

TEAM BONUSES :

Rewarding staff for a job well done

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The Government has identified a role for team bonuses as a form of performance-related pay in the health service. This is a brief description of a pilot scheme that started in April at a Sunderland trust

Could team bonuses become the norm? At the recent Guild of Healthcare Pharmacists annual conference, Hazel Blears, Minister for Health, identified the payment of team bonuses as a way of rewarding pharmacy staff for “a job well done”. Such bonuses can also promote the retention of staff. Team bonuses are favoured over individual bonuses as the latter can have a divisive effect among members of staff.

An example of a team bonus scheme in operation is provided by the pharmacy service at City Hospitals Sunderland NHS Trust. Each member of staff in the department, regardless of grade or job type, will receive a bonus of £600 if targets relating to the pharmacy service are achieved. Staff who are employed as new starters or who leave during the pilot will receive their personal bonus on a *pro rata* basis, and similar considerations apply to part-time staff.

There is also an additional £60,000 bonus that will be made available to the department for environmental improvements. The pharmacy department intends to use the money for improvements in ventilation, lighting and furniture.

The City Hospitals Sunderland NHS Trust treats about 87,000 inpatients per year and has an annual drug budget of £6.5m. Staff in the pharmacy department include 29 pharmacists, 52 pharmacy technicians and 27 support staff (pharmacy assistants and clerical staff). These staff are responsible for issuing 550,000 dispensed items each year.

The hospital's pharmacy department aims to promote the safe, effective and economic use of medicines at ward level. To this end,

the targets that have been set for the department are patient-focused and are based on the performance measures of quality, efficiency and effectiveness. The team bonus scheme is being piloted on eight wards (four elderly and four orthopaedic).

Each of the measures has a target attached to it, except for effectiveness, which has two targets (see Table 1). The department receives the full reward by meeting all four targets. Achievement of some of the targets will result in *pro rata* bonuses (that is, achieving three targets [75 per cent] means that staff will receive only £450, and a corresponding

environmental improvement allowance of £45,000). Success in meeting each target is determined on a pass or fail basis.

In order to ensure that resources are not being diverted from other aspects of the pharmacy service in an attempt to meet these targets, it was determined that existing performance indicators such as stock turnovers, outpatient dispensary waiting times, sickness absence, vacancies and overtime payments must at least match those of 2001/02.

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Table 1: Targets for pharmacy service under the bonus scheme

Target 1 (Quality) To reduce the time interval between a clinician's decision to discharge a patient and the provision of discharge medication	Aim To free medical and surgical beds for additional admissions Measure of success To achieve a minimum of 75 per cent of discharge medication supply within four hours of the decision to discharge patients on all pilot wards
Target 2 (Efficiency) To re-use patients' own drugs and reduce the amount of drugs destroyed; to save resources by not issuing medicines that patients already have; and to improve safety by stopping inappropriate medication	Aim To reduce waste and minimise the need to supply medicines in the hospital Measure of success To recover an average of 50 per cent by value of patient's own drugs for use during their stay as inpatients
Target 3 (Effectiveness) To ensure that all patients have a specific reminder card which includes information on why their medicines are being prescribed, as well as the dose regime and major side effects	Aim To inform the patient and achieve concordance with the dose regime Measure of success To ensure that 90 per cent of discharged patients (excluding those who require intermediate care) receive a patient reminder card
Target 4 (Effectiveness) To reduce the number of prescribing and administration errors on prescriptions	Aim To improve the whole medicines management process Measure of success To ensure that 80 per cent of prescriptions have a validated medication history

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