are stored securely in the pharmacy (controlled by fob access which is monitored by the Corporate Services Manager). During the reporting period there were 23 witnessed destructions of CD's in line with policy and procedure.

Governance

The CQC monitor the governance regarding controlled drugs and arrangements for this can vary across organisations, often in response to the needs of the organisation and the people they serve. Within the Hospice we have a clear process for the reporting of all incidents, accidents and near misses, including those involving controlled drugs. All incidents are reviewed by the CDAO and presented to the CEO weekly or at the time of occurrence, if of a significant nature. The incidents are then reviewed by the Quality and Governance Lead and a summary is provided for the Quality and Governance Committee which meets bi-monthly and then all reports and minutes of this meeting are shared with the Board of Trustees.

Within Bolton Hospice the CDAO undertakes a 6 monthly audit of controlled drugs in order to provide assurance to the organisation and the CDAO that the controlled drugs audit is fit for purpose and would identify risks and issues promptly.

During the reporting period two CD audits have been carried out at the Hospice, resulting in the following recommendations/reminders that were shared with all clinical staff:

24th November 2021 –

1. The use of 2 CD log books for the same form of medication items is not good practice and therefore staff requested to ensure all medications transferred to one book – this was actioned immediately.
2. Staff to ensure diligence when signing CD book for administration and second checking.

24th May 2022 –

1. Reminder for diligence when prescribing and to ensure if dosages are changed that the medication is re-prescribed not amended.
2. Repeat audit in 6 months.

Reporting of Incidents

The CDAO is required to report all incidents involving the safe use of controlled drugs in hospice services, to the Greater Manchester Controlled Drug Accountable Officer (GM CDAO) via the reporting portal, www.cdreporting.co.uk. All serious incidents must be reported within 48 hours and low to moderate incidents can be reported on a quarterly basis, to ensure that a clear audit trail is maintained. However, the hospice aims to report all CD incidents within 48 hours.

Analysis

The numbers of incidents reported have increased by 50% compared to the same time frame last year. It should be noted that for the reporting period being reviewed there was a 10% increase in occupancy, which included a period of 5 months where the beds were capped at 14 due to staffing issues (sickness and vacancies predominantly secondary to the pandemic). The table above provides a breakdown of the categories of incidents reported over the past four years. Despite our increase in incidents/near misses, the LIN view that the Hospice has a positive approach to reporting within the organisation.

The Hospice incident reporting system details each incident and an audit trail of documents from investigations, as appropriate. Following an incident/near miss it is imperative that reporting is done promptly and that the investigations are completed to a high standard in order to understand the circumstances that led to an incident and that we can identify changes to systems/processes and practices that need to be made to minimise the risk of reoccurrence and/or harm to patients. Following all incidents, including those involving CD's the CDAO and CEO review the incident and seek assurance that these have been investigated, reflected upon, learned from, and action taken to reduce the chance of it happening again. The incident will then be classed as "closed" by the CDAO.

Incident Rating:

Within the LIN whole system reporting the following are considered common incidents:

Patient related:

- Prescribing: wrong dose prescribed
- Dispensing: wrong dose not corrected
- Administration : the wrong patient is given a controlled drug

Accounted for and Unaccounted for lost / missing / stolen:

- Drugs
- Prescriptions

Professionals and patients of concern:

- Diversion

Record keeping / Governance:

- Recording / stock/ storage, SOPs, etc.

Bolton Hospice LIN Categorisations (internal incidents reported only)	Sept 18 – Aug 19	Sept 19 – Aug 20	Sept 20 – Aug 21	Sept 21 – Aug 22
	0	0	0	0
Accounted for losses	0	0	0	3
Death	0	0	0	0
Governance	5	12	5	4
Patient – Public	0	0	0	0
Patient and/or public causing concern	0	0	6	0
Patient related	10	13	13	18
Professional individuals of concern	0	0	0	0
Record Keeping	0	0	4	17
Unaccounted for losses	3	0	0	0
Totals	18	25	28	42

In 2020/21 (September – August) there were 42 internal controlled drug incidents/near misses reported to the LIN.

