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)**:**       |

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

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

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| **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:       |

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

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| 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)**:**       |

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| --- |
| **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:**       |

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

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| 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

Controlled Drug Governance Team

NHS Lanarkshire Headquarters

Kirklands

Fallside Road

Bothwell

G71 8BB

Telephone 01698 858129

Email cdgt@lanarkshire.scot.nhs.uk