



Guidance Notes On Carrying Out Controlled Drug (CD) Assurance Checks In Wards/Departments/Community Hospitals By Pharmacists/Pharmacy Technicians/CD Inspectors In NHS Grampian

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| Co-ordinators: Lead Pharmacist, Controlled Drugs Team | Consultation Group: See Page -1- | Approver: Director of Pharmacy, Controlled Drugs Accountable Officer |
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| Signature:  | | Signature:  |
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Policy Statement:

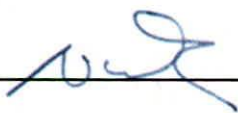
It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.

Version 4

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Executive Sign-Off

This document has been endorsed by the Medical Director, NHS Grampian

Signature:  _____

Replaces: NHSG/Guid/CD_MGPG972, Version 3

Document application: NHS Grampian Acute

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| January 2024 | January 2019 | Changed pre-registration pharmacist to foundation trainee pharmacist. | Pages 2 and 4, Sections 3 and 4 |
| January 2024 | January 2019 | Addition of spot checks. | Page 2, Section 3 |
| January 2024 | January 2019 | Inclusion of action log. | Page 20, Appendix 1 |
| January 2024 | January 2019 | Inclusion of additional checking requirements as detailed in pharmacy check record form. More stringent checks and sharing of findings with CD Team. | Throughout document |

* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

Consultative Group:

| | |
|-----------------|--------------------------------|
| Sara Jane Laing | Senior Charge Nurse |
| Erin MacKenzie | Senior Charge Nurse |
| Stuart McIntosh | Lead Pharmacy Technician |
| Caroline Page | Lead Pharmacy Technician |
| Karen Proctor | Specialist Pharmacy Technician |
| Susan Reid | Lead Pharmacy Technician |
| Katie Smart | Lead Pharmacy Technician |

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1. Purpose

This guidance has been produced to ensure that within NHS Grampian hospitals, pharmacy controlled drug (CD) assurance checks in wards/departments are undertaken safely, in accordance with the requirements of legislation and good practice (Safer Management of Controlled Drugs: A Guide to Good Practice in Secondary Care (Scotland) CEL 7 (2008)) and in a consistent manner.

(http://www.sehd.scot.nhs.uk/mels/CEL2008_07.pdf). Details of controlled drug checking procedures are also included in NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics.

[NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics](#)

These external pharmacy checks are intended to provide assurance regarding the safe and secure handling of CDs including storage, documentation and handling of stock and patients own CDs.

2. Scope

This document provides guidance to individuals managing, undertaking and witnessing pharmacy CD assurance checks and assists managers who support these individuals in that duty in hospitals in NHS Grampian. This document should be read in conjunction with the Department of Pharmacy Standard Operating Procedure –**PHM-SOP-98 Version 05 - "Procedure for the completion of pharmacy controlled drug check in wards/departments"** available on Q-pulse and [Appendix 6](#).

External CD assurance checks are recognised as a separate and additional governance requirement, distinct to regular ward/department CD stock balance checks.

3. General Points

- All areas holding stocks of controlled drugs must have standard operating procedures in place to describe the management of controlled drugs.

[CEL 14 \(2007\) Requirement for SOPs to be developed in relation to safer management of CDs](#) The standard operating procedures must be developed and approved by the Nursing Management team and read and signed by nursing staff to acknowledge they are aware of their responsibilities when handling controlled drugs. The Controlled Drugs Team need to be provided with assurance that standard operating procedures have been approved and that staff have signed the training log. The completed CD SOP training log should be

retained on the ward/department. The training log is available on the final page of the SOP sample template in appendix two of the following policy: [NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics](#)

- An external pharmacy assurance check of all Controlled Drugs (CDs), including documentation, ordering, receipt and handling of controlled drugs must be carried out at regular intervals by a pharmacist/foundation trainee pharmacist/pharmacy technician or CD Inspector. CD checks should also be undertaken whenever requested by the departmental manager.
- There will also be unannounced, spot CD checks carried out across all NHS Grampian sites by the CD Team as an additional governance function.
- Within NHS Grampian the decision, in agreement with the Accountable Officer (AO), is that pharmacy CD assurance checks will be undertaken every 4 months.
- Local arrangements (e.g. spreadsheet on shared files) should be in place by pharmacy teams to identify when CD checks are due and when CD checks are completed.

Any proposed deviation from this **4 monthly** assurance schedule must be agreed with the Accountable Officer (AO) and pharmacy/senior ward/department staff with due regard to the safe and secure management of CDs. If there is a reason why the four monthly checks cannot be undertaken, this must be recorded on the Risk Register and escalated to Senior Management without delay.

- A CD stock list should be held by each ward/department holding CDs. This should be agreed by senior nursing/medical staff and the ward/department pharmacist or pharmacy technician. It should be dated and include not only the range of CDs to be held, but an indication of the quantity to be held and suggested re-order points. Stock levels should reflect current weekly anticipated need and frequency of regular ordering. Changes should only be made after agreement with senior staff in both pharmacy and the ward /department area. These changes normally reflect changed working practices within the ward/department or changes to patient clinical condition normally seen in that ward/department. CD stock lists should be reviewed biennially by the pharmacy and nursing team. The exterior of the CD cabinet must be free of any materials which identifies it as storing CDs, therefore the CD stock lists must not be attached to the outside of the CD cabinet.
- The recording of the CD assurance checks in the CD Record Book in red pen is not compulsory but may make subsequent checks easier as it visibly highlights when the last CD assurance check occurred.
- Prior to the CD assurance check, liaison should take place with the ward/department personnel to arrange a mutually convenient time and to remind staff that patient's own CDs held on the ward should reflect those patients currently in the ward/department only.

- The current CD order book and all CD record books (including patient own record books) and CD order books completed since the previous assurance check must be available for review as part of the check.
- The action plan generated from the previous CD assurance check should be reviewed by both members of staff undertaking the CD check to ensure familiarisation with any issues and/or outcomes and to provide assurance that all actions have been completed.

4. Competency and Grade of Pharmacy Staff Carrying Out A CD Assurance Check

Team leaders/line managers must ensure that pharmacy staff complete any required training to ensure competency. All staff must have read, understood and be compliant with NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics. All staff carrying out CD assurance checks must read this guidance and sign up to PHM-SOP-98 version 5 -Procedure for the completion of pharmacy controlled drug check in wards/departments (available on QPulse, and included in [Appendix 6](#)). Managers should keep a record of staff training including reading and signing up to the SOP.