Of these reports, none met the NHS England and Improvement (NHSEI) criteria for catastrophic or major incident, the categorisation for incidents was low to moderate. The highest reported category remains the same as previous year with 43% (18/42) patient related incidents, followed by record keeping at 40% (17/42), governance at 10% (4/42) and finally accounted for losses accounting for 7% (3/42) incidents.

During the time frame, there were no incident categorisations amended by the LIN following review of the incident and actions taken.

The categorisation of incidents/near misses is analysed further to explore the types of incidents/near misses that have occurred in the time period, as follows:

Accounted for Losses:

There were 3 incidents in this category, 1 related to the police removing medication from the premises following their attendance at the hospice due to the death of a patient who had been referred to the coroner due to the cause of death being reportable and not linked to hospice care. Whilst it is not unusual for the police to attend the hospice they had requested to take the medication that the patient had brought in with them and as staff were not used to this being requested they had complied but had not documented information regarding this. Investigation by the CDAO with the Police Liaison officer identified the reason for the removal of the medication and we were able to obtain documented records from the police which showed the police records matched what the patient had brought into the hospice and an entry was made in the CD book to reflect this. In addition, as a consequence of this incident the policy was reviewed and further clarity provided regarding how such requests should be managed in the future.

The other 2 incidents in this category related to low running balances of liquid CD's, which showed a running balance issue >5% and less than 10%. On investigation, the ward manager found that the bottles had been accessed multiple times since the last measuring check (which is done every 7 days) therefore the loss was not a cause for concern.

Governance Issues:

There were 4 incidents categorised as relating to governance, where policy or procedure was not followed but the patient received the correct medication and none resulted in harm to the patient.

Patient Related (Administration and Prescribing Incidents):

Administration errors in 2021/22 primarily related to where medication was accidentally omitted due to human error and administration of incorrect doses of medication which resulted in an under dose for the patient, including one incident of a patient being given Morphine Sulphate instead of Oxycodone. . No controlled drugs were administered to the wrong patient during 2021/22, no harm was observed in the patient and Duty of Candour was maintained and a full apology was given to the patient. The staff involved completed reflections regarding the incident and lessons learned including the importance of concentrating when checking prescriptions, preparing drugs for administration and double checking prior to administration, were shared with the wider team through the clinical governance newsletter (see Appendix 3 for example of this document). There were 6 prescribing errors identified before reaching the patient and corrected and three prescribing errors where the medication was administered but no harm was identified and Duty of Candour was maintained for these incidents with full apologies given to the patient.

Record Keeping:

There were 17 incidents relating to record keeping, including missed signatures on the drug wardex but administration of the medication was confirmed as correctly documented in the CD register, missed signatures in the CD register where there should be two signatures but only one was recorded and incorrect recording of the volume of the CD remaining after the dispensing of a dose for administration.

Losses/Diversion:

No incidents were reported for the following categories:

- Patient – public
- Death
- Patient – Public causing concern
- Professional individuals of concern
- Unaccounted for losses

Issues of serious or major concern (1st September 2021 to 31st August 2022)

There have been no issues of serious concern in the year.

Other issues (1st September 2021 to 31st August 2022)

Not all reported incidents concerned people who were employees of the Hospice and within the reporting period there were two incidents involving schedule 2 drugs identified and reported by Hospice staff, which were then reported to the Northwest Regional LIN and the relevant organisation's Risk Reporting team.

Conclusions

This report summarises the systems and processes in place to provide the assurances that controlled drugs are being managed appropriately within the organisation. In 2021/2022, there were no catastrophic or major incidents reported and no cause to escalate concerns about diversion of controlled drugs to the Police and NHS England.

The overall pattern of incidents involving CD's and relevant people within the Hospice indicate that:

- 1) Safeguarding and information sharing involving serious concerns across NHS England and NHS Improvement – (Greater Manchester) CD LIN is continuing to work well.
- 2) The CD incidents reporting rate rates continue to increase which reaffirms the Hospice having an open and transparent culture of incident reporting.
- 3) Assurance that the CDAO has acted on all incidents involving controlled drugs, regardless of the type and cause of the incident.
- 4) Learning from all controlled drug incidents continues to be shared with staff across the organisation appropriately.
- 5) The largest number of reports relate to patient related incidents but none resulted in severe harm or death and none required escalation to NHSEI, CQC, ICP or the Coroner. It is difficult to mitigate risks completely but the Hospice has robust policies and procedures in place and work will continue to ensure these remain fit for purpose.
- 6) Bolton Hospice will continue to work closely with our pharmacist to enhance medications safety and support safe clinical practice and care for patients.

