

Agenda Item No: **XXX**

**SUMMARY REPORT**

**People, Equality and Culture Committee**

**23<sup>rd</sup> February 2023**

<b>Report Title:</b>	Pharmacy Services – Staffing Challenges					
<b>Executive/ Non-Executive Lead:</b>	Professor Natalie Hammond, Executive Nurse					
<b>Report Author(s):</b>	Dr Hilary Scott, Director of Pharmacy					
<b>Report discussed previously at:</b>	Not applicable					
<b>Level of Assurance:</b>	<b>Level 1</b>	✓	<b>Level 2</b>		<b>Level 3</b>	

**Risk Assessment of Report – *mandatory section***

Summary of risks highlighted in this report	Failure to recruit, develop and retain staff, and inadequate leadership within pharmacy services to support high quality, safe, clinical care.	
	Inability to deliver a comprehensive pharmacy services to Trust patients.	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Systems and Processes/Infrastructure	✓
	SR4 Demand/Capacity	✓
	SR5 Essex Mental Health Independent Inquiry	
	SR6 Cyber Attack	
	SR7 Capital	
	SR8 Use of Resources	
Does this report mitigate the Strategic risk(s)?	Yes	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? <i>Note: Strategic risks are underpinned by a Strategy and are longer-term</i>	No	
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	Failure to provide adequate, timely and high quality pharmacy services due to inadequate staffing, vacancy and sickness levels.	
Describe what measures will you use to monitor mitigation of the risk	Audit, performance indicators, staff wellbeing, sickness and turnover.	

**Purpose of the Report**

The purpose of this report is to update the People, Equality and Culture Committee on the current position in relation to staffing affecting the pharmacy service.	<b>Approval</b>	
	<b>Discussion</b>	✓
	<b>Information</b>	✓

**Recommendations/Action Required**

The People, Equality and Culture Committee is asked to:	
1	Note the contents of the report
2	Request any further information or action.

**Summary of Key Issues**

The Executive Team considered the critical staffing position faced by Pharmacy Services and a case for investment at its meeting on June 28 <sup>th</sup> 2022. This paper provides an update on the actions taken and progress since then.
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As anticipated, the staffing position worsened during the second half of 2022, due to those working out their notice having then left. At present, 53% of all pharmacist posts are vacant, with this figure increasing to 60% for AfC bands 6-8a which are the mainstay of patient facing ward/clinic based activity. Delivery of services is extremely challenging and the team has been working to its business continuing plan for some time. This means that all but supply, key clinical input and safety critical work is currently curtailed which will lead to a backlog of tasks such as policy and procedure updates, formulary revisions and updating education and training materials. This is also causing additional work for non-pharmacy ward staff, and does not provide the level of support and nursing and medical staff desire.

More success has been had with recruitment to 8a and above posts (but not to all) and band 3 posts. Sourcing temporary staff until permanent replacements are appointed is also proving challenging with agencies only offering candidates who will work at rates above the assessed level of the role, are unable travel, or lack suitable experience.

Actions designed to improve the situation have involved close working with the resourcing and marketing/brand teams including increased social media activity, radio and digital advertising. Since the turn of the year there has been a marked increase in the number of applications received, although a significant proportion of these are from current foundation year trainee pharmacists who will not register until August 2023, contingent on passing their registration exam.

Further details are provided in the attached short paper, with more information available as appendices for those that want to understand the more detailed position.

#### Relationship to Trust Strategic Objectives

SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

#### Which of the Trust Values are Being Delivered

1: We care	✓
2: We learn	✓
3: We empower	✓

#### Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:

Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			✓
Financial implications:			N/A
Capital £			
Revenue £			
Non Recurrent £			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	YES/NO	If YES, EIA Score	N/A

#### Acronyms/Terms Used in the Report

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**Supporting Documents and/or Further Reading**

**Lead**

**Natalie Hammond**  
**Executive Nurse**

SAB/Meeting Cover Report Template/rev.8 Nov 22

**PHARMACY SERVICES – STAFFING CHALLENGES****1. PURPOSE OF REPORT**

The purpose of this report is to update the People, Equality and Culture Committee on the challenges facing the pharmacy service in relation to staffing.

