Trust Board Paper S

To:	Trust Board
From:	Director of Human
	Resources
Date:	30 January 2014

Title: LOCAL CLINICAL EXCELLENCE AWARDS

Author/Responsible Director: Kevin Harris – Medical Director, Kate Bradley – Director of Human Resources

Purpose of the Report: To inform the Trust about the outcome of the Clinical Excellence Awards (CEA) Scheme for 2013 and to summarise the outcomes from the CEA Scheme in relation to the equality and diversity background of applicants and to outline the CMG spread of awards.

The Report is provided to the Board for:

Decision		Discussion	
Assurance	√	Endorsement	

Summary / **Key Points:** The CEA Scheme is a National Scheme which forms part of the national consultant contract. It rewards consultants for excellence in service delivery, service development, teaching and training, research and development and/or their contribution to management and clinical leadership roles. The Trust is required to report to the National Advisory Committee on Clinical Excellence Awards (ACCEA) on the outcomes of this annual process including the breakdown of awards made by gender, ethnic background and consultants in academic posts.

Local CEA 2013 Round - There were 451 eligible consultants for this year, 131 consultants submitted applications this round (compared to 138 submitted for the previous year). A total of 92 single value unitary awards were made this year to 76 awardees. (Some applicants at the top of the ranking outcomes received more than one point).

Diversity Analysis

The number of 'Women' and consultants from a 'Black or Minority' ethnic background (BME – all other groupings with the exception of White-British) who were awarded in 2013 continues to show a year on year slight increase when set against previous yearly figures. The results for the awards can be considered to be representative of gender and ethnic background for the consultant staff group when comparing to percentage numbers eligible and those awarded.

CMG Breakdown

The CEA awards can be seen to be split across Specialities and CMGs.

Recommendations: The Trust Broad is asked to note the contents of this report and support the recommendations outlined.

Strategic Risk Register Performance KPIs year to date Links to appraisal and job planning requirements as a pre-requisite for an award to be granted.

Resource Implications (e.g. Financial, HR)

Financial – For the 2013 round a minimum investment of the number of eligible consultants $451 \times £2,957 \times 0.2 = £266,721$ was allocated into this year's local process. This is in line with the national guidance.

Assurance Implications N/A

Patient and Public Involvement (PPI) Implications

Process subject to public scrutiny.

Equality Impact: An analysis of the awards is undertaken by gender and ethnic group.

Information exempt from Disclosure N/A

Requirement for further review? An annual report is produced yearly, once the CEA process is completed and is reviewed by TB before sending to ACCEA.

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: TRUST BOARD

REPORT BY: DIRECTOR OF HUMAN RESOURCES / MEDICAL DIRECTOR

DATE: **30th January 2013**

SUBJECT: LOCAL CLINICAL EXCELLENCE AWARDS – 2013 Round

1. INTRODUCTION

1.1 The Clinical Excellence Awards Scheme

The Clinical Excellence Awards (CEA) Scheme recognises and rewards NHS consultants and academic GPs who perform 'over and above' the standard expected from them in their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

The Scheme forms part of the national consultant contract and is open to any consultant who has been in a substantive consultant post for at least 12 months on the 1st April 2013. Individual consultants apply for an award by completing a nationally constructed application form which requires the provision of evidence regarding their contribution across 5 domains:-

- Delivering a high quality service.
- Developing high quality service.
- Leadership and managing a high quality service.
- · Research and innovation.
- · Teaching and training.

1.2 How does the Scheme work?

There are 12 levels of award. Levels 1-8 are awarded locally and Levels 9-12 (Bronze, Silver, Gold and Platinum) are awarded nationally. Level 9 can be awarded locally or nationally, depending on the type of contribution made.

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Level 9 Bronze	Level 10 Silver	Level 11 Gold	Level 12 Platinum
£2,957	£5,914	£8,871	£11,828	£14,785	£17,742	£23,656	£29,570	£34,484	£46,644	£58,305	£75,796

N.B. Current Values at 1st April 2013

ACCEA and its Regional Sub-Committees recommend individuals for Bronze, Silver, Gold and Platinum awards. Applicants for Levels 1-9 are recommended by employer-based Committees. ACCEA monitors the employer-based scheme and publishes an annual report on the awards that includes information on their distribution.

1.3 About the ACCEA and Supporting Committees

National guidance is used when recommending applicants for every level, and all awards are assessed against the same criteria. The employer-based committees measure achievements within the parameters of an individual's employment and recognise excellent service and contribution.

Consultants who have already achieved at least a CEA level 4/5 locally may choose to apply online for a centrally funded, national award. The Trust is required to assess and rank those

consultants who apply for a national award and annually there are usually c40 candidates across UHL who do so.

The Trust convenes a panel to score and evaluate each of these applications and then submits a citation and a ranked list of consultants for consideration by the ACCEA. This information goes to one of the 13 Regional Sub-Committees. Similarly, the Royal Colleges and Societies produce a ranked list of the candidates and their own recommendations for the ACCEA Committee.

