**Title:** ANNOUNCEMENT OF 2007/08 CLINICAL EXCELLENCE AWARDS TO CONSULTANTS, DISCRETIONARY POINTS TO ASSOCIATE SPECIALISTS AND OPTIONAL POINTS TO STAFF GRADES

**Purpose:** To ask the Board to formally note the results of these awards so that they become a matter of public record.

**Summary:**
This paper sets out the process for allocation of Awards and Optional Points. The role of the Trust Board has been to review the results to ensure these have been made on a fair and equitable basis in line with agreed Trust policy. They were reviewed confidentially in April 2007 prior to communicating the outcome to individuals.

A nationally agreed system for the allocation of Clinical Excellence Awards to Consultants, Discretionary Awards to Associate Specialists and Optional Points made to Staff Grades has been used to ensure objectivity.

All eligible candidates were given guidance on how to complete an application.

The Clinical Excellence Committee was constituted in accordance with national guidelines and the process agreed with the Trust’s Medical Staffing Committee.

**Recommendation:** The Board formally notes the results of the 2007/08 awards process

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RESULTS OF 2007/08 CONSULTANTS CLINICAL EXCELLENCE AWARDS, ASSOCIATE SPECIALIST DISCRETIONARY POINTS AND STAFF GRADES OPTIONAL POINTS

1 INTRODUCTION

1.1 This paper sets out the results of Clinical Excellence Awards to Consultants, Discretionary Awards to Associate Specialists and Optional Points made to Staff Grades. The Board is asked to formally note the results, having previously reviewed them on a confidential basis in April when they ensured they have been made on a fair and equitable basis in line with agreed Trust policy. Annex A. Results have been conveyed to individuals and will now be a matter of public record.

2 BACKGROUND

2.1 A nationally agreed system has been used to ensure objectivity. All eligible candidates were given guidance on how to complete an application. The Clinical Excellence Committee was constituted in accordance with national guidelines and the process agreed with our Medical Staffing Committee.

3 FINANCIAL VALUE OF AWARDS

Consultants

3.1 In 2007/08 there were 97 Consultants employed at Poole Hospital who were eligible to apply for a Clinical Excellence Award. This meant that a minimum of 37 single points were available to Consultants. In monetary value this equates to £105k. It should be noted that points awarded to Consultants who already hold more than six Clinical Excellence Awards equate to the monetary value of two points.

3.2 The Committee recommends that the Board approves the award of two additional CEA points to Consultants in view of the successful performance of the Trust in the last financial year. This would be an additional cost of £6270. This would remain within the allocated budgetary provision for 2007/08.

Associate Specialists

3.3 In 2007/08 there were 17 Associate Specialists employed at Poole Hospital who were eligible to apply for a Discretionary Award. This meant that six points were available to Associate Specialists.

Staff Grades

3.4 In 2007/08 there were 16 Staff Grades, employed at Poole Hospital who were eligible to apply for Optional Points. This meant that four points were available to Staff Grades. However, two points were carried over from the awards made last year and therefore six points were available for allocation in the current year.
3.5 An allocation of four points has been made this year and therefore two points will be carried over for allocation during 2008/09.

4 SCORING SYSTEM

Consultants

4.1 The Clinical Excellence Committee used the nationally agreed scoring system and criteria to judge each application. Each member of the Committee independently scored each applicant under each criterion. The scores were then aggregated prior to the main Committee meeting to give a mathematical ranking. The Clinical Excellence Awards Committee agreed that the applications would be reviewed in order of ranking and each would be discussed in turn. Each application was discussed prior to final selection of those suitable for an award.

4.2 Additionally, Committee members were also provided with details of the reasons for awards in previous rounds.

Associate Specialists

4.3 The scoring system used was as above.

Staff Grades

4.4 The scoring system used was as above.

5 AWARDS FOR 2007/08

5.1 Of those eligible to apply the numbers were as follows:

- 52 of 97 eligible Consultants applied and 28 were awarded points
- 9 of 17 eligible Associate Specialists applied and 4 were awarded points
- 3 of 16 eligible Staff Grades applied and 2 were awarded points

5.2 The Clinical Excellence Award Committee decided upon awards for Consultants, Associate Specialists and Staff Grades. These are set out in Annex B. The reasons for their decisions are summarised. Those who did not receive an award were discussed but it was considered that on this occasion they did not demonstrate sufficient evidence for an award. It should be noted that this is a competitive process.

