Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

'You matter, we care'

Trust Board Meeting (Part 1 or Part 2)	Date:

Title:	Clinical Executive: Medical Directorate update
Item:	BD/13/272

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History:	

This report is for:	
Decision	
Discussion	x
To Note	x

Executive Summary of key issues
The Medical Directorate, formerly the Medical, Strategy and Business Directorate, forms part of the Clinical Executive alongside the Nursing and Quality directorate. The Medical Directorate comprises the Medical Leadership team, Medical Education, Pharmacy, Research and Development (R&D), Clinical Intelligence and Psychology. Recent changes have seen joint clinical directorate meetings replacing separate medical and nursing directorate meetings, the population of a joint clinical risk register and greater collaboration at executive and deputy level. All annual work-plans are aligned to trust strategic objectives.

This report addresses these Strategic Priorities:	
We will deliver the best care	x
We will support and develop our staff	x
We will continually improve what we do	x
We will use our resources wisely	x
We will be future focussed	x

1. Medical Leadership team

The **Medical Leadership team** provides clinical leadership to the trust and guidance and professional leadership to all doctors regarding medical workforce development, appraisal, revalidation, professional standards and behaviour, investigations, remediation and policy.

	Foundation	GP	Core psychiatry	Advanced psychiatry
Trainees	14	16	13	5
Specialty doctors	53			
Consultants	111			

1.1. Revalidation

Revalidation was introduced in December 2012 and has become a main focus for the leadership team. Nationally, all doctors will be revalidated by the end of 2016. During the five year cycle, doctors undergo annual appraisal, submitting supporting evidence against each of the domains of Good Medical Practice. This includes at least one set of patient and colleague feedback ('360 degree feedback') in each cycle. The Responsible Officer, the medical director, makes a formal recommendation to the GMC at the end of five years. An RO's recommendation may be one of three categories:

- Positive: the doctor is up to date and fit to practice
- Deferral: in the case of sickness or maternity leave or other need for extra time, or
- Notification of non-engagement: the doctor is not participating in an appropriate and timely way

1.2. Investigation

The team convenes internal investigations into doctors' conduct and capability and works with the GMC when the regulator has cause to investigate. In 2012-13 we have investigated allegations of bullying (1), clinical capability (1), and professional conduct (2). The GMC has open investigations into professional conduct (3) and capability (1).

	April 2012-March 2013	April-November 2013
Trust internal investigations	5	4
GMC investigations • Of which, doctors with sanctions	3	4 1
Remediation episodes	0	2
Completed appraisal	73%	63% Projected to end 2013: 76% Projected to end Q4: >90%
Revalidation recommendations • Positive • Deferral • Non-engagement		32 29 3 0
AWP Complaints against named doctors*	46	26

* underestimate as doctors are not always named in team complaints

2. Medical Education

2.1. Undergraduate education

The medical education team is responsible for the provision and quality assurance of psychiatry teaching placements for medical undergraduates. We provide two hundred, 9 week attachments per academic year. Undergraduates are placed with a trained clinical supervisor, each of which is overseen by one of our 8 undergraduate tutors. Undergraduate academic links are with medical schools in the Universities of Bristol and Southampton.

2.2. Postgraduate training

The team is responsible for provision and quality assurance of postgraduate psychiatry training posts for core and Advanced trainees (formerly SHO to Registrar grades), and GP and Foundation trainees on rotation. AWP has up to 60 postgraduate trainees at any time, each overseen by one of our 8 specialty tutors. Our postgraduate links are with Severn and Wessex Deaneries.

2.3. Development functions

Personal and professional development for career grade doctors
Development of education faculty in AWP: appropriately trained clinical supervisors & tutors
Mentorship, coaching and leadership development

2.4. Appraisal and revalidation

Administration of appraisal and revalidation process and electronic portfolio (PReP)
Training and quality assurance of appraisal and appraisers

2.5. Budget responsibility

Career grade study-leave administration and budget
SIFT: service increment for teaching (support for undergraduate teaching)
MPET: postgraduate income for trainees' salary costs

3. Pharmacy

'Vision
By 2015 clinical pharmacy will be a core part of all clinical teams in AWP, providing access to expert advice and support to all staff and service users, as appropriate, in the safe and effective use of medicines. Effective systems will be in place to ensure availability of safe and secure supply of medicines to service users.'

