## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS** 

DATE: **21 MAY 2015** 

SUBJECT: MEDICAL DIRECTOR'S REPORT ON THE

RECOMMENDATIONS OF THE DECISION MAKING GROUP

TO AWARD DISCRETIONARY POINTS TO MEDICAL SPECIALIST DOCTORS IN 2014

REPORT FROM: MEDICAL DIRECTOR

PURPOSE: Decision

## **CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

Annual submission following Decision Making Group Meeting.

#### **SUMMARY:**

The applications for Clinical Excellence Awards for the 2014 Round were assessed by the Decision Making Group on 23 April 2015 and awards recommended.

#### **RECOMMENDATIONS:**

The Trust Board is asked to approve the recommendations in this report.

#### **NEXT STEPS:**

To agree the recommendations

#### **IMPACT ON TRUST'S STRATEGIC OBJECTIVES:**

SO1 - Quality

Provision of high quality service.

## LINKS TO BOARD ASSURANCE FRAMEWORK:

AO1: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Clinical Outcomes.

#### **IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:**

**Appeals Proceedings** 

## FINANCIAL AND RESOURCE IMPLICATIONS:

Total funding by EKHUFT is  $\pounds 2,000$  (TBC) per annum in addition to nationally agreed pay and conditions.

## LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

## PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

## **ACTION REQUIRED:**

- (a) To make a decision
- (b) Discuss and agree recommendations.

#### **CONSEQUENCES OF NOT TAKING ACTION:**

**Appeals Proceedings** 

#### EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

#### **BOARD OF DIRECTORS – 21 MAY 2015**

## RECOMMENDATIONS OF THE DECISION-MAKING GROUP TO AWARD DISCRETIONARY POINTS IN 2014

#### 1. Introduction

The Decision-Making Group met on 31 March 2014 to consider applications for Discretionary Points from Associate Specialists. There were no applications from Staff Grades for Optional Points. This was in line with procedures approved by the Trust Board in September 2005 and reviewed in 2013. Group members were as follows:

Chair Dr P Stevens Medical Director

Ms Sandra Le Blanc Director of Human Resources

Mr Michael Lyons Trust Governor

Dr D Delord Rheumatology, QEQM

Dr N Goldsack Medical, QEQM
Dr J Hudsmith Anaesthetics, QEQM
Mr P Jeer Orthopaedics, QEQM
Dr AF Muller Gastroenterology, KCH

Mr N Wilson
Dr Y Parks
Dr B Al-Shaik
Dr C Davies
Mr M Harron
Dr V Shah
Surgeon, KCH
Paediatrician, KCH
Anaesthetics, KCH
Surgery, WHH
Paediatrics, WHH

Dr A Simoes Associated Specialist, KCH

#### 2. Applications

Only one application was received. The minimum number of points to be made available was based on the number of doctors eligible as of 1 April in the year of the award and calculated at a rate of 0.2 points per doctor (7x0.2=1.4). One Associate Specialist doctor applied. The application was considered in respect of the CV questionnaire and citations against the criteria laid out in Advance Letters: MD4/96 (Associate Specialists' Discretionary Points) and MD4/97 (Terms and Conditions for the Staff Grade)

#### 3. Recommendations

On 23 April 2015 the Decision Making Group reviewed the applications and scoring. The group agreed to award at least one point and discussion centred around award of 1 or 2 points. They reached agreement and recommend acceptance of the allocation of points set out below, with effect from 1 April 2014.

Title	Last name	First name	Department	Site
Mr	Thakur	Raman	Trauma and Orthopaedics	WHH

Total Point awarded: 1

Total Value of Points: £2,000 (TBC)

3 Request for Approval

The Trust Board is asked to approve the above recommendations.

Paul Stevens Medical Director 31 March 2014

## EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS** 

DATE: **21 MAY 2015** 

SUBJECT: MEDICAL DIRECTOR'S REPORT ON THE

RECOMMENDATIONS OF THE DECISION MAKING GROUP TO AWARD CLINICAL EXCELLENCE AWARD POINTS TO

**MEDICAL CONSULTANTS IN 2014** 

REPORT FROM: MEDICAL DIRECTOR

PURPOSE: Decision

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

**Annual submission following Decision Making Group Meeting.** 

SUMMARY:

The applications for Clinical Excellence Awards for the 2014 Round were assessed by the Decision Making Group on 23 April 2015 and awards recommended.