6 COST

6.1 None of these awards is explicitly funded but the Trust has made budgetary provision for them. They will be awarded from 1 April 2007.

7 CONCLUSION

7.1 The Board is asked to formally note the results of these awards.

SUE DONALDSON
Director of Human Resources
16 November 2007
POOLE HOSPITAL NHS TRUST
CONSULTANTS CLINICAL EXCELLENCE AWARDS SCHEME

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1. INTRODUCTION

1.1 In February 2001 the Department of Health published a consultation document which set out proposals for a new Consultant award scheme to replace the current Discretionary Point and Distinction Awards with a single more graduated scheme comprising both local and national elements. This has now been introduced as a Clinical Excellence Awards Scheme (CEAS).

1.2 The whole scheme is governed by common criteria and a common application form for all levels of award. The guidance covers all levels of award and must be strictly adhered to in order that equity between Consultants is achieved and to ensure there is no bias in relation to specialty, gender, ethnicity or age.

1.3 The objective of the Clinical Excellence Awards Scheme is to reward individuals who perform over and above the standard expected of a Consultant in their post and who locally, nationally or internationally:

- demonstrate sustained commitment to patient care and well being or improving public health
- sustain high standards of both technical and clinical aspects of service whilst providing patient-centred care
- in their day-to-day practice demonstrate a clear commitment to the values and goals of the NHS by participating actively in annual job planning and observing the private practice Code of Conduct such that they:
  - show a commitment to achieving agreed service objectives;
  - through active participation in clinical governance, contribute to continuous improvement in service organisation and delivery;
  - embrace the principles of evidence-based practice;
  - contribute to the knowledge base through research;
  - are recognised as exceptional teachers and/or trainers and/or managers;
  - contribute to policy making and planning in health care.

1.4 It is not expected that individuals will meet all of the above objectives to become eligible for an award.

1.5 The NHS Clinical Excellence Awards Scheme is a seamless scheme comprising both local and national elements. The lower value awards will be made by local committees. The higher value awards will be recommended by a new Advisory Committee on Clinical Excellence Awards (ACCEA) and its subcommittees. There is a standard nomination form for all levels of award.

1.6 There are twelve levels of award, the first eight of which (Levels 1 – 8) will be recommended by local committees, and the last three (Level 10 – 12) will be awarded by the national ACCEA and its subcommittees. Level 9 may be awarded by either the ACCEA or the local committee.

1.7 The purely local awards (Local Clinical Excellence Award Level 1 – 8) are called by their level number and the higher levels have the following names:

- Clinical Excellence Award – Bronze (Level 9)
- Clinical Excellence Award – Silver (Level 10)
- Clinical Excellence Award – Gold (Level 11)
- Clinical Excellence Award – Platinum (Level 12)
2. GENERAL ARRANGEMENTS OF THE ADVISORY COMMITTEE ON CLINICAL EXCELLENCE AWARDS

2.1 It is the responsibility of Poole Hospital NHS Trust to have a local committee to consider nominations for the first eight levels of award (Levels 1 – 8).

2.2 Level 9 awards will be awarded either by the ACCEA or by the local committee (depending on the type of achievement being recognised).

2.3 Each year, subject to the minimum of 0.35 CEAs per consultant with one years service, the Trust will determine, following consultation with the Local Negotiating committee (LNC) the budget for the CEAs to be awarded by the local awards committee (LAC) with effect from the following 1 April. All consultants with one year of service generate local CEAs to be awarded by the Trust. For the sake of clarity, this includes all current discretionary points holders, distinction award holders, future national CEA award holders but excludes those who are in receipt of a national award.

2.4 Part time consultants will be granted awards on a pro-rata basis that will be counted as whole-time equivalents when the new award is calculated.

2.5 Local Award Committees will measure Consultant nominations against the strict criteria set out in the Guide to the scheme. Local Committees will ensure that their decisions are properly documented and that their decision making processes are transparent, fair and based on clear evidence.

2.6 The Local Committee will also produce an annual report containing the Local Committee recommendations for awards and a description of how the committee had arrived at its conclusions. This report will be published on the hospital intranet and public website.

