

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	BOARD OF DIRECTORS MEETING – 22 MAY 2014
SUBJECT:	MEDICAL DIRECTOR'S REPORT ON THE RECOMMENDATIONS OF THE DECISION MAKING GROUP TO AWARD CLINICAL EXCELLENCE AWARD POINTS TO MEDICAL CONSULTANTS IN 2013
REPORT FROM:	Medical Director
PURPOSE:	Decision
CONTEXT / REVIEW HISTORY Annual submission following Decision Making Group Meeting.	
SUMMARY The applications for Clinical Excellence Awards for the 2013 Round were assessed by the Decision Making Group on 01 April 2014 and awards recommended.	
IMPACT ON TRUST'S STRATEGIC OBJECTIVES Provision of high quality service.	
FINANCIAL IMPLICATIONS: Total funding by EKHUFT is £199,808.32 per annum in addition to nationally agreed pay and conditions.	
LEGAL IMPLICATIONS:	
PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES (where applicable): Not required	
BOARD ACTION REQUIRED: To agree the recommendations	
CONSEQUENCES OF NOT TAKING ACTION: Appeals Proceedings	

MEDICAL DIRECTOR'S REPORT ON THE RECOMMENDATIONS OF THE DECISION-MAKING COMMITTEE TO AWARD CLINICAL EXCELLENCE AWARD POINTS TO MEDICAL CONSULTANTS IN 2013

1. Introduction

The Decision-Making Committee met on 01 April 2014, to consider applications for Clinical Excellence Awards for Medical Consultants.

The Committee is constituted to provide an appropriate breadth of representation from consultants across the specialities, managerial, PCT, university and lay representation. This year there were 12 members. The committee members were as follows:

Chair	Dr P Stevens	Medical Director
	Mr P Murphy	Director of Human Resource
	Mr Michael Lyons	Trust Governor
	Dr D Delord	Rheumatology, QEQM
	Dr N Goldsack	Medical, QEQM
	Mr P Jeer	Orthopaedics, QEQM
	Mr R Insall	Surgeon, KCH
	Dr Y Parks	Paediatrician, KCH
	Mr N Williams	Surgeon, WHH
	Dr B Maguire	Histopathology, WHH
	Dr K Li	Geriatrician, WHH
	Mr R Shrivastava	Orthopaedics, WHH

2. Applications Process

The process leading up to the Committee meeting follows procedures previously outlined by the Department of Health – ACCEA (Advisory Committee on Clinical Excellence Awards).

There were 285 eligible Consultants and 85 consultants nominated themselves for consideration for an award by submitting an application form. Two citations were also supplied, one by a colleague and one joint reference from the Divisional Medical Directors and Division Director.

The minimum number of points to be made available is based on the number of eligible consultants (substantive employees as at 1 April 2012 not holding a National Award) less the number of points previously awarded by other Trusts to newly appointed consultants (6 points). The Trust Board had previously recommended that a figure of 0.2 points per consultant be allocated (57 points).

Following deduction of previously awarded points by other Trusts to 2 Consultants appointed to our Trust within the award round period the total points available for this awards round was therefore 51.

3. Strategy

Applications were assessed, including management and colleague citations, against the criteria laid out in the ACCEA 'Guide to the NHS Consultants' Clinical Excellence Awards Scheme 2013 Awards Round'.

After discussion the Committee agreed to follow the procedure laid down in Appendix 1 attached to this report. It was accepted that although consultants may be allocated awards in consecutive years, this should be unusual and only in recognition of exceptional performance. The normal allocation is 1 CEA but, again for exceptional efforts, 2 CEAs may be awarded.

CEA awards are only allocated where the consultant has demonstrated in their written application that they have performed in excess of their job plan.

Scoring Guidance provided to the Committee is outlined in Appendix 1. Scores were weighted as previously outlined in the application process to reflect the importance to local awards of delivering and developing a high quality service and the total score for each applicant after collation of all committee members' scores was presented for discussion.

