Public Board of Directors
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Confidential/public paper:	Public paper
Report Title:	**Controlled Drugs Accountable Officer (CDAO) report 2024/25**
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Presented by:	Abiola A-M Allinson, chief pharmacist and cd accountable officer
Vision and values:	**We are respectful and kind** – We must ensure that we have a confident and skilled workforce to recognise the importance of the safe use of controlled drugs and follow the correct governance processes. **We are inclusive** - All SHSC and Partnership Controlled drug policies and procedures are reviewed by a multidisciplinary committee and have completed Equality Impact Assessments. **We work together** - Failure to comply with controlled drug legislation and requirement to work in partnership with our service users will risk the safety of those we are required to look after; the quality of care provide and put us at risk with respect to CD regulations. The safer management of CDs improves patient's safety and therefore experience. **We keep improving** - Continuous improvement through audits, workplans to ensure our practice, processes and policies promote safe controlled drugs processes and demonstrate learning from incidents.
Purpose:	The annual CDAO Report is presented to provide assurance that the Trust continue to meet its statutory responsibilities under The Misuse of Drugs Act 1971; The Misuse of Drugs Regulations 2001 and the Controlled Drugs Regulations 2013 and: • Any serious concerns relating to controlled drugs are investigated and actions taken to prevent recurrence. • All reported losses/discrepancies are reviewed, investigated, and followed robustly with teams and managers. • The CDAO shares any serious concerns relating to controlled drugs with NHS England, Yorkshire, and Humber LIN and CDAO • The CDAO attends the Regional CD LIN meetings.
Executive summary:	This report provides assurance that we are aware of the main issues namely unaccounted for CD discrepancies; missing second signatures and there is a clear line of sight on the remedial actions required to improve the quality and safety of care for our service users. Key is the engagement work using quality improvement methodology, embedding culture change and a continuous improvement focus. The controlled drugs (CD) incidents trajectory indicates that there has been no increase in reported CD incidents from 249 in 2023/24 to 246 in 2024/25. There is a monitored action plan on improvement with the wards. There has been a marginal decrease in reported **CD stock discrepancies** from 2023/24 to 2024/25 (107- 99). The CD Stock discrepancies reported make up a similar proportion of overall medication incidents across both years. Finding the root cause for some of the CD discrepancies often remains difficult; it is usually related to poor documentation. When we take into consideration the resolved CD discrepancies, a higher

	number 58 (59%) of CD stock discrepancies were resolved following investigations compared to last year's figures of (50 and 47%) In 2024/25, there were no critical **CD incidents** reported at SHSC. One moderate incident was reported. No adverse impact on any service users was directly attributed to reported SHSC incidents. A proportion of incidents (76/246) relate to reported missing second signatures on administration, however this is known to be a significant underestimate as the Trust 3 monthly CD audits showed that 457 (1133 in 23/24) second signatures were missing and should have been reported as individual incidents, indicating a significant issue with under-reporting. Note: There is a reduction in missing second signatures of circa 60%, which points to an improvement in processes. This will continually be monitored for sustained improvement. This should be placed in context of there being circa 51,000 administrations of controlled drugs or 139 administrations per day on wards in SHSC during this year. A number of pieces of work are underway reporting into Medicines Safety Group and Medicines Optimisation Committee including: • Improving medicines safety and processes on the wards, • EdMET was introduced and being embedded for error monitoring and to standardise review of medicines errors across the Trust. This has helped spotlight trends in individual practice and led to addressing improvement and education needs of identified staff. In conclusion, there are concerns about the trends identified although there is an improvement noted since last year following on the actions undertaken to address: • Under-reporting of incidents, particularly missing second signatures • Some nursing practice with respect to controlled drugs There are further actions ongoing • Working closely with nursing leadership on the specific nursing action plan to tackle the issues identified in this report. This has led to some of the improvements identified. • Active review of the system of stock CD supplies to wards – leading to a change in stock availability to reduce risk of diversion.

