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

**26th November 2014**

**For Decision**

**Consultant Medical Staff Employer Based Clinical Excellence Awards 2014**

**Executive Summary**

The Board of Directors is asked to consider whether employer based Clinical Excellence Awards should be offered to consultant medical staff in 2014.

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

In June 2014 the national Advisory Committee for Clinical Excellence Awards (ACCEA) opened the National CEA round for 2014 and the Trust has already participated as required in the national round.

Regarding employer based CEAs, over the years the Trust has developed a tried and tested robust procedure for awarding these, with clear guidance and strong Board of Directors input. In this context, the Board has always previously supported the awarding of employer based CEAs. In recent years, the employer based Clinical Excellence Awards committee has been chaired by Mr. Lyn Williams, Non-Executive Director. 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 2013, with full Board support, 20 (1 had been carried over from 2012) new CEAs were awarded to 16 consultants (of 27 applicants). In 2013 no awards were unallocated to be carried over to 2014.

**Options for 2014**

There are three options for the Trust in relation to consultant CEAs for 2014:

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, at a minimum salary value of £56,183 (net cost ~£9,000 – see below) if all were awarded.
2. Make **no awards**, recognising the financial constraints facing the Trust and consider alternative methods of recognition. A system for Level 9 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 is separately and rightly being considered), although this has not seemingly been the case in the past as it is fully accepted that CEAs are part of the consultants’ pay system.

Since the last CEA round it is relevant that so far 5 consultants with local CEAs have retired or left the Trust and only 1 of the newly appointed consultants had a CEA. The net release of local CEA monies as a result is a minimum of £47,312. Therefore, even if all possible CEAs were awarded this year, there would only be a relatively small net salary cost to the Trust (~£9,000); in some recent years there has been a net gain.

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. The immediate expectation would be that the awards would just be carried over to 2015 when any costs would then still have to be faced.

Information regarding 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 relevant priorities.

**The Board of Directors is requested to decide what option should be pursued for the 2014 CEA round.** I recommend Option 1.

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