Pharmacy functions include procurement and provision of medicines, medicines advice including clinical advice, policy and guidance, responsibility for ensuring safe storage and disposal, formulary and shared care agreements, patient group directions, governance re FP10 prescription pads and medicines audits.

4. Clinical Intelligence

Dr David Frost works alongside other corporate departments to provide individual, team and trust level information on clinical activity, performance and clinical outcomes. This aspect of directorate business is likely to assume greater prominence in line with the national focus on use of 'big data' and its contribution to risk stratification.

5. Research and Development

The R&D department has restructured over 2012-13 under the leadership of the now substantive director. All staff moved to permanent contracts and there is good morale and low sickness. The department received a commendation from the National Institute for Health Research (NIHR) for increased research activity in 2012.

Recruitment & activity	WCLRN target for recruits	AWP recruits	Activity based funding points	Time for R&D approval of a study (days). Target 30 days.
2011-12	650	568	1914	N/A
2012-13	650	978	3376*	14
2013-14	700	329 at August 2013		

*reflects increasingly complex studies and increased commercial research

External relationships with the Universities of Bristol, Bath and UWE are good, as is collaboration with Bristol Health Partners (Health Integration Team research work streams in dementia, depression, DSH, peri-natal depression and psychological therapies) and the Academic Health Science Network.

R&D host two regional networks,

- South West DeNDRoN (Dementia and Neurodegenerative Diseases Research Network), part of the NIHR clinical research network, and
- Mental Health Research Network west hub.

The three year R&D work plan may be summarised as:

1. To develop a culture of research integration into clinical services in AWP
2. To develop and sustain excellent leadership and collaboration in research
3. To be outcome focused in relation to quality, impact, financial sustainability and equity.

6. Psychology

The psychology workforce provides patient assessment and treatment, training and supervision within all services and localities.

Locality	**WTE**
(Head of profession	0.3)
Bristol	15.86
South Gloucestershire	8.6
Wiltshire	12.55
Swindon	7.9
BANES	6.2
SDAS	3.0
Specialised	8.0
Secure services	6.1

Current high level objectives may be summarised as:

1. Increase psychological mindedness of workforce
2. Increase skills of workforce in psychological approaches
3. Review skill mix across localities
4. Define productivity metrics for the profession
5. Re-establish professional support structures

Plans have been put in place by the Head of Psychology to address each of these objectives through 2014. However, the PWC benchmarking exercise suggested the psychology workforce is low in comparison with other trusts and national figures across all grades. We also recognise the need to review our primary care facing service provision, given a new focus on prevention, differing expectations between commissioners, an increasingly competitive market for psychological intervention and a changing case mix. A full review of psychology services is planned for early in 2014 and is likely to impact on the priorities listed above

7. AWP strategic objectives

The medical directorate contains several disparate and circumscribed functions. The overarching theme for 2012-13 could be described as *alignment* of core functions and responsibilities with each other, and with strategic objectives, in order to reduce duplication and waste, maximise productivity and ensure high standards in clinical provision and service.

The paragraphs below identify some of the achievements, challenges and work underway to support the trust in meeting regulatory requirements and achieving excellence in care provision.

7.1. Delivering the best care

Each division has reflected on its response to the Francis report. The report has been one of a number of prompts to greater medical engagement. The medical leadership team has worked to reinforce the importance of medical engagement with the quality agenda as a whole, with clinical leadership, and with multidisciplinary working within teams. Work addressing compassionate care for patients brought to the forefront the need for a compassionate approach to healthcare staff who are exposed to intense, demanding and sometimes traumatic events in the course of their work. The challenges for 2014 include a review of the functional model of inpatient care to ensure sustainable medical roles, a clinical executive review of recovery services and a focus on best practice in intensive team provision.