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	*Yes*		*No*		
Deliver Outstanding Care	*Yes*	**X**	*No*		*An appropriately trained workforce is essential for the safe management of all drugs.* *Safer management of CDs improves patients' safety and therefore experience*
Great Place to Work	*Yes*		*No*		
Reduce inequalities	*Yes*		*No*		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.
Failure to comply with controlled drugs legislation and statutory guidance will expose SHSC to regulatory scrutiny and enforcement action by the Care Quality Commission (CQC) and the UK Government and regulatory bodies such as the General Pharmaceutical Council. This could result in regulatory action, reputational damage, and compromised service user safety. **Key regulatory and legislative frameworks include:** Care Quality Commission Fundamental Standards. • The Misuse of Drugs Act 1971 • The Misuse of Drugs Regulations 2001

• The Controlled Drugs Regulations 2013 Robust controlled drugs governance, training, and assurance processes are essential to mitigate these risks and ensure compliance.	
Board assurance framework (BAF) and corporate risk(s):	**BAF risk 0024:** There is a risk that the organisation fails to meet fundamental standards of care, legal, regulatory, and safety requirements
Any background papers/items previously considered:	The CDAO Annual Report for 2023 -2024 was presented and approved by the Board of Directors in July 2024. Progress in this report has been noted against the previous year's submission.
Recommendation:	The Board of Directors is asked to • **Note for assurance** provided that the key risks and concerns relating to the management of controlled drugs are understood and there are several plans in place to address the issues of incident reporting, second signatures, closer monitoring of supplies of CDs to wards and nursing practice.

Public Board of Directors
Controlled Drugs Accountable Officer (CDAO) Report 2024/25
September 2025

Purpose
The annual CDAO Report is presented to provide assurance that the Trust continue to meet its statutory responsibilities under The Misuse of Drugs Act 1971; The Misuse of Drugs Regulations 2001 and the Controlled Drugs Regulations 2013 and:

- Any serious concerns relating to controlled drugs are investigated and actions taken to prevent recurrence.
- All reported losses/discrepancies are reviewed, investigated, and followed robustly with teams and managers.
- The CDAO shares any serious concerns relating to controlled drugs with NHS England, Yorkshire, and Humber LIN and CDAO
- The CDAO attends the Regional CD LIN meetings. To ensure that "safe management of controlled drugs" is maintained as an organisational priority.

Background
In January 2000, Doctor Harold Shipman was convicted of the murder of 15 of his patients using the drugs diamorphine (heroin) and morphine. Reports also suggest that he may have used these drugs to kill many more of his patients, possibly around 250.

Between 2002 and 2005 six reports were published under the chairmanship of Dame Janet Smith. These led to the legislative changes which were introduced in the 2007 Health Act to strengthen the governance arrangements surrounding the use of controlled drugs by “relevant people”.

As part of the statutory requirements contained within the 2007 Health Act organisations such as NHS trusts were required to appoint a Controlled Drugs Accountable Officer (CDAO), who was responsible for the assurance of safe use of controlled drugs throughout the organisation. Other requirements included the sharing of information (or intelligence) across organisational boundaries and a duty to collaborate. Where there are strong grounds for concern a CDAO must share intelligence with other bodies such as the police, the NHS counter fraud service, the CQC or registering bodies such as the General Medical Council, the Nursing and Midwifery Council, and the General Pharmaceutical Council.

In 2013 new legislation was introduced (The Controlled Drugs [Supervision of Management and Use] Regulations 2013) which brought the previous medicines and CD legislation in line with the NHS organisational changes. This legislation was put in place to ensure that the overriding aim of the CDAO continued to be to protect the public from harm in relation to controlled drug use by relevant people.

The NHS England– (NE and Yorkshire) team CDAO is responsible for coordinating the sharing of information through Local Intelligence Networks (LINs). To support the CDAO in this task the Sheffield place ICB team has a designated lead who co-ordinates the functions of the Sheffield LIN.

Information concerning all incidents relating to controlled drugs is reported by the SHSC CDAO to the North-East and Yorkshire CD LIN on a quarterly basis.

