Jersey Care Commission

Jersey Care Commission
Care Standards
Specific Service Requirements
Hospital Pharmacy Services

Safe
Effective
Caring
Responsive
Well-led

SAFE

Standard 3. Safe systems, pathways and transitions

We work with people and our partners to establish and maintain secure care systems. We manage, monitor, and ensure safety. We make sure that care is continuous, even when people move between different services.

What this means to people:
I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening. When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared responsibilities

3.2 Service Specific Requirements

3.2.1 Medicines reconciliation is completed before a planned admission. Treatment is optimised to identify and prevent potential medication-related discrepancies.

3.2.2 Medicines reconciliation is undertaken in line with current national best practice and guidance to reduce the likelihood of medication-related errors and enhance patient safety.

3.2.3 Medication histories are accurately documented and medicines-related admissions identified as part of the admission process.

3.2.4 Any medicines-related issues that could delay discharge or transfer are identified early and addressed to ensure patient safety and timely transition of care.

3.2.5 Medicines are made available from the point at which the next dose is due, ensuring continuity of treatment and timely administration of critical medicines.

3.2.6 Individuals are supported to bring their own medicines into the care setting where appropriate, with policies and procedures in place to enable staff to facilitate safe self- administration.

3.2.7 After discharge, up-to-date medicine information is shared with the healthcare professionals responsible for the person's ongoing care in accordance with national guidance.

3.2.8 Medicines-related information is transferred accurately, legibly, and promptly using systems that promote reliability and consistency.

3.2.9 Ongoing access to prescribed medicines is supported by local arrangements and tailored to individual needs. Key information is shared with receiving teams to facilitate safe reconciliation.

3.2.10 Delays to discharge or transfer caused by medicine supply issues are monitored, documented, and proactively minimised.

3.2.11 People, their families, and support networks are engaged as active partners in managing medicines at the point of transfer. A comprehensive list of medicines is provided to the individual and/or their carers, including explanations of each medicine’s purpose, how and when to take them, and any recent changes.

3.2.12 Information about medicines is communicated in a manner that is timely, clear, and unambiguous, using the most effective and secure method available, with electronic transfer preferred.

3.2.13 Partnership working is undertaken across the health and care system to ensure that transitions of care are seamless for individuals.

3.2.14 Closer working relationships are promoted between pharmacy teams across all care settings to deliver timely and coordinated support.

3.2.15 A clear understanding of available pharmacy resources within the local area is maintained and used to inform service planning.

SAFE

Standard 6. Safe Environments

We detect and control possible risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.

What this means to people:

- I feel safe in the care environment
- I am protected from harm caused using faulty equipment
- I am protected from harm caused by any defect in the building where my care is provided
- Staff who care for me, or support me, are trained to operate equipment and know what to do when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 9A Need for consent
Regulation 8 Person-centred care
Regulation 11 Safeguarding
Regulation18 Premises and equipment

6.2 Service Specific Requirements

6.2.1 Pharmacy premises are maintained in a safe, clean, and suitable condition for the services provided, ensuring they are fit for purpose.

6.2.2 Premises are designed and managed to protect the privacy, dignity, and confidentiality of individuals receiving pharmacy services.

6.2.3 Hygiene standards are upheld in line with the nature and scope of pharmacy services delivered, ensuring a clean and sanitary environment.

6.2.4 Premises are secure and protected against unauthorised access to safeguard medicines, equipment, and personal information.

6.2.5 All equipment and facilities required to deliver pharmacy services are readily available and accessible to support safe and effective care.

6.2.6 Equipment and facilities are:

- sourced from reputable suppliers.
- safe to use and fit for purpose.
- securely stored and protected against unauthorised access.
- appropriately maintained in line with manufacturer guidance and relevant regulations.

6.2.7 Equipment and facilities are used in a manner that safeguards the privacy, dignity, and confidentiality of patients and the public accessing pharmacy services.

SAFE

Standard 9. Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities, and choices. We involve people in planning their care, even when things change.

