

# Report to the Meeting of the

**BOD 40/2018**

(Agenda item: 14)

# Oxford Health NHS Foundation Trust

# Board of Directors

**29 March 2018**

**Consultant Clinical Excellence Awards (CEA’s)**

**For: Approval**

Further to a proposal in regard CEA’s as dated 13th October 2017 (with which this paper should be read – proposal follows as an annex to this report), and accepted by the Trust Board, we write to update the Board on the outcomes of the agreed performance indicators.

1. **Physical health:**

Aim:

The rate of physical health assessments on inpatient admission is to be maintained above 90% (this was initially below 80%, however by November 2016 had been improved to 91%).

**Outcome:**

From the audits of inpatient physical health assessment performed ***between December 2016 and December 2017, the overall rate was 93.9%***.

1. **User involvement/CPA indicators:**

Aim:

1. Evidence that service user has been given copy of care plan is currently 52%, and this is to be increased to 55%.
2. Evidence that the last CPA review includes a review of medication is to be maintained above 90%

**Outcome:**

1. *Aggregate of last year’s audit scores Q4 2016/17 – Q3 2017/18:* ***69.25%***
2. *Aggregate of last year’s audit scores Q4 2016/17 – Q3 2017/18:* ***95.25%***
3. **Mandatory Training:**

Aim:

1. Equality, Diversity and Human Rights training is to be improved to at least 90% (this was 85% at the time of the CEA proposal as dated 13th October 2017)
2. Conflict Resolution Training is to be maintained above 90% (this was 92% at the time of the CEA proposal as dated 13th October 2017).

**Outcome:**

1. *Fin. Year: 2017-2018 - 4th Quarter - March:* ***82%***
2. *Fin. Year: 2017-2018 - 4th Quarter - March:* ***93%***
3. **Medical student teaching:**

Aim:

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).

**Outcome: For all medical student clinical attachments within OH between March 2017 and January 2018, the mean score for ‘overall rating’ for consultant attachments is 4.39.**

1. **Medical appraisal:**

**Aim:**

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

**Outcome:** **In appraisal year 2016 – 2017, 97% of doctors with a prescribed connection to Oxford Health had had an appraisal.**

**As outlined above, four of the measures have been achieved, and as agreed in the CEA proposal (as dated 13th October 2017), this would equate to an allocation of 0.2 CEAs per WTE consultant.**

We would therefore be grateful if the Trust Board would ratify this agreement.

**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**

**13th March 2018**

**Proposal to Oxford Health Trust Board 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.

Performance indicators were agreed and a CEA round went ahead in early 2017. There was an agreement that performance indicators would be adjusted following this, in order to encourage/maintain improvement dependent on previous outcomes, which is reflected as below. 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 maintained above 90% (this was initially below 80%, however by November 2016 had been improved to 91%; of those where examination was not carried out, a valid reason was recorded in 71%). \*1

1. **User involvement/CPA indicators:**
2. Evidence that service user has been given copy of care plan is to be increased to 55% (this was initially 47%, however by November 2016 had been improved to 52%).
3. Evidence that the last CPA review includes a review of medication is to be maintained above 90% (this is generally audited as above 90%). \*2
4. **Mandatory Training:**
5. Equality, Diversity and Human Rights training is to be improved to at least 90% (this is currently 85%)
6. Conflict Resolution Training is to be maintained above 90% (this is currently 92%). \*3
7. **Medical student teaching:**

Aggregate ratings of placement quality gathered from medical students on placement with Oxford Health to be maintained at 4.3 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 are achieved, the consultant body will be allocated 0.175 CEAs per WTE consultant.
* If two are achieved, the consultant body will be allocated 0.15 CEAs per WTE consultant.
* If one 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**

**13th October 2017**

\*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 maintain this 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, the first of these is currently low with an expectation of a much higher score routinely, and the second is clearly an index which is mainly influenced by medics. We would aim to improve/maintain this to/at the scores as suggested, but in terms of the future, we would aim to increase these scores further.

\*3 This is audited by the Learning and Development Department, and is an area in which medics have been observed anecdotally to have been poor. It is clearly an area in which consultants have significant influence, either directly or indirectly through the medics they supervise.

\*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 i.e. 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 four years. Maintaining 95% plus for completed appraisals is felt to be a good target.