

Minister for Drugs and Alcohol Policy
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2 August 2023

Dear Convenors,

Following my recent commitment to the Citizen Participation and Public Petitions Committee and Criminal Justice Committee, I can now confirm that a rapid review of each health board has been carried out, relevant to petition PE1900.

This review was agreed after His Majesty's Inspectorate of Constabulary in Scotland (HMICS) and Health Improvement Scotland published their inspection of police custody units within NHS Lanarkshire's board area, 20 April 2023. This inspection highlighted issues in the provision of Opioid Substitution Treatment (OST) for detainees; the lack of a controlled drug license to meet legal obligations on the storage and supply of controlled drugs in police custody; and a degree of under reporting of adverse health events, complaints and feedback.

I therefore wrote to the Chief Executive of each territorial health board requesting confirmation that they have:

- A controlled drug license to store and/or supply controlled drugs as required by law, in every custody unit.

- Written policies and effective practices which ensure that every detainee has access to their prescribed medication in custody, whether that be OST or any other prescribed medication.
- Robust processes and adequate training to ensure that every adverse health event, complaint or feedback is recorded on Datix.

I also wrote to Police Scotland to request assurances that:

- They have written policies and effective practices which ensure that every detainee has access to their prescribed medication in custody, whether that be OST or any other prescribed medication.
- Every member of custody staff is trained to administer naloxone and that this is available in every custody unit.
- Every member of custody staff has undertaken specialist training on substance dependency, mental health and trauma informed care.

I have received responses from all areas. Please see table below which outlines each boards response, as well as Police Scotland's response attached separately.

As part of our ongoing work, officials will engage with the relevant areas to follow up on the information they have provided to ensure time scales are met, processes are put in place and support the delivery of these actions.

Kind regards,

Elena Whitham MSP
Minister for Drugs and Alcohol Policy

<u>HEALTH BOARDS</u>	1) Do you have a controlled drug license in place to store and/or supply controlled drugs in every police custody unit in your health board area?	2) Do you have written policies and effective practices in place which ensure that every detainee has access to their prescribed medication in custody, whether that be OST or any other prescribed medication?	2) Do you have written policies and effective practices in place which ensure that every detainee has access to their prescribed medication in custody, whether that be OST or any other prescribed medication?	If no to any of these questions, then what is your plan for implementing this and what is the timescale for completion:
NHS Ayrshire and Arran	<p>Yes</p> <ul style="list-style-type: none"> ○ A current controlled drug licence is in place within each of the three Police custody units in Ayrshire and Arran. The current licences are valid until 26 September 2023. ○ The first application for controlled drug licences for the Police custody suites was submitted by NHS Ayrshire and Arran to the DFLU in 2017. 	<p>Yes</p> <ul style="list-style-type: none"> ○ A policy is in place relating to the provision of medication within the custody suites 'Medicines Management within Police Custody Suites Local Operating Procedure'. ○ Within the Medicines Management LOP a further policy is referred to which details the 'Process for Detainees Receiving Methadone or Opiate Substitution Therapy'. This SOP describes the process of obtaining medication from community pharmacy or using 	<p>Yes</p> <ul style="list-style-type: none"> ○ Services with the Police custody suites are exclusively provided by an independent contracted provider (current COMS) with specification made for complaints or feedback described within the document 'Mainland Healthcare and Forensic Medical Services for People in Police Custody Service Specification and Clinical Model' ○ Complaints regarding Justice Settings are reviewed by the NHS Clinical Service 	N/A

		<p>interim prescriptions to continue treatment in custody for the necessary duration.</p> <ul style="list-style-type: none"> ○ These were recently noted to be in need of update with regards a few details (contact numbers, team names, staff in post etc) and are currently being reviewed by the management team for renewal. 	<p>Manager Justice Healthcare Services and discussed by the Prison and Police Custody Clinical Governance Group.</p>	
NHS Borders	<p>Yes</p> <ul style="list-style-type: none"> ○ NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed. ○ Governance is underpinned by CD Governance Teams in the Health Board 	<p>Yes</p> <ul style="list-style-type: none"> ○ Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant. ○ OST collection can be from patient's home or pharmacy if it is supported by corroboration from 	<p>Yes</p> <ul style="list-style-type: none"> ○ All staff complete Learn Pro training regarding Datix and significant adverse event reporting. ○ Senior Charge Nurses attend a two-day training for management of adverse events. ○ Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to 	N/A