What this means to people:

- I feel safe and am supported to understand and manage any risks
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening
- If my treatment, including medication, has to change, I know why and am involved in the decision
- I have considerate support delivered by competent people.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 14 Management of medicines

9.2 Service Specific Requirements

9.2.1 Treatment requirements are clinically reviewed to optimise outcomes from prescribed medicines.

9.2.2 Medicines regimens are simplified collaboratively with the individual, optimising doses and deprescribing when agreed to be in the person's best interests.

9.2.3 The pharmacy team works collaboratively within the multidisciplinary team to ensure medicines are available and administered promptly, preventing omissions or delays. Pharmacy staff can only administer medicines independently or support administration rounds when appropriately trained and authorised, in line with policy.

9.2.4 Pharmacy team members integrate multidisciplinary teams across all settings, delivering person-facing clinical services to promote safe and effective medicines use.

9.2.5 Treatment is optimised by pharmacy professionals, with high-risk medicines and antimicrobials proactively identified and managed in line with local policies and established good clinical practice.

9.2.6 Pharmacist prescribers are embedded within relevant care pathways and actively participate in prescribing to enhance patient care.

9.2.7 Advanced and consultant-level pharmacists contribute their specialist expertise within clinical areas, enhancing the capability of the wider multidisciplinary team and improving care for individuals in those settings.

EFFECTIVE

Standard 11. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment, considering what matters to them. Our approach aligns with the law and follows the latest evidence-based best practices and standards.

What this means to people:

- I am involved in the planning of my treatment and care
- I am able to influence important decisions about my treatment and care
- I can give or withhold my consent freely
- The care I receive is personalised to my preferences and supported by best practice.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 12 Cleanliness and infection control
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

11.2 Service Specific Requirement

11.2.1 People are offered the opportunity to have meaningful discussions about their medicines or alternative treatment options with an appropriate member of the pharmacy team or another healthcare professional during their care, including after transfers to other care settings, through either face-to-face or virtual services where available/appropriate.

11.2.2 People receive clear, accessible information on topics such as when and how to take their medicines, interactions with other medicines, potential side effects, associated costs, and other relevant details, in a format they can easily understand.

11.2.3 People are advised on who to contact or where to go for further information about their medicines, who will continue prescribing treatment, and how to obtain further supplies or safely dispose of medicines.

11.2.4 Before discharge or transfer, information about the person's medicines is explained in a clear, understandable way and provided in a format that can be referred to later if needed. Where appropriate, medicines information is provided in culturally sensitive formats or adapted to meet the needs of people with physical, sensory, or learning disabilities, or those who do not speak or read English.

EFFECTIVE

Standard 14. Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve outcomes. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.

What this means to people:

- The care and treatment I receive is constantly monitored so that improvements can be made
- I receive the best care possible for my condition
- I am consulted about new or recommended treatments for my condition.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

14.2 Service Specific Requirement

14.2.1 Digital technologies, including automation, are proactively used to improve the efficiency, safety, and quality of pharmacy services and to support the optimisation of therapeutic outcomes

14.2.2 Data from prescribing, dispensing, referrals, and services is routinely analysed and applied to support continuous improvement in medicines safety, clinical effectiveness, and value for money.

14.2.3 A clearly designated accountable individual is actively involved in all decisions relating to the procurement, implementation, operation, and ongoing development of digital informatics systems.

14.2.4 The accountable individual works in partnership with informatics leaders to ensure digital systems meet required standards and support interoperability and consistency in terminology.

14.2.5 The pharmacy team possesses the necessary digital competencies to maximise the use of technology in optimising and transforming medicines use.

14.2.6 Data generated through digital systems is used to optimise medicines-related care and inform benchmarking and performance management, in line with information governance and privacy requirements.

14.2.7 Business continuity plans are in place to ensure digital systems related to medicines are appropriately governed and backed up, including the identification and management of any unintended consequences arising from system changes or updates.

