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<p>PAPER BOD 37/2011 Agenda Item: 12</p>
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**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors**

23 February 2011

CONSULTANTS' CLINICAL EXCELLENCE AWARDS 2011

For Information

This paper is presented to the Board for information, pending the Board's decision about whether to freeze salaries for some or all Trust staff for the year 2011-12.

Report

The Advisory Committee for Clinical Excellence Awards (ACCEA) has changed the formula by which the recommended minimum number of Clinical Excellence Awards for consultants should be determined for 2011. This paper sets out the implications for this Trust in terms of potential costs and impacts.

Recommendation

The Board is asked to note the information in this report, to which the Board will return for a decision about the number of CEAs to be awarded to consultants for 2011 after it has decided a policy on staff salaries for 2011-12.

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1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*

CONSULTANTS' CLINICAL EXCELLENCE AWARDS 2011

1. Employer Based (ie Trust) Clinical Excellence Awards 2011

- 1.1 ACCEA's 2011 guidance gives new, specific emphasis to the candidate's need to demonstrate achievement of improvements in the **quality** of patient care, defined in terms of clinical effectiveness, patient safety and experience.
- 1.2 For 2011 ACCEA recommends that the **minimum number of awards** is calculated according to the formula **0.20 awards per eligible consultant** (cf the previous level of 0.35 CEAs per eligible consultant). ACCEA has clarified that the number of eligible consultants should be based on **headcount**, not whole time equivalents.
- 1.3 Trusts may award less than the recommended minimum number of CEAs if insufficient applications meet the criteria for award, though multiple awards may be given also. ACCEA has re-stated its expectation that the balance will be added to the minimum number in the following year.
- 1.4 ACCEA's 2011 guidance is that the annual **minimum level of investment** in **new** local awards should accord with the formula: number eligible consultants x 0.20 x unit value of a level 1 award (held at £2957 in 2011).
- 1.5 National CEAs will be awarded for 2011 according to ACCEA's revised guidance (ie 0.2 awards per eligible consultant).
- 1.6 The BMA has contested ACCEA's revised formula, arguing that the change was not negotiated, and the BMA is attempting to negotiate nationally on this. The issue has become caught up with NHS Employers' proposals in relation to freezing pay increments for all NHS staff below a particular AfC band or salary level.

2. Clinical Excellence Awards 2011: OBMH

- 2.1 The Trust's current procedure for CEAs, agreed with the Local Negotiating Committee in 2010, still refers to the formula 0.35 CEAs per eligible consultant.
- 2.2 The award of CEAs for 2011 was discussed at a meeting of the Trust's Medical Staff Committee in November 2010. Some consultants present accepted ACCEA's formula for reduction in the recommended minimum number of awards for 2011, while others argued for retention of the previous formula. A third group of consultants proposed that, in view of the financial constraints facing the Trust and the wider NHS, it would be appropriate to forego collectively any award of CEAs for 2011. In light of the views expressed, the Chair of MSC proposed a survey of consultant views on the

subject. The Chairs of MSC and LNC requested that the Trust delay initiating the annual CEA process until the findings of the survey were known.

The outcome of this informal survey was reported to MSC on 12 January 2011. Because it was not a formal ballot, the numbers of consultants supporting each of the 3 options (which it is recognised are not mutually exhaustive) were not reported. The Chair of MSC reported that relatively few consultants supported the proposal to forego awards for 2011, and from the majority there was slightly greater support for acceptance of ACCEA's new formula (0.20) than for the 2011 awards to be made in accordance with ACCEA's previous formula (0.35). Those who indicated acceptance of the lower rate said that this was on the understanding that this would be for this year (2011) only.

- 2.3 In 2010, 29 new CEAs were awarded in OBMH at a total cost of £89,720. The total Trust expenditure on CEAs in 2010/11 is approximately £933k.
- 2.4 Since 2010, a number of CAMHS consultants in Swindon, Wiltshire and BaNES have joined the Trust and are eligible for CEAs.
- 2.5 From 01 April 2011, the date from which 2011 CEAs will be awarded and paid, one additional consultant (in sexual health) will join the Trust from Community Health Oxfordshire. She will be eligible for award of Trust CEAs.
- 2.6 For 2011, the number of eligible consultants in the expanded OBMH and calculation of the number of CEAs to be awarded is as follows:

The number of consultants eligible for CEAs in 2011 is 97.

