

FOI 3646

24th February 2026

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

Question: Can you provide a copy of the Trust/NICE protocol for securing patient controlled drugs/medication

Response:

From the Trust medicines code, in Chapter 11 Storage and security of medicines:

11.2 Controlled drugs (CDs)

A ward, department or Trust facility may not store CDs unless there is an appropriately qualified person responsible for their storage and use.

All CDs must be kept in a locked metal cabinet specifically designated for that purpose which meets the required specification. No other medicines or items should be stored in this cabinet and the lock must not be common to any other lock.

Where CDs are required to be stored in a fridge which must meet the requirements for storing medicines see section 11.3, the fridge must be kept locked at all times and the key held with the CD cabinet keys by the nurse/midwife in charge.

The CD requisition book must be stored in the CD cupboard to prevent unauthorised use.

Wherever possible the controlled drug cabinet should be located in an area where staff is present 24 hours a day. In areas where this is not feasible adequate steps should be taken to securely lock all areas where controlled drugs are stored when not in use. If controlled drugs are stored in a ward / clinical area that is not staffed 24 hours a day e.g. at the weekend, that area should be alarmed. If this is not possible then alternative arrangements for storage can be made after discussion with pharmacy.

Details of the receipt, administration and disposal of controlled drugs must be made in the ward, department, home or centre's controlled drugs register. The CD register must be retained by the ward, department, home or centre for a minimum period of eleven years from the date of the last entry and the CD requisition book must be retained for a minimum period of two years from the date of the last entry in case they are required for inspection by the DHSSPSNI Inspectorate. This is the responsibility of the ward/department manager.

Stocks of CDs in wards, departments, nursing/residential homes, day care centres and other facilities must be checked at the morning and evening shift changes. In the hospital setting two registered nurses /midwives / registered healthcare professional (HCP) must undertake this procedure, the Sister/Nurse in Charge / Senior Registered Healthcare Professional from the outgoing and Sister/Nurse in Charge / Senior Registered Healthcare Professional from the incoming shift. In homes and care centre this may be undertaken by the manager and/or a senior member of care staff. Any discrepancies must be reported immediately to the nurse/midwife /HCP or manager in charge, the relevant senior manager/head of service and, in hospital, and the

pharmacist responsible for the ward/department/facility. Outside normal pharmacy opening hours the on-call pharmacist should be contacted and informed of the discrepancy. A thorough investigation must be carried out and if this fails to identify the cause of the discrepancy this should be reported immediately to the Head of Pharmacy and Medicines Management and the relevant senior manager.

In theatres and day surgery unit the controlled drugs must be checked at the start and finish of each theatre session. When there is no theatre session the CDs must be checked every 24 hours.

In certain Trust community facilities the shift change only occurs once every 24 hours and in this circumstance it is acceptable to check the controlled drug stock once daily, at the shift handover.

Detailed controlled drug standard operating procedures for hospital based facilities are available on the Trust intranet and from the Trust Pharmacy Departments. Each hospital based ward or facility that uses controlled drugs should have a hard copy of these procedures along with a signature sheet recording the staff who have read and are authorised to apply the standard operating procedures.

From the Hospital Controlled Drug Procedures:

CD08a Procedure for the Storage of Patients Own Controlled Drugs in Hospital

See appendix 4 for the controlled drugs in schedule 2 and 3, however check the most up to date BNF for a drug's legal category as it is subject to change.

1. Patients own controlled drugs that are brought into the hospital should be returned to the patient's representative for safe keeping as soon as possible. If it is necessary to retain them they must be checked by two registered nurses / midwives and entered into the front (white pages) of the ward Patient's Own Drugs Controlled Drugs (PODCD) Register (see example 13). It must also be recorded in the patient's nursing notes that the drug is retained on the ward and stored in the ward controlled drug cabinet.

2. The entry in the ward Patient's Own Drugs Controlled Drugs (PODCD) Register must state the following (see example 13):

- The date of entry
- The patient's name and health and care number (unit number if health and care number is not available)
- The drug name, form and strength
- The name and signature of the registered nurse / midwife receiving the drug and the name
- and signature of the registered nurse / midwife witnessing receipt of the drug
- The stock balance (the number of dosage units received) e.g. 10 tablets, 5 ampoules, 100ml

3. The controlled drug(s) must be stored in a tamper evident plastic bag labelled with the patient's details (specific for the storage of patients own drugs, available from pharmacy see appendix 5). The details on the sealed bag e.g. patient's name, health and care number (unit number if health and care number is not available), name and quantity of each drug and signatures of the two registered nurses/ midwives receiving the drug(s) must be completed. The bag must be sealed and stored in the ward controlled drug cabinet.