1.4 National Nominating Bodies

The National Committee (ACCEA) also consider the applications of all those consultants and academic GPs who have been nominated by accredited national bodies, such as the Medical Royal Colleges, the British Medical Association, Medical Women's Federation and the British International Doctors Association. Those bodies are invited to submit a ranked shortlist in a similar way to those produced by the Regional Committees.

1.5 **Employer-Based Committees**

Every year, each NHS organisation employing consultants eligible for an award, appoint an employer-based awards Committee. Within UHL this year the committee structure is a Higher (Levels 6 and above) and Lower (Levels 1-5) Awarding Committee panel chaired by the Medical Director, both comprised of approx 15 members each including management representatives, lay members and at least 50% of its membership from the consultant body representing different speciality areas. Members of each Committee need to evidence that they have undertaken equalities training within the last three years. The panels constituted were made up with the specific aim of reflecting different specialities and gender and ethnic backgrounds of the consultant body appropriately.

2.1 Annual Report - 2013 Round

The policy framework for the CEA scheme makes clear that it must be transparent, fair and based on clear evidence – and that the public and those within the profession perceive it to be so. Each employer-based awards committee must produce an annual report containing its outcomes for awards payable from 1 April 2013.

It is good practice to publish the report on the Trust's website and to submit a copy of the report to UHL Trust Board. Regional Sub-Committees monitor the quality of awards procedures and the distribution of awards made by employer-based awards Committees, through the receipt of the annual report.

The annual report lists members of the employer-based Committees, with personal details, to demonstrate their selection complies with membership guidelines. The annual report demonstrates that the process has been completed fairly, according to ACCEA guidelines and is a separate report submitted to ACCEA.

3. ANNUAL INVESTMENT FOR EMPLOYER-BASED AWARDS

3.1 Guidelines for Calculating Investment

The Department of Health, which advises ACCEA on finance, provides guidance on how employers should calculate the investment they need to make in the employer-based awards each year. NHS organisations should spend no less than the minimum investment each year when granting awards, in line with this guidance (i.e. number of eligible consultants \times 0.2 \times £2,957 = £266, 721). In addition any carryover from the previous year is included in the number of points available.

4. EMPLOYER-BASED 'LOCAL' AWARDS - 2013 ROUND

- 4.1 There are 376 award holders in total (both national and local) within UHL in 2013. (Of these 376, approx. 70 are either national award or level 9 award holders).
- 4.2 Consultants submit a completed application for consideration for local awards which are considered by either the higher or lower committee depending on their current award status. It should be noted that locally the inclusion on a 'fallow' year affects the numbers of applications received. A 'fallow' year means that a consultant who is awarded in one year is not expected to apply the following year to allow a greater spread of awards.
- 4.3 The Higher and Lower Committee panels considered the applications by scoring the 5 domains (as detailed in 1.1) utilising a common objective assessment form comprising a scoring matrix developed for this purpose. After due consideration through a process of review of evidence of achievement, there was agreement to make the recommendations which subsequently received final agreement.
- 4.4 This year, where overall scores were tied, and the rank order was the same near to the awarding line the committee used a process of 'weighting' domains one and two specifically around delivering and developing a high quality service to distinguish between applications.
- 4.5 Following informed debate regarding comparisons of scores, appropriateness of above/below line cut-off and under-pinning rationale and chairmen's statements, the outcomes were communicated to the applicants, totalling 92 points awarded this year to consultants in both the higher and lower panels. In the Higher Committee panel an award has the value of 2 unitary levels, there were 8 awards available that were all made. In the Lower committee, some awardees received more than 1 point, depending on discussion and to reflect performance that could be considered as 'exceptional'. This was also done to ensure progression through the scheme and to enable exceptional performance to compete within the national awarding arena.

5 **STATISTICAL ANALYSIS**

Diversity Analysis – National and Local Awards

- 5.1 Appendix 1 Shows the numbers of academic consultants, women consultants and those from a black or minority ethnic background that are UHL award holders at local or national level from 2006/07 to April 2013.
- 5.2 In summary the last 3 years are detailed below:-.

	<u>Apr-11</u>	<u>Apr-12</u>	<u> Apr-13</u>
Overall number of consultants eligible for 'Local'	426	444	451
consideration	420		401
a) the percentage of:			
i) consultants in academic posts	6.10%	5.63%	5.53%
ii) women consultants	29.13%	29.50%	29.20%
iii) ethnic minority consultants	41.38%	42.79%	42.48%
Overall number of award holders both Natl. & Local	361	355	376
a) the percentage of:			
i) consultants in academic posts	13.30%	13.24%	12.77%
ii) women consultants	21.33%	21.41%	21.81%
iii) ethnic minority consultants	30.75%	32.11%	32.98%

5.3 Each year the percentages can be seen to be broadly similar or show a slight increase in line with total eligible numbers with the exception of academic post holders this year which is thought to be due to a larger number of national award holding retirees/leavers.