It is recommended that newly qualified pharmacists and pharmacists who have recently joined NHS Grampian observe a CD assurance check performed by a competent member of pharmacy staff in addition to reading the guidance and signing up to the SOP. Band 4, 5 and 6 pharmacy technicians and foundation trainee pharmacists must participate in a supervised/observed CD assurance check. The supervision/observation and training should be carried out “in house” and where possible, by someone previously trained and approved by the CD team.

5. Witnessing Of CD Assurance Checks

The physical count of CDs during a CD check must never be carried out alone. The suitably registered professional from the ward/department (for the purpose of this document this is defined as a registered nurse, midwife or operating department practitioner) must remain at all times **when the CD cabinet is open**. The count will be witnessed by a competent member of the pharmacy team who have been approved to undertake CD assurance checks.

CD checks by pharmacy are to provide assurance to the CDAO that CDs are being managed appropriately by ward/departmental staff. The responsibility for the CDs rests with the registered professional in charge of the ward/department so it is appropriate that they undertake the assurance check. It also prevents any allegations of collusion between two pharmacy staff members if discrepancies/concerns are identified. Additionally, dealing with patients' own CDs in the ward situation is easier and more efficient if a member of ward staff is available to assist, as they will identify in-patients from those who have left the ward.

A student nurse may observe a CD assurance check as part of their training but cannot be responsible for the check. A third year student nurse (rather than a registered professional) may participate in the check only in a community hospital.

Similarly a student pharmacy technician may observe a CD assurance check as part of their training but cannot act as a witness.

During supervised CD assurance checks for training purposes, the supervisor (trained pharmacist, band 4/5/6 pharmacy technician or CD Inspector) will act as the witness and the member of ward staff will act as the checker.

In certain circumstances, e.g. where a registered professional, is unavailable to participate, then the assurance checks may be made by two members of pharmacy staff providing they have the agreement of the registered professional in charge of the ward/department. Assurance checks by two members of pharmacy staff must never be made on consecutive occasions. A full written report must still be provided to the registered professional in charge of the ward/department to discuss any identified issues and actions required.

6. CD Order Books and CD Record Books

Normally there should only be one order book and one record book in operation.

Some areas (community hospitals) may be allowed to hold two order books to facilitate their supply routes of CDs.

Where patient turnover dictates, a ward/department may request a separate record book for patient owned CDs. This should be agreed with pharmacy staff.

This may also be the case where use of a specific product dictates the need to have a separate record book, e.g. methadone recording may be in a separate book in wards/departments where this is commonly prescribed. This should be agreed with pharmacy and ward/department staff.

7. Evidence of Routine Stock Balance and Expiry Date Checking by Ward/Department Staff

The stock balance and expiry date of all CDs entered in the CD Record Book should be checked and reconciled with the amounts in the cabinet with sufficient frequency to ensure that discrepancies and/or expired or short dated stock can be identified in a timely manner as per NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs. This time interval should be agreed with pharmacy and ward/department staff and take account of working conditions, patient turnover, frequency of use and any previous discrepancies/incidents. The minimum recommended interval should be weekly balance and expiry date checks.

On completion of routine checks of all CDs held, an entry must be made to indicate that the weekly balance and expiry date check has been completed and that all CDs were checked and correct or that any misbalances were identified/investigated/reported. This record of ward/department routine checks should be recorded in the designated pages at the back of the current record book.

It is recommended that the two members of ward/departmental staff undertaking these checks rotate periodically.

8. Carrying Out the Pharmacy CD Assurance Check

Opportunity should be taken to assess how well stock is stored in the cabinet; security arrangements and how record keeping is maintained (see below).

The CD checks should be carried out as per PHM-SOP-98 Version 05 **Procedure for the completion of pharmacy controlled drug check in wards/departments** and documented on NHS Grampian Controlled Drugs – Pharmacy Check Record Form. PHM-FORM-189 - see [Appendix 1](#)

8.1. Security and General Checks

Assess the physical security and storage arrangements, e.g.

- Identity of pharmacy staff carrying out the CD check is confirmed by the registered professional in charge (if not known personally).
- The keys are held by a registered professional and are separated from other keys.
- The cabinet is locked.
- Are there any CDs drawn up in advance of administration?
- Are there any CDs (including patient own) currently stored out with the CD cabinet and not under the personal control of an approved member of staff?
- If applicable, review where CD keys are stored when ward/department is closed, does this arrangement prevent unauthorised access?
- If a key safe is used for storing CD keys, check when code was last changed.
- The cabinet is in a good condition, securely attached to a solid wall, an appropriate size and suitable for storing CDs? Contact CD Team if unsure of suitability of the CD cabinet. Any problems with the locking mechanism?
- Some areas have CD cabinets which are constructed of wood, and separate interior and external storage areas. Such cabinets are acceptable, provided the outer lock is robust and unique.
- There is sufficient segregation of items, including high strength opiate injections as per guideline
[NHS Grampian guideline for ordering, storing and returning high strength diamorphine, morphine and oxycodone injections in hospital](#)
- There is segregation of patient own CDs from stock CDs.
- Does the cabinet appear untidy or overstocked?
- Is the CD cabinet being used to hold other items?
- How many CD order books and CD record books are currently in use?
- Stock list is available and up to date reflecting current requirements.
- CD order book and CD record book are stored securely to prevent unauthorised access.
- Door to treatment room where CD cabinet is located is secure.

Refer to SOP-98, version 5, and complete Pharmacy Check Record Form (PHM-FORM-189) Section 1 – see [Appendix 1](#)

8.2. Physical balance and expiry date check

Witnessing of CD checks is compulsory when the CD cabinet is open, refer to [Section 5](#).

- This should be completed in a systematic way working from the index in the CD record book to ensure all stock is recorded in the index and on a record book page. **Note:** Each page must be checked to ensure that all entries correlate with a balance or zero stock, this ensures that no entries are omitted if staff have failed to update the index page.
- It may be easier to remove all CD stock from the cabinet, but this will depend on the site of the cabinet (e.g. not in full view of general public) and general working area available near the CD cabinet.
- Whenever possible, the volume of all liquid CDs should be checked with a measuring cylinder during the four monthly assurance checks. Staff must wash measuring cylinder after each use. If a suitable measuring cylinder is not available on the ward/department, an attempt should be made to procure one by the Senior Charge Nurse/Midwife/ODP for the next assurance check.
- All record book pages which have been used, should have header information completed correctly (drug name, strength, form and proprietary name if applicable).
- Both healthcare professionals must confirm that the drug, form, strength and quantity are correct and that the details on the foil strips agree with the outer box. Both members of staff undertaking the check must ensure the products have not expired.

Once the counting has been completed, the registered professional from the ward/department can lock the cabinet and the CD paperwork check can proceed without his/her presence.

