

BOARD OF DIRECTORS MEETING (Open)

Date: 11 April 2018

Item Ref:

5

TITLE OF PAPER	Medicines Optimisation Strategy
TO BE PRESENTED BY	Dr Helen Crimlisk, Deputy Medical Director
ACTION REQUIRED	The Board of Directors is asked to: <ul style="list-style-type: none"> • Receive the strategy; • Accept appropriate assurance from the Quality Assurance Committee • Approve the Medicines Optimisation Strategy.

OUTCOME	For the Board to receive sufficient assurances in relation to strategy for medicines use across SHSC.
TIMETABLE FOR DECISION	Discussed at the Medicines Optimisation Group in January 2018, Service User Safety Group in March 2018 and Quality Assurance Committee in March 2018 - for approval by the Board of Directors in April 2018.
LINKS TO OTHER KEY REPORTS / DECISIONS	Trust's Safety Improvement Plan
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Aim: Quality & Safety Strategic Objective: A1 02: Deliver safe care at all times BAF Risk Number: A102ii - Inability to provide assurance regarding improvement in the safety of patient care.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	CQC Fundamental Standards of Safety and Quality NICE Medicines Optimisation Guideline (NG5) Royal Pharmaceutical Society: Professional Standards for Hospital Pharmacy Services (2017) NHS Workforce strategy (draft, Jan 2018)
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Failure to provide safe medicines management would have a negative impact on patient experience, lead to unsafe practices and may cause harm to patients. Not complying with the Royal Pharmaceutical Society/CQC/NHS Contract standards may result in a performance notice being issued, or fines being imposed.
CONSIDERATION OF LEGAL ISSUES	Failure to protect service user safety could result in litigation, application of regulation 28/29 from HM Coroner, criminal prosecution and the issuing of Enforcement Notices from the Health and Safety Executive and/or the Care Quality Commission.

Author of Report	Chris Hall
Designation	Interim Chief Pharmacist
Date of Report	15 March 2018

SUMMARY REPORT

Report to: BOARD OF DIRECTORS

Date: 11 April 2018

Subject: Medicines Optimisation Strategy

Author: Chris Hall, Interim Chief Pharmacist

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
X					

2. Summary

This Medicines Optimisation Strategy replaces the outdated Medicines Management Strategy. It maintains the basic focus on best outcomes with medicines, but emphasises the individualisation to patient needs consistent with the medicines optimisation approach. It supports the Trust's Strategy and Safety Improvement Plan.

This strategy aims to achieve safe and effective use of medicines in line with national (NICE) and local guidance; individualised to patient needs and preferences to ensure people obtain the best possible outcomes from their medicines. The strategy outlines how medicines optimisation will support the attainment of strategic ambitions with emphasis on safety, workforce and communications.

To fully work to best effect, with investment and developments in Pharmacy services, we can deliver the medicines aspects of the new models of care and support teams, particularly where there are currently staffing and recruitment challenges.

The priorities for this strategy are:

- Quality improvement approach to medicines safety
- Evidencing best practice with leading indicators of safety and assurance
- Innovative ways of working
- Best use of technology
- Continuous quality improvement processes
- Focus on best outcomes with medicines for our service users.
- Pharmacy team developing new ways of working
- Trust-wide fostering a culture of openness and safety

3 Next Steps

Once approved, there will be an active process of continuous review, particularly when the new Chief Pharmacist is in post, and when the outcome of the Lord Carter Review of Mental Health Services is completed (due early 2018).

4 Required Actions

The Board of Directors is asked to:

- Receive the strategy;
- Accept appropriate assurance from the Quality Assurance Committee
- Approve the Medicines Optimisation Strategy.

5 Monitoring Arrangements

The implementation and effectiveness of the strategy will be overseen by the Medicines Optimisation Committee, with assurance reported through the Service User Safety Group to the Quality Assurance Committee.

