Neath Port Talbot Singleton Service Delivery Group

Controlled Drugs Assurance Plan

2021-2022

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Date: 1.4.21

Approved by: Neath Port Talbot Singleton Service Group Directors

Date of Next Review: 1.4.22

Aim

The Neath Port Talbot Singleton Service Group Controlled Drugs Assurance Plan will strengthen day-to-day Controlled Drug management and provide assurance of appropriate Controlled Drugs management to the Service Group Triumvirate and SBU Controlled Drugs Accountable Officer.

Policy Context

The Health Board controlled Drug Policy provides overarching strategic and legislative steer for the management of Controlled Drugs within the organisation. This is supported by the Governance Framework the for Management and Use of Controlled Drugs in Swansea Bay University Health Board.

Supporting Structures

Controlled Drug assurance is overseen by the Service Group Quality, Safety and Risk Group, who in turn report to the Service Group Management Board and the Health Board Controlled Drug Accountable Officer Governance Group. The Neath Port Talbot Singleton Service Group Quality, Safety and Risk Group have delegated the operational management of Controlled Drugs incidents within the group to the Controlled Drugs, Medication and Transfusion Incident Group whose terms of reference are included as Appendix 1.

Fig 1 describes the assurance and escalation route for the management of Controlled Drugs within the Service Group and how this reports into the Health Board and Local Intelligence Network.

Fig 1. Reporting Arrangements for Management of Controlled Drugs

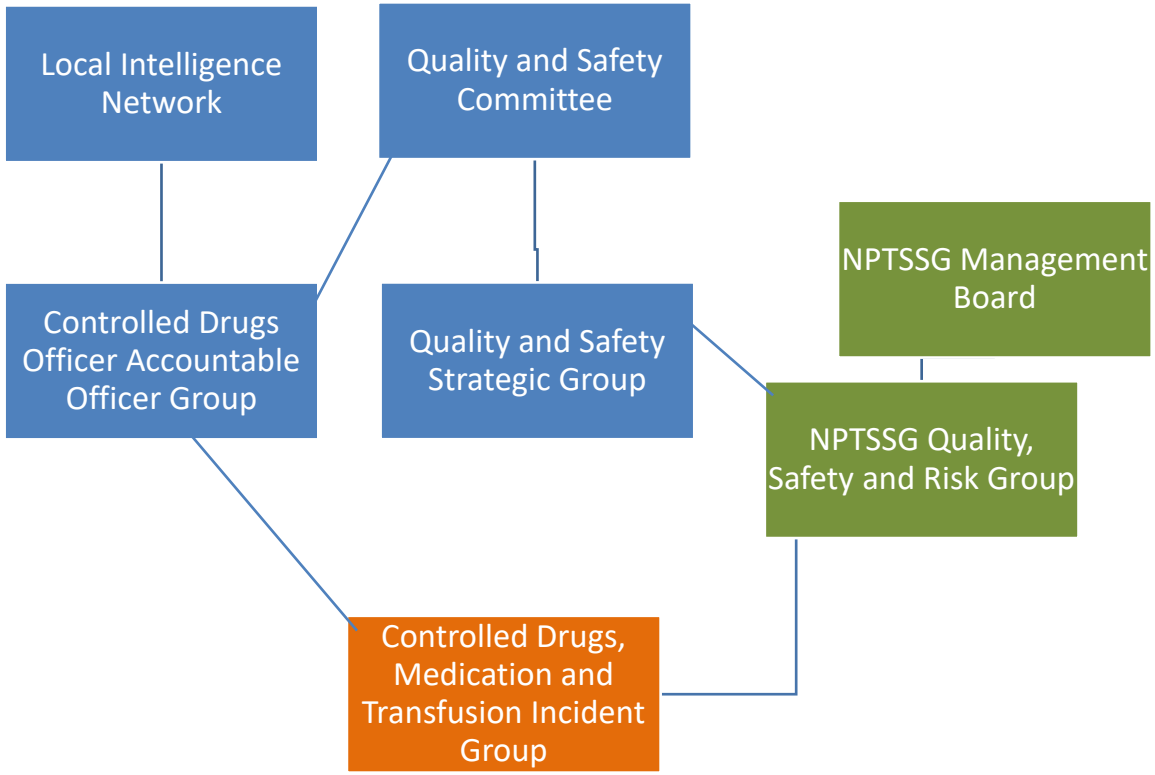
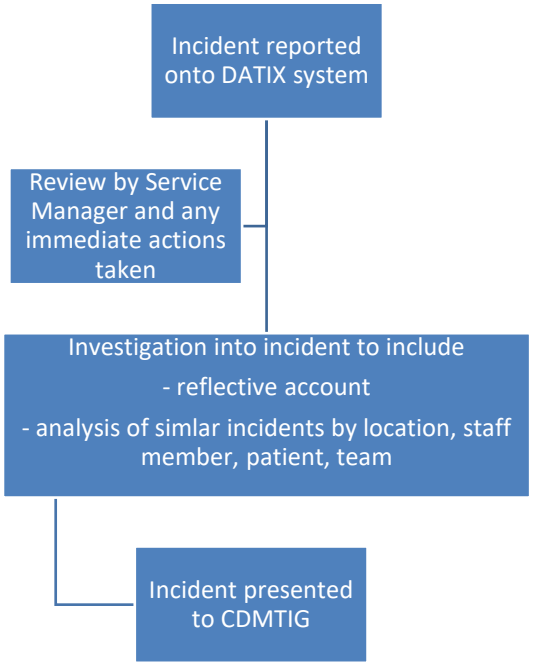


