

Policies, Procedures, Guidelines and Protocols

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Consultants Local Clinical Excellence Awards Scheme Policy

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1. Introduction

The Shropshire Community Health NHS Trust (SCHT) Local Clinical Excellence Awards (LCEA) scheme recognises and rewards NHS consultants who perform 'over and above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

To be considered for an award, consultants will have to demonstrate achievements in developing and delivering high quality patient care, and commitment to the continuous improvement of the NHS.

2. Scope

This scheme applies to all Consultants who are eligible to apply for Local Clinical Excellence Awards, irrespective of their current awards status.

3. Purpose

This policy provides guidance for the Advisory Committee on Clinical Excellence Awards (ACCEA) awards process and employees who are eligible to apply for Local Clinical Excellence Awards.

4. Responsibilities

Chief Executive: to ensure that the opportunity to apply for Local Clinical Excellence awards is provided on an annual basis.

Medical Director: to take part in the Local Awards Committee and ensure that consultants are fully informed of the Trust's procedures, given guidance on completing the application form (either by formal presentations or individually), and paying particular attention to encouraging consultants who do not hold an award or have been reluctant to apply. The Medical Director is also responsible for ensuring that consultants are advised to read the NHS Employers Guidance (2018) before applying, providing or arranging training for members of the Committee and providing feedback to unsuccessful applicants.

Joint Local Negotiating Committee: to participate in the development of the local scheme and to provide representation on the Local Awards Committee.

Employer-Based Awards Committee (EBAC): to make the annual decision as to which consultants will receive local CEAs.

Head of Human Resources or HR Manager: to invite eligible consultants to apply for the awards. To provide administrative support to the local awards scheme process, ensuring that the EBAC comprises of a membership that takes into consideration equality and diversity.

Consultants: to be aware of the policy and to submit their application within the agreed timescales. For those not applying in a current round of awards, to participate on the EBAC.

5. What do LCEAs reward?

5.1. LCEAs recognise individuals who demonstrate a high level of achievement above that which might be expected in some or all of the following ways:

- demonstrating sustained commitment to patient care and wellbeing, or improving public health;
- sustaining high standards of both technical and clinical aspects of service while providing patient focused care;
- making an outstanding contribution to professional leadership;
- demonstrating a sustained commitment to the values and goals of the NHS in their day-to-day practice, by participating actively in annual job planning, observing the Private Practice Code of Conduct and showing a commitment to achieving agreed service objectives;
- contribute to continuous improvement in service organisation and delivery through active participation in clinical governance;
- embracing the principles of evidence based practice;
- contributing to knowledge base through research and participate actively in research governance;
- recognition as excellent teachers and/or trainers and/or managers;
- contributing to policy making and planning in health and health care.

5.2. Consultants are invited to provide evidence about their performance in five domains enabling them to demonstrate that they:

- deliver patient services which are safe, have measurably effective 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, including within the profession
- 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.

5.3. Work undertaken outside the NHS in other countries cannot be considered in isolation as part of an application for LCEAs, although if it can be shown to have had a direct benefit to the NHS then that impact can be taken into account.

6. Eligibility

6.1. To be eligible to apply for a Local Clinical Excellence Award a Consultant must:

- be a fully registered medical or dental practitioner, included on the specialist register of the GMC or specialist list of the GDC,

- have been substantively appointed as an NHS consultant with at least 1 years' service at consultant level on 1st April in the award year with an NHS Trust or Foundation Trust, Special Health Authority, NHS England, CCG, Health & Social Care Information centre, NICE, HEE, DHSC or any arm's length body, a social enterprise organisation or LA who have maintained an awards scheme, or a University or Dental School.. Further guidance on clinical academics can be found in the NHS Employers Guidance (2018)
- not hold an existing LCEA Level 9, existing NCEA or a distinction award.
- have taken part in an annual appraisal exercise within the twelve months before their application,
- where appropriate, demonstrate compliance with the Private Practice Code of Conduct
- have fully participated in job planning processes,
- have met contractual obligations
- be employed by Shropshire Community Health NHS Trust.

6.2. Exceptionally, an applicant may have met the required standard of job planning without necessarily having an agreed job plan in place, for example, where mediation is taking place.

7. Issues affecting eligibility for awards

7.1. Individuals are not eligible for an award if they are -

- A locum consultant, although if they are subsequently appointed to a substantive consultant post it will be acceptable to draw on evidence from their time as a locum consultant ;
- A consultant working exclusively in a general management position (such as chief executive , clinical or medical director) without a specific clinical role ;
- A consultant in their first year of appointment to the consultant grade;
- A consultant in receipt of a local level 9 CEA or a national CEA.