Appendices

Appendix 1 – HR support leaflet

Appendix 2 – NMP Audit

Appendix 3 - Clinical Governance Newsletter

Appendix 1

Introduction

People from all walks of life can experience problems with their use of drugs, regardless of age, race, or background. While some people are able to use recreational or prescription drugs without experiencing negative effects, others find that substance use takes a serious toll on their health and wellbeing. Whatever the reason a person starts taking drugs, tolerance and dependency can develop quickly, before the user even realises the pattern of addiction taking hold. Drug abuse is a complex problem that can impact upon every area of the affected person's life. It often leaves those involved feeling helpless, isolated, or ashamed. Overcoming addiction requires the individual to reach out for support and make changes to the way that he/she lives, deals with problems and relates to others.

Risk factors for drug addiction

While anyone can develop problems from using drugs, vulnerability to substance addiction differs from person to person. A person's genes, mental health, family and social environment all play a role, but factors that increase vulnerability are:

- ❖ Family history of addiction
- ❖ Abuse, neglect, or other traumatic experiences
- ❖ Mental health problems, such as depression and anxiety
- ❖ Early use of drugs
- ❖ Method of administration—smoking or injecting a drug may increase its addictive potential

Drug addiction and the brain

While each drug produces different physical effects, all abused substances (whether recreational drugs or prescription medication) have one thing in common: repeated use can alter the way the brain functions.

1. Taking such a drug causes a rush of the neurotransmitter dopamine in the brain, which triggers feelings of pleasure; the brain remembers these feelings and wants them repeated
2. When a person becomes addicted, the drug takes on the same significance as other survival behaviours, such as eating and drinking
3. Changes in the person's brain interfere with his/her ability to think clearly, exercise good judgment, control his/her behaviour and to feel 'normal' without the drug
4. Irrespective of the drug to which the person is addicted, the uncontrollable craving to use the drug becomes more important than anything else, including family, friends, career and even his/her own health and happiness
5. The urge to use the drug becomes so strong that the person's mind finds many ways to deny or rationalise the addiction. The affected person may drastically underestimate the quantity of drugs that he/she is using, how much this impacts his/her life, and the level of control that the drug has on his/her life

Warning signs that a colleague, friend, family member or loved one could be abusing drugs

Physical warning signs

Learning to recognise the physical or behavioural/psychological signs of drug abuse can help prevent the problem from progressing further. Drug abusers often try to conceal their symptoms and downplay their problems. If you're wondering how to tell if someone is misusing drugs, physical signs could be your first indicator. Examples of warning signs include:

- Watery or bloodshot eyes, pupils larger or smaller than usual
- Poor skin tone and appearing tired or run down
- Changes in appetite or sleep patterns
- Sudden weight loss or weight gain
- Deterioration of physical appearance, poor personal grooming habits
- Unusual smells on the person's breath, body or clothing
- Clenching of the jaw, tremors, slurred speech or impaired coordination
- Bruises, infections, or other physical signs at the drug's entrance site on the body
- A general sense of lethargy, or also excessive energy, depending on the drug

Behavioural/psychological warning signs

Drug abuse negatively affects a person's behaviour and habits as he/she becomes more dependent on the substance. The following behavioural and psychological changes can indicate a problem with drug abuse:

- Drop in attendance and performance at work/school
- Engaging in secretive or suspicious behaviours
- Sudden changes in the person's social network
- Dramatic changes in habits and/or priorities
- Unexplained financial problems; borrowing or stealing
- Frequently getting into trouble (fights, accidents, illegal activities)
- Unexplained change in personality or attitude
- Sudden mood swings, irritability, or angry outbursts
- Periods of unusual hyperactivity, agitation, or giddiness
- Lack of motivation; appears lethargic or "spaced out"
- Appearing fearful, anxious, or paranoid

How drug abuse and drug addiction develop

There's a fine line between regular drug use and drug abuse or addiction. Very few drug abusers are able to recognise when they've 'crossed' that line. Whilst the frequency or the quantity of drugs consumed do not necessarily constitute drug abuse or addiction, they can often be indicators of drug-related problems.