**2. BACKGROUND**

- 2.1 At its meeting on 28<sup>th</sup> June 2022 the Executive Team received a paper (agenda item 9ii) setting out the critical position faced by the pharmacy service due to vacancy levels, a spate of resignations and sickness rates. The paper also addressed the need to align the pharmacy structure with Care Units to reflect changes to operational structures. The background to this situation was explained, dating back to decisions made during the first year of post-merger EPUT that required pharmacy, alongside corporate services such as finance and human resources, to make a 15% financial saving. This resulted in the loss of four pharmacist and two pharmacy technician posts. Despite these changes occurring in 2017/18 they continued to have an impact with demoralised staff trying to delivery an excessive workload, resulting in high absence rates and staff turnover. This impact would likely have materialised earlier if it had not been for the intervention of the COVID-19 pandemic which encouraged staff to pull together
- 2.2 The recommendations of the Director of Pharmacy to invest in pharmacy services to achieve greater alignment with operational services, enhance leadership and facilitate workforce development, recruitment and retention were agreed. Over the following three months, the Director of Pharmacy worked closely with the Senior Director of Organisational Development and Associate Director of Resourcing to develop and put in place an action plan of intensive support to help address the situation.

**3. PROGRESS WITH RECRUITMENT**

- 3.1 During July 2022, the new structure was socialised within the pharmacy senior management team and some adjustments made based on their feedback. Changes were made in close consultation with the service's management accountant and within the financial envelope of the existing establishment and investment agreed by the Executive Team. This included some skill mix adjustments.
- 3.2 The final structure was shared with pharmacy staff at the beginning of August 2022 (see **Appendix 1**). Job descriptions and personal specifications were completed for all new posts and clustered or job matched by mid-August. Documentation for existing posts was updated to match the new EPUT templates and posts progressively appeared on TRAC, NHS Jobs and a dedicated "Pharmacy Jobs" page on the EPUT website since that point.
- 3.3 Vacancies equating to 25.5 whole time equivalents (WTEs) currently exist<sup>1</sup>, of which 4.0 WTE are at conditional or unconditional offer stage. Interviews are pending for a further 11.7 WTE posts. Despite being advertised repeatedly, 7 adverts (9.8 WTE pharmacist posts; AfC band 6 – 8b) have so far received no applicants. 13 WTE posts are currently filled with agency and bank staff/shifts, although those from employment agencies generally involve grade inflation in order to secure assignments and are therefore considerably more expensive than permanent staff. In the current 'seller's market' it is not always possible to retain them long term as higher offers are to be found in other organisations and particularly in community pharmacy. Details of the progress with filling posts is contained in **Appendix 2**.

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<sup>1</sup> as at 14/02/23

- 3.4 Recruitment at the two extremes of the Agenda for Change scale has proved reasonably successful. Following regrading from Band 2 to Band 3, which is more representative of neighbouring trusts, all pharmacy support worker (PSW) posts are now filled.
- 3.5 Although the succession of pharmacist resignations seen in the first half of 2022 has now eased, 53% of all pharmacist posts remain vacant. However, across AfC bands 6, 7 and 8a, which are most directly involved in delivering patient-facing clinical care, 60% of pharmacist posts are vacant, compared with 25% of pharmacy technician posts. Whilst all pharmacy technician posts are currently filled with agency staff, this has not been possible with pharmacists, and a two thirds of the pharmacist posts remain entirely unfilled. This has a significant impact on the capacity of the team to provide adequate pharmacist presence on wards which is important in providing oversight of medicines governance and a proactive contribution to medicines optimisation and the management of patients' physical health needs. The reduced ward presence is causing increased workload for ward staff and resulting in complaints from ward managers.
- 3.6 Despite repeated advertising of pharmacist posts, until recently, few, if any, applications had been received. Historically, of the 17 junior pharmacist posts around three have been filled by new registrants. Although junior posts are being advertised with automatic progression from band 6 to band 7 on demonstration of appropriate competencies and with the availability of guaranteed funded postgraduate study, these posts remain difficult to fill. Currently, all applicants for these posts are from 2022/23 foundation year trainees who, if successful with their General Pharmaceutical Council exam in July, will become a registrant in August 2023.
- 3.7 Given the paucity of applications seen over the last six months, if pharmacist posts are to be filled at all, it is likely that a significant proportion will have to be filled from this pool of new registrants. With around 2,100 new registrants each year and all sectors experiencing staffing difficulties, it is possible that this group of applicants will have submitted applications to multiple organisations and will accept the best offer. Although a specific post to support the development of relatively inexperienced pharmacists was created as part of the restructure implemented in summer 2022, this level of new registrant was not anticipated and it will place additional strain on this post holder and other more senior members of the team to supervise and develop them. Making offers to foundation year trainees carries a number risks. The usual pass rate is in the region of 70-80% meaning that not all conditional offers may convert to staff in August 2023. There were technical difficulties with the exam in 2022, which resulted in some candidates having to re-sit in November 2022, which if repeated could result also result in conditional offers not being met. From an ethical perspective recruitment to these posts would need to cease once offers are made, despite the two risks above which could result in not attracting other candidates in the meantime, and most importantly it means that there is little or no prospect of an improvement in the staffing situation until at least August 2023 and new registrants will take time to get up to speed following 5-20 appointment.
- 3.8 The ability to offer financial incentives, being offered by more and more trusts, remains likely to assist with recruitment particularly for the difficult to fill locations of Colchester and more recently Chelmsford. It should be noted that Suffolk and Norfolk Foundation Trust is now offering a £3,000 incentive to assist with the recruitment of pharmacist.
- 3.9 Constant discussions have taken place with employment agencies, both directly and via the EPUT temporary staffing office, and with NHS Professionals. Approval has been provided for grade inflation, using off framework agencies, and appointment outside Direct Engagement, however finding locum pharmacists who are willing and available to work at sensible rates continues to be a significant challenge. Unrealistic expectations raised by agencies of individual's worth, and the rates that they can be paid for working in community pharmacy (up to £80 per hour), are not making this any easier.