5.4 The gender and ethnicity breakdown of applications and awards, for the 2013 local process, is detailed below. Over 50% of each consultant staff grouping (as defined by gender and ethnicity below) applying for awards this year received at least one point in this year's process.

Local CEA process 2013 Higher and lower panel

Gender	Applied	Awarded	%
Male	86	49	56.98%
Female	45	27	60.00%
Totals	131	76	

Local CEA Process 2013 Higher and lower panel

Ethnicity	Applied	Awarded	%
White British	70	45	64.29%
BME (all other			
groups)	61	31	50.82%
Totals	131	76	

6 CEA Award Holders 2013 - Speciality/CMG Analysis

The process of those applying for local awards in 2013 as split by CMG is detailed below. Comparison of those applying and awarded is broken down by higher and lower panels in the grid below. A spread of applications can be seen across all CMG areas. The highest numbers of awards was made in CHUGGS this year. However, it should be noted that this was also the area to make the highest number of applications.

Lower CEA Panel 2013 process

CMG	Applied	Awarded	%
ITAPS	17	13	76.47%
CHUGGS	16	14	87.50%
Renal, Resp & Cardiac	14	7	50.00%
Women's and Children's	18	8	44.44%
Emergency & Spec ialty			
Medicine	17	8	47.06%
Clinical Support and			
Imaging	11	4	36.36%
HR & Training	1	0	0.00%
MSK and Specialist	18	14	77.78%
Totals	112	68	60.71%

NB some applicants received more than 1 point

Higher CEA panel 2013 process (Levels 6 -9)

CMG	Applied	Awarded	%
ITAPS	5	2	40.00%
CHUGGS	6	3	50.00%
Renal, Resp & Cardiac	0	0	0.00%
Women's and Children's	1	0	0.00%
Emergency & Spec ialty			
Medicine	2	1	50.00%
Clinical Support and			
Imaging	0	0	0.00%
HR & Training	0	0	0.00%
MSK and Specialist	5	2	40.00%
Totals	19	8	42.11%

6.1 The below table shows the speciality CMG split and number of award holders across the Trust compared to none award holders which includes prior awards. There are awards in each specialty area showing spread across each CMG within the Trust. It can be noted that W&C's have a proportionally lower number of awards overall compared to other areas.

6.2 UHL CEA award holders both national and local compared to none award holders.

Speciality/CMG	No CEA Award	National or local award holder	Total number of consultants	% Award Holders
ITAPS	26	58	84	69.05%
CHUGGS	17	50	67	74.63%
Renal, Respiratory & Cardiac	8	46	54	85.19%
Women's & Children's	39	50	89	56.18%
Emergency & Specialist Medicine	19	52	71	73.24%
Clinical Support & Imaging Services	21	60	81	74.07%
Human Resources & Training		2	2	100.00%
MSK & Specialist Surgery	20	58	78	74.36%
Grand Total	150	376	526	71.48%

7 Conclusion

7.1 The process is considered to have run successfully this year with a spread of awards across the various specialty areas noting a slightly lower representation within Women's and Children's CMG. The gender and diversity mix of the eligible consultant workforce is considered to be represented in the results of the local awards process demonstrated by the year on year figures. (Appendix 1)

8. Recommendations

- 8.1 UHL to continue to manage the process in line with any revised national guidance.
- 8.2 To undertake further analysis as to why Women's and Children's have proportionality a lower number of awards.
- 8.3 The Trust Board is asked to note the contents of this report and support the recommendation.

9 Appendix

Appendix 1 – ACCEA mandatory annual report extract – year on year analysis

Appendix 1 – Academic, Women and Ethnic Minority % 2006 - 2013

NB: It should be noted that in appendix 1 - the overall number of consultants eligible for 'local' consideration from a BME background in 2008/9 can be seen to have increased from 27.34% in 2008/9 to 40.58% in 2010/11 which is attributable to a change in the reporting of categories which is impacting on figures available. This was a broadening of the BME category to include all with the exception of White- British.

	2006/07	2007/08	2008/09	2009/10	2010/11	<u>Apr-11</u>	Apr-12	<u>Apr-13</u>
Overall number of consultants eligible for 'Local' consideration	358	373	384	383	414	426	444	451
a) the percentage of:								
i) consultants in academic posts	8.38%	6.97%	6.77%	7.05%	7.25%	6.10%	5.63%	5.53%
ii) women consultants	24.30%	26.01%	26.82%	27.68%	30.19%	29.13%	29.50%	29.20%
iii) ethnic minority consultants	31.84%	33.51%	27.34%	36.55%	40.58%	41.38%	42.79%	42.48%
Overall number of award holders both Natl. & Local	287	309	324	335	349	361	355	376
a) the percentage of:								
i) consultants in academic posts	18.12%	16.18%	15.74%	15.22%	14.33%	13.30%	13.24%	12.77%
ii) women consultants	16.72%	17.48%	17.90%	18.51%	20.92%	21.33%	21.41%	21.81%
iii) ethnic minority consultants	24.04%	26.21%	27.16%	29.25%	29.51%	30.75%	32.11%	32.98%