Refer to SOP-98 version 5, and complete section 2 of the Pharmacy Check Record Form (PHM-FORM-189) – see [Appendix 1](#)

8.3. Checking ordering and administration records

These checks are to identify any failure or concerns with record keeping. These checks may be carried out without the presence of the registered healthcare professional from the ward/department. These checks are made retrospectively, reviewing previously completed records (orders or administration records).

The purpose of these checks is to:

- (i) Assure safe management of CDs at ward/department level. This may also act as a deterrent to any potential wrong doing as ward/department staff will be aware routine checks are being made.
- (ii) Identify through this random selection, any failures in maintenance of record keeping but equally to recognise good record keeping.

Only a sample of orders (minimum 5) and administration (minimum 8) entries are checked to completion because of time constraints. However, more can be selected if time allows, concerns arise or if routine checks have not been carried out for some time.

The documentation of actual results found is an attempt to quantify the performance of the ward/department with regard to CD record keeping and documentation. Only a random selection is inspected and it can be useful to review more than the minimum required number of orders/administration records. Any unusual trends or concerns can be noted in the comments section and highlighted in discussion with ward/department manager.

In the case of orders, checks may identify orders which were incorrectly written/received, but more importantly identify orders which were issued by pharmacy but never recorded in the CD Record Book. This may be an indication of poor CD management or potentially something more serious which requires follow up and further investigation.

If a ward/department has two order/record books in operation, records should be selected from both.

When CDs have been transferred to a new record book the old book should indicate this, i.e. "transferred to new record book" and must be dated and signed by 2 registered professionals. Best practice would be for any remaining pages in the old record book to be crossed out with a diagonal line. The front of the record book should be annotated to say "record book/register closed" and the date of closure. Closure of an old record book is an ideal time to complete a CD check, but if this is not possible to arrange then opportunity could be taken at the time of the CD assurance check to inspect how a closure was carried out and the accuracy of the balances transferred to the new book. Advice can be offered if closure was carried out incorrectly. Process is laid down in NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs.

Refer to SOP-98, version 5, and complete sections 3, 4 and 5 of the Pharmacy Check Record Form (PHM-FORM-189) – see [Appendix 1](#)

8.4. Stock Order checks (5 random orders to ensure order has been written correctly by an approved member of staff)

Order details should be checked to ensure ward/department staff is completing orders correctly as per the guidance in NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs. Failure to complete orders accurately slows down processes in pharmacy and may indicate a competency or training issue with a staff member which requires addressing.

Ensure the CD orders are not ambiguous, for example fentanyl ampoules must be ordered by stating the volume of ampoule required, 50mcg/mL is not an appropriate strength to request but should be ordered as 100mcg/2mL or 500mcg/10mL.

It is preferable to randomly select different days/months, different staff members and for a variety of CDs.

Consideration to be given if CDs are ordered on designated days and if there is any evidence of adhoc ordering which may suggest poor stock control.

Each ward/department should have an authorised signatory list, detailing the members of staff who are currently approved to order controlled drugs.

On completion of the order check, the reverse side of the last order checked in the CD order book should be signed and dated by the pharmacist/pharmacy technician/CD Inspector carrying out the assurance check. This will assist in identifying where the order check process was completed for when the next CD assurance check is undertaken.

It is recommended that the staff member who ordered the CDs does not receive them on the ward/department if possible. Two members of staff must sign the Received By field in the CD order book. It is not acceptable to only sign the Accepted for delivery line above.

8.5. CD Record Book stock entry

For the same 5 orders selected above, the subsequent entry into the CD Record Book should be checked to ensure the details were recorded correctly by ward/department staff.

Ensure stock is receipted in to CD Record book using designated columns on left hand side of page. As above it is preferable to check as many record book entries as possible but the minimum is 5.

When recording CDs received from pharmacy, the number of units received must be recorded in words and not figures (e.g. ten, not "10"). The page number and order book number must also be documented in the CD record book.

The entry in the CD Record book for receipt of stock should be signed by two members of staff who verify the new balance.

8.6. Record book - administration checks

Record book lines should be inspected to ensure administration details have been recorded correctly. Evidence of poor completion of administration details may highlight a competence or training issue with a particular staff member which requires addressing.

It is preferable to check as many administration record line entries as possible depending on time. The minimum which should be checked is 8 selected randomly, i.e. different record book pages, different drugs, different times of the day, different staff members.

It is recommended that at least one page which has required transferring balance to another page to continue recording of issues is checked to ensure clear documentation of transfer. It is good practice for two members of staff to sign the CD Record book to verify the balance transfer. The index page should also be checked at this point to confirm the page number has been updated.

It is recommended to check how well the ward manages liquid CDs. When the end of a bottle is reached any excess or shortage of liquid should be measured (if necessary) and recorded in the CD record book. The stock balance must be adjusted accordingly. See [Section 10.1](#) - Dealing with any discrepancies.

It is useful to review every record book page since the last assurance check for any evidence of:

- Repeated occurrences of broken ampoules.
- Repeated records of dropped, discarded or refused oral medicines.
- Frequent errors in record keeping, e.g. absence of signatures, CHI, date, time, balance errors.
- Multiple Obliterations/errors /omissions in recording keeping attributed to the same staff member (may indicate training need).
- Repeated lending to other wards requires follow up to ensure these were appropriate, necessary and received by the other ward.
- Similar hand writing for administration and witness.
- CDs removed and returned unused.
- Discarded amounts not witnessed or time of discard omitted

If any of the above are noted the issues should be discussed with senior pharmacy staff/AO/CD team and/or registered professional in charge. Consideration must be given to further action if any training need or suspicious activity, etc. is noted.

8.7. Patient's Own CDs on Ward/Department

This check is to support ward/department staff in their management of patient's own CDs

All patients' own CDs should be counted and verified by a witness when a patient is admitted.

If the CDs have been reconciled appropriately and are deemed suitable for use on the ward/department they should be recorded as follows:

- Patient's own CDs should be recorded using a separate page for each item in the Patients' Own CD Record Book. The index page should be updated to reflect these entries.

If the patient's own CDs are not to be used for inpatient use, they should be recorded as follows:

Different items can be recorded on the same page in the Patients' Own CD Record book. A blank line must be left under the opening balance line so that the balance can be updated to zero when the drugs are returned to the patient on discharge (if clinically appropriate) or to indicate that the drugs have been sent for destruction or destroyed at ward level by approved pharmacy staff. A corresponding entry should be added to the index page.

All patients' own CDs should be counted during the CD assurance check to ensure the balance is correct as with regular ward/department stock.