#### 4. MARKETING

4.1 Since mid-August 2022 the Director of Pharmacy and Interim Deputy Chief Pharmacist have been working with colleagues from the EPUT marketing and brand team on a pharmacy marketing and communications plan. Current and future outputs include:

- Radio advertising campaign
- Digital advertising via radio, web, mobile and social media
- Dedicated Pharmacy Jobs page in the vacancies section of the EPUT public website
- Paid social media content on LinkedIn and Facebook targeting specific areas and demographics
- Use of a recruitment agency to seek candidates
- Display adverts on relevant websites
- Targeted recruitment emails via trade publications
- Pharmacy promotional video

A specific EPUT Pharmacy LinkedIn page has been used to showcase and promote the work of the team and has resulted in some applications.

4.2 Whilst foundation year trainees are interviewed some of the activity will be paused in order to be able to target marketing at the right demographics for the remaining vacant posts on resumption.

#### 5. ORGANISATIONAL DEVELOPMENT

5.1 Following a meeting with the Director of Employee Engagement, two staff experience managers have been assigned to work with the pharmacy team, particularly to help the department address some of the long-standing behavioural issues that are impacting on others and ultimately risk compromising the service we offer patients. Drop in sessions took place at Chelford Court in August 2022 and discussions continue with the staff engagement team on an ongoing basis.

5.2 A whole team staff awayday took place in September 2022 with input from the employee engagement and organisational development teams. This also provided a focus to recognise the significant contribution that the team has made since the beginning of the pandemic and look forward to the future.

5.3 Following the awayday 14 staff members agreed to be filmed for inclusion in a pharmacy promotional video. This is being used to support recruitment via a variety of channels.

#### 6. CONCLUSION

6.1 The June 22 paper identified the risks associated with the provision of pharmacy services and which have and will continue over coming months. Despite considerable effort over the last six months these risks remain, and due to the number of vacancies which have now fully materialised the situation is actually worse currently than in June 2022. Whilst some appointments have been made many of these did not come into post until late 2022 and will continue to do so over the coming months. Therefore the current position will continue for some months to come. An updated risk log, reflecting progress can be found in **Appendix 3**.

6.2 In line with the pharmacy Business Continuity Plan, all pharmacy activity has been reviewed and placed in four categories – Continue (clinical), Continue (operational), Continue but under review and Stop (see **Appendix 4**). The majority of activities undertaken at this time relate directly to immediate patient care or are safety critical. This will result in a backlog of policy, procedure, strategy, guideline and formulary work which at present there is no capacity to undertake as almost all staff are currently focusing on basic ward/clinic duties. The inability to

deliver a range of normal pharmacy activity will have an impact on the delivery of wider services and also serves as a source of frustration for medical and nursing colleagues. This is reviewed on a monthly basis by the pharmacy senior management team.