According to ACCEA's 2011 formula, the Trust should award a minimum $97 \times 0.20 = 19.4 = \mathbf{20 \text{ CEAs}}$. If the previous formula was maintained, this would result in $97 \times 0.35 = 33.95 = \mathbf{34 \text{ CEAs}}$.

At a unit value of £2957 (but awards at levels 7 – 9 attract increments of £5914), the financial commitment for new awards in 2011 would be a minimum of $20 \times £2957 = \mathbf{£59,140}$. Applying the previous formula would commit $34 \times £2957 = \mathbf{£100,538}$.

- 2.7 One essential criterion for award of CEAs is that consultants should have completed an **annual appraisal**. Although some flexibility was allowed in relation to the end of the 2010 appraisal year (the calendar year in OBMH) because of adverse weather conditions and high levels of sickness absence in December, 26 otherwise eligible consultants had not submitted a 2010 appraisal by mid February. If confirmed, this would reduce the number of consultants eligible to apply for a CEA in 2011 to 71, which would equate to $(0.2 \times 71 = 14.2) \mathbf{15}$ or $(0.35 \times 71 = 24.85) \mathbf{25 \text{ CEAs}}$ at a cost of **£44,355** or **£73,925** respectively.

3. Options for 2011

There are a number of options for the Trust in relation to consultant CEAs for 2011:

- 3.1 Commit to a **higher number of awards** in line with ACCEA's previous guidance (0.35 x eligible consultants), ie 34 CEAs at a minimum cost of £100,538.
- 3.2 Commit to the **reduced number of awards** recommended by ACCEA's 2011 guidance (0.20 x eligible consultants), ie 20 CEAs at a minimum cost of £59,140.
- 3.3 Take account of the number of consultants who **failed to complete an annual appraisal** in 2010 and award an adjusted number of CEAs, ie either 25 or 15 CEAs at a total cost of £73,925 or £44,355 respectively.
- 3.4 Make **no awards**, recognising the financial constraints facing the Trust and the imminent reduction in posts (including medical posts) in some services.
- 3.5 Propose a **more rigorous formula** which identifies a maximum number of CEAs to be awarded but applies stricter criteria to ensure that each recipient has demonstrated a tangible contribution to improving the quality (safety, effectiveness, experience) of patient care and other QIPP priorities, ie in relation to innovation, productivity and prevention. As before, all applicants would be expected to demonstrate fulfilment of / compliance with the expectations of annual appraisal, job planning (including achievement of personal objectives and key performance indicators), adherence to the code of practice in relation to private practice, and standards of professional conduct in line with the GMC's 'Good Medical Practice' framework.

4.0 Potential impact

- 4.1 It is possible that a decision to award less than the minimum number of CEAs recommended by ACCEA will demoralise some medical staff at a time when their clinical leadership is essential for delivery of the Trust's quality and productivity agenda. Conversely the award of CEAs to consultants at this time of constraint and efficiencies may alienate other staff groups for whom no equivalent rewards are available.
 - 4.2 As noted above in 2.1, the Trust's current procedure for CEAs still refers to the minimum number of awards being calculated according to ACCEA's old formula, ie 0.35 awards per eligible consultant. Any variation may need to be negotiated.
- 5.0 Once the Trust's decision about staff salaries for 2011 has been determined, the Trust Board will be invited to determine the number and value of Clinical Excellence Awards for consultants, and the performance criteria for awards, to which the Trust will commit for 2011.**

APPENDIX

Background information about Clinical Excellence Awards

1.0 Introduction

- 1.1 The Clinical Excellence Awards scheme was introduced in 2003, in conjunction with the new Consultant Contract. It is designed to reward clinical excellence through a fair, transparent and equitable process. It is overseen nationally by the Advisory Committee for Clinical Excellence Awards. Further information at: <http://www.dh.gov.uk/ab/ACCEA/index.htm>

