

BOD 67/2011
(Agenda item: 13)

Report to the Meeting of the Oxford Health NHS Foundation Trust Board of Directors

27 April 2011

For Decision

Consultant Psychiatrists' Employer Based Clinical Excellence Awards 2011

Executive Summary

The Board is asked to confirm whether or not employer based Clinical Excellence Awards are to be offered to consultant psychiatrists in 2011 and, if so, determine the formula and principles for this.

Background

Clinical Excellence Awards (CEAs) "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 has to "demonstrate achievements in developing and delivering high quality patient care, and commitment to the continuous improvement of the NHS". There are different levels of employer based award (1-9, awarded incrementally) and guidance on the annual processes for awarding.

The national Advisory Committee for Clinical Excellence Awards (ACCEA) has issued revised guidance for the award of local ('employer based') CEAs in 2011, reducing the recommended minimum number of CEAs to be awarded by changing the formula from 0.35 to 0.2 awards per eligible consultant.

The Trust's Medical Staff Committee has undertaken a survey of consultants in relation to these two positions (as well as a proposal to forego any awards this year in recognition of the financial constraints facing the Trust and the NHS more widely). The results, in summary, suggest that few consultants supported the proposal to forego awards for 2011, and the majority expressed roughly equal support for acceptance of ACCEA's new formula (0.20) and for the 2011 awards to be made in accordance with ACCEA's previous formula (0.35). The BMA has contested ACCEA's revised formula to reduce the number of CEAs awarded and is negotiating nationally on this.

Confidential

In 2010 (0.35 formula), 29 new CEAs were awarded at a total cost of £89,720. The total Trust spend on CEAs in 2010/11 is approximately £933k.

Options for 2011

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

1. Commit to the **higher number of awards** in line with ACCEA's previous guidance (0.35 x eligible consultants), i.e. 30 CEAs at a minimum cost of £88,710 if all were awarded.
2. Commit to the **reduced number of awards** recommended by ACCEA's 2011 guidance (0.20 x eligible consultants), i.e. 17 CEAs at a minimum cost of £50,269 if all were awarded.
3. Make **no awards**, recognising the financial constraints facing the Trust and the reduction in posts in some services.
4. Propose an **intermediate formula** which identifies a maximum number of CEAs to be awarded.

It is possible that a decision to award less than the minimum recommended by ACCEA (2011) 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, especially if ACCEA's 2011 guidance is not heeded, may alienate other staff groups for whom no equivalent rewards remain available.

There is a national review of the Clinical Excellence Award scheme and there has been some liaison with SPNCC regarding the issue of a freeze on pay increments – both Agenda for Change and consultant contract. However, neither of these issues is likely to reach successful resolution and therefore a decision should not be further delayed regarding the Trust's position on CEAs for 2011.

Recommendation

The Board is asked to support the Executive Team's recommendation that Option 2 is agreed, on the condition that there are strengthened processes and strict criteria/indicators (implementation led by the Medical Director) to ensure that each recipient has demonstrated a tangible contribution to improving the quality (safety, effectiveness, experience) of patient care and other QIPP priorities. The possible outcome is that the maximum number of awards may therefore not be allocated.

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