Complete the Report as much as possible. Please refer to ‘Reporting Incidents, Near Misses and Concerns Involving Controlled Drugs: A Guide for NHS Staff and Contractors’.

**Please note patient details should not routinely be sent with this form. Take care to forward this form to the CDAO through a secure route.**

**Tab through the form and complete (use the space bar to select a check box if not using a mouse)**

|  |  |
| --- | --- |
| **Reference number:** (office use) | **Date:** |
| **Premises name and address:** | |
| **Post code:** | **Contractor or Practice code** (if applicable)**:** |

|  |  |
| --- | --- |
| **Responsible person in location:** | **Job title:** |
| **Telephone no:** | **Email address:** |

|  |  |
| --- | --- |
| **Person reporting incident:** | **Job title:** |
| **Telephone no:** | **Email address:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Locations involved in the incident** *(Check all applicable boxes)* | | | | | | | |
| GP Practice |  | GP OOH Centre |  | Dental Practice |  | Substance Misuse Service |  |
| Hospital Ward |  | Hospital Theatre |  | Hospital Pharmacy |  | Hospital Other |  |
| Care Home |  | Community Outpatient |  | Community Nursing |  | Community Pharmacy |  |
| Scottish Prison Service |  | AO Network |  | Police Custody Suite |  | Other: | |

|  |  |
| --- | --- |
| **Description of issue/concern:** | |
| **Date of incident:** | **Time of incident**: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Personnel involved (continue on separate sheet if necessary): | | | | |
| **Name** | **Job Title** | **Registration No** | **Contact Details** | **Role** |
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| --- | --- | --- |
| **Incident** | **Check all boxes that apply** | **Detail** |
| **Prescribing incident:** |  | Details of prescriber: |
| **Dispensing/supply incident:** |  | Details of dispenser/supplier: |
| **CD register discrepancy against actual stock:** |  | Details of discrepancy: |
| **Administration incident:** |  | Details of person administering: |
| **Missing CDs:** |  | Details: |
| **Record keeping:** |  | Details of record keeping: |
| **Security:** |  | Details of security: |
| **Suspected/Actual criminality or fraud:** |  | Details of criminality or fraud: |
| **Other** (specify)**:** | | |

|  |
| --- |
| **Details of the actions taken, including immediate steps to prevent or reduce harm to patients and any investigations undertaken:** |

|  |  |
| --- | --- |
| **Person investigating:** | **Job title:** |
| **Person investigating:** | **Job title:** |
| **Person investigating:** | **Job title:** |

|  |  |
| --- | --- |
| **Details of action taken to prevent a recurrence of this type of incident:** | |
| **Issue reported on Datix?** **Y/N** | **Datix Number:** |

|  |
| --- |
| Action taken by CDAO (office use): |

**Signature of Responsible Person from CD Governance Team:**

**Date:**

When an incident or near miss involving controlled drugs occurs this form should be completed electronically and returned to: [cdgt@lanarkshire.scot.nhs.uk](mailto:cdgt@lanarkshire.scot.nhs.uk)

Controlled Drug Governance Team

NHS Lanarkshire Headquarters

Kirklands

Fallside Road

Bothwell

G71 8BB

Telephone 01698 858129

Email [cdgt@lanarkshire.scot.nhs.uk](mailto:cdgt@lanarkshire.scot.nhs.uk)