3. ELIGIBILITY

3.1 Those eligible for Clinical Excellence Awards are:

a) Consultants
   - who have at least one year’s experience at Consultant level;
   - who hold a medical or dental qualification;
   - who are fully registered and
   - who are employed by the Trust.

b) For Honorary contract holders, entitlement to full eligibility for an award is based on five Programmed Activities that are beneficial to the NHS, including teaching and clinical research.

c) Eligible Consultants who are subsequently employed as Deans in medicine and dentistry are fully eligible on the basis of their work in such posts.

d) Eligible Consultants working as Clinical and Medical Directors retain their eligibility; account being taken of their clinical work and of their contribution as clinical and medical director.
3.2 NHS Consultants and NHS Honorary Consultants will be eligible provided that:

- they have participated in an annual appraisal process,
- they have made every reasonable effort to fulfil their job plan,
- they observe the ‘Private Practice Code of Conduct’,

3.3 Practitioners who are under investigation are encouraged to apply in the normal way for CEAs whether or not the process is internal or external (eg GMC, NICE or police authority).

3.4 If a consultant who is the subject of a formal investigation, including a professional advisory panel, chooses to submit an application for CEAs, his/her application will be scored in the usual way.

3.5 Should the consultant following the scoring process not be in a position to be awarded CEAs, they will be withheld until such time as the formal investigation/disciplinary process is completed. Neither the fact nor the details of the disciplinary concerned will be disclosed to the Local Awards Committee.

3.6 Following completion of the normal investigation/disciplinary process, the CEAs will either be awarded if no disciplinary action is taken or maybe withheld if disciplinary action is taken while an award is extant. Any awards that are withheld will be made subsequently once a warning time limit has lapsed. The fact that CEAs have been withheld will be disclosed to the Chairman of the MSC so that the next years allocation may be properly verified. If they are not given to the individual, the award(s) should be reallocated retrospectively with backdating.

3.7 Consultants are eligible to apply annually. The Trust will provide a list of all eligible consultants. The number of eligible consultants multiplied by 0.35 will determine the number of points to be allocated. The financial allocation will be no less than in the previous year.

3.8 Locum consultants are not eligible.

4. NOMINATION PROCESS

4.1 Candidates will nominate themselves for local and national awards. In addition they may be nominated by one of a number of third parties including recognised organisations or their own colleagues for national awards.

4.2 Either approach will require the candidate to submit a fully-completed standard application form (ACCEA Form A, the CVQ or Curriculum Vitae Questionnaire). The form is also available separately on the ACCEA website at www.doh.gov.uk/accea/forms.htm.

4.3 It is the responsibility of the individual Consultant to ensure the employer section of the CVQ is completed.

Note: For awards administered by the ACCEA, individuals are advised to refer to the ACCEA guidance notes (particularly around the need to submit applications in an electronic format, the strict deadlines and information around the responsibility of the candidate to ensure all paperwork is complete).
5. **STRUCTURE OF THE LOCAL COMMITTEE**

5.1 The Committee will be chaired by a Non-Executive Director of the Board. The Local Committee will have a minimum of 14 members of which at least 50% of whom will be doctors. The Committee is expected to include female members and members drawn from ethnic minority groups as well as lay representatives and members from the local PCT.

5.2 The Committee will comprise:

- Non-Executive Director (Chairman)
- Chief Executive
- Medical Director
- One other Non-Executive Director
- A member of the Patient & Public Involvement Forum
- A representative from the local PCT
- 8 consultants – 2 from each Care Group and approved by the Medical Staff Committee

5.3 The LAC will be quorate with at least 75% of the full membership in attendance. The committee will be inquorate if there is not a majority of consultants present.

5.4 Scoring shall be executed independently. The methodology of the scoring process including the application of ‘banding’ shall be discussed at the initial meeting of the LAC in order to reach a uniform approach. Scorers will consider each criterion for scoring in the light of the information given at the beginning of the CV.

5.5 Members of the LAC will not give advice to potential applicants once the application process has started in any one year.

5.6 The deliberations of the LAC will be based solely on the contents of the CV applications. Full minutes, scoring and ranking records must be maintained and made available as requested through the appeal process. Any applicant formally appealing against the decision of the LAC will be given access to the full but appropriately anonymised records.