	<p>areas, daily/ 72-hour CD checks and a monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>	<p>Emergency Care Summary/ Pharmacist/Patient/ GP.</p>	<p>NHS Lothian Board via REAS SMT (directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p> <ul style="list-style-type: none"> ○ Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format. 	
<p>NHS Dumfries and Galloway</p>	<p>No (refer to last column)</p>	<p>Yes</p> <ul style="list-style-type: none"> ○ Work was undertaken at the request of Police Scotland in 2022 to look at arrangements for administration of medicines in D&G police custody suites; ○ Nursing & FME have provided evidence of the processes that are in 	<p>Yes</p> <ul style="list-style-type: none"> ○ Patient Safety Team advises that our RM system (Datix) is configured to enable adverse events and complaints from custody suites to be logged on the system and reviewed/investigated as per NHS Dumfries & 	<p>1) At present we do not require a license from the Home Office for service. This is because controlled drugs (methadone for MAT) are prescribed on a named patient basis using GP10 prescription form & thus we hold no CD stocks that are not designated for;</p> <p>This is based on</p>

		<p>place for the prescribing & administration of medicines within police custody healthcare setting;</p> <ul style="list-style-type: none"> ○ It is worth noting that with any service it is subject to continual improvement and development; ○ There is a local forum in existence at the clinical operational level between Police Scotland & NHS colleagues where matters are raised & discussed. 	<p>Galloway policies and procedures which fully comply with National Adverse Event & Learning Framework;</p> <ul style="list-style-type: none"> ○ We do though note from the Lanarkshire report that there is a risk of under reporting due to the need for effective communication across the different stakeholder groups (Police Scotland & NHS); ○ As noted in Question2, there is a monthly forum between Police Scotland & NHS for police custody healthcare - this forum would report and escalate any incidents that couldn't be resolved within it; ○ This forum (which is linked operationally to the CHSCP GMs senior 	<p>experience of applying for licenses for other healthcare services (SDAS and HMP Dumfries). CHSCP (the hosting directorate for police custody suite healthcare) will link with HO regarding licensing if operationally they wish to hold stocks of methadone in the future;</p> <p>Medicines storage was reviewed in 2022 as part of our Controlled Drug Governance Improvement Plan (reporting via Annual CD Accountable Officer to Healthcare Governance Group) and improvements made to being in line with RPS Safe & Secure Handling of Medicines standards.</p>
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			team via the service manager) would be appropriate for raising awareness of learning from the Lanarkshire report.	
NHS Fife	<p>Yes</p> <ul style="list-style-type: none"> ○ NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed. ○ Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy ordering 	<p>Yes</p> <ul style="list-style-type: none"> ○ Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant. ○ OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care Summary/ Pharmacist/Patient/ GP. 	<p>Yes</p> <ul style="list-style-type: none"> ○ All staff complete Learn Pro training regarding Datix and significant adverse event reporting. ○ Senior Charge Nurses attend a two-day training for management of adverse events. ○ Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT (directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff 	N/A

	<p>and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>		<p>management supervision arrangements.</p> <ul style="list-style-type: none"> ○ Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format. 	
NHS Forth Valley	<p>Yes</p> <ul style="list-style-type: none"> ○ NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed. ○ Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a 	<p>Yes</p> <ul style="list-style-type: none"> ○ Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant. ○ OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care 	<p>Yes</p> <ul style="list-style-type: none"> ○ All staff complete Learn Pro training regarding Datix and significant adverse event reporting. ○ Senior Charge Nurses attend a two-day training for management of adverse events. ○ Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT 	N/A

