

STANDARD 8.0 LEADERSHIP

Pharmacy has strong leadership, a clear strategic vision and the governance and assurance necessary to ensure that patients get the best from their medicines.

8.1 STRATEGIC LEADERSHIP

The chief pharmacist (or equivalent) ensures that the organisation maintains a clear vision for pharmacy services and optimal use of medicines across the organisation.

Examples of evidence
<ul style="list-style-type: none">• Chief pharmacist. Job description and role profile. Clear line of reporting to the Board. Chief pharmacist regularly reports to the Board on progress against strategy.
<ul style="list-style-type: none">• Medicines strategy. A medicines strategy that optimises patient outcomes is in place linked to the Trusts overall clinical strategy.
<ul style="list-style-type: none">• Overarching medicines policy. The Chief Pharmacist attends or reports to groups with a remit on the safe and secure handling of medicines.
<ul style="list-style-type: none">• Service improvement and innovation. The Chief Pharmacist ensures that improvement and innovation is part of individual and departmental objectives.
<ul style="list-style-type: none">• Minutes and action plans. Chief Pharmacist or a representative attends all relevant groups. Minutes and action plans are acted upon.
<ul style="list-style-type: none">• Participation in national and regional collaborative audits and initiatives where possible.

8.2 OPERATIONAL LEADERSHIP

Pharmacy services are patient centred and aligned with organisational priorities and the range and level of healthcare commissioned/purchased.

Examples of evidence
<ul style="list-style-type: none">• Operational plans. Service, capacity and workforce plans are in place. Risk register used to highlight staffing issues.
<ul style="list-style-type: none">• Benchmarking. Across the region, with typical peers and equivalent trusts.
<ul style="list-style-type: none">• Organogram .Organisational structure in place supported by regular appraisal and performance development reviews.
<ul style="list-style-type: none">• Patient/user engagement. Comments are encouraged, and complaints monitored.

8.3 CLINICAL LEADERSHIP

The pharmacy team is recognised as leading on medicines issues in the organisation.

Examples of evidence
<ul style="list-style-type: none">• New policies or procedures are not approved by clinical standards unless they have been reviewed by a pharmacist.
<ul style="list-style-type: none">• Education and training. Pharmacists are involved in education and training activities throughout the Trust.
<ul style="list-style-type: none">• Directorate pharmacists. Colleagues in their specialities are supported with information about medicines.
<ul style="list-style-type: none">• Consultant pharmacists. Key areas of medicine activity have clinical leadership from Consultant pharmacists e.g. critical care, antimicrobials, medicines safety, cardiovascular.
<ul style="list-style-type: none">• Service design. Pharmacy must be involved in all business cases if there is a medicines management component.

Example of Practice (See Appendix 2 for more examples)

Across **Scottish Health Boards**, there is an on-going audit for 'empirical antimicrobial prescribing,' which highlights any reasons for non-compliance with the formulary and, where relevant, why an indication for antimicrobial therapy hasn't been documented. This on-going work is reviewing how we can use this data to improve empirical prescribing and ultimately achieve good antimicrobial stewardship, to improve patient care.

Examples of how some sites are achieving delivery of standard 8.0 leadership:

- Chief Pharmacist reports to the Executive Committee quarterly on progress against medicines strategy plan.
- Metrics. Specific metrics developed for key deliverables in the medicines strategy.
- Performance monitoring. Monthly Key Performance Indicators are reported via the CSU dashboard. Performance is monitored at the Pharmacy Board/Pharmacy Quality Board.
- For services provided under SLA we review KPIs at a monthly contract meeting.

Examples of areas for development identified for standard 8.0 leadership:

- We lack feedback on our reports from senior management, we need to work on improving understanding.
- Need to review the best way of engaging with the health community following changes to commissioning arrangements in England.
- Medicines management strategy currently does not go to the Board for approval or support.
- Not all wards have pharmacist cover and we have no resources to provide a weekend service.
- KPIs across all pharmacy service areas need to be defined.
- Under pressure for weekend service provision to increase and seven day working.
- Processes are in place for the development of new SLAs but need to review existing ones as there are gaps in provision.
- Need to get more routinely involved with multidisciplinary audit as tend to focus on internal audit.