6 Contact Details

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VERSION	[version number]
Name of author/ origin	Chris Hall
Name of responsible committee	Medicines Optimisation Committee
Name of responsible Director	Mike Hunter
Date ratified by Board of Directors	
Date issued	
Review date	

1. PURPOSE

The purpose of this Medicines Optimisation strategy is to support the Trust strategy. It aims to achieve safe and effective use of medicines in line with national (NICE) and local guidance; individualised to patient needs and preferences to ensure people obtain the best possible outcomes from their medicines. These basic principles are unchanged and represent 'business as usual'. This strategy outlines how medicines optimisation will support the attainment of strategic ambitions with emphasis on safety, workforce and communications.

The outcomes from this strategy will be:

- Quality improvement approach to medicines safety

- Evidencing best practice with leading indicators of safety and assurance
- Innovative ways of working
- Best use of technology
- Continuous quality improvement processes
- Focus on best outcomes with medicines for our service users
- Pharmacy team developing new ways of working
- Trust-wide fostering a culture of openness and safety

To fully work to best effect, with investment and developments in Pharmacy services, we can deliver the medicines aspects of new models of care and support teams, particularly where there are currently staffing and recruitment challenges.

Our Vision

Our Vision: To improve the mental, physical and social wellbeing of the people in our communities.

We will do this by:

- Working with and advocating for the local population;
- Refocusing our services towards prevention and early intervention;
- Continuous improvement of our services;
- Locating services as close to peoples' homes as we can;
- Developing a confident and skilled workforce;
- Ensuring excellent and sustainable services.

Our Values: Respect, Compassion, Partnership, Accountability, Fairness, Ambition

Our Strategic Aims

Quality & Safety Aim	We will provide high quality care and support as early as possible in order to improve physical, mental and social wellbeing.
People Aim	We will promote a culture of collaboration, supporting people to work together to make a difference.
Future Services Aim	We will develop excellent mental, physical and social wellbeing for the communities we serve through innovation, collaboration and sharing.
Value for Money Aim	We will provide sustainable services through ensuring value for money, reducing waste and unproductive time for our staff.

Strategic objectives

Highlighted are objectives supported by the delivery of this Medicines Optimisation Strategy

QUALITY & SAFETY	PEOPLE	FUTURE SERVICES	VALUE FOR MONEY
A1 01: Effective quality assurance and improvement will underpin all we do	A2 01: We will manage change positively and effectively, ensuring support for staff	A3 01: Deliver interventions and support closer to general practice, neighbourhoods and embedded within other services.	A4 01: We will improve the productivity and efficiency of our services, maximising time spent with service users
A1 02: Deliver safe care at all times	A2 02: We will develop a strategic approach to enable workforce transformation	A3 02: Collaborate and work with partners to support shared aims of delivering quality care and support.	A4 02: We will adapt some of the services we provide in response to demand and market conditions
A1 03: Provide positive experience and outcomes for service users	A2 03: We will promote an effective culture of leadership and management based on Trust values	A3 03: Provide effective community care and treatment	A4 03: An estate plan that meets our needs
A1 04: Timely access to effective care	A2 04: We will prioritise the health and wellbeing of our employees	A3 04: Provision of high quality inpatient services supported by effective alternatives	A4 04: Use technology to deliver new ways of working and new care models

2. WHAT HAS SHAPED THIS STRATEGY - CONTEXT AND DRIVERS FOR CHANGE

2.1 Trust direction and priorities

This will support the objectives of the SHSC trust strategy and enabling strategies and plans based upon principles of:

Quality and Safety; People; Future Services; Value for Money and will embed trust values:

Respect; Compassion; Partnership; Accountability; Fairness; Ambition

It will support the SHSC Safety Plan with a focus on individual responsibility and accountability for the safe administration of medicines.

It will support the trust's work across the Integrated Care System and developments with primary care mental health and other health care providers. This will include supporting best use of medicines in mental health such as STOMP ('stopping over medication of people with a learning disability') and supporting primary care administration of depot antipsychotics.