## **7. Action Required**

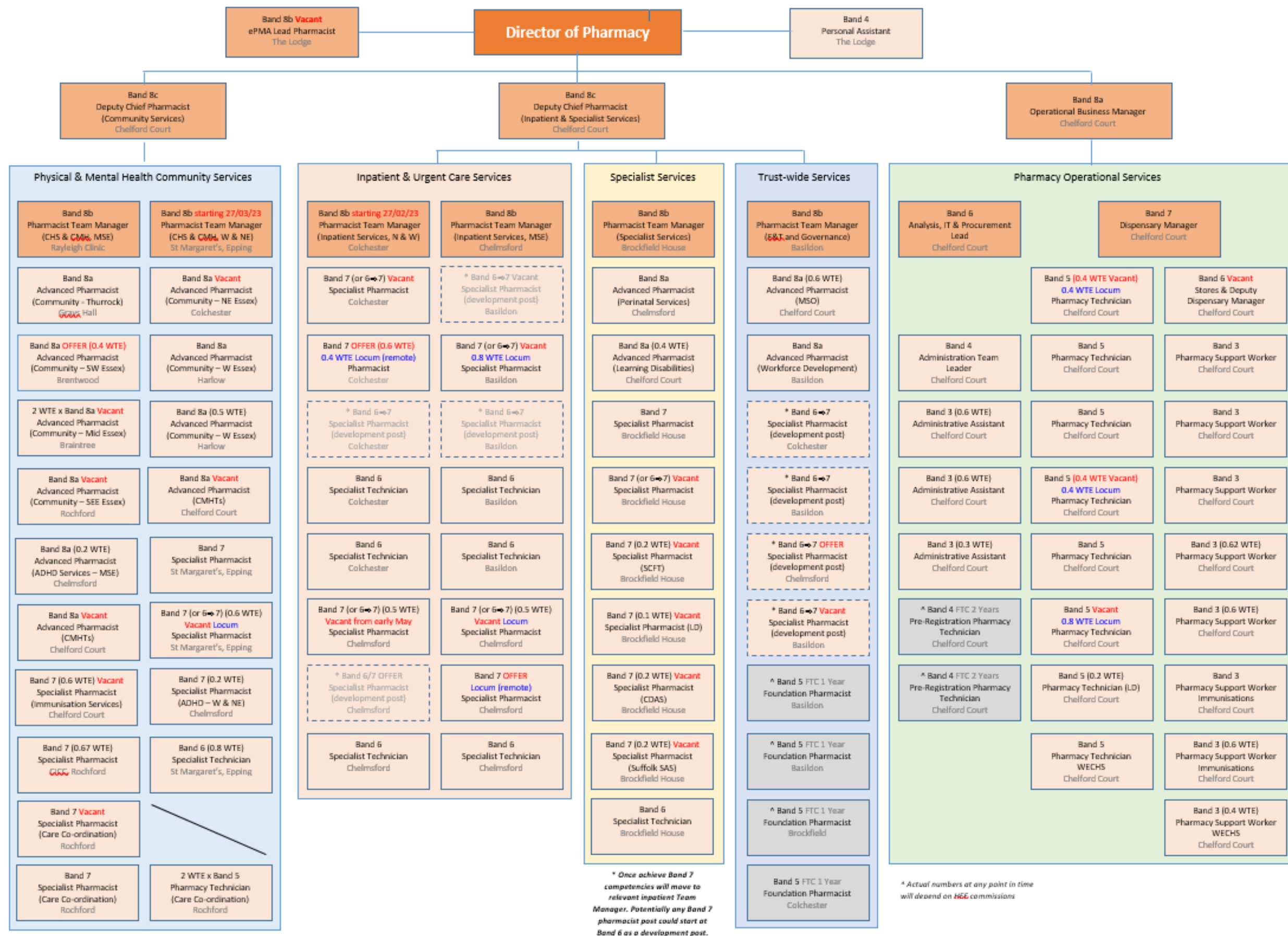
The People, Equality and Culture Committee is asked to:

- 1 Note the contents of the report
- 2 Request any further information or action.

