



ANNUAL CONTROLLED DRUG (CD) REPORT
SPENCER PRIVATE HOSPITALS (SPH)
MARGATE / ASHFORD 2024-25.

1. Context.

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

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

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

The CQC continues its responsibility for assuring that providers of health and adult social care and other regulators create a safe environment for the management of CDs.

The CQC published its latest Annual Report on the Safer Management of Controlled Drugs in July 2024 (2023 update). Two key issues were highlighted:

1. Prescribing of controlled drugs from outside England. This regulatory gap has resulted in people accessing a range of inappropriately prescribed medicines, including large quantities of Schedule 4 and 5 controlled drugs, which have resulted in both harm and death.
2. A significant increase in the number of cannabis-based products for medicinal use (CBPMs) prescribed privately in the independent sector. The most current available prescribing data for independent services has shown an increase of 118% between

30 June 2022 and 30 June 2023. The number of unlicensed CBPMs prescribed each year continues to increase by at least 100% annually.

2.1 CQC recommendations for health and care services:

The CQC made a recommendation to health care providers to share information about concerns in relation to controlled drugs with the right organisations as soon as possible, including with NHS England controlled drugs local intelligence networks.

SPH has adhered to this recommendation throughout 2024-25.

2.2 CQC Annual Update - Key hospital related issues.

- Reflecting on the Shipman and Gosport Inquiries and risks in current practice.
- Home office licences / Applying for a licence.
- Legislation updates.
- Codeine: risks and re-classification.
- Nitrous oxide reclassification.
- Nitazenes.
- Overseas prescribing of controlled drugs.
- The role of the controlled drugs accountable officer.
- Board-level oversight of controlled drugs.
- Resourcing of controlled drugs liaison officers.
- Prescriber identification numbers.
- Learning from incidents.
- Remote prescribing of controlled drugs.
- Cannabis-based products for medicinal use.
- Storage of prescription stationery.
- Managing unknown substances in services.
- Identity badges, cards and uniforms.
- Delays in submitting private controlled drug prescriptions to NHS Business Services Authority.
- Incorrect use of controlled drugs disposal kits.

SPH responses to Key Issues:

- SPH have undertaken a review of its culture and have made significant progress with improving this. External support was sought and listening events held with staff. Feedback to staff is planned from May 2025.
- Progress has been made with information sharing by networking with other IS hospital groups and an improved collaboration with EKHUFT including attendance of meetings to share information, improve compliance and share best practice.
- Risk management processes have been fully reviewed and SPH SMT members are now attending trust risk meetings. Monthly internal meetings continue to review all risks including CD's.
- SPH has liaised with the CDLIN regarding concerns relating to the Home Office management of licencing. (full information provided in section 8).
- The management of medicines including Codeine have been reviewed and processes updated.
- Board level oversight of CD's - The Board have been fully updated throughout 2024/25 on the management of CDs. Information is provided to the board through the quarterly quality and safety report which is reviewed at board meetings.
- SPH ensures that its CDAOs are resourced to ensure their role can be undertaken appropriately.
- Diversion of lower controlled drugs. Please see section 15 – reportable incidents. As a result of this incident codeine medicine management has been reviewed and updated to ensure close monitoring.

- Incident learning has been discussed at clinical meetings.

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

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

Agenda items discussed at local intelligence network meetings:

- Incident reporting.
- NHSE updates.
- CQC updates.
- Home Office Drug licencing.
- The prescribing of gabapentin and benzodazepine.
- Regulation letters.
- Information sharing.

3.1 Key concerns discussed at local intelligence network meetings:

- Poor governance processes, although more organisations reported that they are now carrying out regular audit and monitoring checks.
- Controlled drugs governance in relation to paramedics and independent ambulance services.
- Home Office controlled drugs licences.
- Prescribing of cannabis-based products for medicinal use (CBPMs); how services support people if they have been prescribed, and consideration of what governance arrangements need to be in place.
- Closures of community pharmacies or a reduced service, specifically for people who receive support from substance misuse services.