	<p>monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>	<p>Summary/ Pharmacist/Patient/ GP.</p>	<p>(directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p> <ul style="list-style-type: none"> ○ Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format. 	
<p>NHS Grampian</p>	<p>No (refer to last column)</p>	<p>Yes</p> <ul style="list-style-type: none"> ○ There is a current policy – ‘Guidance on the Safe Management of Medicines including Controlled Drugs in NHS Grampian’, however this is in the process of being updated to reflect the needs required to deliver the governance around the Controlled Drug Licence. The policy is near completion and is 	<p>Yes</p> <ul style="list-style-type: none"> ○ The Datix system is used widely within all 3 police custody suites in NHS Grampian. Once an adverse event report has been submitted, an appropriate level of review is carried out, and any necessary action/learning is implemented if required. 	<p>1) At the moment there is no controlled drug licence in place for the 3 police custody suites within NHS Grampian.</p> <p>We are currently working towards submitting an application for a controlled drug licence, which will cover all 3 police custody suites within NHS Grampian. We are striving to submit the application by</p>

		<p>currently in its consultation period with key stakeholders.</p> <ul style="list-style-type: none"> ○ In addition we are currently reviewing and amending the NHS Grampian policy – ‘Guidance on the Safe Administration of Medication including Controlled Drugs in Forensic and Custody Healthcare’. Again this is being updated to reflect the governance alongside the Controlled Drug Licence. ○ Currently there is only a small percentage of our nursing workforce that hold the Non-medical Prescribing Qualification. However within our workforce planning we are working towards a model where it will be mandatory that all our nursing workforce will undertake Non-medical 	<ul style="list-style-type: none"> ○ All staff undertake DATIX training as mandatory and there are numerous trained Adverse Event Reviewers within the Partnership to support Level 1 and Level 2 Investigations. ○ Currently across Aberdeenshire HSCP all Level 1 & 2 investigations are reported in to the Partnership Risk Group for sign off and approval and are escalated to the Clinical and Adult Social Work Group where necessary. ○ Going forward we have plans to develop a Custody specific Quality and Risk Group to ensure local learning is gained from any identifiable themes, and 	<p>the end of May 2023, as we are finalising the policies and procedures that are required to be in place.</p>
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		<p>Prescribing as part of their role.</p> <ul style="list-style-type: none"> ○ As per above the application for the Controlled Drug Licence is planned to be submitted at the end of May 2023. 	<p>provide assurances that all appropriate action is being taken and learning shared across all our Police Custody Suites.</p>	
<p>NHS Greater Glasgow and Clyde</p>	<p>Yes</p> <ul style="list-style-type: none"> ○ A controlled drug license is in place to store and supply Schedule 2 to 5 controlled drugs in every police custody healthcare suite in Greater Glasgow & Clyde. ○ The most recent Home Office Compliance Visit was on 18th January 2023. The Home Office were satisfied with processes, policies and stock control / management across NHSGGC police 	<p>Yes</p> <ul style="list-style-type: none"> ○ All individuals referred to the Police Custody Healthcare Team are assessed by a registered nurse and, where appropriate and it is safe to do so, local PCHC medicines policies will support the acquisition and administration of the individual's prescribed medication in custody. If OST is part of the patient's regular prescribed medication in discussion and agreement with Police Scotland, the individual's OST is collected from their identified pharmacy and administered as 	<p>Yes</p> <ul style="list-style-type: none"> ○ All medication is managed and administered in line with Police Custody Healthcare Service CD Policy and Standard Operating Procedure as noted below. Training is included as noted through the induction process into Police Custody Healthcare with an agreed communication process for any updates, developments or amendments as noted by email, verbal and team meetings inclusive of minutes. 	<p>N/A</p>