Controlled Drugs
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.
There is a degree of complexity surrounding the laws relating to medicines and CDs but in general terms the main legislative points to note are:

The Misuse of Drugs Act 1971 (MDA 1971)
This act primarily covers the illegal use of drugs and provides a schedule system for classification of these drugs. This system of classification 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 context of MDR 2001 the classification system for the medical use of these drugs defines the drugs by a different system of schedules (1, 2, 3, 4 & 5). Within this context 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. Schedule 4 also includes anabolic steroids.
The British National Formulary (BNF) gives details of the legal status of most of the medicines used in the UK. The Chief Pharmacist/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 .
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).
Statutory role of the Controlled Drugs Accountable Officer (CDAO)
The requirement for designated bodies to appoint a CDAO was made in the 2007 Health Act and has been reiterated in subsequent legislation. The CDAO must ensure that their designated body has adequate arrangements for the safe and legal management and use of controlled drugs throughout the organisation.
The overriding 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 (http://www.legislation.gov.uk/uksi/2013/373/part/2/made).
The CQC are required to hold a record of all CD accountable officers (and ensure all relevant organisations are registered with them. (See http://www.cqc.org.uk/content/controlled-drugs-accountable-officers).
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 designated body (Board of Directors) 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 their duties'.

The BoD can be assured that the CQC hold details as of July 2025 of the CDAO for SHSC as follows:

TAH	Sheffield Health and Social Care NHS Foundation Trust	Abiola	Allinson	Abiola.allinson@shsc.nhs.uk	0114 2718630	Sheffield	S4 7QQ

Designated bodies are required to ensure that the CDAO is provided with the necessary funds and resources to carry out their responsibilities.

CD Recommendations from the Care Quality Commission (CQC)

The CQC scrutinise and report on how well NHS trusts and other agencies work together to ensure the sharing of intelligence/information on the safe management and use of controlled drugs by relevant people.

The 2023 report on safer management of controlled drugs from the CQC published in July 2024 had a focus on the following issues relevant to SHSC

Codeine: risks

Risks around diversion of codeine are still current. For several years, we have heard about incidents of diversion involving codeine in services where it is held as a stock medicine. In some cases, providers have responded to risks by increasing auditing of stock and usage, or increasing recording requirements within their organisation, or a specific part of their organisation if risks are localised

Board-level oversight of controlled drugs

The function of a CDAO is often viewed as a 'pharmacy team responsibility' within designated bodies such as NHS trusts and independent hospitals. Over the last year, we have heard about a range of incidences where employees of designated bodies at director level – including those who sit on boards – have not been proactively engaged with CDAOs who have raised controlled drugs concerns with them. CQC expects that issues and concerns raised by the CDAO are discussed at board level and that these will be prioritised and scrutinised as appropriate for the specific circumstances. It is also important that other leaders working in designated bodies engage effectively with the CDAO – including the chief nurse and medical director. Where NHS trusts take the view that 'controlled drugs are everyone's business', we often observe a much more open approach to raising concerns and problem solving

Storage of prescription stationery

We have seen during inspections that some services are not following guidance when managing prescription stationery (prescription forms) – this includes green FP10 forms and pink FP10PCD forms for private prescribing. Unauthorised access to stationery and an inability to identify when prescription forms have been lost or stolen can and does lead to

diversion of controlled drugs and harm to people.

The 2024 report on safer management of controlled drugs from the CQC published in July 2025 had a focus on the following issues relevant to SHSC

Legislation update

The Human Medicines Regulations 2012 were amended in December 2024 to improve access to naloxone (a prescription only medicine) for use in life saving emergencies. Naloxone is used in diagnosing and treating acute overdose or intoxication from both natural and synthetic opioids. Previously, only drug and alcohol services were able to supply naloxone without a prescription. Now the regulations have been expanded to allow more services and healthcare professionals to supply naloxone to take away without prescription. **Services that intend to supply naloxone must ensure that the staff are trained and competent to store and supply it.** The changes to the law mean that people in the following roles and types of services can supply naloxone to someone without a prescription if they have been sufficiently trained in storing and supplying naloxone products:

- Pharmacy technicians, nurses, midwives.