Report prepared by

Dr Hilary Scott  
Director of Pharmacy  
14<sup>th</sup> February 2023

## Appendix 1 – Future Pharmacy and Medicines Optimisation Structure





## Appendix 2 – Progress with Recruitment

Post	AfC Band	WTE	Base	Status	Comments
Deputy Chief Pharmacist (Inpatient & Specialist Services)	8c	1.0	Chelford Court	Appointed	External appointment. Started 05/09/22
Deputy Chief Pharmacist (Community Services)	8c	1.0	St Margaret's, Epping	Appointed	Internal appointment. Started 01/12/22
Pharmacist Team Manager (Inpatient Services, MSE)	8b	1.0	Linden Centre	Appointed	External appointment. Started 23/01/23
Advanced Pharmacist (Medication Safety Officer)	8a	1.0	Basildon	Appointed	External appointment. Started 05/12/22
Operational Business Manager	8a	1.0	Chelford Court	Appointed	External appointment. Started 02/12/22
Advanced Pharmacist (Workforce Development)	8a	1.0	Basildon	Appointed	Internal appointment. Started 05/12/22
Pharmacy Technician (Dispensary Manager)	7	1.0	Chelford Court	Appointed	Internal appointment. Started 02/02/23
Pharmacy Technician (Medicines Management)	6	1.0	Linden Centre	Appointed	Internal appointment. Started 23/01/23
Pharmacy Technician (Medicines Management)	6	1.0	Colchester	Appointed	Internal appointment. Started 12/01/23
Pharmacy Technician (Medicines Management)	6	0.8	St Margaret's, Epping	Appointed (Fixed Term Contract)	Internal secondment (maternity leave cover). Started 07/02/23
Personal Assistant	4	1.0	The Lodge	Appointed	External appointment. Started 28/11/22
Administrative Team Leader	4	1.0	Chelford Court	Appointed	External appointment. Started 19/12/22
Pharmacy Support Worker	3	0.6	Chelford Court	Appointed	External appointment. Started 04/01/23
Administrative Assistant	3	0.6	Chelford Court	Appointed	External appointment. Started 03/10/22
Administrative Assistant	3	0.3	Chelford Court	Appointed	External appointment. Started 16/11/22
Pharmacist Team Manager (Inpatient Services, W & NE)	8b	1.0	Colchester	Appointed	External appointment. Starting 27/02/23
Pharmacist Team Manager (Community Services, W & NE)	8b	1.0	St Margaret's, Epping	Appointed	External appointment. Starting 27/03/23
Specialist Pharmacist (Inpatient MH Services)	7 (or 6)	1.0	Linden Centre	Appointed	External appointment. Start date TBC, expected May/June 2023
Advanced Pharmacist (ePMA)	8b	1.0	The Lodge	Interview pending	
Advanced Pharmacist (South West Essex Primary MH Team)	8a	1.0	Brentwood	Offer pending	External appointment at 0.4 WTE. Start date expected May/June 23. 0.6 WTE remains vacant
Specialist Pharmacist (Immunisation Services)	7	0.6	Chelford Court	Interview pending	
Pharmacy Technician (Deputy Dispensary & Stores Manager)	6	1.0	Chelford Court	Advertising	New vacancy due to internal appointment

Post	AfC Band	WTE	Base	Status	Comments
Pharmacy Technician (Medicines Management)	6	1.0	Basildon	Advertising	New vacancy due to MH Urgent Care Department
Pharmacy Technician	5	1.8	Chelford Court	Advertising	New vacancies due to internal appointments
Pharmacy Technician	5	1.0	Chelford Court	Advertising	New vacancy due to internal secondment
Specialist Pharmacist (Inpatient MH Services)	7 (or 6)	1.0	Linden Centre	Appointed (Conditional)	External appointment. Subject to successful GPhC registration in July 2023 after failing Nov 2022 exam; start date August 2023
Specialist Pharmacist (Inpatient MH Services)	7 (or 6)	2.0	Basildon	Interview pending	Applicant(s) foundation trainees so offers will be subject to successful GPhC registration in July 2023; start date August 23
Specialist Pharmacist (Inpatient MH Services)	7 (or 6)	1.0	Linden Centre	Interview pending	Applicant(s) foundation trainees so offers will be subject to successful GPhC registration in July 2023; start date August 23
Specialist Pharmacist (Specialist Services)	7 (or 6)	1.7	Brockfield House	Interview pending	Applicant(s) foundation trainees so offers will be subject to successful GPhC registration in July 2023; start date August 23
Specialist Pharmacist (Community Health Services)	7 (or 6)	0.6	St Margaret's, Epping	Interview pending	Applicant(s) foundation trainees so offers will be subject to successful GPhC registration in July 2023; start date August 23
Advanced Pharmacist (North East Essex Primary MH Team)	8a	1.0	Colchester	No applicants	Closing date extended multiple times
Advanced Pharmacist (Mid Essex Primary MH Team)	8a	2.0	Braintree	No applicants	Closing date extended multiple times
Advanced Pharmacist (Community Mental Health Teams)	8a	2.0	Chelford Court	No applicants	Closing date extended multiple times
Specialist Pharmacist (Care Co-ordination)	7	1.0	Rochford	No applicants	Closing date extended multiple times
Specialist Pharmacist (Inpatient MH Services)	7 (or 6)	3.0	Colchester	Offer pending	External appointment at 0.6 WTE. Start date expected May/June 23. 2.4 WTE remains vacant. Closing date extended multiple times