A minimum of 8 entries for patient's own CDs should be checked to confirm they have been documented correctly. Refer to SOP-98, version 5, and complete section 6 of the Pharmacy Check Record Form (PHM-FORM-189) – see [Appendix 1](#)

9. Reporting Back

9.1. Reporting back to the ward/department

Issues identified during the pharmacy CD assurance check should be summarised and recorded in the comments sections of the CD pharmacy check form.

Opportunity should be taken to discuss these and/or any perceived training issues with registered professional in charge of the ward/department. An action plan should be generated with clear timescales and a record of whom is responsible for each action. If significant issues are identified, a datix should be completed. Follow up support visits by the pharmacy team are encouraged to ensure issues are resolved before the next four monthly assurance check.

If the CD assurance check indicates multiple issues and failings which may be most suitably addressed through training the CD team should be contacted to arrange support.

A copy of the completed form and action plan should be left with the ward/department manager.

9.2. Reporting back to AO/CD team

The AO/CD team require assurance that the CD assurance checks are being completed consistently and as per the recommended schedule. The checks should be recorded in a shared spreadsheet and action plans should be shared with the CD Team on request.

9.3. Reporting back to line manager /team leader within pharmacy

Arrangements should be made within different pharmacy teams for reporting back to line manager/team leader and where copies of completed CD checks and action logs will be stored. Any issues or discrepancies identified or requiring further discussion should be discussed with line manager/team leader.

The completed Pharmacy Check Record Form and action logs should be held in pharmacy for 2 years for future reference. This may be held as a paper copy or scanned and held electronically. Documentation to be shared with the CD Team on request.

10. Discrepancies and Reporting Discrepancies/Incidents/Concerns

There is a requirement for the NHS Grampian AO for Controlled Drugs to be notified of all incidents and concerns involving Controlled Drugs (CDs) that take place within the organisation and the premises of independent contractors. Receiving information on all CD incidents allows the AO to track trends and share these on an anonymous basis to minimise recurrence and to provide an opportunity to share lessons learned.

This applies to all incidents involving Controlled Drugs in Schedules 2, 3, 4 and 5 but does not apply to incidents involving illicit drugs. Refer to ([Appendix 2](#)) Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs - A Guide for Staff and Contractors for further information.

Information reported to the AO should include details of the event and of the actions taken. To provide assurance to the AO that the incident has been thoroughly investigated, immediate steps to prevent or reduce harm to patients, any investigations undertaken and actions taken to prevent recurrence should be shared with the CD Team.

If reports are made through other systems or for other purposes, a copy of the existing paperwork may be supplied, e.g. Datix

10.1. Dealing with any Discrepancies

Any discrepancies must be brought to the attention of the registered professional in charge of the ward/department.

It is the responsibility of the registered professional in charge to carry out the investigation into a discrepancy but appropriate for them to seek advice from the pharmacy department or AO/CD team.

Discrepancy investigation forms which may assist in an investigation are attached as ([Appendix 3](#)) and may be left with ward/department staff to assist their investigation. Completed Discrepancy forms should be sent by email to the CD team as part of any investigation.

During the four monthly CD assurance check, the pharmacist/pharmacy technician should check liquid balances using a measuring cylinder where available. Minor discrepancies in volume, i.e. up to 5%, can be corrected at the time and the balance adjusted. Any discrepancies in volume of greater than 5% must be reported and investigated. Refer to 'NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics' NHSG/Policy_CDs_Hospitals/MGPG818, Section 18 (<http://nhsgintranet.grampian.scot.nhs.uk/depts/GrampianMedicinesManagementGro>)

[up/MedsGuidelinesandPolicies/Medicines%20Guidelines%20and%20Policies/Policy s/Policy_CDs_Hospitals.pdf](#)) for further information regarding dealing with liquid Controlled Drugs.

Unresolved discrepancies must always be reported to the AO/CD team and to line manager/team leader within pharmacy. The contact details are attached in ([Appendix 4](#)). Reporting to AO/CD team may be carried out by use of ([Appendix 5](#)) Clinical Governance reporting form or via DATIX system. The AO/CD team automatically receives notification of DATIX reports where the words Controlled Drugs(s) are mentioned or a specific CD is noted by name on the form.

10.2. Dealing with and reporting incidents, near misses and/or concerns

Any major incidents, concerns or near misses identified during the CD check must be reported to AO/CD team by email and followed up by completion of Clinical Governance reporting form or through DATIX as described above. This information must also be discussed with pharmacy line manager/team leader and registered professional in charge of the ward/department.

11. Dealing With Out Of Date or No Longer Required CDs

If out of date stock CDs are identified, they should be drawn to the attention of the registered professional in charge to make arrangements to return to pharmacy according to local procedures which comply with NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs. If there has been an accumulation of out of date stock which seems excessive, this may be indicative of poor ordering practices and the opportunity should be taken to address such issues with the registered professional in charge and consider adjustment of the stock holding profile. This procedure should also be considered if it is ascertained that particular CDs have not been used since the previous CD assurance check.

Similarly, if it is established that there are CDs on the ward belonging to patients who have been discharged/transferred/deceased then this again may be indicative of poor management of CDs and opportunities should be taken to discuss these issues with ward/department staff and encouragement given to him/her to make arrangement for return to pharmacy for disposal.

12. References

Safer Management of Controlled Drugs: A Guide to Good Practice in Secondary Care (Scotland) CEL 7 (2008)

http://www.sehd.scot.nhs.uk/mels/CEL2008_07.pdf

Safer Management of Controlled Drugs HDL (2007) 12
(*Scottish Executive Health Department*)

[HDL\(2007\)12 - Safer management of controlled drugs: guidance on strengthened governance arrangements \(scot.nhs.uk\)](#)

NHS Grampian Policy And Procedure For The Safe Management of Controlled Drugs in Hospitals

http://nhsgintranet.grampian.scot.nhs.uk/depts/GrampianMedicinesManagementGroup/MedsGuidelinesandPolicies/Medicines%20Guidelines%20and%20Policies/Policy_CDs_Hospitals.pdf

NHS Grampian guideline for ordering, storing and returning high strength diamorphine, morphine and oxycodone injections in hospital

[NHS Grampian guideline for ordering, storing and returning high strength diamorphine, morphine and oxycodone injections in hospital](#)

Safer Management of Controlled Drugs Standard Operating Procedures: CEL 14 (2007)

[CEL 14 \(2007\) Requirement for SOPs to be developed in relation to safer management of CDs](#)

13. Distribution List

Pharmacy Managers Acute and Community Hospitals NHS Grampian.