Lack of fail-safes in prescribing and dispensing

Numerous cases in Regulation 28 reports involved issues with prescribing and dispensing controlled drugs. For example, duplicate prescriptions or oversupply of medicines went undetected. One patient with a history of opioid misuse was prescribed a controlled drug by their GP. The patient regularly sought additional emergency supplies from various pharmacies and GP surgeries, exploiting the lack of real-time communication and flagging mechanisms. This allowed the patient to acquire excessive quantities of opioids, contributing to their accidental overdose.

SHSC Assurance Statements

1) Any serious concerns relating to controlled drugs are investigated and actions taken to prevent recurrence.
2) All reported losses/discrepancies are reviewed, investigated, and followed robustly with teams and managers.
3) The CDAO shares any serious concerns relating to controlled drugs with NHS England, Yorkshire, and Humber LIN and CDAO
4) The CDAO attends the Regional CD LIN meetings which are currently taking place on-line.

Incidents reported to the CDAO (October 2012 to September 2017)

(Note" year" relates to period ending September i.e., reporting period (Oct to September)

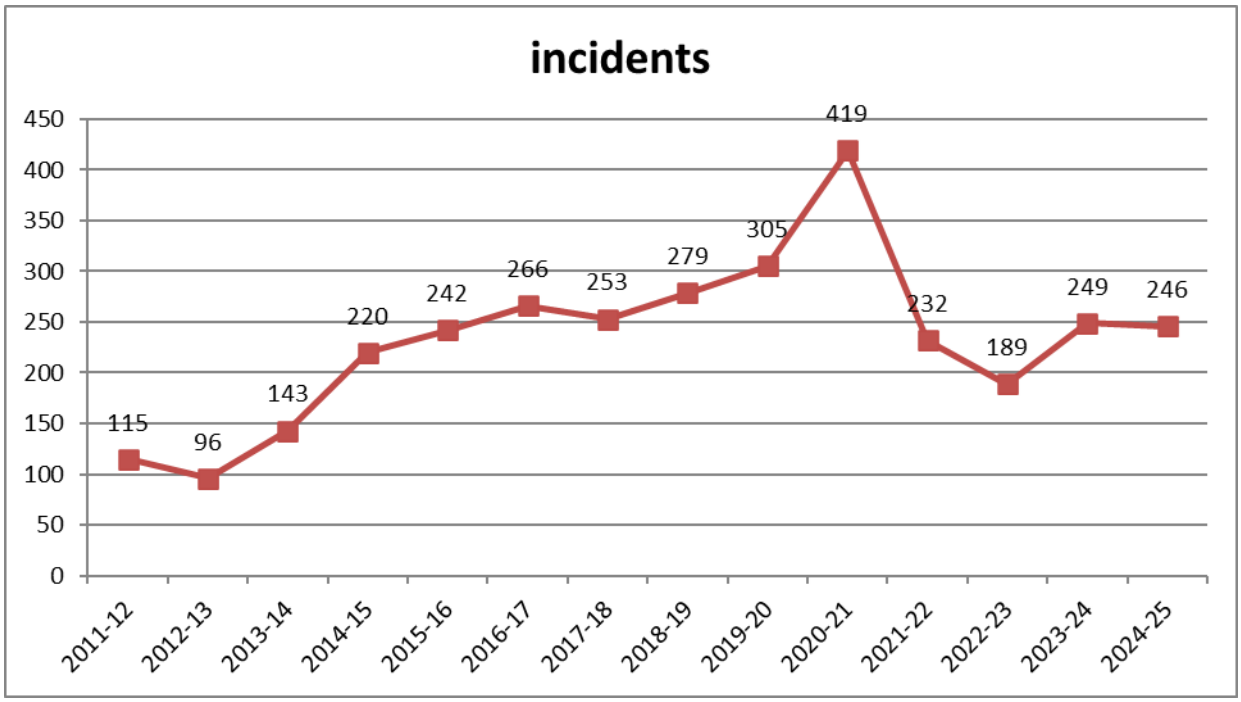
	2017	2016	2015	2014	2013	2012
Total CD incidents reported to CDAO	266	242	220	143	96	115

Incidents reported to CDAO October 2017 to March 2025

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Total CD incidents reported to CDAO	253	279	305	419	232	189	249	246

Note of the 246 incidents reports in 2024/25 – 58 stock discrepancies were resolved. Therefore, the number of true incidents were 188.