## Appendix 5 – Pharmacy Risks, Mitigation and Progress

### Risk log

Risk	Risk severity (H/M/L)	Risk likelihood (H/M/L)	Mitigating action	Progress Update
<p><b>Inability to deliver clinical pharmacy services to inpatient and community-based patients.</b></p> <p><i>The overall vacancy rate (15-20% in 2022) hides the fact that the vacancy rate for pharmacists will reach 50% very shortly. 15.5 of the 30.92 WTE pharmacist establishment is now vacant or working out their notice.</i></p> <p><i>Since the beginning of April 2022 six further staff have resigned, including from two senior posts, who will leave between June and August.</i></p> <p>Since the beginning of 2022 the pharmacy BCP Plan has had to be put into action on 20 days to ensure presence of sufficient staff in the dispensary to deal with medicines supply workflows (level 1 priority).</p> <p><i>This results in withdrawal of participation in ward rounds and MDTs, educational activities and patient support groups (level 4 priority). This will have implications for patient safety, and clinical and cost effectiveness if it continues long-term.</i></p>	High	High	<p><b>Proposal for a new post</b> to oversee a 'grow your own' approach to recruitment and retention, attracting newly qualified entry level pharmacists (band 6) and develop them into specialist mental health pharmacists (band 7) through a structured internal pharmacist development programme. This level of support and mentoring is not possible within existing staffing levels. This approach will also likely to provide a pipeline of suitable candidates for advanced pharmacists (band 8a).</p> <p><b>Proposal for a new post</b> to oversee the operational (dispensary and stores) element of pharmacy services. This post will provide additional capacity but will also provide headspace for the deputy chief pharmacist(s) to concentrate on the quality of provision of clinical pharmacy services (non-dispensary).</p> <p><b>Proposal for urgent bespoke recruitment campaign</b> involving social media, recruitment fair/open day, NHS Professionals, agencies etc. Recruitment for pharmacy needs to consider options such as pay premiums, qualification support etc. as usual recruitment efforts have not succeed so far. There are particular difficulties attracting staff to posts in Colchester, and the same pattern is now starting to emerge for posts based in Chelmsford.</p> <p>Advertising for new posts via NHS jobs and liaising with NHS Professionals is resulting in either no or unsuitable applications. Repeated adverts being placed. Approaches to agencies for locum staff resulting in few or unsuitable candidates. Those that do come often do not stay long. Agencies have very few band 6 and 7 candidates to offer which will require <b>grade inflation</b> (e.g. filling band 7 with 8a), <b>using off framework agencies</b> and the need to consider <b>payment of travel expenses from home</b> to base, in order to fill vacancies in the short/medium term while recruitment of permanent staff takes place.</p>	<p>Advanced Pharmacist (Workforce Development) post created. Successful candidate came into post December 2022.</p> <p>However, if have to fill majority of posts with new registrants, rather than current level of about 15-20% new registrants amongst overall junior pharmacist posts will be a challenge to provide level of supervision and mentorship required.</p> <p>Operational Business Manager post created. Successful candidate came into post December 2022</p> <p>Working with marketing and brand team on social media. Recruitment event took place on 14/09/22 but with no attendance. Increase in applications seen since beginning of 2023 when EPUT Pharmacy LinkedIn page launched.</p> <p>Ongoing work with NHS Professionals and agencies including grade inflation, off framework and outside Direct Engagement. Response limited and significant numbers of posts remain unfilled on a temporary or permanent basis.</p>