5.7 Decisions will be made by reference to the scoring process. In the case of an equality of scores, the LAC will consider the applications in the light of all the information contained in the application forms. In the event that the LAC does not reach a consensus, the chairman shall call for a vote and in the event of a tie will have the casting vote.

5.8 Appropriate guidance and training regarding the process and equal opportunities will be given to each member of the LAC.

6. **PROCEDURE**

6.1 In January the Trust will issue a letter to all Consultants eligible for Clinical Excellence Awards inviting applications. Those Consultants who wish to apply for a higher regional and national awards should also make this clear in their application. It is the nominees responsibility to ensure that all the components of their application are submitted within the deadlines. **Late applications will not be considered.**
6.2 The ratio of new local awards to eligible Consultants will be a minimum of 0.35 per annum.

6.3 Applications should be returned by 19 February. This form should be completed according to the instructions given on the ACCEA website. Forms must be submitted by the deadline to go forward for consideration. Only applications properly completed will be considered.

6.4 The completed applications will be forwarded to the individuals of the Local Committee. In the last week of February each individual member of the Committee will produce a ranked list prior to the committee meeting.

6.5 The Local Awards Committee will meet at the beginning of April to formally make its decision.

6.6 Recommendations will be endorsed by the Board – see paragraph 9.1.

6.7 Applicants whether successful or not will be advised of their individual outcome by the end of April/beginning of May.

7. **ASSESSMENT CRITERIA**

7.1 Decisions on all levels of award will be based strictly on clear published criteria. The nomination form for all awards will be structured to focus tightly on the objectives of the scheme and the specific criteria that needs to be satisfied as follows:

i) delivering a high quality service;

ii) developing a high quality service;

iii) managing a high quality service;

iv) research or teaching and training.

7.2 A Consultant will not be expected to score highly in all four areas, even at the highest level of award, but an excellent record in the first will be expected if an application is to succeed.

7.3 In order to ensure every application is scored according to the same criteria a scoring pro forma will be agreed.

7.4 The MSC will provide guidance on how applications should be completed to reflect achievements in each of the criteria.

8. **APPEALS ARRANGEMENTS**

8.1 Any dissatisfied eligible Consultant should put their case in writing within four weeks of notification of the Local Awards Committee decision to the Chairman of the Committee to seek a review of the process. The Chairman will undertake a review and write to the Consultant.

8.2 If the Consultant remains dissatisfied they have the right to a formal appeal which will include submitting a written statement setting out the facts and areas of concern.
8.3 The Consultant has the right to present his/her appeal to a panel comprising of:

- Board Chairman
- Deputy Medical Director
- A mutually acceptable senior doctor external to the Trust
- Executive Director - Staffing

(None of the above should have been involved in the initial decision-making process)

8.4 A Consultant appealing against the decision will have full access to appropriately anonymised records of the original decision making process including minutes of the meetings and all documents considered. These will be confidential to the Consultant and his/her advisors.

8.5 The Consultant will appear personally before the panel and have the right to be represented by either a colleague or a trade union representative.

8.6 The panel will adjourn to reach their decision which will be confidentially recorded and conveyed to the appellant in writing. If the appellant is successful they will be awarded the pre-requisite number of CEAs backdated as appropriate.

8.7 The decision of the panel will be final and conclude the appeals process.

9. REVIEW AND MONITORING

9.1 Every five years the Local Awards Committee will review the names of eligible Consultants who have applied for Clinical Excellence Awards without success at least once in the previous five years. This is to ensure they have not been overlooked.

9.2 Each year the Trust will satisfy itself that the process has been fair and will approve an Annual Report containing its recommendations for awards and description on how the Local Awards Committee arrived at its conclusions. This will be done before individuals are notified of the outcome.

9.3 The recipients of local bronze Awards will be subject to a review at five yearly intervals.

9.4 The ACCEA will be monitoring awards at all levels to ensure that:

- there is a fair distribution of awards between specialties,
- there is a fair distribution of awards geographically,
- there is a fair distribution of awards between types of hospitals,
- groups such as female Consultants and Consultants from minority ethnic groups are to be fully and fairly considered.