4. This also applies to patient's controlled drugs which have been dispensed into blister packs.

5. Patient's own drugs must be checked at the morning and evening nursing staff changes when responsibility for safe custody of controlled drugs is transferred. This

must be done at the same time as the ward stock of controlled drugs are checked. Check each patient entry in the PODCD register and the controlled drugs entered in the register against each patient. Each patient's controlled drugs should be stored in a clear tamper evident bag. As long as the bag remains sealed each of the patient's own controlled drugs do not need to be counted. However at the nursing staff changes it must be checked that the sealed bag is still in the controlled drug cabinet.

6. Document in the ward stock controlled drug register that the PODCD medicines are all present and correct and there are no discrepancies. If there any this must be documented in the remarks section. The nurse in charge / registered nurse / midwife or ODP in charge must be notified of any stock discrepancies immediately. A Trust incident (IR1) form must be completed on Datix. The relevant page(s) in the controlled drug register and patient(s) kardex(es) if appropriate should be scanned and attached to the incident form on Datix. The nurse in charge / ODP registered nurse / midwife or ODP in charge must notify their head of services / departmental manager, their assistant director and the pharmacy department. If pharmacy is closed the oncall pharmacist must be notified. It is the responsibility of the Head of Pharmacy and Medicines Management to investigate controlled drug stock discrepancies.

7. In the event of a stock discrepancy check the following:

- What time was the last correct controlled drug check?
- Identify all nurses / midwives / ODP's who had custody of the controlled drug keys since the last correct controlled drug check was performed.
- Identify from patient's prescription charts all instances where controlled drugs were administered since the last correct controlled drug check.
- Ensure that the controlled drug register has been correctly completed for each administration if using patient's own controlled drugs (PODCD's)
- Are all of the other PODCD's correct?
- Has an unused drug been discarded prior to administration and not recorded in the register?
- Where practical, inspect all domestic and clinical waste bags, sharps boxes and burn bins in case a full or partially full ampoule has been inadvertently disposed of. This may include locating and inspecting waste before it leaves the site.
- If no explanation can be found for the discrepancy the nurse in charge / ODP registered nurse / midwife or ODP in charge should take written statements from all staff that have had custody of the controlled drug keys since the last correct controlled drug check.
- The incident should be reported by completing an IR1 form on DATIX. Datix: IR1 Form December 2020.

8. If the patient is transferred to another ward the patient's own controlled drug(s) must be transferred with them. This must be recorded in the entry in the ward Patient's Own Drugs Controlled Drugs (PODCD) Register by ticking the box 'Transferred to other ward / area'. Two registered nurses/ midwives, one from the ward the patient is being transferred from and one from the ward the patient is being transferred to must open the plastic bag and confirm that the correct quantity and preparation of the patient's own controlled drug as detailed in the ward Patient's Own Drugs Controlled Drugs (PODCD) Register and on the sealed bag is being transferred. The registered nurse / midwife transferring the drug must print and sign their name and enter the quantity of the drug transferred. The registered nurse / midwife receiving the transfer of the controlled drug must print and sign their name in the box 'Accepted by box' see example 13.

9. Two registered nurses/ midwives on the ward to which the patient is transferred must enter the details as in point 2 in their ward Patient's Own Drugs Controlled Drugs (PODCD) Register and the name of the ward / clinical area the patient transferred from.

The controlled drug(s) must be stored in a new tamper evident plastic bag labelled with the patient's details (specific for the storage of patients own drugs, available from pharmacy see appendix 5). The details on the bag e.g. patient's name, health and care number (unit number if health and care number is not available), name and quantity of each drug and signatures of the two registered nurses / midwives receiving the drug(s) must be completed. The bag must be sealed and stored in the ward controlled drug cabinet.

10. On discharge the patient's own drug(s) should be returned to the patient / carer if appropriate to do so. This must be recorded in the entry in the ward Patient's Own Drugs Controlled Drugs (PODCD) Register, by ticking the 'Returned to patient' box. The quantity of the drug(s) must be checked against the entry in the ward Patient's Own Drugs Controlled Drugs (PODCD) Register and the quantity returned entered. This entry must be dated and signed by a registered nurse / midwife (see example 13). The patient must print and sign their name in the 'Accepted by' box. The return of the drugs must also be recorded in the discharge check list and the nursing notes. On no account should a member of nursing staff transport the drugs to the patient's home

11. If the drug is given to a relative or carer to take home either before or at the time of discharge then this must be recorded in the entry in the ward Patient's Own Drugs Controlled Drugs 26 Hospital Controlled Drug Procedures Version 5 November 2022 (PODCD) Register, dated and signed by a registered nurse / midwife (see example 14). The relative / carer must print and sign their name in the 'Accepted by' box

12. If the patient no longer requires the medication at discharge and has given permission for the destruction of the drug(s) or if the patient is deceased then the drug(s) must be stored in the Controlled Drug cabinet until a pharmacist is available to return the PODCD to the pharmacy department for destruction following the procedure CD06 Procedure for the return of Controlled Drugs to the pharmacy department. This must be recorded in the entry in the ward's Patient's Own Drugs Controlled Drugs (PODCD) Register (see example 14).