## Risk log

Risk	Risk severity (H/M/L)	Risk likelihood (H/M/L)	Mitigating action	Progress Update
<p><b>Potential reputational damage and failure to develop staff keen to work in mental health / community health services for the future.</b></p> <p>Inability to take the required number of Foundation Pharmacists and Pre-Registration Pharmacy Technicians agreed with HEE due to staffing shortages, and absence of the required numbers of approved tutors.</p>	High	High	<p>Proposal for a new post to oversee a 'grow your own' approach to recruitment and retention, attracting newly qualified entry level pharmacists (band 6) and develop them into specialist mental health pharmacists (band 7) through a structured internal pharmacist development programme. This level of support and mentoring is not possible within existing staffing levels.</p>	See above
<p><b>Pharmacy Senior Management Workload unsustainable leading to burnout</b></p> <p><i>Clinical pharmacy leads have both a management and clinical role. These posts typically have 6-8 direct reports and in one case 14. This is unsustainable alongside their clinical roles.</i></p>	High	Medium	<p>Proposal to restructure senior pharmacy team posts, including upgrading some to band 8b (from 8a as they will be managing other 8a posts) allowing distribution of line management responsibilities and reducing number of direct reports.</p> <p>Proposal for additional Deputy Chief Pharmacist post to reduce the pressure on the existing post, which currently has 14 direct reports making the workload unmanageable.</p>	<p>Upgrading of posts occurred with effect from 01/09/22. Appointments made to other pharmacist team manager posts but not yet in post.</p> <p>Deputy Chief Pharmacist (Community Services) post created. Successful candidate came into post December 2022.</p>
<p><b>Staff are tired, demoralised and overworked making posts in other organisations attractive and contributing to the exodus of qualified staff.</b></p> <p><i>This is compounded by 1) new initiatives to employ pharmacists in GP practices and care homes with no on-call and weekend working and often higher bandings, 2) competition with London posts which seem to offer higher graded posts for equivalent roles and HCAS.</i></p>	High	High	<p>Proposal for staff experience managers to engage with staff working in pharmacy, with aim of developing action plan to improve their experience, rooted in the reality of current challenges.</p>	<p>Staff experience managers have undertaken two drop in sessions at Chelford Court (24/08/22 and 30/08/22) and participated in the pharmacy awayday on 14/09/22. Awaiting formal feedback. Exploring how to provide access for staff not based at Chelford Court.</p>

## Risk log

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<p><b>Potential reputational damage and failure to develop staff keen to work in mental health / community health services for the future.</b></p> <p>Inability to take the required number of Foundation Pharmacists and Pre-Registration Pharmacy Technicians agreed with HEE due to staffing shortages, and absence of the required numbers of approved tutors.</p>	High	High	<p>Proposal for a new post to oversee a 'grow your own' approach to recruitment and retention, attracting newly qualified entry level pharmacists (band 6) and develop them into specialist mental health pharmacists (band 7) through a structured internal pharmacist development programme. This level of support and mentoring is not possible within existing staffing levels.</p>	See above
<p><b>Pharmacy Senior Management Workload unsustainable leading to burnout</b></p> <p><i>Clinical pharmacy leads have both a management and clinical role. These posts typically have 6-8 direct reports and in one case 14. This is unsustainable alongside their clinical roles.</i></p>	High	Medium	<p>Proposal to restructure senior pharmacy team posts, including upgrading some to band 8b (from 8a as they will be managing other 8a posts) allowing distribution of line management responsibilities and reducing number of direct reports.</p> <p>Proposal for additional Deputy Chief Pharmacist post to reduce the pressure on the existing post, which currently has 14 direct reports making the workload unmanageable.</p>	<p>Upgrading of posts occurred with effect from 01/09/22. Appointments made to other pharmacist team manager posts but not yet in post.</p> <p>Deputy Chief Pharmacist (Community Services) post created. Successful candidate came into post December 2022.</p>
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## Risk log

