

**BOD 88/2016**

(agenda item: 16)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**29 June 2016**

**Proposal for Consultant Clinical Excellence Awards**

**For: Approval**

**Executive Summary**

The Board agreed last year to a proposal to guarantee Clinical Excellence Awards for the next three years (following a year without any allocation) subject to the achievement of certain performance-related targets, which were to be negotiated. The paper outlines the proposal from the LNC and MSC chairs for the allocation of these awards in the current year.

**Recommendation**

The Trust Board is asked to approve the proposal.

**Author and Title:**

Dr Andrew Molodynski, Consultant Psychiatrist and LNC Chair

Dr Rami El-Shirbiny, Consultant in Forensic Psychiatry and MSC Chair

**Lead Executive Director:**

Dr Mark Hancock, Medical Director

**Proposal for Consultant Clinical Excellence Awards**

In early 2016, Dr Clive Meux (former Medical Director to Oxford Health NHS Foundation Trust) put forward an offer from the Trust Board to the MSC (Medical Staffing Committee) in regard CEA’s (Clinical Excellence Awards). The proposal was that the current year’s CEA’s would not go ahead, however would be guaranteed for the following three years providing certain conditions were met.

The conditions to be negotiated were to relate to performance, and would need to be around measurable performance indicators. The offer suggested 0.2 CEA’s per WTE consultant, and how this would be related to the agreed performance measures, was to be negotiated.

Following this phase, any CEAs agreed by the Trust Board would then be allocated to individual consultants as they have been in previous years.

This offer was discussed at the January 2016 Full MSC meeting, and those present at the meeting unanimously agreed to accept this offer. There was an email consultation about the performance indicators amongst the medical staff, and using suggestions from this as well as discussion with relevant parties, Dr Andrew Molodynski (Chair, LNC – Local Negotiating Committee), Dr Mark Hancock (Medical Director) and I (as MSC chair), propose the following measures:

1. **Physical health:**

The rate of physical health assessments on inpatient admission is to be increased to above 90% (at the current time the percentage is below 80). \*1

1. **User involvement/CPA indicators:**
2. Evidence that service user has been given copy of care plan is currently 47%, and this is to be increased to 55%.
3. Evidence that care plan has been shared with GP is currently 69%, and this is to be increased to 75%. \*2
4. **Research:**

The Trust’s performance is maintained within the top three mental health trusts in the country. This is as measured by the three-monthly CRN portfolio. \*3

1. **Medical student teaching:**

Aggregate ratings of placement quality gathered from medical students on placement with Oxford Health to be maintained at 4.2 or above (on a rating scale of 1 - 5). \*4

1. **Medical appraisal:**

The rate of appraisals completed on time is to be maintained above 95%. **\*5**

* Should four or more of these measures be achieved, the consultant body will be allocated 0.2 CEAs per WTE consultant.
* If three measures are achieved, the consultant body will be allocated 0.175 CEAs per WTE consultant.
* If two measures are achieved, the consultant body will be allocated 0.15 CEAs per WTE consultant.
* If one measure is achieved, the consultant body will be allocated 0.10 CEAs per WTE consultant.

Not all of these indicators will apply to all consultants, however it was felt that this provided a reasonable breadth, representing areas which could be influenced by the consultant body as a whole. These measures were chosen as representing areas which could be influenced by the consultant body, but also were important to our Trust in general, for example being areas that generate significant income, or have been identified as requiring improvement.

We hope that the Trust Board considers this a reasonable proposal, which will go some way to recognising the input of the consultant body, but also will benefit our Trust as a whole.

**Dr Andrew Molodynski, Consultant Psychiatrist and LNC Chair**

**Dr Rami El-Shirbiny, Consultant in Forensic Psychiatry and MSC Chair**

**Dr Mark Hancock, Medical Director and Consultant in Forensic Psychiatry**

**17th June 2016**

\*1 This is measured by the audit dept. We are not aware of any specific national standard, however every patient should have an attempt to complete this (which is what the Trust policy says). The most recent audit puts us within the *Requires Improvement* bracket overall. The next bracket is *Good* (80-94%) and then *Excellent* (above 95%). We would aim to improve this to well within the *Good* bracket, but in terms of the future, would aim for *Excellent*.

\*2 Audit of Care Programme Approach in Community and Forensic Mental Health teams is collated by the central audit team, and is a random sample from a large number of services done quarterly  but does not cover all our services. The report is sent to directorates and action plans required to address areas of improvement. There are multiple levels at which it is/should be monitored – essentially: Individual clinicians and their supervisors; Whole teams; Team and directorate governance; Trust quality committee; Trust board. The narrative sets out the standards and link to trust and national CPA policy. We understand that national audits of CPA tend to be very limited and focus on the four key elements. In terms of the two indicators suggested, these are currently low and we would expect a much higher score routinely. We would aim to improve this to the scores as suggested, but in terms of the future, we would aim to increase these scores further.

\*3 Specifically, this relates to recruitment to the NIHR portfolio studies per 1,000,000 in adult mental health. This is as reported in the CRN Mental Health Specialty RecruitmentReport, issued quarterly by Thames Valley and South Midlands CRN’.

\*4 National Student Survey data indicates that Oxford’s BM course has the highest satisfaction rating of any UK BM course. Furthermore (as based on local student feedback ratings) the psychiatry course is on track this year to be the highest rated of any year 5 course (beating Paediatrics, O&G, Primary Care, Orthopaedics, Neurology), in a medical course which is the highest rated in the UK. In regard the data we are proposing, this is a locally collected score, which compares the psychiatry attachments (as facilitated by the Trust) against other Oxford medical attachments.

**\*5** Appraisal and Revalidation manager ie Sophie Grimshaw monitors this (with Dr Vivek Khosla and Dr Mark Hancock, the Responsible Officer). There is a requirement to submit an annual audit on this to the NHS England and to produce a Board Report. There are no national standards as such, however given that every doctor should  have an annual appraisal, one could say that it should be 100%, although we do not believe anyone manages this. The national average for the mental health sector was last around 93%. We have been managing more than that for the last three years. Maintaining 95% plus for completed appraisals is felt to be a good target.