

**CLINICAL EXCELLENCE
AWARDS
Local Procedure
(MD 18)**

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656680.

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Date of Issue:	Oct 2023	Next Review Date:	Oct 2025
Version:	3	Last Review Date:	Sept 2023
Author:	Medical Workforce		
Directorate:	People Directorate		
Approval Route			
Approved By:		Date Approved:	
JLNC		19 June 2017	
JLNC		19 Sept 2018	
Medical Workforce		Oct 2018	
Medical Workforce		Jan 2021	
JLNC		Oct 2023	
Links or overlaps with other policies:			

Amendment History

Issue	Date	Reason for Change
1	June 2017	New policy template and revised contact details.
2	Sept 2018	Change in National Ts&Cs
2.1	Oct 2018	Change to scoring criteria (Section 7) to conform with Schedule 30 of T&Cs S
2.2	Jan 21	General review no change – awaiting national review of CEA
3	Oct 2023	JLNC Ballot to continue with equal distribution of funding. Local Policy updated to reflect this.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)	Clinical Excellence Awards	Version and Date	oct 2023 v3		
Policy Author	Medical Workforce				
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users	<input type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Other, please state...	<input type="checkbox"/>
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Does the policy encourage individualised and person-centered care?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Guidance to Consultant staff on applying for CEA as part of their national Terms and Conditions of Service					
Who was consulted when drafting this policy?					
Patients/ Service Users	<input type="checkbox"/>	Trade Unions	<input checked="" type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff	<input type="checkbox"/>	General Public	<input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Medical HR Manager				
Validated by (line manager)					

Please contact the Equalities team for guidance: For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net. This form should be published with the policy and a signed copy sent to your relevant organisation.

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Contents

1	Definition of Clinical Excellence Awards	5
2	Scope.....	5
3	Equality and Diversity Statement.....	5
4	Local Clinical Excellence Awards halted in light of Covid-19	5
5	National Position of Local Clinical Excellence Awards following negotiations in 2021-2022	6
6	Torbay & South Devon NHS Foundation Trust JLNC Ballot.....	6
7	Eligible Consultants	6
8	Minimum Investment Amount	6
9	Equal Distribution of LCEA Funds.....	7
10	Level 9 Pre-2018 LCEA Renewal Process	7
11	Appeal Arrangements	8
11.1	Equal Distribution of LCEA	8
11.2	Renewal of Level 9 Pre-2018 LCEA	8
12	Training and Awareness	9
13	References	9
14	Contact Details	9
15	Monitoring, Audit and Review Procedures	9

1 Definition of Clinical Excellence Awards

Clinical Excellence Awards recognise and reward NHS consultants who perform 'over and above' the standard expected of their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions.

2 Scope

- 2.1 This policy applies to all Consultant staff employed by Torbay & South Devon NHS Foundation Trust under the Terms and Conditions- Consultants (England) 2003, who are eligible for local Clinical Excellence Awards as per Schedule 30 of the TCS.

3 Equality and Diversity Statement

- 3.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 3.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

4 Local Clinical Excellence Awards halted in light of Covid-19

- 4.1 In April 2020, NHS Employers, the British Medical Association (BMA) and HCSA, the tripartite negotiating group representing senior doctors and their employers, sought and received ministerial acknowledgement of the current exceptional circumstances (Covid-19 pandemic), and the significant operational pressures that services were under as they respond to the health crisis. As a result, LCEAs were halted and instead the award money was distributed equally among eligible consultants.

5 National Position of Local Clinical Excellence Awards following negotiations in 2021-2022

- 5.1 National negotiations between NHS Employers and the Trade Unions on the new local process for clinical excellence awards (LCEA) failed to reach agreement. Schedule 30 of the Consultant terms and conditions relating to LCEA has subsequently been updated to show the terms and conditions for LCEA from 1 April 2022.
- 5.2 Schedule 30 sets out the rules which will apply to LCEA schemes from 1 April 2022. It provides that local variations, whereby current LCEA arrangements are altered at a local level, can be introduced through consultation with joint local negotiation committees (JLNCs) provided certain provisions are not varied.

6 Torbay & South Devon NHS Foundation Trust JLNC Ballot

- 6.1 In August 2023 the JLNC balloted their members on the future format of the LCEA process. The majority voted in favour of the continuation of equal distribution of LCEA funds for eligible consultants, pending a national agreement on the local process.
- 6.2 The Trust accepted the result of the ballot and agreed the new LCEA process would be based on equal distribution of LCEA funding.