14. Responsibilities for implementation

| | |
|-------------------------------------|--------------------------------------|
| Organisational: | Chief Executive and Management Teams |
| Corporate: | Senior Managers |
| Departmental: | Heads of Service/Clinical Leads |
| Area: | Line Managers |
| Hospital/Interface services: | Group Clinical Directors |
| Operational Management Unit: | Unit Operational Managers |

Appendix 1 - Controlled Drugs - Pharmacy Check Record Form and Action Log

| Clinical Services | Controlled Drugs - Pharmacy Check Record Form | | | |
|--|---|--------------|---------------------|---------------|
| | | Document No: | PHM-FORM-189 | Version: |
| Department of Pharmacy NHS Grampian | Date Written: | 01.11.23 | Review Date: | November 2026 |
| | Author: | Bryony Payne | Approved by: | L Robertson |
| | QA Approver: | A Wilson | Date Uploaded: | |

NHS Grampian Controlled Drugs Pharmacy Check Record Form

Hospital: Ward: Date: Date of last check:

Pharmacy Staff Name and Designation (Print and Sign):

Ward Representative and Designation (Print and Sign):

Exceptional Circumstance Second Pharmacy Staff Name and Designation (Print and Sign):

| 1. General Checks and Security Checks | Yes | No | N/A | Comments | Immediate Actions |
|--|-----|----|-----|----------|-------------------|
| a) Nurse checks ID of pharmacy personnel? | | | | | |
| b) CD keys held by appropriate staff member? | | | | | |
| c) CD keys held separately from other keys? | | | | | |
| d) Any CDs drawn up or not currently in CD cabinet? | | | | | |
| e) Are CD keys secured in key safe when ward/department locked if applicable | | | | | |
| f) If applicable, has code to key safe been changed in last 3 months? | | | | | |
| g) CD cabinet locked? | | | | | |
| h) Any problems with locking mechanism? | | | | | |
| i) CD cabinet in good condition? | | | | | |
| j) CD cabinet an appropriate size? | | | | | |
| k) CD cabinet securely attached to solid wall? | | | | | |
| l) Cabinet appropriate for CD storage? If not, escalate to CD Team | | | | | |
| m) Adequate segregation of stock, including high dose opiate injections? | | | | | |
| n) Patient own CDs segregated from stock CDs? | | | | | |
| o) Overstocked/untidy appearance? | | | | | |
| p) Anything other than CDs in cabinet? | | | | | |
| q) Only 1 register/order book (unless exempt)? | | | | | |
| r) Stock list available and created within last 2 years? | | | | | |
| s) Is CD order book secure? | | | | | |
| t) Is CD record book secure? | | | | | |
| u) Is treatment room door locked? | | | | | |

COMMENTS: General checks and security checks

| 2. Physical Balance and Expiry Date Check | Yes | No | Comments |
|---|------------|-----------|--------------------------|
| a) Are the balances correct? | | | |
| b) Are the CDs within expiry date? | | | |
| c) Do stock levels reflect stock list? | | | |
| d) Is the index page up to date? | | | |
| e) Are the page headings correct and fully completed? | | | |
| f) Are balance transfers to new page verified by two signatures? | | | |
| g) Any loose ampoules or strips? | | | |
| h) Do BN and expiry date of strips agree with details on outer box? | | | |
| i) Are the nurses checks completed and recorded (daily/weekly)? | | | Date of last ward check: |
| j) All CDs been used since previous 4 monthly check? | | | |

COMMENTS: Physical balance and expiry date check

| 3. Order Book Check | Page No: | Page No: | Page No: | Page No: | Page No: |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| Select minimum of 5 orders from the order book since last check, mark with a cross if the following are recorded incorrectly. | Book No: | Book No: | Book No: | Book No: | Book No: |
| a) Ward name and hospital | | | | | |
| b) Drug name, form, strength, quantity (words and figures) | | | | | |
| c) Item ordered can be clearly identified by pharmacy without ambiguity (consider if size of ampoule is stated if relevant) | | | | | |
| d) Ordered by (signed, printed and date) | | | | | |
| e) Supplied by (signed and date) | | | | | |
| f) Accepted for delivery signed (if applicable) | | | | | |
| g) Received by (2 signatures and date) | | | | | |
| h) Staff member who ordered the CDs, does not receive them | | | | | |
| i) Staff signatures are on authorised signatory list | | | | | |
| j) Minimum stock of CDs in CD cabinet corresponds with stock profile | | | | | |
| k) One page used per CD ordered | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| l) All top white copies returned to pharmacy | | | | | |
| m) Pink carbon copy clearly legible | | | | | |
| n) Ordered on designated ordering day | | | | | |
| o) Is order book in good condition? | | | | | |
| p) Any missing pages? | | | | | |

COMMENTS: Order book check

| 4. CD Record Book Stock Receipt Entry | Page No: | Page No: | Page No: | Page No: | Page No: |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|
| For the same stock orders, mark with a cross if the following are recorded incorrectly. | Book No: | Book No: | Book No: | Book No: | Book No: |
| a) Amount obtained (in words) | | | | | |
| b) Date received | | | | | |
| c) Serial number and book number of requisition | | | | | |
| d) Received by signature | | | | | |
| e) Witness signature | | | | | |
| f) Stock balance updated | | | | | |

COMMENTS: CD Record Book Stock Receipt Entry

| 5. CD Record Book Administration Entries | Page No: | Page No: | Page No: | Page No: | Page No: | Page No: | Page No: | Page No: |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Select 8 issues from the record book since the last check and mark with a cross if the following are recorded incorrectly. | Record Book: | Record Book: | Record Book: | Record Book: | Record Book: | Record Book: | Record Book: | Record Book: |
| a) Date | | | | | | | | |
| b) Time in 24 hour clock | | | | | | | | |
| c) Patient's Name | | | | | | | | |
| d) Patient's CHI number | | | | | | | | |
| e) Amount supplied, administered & discarded (if applicable) | | | | | | | | |
| f) Given by signature | | | | | | | | |
| g) Witnessed by signature | | | | | | | | |
| h) Discarded amounts witnessed and time recorded if applicable | | | | | | | | |
| i) Signatures legible and staff verified (perhaps by sample signatures at back of CD record book) | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| j) Stock balance updated | | | | | | | | | |
| k) Evidence of inappropriate correction? | | | | | | | | | |
| l) Evidence of frequent broken ampoules? | | | | | | | | | |
| m) Evidence of dropped/refused oral doses? | | | | | | | | | |
| n) Evidence of unused items returned to stock? | | | | | | | | | |
| o) Lending to other areas to follow up? | | | | | | | | | |
| p) Is record book in good condition? | | | | | | | | | |
| q) Any pages missing | | | | | | | | | |