CARING

Standard 16. Kindness, compassion and dignity

We always treat people with kindness, empathy, and compassion, and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

What this means to people:

- I am always treated with kindness, empathy, compassion, and respect
- I am listened to, and my views are taken seriously
- I know how to complain when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

16.2 Service Specific Requirements

16.2.1 All members of the pharmacy team treat individuals with compassion, dignity, and respect.

16.2.2 Pharmacy team members consistently introduce themselves, clearly explaining their roles and the purpose of their interaction.

16.2.3 The pharmacy team takes time to understand each person's values, personal circumstances, and preferences regarding their treatment and care.

16.2.4 Individuals are actively involved in decisions about how they receive care and information, whether in person or through remote/virtual means.

16.2.5 Feedback is routinely gathered from individuals, their families, and support networks to shape, enhance, and deliver pharmacy services, ensuring those who use the services have meaningful input into their design and delivery.

CARING

Standard 20. Workforce, well-being and enablement

We care about our staff and promote their well-being. We help them provide care that focuses on each person.

What this means to people:
I receive care from a team that is supported and, in turn, able to meet my individual needs effectively.

Relevant regulatory requirements

Regulation 17 Workers

20.2 Service Specific Requirements

20.2.1 The pharmacy team supports induction, ongoing training, and education on the safe and effective use of medicines for relevant clinical and support staff across organisations and systems.

20.2.2 Pharmacy team members are accessible, either in person or virtually, within clinical areas or to clinical teams, providing advice to health and social care staff on the selection, use, and handling of medicines.

20.2.3 Access to a Medicines Information (MI) service, operating in line with national standards, is available to health and social care teams.

20.2.4 The pharmacy team ensures that individuals involved in handling, administering, or monitoring medicines have access to up-to-date, user-friendly information and guidance.

20.2.5 The pharmacy team ensures that prescribers are supported in their daily practice with readily accessible, evidence-based information and guidance on the safe and effective use of medicines.

20.2.6 Workforce data is systematically collected and analysed to identify trends, inform decisions, and support action, in alignment with the organisation's strategic workforce plan.

20.2.7 The pharmacy senior leadership team maximises the use of digital systems, such as e-rostering, to optimise deployment of pharmacy staff in line with hospital workflow and service demand.

20.2.8 A sustainable pharmacy workforce pipeline is secured through collaboration with local education providers and commissioners.

20.2.9 Workforce supply and demand imbalances are actively monitored and addressed, ensuring pharmacy staffing meets quality, accessibility, and service expectations.

20.2.10 Succession planning is embedded and aligned with workforce training programmes and individual development plans.

20.2.11 Predictive workforce modelling is undertaken to anticipate future staffing needs and inform long-term workforce strategies.

20.2.12 Workforce development is included in the pharmacy strategic plan and linked to the organisation's wider workforce strategy.

20.2.13 All pharmacy team members are clear about their roles and responsibilities, with performance and competency reviewed through robust annual appraisals and talent management processes.

20.2.14 Personal development plans reflect appropriate professional, leadership, and managerial frameworks, with access to relevant tools and assessments.

20.2.15 Staffing levels are regularly reviewed to ensure the safe delivery of services, with local decisions informed by national guidance where applicable.

20.2.16 A culture of continuous learning is promoted, with all pharmacy staff recognising their roles as learners, educators, and trainers.

20.2.17 Tutors, mentors, and supervisors are appropriately trained and comply with relevant professional standards.

20.2.18 Ongoing learning and professional development opportunities are made available to all members of the pharmacy workforce.

20.2.19 Pharmacists, pharmacy technicians, and non-registered pharmacy staff have access to structured early years training, development programmes, and tailored support.

20.2.20 Workforce development takes a needs-based approach, anticipating future service models and engaging local planners, education commissioners, and the wider multidisciplinary team.

20.2.21 Skill mix is regularly reviewed across pharmacy and clinical teams to reflect demographic trends, technological innovation, and effective use of current and future resources.

20.2.22 All staff receive appropriate role-specific training to ensure they can deliver a safe and effective pharmacy service.