Some developments have already started to explore newer ways of working and use of the pharmacy team skill mix. Over the last 2 years we have started to increase support to community mental health teams, developed a pharmacist non-medical prescriber and piloted a community clozapine review clinic. With increased investment we will be able to fully exploit the potential for these and other developments, linked in to national changes described below.

2.2 External influences, national policy

Medicines Optimisation:

The strategy will follow the principles of medicines optimisation

Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. (This contrasts from the previous process-driven medicines management).

4 guiding principles for medicines optimisation, aiming to lead to improved patient outcomes:

- 'Aim to understand the patient's experience
- Evidence based choice of medicines
- Ensure medicines use is as safe as possible
- Make medicines optimisation part of routine practice'

Medicines optimisation was introduced by Royal Pharmaceutical Society in 2013, and further encompassed by NICE guideline NG5 in 2015.

Mental Health and Learning Disability medicines strategy and Lord Carter review

Lord Carter is currently undertaking a review of mental health (and community) trust pharmacy services. The outcome is expected early 2018. At this moment the expectation is that it will consider 3 main elements of pharmacy services - clinical, infrastructure and governance. This will be incorporated into plans as the details are understood.

NHS England is currently preparing a medicines strategy for mental health and learning disability, due in early 2018.

These are both likely to focus on strengthening pharmacy support to community teams (including innovative patient-facing roles), working across care boundaries, governance, and medicines stock control.

This will be consistent with 5YFV, 5YFVMH, CQC standards.

In following these basic principles we will encompass the key points of supporting advice and legislation (see appendix for details)

Workforce

The draft HEE NHS workforce strategy will support delivery of the 5YFV by ensuring that healthcare staff are recruited in the right numbers and with the right values and behaviours to support the delivery of excellent healthcare and to continue to drive improvement. The development and transformation of the pharmacy profession are central threads to the wider workforce programmes. It aims to pharmacists, pharmacy technicians and their teams to spend more time delivering clinical services and health improvement; work in a variety of NHS settings as part of an integrated local primary care team and use improved

technology all to improve efficiency for the NHS and outcomes for patients.

<https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-planning/mental-health-workforce-plan>

2.3 Best practice

The Royal Pharmaceutical Society Professional Standards for Hospital Pharmacy Services 2017 provide a broad framework that will support pharmacists and their teams to continually improve services, shape future services and roles, and deliver high quality patient care across all settings and sectors. The professional standards support professional practice and encourage a culture of openness, transparency and candour that puts patients first by encouraging professionalism. Ultimately, the standards will help patients experience a consistent quality of service within and across healthcare providers that will protect them from incidents of avoidable harm and help them to get the best outcomes from their medicines. The standards cover pharmacy services however provided, and will be applicable as new and more integrated models of care develop.

The standards include strategic and clinical leadership for optimal medicines use across the organisation and wider healthcare community, effective management of medicines, support for other health and social care staff, digital technology and informatics to support medicines use; safe systems of care and safety culture.

CQC learning and resources, including Key Lines of Enquiry will be used to guide more detailed processes and assurance, working with the SHSC Care Standards team developing peer inspection approach to complement existing pharmacy assurance checks.

2.4 Engagement and co-production – how has the strategy been developed

Key principles have been discussed with Medicines optimisation committee; Clinical director; Medical director. Other key staff have been involved in discussion: Senior pharmacy staff, Clinical Director Strategic Partnerships, Care Standards Manager, Organisational Development Programme Manager, director of Strategy and Planning. Drafts have been shared with Trust Management Group, Medical Staffing Committee, Clinical Effectiveness Group, Service User Safety Group.

3. STRATEGY – KEY DELIVERABLES

As stated previously the basic principles of medicines use in SHSC are unchanged, using evidence-base prescribing, supply and administration of medicines in a timely manner suited to the patients setting as set out in the medicines optimisation policy.