Fig 2. Outlines the reporting mechanisms for Controlled Drugs incidents within the Service Group.

Fig 2. Management of Controlled Drugs Incidents



Delivery

Delivery of this action plan will be undertaken within each Division and progress reported to the Controlled Drugs, Medication and Transfusion Incident Group.

Actions to strengthen the arrangements for the management of Controlled Drugs within the Service Group have been split into four categories as follows. These actions will be subject to continual review.

Structures	• Ensure that there are clear and robust structures in place for the management of Controlled Drugs within the Service Group
Learning	• Establish systems for identify and sharing learning across the Service Group
Compliance	• Ensure that the management of incidents is compliant with Legislation and Health Board policy
Risk	• Identify areas of potential risk and escalate them in line with Health Board policies

Structures	Short Term Actions (1-3 months) • Establish Director with responsibility for Controlled Drugs Complete • Service Group Director to commit to Charter for the Management of Controlled Drugs • Establish mechanism to review Controlled Drugs Incidents within the Service Group (CDMTIG) through establishment of Controlled Drugs, Medication and Transfusion Incidents Group • Agree terms of reference for CDMTIG within Service Group Quality, Safety and Risk Group • Include the management of Controlled Drugs within Service Group quality, safety and risk assurance structures • Report issues and learning to Controlled Drugs Accountable Officer Governance Group
	Medium Term Actions (3-6months) • Maintain representation from across Divisions within CDMTIG • Present Standard Operating Procedures relating to the management of Controlled Drugs to the Service Group, Quality, Safety and Risk Group, for ratification.
	Longer Term Actions (6-12 months) • Provide input on the management of Controlled Drugs into the Health and Care Standards self-assessment process

Learning	Short Term Actions (1-3 months) • Receive presentation on Strengthening Controlled Drugs Governance within CDMTIG • Review open Controlled Drugs incidents within the Service Group in order to identify potential themes/ links between incidents
	Medium Term Actions (3-6months) • Develop regular Controlled Drugs learning briefs for cascade within the Service Group through Quality, Safety and Risk Group.
	Longer Term Actions (6-12 months) • Ensure all staff attend a controlled drugs learning event at least once every 2 years

Compliance	Short Term Actions (1-3 months) • All Datix incidents relating to Controlled Drugs are investigated promptly, in line with Health Board policies.

	Medium Term Actions (3-6months) • Divisional leads to establish process of 'walk around' reviews of the storage of Controlled Drugs within their service and to address any shortcomings identified • Quarterly reviews of Controlled Drug incidents to be presented to CDMTIG by location and specialty
	Longer Term Actions (6-12 months) • Spot check and audit programme to be rolled out, based on themes identified through quarterly reviews

Risk	Short Term Actions (1-3 months) • Identify all open Controlled Drugs incidents within the service group and agree investigators • Review open risks in relation to Controlled Drugs
	Medium Term Actions (3-6months) • Close all overdue Controlled Drugs incidents within service group
	Longer Term Actions (6-12 months) • Ensure all recommendations or additional safeguards following incident investigation are instigated and or removed where appropriate following the action plan outlined in the investigation.