20.2.23 Roles are designed to support integrated care models, enabling collaboration across sectors and with the wider multidisciplinary workforce.

20.2.24 Workforce development plans support cost-effective staffing models, enabling individuals to practise at the top of their licence or competence.

20.2.25 The development of advanced and consultant-level pharmacy roles achieves an appropriate balance between generalist and specialist expertise, aligned with the needs of the population and the organisation.

RESPONSIVE

Standard 21. Person-centred care

We make sure people are at the centre of their care and treatment choices, and we decide, in partnership with them, how to respond to any relevant changes in their needs.

What this means to people:
I have care and support that is coordinated, and everyone works well together with me.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

21.2 Service Specific Requirement

21.2.1 Individuals' beliefs, expectations, and experiences related to taking their medicines are explored to identify those who may need additional support.

21.2.2 People requiring pharmacy support and pharmaceutical care planning are identified, with relevant support documented in their health records. Where necessary, further input is sought from appropriate healthcare professionals.

21.2.3 Following assessment, and in partnership with the individual, reasonable adjustments are made to help support safe and effective medication adherence.

21.2.4 Where ongoing support with medicines is needed, the pharmacy team liaises with other healthcare professionals or relevant agencies.

21.2.5 When care is transferred to another setting, individuals are referred or signposted to appropriate follow-up services for continued support with their medicines.

21.2.6 Individuals are directed to pharmacy-led public health services and initiatives to support their health and wellbeing, where appropriate.

21.2.7 Systems are in place to identify and support those at high risk of medicine-related issues during transitions between care settings.

RESPONSIVE

Standard 22. Care provision, integration and continuity

We understand that people have diverse health and care needs. We adapt our services to fit those needs. This means our care is connected, flexible, and supports people's choices.

What this means to people:
I am cared for by services and staff that reasonably adapt to my unique needs.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent
Regulation 15 Shared responsibilities

22.2 Service Specific Requirements

22.2.1 The Director of Pharmacy ensures that pharmacy services promote and maintain a culture of safety that aligns with organisational values, as well as national, regulatory, and professional guidance.

22.2.2 The pharmacy team leads on the development, monitoring, reporting, management, and improvement of metrics related to the safe use, administration, and storage of medicines.

22.2.3 The pharmacy team actively supports the timely implementation of medicines-related elements of relevant national therapeutic guidance and national patient safety initiatives.

22.2.4 Systems are in place to ensure appropriate and prompt responses to national alerts, including National Patient Safety Alerts, MHRA or supplier-issued defective medicines alerts and recalls, and notifications of medicines shortages.

22.2.5 The pharmacy team is an integral part of the multidisciplinary group responsible for developing medicines-related policies, procedures, and guidance within the organisation and across the wider health and care system.

22.2.6 The pharmacy team leads on the development and implementation of processes to ensure that the supply, prescribing, de-prescribing, monitoring, and review of medicines are safe, evidence-based, and aligned with local, regional, and national commissioning and procurement frameworks. These processes are underpinned by treatment guidelines, protocols, formularies, and care pathways.

22.2.7 Environmental sustainability is considered in all aspects of medicines use, including prescribing, supply, review, procurement, and disposal.

22.2.8 Horizon scanning processes are in place to facilitate early engagement with clinicians, local partners, and commissioners regarding the financial, service, and operational implications of new medicines, therapeutic indications, or evolving clinical practices.

22.2.9 Governance arrangements, compliant with medicines regulations, are established for the oversight and management of all medicines, including off-label use, unlicensed medicines, radiopharmaceuticals, Investigational Medicinal Products (IMPs), Advanced Therapy Medicinal Products (ATMPs), and emerging innovations in medicines and medicines technology.

WELL-LED

Standard 28. Shared direction and culture

We develop a shared a vision and align our strategy and culture to meet it. Our approach is based on transparency, equity, equality and human rights, diversity and inclusion, and engagement. We understand and seek to meet the challenges and the needs of people and our island community.

