

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 63/2022**

(Agenda item: 10)

# Board of Directors

**28 September 2022**

**LOCAL CLINICAL EXCELLENCE AWARDS**

**For: Decision**

**Executive Summary**

This report sets out the requirements relating to Local Clinical Excellence Awards, including an update on the national position on negotiations with the BMA. It proposes that awards for 2022/23 are distributed equally, whilst further work is undertaken in partnership with our Local Negotiating Committee to design the local approach for future years.

**Governance Route/Escalation Process**

In future years, our approach to Local Clinical Excellence Awards will be discussed at the People, Leadership and Culture Committee prior to any discussion at Full Board. This has not been possible this year due to the timing of updates received from NHS Employers, and the meeting cycle.

**Recommendation**

The Board is asked to approve the proposed approach of equally distributing Local Clinical Excellence Awards for the 2022/23 round.

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**Lead Executive Director:** Karl Marlowe, Chief Medical Officer

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. ***Strategic Objectives/Priorities*** *– this report relates to or provides assurance and evidence against the following Strategic Objectives/Priorities of the Trust:*

*1) Quality - Deliver the best possible care and health outcomes*

*2) People - Be a great place to work*

***LOCAL CLINICAL EXCELLENCE AWARDS: 2022/23***

**Background**

Local Clinical Excellence Awards (LCEAs) are a feature of the national NHS Consultant Terms and Conditions of Employment. Historically, LCEAs were made following competitive review and scoring of applications by a panel constituted in line with national guidance (typically including the Chief Executive, Chief Medical Officer, consultants and a Non Executive Director). Negotiations concerning a new approach to LCEAs have been ongoing at a national level for some considerable time, leading to a set of interim arrangements being put in place for the 2018/19 – 2021/22 rounds.

Following the onset of the pandemic, a national agreement that the competitive element should be suspended, and that awards should be equally distributed amongst eligible consultants was reached with the BMA. This is the approach that OHFT took to LCEAs in 2021/22.

**Approach for 2022/23**

Subsequently, negotiations continued at a national level between NHS Employers and the BMA regarding the design of a new LCEA scheme. NHS Employers have confirmed that given that they were unable to reach agreement in those national negotiations, a reversion to the contractual arrangements in [schedule 30](https://www.nhsemployers.org/sites/default/files/2022-02/Schedule%2030%20JULY%202021.pdf) of the 2003 terms and conditions of service for consultants applies. These provisions were confirmed in 2017 when the interim LCEA arrangements were agreed (covering 2018/19 - 2021/22 rounds) and were only to take effect in the absence of an agreement being reached on a new set of arrangements. The provisions require organisations to continue to invest in and run annual LCEA rounds but with a greater degree of flexibility about how they do this

The provisions of Schedule 30, with which we must comply, are that:

1. LCEAs will be non-consolidated and non-pensionable and will be payable for a period of up to three years, paid annually by lump sum and will not include an uplift for those undertaking additional programmed activities (APA).
2. The minimum amount invested and paid annually in LCEA per eligible full-time equivalent (FTE) consultant within each employing organisation will be no less than the level spent on pre-2018 LCEA in 2016/17 (circa £7,900) per FTE. For these purposes ‘eligible’ will be defined as substantively employed consultants with at least one year’s service (on 1 April of the award year) at consultant level who do not hold a National Clinical Excellence Award (NCEA), a National Clinical Impact Award (NCIA) or a distinction award.
3. The LCEA award values will be subject to uplift in line with the outcome of recommendations made by the Doctors’ and Dentists’ Review Body (DDRB).
4. Spend on LCEAs from this sum will include monies expended on:
	1. the continued payment of consolidated pre-2018 LCEAs
	2. costs associated with the reversion mechanism for NCEA holders, from 1 April 2022
	3. LCEAs.
5. Pre-2018 LCEAs will be retained for pre-2018 LCEA holders and these awards shall remain pensionable and consolidated but subject to the review process set out in schedule 30. Pre-2018 LCEA holders will continue to receive uplifts when undertaking APA and award values will be subject to uplift in line with recommendations made by the DDRB that are implemented by the DHSC.
6. Level 9 pre-2018 LCEAs will continue to be subject to renewal arrangements.
7. Any LCEA scheme must include an appeals mechanism.
8. Reversion to pre-2018 LCEA awards for NCEA holders who are unsuccessful in their applications for NCEA renewal, will continue to apply where the individual previously held a pre-2018 LCEA. NCEA holders who have reverted to a pre-2018 LCEA will have these awards reviewed three years after the date of the reversion.

Beyond this, we have local discretion to agree a local approach with our Local Negotiating Committee (LNC - our consultative forum with our medical workforce). Discussions with our Local Negotiating Committee have indicated a strong preference to continue with equally distributed LCEAs for the 22/23 round, following the same process used in 21/22.

**Recommendation**

That the Trust complies with the provisions of article 30, and implements equally distributed LCEAs for 22/23, whilst designing a longer term approach for future years, in consultation and partnership with LNC. This will include the development of a policy relating to LCEAs.