

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

**REPORT TO: BOARD OF DIRECTORS – 29 AUGUST 2014**

**SUBJECT: CLINICAL EXCELLENCE AWARDS**

**REPORT FROM: MEDICAL DIRECTOR**

**PURPOSE: Decision / Discussion**

**CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services including those who do so through their contribution to academic medicine.

**SUMMARY:**

The attached report provides past and current information on the CEA scheme within EKHUFT and to make recommendations for discussion on the future.

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

Provision of high quality service.

**FINANCIAL IMPLICATIONS:**

Currently total funding supported by EKHUFT is in excess of £3.4 million per annum in addition to nationally agreed pay and conditions.

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

This paper is relevant as it supports the PSED and does not require an equality analysis.

**PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES**

Not required

**BOARD ACTION REQUIRED:**

- (a) to consider the recommendations and either support, reject or modify
- (b) to discuss and determine actions as appropriate

**CONSEQUENCES OF NOT TAKING ACTION:** Lose consultant workforce engagement

**CLINICAL EXCELLENCE AWARDS BRIEFING PAPER FOR THE TRUST BOARD****1. Background**

The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those consultants who contribute most towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services including those who do so through their contribution to academic medicine.

In particular, awards are made to consultants who:

- Demonstrate sustained commitment to patient care and wellbeing or improving public health
- Sustain high standards of both technical and clinical aspects of service while providing patient-focused care
- In their day-to-day practice demonstrate a sustained commitment to the values and goals of the NHS by participating actively in annual job planning, observing the private practice code of conduct and showing a commitment to achieving agreed service objectives
- Through active participation in clinical governance contribute to continuous improvement in service organisation and delivery
- Embrace the principles of evidence-based practice
- Contribute to knowledge base through research and participate actively in research governance
- Are recognised as excellent teachers and or trainers and or managers
- Contribute to policy-making and planning in health and healthcare
- Make an outstanding contribution to professional leadership.

There are 5 domains within which consultants can provide evidence that they:

- Deliver patient services which are safe, have measurably effective clinical outcomes and provide a good experience for patients
- Have significantly improved quality of care and the clinical effectiveness of their local service or related clinical service broadly within the NHS
- Have made an outstanding leadership contribution
- Have made innovations or contributed to research, or the evidence/evaluative base for quality
- Have delivered high quality teaching and training which may include the introduction of innovative ideas

The current Clinical Excellence Award scheme was introduced alongside the new consultant contract in 2003. There are nine levels of local Clinical Excellence Awards: the number of consultants in receipt of local awards and their value are shown in the table below. Locally,

the last clinical excellence awards round was in 2014, back dated to 2013, when 51 points were awarded.

Table: CEA award level, value and numbers of consultants with National comparisons			
Award Level	Value of awards (£)	Number of consultants	% (National %)
1	2957	54	26 (8.1)
2	5914	36	17.3 (7.7)
3	8871	35	16.9 (5.7)
4	11828	16	7.7 (4.6)
5	14785	22	10.6 (3.7)
6	17742	14	6.7 (2.9)
7	23656	7	3.3 (2.4)
8	29570	9	4.3 (1.9)
9	35484	14	6.7 (3.0)
DP2	6408	1	
DP5	16020	1	

How our award of local CEAs roughly compares with our other local Trusts is shown in the table below, this is not going to be absolutely precise, but gives a rough comparability.

Table: Percentage of eligible consultants with each CEA award level, with local comparisons				
Award Level	EKHUFT (%)	MTW (%)	Medway (%)	DVH (%)
1	16.0	12.7	11.9	18.0
2	10.7	9.5	12.7	10.0
3	10.4	6.8	7.6	5.0
4	4.7	7.7	6.8	7.0
5	6.5	6.8	6.8	4.0
6	4.2	0.9	3.4	8.0
7	2.1	1.4	3.4	3.0
8	2.7	2.3	1.7	2.0
9	4.2	5.0	4.2	2.0
Total	61.5	53.1	58.5	59.0

In 2012 the Doctor's and Dentists' Review Body (DDRB) published a review of NHS consultant award scheme. Recommendations from this review were several:

- i. We recommend that consultants continue to receive reward above their basic pay scales, where appropriate, and are eligible for incentives to reward excellence.
- ii. The local award scheme should be transparent, fair and equitable
- iii. Awards should be linked to performance appraisals and should be only for work over and above job plans
- iv. Awards should not reward activity remunerated elsewhere, for example through additional PAs or SPAs, unless outcomes are significantly above expectations
- v. All consultants are eligible (currently consultants are eligible to apply for Clinical Excellence Awards after one year in post, NHS Employers view was that one year was too short a time to demonstrate sustained levels of performance and commitment)
- vi. Schemes should operate within a competitive environment