7.2. Investigations or disciplinary procedures.

7.2.1. The Framework Agreement establishing the Local Clinical Excellence Awards Scheme states that consultants are eligible for awards providing there are no adverse outcomes for the consultant following disciplinary action by the employer or the General Medical Council or the General Dental Council. It also states that in very extreme circumstances, the award and associated payment will be removed. Adverse outcomes include disciplinary sanctions, all finding by the GMC or GDC of impaired fitness to practice due to 'misconduct', 'deficient professional performance' or criminal conviction or caution. Eligibility relates to continuing to hold an award as well as applying for a new award.

- 7.2.2. A consultant will not be eligible for an award in a given year, or for the renewal of an award, if they have disciplinary sanctions outstanding against them on the closing date for applications for new awards and renewals in a particular year.
- 7.2.3. The implications of 'warnings' issued by the GMC and GDC, and the implications of disciplinary sanctioned through employer's disciplinary proceedings (including the issuing of a formal warning) will be considered by the EBAC. The Committee will decide if the sanctions render the consultant ineligible, with an opportunity for the consultant and the employer (where appropriate) to make representations on the issue.

8. Awards

- 8.1. All new LCEAs awarded from April 2018 are non-pensionable, and paid annually by lump sum.
- 8.2. New LCEAs will be awarded for a period of 3 (three) years.
- 8.3. There will be no uplift to the value of any additional programmed activities (APAs).
- 8.4. National award holders who hold an award in the National Clinical Excellence Award scheme in place as at 1st April 2018 will not be eligible to hold a local award.
- 8.5. Existing LCEAs awarded prior to April 2018 will remain consolidated and pensionable. Existing award holders who are successfully awarded a new LCEA will retain the existing LCEA as a consolidated and pensionable award AND will receive an additional non-consolidated and non-pensionable payment for the new LCEA award.
- 8.6. The number of points available for award each year will be calculated based upon on NHS Employers Guidance (2018).
- 8.7. The value of each point will be £3,016.

9. Levels of awards

- 9.1. There are nine levels of existing LCEAs.
- 9.2. In any given awards round, the EBAC may give multiple awards to individuals where this is merited.
- 9.3. The first eight levels of award (Levels 1 – 8) will be recommended by local committees, and the last three (Level 10 – 12) will be awarded by the national ACCEA and its sub-committees. Level 9 may be awarded by either the ACCEA or the EBAC.

9.4. The purely local awards (Local Clinical Excellence Award Level 1 – 8) are called by their level number and the higher levels have the following names:

Clinical Excellence Award – Bronze (Level 9)

Clinical Excellence Award – Silver (Level 10)

Clinical Excellence Award – Gold (Level 11)

Clinical Excellence Award – Platinum (Level 12)

10. Application Process

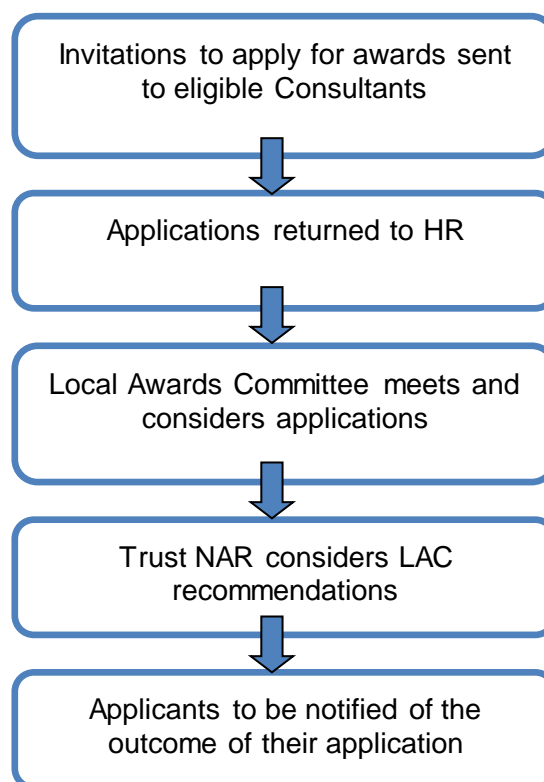
10.1. Timetable for process

10.1.1. The Local Clinical Excellence Awards process will be held on an annual basis and subject to notification from the ACCEA, invitations to apply will be sent to eligible consultants during the period July – August.