2.1 The annual trend in reported incidents involving all controlled drugs is shown below (Oct 2012 to Mar 2025)



Graph 1

Graph 1 shows the trend in the reported incidents – noting the change in process in September 2019 for second signatories required for administration of benzodiazepines, z-drugs (hypnotics) and amalgamation to only have one record book. The increase in incidents in 2020-21 could be attributable to the change in process. To note second signature omissions are under-reported and this is now included as a specific section in the EdMET tool.

Review and investigation of incidents

Incidents were reported to the CDAO through the trust electronic incident reporting and management system – "Ulysses".

In cases of known or suspected serious or major concern, the CDAO will immediately inform the Medical Director and will put systems in place to prevent further harm. If the CDAO believes that there are strong grounds for major concern they will share information with other relevant bodies e.g., Local Intelligence Network (LIN), professional bodies, Police, Care Quality Commission (CQC), etc. This has been the case in 2024/25 in relation to the moderate incident reported with codeine losses

All reported CD incidents are subject to a brief initial assessment by the Medicines Safety Officer (MSO) and team/ward pharmacist as a triaging process for the CDAO. A prioritised investigation is triggered if the CDAO suspects that the incident may be a major concern.

In cases where the management investigation of a reported incident is considered insufficient, the MSO will oversee a more granular investigation. Details of individuals' behaviour in relation to relevant SOP's, their medicines related training and their involvement with other CD or medicines related incidents are all considered and recorded as part of the investigation process.

There are cases where there is insufficient information, or it is impractical to gather more details. Rather than leaving these as open, or on-going, these incidents will be classed as "technically closed" but would be re-opened if further information comes to light through other incidents. The trust incident recording system contains details of the incident, though it is not currently possible for this system to capture any associated information (e.g., copies of paper records).

April 2024 to March 2025

Issues of serious or major concern (April 2024 to March 2025)
There was no issue reported of major concern.

Other issues (April 2024 to March 2025)

Moderate incidents (1 reported)
Incident: Codeine 30mg tablets stock discrepancy. Missing 54 tablets over a 6-day period. Unable to account for missing codeine.
Actions: Investigation into missing Codeine. Investigation of CD discrepancy form completed. Unable to account for loss. Reported to police. Staff on duty requested to write statements. Codeine moved into CD register as a temporary measure to monitor use on a regular basis. Pharmacy department now store codeine in the CD cupboards.
Several actions undertaken as below to reduce risk of further losses:

- Codeine tablets removed as stock from all wards.
- Codeine tablets recorded in the CD register on all wards by May 2025
- Pharmacy now store codeine in the CD cupboard.
- All requests for drugs liable to be abused (schedule 4 and 5 CDs) now require a second signature within pharmacy before supply to an area.
- Stock lists are second checked by another pharmacy member who covers the area to ensure the requests are appropriate.
- System in place to review stocklists on a regular basis.
- SOPs for controlled drugs updated and approved

To note: no further concerns of missing codeine since the new measures have been put in place.

CD Discrepancies

Controlled Drug stock discrepancies
This continues to be an issue. Pharmacy continues to offer education and support to wards. Ward managers are looking to identify patterns. Following discussion with the senior matron and Professional lead for nursing, use of the EdMET toolkit and included CD stock discrepancies/missing signatures within it. The EdMET tool has been modified to support this process. The new process started in January 2025.
Note: The El Dorado Medication Error Tool (EdMET) ensures objectivity, fairness, and clarity of expectations for the staff nurse and ensures consistency of scoring of medication errors and follow up actions as necessary among nurse administrators. This tool has been well evaluated and been available for over 35 years.
EdMET was piloted in 2023/24 on Endcliffe ward. The tool was reviewed and modified based on feedback from the pilot. The tool was then launched officially in January 2025 for use across the SHSC inpatient wards. This tool is in use at Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH).

