

<b>Document Type:</b>	<b>Standard Operating Procedure</b>	
Reference Number : <b>2148</b>	Version Number: <b>2</b>	Next Review Date: <b>07 August 2023</b>
Title:	<b>Controlled Drugs – Ward Closures in Acute and Community Hospitals</b>	
Document Author:	Clinical Governance Pharmacist & Medication Safety Officer	
Applicability:	As Indicated	

### **Purpose of this Procedure**

To ensure that controlled drugs (CD) are held securely in wards and departments, and to ensure the safe and effective implementation of the Trust Medicines Policy for Controlled Drugs (Ref 1763). To define the procedure to be followed when wards are closed on a temporary or permanent basis.

### **Responsibilities**

The ward/department manager has responsibility for ensuring the safe and appropriate management of CDs in their area. The manager is responsible for ensuring that all staff are aware of, and understand, this procedure. The ward/department manager is responsible for informing Pharmacy about any impending ward/department closure.

All staff authorised to access CD stocks, and to administer or check CDs have a responsibility to follow this procedure.

The registered nurse, midwife or Operating Department Practitioner (ODP) in charge of a ward or department at that time is responsible for the safe and appropriate management of CDs in that area. While control of access (i.e. key-holding) to the CD cupboard can be delegated to another, such as a registered nurse or ODP, responsibility remains with the registered nurse, midwife or ODP in charge.

### **Notification**

The ward/department manager must notify Pharmacy as soon as they are aware of a temporary or permanent closure to facilitate the safe removal of CDs.

## Ward Closures

### Permanent Ward Closure or Re-Designation

If a ward is to close or be re-designated on a permanent basis such that ward stocks of CDs are no longer required, a pharmacist or pharmacy technician must remove stocks from the ward and return them to the pharmacy. In the case of community hospitals the CDs will be taken directly back to the pharmacy department.

The pharmacist or pharmacy technician will go to the ward with an appropriate number of Envopak containers and uniquely numbered seals, and will undertake a full stock check with the registered nurse, midwife or ODP in charge.

If stock levels are correct, a suitable entry will be made on the next available line on the relevant page of the Ward CD Record Book to confirm the stock level and to state 'stock returned to Pharmacy'. Each entry for each drug will be dated and countersigned by both members of staff, and will also include the serial number of the seal used to secure the Envopak used for storage.

The Ward CD Record Book will also be secured in the Envopak with the CDs.

When the stock check is complete, the pharmacist or pharmacy technician will arrange for the Envopak(s) to be returned to the Pharmacy department. In the case of community hospitals the CDs will be taken directly back to the pharmacy department.

If suitable for re-use the CDs must be "returned" on the pharmacy computer system and placed within pharmacy stock. If the drugs are unlikely to be used before their expiry date they must be written off as expired stock and not credited to the ward. CDs must be returned by the pharmacist or pharmacy technician to pharmacy if they are unsuitable for re-use following the relevant procedure.

### Temporary Ward Closure

In the case of a temporary closure, stocks will be returned to, and retained in, the Pharmacy department. The pharmacist or pharmacy technician will go to the ward with an appropriate number of Envopak containers and uniquely numbered seals, and will undertake a full stock check with the registered nurse, midwife or ODP in charge. In the case of community hospitals the CDs will be taken directly back to the pharmacy department.

If stock levels are correct, a suitable entry will be made on the next available line on the relevant page of the Ward CD Record Book to confirm the stock level and to state 'stock returned to Pharmacy'. Each entry for each drug will be dated and countersigned by both members of staff, and will also include the serial number of the seal used to secure the Envopak used for storage.

The Ward CD Record Book will also be secured in the Envopak with the CDs.

When the stock check is complete, the pharmacist or pharmacy technician will arrange for the Envopak(s) to be held securely in the Pharmacy department until such time as the stocks are required again.

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When the ward reopens the pharmacist or pharmacy technician must deliver the medicines to the ward in the original secured Envopak(s), which must be opened in the presence of the registered nurse, midwife or ODP in charge. After checking the serial number(s) of the broken seals against the entries made in the CD Record Book, the quantities of each drug will be compared against the quantities last recorded. If correct, a suitable entry will be made on the next available line to confirm the stock level and to state 'stock returned to re-opened ward'. Each entry for each drug will be dated and countersigned by both members of staff. Discrepancies must be dealt with by following the procedure in [G1569 Controlled Drugs – Stock Checks and Management of Stock Discrepancies](#).

### Ward Relocation

For relocation of a ward, the pharmacist or pharmacy technician and the registered nurse, midwife or ODP in charge may choose to remove the stock themselves from one CD cupboard, check the stock and move to the new CD cupboard using a sealed Envopak. Alternatively, if there is likely to be a delay in the move, or there is a possibility that security could be compromised e.g. by the presence of contractors, stock must be removed from the ward CD cupboard and returned to the pharmacy for secure storage, following the procedure above for temporary ward closures. The items may then be returned to the relocated ward when the move is complete, and security is ensured.

### **References**

Medicines Act (1968)

Misuse of Drugs Act (1971)

Misuse of Drugs Regulation (2001)

Safer Management of Controlled Drugs: A guide to Good Practice in Secondary Care (England).  
October 2007

## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

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<b>Date of issue:</b>	07 August 2020	<b>Next review date:</b>	07 August 2023
<b>Version:</b>	2	<b>Last review date:</b>	
<b>Author:</b>	Clinical Governance Pharmacist & Medication Safety Officer		
<b>Directorate:</b>	Pharmacy (Trustwide)		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies Group Medicines Management Committee Chief Nurse Medical Director		
<b>Date approved:</b>	22 August 2020		
<b>Links or overlaps with other policies:</b>			

<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	Please select Yes                  No	
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>
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### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
5 May 2017	1	New	Care and Clinical Policies Group Medicines Management Committee Chief Nurse Medical Director
07 August 2020	2	Amended	Care and Clinical Policies Group Medicines Management Committee Chief Nurse Medical Director

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## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)**

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users	<input type="checkbox"/>	Staff	<input type="checkbox"/> Other, please state... <input type="checkbox"/>
Could the policy treat people from protected groups less favourably than the general population? <b>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</b>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
<b>VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion</b>			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input type="checkbox"/> Protected Groups (including Trust Equality Groups) <input type="checkbox"/>
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/> Other, please state... <input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <b>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>			
Action	Person responsible	Completion date	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Signature		
Validated by (line manager)	Signature		

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pf.d.sdhct@nhs.net](mailto:pf.d.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation**

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

<sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

<sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

<sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated

<sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives

<sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format

<sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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## Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.