If the drug fulfils a valuable need, the affected person may find him/herself increasingly relying on it. He or she may take illegal drugs to become calm, energised or more confident. The person may start abusing prescription drugs to relieve pain, cope with panic attacks, or improve concentration at school or work. If the person is using drugs to fill a void in his/her life, there is a greater risk of 'crossing the line' from casual drug use to drug abuse and addiction. To maintain wellbeing, it's important to have positive experiences and feel good about life without any drug use.

Drug abuse may start as a way to connect socially. People often try drugs for the first time in social situations with friends and acquaintances. A strong desire to 'fit in' with the group can make it feel as though taking or using the drug with other members of the group is the only option.

Problems can sometimes 'creep up' on the individual, as his/her drug use increases gradually over time. Smoking a joint with friends over the weekend, taking ecstasy at a rave, or painkillers for backache, for example, can change from using drugs a couple of days a week to using them every day. Gradually, getting and using the drug becomes increasingly important to the affected individual.

As drug abuse takes hold, the affected person may miss or frequently be late for work/school; performance at work/school may deteriorate and social or family responsibilities may start to be neglected. The person's ability to stop using the drug is eventually compromised. What started as a voluntary choice has turned into a physical and psychological need.

Eventually drug abuse can consume the affected person's life, stopping social and intellectual development. This only reinforces his/her feelings of isolation. With the right treatment and support, the person can counteract the disruptive effects of drug use and regain control of his/her life. The first obstacle is for the affected person to recognise and admit that there is a problem, or listen to loved ones or relevant others, who are often better able to see the negative effects that the drug use is having on the individual concerned.

What should I do if I think there is a problem?

If you suspect that a colleague, friend, family member or loved one has a drug problem:

Do:

✓ **Speak up**

- Talk calmly to the person about your concerns, and offer help and support without being judgmental
- Don't wait for the person to 'hit rock bottom' (the earlier addiction is treated, the better for the person concerned)
- List specific examples of the person's behaviour that have concerned you and urge him/her to seek help

✓ **Take care of yourself**

- Stay safe; don't put yourself in a dangerous situation
- Don't get so caught up in someone else's drug problem that you neglect your own needs
- Make sure you have people you can talk to and rely on for support

✓ **Avoid self-blame**

- You can support a person with a substance abuse problem and encourage treatment, but you can't force a person to change
- You can't control the affected person's decisions
- Letting the person accept responsibility for his/her actions is an essential step along the way to recovery

Don't:

- Attempt to threaten, bribe or preach
- Try to be a martyr (emotional appeals may only increase feelings of guilt and the compulsion to use drugs)
- Cover up/make excuses for the drug abuser, or shield him/her from the negative consequences of his/her behaviour
- Take over the person's responsibilities, leaving him/her with no sense of importance or dignity
- Hide or discard drugs
- Argue with the person when he/she is 'high'
- Feel guilty or responsible for that person's behaviour

Where can I go for help?

There are a number of places to find support if you, or a person you are concerned about, needs it. These include your line manager, your Controlled Drugs Accountable Officer (Jenny Gallagher), Speak Up Guardian (John Hall).

External support is also available from Healthcare UK, our employee assistance programme which offers support, information, expert advice and face-to-face or telephone counselling. It's a completely free and confidential service to all colleagues.

(amended from Boots UK leaflet - Recognising the Signs of Drug Misuse - A Guide to Support Colleagues 2022)

Appendix 2

Jenny Gallagher

NMP Prescribing Audit 2021

Results

This audit was to assess the prescribing practices of a non-medical prescriber based on the Bolton Hospice NMP policy and this takes its standards from local and national policy on non-medical prescribing.