This strategy will focus on the following key areas

- A Safety
- B Focus on individual – best outcomes with medicines
- C Workforce
- D Communication

A Safety

Why we have prioritised this

Safe use of medicines is an underpinning principle in all areas of medicine, including mental health and learning disability. The SHSC Safety Plan (following on from the November 2016 CQC inspection) includes Medicines Safety as one of the key priorities. It focuses on individual responsibility and accountability for the safe administration of medicines in order to improve patient safety.

We have set the following objectives

- 1) Systems for identifying, reporting and learning from medicines related patient safety incidents

As an organisation we will refine the way we:

- collect and classify incident reports,
- identify trends and patterns,
- learn from them, and
- embed actions and change into everyday practice.

This remains at the core of the role of the Medicines Safety Officer, supported by the Medicines Safety Group, reporting to the Medicines Optimisation Committee.

A quality improvement approach will be used to review systems and processes, both within the pharmacy team and in conjunction with Risk Department and with the clinical directorate.

Pharmacy skill mix review will review the split of tasks between the Medicines Safety Officer and supporting staff, and better focus on supporting teams and linked staff to take ownership of medicines incidents.

- 2) Leading indicators of safety / Systems for safety assurance – evidence of best practice

We will enhance proactive checks about medicines safety, translating a pharmacy-style checking culture into other teams' environments.

This stream will build on the work of the medicines safety officer, pharmacy technician checks and the Care Standards team.

It will refine the medicines assurance checks and embed them into the SHSC care standards process of peer inspections, using observation in practice.

These will be consistent with SHSC policies and SOPs, and with external drivers such as with CQC KLOEs.

- 3) Openness and Safety

We will promote a sense of openness around medicines safety. Most mistakes are 'honest mistakes' not reckless or malicious. If staff contain their own 'hidden shame' about having made a mistake then the organisation cannot learn from it.

We will foster a culture where staff have the courage to be open and honest and recognise their responsibility to the organisation to report mistakes ('living the trust values').

Once these hidden mistakes are in the open we can learn from them and make medicines use safer.

This in turn will improve awareness of latent conditions ('accidents waiting to happen').

This strand will involve ongoing work with Risk department to overcome barriers and support staff to report and learn, including investigating the potential role for ethical mentoring.

4) Responsibility and accountability – Individual & Team

To foster this sense of responsibility will require education, training and culture shifts.

This will be an ongoing objective alongside risk department and the clinical directorate safety team.

This will link to the Quality Improvement strategy aim to improve the quality of care.

5) Governance structures – directorates and risk

The system for medicines safety assurance will be reviewed with the risk department and the developing clinical directorate safety and governance structure.

We will refine structured input at both team and directorate governance.

Work will continue with Risk Department on combined messages regarding safety and learning.

Quality improvement work around the Medicines Safety Officer role and tasks will include further structured links between risk and MSO.

Governance – external oversight

Work with care standards will focus on medicines related key lines of enquiry consistent with CQC standards.

Processes and handling of controlled drugs are overseen by the accountable officer for controlled drugs.

Within the pharmacy department, processes will be consistent with the requirements of the General Pharmaceutical Council, and the MHRA Wholesale

Dealers Licence in addition to following standards of the Royal Pharmaceutical Society and the principles of the ongoing Carter review.

Planned actions and outcomes: See appendix 1

B Focus on individual – best outcomes with medicines

Why we have prioritised this

This supports SHSC strategy and values.

Services users should be placed at the centre of any treatment decisions in order to provide a positive patient experience. Their experiences, beliefs and concerns need to be listened to, and appropriate medicines information provided in order to support them to make an informed decision.

This concept is further supported by the NICE guideline NG5 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.

The Royal Pharmaceutical Society defines medicines optimisation as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'.

Evidence based treatment options should be readily available and tailored to the individual service user in order to optimise patient outcomes.

Historically focus has been on supporting key services (inpatient) however more complex patients are now being supported in the community in order to provide care closer to home. For equality of experience, opportunities to access specialist pharmacy and medicines input is required and can be supported by new ways of working.

