Oxford Health NHS
NHS Foundation Trust

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

27th June 2012

For Decision

Medical Staff Employer Based Clinical Excellence Awards 2012

Executive Summary

The Board of Directors is asked to consider whether or not employer based Clinical Excellence Awards should be offered to consultant medical staff in 2012 and, if so, determine the formula and principles for this.

Background

Clinical Excellence Awards (CEAs) "recognise and reward" consultant medical staff "who perform 'over and above' the standard expected of their role". To be considered for an award, an 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.

After a long delay, the national Advisory Committee for Clinical Excellence Awards (ACCEA) has recently communicated that National CEAs for the 2012 round are to be awarded. They have also issued guidance to Trusts regarding local CEAs for 2012. The formula for the minimum number of CEAs to be awarded remains at 0.2 awards per eligible consultant.

The Trust has a robust procedure for awarding CEAs, with strong Board of Directors input and, in 2011, 19 new CEAs were awarded at a total cost of £69,785. One award, value £2,957, was carried over to 2012. The total Trust spend, as part of salary, on CEAs in 2011/12 is approximately £900,000. The whole CEA system is under national consideration and there may be major changes in 2013.

Options for 2012

There are three options for the Trust in relation to consultant CEAs for 2012:

1. Commit to the **number of awards** recommended by ACCEA's 2012 guidance (0.20 x eligible consultants), i.e. 20 CEAs, plus one carried over from 2011, at a minimum salary value of £62,097 if all were awarded (including carried over award).

2. Make **no awards**, recognising the financial constraints facing the Trust and the reduction in posts in some services and consider alternative methods of recognition. A system for 5 year reviews would still be needed (1 required in 2012).

3. Propose an **intermediate formula** which identifies a maximum number of CEAs to be awarded (< 0.20 x eligible consultants).

The Medical Staff Committee and Local Negotiating Committee have strongly requested that the local awards process proceeds. It is possible that a decision to award less than the minimum recommended by ACCEA (2012) will further[1] demoralise many medical staff at a time when their clinical leadership is essential for delivery of the Trust's quality and cost improvement agenda (as well as damage to reputation and possible withdrawal of discretionary effort). Conversely the award of CEAs to consultants at this time of constraint and efficiencies may alienate other staff groups for whom no equivalent rewards remain available (an issue that should perhaps be separately and further considered).

Since the last CEA round it is relevant that 4 consultants with CEAs have retired. Of these, it is not intended that 2 will be replaced within a foreseeable timescale and 2 have been re-employed, but lose their CEAs. These 4 consultants had a total of 21 CEAs, (£70,968) therefore even if all possible CEAs were awarded this year, there may still be a net saving or only a small cost.

If a decision was taken to not award CEAs, advice from NHS Employers suggests that there may be contractual implications and legal advice would need to be sought, incurring legal fees, as to the likelihood that potential multiple claims for damages for breach of contract would be successful.

Recent communication with other Trusts in the area suggests that nearly all intend to award CEAs this year.

Any awards made would again be based upon the strengthened processes and strict criteria/indicators used last year to ensure that each recipient has demonstrated a tangible substantial contribution to improving the quality (safety, effectiveness, experience) of patient care and other QIPP priorities. The processes could be even

[1] The BMA is already commencing industrial action for the first time in 37 years regarding changes to pensions affecting medical staff.

further strengthened and a possible outcome could again be that the maximum number of awards would not be allocated.

Discussion of this issue at the Executive Board tended towards Option 1.

The Board of Directors is requested to decide what option should be pursued for the 2012 CEA round.

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