What this means to people:

- My care provider is transparent and promotes values such as equality, diversity, and inclusion
- I am included in important decisions about my treatment and care
- My views are sought and listened to by the people who care for me
- I am respected for who I am and am always treated with courtesy and respect.

Relevant regulatory requirements

Regulation 3 Conditions of registration: general
Regulation 5 Conduct a regulated activity
Regulation 6 Openness and transparency
Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 11 Safeguarding
Regulation 19 Reviewing the quality of the service
Regulation 20 Provision of updated information and review of Statement of Purpose

28.2 Service Specific Requirements

28.2.1 Pharmacy leadership is accountable for the quality of pharmacy services across the organisation, the appropriateness and safety of medicines use, and the establishment of safe and legally compliant medicines policies and procedures.

28.2.2 Board-level commitment is secured to support and advance the vision for pharmacy services within the organisation.

28.2.3 Assurance is provided to the Board regarding the safe and effective use of medicines through established governance structures and routine risk management reporting.

28.2.4 A Board approved Medicines Optimisation Strategy (led by the Chief Pharmacist) and implementation plan (led by the Director of Pharmacy) are in place to ensure individuals receive optimal outcomes from medicines. This strategy is subject to regular review and updates.

28.2.5 Long-term workforce planning is undertaken, with a focus on succession planning and leadership development at all levels, from trainees to senior pharmacy roles.

28.2.6 Pharmacy leaders collaborate on service transformation and innovation, aligning with national priorities and guidance while promoting active involvement to better meet population needs.

28.2.7 Engagement with the broader health and care community is maintained to promote a system-wide approach to medicines optimisation and public health, addressing key areas such as health inequalities, environmental sustainability, digital interoperability, and emergency preparedness, resilience, and response (EPRR).

28.2.8 Leadership is actively encouraged and developed at all levels within the pharmacy team.

28.2.9 Clinical supervision forms a core component of the pharmacy team's professional development.

28.2.10 The pharmacy senior leadership team demonstrates commitment, encouragement, compassion, and a continuous learning ethos through their actions and behaviours.

28.2.11 The senior leadership team promotes a just, open, and transparent culture that values diversity of background and thought.

28.2.12 All pharmacy team members act with candour, openness, and honesty, while championing diversity, equality, and inclusion.

28.2.13 All members of the pharmacy team are supported and empowered to raise concerns relating to pharmacy services or wider organisational issues.

28.2.14 Pharmacy staff feel safe and able to speak up about factors that may compromise safe, high-quality care or negatively impact their workplace experience, with clear escalation pathways where issues remain unresolved.

28.2.15 All concerns are investigated and, where substantiated, are addressed at the appropriate level in accordance with organisational policy.

28.2.16 All pharmacy team members manage conflicts of interest in line with organisational, regulatory, and professional guidance.

28.2.17 The pharmacy team provides advice, education, leadership, and support to other clinicians and support staff on the safe, appropriate, and cost-effective use of medicines.

28.2.18 Pharmacy input is embedded as a core element in the design of any service involving the use of medicines.

28.2.19 The pharmacy team supports the development of integrated care pathways that incorporate medicines as a treatment option and maximise the contribution of pharmacy roles across care systems.

28.2.20 The pharmacy team provides or facilitates leadership and education on the introduction of complex therapies, including genomics, personalised medicine, and precision medicine, in collaboration with the multidisciplinary team. The impact of these therapies on service delivery is understood, and associated services are planned and designed around the needs of people using them.

WELL-LED

Standard 31. Workforce equality, diversity and inclusion

We value diversity amongst our workforce. We aim for a fair and inclusive environment by promoting equality and fairness among our employees.

What this means to people:

- I am looked after by staff who work in a fair, diverse, and inclusive environment
- This gives me confidence that discrimination is not tolerated by my care provider
- I am not treated differently because of my age, gender, or religious beliefs
- I am respected by the people who provide my care
- I respect others who are different from me.