	<p>custody healthcare and renewal of the Licence was granted.</p>	<p>prescribed. In the event of this not being possible, alternative medication will be prescribed and administered. This is not a regular occurrence and the aim is to maintain medication as prescribed where at all possible.</p> <ul style="list-style-type: none"> ○ Work is currently ongoing in relation to holding stock of OST (methadone, buprenorphine) within Police Custody Healthcare suites as part of our moves to implement MAT standards. The Standard Operating Procedure to support this is currently progressing through the relevant governance procedures within the service. The aim of this is to support improved access to OST in the future for individuals referred to 	<ul style="list-style-type: none"> ○ All incidents or adverse events are recorded on Datix with review by the Senior Charge Nurse and investigation when required. When required events will be escalated to the Service Manager and/or Head of Service. This is monitored overall through Police Custody Healthcare Governance Group in the quarterly meetings. ○ (PDF links available via email (1) The Safe and 12ealth Handling or Contrlled Drugs Policy in NHSGGC Police 12ealth Care and (2) The Safe Management of Controlled Drugs in NHSGGC Police Custody Healthcare) 	
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		the Police Custody Healthcare service		
NHS Highland	No (refer to last column)	Yes <ul style="list-style-type: none"> ○ Including OST 	Yes	1) A controlled drug licence application has been submitted, inspection was due to take place on 14th March 2023. NHS Highland were given notification from the Home Office of this visit being postponed on Friday 10th March 2023. We are waiting a rescheduled date from the Home Office for inspection to complete the application process, they are aware this is outstanding.
NHS Lanarkshire	No (refer to last column)	Yes <ul style="list-style-type: none"> ○ There are Standard Operating Procedures that cover Medicine Management, Substance Misuse referrals, Symptomatic Relief for Substance Misuse*, Controlled drug management (detainees own supply), Supervised Administration of Opioid replacement therapy, 	Yes <ul style="list-style-type: none"> ○ Healthcare in Custody in NHS Lanarkshire is provided by a limited liability company. They have held the contract since the transfer of responsibility to provide healthcare to NHS Boards in 2013. Initial awareness was given on incident recording and adverse events. 	1) Both Custody Suites in NHSL (Motherwell and Coatbridge) do not have a CD license. Given the guidance issued by Home Office DOMESTIC CONTROLLED DRUG LICENSING IN HEALTHCARE SETTINGS we are now in the process of seeking a license.

		<p>Independent Prescriber nursing* and Take Home Naloxone.</p> <ul style="list-style-type: none">○ (* SOP's independently signed by Chief Pharmacist, Professional Nursing Rep and other senior members of the Custody offender management Group.)○ The SOP's are reviewed, updated and shared with the Custody Healthcare Operational Group on an annual basis.	<ul style="list-style-type: none">○ In light of the HMICS report findings, the following actions have been taken:<ul style="list-style-type: none">- Discussions have been held with the healthcare provider clinical lead on the need for refresher training. This will be discussed with his partners- A scoping exercise will be undertaken to ensure all staff involved in providing healthcare in custody have access to Learnpro- The module on Datix recording to be completed by all staff within 3 months- Any staff who do not have access to Learnpro will be offered alternative learning	<p>As per Application requirements: Meetings held to discuss identification of the relevant Managers and Checking of DBS status (Managing director, Site Security, legal compliance and Responsibility for Witnessing Destruction). If no current DBS held, then applications shall be made. Once this is complete, then the formal application process shall begin.</p> <p>Timescale will be governed by DBS application status and processing- but this is underway.</p>
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			<ul style="list-style-type: none"> - Adverse events will be recoded and discussed at the quarterly Custody Healthcare Operational group meeting. o A learning cycle will be developed to review any adverse events recorded. 	
NHS Lothian	<p>Yes</p> <ul style="list-style-type: none"> o NHS Lothian host Police Custody Healthcare services for NHS Lothian, NHS Fife, NHS Forth Valley and NHS Borders. The governance of each area is checked on a rotational basis when the licence needs to be renewed. o Governance is underpinned by CD Governance Teams in the Health Board areas, daily/ 72-hour CD checks and a 	<p>Yes</p> <ul style="list-style-type: none"> o Effective practice. Every detainee who is on prescribed medication is referred to the service using single point referral service. There is no discrimination between essential medications. Missed dose protocols are followed for all medications if relevant. o OST collection can be from patient's home or pharmacy if it is supported by corroboration from Emergency Care 	<p>Yes</p> <ul style="list-style-type: none"> o All staff complete Learn Pro training regarding Datix and significant adverse event reporting. o Senior Charge Nurses attend a two-day training for management of adverse events. o Datix and understanding of policy is recorded on quarterly Health and Safety Reports which go to NHS Lothian Board via REAS SMT 	