- vii. Awards should be non-consolidated and non-pensionable (at present awards are pensionable)
- viii. All existing award holders should have their awards reviewed on a regular basis, period of review to be determined locally

The secretary of state for health subsequently responded to the DDRB review in December 2012 broadly accepting the key principles but specifically stating:

- CEAs should recognise current not past excellence
- Affordable proposals on pensionability of future local awards would be accepted, and
- That in order to ensure that pay arrangements for doctors are affordable and sustainable in the long term the government would be seeking to change doctors' contracts to better support 7 day working in the NHS

## 2. Current Position

At present 207 members of our consultant workforce hold a local award (c. 60% of the consultant workforce, the National figure is 40%) of whom 175 have received an award within the last 5 years. These awards are pensionable and have only been subject to review since last year. National awards are held by 8 members of our consultant workforce (2.4% compared to 8.3% nationally and 4.1% in the other 3 local Trusts combined) these awards are pensionable and are subject to review every 5 years. Overall, 215 of 337 permanent consultants receive some form of CEA (64% of the consultant workforce, the National figure is roughly 50% and the other 3 local Trusts combined c. 60%).

EKHUFT's annual expenditure on CEAs amounts to £3.436,000.00.

### Salient British Medical Association Recommendations

- I. For the last local awards round the scheme was applied in line with 'The new NHS consultant reward scheme: clinical excellence awards' (Department of Health, August 2003) and the Advisory Committee on Clinical Excellence Awards' (ACCEA) guidance.
- II. Each year the trust will determine, following consultation with the Local Negotiating Committee (LNC) the overall number of CEAs to be awarded by the Employer Based Awards Committee (EBAC). All consultants with one year of service are counted as eligible consultants with part-time consultants counted as their whole-time equivalent. Part-time consultants will be eligible for awards but the value of their award will be pro-rata to their whole-time equivalent.
- III. Where a consultant transfers from another trust with CEAs these will be continued and are not new awards under this policy.
- IV. The trust and the LNC will review this agreement annually in the light of experience and taking into account guidance from the Department of Health, ACCEA or BMA. Any changes will only be made with the full agreement of the LNC.
- V. Publication of the personal statement in CEA forms is becoming more common and can be recommended as good practice

## 3. What are other Trusts Doing?

Most Trusts this year again appear to be holding local CEA rounds employing a calculation of 0.2 points per eligible consultant (used by Medway and Dartford), which is what EKHUFT used in the last year round. After correction for national award holders and points honoured from previous employers this would mean that potentially 41.4 new points might be awarded. Using a calculation of 0.1 per eligible consultant would result in a potential 20.7 new points.

The DDRB's recommendation was for review of existing local awards, in line with the review of national awards. This has been discussed with the Local Negotiating Committee who are in agreement with this principle. Some Trusts have introduced a 5-yearly review of local level 9 awards, with evidence focussed on achievements within those 5 years. If the evidence provided is deemed insufficient for a five year renewal, the award can be renewed for less than five years (I would suggest a maximum of 3 years), giving applicants another opportunity to demonstrate that they still meet the relevant criteria for their award level. If they still do not submit sufficient evidence, the award may be downgraded or withdrawn. Consultants to whom this applies are warned that this recommendation is being made.

### Scoring system for local CEAs

In the last awards round the scoring system used the weighting suggested by the British Medical Association to reflect the importance to the Trust of high quality services for patients (shown in the table below).

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.	1.5
5. Teaching and training.	1.5

The pre-weighting scores used for each domain were:

- 0 = Does not meet contractual requirements, or insufficient information has been produced to make a judgement
- 2 = Meets contractual requirements
- 6 = Over and above contractual requirements
- 10 = Excellent

### 4. Feedback from the last awards round

I have heard a number of informal appeals from the last awards round and one of these at least will progress to a formal appeal. The main thing that has struck me is that those who put a lot time and effort into teaching and training are being potentially disadvantaged. If we were not a training organisation the standard of middle grade doctors and below would be severely compromised and recruitment would also be difficult. In the future local awards process I want to encourage teaching and training but also promote delivery a high quality service.

I'd therefore like to suggest a modification to the weighting system which will also accentuate delivering a high quality service (Domain 1). What I suggest is that for those applicants who achieve an average unweighted score of 6 or above in Domain 1 the weighting for Domain 4 and Domain 5 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 are not weighted. The new weighting table would therefore be:

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

## 5. Recommendations for the Trust Board to consider

### a. For 2014

- i. Advertise a local CEA round this year, backdated to April 2014
- ii. Use 0.2 points/eligible consultant
- iii. Modify with scoring system used as per the suggestion above
- iv. Continue to notify existing all award holders that awards held for  $\geq 5$  years will be reviewed

### b. For 2015 onwards

- i. Local CEA award rounds as determined by the new consultant contract
- ii. Continue to review all local awards and in line with the National Awards Scheme.