9.5 This procedure, its guidance and the outcome of the process and any appeals will be reviewed by a Committee including the Committee Chairman, members of the Committee and the Chairman of the MSC on an award basis and recommendations to changes for the following year proposed.
10. SUPPORT FOR APPLICANTS

10.1 The Trust will ensure that appropriate advice, education and training is made available to all consultants with regard to the completion of CV application forms in order to promote equality of opportunity via the MSC.

CHAIRMAN OF MSC
CHIEF EXECUTIVE
MEDICAL DIRECTOR

15 December 2006
CONSULTANTS

Mr S Bell, A&E
For his contribution to the service development of Emergency Services and his continuing
commitment to training

Dr D Bruce, Cardiology (2 points)
For her contribution to the development of services to cardiology and in particular for the
development of services to the wider community

Mr A Clarke, Surgery
For his professional excellence and contribution to new service innovation within the surgical
field

Dr D Coppini, Diabetes
For his professional excellence and major contribution to research within his field

Dr M Creagh Barry, Radiology
For his professional excellence and continuing contribution to the development of breast
screening services

Mr G Cumberbatch, A&E
For his continued contribution to education and training both locally and within Wessex

Dr R Day, Elderly Medicine (2 points)
For his professional excellence and his continued role within the Drugs and Research Ethic
Committee as well as Regional and National roles

Dr F Dormon, Anaesthetics
For her continuing contribution to the development of resuscitation services, outreach
services and PEWS

Mr J Edwards, O&G (2 points)
For his continuing contribution to Clinical Leadership roles and in particular his contribution
to the development of Clinical Governance within the Trust
Ms A Evans, Surgery
For her continuing excellence in breast screening development and contribution in research

Dr P Fade, Elderly Medicine
For her major contribution to the setting up of the Clinical Ethics Committee within the Trust and development of Orthogeriatric Services

Dr T Hickish, Medical Oncology
For his contribution to research and development of scanning services

Dr C Hillier, Neurology
For his clinical excellence and major contribution to the development of neurological services

Dr V Laurence, Clinical Oncology
For her clinical excellence and in particular her leadership within the Oncology team

Dr M Masding, Medicine (2 points)
For his major contribution to the work of MMC and in particular for his role in developing the Foundation Programme at Poole Hospital NHS Trust

Mr G Nash, Surgery (2 points)
For his major contribution to research and development of new surgical techniques

Mr D O’Connor, T&O
For his contribution to the development of hand surgery

Mr J Pain, Surgery
For his major contribution to the continuing development of pancreatobiliary surgery

Mr S Rhys-Williams, ENT (2 points)
For his consistent contribution over a number of years to the ENT services and in particular for the development of Teaching and Study days for GPs Education in the wider community

Dr N Robson, Radiology
For her continuing contribution to new radiological services and in particular PET services

Mr P Scott, ENT
For his contribution to the development of the Voice Services Clinic and in particular his work as Programme Director for Wessex

Dr C Stephens, Dermatology
For her continued contribution in Clinical Dermatology and in particular her contribution to the Dermatological services for the wider community
Dr D Tarver, Radiology
For his continuing contribution to radiological services and in particular his work with the Local Negotiating Committee

Dr G Van Hasselt, Anaesthetics
For her continuing contribution to the work of the Dorset Ambulance services

Dr P Ventham, Anaesthetics
For his excellent consistent contribution to the development of Chronic Pain Services

Dr A Wood, Radiology
For his excellent contribution to the continuing development of multidisciplinary team meetings
ASSOCIATE SPECIALISTS

Mr A Elewa, Surgery
For his contribution to the development of Clinical Governance within the Anaesthetic field

Dr S Jain, Dermatology
For her clinical excellence and continuing contribution at a high level within the Dermatological field

Dr F Rahmeh, Rheumatology
For her clinical excellence and high contribution to the work of her Speciality

Dr J Williams, Paediatrics
For his major contribution to the development of cystic fibrosis services over the past year
POOLE HOSPITAL NHS TRUST
OPTIONAL POINTS – 2007/08
REASONS FOR AWARDS

STAFF GRADES

Mr A George, Orthopaedics
For his excellent contribution towards the development of upper limb surgery within the Trust

Mr A Sanger, Orthopaedics
For his excellent contribution to the development of shoulder work within the Trust