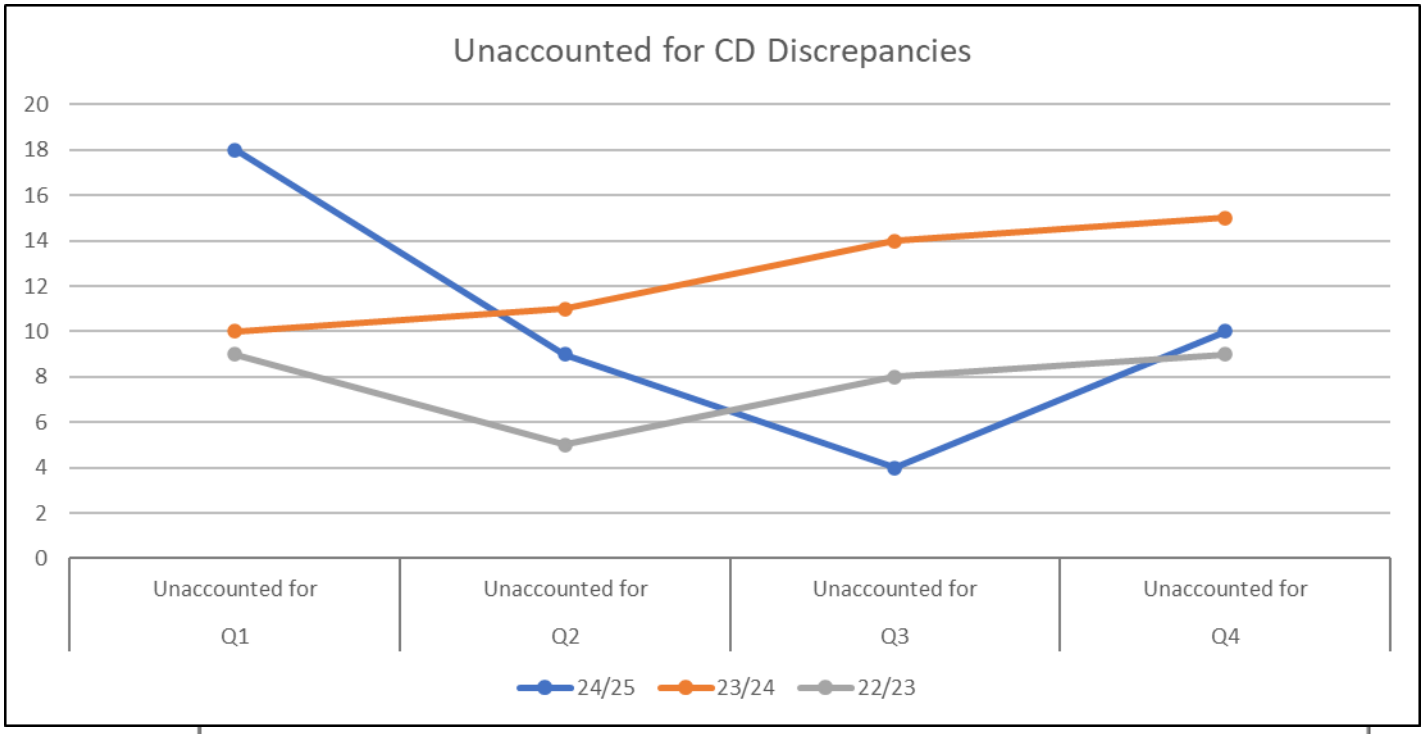
Finding the root cause for some of the CD discrepancies often remains difficult; it is usually related to poor documentation; Of the 99 discrepancies reported,58 (59%) were resolved in 24/25 compared to 57 (53%) were resolved in 2023/24. (*See Table 1; Graph 2*).