10.1.2. Completed applications must be submitted by the end of August to the PA to the Head of HR & Workforce.

10.1.3. For audit and governance purposes, all awards are subject to final approval of the Trust Nominations and Remuneration Committee (NAR).

10.1.4. The application process is set out diagrammatically below:



11. Applications

- 11.1. Application forms are available from the Trust website, Staff Zone. Applications should be submitted electronically and a hard copy signed by the applicant must also be submitted. Whilst the HR Department will check that all applications have been completed correctly, it is important to note that it is the **applicant's** responsibility to ensure that all components of their application are correctly completed and submitted within the deadlines.
- 11.2. Applicants should refer to the NHS Employers Guidance (2018) when completing their application to ensure a robust application.
- 11.3. The closing date for applications will be strictly adhered to. Under no circumstances will applications submitted after the deadline be accepted. Incomplete applications that have been returned to the Consultant must be re-submitted again with the appropriate amendments before the deadline.

12. Employer-Based Awards Committee (EBAC)

12.1. Structure of the committee

- 12.1.1. In accordance with the NHS Employers Guidance (2018), each NHS Trust is required to appoint a committee to consider applications for awards.
- 12.1.2. The EBAC will consist of both Managerial and Professional members.
- 12.1.3. The EBAC will be chaired by the Chief Executive of the Trust (or nominee) and will comprise of 7 members:
- Committee Chair - Chief Executive (or nominee)
 - 1 Management Representative - Medical Director (or nominee)
 - 1 lay representative – Chair of the Trust or Non-Executive Director
 - Chair of the Joint Local Negotiating Committee (JLNC) (or nominee)
 - A minimum of 2 further Consultant Representatives (ideally including at least one non-award holder)
 - Representative of Human Resources (for governance & administrative purposes)
- 12.1.4. The Trust will ensure that the committee's professional members reflect the specialties within the Trust and the diversity of the workforce.
- 12.1.5. EBAC members must have received currently valid training in equality and diversity.
- 12.1.6. Where the EBAC is unable to provide the correct representation of consultants, these may be invited from neighbouring Trusts.

13. EBAC Procedure

- 13.1. Applications will be collated by Human Resources and provided to each panel member three weeks before the panel so they can undertake their initial scoring independently and confidentially. This process will be completed within one week and returned to HR for preparation of the panel meeting.

14. Assessment and scoring

- 14.1. Clinical Excellence is about delivering high quality services to the patient. However, it is also about ensuring that as many patients as possible are treated by using resources efficiently and improving the productivity of the services that are offered. The EBAC will expect to see evidence of a contribution to improving the productivity and efficiency of services of the Trust and the NHS whilst simultaneously improving quality.

- 14.2. Scoring will be based on the five domains:

Domain	Weighting
Domain 1 – delivering a high quality service	5
Domain 2 - developing a high quality service	2
Domain 3 – leadership and managing a high quality service	2
Domain 4 – research and innovation	2
Domain 5 - teaching and training	2

- 14.3. As part of the assessment process each domain will be scored using the following ratings:

Scoring criteria for each domain	Score
> Does not meet contractual requirements or when insufficient information has been produced to make a judgement	0
> Meets contractual requirements	2
> Over and above contractual requirements	6
> Excellent	10

- 14.4. The total score will inform the points that are awarded as follows:

Score	Definition	Number of points awarded
Over 210	performing over and above contractual requirements in most domains	1
370 - 400	consistently performing over and above contractual requirements in all domains	2
520 - 650	Exceptional performance which far exceeds contractual requirements in all domains	3

- 14.5. Applicants are not expected to perform 'over and above' expectations in all five domains. Much will depend on the type and nature of the post and on the activities and priorities of the Trust, subject to the interests of safe and effective patient care.
- 14.6. Where an individual is part time, the Committee must give consideration to their reduced hours and decisions must be proportionate to this, scoring applications appropriate within the parameters of the individual's part time employment. The EBAC should score part time consultants reflecting the activity that can be proportionately achieved within a part time consultant's contract.
- 14.7. There is no predetermined aggregate score or threshold below which an award will not be made. Each application should be judged as a whole, and excellence in one domain only may be sufficient to be recognised under the scheme.
- 14.8. Dates will be considered carefully by the EBAC and credit will only be awarded for what has been achieved in the period being considered (previous April - March). To ensure this is applied transparently, consistently and equitably, previous applications will be provided to the EBAC.