COMMENTS: CD Record Book Administration Entries

| 6. CD Record Book for Patient's own CDs | Page No: | Page No: | Page No: | Page No: | Page No: | Page No: | Page No: | Page No: | Page No: |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Select 8 entries from the record book and mark with a cross if the following are recorded incorrectly. | | | | | | | | | |
| a) Record made when CDs received (drug name, form, strength, quantity, proprietary name if applicable, patient's name, CHI number, date, 2 signatures) | | | | | | | | | |
| b) Record made when CDs returned (quantity, date, 2 signatures, returned to patient or pharmacy) | | | | | | | | | |
| c) Each patient's CD is on a separate page if being used on ward | | | | | | | | | |
| d) Date | | | | | | | | | |
| e) Time in 24 hour clock | | | | | | | | | |
| f) Patient's Name | | | | | | | | | |
| g) Patient's CHI number | | | | | | | | | |
| h) Amount supplied, administered & discarded (if applicable) | | | | | | | | | |
| i) Given by signature | | | | | | | | | |
| j) Witnessed by signature | | | | | | | | | |
| r) Discarded amounts witnessed and time recorded if applicable | | | | | | | | | |
| k) Signatures legible and staff verified | | | | | | | | | |
| l) Balance updated | | | | | | | | | |
| m) Is record book in good condition? | | | | | | | | | |
| n) Any pages missing? | | | | | | | | | |
| o) Evidence of regular stock checks? | | | | | | | | | |
| p) Evidence of inappropriate corrections? | | | | | | | | | |

Appendix 2 - Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs (CDs)

Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs (CDs): A Guide for NHS Staff and Contractors

There is a requirement for the NHS Board Controlled Drugs Accountable Officer (CDAO) to be notified of all incidents and concerns involving CDs that arise within their organisation and in the premises of independent contractors. Receiving information on all CD incidents allows the CDAO to track trends and share these on an anonymous basis to raise awareness and minimise risk of recurrence.

This Guide has been produced to clarify exactly what is required and applies to all incidents and concerns involving CDs in Schedules 2, 3, 4 and 5, but does not apply to those involving illicit drugs.

The Board CDAO should receive information on issues related to:

1. Clinical Governance and Professional Practice

- All events or near misses involving prescribing, administration, supply or dispensing of CDs
- Any concern(s) about professional practice or behaviour of staff in relation to CDs e.g. unusual prescribing patterns
- Complaints from patients/carers/service users relating to CDs

2. Record Keeping and Stock Discrepancies

- Unexplained losses/discrepancies of any CD
- Any discrepancy in CD stock which, although resolved, raises concerns
- Events or near misses involving CD destruction
- Loss of CD Register/Order Book or other relevant controlled stationery

3. Fraud and Possible Criminal Issues

- Any suspected illegal activity relating to CDs, e.g. theft, patients attempting to obtain CDs by deception
- Lost or stolen prescription forms
- Attempts to fraudulently produce prescriptions

These examples are not mutually exclusive, for example, record keeping issues may escalate to concerns about clinical practice or suspected theft.

All CD incident reports must include details of the actions taken, including immediate steps to prevent or reduce harm to patients, any investigations undertaken and actions taken to prevent recurrence, to provide assurance to the CDAO that the incident has been thoroughly investigated.

In the event of a serious incident or concern, the CDAO must be notified within three working days.

If reports are made through other systems or for other purposes, a copy of the existing paperwork should be supplied, e.g. Datix, SEA, appraisal, company reports.

Where there is no reporting form available, 'NHS Scotland Controlled Drugs Incident Report to Controlled Drugs Accountable Officer (CDAO)' may be used.

<https://www.communitypharmacy.scot.nhs.uk/media/7911/national-template-for-reporting-incidents-review-date-2024-1.rtf>

Contact details for CDAOs can be found at:

http://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/controlled_drugs/cdao_register.aspx or from your local NHS Board, hospital or HSCP pharmacy team.

Appendix 3 - Actions to resolve discrepancies



CD BALANCE DISCREPANCY REPORT FORM- HOSPITAL WARD or DEPARTMENT STOCK.

Ward/ Department Area: _____ **Hospital:** _____

Details of Discrepancy/Drug: _____ **Date discovered:** _____ **Name of investigator:** _____

| Step | Action to resolve discrepancies | Date to be done by or when checked | Initials of Investigator | Comments | Resolution |
|------|---|------------------------------------|--------------------------|----------|------------|
| 1. | Check arithmetic since last balance check. | | | | |
| 2. | Recheck CD cabinet with second person. Remember to keep ward stock and patient's own CD's separate. | | | | |
| 3. | Check similar products in CD Register, E.g. same name but different strength or pack size or form. | | | | |
| 4. | Check all orders have been entered. If necessary contact supplier (e.g. local Hospital Dispensary or Support Services, Pharmacy ARI.) | | | | |
| 5. | Check all doses administered to patients have been entered. Use HEPMA to trace supplies. | | | | |
| 6. | Check that all deliveries received have been entered into the CD register. | | | | |
| 7. | Contact all nursing staff who have worked and would have access to the Controlled Drug cabinet during the relevant period (include details of all names and contact dates). | | | | |
| 8. | Department Manager contacted and by whom. | | | | |
| 9. | Clinical Pharmacist contacted and by whom. | | | | |
| 10. | AO notified and by whom. | | | | |
| 12. | Amendments made to register and by whom. | | | | |
| 13. | Notes. | | | | |

DATIX completed: **Y/N** Reference Number: _____ Continue details on separate sheet if necessary.

Keep this report in a file for future reference by Pharmacy manager or NHS Grampian CD Team/ AO

Signature on completion: _____ Date: _____ Designation: _____

Send copy to Controlled Drugs Team by email gram.cdteam@nhs.scot

Actions to resolve discrepancies

CD BALANCES DISCREPANCY REPORT FORM- PATIENT'S OWN DRUGS.

Ward/ Department Area: _____ Hospital: _____

Details of Discrepancy/Drug: _____ Date discovered: _____ Name of Investigator: _____

| Step | Action to resolve discrepancies | Date to be done by or when checked | Initials of Investigator | Comments | Resolution |
|------|---|------------------------------------|--------------------------|----------|------------|
| 1. | Check arithmetic since last balance check. | | | | |
| 2. | Recheck CD cabinet with second person. Remember to keep ward stock and patient's own CD's separate. Check polybags containing other patients own CD's to ensure the drugs haven't been sealed into those bags in error. | | | | |
| 3. | Check all doses administered to patients have been entered. Use HEPMA to trace supplies. | | | | |
| 4. | Contact all nursing staff who have worked and would have access to the Controlled Drug cabinet during the relevant period (include details of all names and contact dates.) | | | | |
| 5. | Department Manager contacted and by whom | | | | |
| 6. | Clinical Pharmacist contacted and by whom | | | | |
| 7. | Local Dispensary/Support Services Pharmacy ARI contacted and by whom (to ascertain if been returned to pharmacy) | | | | |
| 8. | AO notified and by whom | | | | |
| 9. | Amendments made to register and by whom | | | | |
| 10. | Notes | | | | |

DATIX completed: **Y/N** Reference Number: _____ Continue details on separate sheet if necessary.