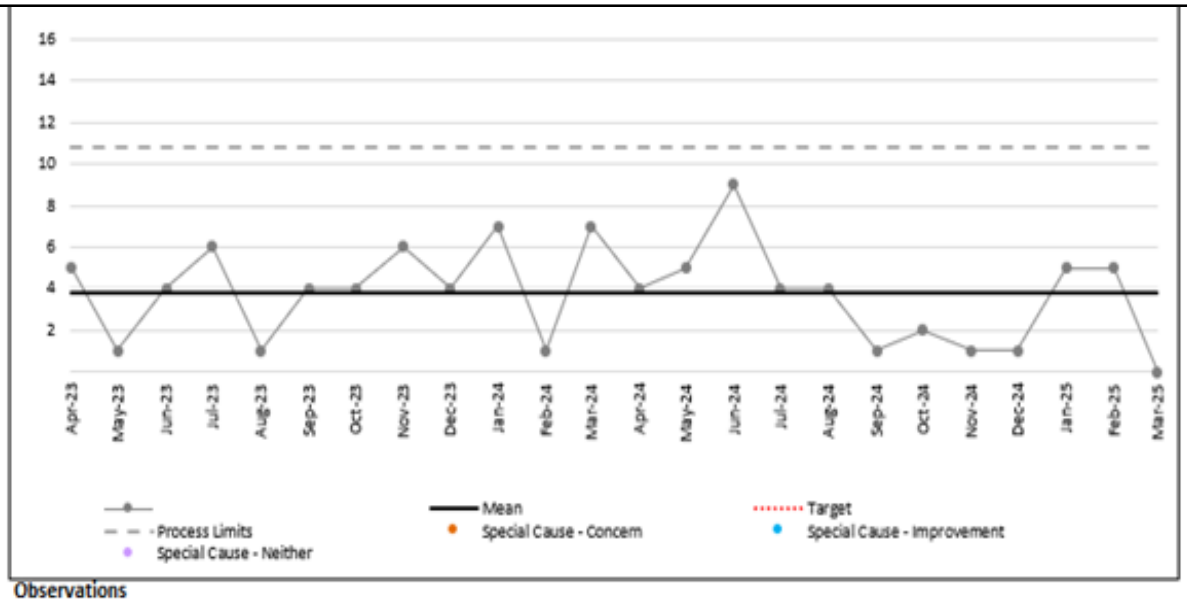
CD stock discrepancies over last 3 years

	Q1			Q2			Q3			Q4			TOTALS		
	24/25	23/24	22/23	24/25	23/24	22/23	24/25	23/24	22/23	24/25	23/24	22/23	24/25	23/24	22/23
Accounted for	17	12	8	17	16	11	12	13	21	12	16	10	58	57	50
Unaccounted for	18	10	9	9	11	5	4	14	8	10	15	9	41	50	31
Total	35	22	17	26	27	16	16	27	29	22	31	19	99	107	81

Table 1

Graph 2 shows the trajectory of unaccounted for CD discrepancies from 22/23 to 24/25; this shows a decrease in the number of unaccounted for CD discrepancies. There is still ongoing work with the teams to address the work processes/administration recording that would impact positively on the reports.





Graph 3

Graph 3 shows the unaccounted for CD discrepancies. The graph shows that unaccounted for losses are within the process limits and shows normal variation.

Missing Second signatures

78 incidents were reported with second signatures missing however, this is a significant underestimate. A large proprotion of missing signature incidents were identified following the 3 monthly CD audits undertaken by pharmacy which reported as 457 in 2024/25 (1,133 in 2023/24). This indicates that staff on wards are not reporting these incidents and are administering without second signatories. There has though been a 60% reduction from the previous years reporting. This is a marked improvement which will be monitored proactivley for sustainability.
To put the numbers into context, in the year from 01/04/2024 to 31/03/2025 there were circa 51,000 ward-based administrations of schedule 2, 3 and 4 controlled

drugs. This equates to an average of 139 per day. This is inclusive of PRN (when required) and regular administrations.
Controlled drugs and managing and monitoring them continues to be an issue; Reminders on recording on both EPMA and in the CD register. Regular reminders to staff as to the understanding of why the checks are important. Discussion with the professional lead for nursing and the managers to improve controlled drug management is ongoing as part of the nursing action plan