We have set the following objectives

- 1) Evidence based
We will continue to use evidence based treatments supported by national (NICE) or local guidance, summary of product characteristics and the BNF.
- 2) Optimise for individual
Using evidence based approach to tailor treatments to each individual's circumstances and needs, appropriately considering their preferences, in the broader clinical context.
- 3) Mental and physical health
Supporting optimisation of mental and physical health through medicines, lifestyle choices, and monitoring.
- 4) New ways of working:
 - Supporting enhancements to MDT working
 - Role for pharmacy review/support clinics e.g. clozapine plus Clozapine clinic pilot underway with request to extend this to both recovery teams.
Supporting roles for non-medical prescribers
 - Working across the health care community ACS to collaborate and share mental health medicines expertise; supporting best outcomes and value.
- 5) **Medicines prescribing and supply** - Timely and safe prescribing, supply, storage, transport, dispensing and administration of medicines

To continue current 'business as usual' to provide pharmacy services and support our patients to access medicines in a timely and appropriate way, following principles of care as close to home as possible.

We are continuing to review the way pharmacy services are delivered in line with the anticipated priorities of the Carter review.

We will continue to work with the clinical directorate to achieve safe ways of working, with appropriate audit trails and assurance.

We will continue to work with the clinical directorate to develop more structured feedback to teams regarding the costs of medicines, and consideration of any appropriate cost efficiencies.

Non-approved medicines

The trust non-approved list will be prioritised for review.

6) **Quality Improvement**

To continue quality improvement approaches to optimise best outcomes with medicines.

To continue membership of the Prescribing Observatory for Mental Health and participation in their quality improvement programme of audits and improvement measures.

To participate in and support other national and local audit processes for lead to better use of medicines.

Participate in national and local projects to improve medicines use and outcomes e.g. STOMP.

Continue to work the Area Prescribing Group, and support best use of medicines across the health community.

Work with the SHSC Research Development Unit to best support improvements to use of medicines in mental health and learning disabilities.

Planned actions and outcomes: See appendix 1

C **Workforce**

Why we have prioritised this

To support SHSC trust strategy and to achieve patient safety and best outcomes with medicines.

We have set the following objectives

1) The Pharmacy team:

To continue the current Pharmacy staffing and skill mix review, to enhance the right skills and competencies for working together with the clinical directorate with leadership and culture supporting trust values. To explore optimal use of mentorship to enhance developments. To work with YH HEE regarding recruitment and retention, training and development to support the mental health workforce plan and enhancing resilience. This develops the role of pharmacy staff in teams to focus on medicines; freeing time for other professionals and improving

the service as a whole.

The training will include:

- Pharmacists - Independent Prescriber; postgrad certificate and diploma in psychiatric pharmacy (or equivalent developments);
- Pre-registration pharmacists;
- Technicians – post-qualification training; accredited checking technicians;
- Apprentice Technicians
- ATOs and apprentice ATO

<https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-planning/mental-health-workforce-plan>

Pharmacy resource

If the ambitions outlined within the Trust strategy are to be realised, the organisation must maintain a confident and bold approach in extending the innovative patient-facing roles for pharmacy staff. This is supported by the Trust workforce strategy, the Carter Review, RPS and NICE guidance.

We will work with the trust and clinical directorate to further develop this model and identify resource to achieve this.

2) Staff trust-wide

We will continue to support competence and training through both formal training and ad hoc support and training within teams.

This includes:

- Mandatory training – medicines optimisation and rapid tranquilisation,
- Refresh Medicines with Respect approach for nurses,
- Quality improvement forum
- We will continue to support students in training with SHSC, including multidisciplinary learning.

We will work with the risk department and clinical leadership to support a safety culture and openness around medicine:

- A focus on individual responsibility and accountability for the safe administration of medicines

We will work with the organisational development team to enhance a learning culture, living the trust values and exploring ethical mentoring.