Relevant regulatory requirements

Regulation 17 Workers

31.2 Service Specific Requirements

31.2.1 An inclusive and diverse culture of belonging is championed by treating all pharmacy team members with kindness and respect, ensuring diverse voices are represented, heard, valued, and included in decision-making processes.

31.2.2 Pharmacy leaders and team members demonstrate commitment to understanding and respecting each other's backgrounds, experiences, beliefs, boundaries, and choices, supporting everyone to be their authentic self at work.

31.2.3 Pharmacy staff reflect on their own personal biases and actively seek to be allies to under-represented and marginalised groups.

31.2.4 A zero-tolerance approach to all forms of discrimination, bullying, and harassment is maintained, with clear and safe mechanisms in place for raising concerns without fear of reprisal.

31.2.5 Workforce equality, diversity, and inclusion (EDI) data is collected and analysed, with action plans implemented to address identified inequalities.

31.2.6 In partnership with senior leadership, pharmacy teams are supported to maintain a healthy work-life balance, with encouragement to take breaks and access flexible working arrangements where appropriate.

31.2.7 Pharmacy staff feel empowered to prioritise their mental and physical health, with the confidence to speak up when workload or expectations become unmanageable.

31.2.8 All pharmacy team members are actively aware of the wellbeing support available to them and know how to access these resources when needed.

WELL-LED

Standard 32. Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

What this means to people:

- I am looked after by an organisation where staff are clear about their roles and work within their competencies
- I can expect to receive care and treatment that is of good quality
- My care provider is committed to delivering safe care
- I can rely on my care provider to be aware of the risks involved in delivering safe care and in preventing harm.

Relevant regulatory requirements

Regulation 17 Workers
Regulation 18 Premises and equipment
Regulation 19 Reviewing quality of service
Regulation 21 Notification of incidents, accidents, and other events
Regulation 24 Financial viability
Regulation 26 Commissioned services
Regulation 27 Absence of manager

32.2 Service Specific Requirements

32.2.1 The Director of Pharmacy holds overall responsibility for medication safety and has direct access to the Board / Executive Leadership Team which includes the island's Chief Pharmaceutical Officer, to support the governance and management of medicines safety within the organisation.

32.2.2 A designated lead for medication safety is in place, with appropriate experience, time, and resources, and is accountable for oversight, reporting, and learning from adverse events and near misses.

32.2.3 The lead for medication safety oversees training for all pharmacy team members, embedding a culture of safety and ensuring medication safety is reflected in all pharmacy roles.

32.2.4 The lead for medication safety, or a nominated deputy, represents pharmacy on senior medicines safety and governance groups, which include input from people who use services.

32.2.5 Controlled drugs are managed in accordance with the Medicines (Jersey) Law 1995 and Misuse of Drugs (Jersey) Law 1978, with regular reporting of updates and concerns to the Chief Pharmacist.

32.2.6 The lead for medication safety, or a nominated deputy, leads or participates in investigations into serious incidents involving medicines or harm related to their use.

32.2.7 Systems and processes are in place to identify, record, monitor, report, and investigate other medication incidents, with changes to practice implemented and shared to minimise recurrence.

32.2.8 The pharmacy team actively collaborates with prescribers, other healthcare professionals, and individuals receiving care to promote safe and effective use of medicines.

32.2.9 In partnership with other professionals, the pharmacy team ensures that systems exist to detect trends in clinical practice and outcomes that may raise safety concerns.

32.2.10 Systems are in place to ensure that individuals affected by a medication error are informed, offered an apology, and made aware of the actions taken to rectify the issue, in accordance with the duty of candour.

32.2.11 Shared learning related to medication safety is regularly reviewed at Board level and disseminated within the organisation, across professional networks, and within the wider system.

32.2.12 Themes emerging from near misses, medication errors, and systemic failures related to medicines are shared with the multidisciplinary team and the wider organisation, with appropriate action taken to change practice and reduce future risk.

32.2.13 A Director of Pharmacy is formally designated within the organisation with responsibility for overseeing the safe and effective operation of pharmacy services. Statutory regulatory responsibilities are delegated by the Chief Pharmacist in line with legal and professional frameworks.