Actions in place and planned

1. Ward pharmacists & Ward managers have updated the staff CD training check list for countersignatories. Ward managers will continue to ensure that all RMNs have had the CD training.The online training and documentation of competency will be completed and shared with the MSO & ward pharmacist. Face to face training on the wards has been reinstated to support better CD management.
2. A daily task checklist is available in the clinic room as a visual reminder of tasks including when CD stock checks have taken place.
3. Pharmacy technicians/Assistant Technical Officers continue to visit wards for 2 weekly CD audits and ward pharmacists or Medicines management Technicians doing 3 monthly CD audits and inform the MSO as part of monitoring to triangulate the progress and provide assurance that the action plan is working.
4. CD training support regularly offered, Audits every 3 months. SOP NCD7 updated which includes community teams. Planned roll out of training to community teams, following correct equipment (CD register and CD cabinets) availability.
5. The EdMET tool kit has been rolled out to inpatient areas for error monitoring and to standardise the review of medicines errors across the Trust. This spotlights any trends in individual practice for either improvement or education proposes. This includes the additional category of missing second signatures – This has identified staff that have needed additional support and training.
6. Encouraging more staff to get second signature competent. Pharmacists and technicians are supporting the wards to get an increased number of staff trained.
7. Revised and Improved Medicines Optimisation Training.
8. Nursing action plan on medicines management including CD's

The NHS England and NHS Improvement – (NE and Yorkshire) CD LIN

This body continues to function and is well attended by CDAO's. Meetings are held six monthly and reports provided quarterly via an online portal.

Risks

There is a risk that the Trust is unable to improve controlled drugs processes resulting in a failure to comply with CQC requirements and achieve necessary improvements.

Benchmarking

Benchmarking regarding the number of controlled drugs incidents can be challenging to interpret and a decrease in reports of incidents may be considered a positive development. This will be monitored ongoing. Graph 3 shows unaccounted for discrepancies over a 2-year period without significant variation.

Data is regularly provided to QAC regarding controlled drugs incidents through the bi-annual Medicine Safety Report. Monthly reports are delivered to the Medicines Optimisation Committee

Evidence of how well the education, training and improvements instigated into practice will be borne out by the CD incidents reported and themes and discussed/addressed through the Medicines Safety Group

Triangulation

Data and actions reflected in this report triangulates information and experience relating to Patient Safety, Medicines Optimisation, Medicines Safety and Learning from Incidents.

Engagement

Working consistently with the Medicines Safety Officer, ward pharmacists and ward managers, matrons and Heads of Nursing to address issues and these are reported to the Medicines Safety Group and the Medicines Optimisation Committee which are multidisciplinary.

Conclusion

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

- Safeguarding and information sharing relating to serious concerns across the NHS England and NHS Improvement – (NE and Yorkshire) CD LIN is continuing to work well. This also includes necessary reports to the police as appropriate.
- CD incidents reports have not increased in 24/25 (compared to 23/24). Noting that with appropriate resolution of discrepancies, confirmed incidents have decreased. The main issue relates to poor documentation and culture; we are working closely with the nursing leadership to improve this.
- Assurance that the CDAO is aware of and addressed any concerns about controlled drugs.
- A higher proportion of CD discrepancies reported are now resolved to a satisfactory conclusion.In conclusion, this report demonstrates that there is a clear line of sight to issues identified and the ongoing assurance work that there are effective processes in place and remedial actions are being taken to address any concerns raised in relation to the handling/management of Controlled Drugs in SHSC.

Recommendation

The Board of Directors is asked to

- **Note for assurance** provided that the key risks and concerns relating to the management of controlled drugs are understood and there are several plans in place to address the issues of incident reporting, second signatures, closer monitoring of supplies of CDs to wards and nursing practice.
- **Approve** the report Annual CDAO Report 2024 – 2025.