Keep this report in a file for future reference by Pharmacy manager or NHS Grampian CD Team/ AO

Signature on completion: _____ Date: _____ Designation: _____

Send copy to Controlled Drugs Team by email gram.cdteam@nhs.scot

Appendix 4 - Contact Details NHSG Controlled Drugs Team

| | |
|---|---------------------|
| Director of Pharmacy and Medicines Management NHSG Accountable Officer | Tel: (01224) 556348 |
| Lead Pharmacist Controlled Drugs | Tel: (01224) 556800 |
| Controlled Drugs Inspectors | Tel: (01224) 556601 |

Or by email: gram.cdteam@nhs.scot

Appendix 5 - Clinical Governance Reporting Form

CD RECORD NO:

INCIDENT DETAILS:

**PHARMACY MEDICINES DIRECTORATE
CLINICAL GOVERNANCE REPORTING FORM – CONTROLLED DRUGS**

When a misadventure/near miss/concern relating to Controlled Drugs (All schedules) within NHS Grampian has occurred/ is suspected by any health care professional, this form should be completed and returned to: gram.cdteam@nhs.scot

DETAILS OF NEAR MISS/INCIDENT/CONCERN

Location: of incident:

Date of incident/Reported date:

Brief details:

Datix:

STAFF INVOLVED in reporting –

PATIENT INVOLVED (if appropriate)
(Name, Address.....)

OTHER STAFF INVOLVED (if appropriate)
Name, Address)

ACTION TAKEN – Please include dates of actions where known

SIGNED: CD Inspector _____

Date _____

SIGNED: Lead Pharmacist CD Team _____

Date _____

SIGNED: CD Accountable Officer _____

Date _____

Appendix 6 - PHM-SOP-98

| | | | | |
|--|--------------|-------------------|---------------|----------------|
| Clinical Services | | | | |
| | Document No: | PHM-SOP-98 | Version | 05 |
| Department of Pharmacy NHS Grampian | Date Written | 07.11.2023 | Review Date | As Per Q-Pulse |
| | Author | CD Team | Approved by | Lyn Robertson |
| | QA Approver | Andrew Wilson | Date Uploaded | |

| | |
|-------------------------------|--|
| Purpose: | The purpose of this SOP is to define the system to be used by Pharmacy staff when carrying out controlled drug checks in a ward/department. |
| Scope: | All wards and departments with a controlled drug cabinet containing controlled drugs within NHSG. |
| Responsible Personnel: | Pharmacists, Band 4, 5 and 6 pharmacy technicians, foundation trainee pharmacists, CD inspectors and registered nurses/ midwives/ ODPs. (Note in community hospitals only, a 3 rd year student nurse may witness a CD check). |

Information:

A check of all controlled drugs (CDs) stocked within wards and departments must be completed as agreed following risk assessment but a minimum of every 4 months by Pharmacy staff in conjunction with nursing staff. A check of patients' own CDs should be carried out at the same time. These CD assurance checks may be carried out by pharmacists, pharmacy technicians, foundation trainee pharmacists or CD Inspectors, and must be witnessed by a suitable registered professional (for the purpose of this document this is defined as a registered nurse, midwife or operating department practitioner). (In community hospitals this may be a 3rd year student nurse). To ensure availability of nursing staff to complete actual count of CDs, an appointment should be arranged in advance with a member of nursing staff. In certain circumstances the check may be witnessed by a second member of pharmacy staff (refer to Guidance Notes on Carrying out CD Assurance Checks in Wards/Departments/Community Hospitals by Pharmacists/Pharmacy Technicians/CD Inspectors in NHS Grampian Section 5). Newly appointed pharmacists, pharmacy technicians and foundation trainee pharmacists only carry out a CD assurance check after carrying out a minimum of one supervised check, in addition to reading and signing up to this SOP (for further clarification see guidance notes). CD assurance checks in wards, departments and community hospitals should be undertaken safely and consistently in accordance with legislation (Safer management of controlled drugs: A guide to good practice in secondary care (Scotland) CEL 7 (2008)).

Procedure:

1. Pharmacy staff performing a CD assurance check should note the following points:

- 1.1. Carry appropriate identification (NHSG ID card) and identify yourself to the registered professional in charge of the ward or department or operational department manager.
- 1.2. Identify a suitable registered professional from the ward to carry out the check and countersign the CD book. If it is not possible to have a member of the ward staff present, then in exceptional circumstances a second member of pharmacy staff may countersign the checks. Pharmacy staff must never undertake CD checks alone.
- 1.3. Ensure that you have the appropriate documentation and equipment required for the CD check:
 - 1.3.1. **Controlled Drugs pharmacy check record form**
 - 1.3.2. **CD balance discrepancy report form – stock**
 - 1.3.3. **CD balance discrepancy report form – patients' own drugs**
 - 1.3.4. **Clinical governance reporting form – controlled drugs**
 - 1.3.5. **A measuring cylinder.**

2. General Checks and Security Checks

- 2.1. Complete the general and security checks by answering the questions in section 1 of the pharmacy check record form and action log.
- 2.2. The Misuse of Drugs (Safe Custody) Regulations 1973, lays out the statutory specificities of controlled drugs storage receptacles. Controlled drugs cabinets which are identified as satisfying BS2881 are constructed and maintained to prevent unauthorised access. Points to consider include if the cabinet is sufficiently robust and the lock cannot be tampered with, the key to the CD cabinet should be unique to that cabinet only.
- 2.3. Note any additional comments as relevant

| | | | | |
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| | Author | CD Team | Approved by | Lyn Robertson |
| | QA Approver | Andrew Wilson | Date Uploaded | |