32.2.14 The type and level of resources required to deliver a safe, effective, and efficient pharmacy service are identified and made available to support the secure and optimal use of medicines.

32.2.15 Agreed key performance and quality indicators are established to enable both internal oversight and external evaluation of pharmacy service performance.

32.2.16 All outsourced and shared pharmacy services including homecare and supply functions are governed by formal Service Level Agreements (SLAs) and contract monitoring arrangements, with prompt remedial action taken when performance standards are not met.

32.2.17 Clear lines of professional and organisational accountability are defined and subject to regular review to ensure ongoing clarity and governance.

32.2.18 Robust feedback mechanisms are in place to gather input from people using services, staff, and other stakeholders to support patient safety, continuous improvement, and learning.

32.2.19 The pharmacy team is actively supported to explore and implement opportunities for innovation, collaboration, and the sharing of best practice within and beyond the organisation.

32.2.20 All pharmacy team members are trained in information governance to ensure the safeguarding of patient-identifiable information related to care and medicines.

32.2.21 Governance systems are in place to manage interactions and partnerships with the pharmaceutical industry, ensuring compliance with ethical and professional standards.

32.2.22 Pharmacy working environments are planned, maintained, and reviewed in accordance with Health and Safety legislation, regulatory requirements, and professional best practice standards.

32.2.23 Pharmacy equipment and systems are used and maintained only by appropriately trained personnel or authorised external contractors.

32.2.24 Standard operating procedures (SOPs) are established and implemented for the delivery of all pharmacy services across the organisation.

32.2.25 Business continuity plans are developed, tested, and maintained to ensure the resilience of all pharmacy services.

32.2.26 Risk registers are maintained, with clearly defined escalation mechanisms to ensure timely identification, mitigation, and management of risks.

32.2.27 A comprehensive business plan is developed, implemented, and monitored, incorporating finance, service delivery, capacity, and workforce planning, and aligned with the organisation's overarching corporate plan.

32.2.28 Local, regional, and national initiatives and guidance relating to pharmacy and medicines optimisation are embedded within service planning processes.

32.2.29 Reports on medicines use and expenditure are regularly analysed and used to inform budget management, prescribing oversight, and service development.

32.2.30 The pharmacy team engages routinely with commissioners and primary care colleagues to review prescribing activity and support delivery of value across the wider health system.

32.2.31 Proactive horizon scanning is undertaken to identify and assess the impact of emerging technologies and service innovations on future business and financial planning.

32.2.32 Pharmacy operational performance is benchmarked against comparable organisations, drawing on key datasets and external information sources.

WELL-LED

Standard 34. Learning, improvement and innovation

We aim to continuously learn, be innovative, and get better in our organisation and the local system. We support new and creative ways to make sure everyone has equal experiences and a good quality of life. We take part in safe and effective practices and research to help improve care.

What this means to people:
I am looked after by a care provider that values continuous learning and improvement. As a result, practices are safe.

Relevant regulatory requirements

Regulation 19 Reviewing quality of service
Regulation 22 Complaints and representations

34.2 Service Specific Requirements

34.2.1 The continuous development and improvement of pharmacy services is informed by a structured programme of research, clinical audit, and/or other recognised quality improvement methodologies.

34.2.2 Pharmacy team members are supported to develop the skills and capabilities required to participate in, conduct, and lead research, audit, and quality improvement initiatives.

34.2.3 The pharmacy team is encouraged and supported to identify and respond to gaps in the evidence base for medicines use and service delivery.

34.2.4 Opportunities are actively pursued for collaboration at system, regional, and national level with academic institutions, research bodies, and other partners, including meaningful involvement of patients and the public.

34.2.5 A named individual is responsible for ensuring that appropriate governance frameworks are in place to support safe, ethical, and effective delivery of research, audit, and quality improvement projects.

34.2.6 The pharmacy team ensures that their care contributions are consistently documented and audited to demonstrate the impact of pharmacy services on patient outcomes.