Security of prescriptions-

The prescriber will keep a record of the first and last serial numbers of prescription pad(s)
The prescription pad must be left intact until a prescription is issued
Under no circumstances should a blank prescription be pre-signed before use
When not in use, the prescription pad must be stored in a secure place (e.g. locked desk draw)
Result- 100% Compliance

Quality of prescriptions issued-

The prescription issued will be logged on the "prescription log" sheet
Contact number - which allows easy access to the prescriber by the pharmacist
The patients forename, surname, address and date of birth will be stated
The prescription will be signed by the prescriber
The prescription will be dated
A non-medical prescribing communication update form will be emailed to the GP within 24 hours of the prescription being issued
No prescriptions should be returned or refused
The patients's allergies are recorded on the first assessment
Result- 100% Compliance

Medications prescribed-

If the prescription is spoilt, the policy for recording this has been followed
The medicine is prescribed in full
The dosage of the medicine will be clearly stated
The frequency of the medicine will be clearly stated
Abbreviations will be used appropriately
The quantity of the medicine to be supplied will be clearly stated
For controlled drugs, the number in words and figures of the dosage units and total quantity of the preparation to be supplied will be stated
The rationale for prescribing will be documented in the patients records on iCare
Result- 100% Compliance (where appropriate)

The audit was undertaken by a senior educator who assessed the security measures used and the integrity of the prescriber's prescription pad. Ten random prescriptions issued by the NMP were assessed under the standards outlined above, this included 1 spoiled prescription which was assessed according to the standards set out in Bolton Hospice guidelines for spoiled prescriptions.

Compliance was 100% for all standards.

No areas for development identified at this time.

Please note this NMP has since taken up the role of controlled drug accountable officer for Bolton Hospice so will no longer be prescribing, but will continue as NMP prescribing lead for the organisation. Please see attached notes as evidence of following current protocol in terms of destroying prescription pad and notifying key roles.



Notifications for
change in circumsta



JG FP10 serial
numbers log.pdf

By Vicki Guest

Department Performance Reports

Two reports were shared prior to the Committee. **Equality and Diversity report** presented by Jenny Gallagher (JG). Geoff McLardy (GMcL) commented that this was an excellent report and also enquired regarding face to face training with JG advising that this would be done as soon as possible, as some external providers were not offering face to face at this time. **MCISS report** prepared by Sue Summerfield. Grace Hopps (GH) commented that Sue and the team always provide so much varied information in their reports with praise again on another excellent report submitted.

Clinical Risk Management

Bolton Hospice Non-medical Prescribing Group (NMP) – JG provided a draft Terms of Reference and previous minutes for information.

Clinical Capacity – Jacqui White (JW) and members of the hospice team are currently reviewing the WBH data capture process to ensure as a hospice we are accurately capturing the volume of patients that we care for across the service.

The **High Level Incident Report** was issued for the period of 18.05.22. – 30.06.22. - 49 incidents in total were recorded and thank you to all the hospice team for complying with our policy to ensure all accidents, incidents and near misses are reported. A high level overview/discussion took place of the incidents raised. Catherine Doyle (CD) briefly discussed the new **Vantage Enterprise System** which is a new software application currently being prepared for implementation which will enable incidents to be raised electronically, with live data and information sharing technology. The system will also provide additional modules to support data capture, monitoring and compliance across the hospice which is a super opportunity and exciting news for everyone.

Quality Measures / Audit Update / New Guidelines

Dr. Ellie McCann (EMcC) confirmed that **Audits** are on track/in progress which is a good position.

Infection Control – Sue Gooden and Dawn Whittaker are currently looking at merging some of these audits into one, going forward. GH mentioned that the Pressure Ulcer audit is currently overdue and Helen Newberry (HN) confirmed that the Sisters are currently undertaking this audit.

Estates/ Building / Corporate Services

Colleen Kyne-Daly (CKD) advised that the snagging has taken a little longer than thought with the staff facilities and WBH now being signed off with the Architect and we are currently looking at the costs and viability of soundproofing some rooms. We have had a Health and Safety Risk Assessment, which will be shared at the Health and Safety Committee meeting and most of the actions are completed or ongoing / currently being worked on to achieve 100%.