4. Recommendations

The Committee reached agreement as follows, and recommends allocation of points set out below, with effect from 1 April 2013:

One Point

Title	Last Name	First Name	Department	Site
Dr	Ayerst	Kurt	Dermatology	WHH
Dr	Baghai-Ravary	Ramin	Respiratory	K&C
Dr	Balogun	Ibrahim	HCOOP & Stroke	WHH
Dr	Baron	Susannah	Dermatology	K&C
Mr	Basu	Sanjoy	Surgery	WHH
Dr	Bertoni	Miguel	Radiology	WHH
Dr	Bernie	Andrew	Dermatology	K&C
Dr	Brighton	Philip	HCOOP	WHH
Mr	Casha	James	T&O	QEQM
Dr	Das	Neelanjan	Vascular/Radiology	K&C
Dr	Doulton	Timothy	Renal	K&C
Mr	Eddy	Benjamin	Urology	K&C
Dr	Elder	Andrew	Maxillo Facial	WHH
Dr	Evans	Gillian	Haemophilia	K&C
Dr	Farmer	Christopher	Renal	K&C
Dr	Fox	Christopher	Gastroenterology	WHH
Dr	Green	Colin	Paediatrics	WHH
Dr	Harron	Michael	Surgery	WHH
Dr	Hills	Kate	Gastroenterology	QEQM
Dr	Hudsmith	Jonathan	Anaesthetics	QEQM
Dr	Illahi	Memon	Emergency Care	K&C
Dr	Kaikini	Robert	Vascular/Radiology	K&C
Dr	Kapoor	Ritoo	Anaesthetics	K&C
Dr	Krishnan	Rajeshwar	Urology	K&C
Dr	Lindsay	Jindriska	Haematology	K&C

Dr	MacKinnon	John	Anaesthetics	K&C
Dr	Moorhouse	Sarah	Radiology	K&C
Dr	Moran	Nicholas	Neurology	K&C
Dr	Munro	Neil	Neurology	WHH
Dr	Neales	Kate	Womens Health	WHH
Dr	Nunes	Carlo	Gastroenterology	K&C
Dr	O'Riordan	Shelagh	HCOOP	K&C
Dr	Pandit	Debkumar	Anaesthetics	WHH
Dr	Patel	Nishal	Ophthalmology	K&C
Dr	Periera	Brett	Medicine	K&C
Dr	Piotrowicz	Andrzej	Gastroenterology	QEQM
Dr	Pocock	Christopher	Haematology	K&C
Dr	Rang	Simon	Anaesthetics	QEQM
Dr	Reddy	Srinvasulu	Microbiology	WHH
Dr	Relwani	Jai	T&O	WHH
Dr	Senaratne	Jawaharlal	Surgery	K&C
Dr	Shah	Vinit	Child Health	WHH
Mr	Shrotri	Nitin	Urology	K&C
Mr	Smith	Andrew	T&O	QEQM
Dr	Strandvik	Gustav	Anaesthetics	K&C
Dr	Streeter	Ed (Edward)	Urology	K&C
Dr	Szakacs	Susanna	Histopathology	WHH
Dr	Vasu	Vimal	Child Health	WHH
Dr	Webb	Michelle	Renal	K&C
Dr	Woodward	Zoe	Womens Health	QEQM
Dr	Zahn	Helmut	T&O	WHH

TOTAL POINTS AWARDED: 51

It should be noted that there was an in depth discussion concerning candidates who had received awards in the previous awards round, and also those candidates already in receipt of awards, to ensure that committee members had taken this into account in their scoring of the applications. There was also an in depth discussion concerning one consultant who scored highly in the teaching and training domain but only ranked 75th out of the 85 applications. The committee reviewed his stated contributions in the delivering and developing high quality services domains and also noted that the statements in his application in these domains were almost exclusively related to teaching and training. The committee concluded that the evidence available to them was not strong enough for them to recommend an award purely for teaching and training contributions.