Planned actions and outcomes: See appendix 1

D Communication

Why we have prioritised this

It is known that when patients transfer between different care settings (such as on admission to hospital or discharge to the community teams) there is a greater risk

of poor communication and unintended changes to patients medication resulting in poor outcomes.

Safe use of medicines with best outcomes for patients can only be achieved by sharing information across the health care community as appropriate.

Limited electronic sharing of information is currently possible and we need to work with the broader NHS to support further electronic systems to promote timely access to accurate information.

Similarly electronic systems are in use for some of SHSC prescribing and medicines administration but not all aspects are covered.

Current electronic systems in use are better at logging and storing information than they are at delivering information (e.g. for overviews and reports) in the most appropriate and usable formats.

There are updated regulatory standards to be achieved which will require upgrading of electronic systems. There is subsequently an opportunity to fully exploit the new systems to best support safe and effective medicines use.

We have set the following objectives

- 1) Medicines reconciliation, and Communication with GP and other providers
 - a. To continue to support teams to improve the timeliness and accuracy of medicines information shared between teams and healthcare settings, and supporting CQUINS.
We will continue to work with IMST and NHS Digital to address the challenges of electronic sharing of information between settings.
- 2) Systems – best use of technology
 - a. We will continue to work with IMST to upgrade the JAC electronic prescribing and medicines administration system.
 - b. This will allow us to achieve compliance with new national specifications and regulatory requirements including use of DM+D medicines directory, and compliance with the Falsified Medicines Directive.
 - c. Once upgraded, we will explore with the clinical directorate optimisation of the capabilities such as paper-based elements of inpatient medicines supply, and further use of electronic recording and prescribing within community teams, evaluating available systems.
- 3) Exploring new technology and applications to support medicines optimisation
 - a. We will work towards exploring with IMST and the clinical directorate use of electronic systems to support and evaluate medicines use and adherence, such as telemedicine, app uses, evidence-based interventions, patient reminders and self-monitoring
- 4) Achieve open loop feedback
 - a. Working with risk department and clinical directorate, to improve communication across the trust.
 - b. Where incidents and observation lead to identifying changes that are needed, to broadcast this effectively right across the organisation?

Planned actions and outcomes: See appendix 1

4. OUTCOMES & IMPACTS OF THE STRATEGY

Short summary of what the intended outcomes from the strategy will be, organised as follows

Trust strategic aims	The outcomes this strategy will deliver in support of the Trust aims
1) Quality and Safety	- a Quality improvement approach to medicines safety - b Evidencing best practice with leading indicators of safety and assurance
2) Future Services	- a Innovative ways of working - b Best use of technology - c Continuous quality improvement processes
3) People	- a Focus on best outcomes with medicines for our service users - b Pharmacy team developing new ways of working - c Trust-wide fostering a culture of openness and safety

5. GOVERNANCE AND REPORTING

We will review our performance in delivering this strategy, evaluate its impact and make adjustments to our plans when necessary. We will do this in the following ways:

- The Medicines Optimisation Committee will oversee the delivery of this strategy.
- The Committee will receive progress reports every 6 months
- The reports will confirm progress in delivering the agreed actions, and progress towards achievement of the intended outcomes and benefits.
- An implementation plan will be in place to support the delivery of this strategy. The plan will be reviewed and updated on an annual basis and approved by the Medicines Optimisation Committee.
- The strategy will be reviewed when the Carter review of mental health and community services is published. It will be reviewed when the substantive Chief Pharmacist post is filled.

6. REFERENCES

RPS hospital pharmacy standards. <https://www.rpharms.com/resources/professional-standards/professional-standards-for-hospital-pharmacy>

SHSC Medicines Management Policy

NICE Medicines Optimisation Guideline (NG5) <https://www.nice.org.uk/guidance/ng5>

Royal Pharmaceutical Society: Medicines Optimisation: Helping patients to make the most of medicines, Good Practice guidance for healthcare professionals in England, May 2013. <https://www.rpharms.com/resources/ultimate-guides-and-hubs/medicines-optimisation-hub>

NHS Workforce strategy (draft, Jan 2018) <https://www.hee.nhs.uk/our-work/planning-commissioning/workforce-strategy>

Appendix 1.