13. If a patient is going home in an ambulance ask the NIAS staff to sign the PODCD register as having received the patient's medication. If the NIAS staff member refuses to sign then the discharging registered nurse / midwife must enter in the register PODCD given to NIAS and another registered nurse / midwife from the ward / clinical area to sign as a witness.

Example 13

30.5.13	Patient's Name: Joseph Bloggs Hospital Number: 3183181831	Drug – Name, Form, Strength: MST suspension 20mg	Name and signature of: authorised persons receiving/ witnessing drug receipt 1 Jane Brown <i>JBrown</i> 2 Eleanor Smith <i>ESmith</i>	Stock balance 5
	*Quantity administered	Quantity wasted	Name and signature of: authorised person administering drug	Name and signature of: authorised person witnessing drug administration
2.6.21	Drugs removed from controlled drug cabinet (tick)	<input checked="" type="checkbox"/> Returned to Patient <input type="checkbox"/> Transferred to other ward/ area <input type="checkbox"/> Returned to Pharmacy for destruction	Returned/ Transferred by (nurse in charge): A Smith <i>ASmith</i> Accepted by (patient/ staff nurse/ pharmacist): Joe Bloggs <i>JBloggs</i>	Quantity returned 5
30.5.21	Patient's Name: Elsie Getty Hospital Number: 4264261264	Drug – Name, Form, Strength: Sevredol tablets 10mg	Name and signature of: authorised persons receiving/ witnessing drug receipt 1 Jane Brown <i>JBrown</i> 2 Eleanor Smith <i>ESmith</i>	Stock balance 14
	*Quantity administered	Quantity wasted	Name and signature of: authorised person administering drug	Name and signature of: authorised person witnessing drug administration
30.5.21	Drugs removed from controlled drug cabinet (tick)	<input type="checkbox"/> Returned to Patient <input checked="" type="checkbox"/> Transferred to other ward/ area <input type="checkbox"/> Returned to Pharmacy for destruction	Returned/ Transferred by (nurse in charge): Jane Brown <i>JBrown</i> Accepted by (patient/ staff nurse/ pharmacist): D Robinson <i>DRobinson</i>	Quantity returned 14

*POD CDs should not be used routinely, only in exceptional circumstances. Page checked by Pharmacy. Date:

Signature:

Example 14

Date 30.05.17	Patient's Name: June Dowds Hospital Number: 5145141345	Drug – Name, Form, Strength: Longtec 10mg tablets	Name and signature of: authorised persons receiving/ witnessing drug receipt 1 Jane Brown <i>JBrown</i> 2 Eleanor Smith <i>ESmith</i>	Stock balance 20
	*Quantity administered	Quantity wasted	Name and signature of: authorised person administering drug	Name and signature of: authorised person witnessing drug administration
2.6.17	Drugs removed from controlled drug cabinet (tick)	<input checked="" type="checkbox"/> Returned to Patient Peter Dowds <input type="checkbox"/> Transferred to other ward/ area <input type="checkbox"/> Returned to Pharmacy for destruction	Returned/ Transferred by (nurse in charge): A Smith <i>ASmith</i> Accepted by (patient/ staff nurse/ pharmacist): Peter Dowds <i>P Dowds (date)</i>	Quantity returned 20
Date 30.5.17	Patient's Name: Elsie Getty Hospital Number: 4264261264	Drug – Name, Form, Strength: Sevredol tablets 10mg	Name and signature of: authorised persons receiving/ witnessing drug receipt 1 Jane Brown <i>JBrown</i> 2 Eleanor Smith <i>ESmith</i>	Stock balance 14
	*Quantity administered	Quantity wasted	Name and signature of: authorised person administering drug	Name and signature of: authorised person witnessing drug administration
14.6.17	Drugs removed from controlled drug cabinet (tick)	<input type="checkbox"/> Returned to Patient <input type="checkbox"/> Transferred to other ward/ area <input checked="" type="checkbox"/> Returned to Pharmacy for destruction	Returned/ Transferred by (nurse in charge): Jane Brown <i>JBrown</i> Accepted by (patient/ staff nurse/ pharmacist): David Browne <i>DBrowne</i>	Quantity returned 14