Risk	Risk severity (H/M/L)	Risk likelihood (H/M/L)	Mitigating action	Progress Update
<p><b>Lack of alignment of pharmacy services with Trust's new operational services,</b> making the level of engagement with bids, projects, tenders, transformation and operational meetings difficult</p> <p><i>The realignment of operational services now makes it increasingly difficult to interact effectively with operational staff.</i></p>	Medium	Medium	<p><b>Proposal for additional Deputy Chief Pharmacist post</b> allowing service provision, management and engagement to be split to cover inpatient and specialist services, and community physical and mental health services.</p> <p><b>Proposal to restructure</b> pharmacy team posts to loosely reflect operational structures and the ICS boundaries of MSE and SNEE/HWE.</p> <p><b>Proposal to consider establishing formal governance connection between pharmacy and operational services.</b> Include discussion around whether pharmacy should sit in operational services in the long term</p>	<p>See above</p> <p>Restructure finalised and shared with all pharmacy staff 03/08/22. Recruitment to new and existing posts underway since late-June 22.</p> <p>Not yet progressed</p>

## Appendix 6 – Business Continuity: Pharmacy Activity

<p><b>CONTINUE – Clinical Roles</b></p> <p>Clinically screening prescriptions (on-site but less frequent &amp; via pharmacy inbox)</p> <p>Pharmacy interventions (on-site but less frequent &amp; via pharmacy inbox)</p> <p>Medicines Reconciliation – priority MHAUs</p> <p>Clinical queries – EPUT staff</p> <p>Medicines Reconciliation - CHS wards</p> <p>Medicines Reconciliation - Elderly wards</p> <p>Education &amp; Training - delivery (using existing materials) but at reduced frequency</p> <p>Attendance at meetings - using judgement about relevance and importance</p> <p>Quarterly CD checks (linked to mandatory CD Occurrence Reports)</p> <p>6-monthly / annual SSHM checks</p> <p>Pharmacy weekly checklist</p> <p>CD Occurrence Reports</p> <p>Education and Training flu / imms - planned sessions</p> <p>MVP - update, adoption &amp; sign off of vaccine NPs, PGDs, PSDs &amp; SOPs</p> <p>Patient &amp; carer's medicines education sessions</p> <p>Clinical queries – CCGs</p> <p>Area Prescribing Committee attendance</p> <p>Formulary &amp; Prescribing Guidelines - safety critical only</p> <p>PGD Reviews</p> <p>Policies, procedures, strategy and guideline review/update unless safety critical</p> <p>MMG newsletters</p> <p>MSO / Medicines Incident Reports</p>	<p><b>CONTINUE – Operational Roles</b></p> <p>Dispensing - all medicines</p> <p>Procurement of Medicines</p> <p>NMP registration, FP10 ordering and distribution</p> <p>Ordering and distributing vaccines – MVP</p> <p>Ordering and distributing vaccines – SAIS</p> <p>Ward visits for ordering stock medicines (PSWs)</p> <p>Polarspeed (depot antipsychotic homecare) - invoice processing and record keeping</p> <p>Destruction of stock controlled drugs (authorised witness)</p> <p>Destruction of patient's controlled drugs (no authorised witness).</p>	<p><b>CONTINUE - for consideration if position deteriorates further</b></p> <p>Dispensing - leave and discharge (consider switch to FP10s if needed)</p> <p>Ward visits for ordering IPD (ward staff to email orders between visits if less frequent)</p> <p>Medicines Reconciliation - other wards (specialist services)</p> <p>On-call (</p> <p>Participation in investigations (Datix / complaints etc)</p> <p>Filling of Dosette boxes – but may need to introduce additional requirements / restrictions</p>	<p><b>STOP until staffing position improves</b></p> <p>2021/22 Annual Report</p> <p>CCG Drugs and Therapeutics Committee attendance</p> <p>Clinical trials - setting up, monitoring, reviewing SOPs, closing down.</p> <p>Education and Training flu / imms – adhoc and bespoke sessions</p> <p>Education and training - preparation of new materials and updating existing materials (classrooms)</p> <p>Education and training - preparation of new materials and updating existing materials (e-learning)</p> <p>Formulary &amp; Prescribing Guidelines - minor updates (suspended apart from safety critical)</p> <p>Formulary &amp; Prescribing Guidelines review and major updating (including SCPs)</p> <p>MDT review meetings</p> <p>Medicines Management Audits</p> <p>New Drug Reviews</p> <p>NMP forum meetings</p> <p>Patient Counselling</p> <p>Review of antipsychotic LAI holdings in CMHTs to prevent wastage</p> <p>Roll out of Discharge Medicines Service</p> <p>Sorting returned medicines for reuse</p> <p>Ward rounds</p>
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