	<p>monthly report which feeds into the Health and Safety quarterly report to NHS Lothian Board. Pharmacy ordering and supply for CD schedule 3 drugs is supported by standard operating procedures which are displayed on an intranet page for the service.</p>	<p>Summary/ Pharmacist/Patient/ GP.</p>	<p>(directorate). Locally, a spreadsheet is updated on a monthly basis and SCNs carry out monthly checks and reports as part of staff management supervision arrangements.</p> <ul style="list-style-type: none"> ○ Police Scotland and NHS Lothian teams can raise a Service Review Form in which operational matters can be discussed and any actions taken based on SBAR format. 	
<p>NHS Orkney</p>	<p>No (refer to last column)</p>	<p>No (refer to last column)</p>	<p>Yes</p> <ul style="list-style-type: none"> ○ NHS Orkney has a series of processes in place to support complaint handling. These are under-pinned by appropriate policies and training. We are currently reviewing our wider Healthcare Governance policies and will be bringing all of these together in one over- 	<p>1) A decision on whether this is required will form part of a review of the supply of all medications within the custody facility. This work is being undertaken with our colleagues in NHS Shetland and will be in place within 6 months.</p> <p>2) Completion of these policies will take place on completion of the review. Policies will be in place</p>

			arching framework within the next 3 months.	within 6 months.
NHS Shetland	No (refer to last column)	No (refer to last column)	Yes <ul style="list-style-type: none"> NHS Shetland have trained staff providing custody healthcare who are competent in local governance systems including complaint handling and adverse event recording. The staff work with local policies and procedures. Local clinical governance arrangements provide review of adverse events and assurance. 	1) A decision on whether this is required will form part of a review of the supply of all medications within the custody facility. At present, the controlled drugs stored within the custody suite which require home office license are limited to benzodiazepines. This work is being undertaken with our colleagues in NHS Orkney and will be in place within 6 months. 2) Completion of these policies will take place on completion of the review. Policies will be in place within 6 months.
NHS Tayside	Yes	Yes <ul style="list-style-type: none"> All medication is continued in custody. 	Yes <ul style="list-style-type: none"> All are recorded on Datix, reviewed with the senior team and discussed at the Business & Governance Group. 	N/A

<p>NHS Western Isles</p>	<p>No (refer to last column)</p>	<p>Yes</p> <ul style="list-style-type: none"> ○ We are currently updating our standard operating procedures with the introduction of our Mental Health pathway and Naloxone administering process. ○ To support the issuing of prescribed medications, clinicians working in the service have access to emergency care summary and Aadastra. 	<p>Yes</p> <ul style="list-style-type: none"> ○ Datix is the method used by NHS Western Isles to record any adverse event within the service. This is monitored and assigned to the appropriate senior manager for investigation, route cause analysis and remedial action. ○ Training and system access for Datix is available to all staff in NHS Western Isles 	<p>1) We do not store controlled drugs within any of our custody suites. Currently any controlled drugs are issued via our Emergency department in Western Isles Hospital or our Community Hospitals in Uist (OUAB Hospital) & Barra (St Brendan's Hospital). All hospitals are located closely with our custody suites which prevents any significant delay in access to prescribed medication which is not located in the Custody Suite.</p> <p>The NHSWI board and service leads for custody and Pharmacy will work on a pathway/standarding operating procedure for prescribing of controlled drugs to patients who are in receipt of custody healthcare. This will be carried out over the next 4-6 months. Patients will continue to have access through the current route of</p>
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				ED or Community Hospitals.
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