

## Controlled Drugs Incident Report to Accountable Officer

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 you should only complete patient details where it is relevant to the incident, taking care to forward their details through a secure route.**

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

<b>Reference number:</b> (office use)	<b>Date:</b>
<b>Premises name and address:</b>	<b>Patient's name &amp; address (if relevant):</b>
<b>Contractor or Practice code (if applicable):</b>	<b>Patient's CHI number (if relevant):</b>
<b>Responsible person in location:</b>	<b>Job title:</b>
<b>Telephone no:</b>	<b>Email address:</b>
<b>Person reporting incident:</b>	<b>Job title:</b>
<b>Telephone no:</b>	<b>Email address:</b>

Check all applicable boxes

GP Practice	<input type="checkbox"/>	GP OOH Centre	<input type="checkbox"/>	Dental Practice	<input type="checkbox"/>	Substance Misuse Service	<input type="checkbox"/>
Hospital Ward	<input type="checkbox"/>	Hospital Theatre	<input type="checkbox"/>	Hospital Pharmacy	<input type="checkbox"/>	Hospital Other	<input type="checkbox"/>
Care Home	<input type="checkbox"/>	Community Outpatient	<input type="checkbox"/>	District Nursing	<input type="checkbox"/>	Community Pharmacy	<input type="checkbox"/>
Scottish Prison Service	<input type="checkbox"/>	AO Network	<input type="checkbox"/>	Other:			

**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

Incident	Check all boxes that apply	Detail
<b>Prescribing incident:</b>	<input type="checkbox"/>	Details of prescriber:
<b>Dispensing/supply incident:</b>	<input type="checkbox"/>	Details of dispenser/supplier:
<b>CD register discrepancy against actual stock:</b>	<input type="checkbox"/>	Details of discrepancy:
<b>Administration incident:</b>	<input type="checkbox"/>	Details of person administering:
<b>Missing CDs:</b>	<input type="checkbox"/>	Details:
<b>Other (specify):</b>		

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

<b>Person investigating:</b>	<b>Job title:</b>
<b>Person investigating:</b>	<b>Job title:</b>
<b>Person investigating:</b>	<b>Job title:</b>

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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:**

**Action taken by Accountable Officer (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: [Kirsty.peacock@nhs.scot](mailto:Kirsty.peacock@nhs.scot) and copied to [Laura.byrne@nhs.scot](mailto:Laura.byrne@nhs.scot)

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