From 1st September 2013 pharmacy services changed such that AWP now provides its own service from ‘The Hub’ (Calne) and Callington Road pharmacy. Reorganisation has prioritised pharmacist time into wards and teams to improve safety and patient experience. The clinical executive has led extensive work on improving medication management, taking a multi-professional approach to increase staff engagement and ownership of this issue.

In line with AWP aims for greater service user and carer involvement and engagement, R&D identified a service user involvement post to build links with local and trust wide groups. The ‘permission to inform’ initiative to research will see service users informed routinely of studies which may interest them unless they indicate otherwise. The initiative

The BEST (clinical question) function provides evidence for practice, service development and commissioning. A new website enables the team to provide contract work for other organisations. The department of health sub-committee for forensic currency and pricing has recently purchased 50 questions from the BEST service, the first externally commissioned work for the team.

In response to Robert Francis' recommendation 158 to 'actively seek feedback from students on compliance with minimum standards of patient safety and quality of care', AWP has piloted the use of the Friends & Family question with medical students at the end of their placement, together with a question on patient safety concerns. The UoB has now adopted this for use by all providers. In unit 1 of this academic year, 32 of 36 students were likely or very likely to recommend care in AWP. Four students were ambivalent or negative, all from one site, offering a further source of intelligence to monitor quality of care across our trust.

In academic year 2014-15 the University of Bristol will move teaching in psychiatry from year 3 to year 4 of the curriculum. This presents a substantial financial challenge to all providers. We will receive only one third of current SIFT for one year, a loss of ~£400k. Plans are in place to take account of this and to take advantage of this 'year without students', requiring staff with timetabled education sessions to participate in faculty and quality improvement or educational development.

7.2. Continually improve what we do

In the GMC annual survey of trainees 2013, AWP was placed second out of 22 trusts in Severn Deanery for overall trainee satisfaction. Results yielded one positive outlying score and no negative outlying scores. The DME has created the first Medical Education Strategy which focuses on leadership and quality assurance of education functions.

Medicines orders are now placed via 'Ascribe' and appear in real time in the pharmacy hub. Stock levels are immediately apparent so wards know in advance whether an item is available. The pharmacy restructure allows pharmacists to perform daily visits to acute and older adult wards and intensive teams, offering advice, checking prescription charts, stock and compliance. The focus in 2014 will be on consolidating best practice in medicines management and roll out of the Patient Medication Passport.

The recent availability of the Clinical Intelligence dashboard through Ourspace is the next step in the productive use of data to improve services. The dashboard displays caseload data by clinician, team or locality, including clinical indicators such as comparative risk of suicide, time from last CPA and risk score. Further work in 2014 will result in identification of team and clinician KPIs and a real time, team level performance dashboard. This will complement IQ data by providing the team with their performance on length of stay, admission rate, MHA detention and other indicators compared with trust and national benchmarks.

7.3. Support and develop our staff

AWP is a pilot site for national research into the issues associated with the introduction of revalidation for a third year. We procured PReP, an online electronic appraisal portfolio, which provides overview of the progress of each doctor against all of the requirements of revalidation. The multidisciplinary Professional Standards & Decision Making Group was convened in July 2013 to consider medical workforce complaints, investigations, sickness, and all revalidation recommendations. Focus will fall next on the quality assurance of appraisal outputs.

The trust is rated green for organisational readiness for revalidation and associated processes.

Our focus for 2014 is on increasing medical engagement at all grades. The appointment of clinical directors has ensured a prominent clinical voice. We will run the Medical Engagement scale in January 2014 to benchmark engagement across the localities and against national norms. We have provided case manager and case investigator training to improve the standard of trust level investigations into conduct & capability.

The Remediation Policy offers a framework within which to support doctors returning to work after prolonged sickness absence or maternity leave or who have significant identified development needs impacting upon practice.