Planned actions and outcomes

Safety

What	Who	Desired outcome	When
QI approach to medicines safety	Lead by Pharmacy Department supported by medicines optimisation committee.	Effective systems in place for identifying and reporting incidents. Improved learning from incidents and actions embedded in every day practice.	In progress by April 2018
Stepped approach to revised assurance checks	Lead by Pharmacy Department	Sharing best practice and avoiding harm.	Ongoing
Safety culture	Lead by Pharmacy Department supported by Risk Department.	Improved reporting of incidents via an 'open culture' where staff take ownership for medicines incidents recognising their own accountability and responsibility.	Ongoing
Governance Systems	Lead by Pharmacy Department supported by Risk Department.	Processes and medicines use compliant with national bodies (GPHC, MHRA, CQC) and legal requirements (controlled drugs); in addition to the principles of the Carter review.	Ongoing

Best outcomes with medicines

What	Who	Desired outcome	When
Evidence based treatments	Led by Pharmacy Department	Trust wide prescribing of evidence based treatments in line with national (NICE) and local guidelines centred on the principles of medicines optimisation.	Ongoing
Individual optimised treatments	Led by Pharmacy Department	Best medicine outcomes and promotion of patient choice and involvement. Trust wide prescribing of evidence based treatments tailored to individuals in line with national and local guidelines.	Ongoing
Mental and Physical Health	Led by Pharmacy Department	Optimisation of patient's mental and physical health, improving quality of life through medicines use, lifestyle choices and monitoring.	Ongoing
Medicines Supply	Pharmacy Department	Safe supply and administration of medicines in a timely manner suitable to the patients setting. Pharmacy services to be delivered in line with the anticipated priorities of the Carter review.	Ongoing
Prescribing of medicines	Led by Pharmacy Department	Electronic prescribing accessible within both the inpatient	Ongoing

		<p>and community setting.</p> <p>Structured feedback available to teams regarding the cost of medicines and management of cost efficiencies.</p> <p>Evidence based prescribing as per medicines optimisation principles in line with local and national guidelines (non approved list to be reviewed).</p> <p>Effective processes in place to ensure appropriate audit trails and assurance.</p>	
Quality Improvement	Led by Pharmacy Department	Optimised medicines use and best patient outcomes via participation in local and national audits (POMH-uk) and projects (STOMP, SHSC Research Development Unit).	Ongoing
Extended MDT working	Pharmacy Department	Optimised patient outcomes via implementation of new ways of working (expansion of clozapine clinic, role of NMP, pharmacist integration into community teams). Patients supported to take medication (MDS scheme).	Ongoing

Workforce

What	Who	Desired outcome	When
Resource	Pharmacy Department	Implementation of HEE MH and Trusts workforce plan. Improved recruitment and retention of highly trained and skilled pharmacy staff. Development of education and training plan (including NMP and post graduate qualifications). Pharmacy staff time to be spent on clinical services including innovative patient facing roles.	Ongoing
Trust wide staff training	Led by Pharmacy Department	Staff (trust wide) competent with medicines optimisation principles and rapid tranquillisation (achieved via mandatory training). Staff to be accountable and responsible for the safe administration of medicines and foster a open culture around medicines.	Ongoing

Communication

What	Who	Desired outcome	When
Medicines reconciliation	Led by Pharmacy Department	Safe use of medicines on transfer between care settings with accurate medicines information shared between health care teams and sectors in a timely manner. Compliance with national guidelines (NICE) and targets (CQUINS) in relation to medicines reconciliation	
Technology Systems	Led by Pharmacy Department	Improved patient outcomes via access to accurate information and through effective sharing of data between sectors in a timely manner. Community and inpatient teams to have access to EPMA in line with the hospital pharmacy transformation plan.	