- The diversion of controlled drugs in lower schedules. It is particularly challenging to identify diversion for organisations that use these in larger volumes.
- Diversion of controlled drugs by health and care professionals.
- Ongoing fraud with private prescriptions, often for controlled drugs in lower schedules.
- Arrangements for using oral liquids safely – including balance checking.
- Controlled drug patches, such as those containing fentanyl and buprenorphine. This includes inappropriate prescribing, where people don't need constant pain relief, as well as problems with administration.
- Storage of prescription stationary continues to be managed in accordance with guidance.
- ID badges, cards and uniforms are monitored by HR and IT to prevent misuse.

SPH Actions:

- The governance of CDs has been fully monitored during 2024/25. This includes the updating where required of related policies and ensuring compliance with the current SOP for ordering of CDs from EKHUFT Pharmacy. Internal and external governance audits continue in line with regulatory requirements.
- All alerts received from the CD LIN have been actioned
- CD Educational events were attended which included updates from the CQC, Home Office, NHSE and the prescribing of gabapentin and benzodiazepine.
- All required controlled drug updates have been shared throughout the organisation.

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

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

A quarterly report of CD incidents is submitted to CD LIN Network. All reports were submitted during 2024-25 within the required time frames for Margate. Cheryl Lloyds has confirmed that all reports were submitted for Ashford and Canterbury.

5. CQC CDAO Register.

The CQC continues to publish its CDAO Register. The register was last updated in January 2025. Lynn Orrin is on the register for Margate and Cheryl Lloyds is on the register for Ashford. The register does not cite Canterbury as the management of CDs falls under the control of Invicta Ward in Canterbury (shared facility).

6. CQC Inspection.

A CQC inspection was undertaken at Margate on 22nd January 2025. At the time of writing this report we remain awaiting the draft report. No concerns were raised with regard to the management of CDs at the post inspection meeting.

7. Role of the CDAO.

The CDAO is locally responsible for the safe and effective use and management of CDs and for taking action where concerns are raised. The responsibility within SPH

for Controlled Drugs Management remains with Lynn Orrin for Margate and Cheryl Lloyds for Ashford and Canterbury. Day to day responsibility for the Management of CDs has been delegated to Anne Marie Christian Ward Manager for Margate and Lynn Marshall, Ward Manger for Ashford and Canterbury.

Lynn Orrin and Cheryl Lloyds DBS checks are in place for Controlled Drugs management.

8. CD Licence.

The CD licence renewal for Margate was submitted in line with regulatory timeframes. A delay from the HO in receiving the license remains at this time. Continual communications have been held with the HO to rectify this position. ASAP. This issue has also been reported to the CDLIN as varying IS providers have raised concerns regarding the HO management of licencing. The HO have advised the current licence remains valid.

The licence for Ashford also remains outstanding. Cheryl Lloyds is actioning this and a new DBS certificate for the license has been supplied to the office for their reference. The Home Office have supplied written confirmation that Controlled Medicines can continue to be supplied to patients. No license is required for Canterbury as the CDs used are under the control of the Trust ward (Invicta).

In line with recommendations, the CD certificates are no longer displayed within the ward areas as this highlights the fact that CDs are held on site which is seen as an increased risk to the organisation.

9. Home Office (HO) Compliance Visit.

A HO compliance visit took place for Margate on 06 April 2023. No concerns were raised following the compliance visit. Expected date of next inspection is April 2027.

A HO compliance visit took place in Ashford on the 11th January 2024. All actions are complete including an additional key box within the nursing office on the ward. Clarification of how stock is supplied has been rectified in writing by the Pharmacy Director of EKHUFT.

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

SPH assessed its CD Management against NICE Baseline assessment tool for CD's: safe use and management (NICE medicines practice guideline NG46) in May 2025. The next review will be undertaken in May 2027. All recommendations were met.

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

11. Organisational Risk Register - 4 Risk.

The organisation continues to utilise the 4Risk management system. The register has been fully reviewed in the past year. Monthly risk meetings continue internally and SMT members are now attending trust risk meetings to enhance information sharing and learning.