*POD CDs should not be used routinely, only in exceptional circumstances. Page checked by Pharmacy. Date: Signature:

CD08b Procedure for the Storage of Controlled Drugs supplied on Discharge Prescriptions from the Hospital Pharmacy

- Collection of controlled drug prescriptions is restricted to a registered nurse / midwife or registered operating department practitioner (ODP) / healthcare assistant who is deemed suitable by their ward / clinical area manager and are permanent members of staff or temporary staff who has a block booking and whose manager has provided signatures to pharmacy. Agency staff cannot collect controlled drugs.
- Controlled drug prescriptions for Lurgan hospital and South Tyrone hospital can be collected by a SH&SCT transport driver. The person collecting the controlled drugs (the messenger) will be asked to present SH&SCT photographic ID when receiving the controlled drugs from pharmacy.
- A list of specimen signatures for registered nurses / midwives / ODPs and healthcare assistants authorised to collect controlled drugs is held in pharmacy see appendix 2. It is the responsibility of the nurse in charge / ODP in charge of a ward / clinical area to keep this list up to date. The list must also be reviewed and updated at the 4 month controlled drug audit.
- The person collecting the controlled drug prescription will be asked for photographic ID. They will be asked to sign and print their name on the back of the controlled drug prescription.
 - Name of person collecting the prescription Signature & Print
 - ID confirmed Y/N
 - Name of person issuing the prescription Signature & Print
- The controlled drug prescription will be placed in a plastic tamper evident bag and sealed before leaving pharmacy.
- On receipt from the hospital pharmacy of a controlled drug prescription at ward / clinical area level a registered nurse / midwife must check the prescription for the

correct name, form, strength and quantity of each controlled drug in the presence of the messenger. This must agree with the controlled drug prescription. If there is any discrepancy the registered nurse / midwife must contact pharmacy immediately and an incident form (IR1) completed on Datix.

7. The registered nurse / midwife then completes in the presence of the messenger a record of receipt of the controlled drug prescription in the Patients Own Controlled Drug (PODCD) Register, Record of Schedule 2 & 3 Controlled Drugs Supplied from Hospital on Discharge Prescriptions (yellow pages).
 - Date received from Pharmacy
 - Patient's name and health and care number (unit number if H&CN not available)
 1. Drug name, strength and form
 - Quantity received
 - Name of registered nurse / midwife responsible for secure storage (sign and print name). The entry must be countersigned by the 'Messenger' or another registered nurse / midwife / ODP as the witness. See example 15
8. Once this has been completed place the controlled drug discharge prescription in a new plastic tamper evident bag and seal. Place in the controlled drug cabinet, clearly segregated from ward stock in the cabinet.
9. When a patient is ready for discharge two registered nurses / midwives should check the controlled drugs out of the cabinet, confirming again that they conform to the controlled drug prescription and checked against the patient's kardex.
10. The following details should be completed in the Patients Own Controlled Drug (PODCD) Register, Record of Schedule 2 & 3 Controlled Drugs Supplied from Hospital on Discharge Prescriptions (yellow pages).
 - Date of issue
 - Quantity issued to patient / carer
 - Name of two registered nurses / midwives issuing drugs (sign and print name)
 - Name of the patient / carer receiving the controlled drug prescription (sign and print name).
 - The relationship to the patient of the person receiving the CD.
 - If NIAS refuse to sign the PODCD register make a note in the register.
11. The patient's own controlled drug must be checked at the morning and evening nursing staff changes along with the ward stock of controlled drugs as per SOP CD08a
12. If the patient no longer requires the medication at discharge or if the patient is deceased the drug(s) must be returned to the pharmacy department for destruction following the procedure for the return of controlled drugs to the pharmacy department. This must be recorded in the entry in the ward Patient's Own Drugs Controlled Drugs (PODCD) Register.

Example 15

Date received from Pharmacy	Patient's Name Hospital Number	Schedule 2 Controlled Drugs supplied on Discharge Prescription		Staff nurse responsible for secure storage Print Name Signature	Date of Issue	Quantity issued to patient / care	Issued to patient by Staff Nurse Print Name Signature	Patient's / Carer's Print Name Signature	Other comment if not issued include CD return form number
		Name Strength Form	Quantity						
02/11/21	3334567891	MST 10mg Tablets	10	A HART <i>A Hart</i> J Sock J SOCK	02/11/21	10	J SMITH <i>J Smith</i>	D HOBBS <i>D Hobbs</i>	