Wellbeing Hub

JW shared an update on clinic figures and also advised that the Pulmonary Fibrosis group is held at the hospice and generating some fundraising income too. The Heart Failure Group also hold clinics and figures will be included in the ICP quarterly report. The **Dog Show** recently organised by Mary Stubbs, Creative Therapist was a great success raising around £4k and following the show, people have also expressed an interest in getting involved in our Open Day. Well done to Mary and everyone involved and who attended. JW and Senior Sister Melanie Blain will be meeting to discuss the H@H Business Plan and explore opportunities for even greater collaboration with District Nurses and H@H Services going forward, thank you both. GH enquired about the Hair Salon and JW advised that Margaret Brabbin is looking at recruiting volunteers initially, to understand the demand and also the offering of other services like body image.

Education

VG advised the Level 4 Leadership Management Courses are due to start on 24.08.22, with some more of the middle managers and all the IPU Sisters planned to join the courses also. Nine members of staff are on the list for the Level 2 course which we are currently sourcing funding for. The team are planning the EoLC Module which starts in January 2023 having had a meeting with the University. We have offered 2 places to our senior staff nurses. LV advised that work is underway to obtain funding from ICP for a 6 week rolling programme of education as there is currently no specific end of life education currently in Bolton for Care Homes. We have one member of IPU staff starting the Nursing Associate programme in September and another has just finished the training and will be going onto further training to be an RGN. Well done to both colleagues.

Inpatient Unit

Helen Newberry (HN) said the Ward is very busy as we care for some high complexity patients. HN also advised that we now have 3 permanent night staff which will support our patients and the wider team, who will also undertake a month of days every 6 months. Thank you to the team.

Information Governance

CD advised the annual **Data Security and Protection Toolkit** has been submitted in June 2022, thanking everyone for their support. Together with highlighting that a number of actions and activities are to be carried forward and followed up, ensuring ongoing compliance to the standards required. CD also advised that herself and the Head of Governance and Compliance at Derian House Children's Hospice were working together to create a new Q&G Forum across the NW Hospices.

Our People

Workforce Strategy – a very positive meeting held.

The **Birdsong survey** results and feedback have been received and are currently being analysed with communications to be shared.

Provider Visit – GH and Iqbal Essa, Trustees have recently undertaken a Provider Visit and the report will be available soon.

VG mentioned that she has met with the new Educator from Derian House and they are now discussing how to take the gap analysis and required education programme forward in relation to the **Young Adult Transition Project**.

Incident Examples

Controlled and Non-Controlled Drug Errors

Nine Controlled Drug Errors (LIN reportable) occurred during the period, including: prescribing errors; incorrect amounts being documented in CO Register and incorrect date captured for medication administered.

Third Party Data Breach

Whilst filing discharge paperwork a member of the hospice team identified notes for another patient not known to the hospice. Incident correctly reported and incident form forwarded to RBH to support their investigation to prevent recurrence.

Accidents

On collecting a table with a glass top, customers were advised by staff member that they did not think it would fit into their vehicle and suggested returning, however, customers continued with their action and unfortunately the glass top section smashed on the floor.

Non-Clinical Incidents

A patient was admitted requiring a large hoist sling which unfortunately was unable to be located. Replacement arranged and system in place to ensure logging and tracking to prevent essential equipment being mislaid. On checking oxygen points, 2 flow meters identified as being missing. Reminder to all staff to report all faults to equipment or missing items

Learning Lessons

- Accurate record keeping in relation to prescribing and administering patient medications, including re-writing prescriptions and not amending, with correct signing and annotation on registers
- The using of another patient's own personal labelled drugs is not allowed and the requirement for immediate escalation if drugs are not available to be administered as prescribed by the medical team
- The importance of obtaining and maintaining accurate Next of Kin contact details and information for patients within the care of the Hospice
- The importance of continuing to raise all incidents, including those relating to equipment, both missing and faulty, ensuring when required for future patients, is readily available and in good working order
- The best practice regarding preparation of discharges to be no more than 48 hours prior to discharge, with discharge summary to be completed alongside TTD to ensure accurate and limit risk of errors

Thank you and well done to everyone who has raised an incident and for following our Hospice Policy, living our values every day in ensuring transparency and visibility. Together with enabling learning opportunities to be taken forward.