**RECOMMENDATIONS:** 

The Trust Board is asked to approve the recommendations in this report.

**NEXT STEPS:** 

To agree the recomendations

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

SO1 - Quality

Provision of high quality service.

LINKS TO BOARD ASSURANCE FRAMEWORK:

AO1: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Clinical Outcomes.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

**Appeals Proceedings** 

FINANCIAL AND RESOURCE IMPLICATIONS:
Total funding by EKHUFT is £250k per annum in addition to nationally agreed pay and conditions.
LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:
PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES
ACTION REQUIRED: (c) To make a decision (d) Discuss and agree 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 2014

#### 2. Introduction

The Decision-Making Committee met on 23 April 2015, 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 15 members. The committee members were as follows:

Dr P Stevens Chair Medical Director Ms Sandra Le Blanc Director of Human Resources Mr Michael Lyons Trust Governor Dr D Delord Rheumatology, QEQM Medical, QEQM Dr N Goldsack Dr J Hudsmith Anaesthetics, QEQM Mr P Jeer Orthopaedics, QEQM Dr AF Muller Gastroenterology, KCH Mr N Wilson Surgeon, KCH Dr Y Parks Paediatrician, KCH Dr B Al-Shaik Anaesthetics, WHH Dr C Davies Anaesthetics, WHH Mr M Harron Surgery, WHH Dr V Shah Paediatrics, WHH

#### 4. 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 304 eligible Consultants and 45 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 management citation 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 for at least one year before the 1st April 2014 not holding a National Award) less the number of points previously awarded by other Trusts.

The Trust Board had previously recommended that a figure of 0.2 points per consultant be potentially allocated giving a potential the total of 61 points for the 2014 round.

Following deduction of previously awarded points by other Trusts to 1 consultant (6 points), an existing consultant whose points needed to be withheld (6 points) and the 2 points that were allocated to successful appeals from last year, the total potential points available for this awards round was therefore 47.

#### 5. 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 2014 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.

#### 6. Recommendations

The Committee reached agreement as follows, and recommends allocation of points set out below, with effect from 1 April 2014:

Title	Last Name	First Name	Department	Site	Points
Dr	Hargroves	David	HCOOP	WHH	2
Dr	Snazelle	Mark	Anaesthetics	WHH	2
	Gunathilaga		HCOOP	QEQM	
Dr	n	Gunaratnam			2
Mr	Goodger	Nicholas	Maxilo Facial	WHH	1
Dr	Samuel	Mike	Neurology	WHH	1
Mr	Hamade	Ayman	Surgery	QEQM	1
Dr	De Lord	Denise	Rheumatology	QEQM	1
Dr	Phillips	Doraline	Histopathology	WHH	1
Dr	Elton	Paul	Radiology	KCH	1
Mr	Tsavellas	George	Surgery	QEQM	1
Dr	Perenyei	Miklos	Pathology	WHH	1
Dr	Jones	Matthew	Anaesthetist	WHH	1
Dr	Newson	Tim	Child Health	WHH	1
Dr	Kingston	Richard	Renal	KCH	1
Dr	Hodgetts	Antony	Anaesthetics	QEQM	1
Dr	Mayall	Martin	Anaesthetics	KCH	1
Dr	Fisher	Jane	Cardiology	WHH	1
Dr	Rudra	Kumar	HCOOP	QEQM	1
Dr	Bhargava	Ajay	A&E	WHH	1
Dr	Hawkins	Jonathon	HCOOP	WHH	1
Dr	Birks	Sarah	Paediatrics	BHD	1
Dr	Smith	Oladimeji	Child Health	WHH	1
Dr	Chalmers	Shelley	Child Health	WHH	1
Mr	Ross	Graham	Womens Health	QEQM	1

TOTAL POINTS AWARDED:

## 7. Analysis of Recommendations

EKHUFT employed 335 permanent consultants (189 white, 127 BAME (Black and minority ethnicity), 19 unstated) on the final day applications could be submitted, of these 304 (90%) consultants were eligible to apply. Of those eligible 77 (25%) were female and 112 (38%) were of BAME origin. Ethnicity of 14 (3.8%) doctors was not stated.