2.0 Clinical Excellence: Definition

- 2.1 Clinical Excellence Awards “recognise and reward” consultants “who perform ‘over and above’ the standard expected of their role”. To be considered for an award, a NHS consultant or academic consultant will have to “demonstrate achievements in developing and delivering high quality patient care, and commitment to the continuous improvement of the NHS”.
- 2.2 The CEA scheme’s objectives are to reward individuals who “locally, nationally or internationally provide evidence of the following characteristics (applicants are not expected to possess them all):
- demonstrate sustained commitment to patient care and well-being, or improving public health;
 - sustain high standards in the technical and clinical aspects of service whilst providing patient-focused care;
 - make an outstanding contribution to professional leadership;
 - 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 the 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 health care”.
- 2.3 ACCEA’s guidance invites consultants to provide evidence about their performance in five domains:
1. Delivering a high quality service.

2. Developing a high quality service.
3. Leadership and managing a high quality service.
4. Contributing to the NHS through research and innovation.
5. Contributing to the NHS through teaching and training.

3.0 Eligibility

3.1 Consultants

Consultants are eligible to apply for CEAs if they have held a substantive consultant appointment for at least one year at 01 April of the year of the award. Eligibility for local CEAs ceases when a consultant achieves a level 9 Local CEA, a national CEA (see below), or at retirement. Clinical Excellence Awards are pensionable.

3.2 Honorary Consultants

Honorary Consultants (including academic psychiatrists) are eligible for CEAs, the awards taking into account contributions to the NHS which are defined in wider terms than direct patient care. Eligibility for the full value of a CEA requires a minimum of five programmed activities (sessions) of work beneficial to the NHS, including clinical work, teaching and clinical research. Honorary consultants who commit fewer than 5 PAs of benefit to the NHS may be eligible for a proportion of a CEA.

3.3 Conditions

Eligibility for an award depends upon the consultant's active participation in:

- annual appraisal
- annual job planning
- fulfilment of their contractual obligations and service / personal objectives
- compliance with the Private Practice Code of Conduct
- adherence to the standards of professional and personal conduct required by the GMC.

3.4 Progression

Progression to a higher level of award "requires demonstration of a step change in an individual's contribution".

4.0 Clinical Excellence Awards: levels & values

- 4.1 The CEA system comprises 12 levels of award. **Levels 1-9 are funded and awarded locally by trusts, the Employer Based Awards.** Levels 9 (national) to 12 are funded and awarded nationally. National awards have the following names: level 9 bronze, level 10 silver, level 11 gold, level 12 platinum.

The value of awards is as follows:

Clinical Excellence Awards (CEAs)	
<i>Platinum - L12</i>	75,796
<i>Gold - L11</i>	58,305
<i>Silver - L10</i>	46,644
<i>Bronze - L9</i>	35,484
<i>L 8</i>	29,570
<i>L 7</i>	23,656
<i>L 6</i>	17,742
<i>L 5</i>	14,785
<i>L 4</i>	11,828
<i>L 3</i>	8,871
<i>L 2</i>	5,914
<i>L 1</i>	2,957

5. Trust (Employer Based) Awards

- 5.1 Awards are made by the Trust's Employer Based Awards Committee (EBAC) comprising (by local agreement):
- Trust Chief Executive
 - HR Director
 - Medical Director
 - One 'lay' representative, usually a Non-Executive Director of the Trust (who chairs the committee)
 - One PCT representative
 - One representative of the Oxford University Department of Psychiatry
 - Chair of Medical Staff Committee
 - Up to seven consultants (or Honorary consultants) reflecting an appropriate range of specialities, gender and ethnic minority balances, including at least one non-award holder, but none of whom have applied for an award in the year under consideration.
- 5.2 OBMH has collaborated previously with the Ridgeway Partnership (Learning Disability) Trust in the process for awarding local CEAs, so Ridgeway's Medical Director and at least one consultant psychiatrist attend the joint EBAC.
- 5.3 The EBAC is responsible for ensuring that CEAs are distributed fairly and transparently among all consultants who meet the criteria for awards, to ensure demonstrable equitability of awards by speciality, gender, ethnicity, and geographical base.

Dr Mike Hobbs
February 2011