15. Appeals

- 15.1. If a consultant has grounds to believe that the process of awarding points has not been carried out fairly, he/she will have the right to appeal to the Chair of the EBAC within four weeks from the date of receiving the results of the allocation of the awards. Submission of appeals must be in writing... The grounds of appeal must be clearly stated by the applicant in his/her letter of appeal.
- 15.2. The following would be considered grounds for an appeal:
- The EBAC did not consider material duly submitted to support an application (i.e. application and citations)
 - Extraneous factors or material were taken into account
 - Unlawful discrimination based on, for example, gender, ethnicity, age
 - Established assessment and scoring processes were not followed
 - Bias or conflict of interest on the part of a committee
- 15.3. The Chair will try to find an informal resolution within two weeks of receiving the appeal. If this is unsuccessful, the appeal will progress to a panel of people, not previously involved in considering the application, to consider the appeal. Appendix 1 sets out the procedure that the panel will follow.

15.4. This panel will consist of:

- Chair – Non-executive Director
- A consultant,
- An independent external consultant from the same speciality
- Administrative support to the panel from Human Resources

15.5. The responsible HR Manager will be responsible for setting up the appeal panel.

15.6. Any consultant formally appealing will be granted access to copies of the anonymised scoring sheet and a copy of anonymised minutes of the EBAC. These will be confidential to the consultant and his/her advisors.

15.7. Following the appeal, the individual will be informed in writing within five working days of the decision. The EBAC will also be informed within the same time period. If successful, the individual will receive the allocation of CEAs for the current year.

15.8. The decision of the panel will be final and conclude the local appeals process.

16. References

16.1. NHS Employers Guidance (2018) [here](#)

17. Associated Documents

- Local Clinical Excellence Awards application form [here](#)
- CEA Awards – Notes for Applicants [here](#)
- Disciplinary Policy [here](#)
- Maintaining High Standard of Performance – Medical & Dental Staff Policy [here](#)
- Equality & Diversity – Everyone Counts Policy [here](#)

18. Review and Monitoring

18.1. In order to comply with our public sector equality duty responsibilities, we will monitor both rates of application and rates of success in relation to protected characteristics. We aspire to ensure that individuals from all groups are applying for awards, gathering enough evidence to support their applications and being awarded LCEAs equitably.

18.2. If, following analysis, we identify that there are unintended differentials in rates of access or success for those sharing a protected characteristic, local amendment will be made to this LCEA Scheme policy and processes with JLNC to redress these.

- 18.3. On an annual basis the responsible HR Manager will produce an anonymised report, to be shared with the Trust Board and JLNC, and published on the Trust website. This report must include the number of consultants eligible, the number of awards granted, the distribution of awards by protected characteristic and the total spend on performance awards - including that spent on existing LCEAs.

19. Consultation

- 19.1. This policy has been reviewed and developed in consultation with the Joint Local Negotiating Committee, the Trust Consultant Forum and the HR & Workforce Group.

Appendix 1 Appeals Procedure

1. The Chair will introduce all parties and explain the process.
2. The Appellant or their representative is asked to present their case.
3. The Chair of the EBAC may question the Appellant and/or their representative
4. The Panel may then question the Appellant and their representative.
5. The Appellant or their representative may re-examine any points raised by either the Chair of the EBAC or the Panel.
6. The Chair of the EBAC then presents their case.
7. The Appellant or their representative may question the Chair of the EBAC.
8. The Panel may then question the Chair of the EBAC.
9. The Chair of the EBAC may re-examine any points raised by the Appellant and the Panel.
10. Nothing in the foregoing procedure shall prevent the Chair of the Appeals Panel, Panel Members or HR support from inviting the representative of either party to elucidate or amplify any statement they may have made or from asking them questions as may be necessary.
11. The Chair of the EBAC makes a final statement without introducing new evidence.
12. The Appellant or their representative makes a final statement without introducing new evidence.
13. The Chair of the Appeals Panel asks the Appellant and others to withdraw whilst the Panel considers the case.
14. The Panel shall consider their decision in private requesting both sides to reconvene if queries arise. They will aim to reach agreement about the outcome.
15. When an agreement on the claim has been reached, the Chair of the EBAC and appellant will re-join the Panel to be informed of the outcome of the hearing, which will then be communicated in writing to both parties by the Chair of the panel within 5 working days.
16. The decision of the panel is binding.