45 of the 304 eligible consultants applied (15%) and analysis of these 45 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.

## 8. Request for Approval

The Trust Board is asked to approve the above recommendations.

Paul Stevens Medical Director 12 May 2015

#### Appendix 1

# EKHUFT LOCAL CLINICAL EXCELLENCE AWARDS SCHEME 2014 ROUND BRIEFING SHEET

The purpose of the scheme is to reward the 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 is looking to reward those exceptional individuals who:

- demonstrate sustained commitment to patient care and well-being, or improving public health;
- improve and sustain high standards in the technical and clinical aspects of service, whilst providing patient-centred care;
- in their day-to-day practice, demonstrate a clear commitment to the values and goals of the NHS such that they:
  - show a sustained commitment to achieving agreed service objectives;
  - actively participate in clinical governance;
  - contribute to continuous improvement in service organisation, delivery, patient safety and experience;
  - embrace the principles of evidence-based practice;
  - contribute to the knowledge base through research;
  - are recognised as exceptional teachers and/or trainers and/or managers.

## Local Awards Committee (LAC)

Eligible consultants have been invited to apply for awards and submit an Application CVQ form which covers 5 aspects or domains of their work. It is not necessary for the consultant to achieve in all 5 domains, and an exceptional achievement in one domain may be sufficient provided there is also a significant contribution to delivering and developing a high quality service.

Each member of the Committee will have a copy of each individual Application CVQ and 2 citations (management and colleague). The Committee will be asked to assess and score each application using a prescribed scoring method.

The Committee 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. Additionally, scores from each domain will then be weighted according to the following table:

Domain area	Weighting
1. Delivering a high quality service.	2.5
2. Developing a high quality service.	2.0
3. Managing a high quality service.	1.5
4. Research and innovation.	2.0 or 1.0 depending on Domain 1 score
5. Teaching and training.	2.0 or 1.0 depending on Domain 1 score

For those applicants who achieve an average unweighted score of 6 or above in Domain 1 the weighting for Domain 4 and Domain 5 will be 2.0 but for those who with an average unweighted score in Domain 1 of less than 6 scores in Domain 4 and 5 will not be weighted.

Each Committee member is given the opportunity to voice their opinion on the individual applications when the LAC meets in April 2015. Decisions are then made collectively at this meeting to make an award.

## **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 <u>since their last</u> 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 will be given the opportunity to voice their opinion on the individual applications when they meet to allocate awards. Decisions will then be made collectively after thorough discussion. The Award Committee will use the following criteria for making award:

#### Decision 'Tree' Local Awards Committee Award Criteria

- It would be exceptional to make an award two years running. Those who
  received awards last year will only considered once the other applications have
  been assessed. They will be assessed using the same criteria as detailed
  above.
- All Domains will be summed and applications ranked in numerical order.
- Applications will be considered in reverse order. This allows the Committee to exclude applications who they feel do not reach the 'minimum cut off'.
- Highest scoring applications will then be assessed to consider whether their performance is exceptional and perhaps justifies allocation of 2 points. Particular attention will be paid to performance in Domains 1 and 2.
- The other applications will then be assessed to confirm they merit 1 point.
- Finally, applicants who had been awarded points in the last round will be considered to assess if their performance in the year has been exceptional and therefore merit allocation of 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	9	20%	5	21%
Male	36	80%	19	79%

## Table 2

Ethnicity	Applied	% of applicants	Received Award	% receiving award by BME status
White	23	51%	15	63%
BAME	22	48%	9	37%

## Table 3

Site	Applied	% of applicants	Received Award	% receiving award by main site
KCH	7	15%	3	13%
QEQM	14	31%	7	29%
WHH	22	48%	13	54%
Other	2	4%	1	4%

## Table 4

Ethnicity	Decision-Making Committee	% of Committee
White 9 (1 female)		60%
BAME 6 (3 female)		40%