

Controlled Drugs Accountable Officers and Patient Safety: a case study

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Did you know?

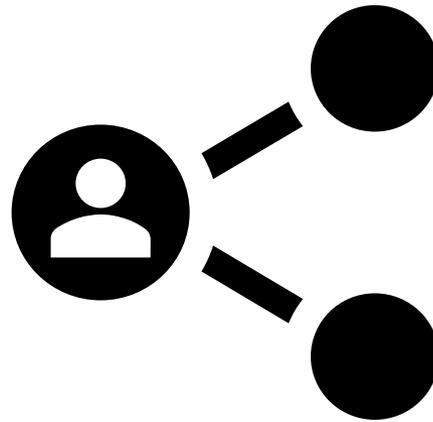
1. Last year, 63 healthcare professionals in England were found stealing controlled drugs and/or providing care whilst working under the influence of controlled drugs
2. Controlled drugs include morphine, diazepam, codeine, co-codamol, sleeping/anxiety tablets as set out in the Misuse of Drugs Act 1971
3. By law, designated bodies must have an Accountable Officers for Controlled Drugs (CDAO)
 - statutory function to ensure Controlled Drugs are being handled safely in their organisation
 - Tends to be someone at Board or reporting to Board
 - CDAOs must ensure systems in place to
 - Keep organisation safe
 - Keep front line staff safe
 - Keep patients safe

Insight –

1. Analyse information to create intelligence



2. Share information



Involvement –

Front line staff, board members and external partners

- All reports are analysed for trends and themes (400 per quarter in Cheshire and Merseyside)
- Local Intelligence Network Subgroup (1 person from each sector of practice – private and NHS) review themes and lessons learned, and make recommendations for wider system
- Benefits -
 - Build on existing practice yet stretching
 - Based on evidence or guidance
 - Ideas come from front line providers and enforcement partners (systems approach)
 - Pragmatic – honesty about wicked problems that cannot be solved

Staff well-being critical to patient safety

Training package designed for staff to recognise signs of addiction in colleagues and signs of withdrawal

- empty CD boxes in staff room or washroom bins, increases in ordering of Sch4 and 5 CDs, repeated losses, or pattern of losses, periods of illness followed by asking for additional shifts

Individual(s)

- Confidence will be knocked and may make errors
- Line manager communication and support is necessary (do not marginalise)
- May need referral into Occ Health, professional support, EAP

Wider team -

- May feel vulnerable
- Encourage debrief without laying blame – focus on ensuring patients and staff are safe
- Signpost to Employee Assistance Programme (EAP) or equivalent /Mental Health 1st aiders

Improvement -



Sample policies shared across all designated bodies via different media (meetings, reports, visits, peer to peer presentations and action learning sets, conferences)

Challenge is moving from ideas and paper
→ to implementation
→ and measuring change

Wish list for sustainable change -

1. Speak truth to power and be authentic → CDAOs of designated bodies to articulate the risk of staff providing care while under the influence of CDs, to their Boards
2. Gain buy-in to embed principles and practice into policies and training
 - induction
 - EAP, well-being and mental health workstreams, safeguarding
3. Measure or indicator of success
 - success ≠ change in reporting (neither increase nor decrease)
 - problem of measuring the counter-factual

Case summary – insight and involvement



1. Concerns/information from a number of sources
2. Analysis and joining of information gathered (community pharmacy, acute trust, Responsible Officer, CDAOs) → created intelligence
3. Investigation by police CDLO
4. Support
 - individual – not needed according to RO and continues to practise “with conditions”
 - team debrief in acute trust – led by CDAO and MD with HR
5. Learning shared
 - example of good vigilance/professional curiosity shared with community pharmacies
 - Signs of working under the influence and withdrawal workshop at NHSE CDAO annual learning event

→ CDLIN members to consider including their learning into organisational training and policies

Take home messages

1. Don't work in silos – share ideas, share names, share practice. (GDPR does NOT apply to public protection or preventing crime)
2. Do critically analyse information from various sources to create intelligence
3. Diverse world-views is key to success
 - Do involve front line providers, external partners and board members in solving problems
 - Be mindful of the ripple-effect (there is a wider system that will be affected)
4. Embed a just-culture → Start with your staff's well-being, showing kindness and having honest flows of communication
5. Don't be discouraged because you cannot measure success (problem with measuring the counterfactual)
6. Do strive and push your organisation out of its comfort zone. That's where successes lie.