5. Analysis of Recommendations

EKHUFT employed 337 permanent consultants (206 white, 126 BAME (Black and minority ethnicity), 5 unstated) on the final day applications could be submitted and of these 285 (85%) consultants were eligible to apply. Of those eligible 69 (24%) were female and 110 (38%) were of BAME origin. Ethnicity of 11 (3.8%) doctors was not stated.

85 of the 285 eligible consultants applied (30%) and analysis of these 85 consultants by gender, ethnicity and site are shown in Appendix 2.

Comparing the % of applicants against % receiving an award, there was no obvious bias according to gender or ethnicity.

6. Request for Approval

The Trust Board is asked to approve the above recommendations.

Paul Stevens
Medical Director
08 May 2014

PS/JM/Paper

Revised

09/05/2014

Appendix 1

CEA 2013

ASSESSMENT AND SCORING GUIDANCE TO THE LOCAL COMMITTEE

General Guidance

Clinical Excellence awards are given to recognise and reward the exceptional contribution of NHS consultants, over and above that normally expected in a job, to the values and goals of the NHS and to patient care.

The scheme operates under:

- fair and uniform criteria;
- transparent and equitable processes; and
- clear operational frameworks.

Local Procedures

The Committee is advised that they are trying to establish the degree of excellence and reward it appropriately. Achievement has to be measured within the parameters for which the consultant is employed, and they must recognise and only reward contributions to the NHS which are over and above that normally expected. It is not necessary for the consultant to achieve in all domains, and an exceptional achievement in one domain may be sufficient, if the contribution is suitably outstanding.

Each member of the Committee has a copy of each individual Application CVQ, citations and job plan. They have at least one month in which to independently mark and return their scores to be collated. These scores are recorded on a spreadsheet, and total scores are ranked. Each domain is also ranked independently.

Scoring Guidance

Management Citation

No National guidance was available and the following local rating of each Domain was agreed:

0	unsupported
1	supported
2	highly supported
3	most highly supported

Applications

The following guidance on scoring is as follows:

- Score applicants on what they have written not on what you have been told.

- Consider how applicants have performed in the five domains individually.
- Consider only activities which applicants have undertaken since their last award.
- Applicants are not expected to perform 'over and above' expectations in all five domains which will depend on the type and nature of their post.
- Each Domain should be scored using the following ratings:

0	Has made no assessable commitment
2	Meets contractual commitment
6	Over and above contractual commitment
10	Excellent

Decision Procedure

Each Committee member was given the opportunity to voice their opinion on the individual applications when they meet to allocate awards. Decisions were then made collectively after thorough discussion. The Award Committee used the following criteria for making award:

Decision 'Tree' Agreed by Local Awards Committee 2013

- a) It would be exceptional to make an award two years running. Those who received awards in 2012 were only considered once the other applications had been assessed. They were assessed using the same criteria as detailed below.
- b) All Domains were summed and applications ranked in numerical order.
- c) Applications were considered in reverse order. This allowed the Committee to exclude applications who they felt did not reach the 'minimum cut off'.
- d) It was decided that in this round no more than one point would be awarded to a particular consultant.
- e) The applications were then assessed to confirm they merited 1 point.
- f) Finally, applicants who had been awarded a point in 2012 were considered to assess if their performance in the preceding year had been exceptional and therefore should be allocated points in successive years.

Appendix 2

ANALYSIS OF CEA AWARDS RECOMMENDATIONS

Table 1

Gender	Applied	% of applicants	Received Award	% receiving award of by gender
Female	19	22%	10	20%
Male	66	78%	41	80%

Table 2

Ethnicity	Applied	% of applicants	Received Award	% receiving award by BME status
White	45	53%	31	61%
BAME	40	47%	20	39%

Table 3

Site	Applied	% of applicants	Received Award	% receiving award by main site
KCH	33	39%	26	51%
QEQM	21	25%	7	14%
WHH	29	34%	18	35%
Other	2	2%	0	0%

Table 4

Ethnicity	Decision-Making Committee	% of Committee
White	8 (2 female)	67%
BAME	4 (1 female)	33%