Focused effort over three years has resulted in a growing education faculty within the trust. We actively encourage staff to undertake higher qualification in healthcare education and to apply for Training Programme Director roles at Deanery level. Our workplan for 2014 will include a focus on support for specialty doctors, including targeted advice on career progression and assistance with CESR application (alternative accreditation for eligibility for consultant appointment).

Work in R&D in 2014 will see the roll out of a research package for trainee psychiatrists which supports their individual learning requirements and seeks to build a skills bank for clinical research in the future workforce. Clinicians with research interests will be identified as research champions and supported to facilitate research activity at team level.

7.4. Use our resources wisely

Reliance on temporary staff, either agency or NHS locum staff, is detrimental to care quality, service development and clinical leadership. We seek to progress the recruitment of substantive staff when possible and to review hard to fill posts, looking for alternative provision or incentives. Considerable effort has reduced pharmacy use of temporary staff and this will reduce further once the pharmacy robot is fully operational (end December 2013).

We have 6 agency medical locums in post as of December 1st:

Specialty doctor: Bristol: hard to fill post
Consultant: Bristol: awaiting approval of job description by Royal College
Specialty doctor: Swindon: post advertised
Consultant: Wiltshire: awaiting approval of job description by Royal College
Specialty doctor: Wiltshire: post advertised
Specialty doctor: Wiltshire: hard to fill post

Hard to fill posts have been advertised unsuccessfully three times or more. Alternative service models, for example non-medical prescribers and/or consultant nurse roles, are always considered. There is a national shortage of specialty doctors, in contrast to the numbers of applicants for recent consultant roles in AWP.

Further work in 2014 will align job planning, appraisal, and CPD/study leave with trust strategic objectives and locality and service development to ensure maximum added value to care quality and productivity.

The medical education department receives SIFT income ~£700K and MPET income ~£3.5M, ring-fenced to undergraduate education and trainee salary costs respectively. Innovative use of SIFT funds has led to the creation of an undergraduate Teaching Fellow post, and 0.6 WTE financial support for a Consultant post in Liaison Psychiatry and Education (joint funded with UoB and UHBT) – consolidating the trust's position in the healthcare environment in Bristol.

Pharmacy reorganisation around two hubs in Callington Road and Calne has facilitated the new pharmacy supply chain and procurement models. In the month of September 2013

medicines costs were reduced by £40k compared to the same month in 2012. New approaches to using patients' own drugs (POD) on admission will further reduce waste, expense and delay. Work is continues to address remaining issues regarding timely access to medicines by teams and on discharge, as new processes become embedded.

7.5. Be future focused

Building on work from 2012, the medical education department will focus on joint work with Learning & Development to bring greater coherence to the trust's approach to teaching, training and mandatory training. This will include work with the Programme Director for Organisational Development to create and implement strategies for Leadership and Coaching & Mentoring for staff. National rebasing of MPET and SIFT income to include an element of NMET (non-medical) income is a further spur to the trust to offer training and professional development opportunities in a structured way to nursing colleagues and others, and this will be a focus for the DME with L&D in 2014 and thereafter.

Through 2010-12 AWP has attracted increased numbers of foundation trainees. We will work to expand training posts which offer a cost effective service provision, enhance reputation and improve care outcomes. Work is underway to secure two additional GP training rotations from the School of Primary Care in Severn Deanery by ensuring innovative training in key areas for GPs, namely dementia care, PCLS and substance misuse.

Other key areas for development which are under consideration include the lead employer role for psychiatry trainees in Severn Deanery and regional provider for the MHA Section 12 Approvals panel. This function, already located within Jenner House, has been tendered and offers an opportunity to consolidate AWP's position in terms of training and oversight of all S12 approved doctors in the south of England.

The installation and full utilization of the pharmacy robot (December 2013) will automate dispensing to a large degree. This capability brings potential for further cost improvements and income generation from medicines supply to other providers, including filling private prescriptions.