12. Home Office (HO) Annual CD Returns.

It was understood that the Trust would submit this return on behalf of SPH we are an end user of CD's supplied by EKHUFT, however we have been advised by Wil Wilson SPH needs to submit. Cheryl lloyds has confirmed this will be completed this month.

13. Internal Audit of CD Management.

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

14. Staff Training.

Training sessions have continued for all clinical staff throughout the year on the management of CD's. All required clinical staff at Margate had their SPH drug competencies undertaken in 2024-25. This includes regular agency staff. Cheryl Lloyds has confirmed that all staff at Ashford and Canterbury have undertaken their competency assessments including agency staff. SPH has also liaised with EKHUFT to ensure all required clinical staff undertake the Trusts medicine's management course – training remains ongoing for new staff members.

The SPH drug competency assessment framework was updated in 2022 and includes all aspects of Controlled Drug Management including NICE Guidance. The Clinical Director in conjunction with the senior clinical team will be reviewing the SPH competency assessment document in 2025-26 as a part of the current ongoing clinical governance review.

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

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

- Assist staff to determine the type of incidents or concerns that need to be reported more urgently than within the normal quarterly return.

- Assist staff involved with the management and/or administration of CDs of the degree of urgency required when reporting CD incidents internally.

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

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

Traffic Light System (RAG Rated)

RED Requires notification by SPH CDAO, (or Deputy) to NHSE **within 1 working day** of the incident occurring or a concern being raised. Examples include:

- An unexpected or “suspicious” death is linked to the use of CDs.
- A concern is raised regarding a person’s fitness to practice in relation to the prescribing and/or administration of CDs.
- A concern is raised regarding fraudulent activity which may, or may not, constitute criminal activity involving CDs.

AMBER Requires notification by the SPH CDAO (or Deputy) to the NHSE **within 1 week** of the incident occurring of a concern being raised. Examples include:

- Suspected major harm to a patient is linked to the use of CDs.

GREEN These will be minor issues and there is no necessity to notify SPH CDAO (or Deputy) Examples include:

- Minor errors in record keeping.
- Minor dispensing errors that do not result in harm and do not constitute a repeating pattern.
- Minor stock discrepancies that have not resulted in harm, do not constitute a repeating pattern, and do not appear to be linked with fraud or other criminal activity.

Margate.

In 2024/25 there were no reported Red Controlled Drug Incidents.

In 2024/25 there were no reported Amber Controlled Drug Incidents

In 2024/25 there were two Green Reported Controlled Drug Incidents.

One error related to documentation of CDs. No patient harm reported.

One error related to administration of a CDs. No patient harm reported.

There was one concern reported relating to an employee of concern. No patients were involved in this concern. A full investigation took place into the concern and the staff member which related to misappropriation of a schedule 5 medicine. The staff member was dismissed.

All required reporting to required bodies including EKHUFT, NMC and the police were undertaken.

Lessons learnt:

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

Ashford.

In 2024/25 there were no reported Red Controlled Drug Incidents.

In 2024/25 there were no reported Amber Controlled Drug Incidents.

In 2024/25 there were no reported Green Controlled Drug Incidents.

Canterbury.

In 2024/25 there were no reported Red Controlled Drug Incidents.

In 2024/25 there were no reported Amber Controlled Drug Incidents.

In 2024/25 there were one reported Green Controlled Drug Incidents.

The one incident reported in Canterbury related to documentation of CDs.

No patient harm reported.

Lessons learnt:

- Elements of storage of patients own medication has been reviewed with the Ward Manager and all staff members.

16 Pharmacy Meetings.

Pharmacy meetings have continued throughout 2024-25 with the Pharmacy Director of EKHUFT Wil Wilson. Controlled drugs management is reviewed at the quarterly meetings and all incidents have been discussed.

17. Recommendation.

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

Lynn Orrin

Managing Director / CDAO for Margate.

7th May 2025.