

FAQ – Pharmacy

	Question	Answer
Q1	Does the Act prescribe minimum staffing levels	No. It is up to the Health Board to consider and provide processes to ensure appropriate staffing, for the needs of the patients within each clinical area. Sometimes this can be multi-disciplinary / professional.
Q2	Does this mean there is more funding for staffing?	No. The Act does not come with specific, or extra funding but should allow senior managers to have a better knowledge of any staffing issues in each area.
Q3	What are the responsibilities of all colleagues?	As a Pharmacist, Pharmacy Technician or Pharmacy Support Worker at any level, you already have a duty to ensure your patients get the best care. If there is a staffing issue impacting on patient care, and it is within your control to fix it, you have a duty to do so. If you are not able to fix it, you have a duty to escalate this to an appropriate ‘Clinical Leader’ or someone with authority to mitigate staffing pressures. You must ensure that you know the local process for doing this.
Q4	What are the responsibilities of a “Clinical Leader”?	As a “Clinical Leader” you will have a real time view of current staffing levels and staffing requirements. You should have some authority to mitigate and escalate problems and communicate with staff. The responsibilities of the clinical leader may be shared by different team members, e.g. the duty rota may be administered by a Team Lead and a Clinical Lead may have the authority to ensure staff training.
Q5	Who Is the Clinical Leader?	Within Pharmacy services, anyone who is a registered healthcare professional in a team lead role can be considered a ‘Clinical Leader’. A ‘Clinical Leader’ within the act is someone with a responsibility for rotas, duty allocations etc. and who has authority to redistribute staff or place extra staff. Additionally, they will have time in their job plan for this role and are responsible for ensuring staff are familiar with the Act and more broadly are suitably trained for their roles.

<p>Q6</p>	<p>What are the responsibilities of senior managers</p>	<p>Senior Managers (i.e. service leads) are responsible for mitigating or escalating as appropriate and communicating decisions with staff. Senior management are responsible for decision making on accepting risk if no mitigation is possible. The Act requires that you have a system to record and report this, e.g. Datix.</p>
<p>Q7</p>	<p>What do we mean by mitigation?</p>	<p>Once a staffing issue is identified the first step is to try to mitigate the impacts, so that patient care is not impacted. For example, if a pharmacy technician phones in sick to a dispensary or hub, the clinical leader may move a pharmacy technician from another area to cover this gap (if this is appropriately staffed). We will be required to record other common mitigations such as team leads being pulled to support clinical delivery or cancellation of training.</p>
<p>Q8</p>	<p>What if I don't agree with the mitigation plans?</p>	<p>If you are involved in the staffing issue, the Act puts a duty on the clinical leader to discuss and communicate the mitigation actions to you. If in your opinion the mitigation is not appropriate, the Act requires that there is a mechanism for your objections to be recorded and the mitigation reassessed. The exact process and mechanism will depend on the chosen real time staffing resource. It's good practice in the interim to record locally.</p>
<p>Q9</p>	<p>Why are bank / agency costs supposed to be restricted to 150%?</p>	<p>One of the aims of the Act is to reduce the use of high cost agency and use this type of resource in a more cost-efficient way. Normally extra hours/bank/agency use should not exceed 150% of the cost of an equivalent employee's normal hourly rate. This is not however an absolute. The service can exceed this cost, but every time this happens, it must be recorded along with an explanation of the circumstances and included in the routine reports to Scottish Government.</p>
<p>Q10</p>	<p>What if my area is always short staffed?</p>	<p>You have a duty, as above, to mitigate and or escalate as appropriate. Senior decision makers have a duty to review Datix and other information sources to identify areas of recurring and severe</p>

		risk. This then puts a responsibility on the Health Board to consider mitigations to reduce that risk, this could include service re-design.
Q11	Can non-clinical managers make staffing decisions?	The Act specifies a duty to seek clinical advice for any staffing interventions, so no decisions can be made without appropriate clinical input. In the context of the act, named healthcare professions are considered as clinical managers.