Appendix 1

Controlled Drugs, Medication and Transfusion

Incident Review Group

TERMS OF REFERENCE

1. PURPOSE

The group will review controlled drugs and other incidents involving medication And transfusion. The group will provide assurance to the Service Group Quality, Safety and Risk Group and Swansea Bay University Health Board Controlled Drugs Operational Group.

2. ROLE

The role of the Group is to establish and effectively implement systems and/or processes to:

- Review all Controlled Drugs incidents to ensure that they are managed in line with the Misuse of Drugs Act
- Ensure that thematic concerns or learning from incident reviews are address and acted upon
- Ensure the timely management of medication and transfusion incidents, in line with Health Board policies
- To ensure that incidents are managed in line with Putting Things Right

3. DUTIES

- Oversee and independently scrutinise the management of medication and transfusion incidents within the Service Group in order to ensure that they are managed in line with Legislation and policy
- To oversee the delivery of the Neath Port Talbot Singleton Service Group Controlled Drugs Assurance Plan
- To identify thematic learning from incidents and any actions required
- To proactive reduce the risk of future incidents, based on learning identified
- To scrutinise incidents in order to ensure that they are investigated and managed appropriately, recognising trends and potential areas of concern
- Support the Health Board Controlled Drugs Accountable Officer and the Unit Designated Lead for Controlled Drugs in discharging their responsibilities under the Misuse of Drugs Legislation
- To monitor the log of “additional controls” for Controlled Drugs
- To scrutinise the 3-6 monthly Controlled Drug checks on wards/departments and theatres, ensuring appropriate actions completed for any areas of noncompliance against the standards
- To escalate issues of concern as appropriate

4. MEMBERSHIP

Service Group Medical Director (Chair)
Head of Quality and Safety (or deputy)
Matron (Medicine)
Matron (Cancer)
Matron (WCH and Opthalmology)
Matron (Surgery)
Head of Midwifery
Heads of Pharmacy

5. QUORACY

The quorum necessary for the transaction of business shall be:

- Chair (or Vice Chair)
- 75% of membership

6. ATTENDANCE

6.1. Core members are required to attend at least 75% of the Group meetings.

6.2. Members of the Group shall appoint suitably qualified deputies to represent them at meetings when they are unable to attend personally. Where this is not possible they must provide a written update to working group members at least two working days beforehand.

6.3. The Chair will follow up any issues related to the unexplained attendance of members. Should non-attendance jeopardise the functioning of the Group the Chair will discuss the matter with the member and if necessary seek a substitute or replacement.

6.4. With the approval of the Chair, other persons may be asked to attend meetings from time to time for a specific purpose.

7. FREQUENCY

The group will meet monthly. The frequency of meetings should be reviewed by the Group annually.

8. AUTHORITY

8.1 The Controlled Drugs and Medication and Transfusion Incident Review Group is authorised to discharge the duties set out in these Terms of Reference within the authority delegated to the individual members, both in the Scheme of Delegation, and from time to time by the Senior Leadership Team as recorded in the minutes of meetings.

8.2 The functions and actions of the Group do not replace the individual responsibilities of its members as set out in job descriptions and other forms of delegations.

8.3 Individuals remain responsible for their duties and accountable for their actions.

9. REPORTING

9.1 Approved minutes from the Controlled Drugs Medication and Transfusion Incident Review Group will be presented to the Neath Port Talbot Singleton Service Group Quality, Safety and Risk Group

9.2 Action notes and records of discussions will be made and will be available for reference if required.

10. ESCALATION

10.1 In the event that the group identify a risk or an issue that indicates a severe risk, urgent issue or emergency scenario the Chair is required to escalate the

matter to the Service Group Director, and relevant Executive Director immediately.

10.2 There will be circumstances whereby the Group may wish to consider escalating an issue to the Service Group Quality, Safety and Risk Group. If such an instance arises, then the Chair of the Group must discuss with the Service Director in the first instance.

11. SUPPORT

11.1. The Group shall be supported by the Secretariat services provided through the Division, specifically with regard to secretarial duties, minute taking and administrative support.

11.2 Summary notes of these meetings will be circulated to all Group members.

12. REVIEW OF TERMS OF REFERENCE

12.1 The Group will monitor the effectiveness and working arrangements of these Terms of Reference annually.

Date Agreed: September 2020

Review Date: December 2021