7 Eligible Consultants

- 7.1 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), National Clinical Impact Award (NCIA) or a distinction award.

8 Minimum Investment Amount

- 8.1 As per Schedule 30 of the national 2003 terms and conditions for NHS Consultants in England; The minimum amount invested and paid annually in LCEA per eligible full time equivalent (FTE) consultant within each employing organisation will be £7,900 per FTE not including national insurance and employer pension contributions. The minimum amount invested in LCEA per eligible FTE will be published in the relevant pay circular.

8.2 Spend on LCEAs from this sum will include monies expended on:

- the continued payment of consolidated pre-2018 LCEAs
- costs associated with the reversion mechanism for NCEA holders, from 1 April 2022
- LCEAs.

8.3 LCEA are non-consolidated and non-pensionable. They will be paid annually as a lump sum and will not include an uplift for those undertaking additional programmed activities.

9 Equal Distribution of LCEA Funds

9.1 The Medical Workforce Service will be responsible for co-ordinating and overseeing the equal distribution of LCEA funds.

9.2 The Workforce Systems team will be responsible for providing eligibility data to the Medical Workforce Service.

9.3 The payroll department will be responsible for calculating individual payments and processing payment through the monthly pay run.

10 Level 9 Pre-2018 LCEA Renewal Process

10.1 Level 9 Pre-2018 LCEA will continue to be subject to the five-yearly renewal arrangements.

10.2 The level 9 award holders will be advised by the Medical Workforce Service when this applies to them and provided with the relevant Advisory Committee on Clinical Impact Awards (ACCIA) application form.

10.3 Applications for renewal of awards require the consultant to demonstrate their sustained contribution to meet the criteria in the Scheme. They should focus on activity within the five-year period leading up to the review. They should only include information on earlier activity to demonstrate how their contributions have evolved.

10.4 Applicants will also be assessed on their commitment and delivery of Trust and Departmental objectives (to be included in the personal statement) together with how they have performed against domains contained with the ACCIA application.

10.5 Scoring of applications will be as per the ACCIA national scoring system and completed by a Trust committee comprising of 6 members as follows:

- Trust Chairman or nominated deputy
- Medical Director
- Chair of Joint Local Negotiating Committee or nominated deputy
- Care Group Director
- 2 x Consultants nominated by the Medical Staff Committee

10.6 The Medical Workforce Service will support the panel in an administrative function.

10.7 If the evidence provided is deemed insufficient for a five-year renewal, the award can be renewed for less than five years, giving the consultant another chance to demonstrate how they still meet the relevant criteria for their award level. If sufficient evidence is not forthcoming the award may be downgraded to the previously award of Level 8 or withdrawn. Consultant to whom this applies will be advised that this recommendation is being made.

11 Appeal Arrangements

11.1 *Equal Distribution of LCEA*

If a consultant has grounds to believe that they should have been eligible for equal distribution and have not been included in the round they will have the right to appeal to the Head of Medical Workforce within 2 months of the LCEA monies being distributed. The appeal should clearly state reasons for their eligibility, including any necessary employment dates.

Due to the set funding arrangements of LCEAs any appeals after 2 months of monies being distributed will not be considered.

11.2 *Renewal of Level 9 Pre-2018 LCEA*

If an applicant does not believe the process for renewing the Level 9 award has been carried out fairly, they will have the right to appeal to the Head of Medical Workforce within one month from the date of receiving the results. The appeal should clearly document why the applicant believes the process was not fair.

Medical Workforce will endeavour to arrange an appeal hearing within two months of the date of receipt whenever practicable. The appeals panel will not include any members of the original renewals committee.

12 Training and Awareness

- 12.1 Advice and support will be provided by the Medical Workforce Service to support Consultants in adhering to this policy.
- 12.2 The Medical Workforce Service will raise awareness of this policy through the publication of information on ICON and to advise staff of changes to the policy through the ratification processes.

13 References

- 13.1 Schedule 30 of the national 2003 terms and conditions for NHS Consultants in England.

14 Contact Details

- 14.1 Any queries regarding this policy should be directed to Medical Workforce of the People Directorate.

Sdhct.Medicalhr@nhs.net

15 Monitoring, Audit and Review Procedures

- 15.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Medical Workforce Service unless legislative changes determine otherwise.