3. Physical Balance and Expiry Date check

- 3.1. Complete the physical stock check (as described below) and complete section 2 in the pharmacy check record form and action log.
- 3.2. Remove all stock from CD cabinet (provided space and security allows).
- 3.3. Perform the check in a structured order by starting at the index page and methodically working through each entry as it appears until the end of the record book is reached. All pages of the CD record book need to be checked to ensure that CDs omitted from the index are still verified.
- 3.4. Inspect each drug in conjunction with an examination of the corresponding entry in the CD record book; ensure the page number stating the running balance corresponds with the page number recorded in the index.
- 3.5. Check the CD's name, formulation, strength, batch number and expiry date correspond to the information on the outer packaging.
- 3.6. The contents of broken packs must be checked individually i.e. for ampoules and strips of tablets/capsules/ sachets; check name, batch number and expiry date. It is not necessary to open packs which have tamper evident seals intact. The balance of open bottles of liquids should be measured with a measuring cylinder.
- 3.7. For each item in the CD record book, check the quantity in stock matches the balance in the CD record book by checking the stock against the CD record book, NOT the CD record book against the stock.
- 3.8. Return each item to the CD cabinet after it is checked.
- 3.9. If there are any discrepancies note these on the pharmacy check record form and record any follow-up action on the action log. Also complete a CD balance discrepancy report form, (see point 7 - discrepancies).
- 3.10. Once a CD has been checked, the following should be documented on the appropriate page on the line immediately below the last recorded transaction:
 - 3.10.1. The date and time
 - 3.10.2. "Checked and balance found to be correct".
 - 3.10.3. Pharmacy staff name followed by GPhC number, or foundation trainee pharmacist number if applicable.
 - 3.10.4. The balance.
- 3.11. The entry must be independently checked and countersigned by a member of ward/departmental nursing staff or in exceptional circumstances by another member of pharmacy staff.
- 3.12. Note any additional comments as relevant
- 3.13. Repeat sections 3.2 to 3.11 for all the patients' own CDs.

4. Order book check and CD Record book stock receipt entry

- 4.1. Complete section 3 & 4 in the Controlled Drugs pharmacy check record form (order book check and CD record book stock receipt entry) as described below.
- 4.2. Select at least 5 orders placed since the previous CD assurance check (see Guidance notes).
- 4.3. For each order check that the information detailed on the check form (section 3) has been recorded correctly in the order book and that the ordering is appropriate, e.g. staff on authorised signatory list, designated order day?

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- 4.4. For each order check that the information detailed on the check form (section 4) has been recorded correctly in the CD record book.
- 4.5. Consider if the CD order book is in good condition and that all pages are present
- 4.6. Note any additional comments as relevant
- 4.7. When the order checks have been completed, sign and date the reverse side of the most recent order.

5. CD Record book administration entries

- 5.1. Review every page of the CD record book (since the previous assurance check) and look for:
 - 5.1.1. Repeated occurrences of broken ampoules.
 - 5.1.2. Repeated dropped, discarded or refused oral medicines.
 - 5.1.3. Multiple mistakes by same staff.
 - 5.1.4. Repeated transferring to other clinical areas.
 - 5.1.5. Similar handwriting for administration and witness.
 - 5.1.6. Inappropriate correction such as scoring out or use of correction fluid.
 - 5.1.7. Discarded amounts not witnessed or time of discard omitted
 - 5.1.8. Evidence of unused items returned to stock
 - 5.1.9. Is the CD record book in good condition, and all pages present
- 5.2. Whilst reviewing, select at least 8 administrations of CDs made since the previous CD assurance check; include different pages, drugs and dates.
- 5.3. For the 8 administrations check that the information detailed in section 5 of the check record form has been recorded correctly in the CD record book.
- 5.4. If staff are consistently making errors in recording the same information make a comment in the comments box on the check record form. It is not necessary to highlight or comment on single mistakes.
- 5.5. Note any additional comments as relevant

6. CD Record book patients' own

- 6.1. A dedicated page/section of the CD record book or a separate CD record book should be used for patients' own CDs.
- 6.2. Review every page containing patients' own CDs in the CD record book (since the previous check).
- 6.3. Whilst reviewing, select at least 8 entries of patients' own CDs from the CD record book (made since the previous check), include different pages and dates.
- 6.4. For each entry check that the information detailed in section 6a and b on the check record form has been recorded correctly in the CD record book.
- 6.5. If patients' own CDs are not used on the ward, a line should be left below the entry to allow for an entry showing when the CDs were returned to the patient or sent to pharmacy for destruction. If patients' own CDs are used on the ward then each item should be recorded on a separate page.
- 6.6. Where patients' own CDs are used on the ward, check the information in 6c to 6o on the check record form has been recorded correctly for the 8 entries selected.
- 6.7. Note any additional comments as relevant.

| | | | | |
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7. Discrepancies

- 7.1. Any discrepancies MUST be brought to the attention of the registered professional in charge and they must investigate the issue.
- 7.2. Minor discrepancies do not need to be brought to the attention of the AO/CD team. For example - liquids (<5% of the volume of the bottle or 5mL whichever is smaller), addition errors which are clearly such.
- 7.3. Note minor discrepancies in the comments box on the check form and adjust CD record book.
- 7.4. If a discrepancy can be clearly identified to be an incorrect entry then brackets should be placed around the wrong entry, initialled and a dated footnote must be made to reflect the correction.
- 7.5. The CD record book should be amended "balance adjusted and now correct" and signed by 2 people as above.
- 7.6. Major discrepancies and any which cannot be resolved must ALWAYS be brought to the attention of the AO/CD team. The registered professional in charge and ward clinical pharmacist must also be made aware.
- 7.7. Complete the documentation CD balance discrepancy report form, leave the original form with the registered professional in charge and send a copy to the AO/CD team.
- 7.8. The Clinical governance reporting form or DATIX may be used if necessary and sent to AO/CD team.

8. Other points

- 8.1. The persons completing the CD check MUST sign the Controlled Drugs Pharmacy Check Form. A copy of the form and action log should be given to the registered professional in charge on the ward and also sent to the CD Team. The original form and action log should be held in a secure designated area within the pharmacy department. A contact within pharmacy should be identified to work with the ward/departmental team to ensure the actions are completed according to timescales stated.
- 8.2. Where the check has been completed by two pharmacy staff members an appointment must be made as soon as possible to discuss an issues/discrepancies with the registered professional in charge,
- 8.3. If any issues (such as poor record keeping) are identified they should be discussed with a pharmacist, the registered professional in charge and consider completion of clinical governance reporting form (See Guidance notes on carrying out Controlled Drug (CD) checks in wards/departments/community hospitals by pharmacist/technicians/CD Inspectors in NHS Grampian).

NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics.

Referenced Guides / SOPs:

[NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics](#)

Guidance notes on carrying out CD assurance checks in wards/ departments/ community hospitals (controlled drugs team NHS Grampian).

PHM-FORM-189 Controlled Drugs pharmacy check record form

Authors: CD Team

Contact list: