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

**25th September 2013**

**For Decision**

**Medical Staff Employer Based Clinical Excellence Awards 2013**

**Executive Summary**

The Board of Directors is asked to consider whether employer based Clinical Excellence Awards should be offered to consultant medical staff in 2013.

**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), as well as national awards (which are not administered by the Trust).

At the end of July 2013 the national Advisory Committee for Clinical Excellence Awards (ACCEA) opened the National CEA round for 2013.

The Trust has a robust procedure for awarding employer based CEAs, with clear guidance and strong Board of Directors input. The formula used for the number of CEAs to be awarded last year was 0.2 awards per eligible consultant which is in line with national guidance. In 2012, 19 new CEAs were awarded to 18 consultants (of 35 applicants), at a total cost of £62,838. However, due to the retirement of 4 longstanding consultants holding CEAs (value £70,968) this represented a reduction in recurrent consultant spend of £8,130. One award, value £2,957, was carried over to 2013. The whole CEA system is under national consideration and there may be major changes in 2014.

**Options for 2013**

There are three options for the Trust in relation to consultant CEAs for 2013:

1. As in previous years, commit to the **number of awards** recommended by ACCEA’s guidance (currently 0.20 x eligible consultants), i.e. 19 CEAs, plus one carried over from 2012, at a minimum salary value of £59,140 (net cost <~£5.000 – see below) if all were awarded (including carried over award).
2. Make **no awards**, recognising the financial constraints facing the Trust and consider alternative methods of recognition. A system for 5 year reviews would still be needed.
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 will 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, recruitment and possible withdrawal of discretionary effort). Conversely the award of CEAs to consultants at this time of constraint and efficiencies could alienate other staff groups for whom no equivalent rewards remain available (an issue that should perhaps be separately and further considered), although this has not seemingly been the case in the past as it is accepted that CEAs are part of the consultants’ pay system.

Since the last CEA round it is relevant that 5 consultants with local CEAs have retired or left the Trust, 2 consultants have been awarded national CEAs and 3 of the newly appointed consultants had CEAs. The net release of local CEA monies as a result is £58,444. Therefore, even if all possible CEAs were awarded this year, there would only a small cost (between ~£1,000 - £5,000) which would not exceed the recurrent saving from the previous year.

If a decision was taken to not award CEAs, previous 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 they 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 Board of Directors is requested to decide what option should be pursued for the 2013 CEA round.** I recommend Option 1.

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