

Local Clinical Excellence Awards Procedure

Issue Date	Review Date	Version
August 2017	Extended to February 2020	15.3

Purpose

To provide details for all Medical and Dental Consultants on how Plymouth Hospitals NHS Trust applies the Local Clinical Excellence Awards process.

Who should read this document?

All Medical and Dental Consultants

Key Messages

This document highlights the general principles on the allocation and spread of awards and the correct process to follow.

Core accountabilities

Owner	Head of HR
Review	Local Negotiating Committee(Medical) Medical Staff Group
Ratification	Director of People
Dissemination	Medical HR Team
Compliance	Medical HR Team

Links to other policies and procedures

Version History

7.1	September 2007	LNC - Page 5 Criteria Page 10 Support for Applicants 10.1 Page 11 Notes on completion of CV form (b), (d)&€
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7.2	February 2009	Medical Staff Panel Agreed, Clarified Terms Throughout
7.3		
7.4	July 2009	Reformatted, EIA, Dissemination Plan and Checklist included
8	February 2010	Amended by Local CEA Review Group
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The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Contents

Section	Description	Page
1	Introduction	4
2	Purpose, including legal or regulatory background	4
3	Definitions	4
4	Key elements	4
5	Overall Responsibility for the Document	14
6	Consultation and ratification	14
7	Dissemination and Implementation	14
8	Monitoring Compliance and Effectiveness	14
9	References and associated documentation	14
Appendix 1	Consultants' Local Clinical Excellence Awards Guidance Notes 2013	15
Appendix 2	Evaluation Sheet	24
Appendix 3	Clinical Directors and Service Line Directors Local Clinical Excellence Awards Guidance Notes	25
Appendix 4	Guidance for Assessments	27
Appendix 5	Abbreviations/Acronyms	28
Appendix 6	Dissemination Plan & review and approval checklist	29
Appendix 7	Equalities and Human Rights Impact Assessment	31

1 Introduction

This agreement covers only the application of the local element of the Clinical Excellence Awards scheme.

2 Purpose

The objective of this process is to measure achievement within the parameters of an individual's employment and recognise excellent service over and above the normal delivery of job plans including the quality of delivery of contractual duties.

To provide details for all Medical and Dental Consultants of how Plymouth Hospitals NHS Trust applies the local Clinical Excellence Awards process.

3 Definitions

ACCEA – Advisory Committee on Clinical Excellence Awards

CEAs - Clinical Excellence Awards

LNC – Local Negotiating Committee

LAC – Local Awards Committee

HMSC – Hospital Medical Staff Committee

HR – Human Resources

SLD – Service Line Director

4 Key Elements

1. General principles on the allocation and spread of awards

- 1.1 The local application of the clinical excellence awards scheme will be applied in line with The Advisory Committee on Clinical Excellence Awards' (ACCEA) 'Guide to Employer Based Awards' (Published May 2012).
- 1.2 This agreement covers only the application of the **local** element of the Clinical Excellence Awards scheme. Local awards can be made at levels 1-9 of the scheme at values set out annually by the Doctors and Dentists Review Body. Eligible consultants are in addition eligible to receive CEAs awarded by the ACCEA and its subcommittees at levels 9 (bronze), 10 (silver), 11 (gold) and 12 (platinum).
- 1.3 Each year, subject to the minimum 0.2 CEAs per consultant, eligible for a local award (based on CEAs Level 1 – 8), the Trust will determine, following consultation with the Local Negotiating Committee (LNC) the overall number of CEAs to be awarded by the Local Awards Committee (LAC) with effect from the following 1 April. Eligible consultants are those who have at least one year's service at substantive consultant level and who are not already in receipt of the maximum number of local awards or a national award (See 2.4).
- 1.4 Part-time consultants will be granted awards on a pro-rata basis but will count as whole-time equivalents when the minimum number of awards is calculated.
- 1.5 Consultants can be awarded one or more CEAs.

The ratio of local awards to eligible consultants will be at least 0.2. The number of new awards available each year will necessarily be limited. Awards will be decided on a competitive basis, based on the relative merits of individual cases.

If the LAC decides that, in a given year, there are insufficient awardable applications, this should be reported to the ACCEA. Any sum unspent, should be carried forward and added to the minimum investment the following year.

- 1.6 Where the LAC decision on awards precedes that of the national ACCEA, the LAC awards will be reviewed to consider whether any consultants given awards locally have also received national awards. If there are any such consultants, the local award(s) made during that year will be reallocated.
- 1.7 The Trust and the LNC will review this agreement annually in the light of experience and taking into account guidance from the Department of Health, ACCEA or BMA. Any changes will only be made with the full agreement of the LNC.

2. Eligible consultants

2.1 The eligibility criteria outlined in part 3 of the ACCEA's guide to the scheme are those applied locally. Satisfactory participation in job planning is that as stated in the PHNT job planning guidelines. Substantive consultants are eligible irrespective of the contract they are employed under.

- 2.2 To be eligible, consultants should have completed an appraisal process with the completed forms having been registered with the Revalidation team within the current appraisal time-frame. Should a consultant have difficulty with completing an appraisal, the consultant should contact the Medical Director and/or the Trust Appraisal Lead for advice and clarification before applying for a local Clinical Excellence award. In addition, consultants must also be fully up to date at the time of application for the awards, with all Trust mandatory training. In the case of training where e-learning is not available and face to face delivery is the only option, it will be acceptable where a training booked date can be provided where it is not possible to undertake the training due to availability by the date of LCEA application.

2.3 The Trust will provide a list of all eligible consultants to the Chair of LNC and HMSC for discussion and agreement. The number of eligible consultants multiplied by the value of a local (Level 1) CEA multiplied by 0.2 will determine the monetary value available to award each year. For example: $0.2 \times 250 \text{ eligible consultants} \times \text{£}3,016 = \text{£}150,800$ available to allocate.

Consultants with duties in two Trusts will be eligible for awards in the Trust managing their contract. The consultant must apply to the main employer for CEA awards.

2.4 **Consultants granted CEA(s) in one year would not normally be considered again the following year for further award(s).** Although this may be varied if there were circumstances warranting this in an individual case, this should be seen as exceptional and not normally applied. Any "exceptional" application will be considered by the Local Awards Committee at the first meeting to decide whether they should be included for consideration with other applications. The individual making the application will identify the exceptional circumstances in a statement to be no more than 150 words which will be distributed to the first meeting of the LAC.

It should be emphasised that it is the circumstances that are to be exceptional rather than the individual's CV. Those consultants not considered in any one year but still eligible to receive awards will be included in the eligible numbers.

- 2.5 The national guidance states that consultants are eligible for awards providing there are no adverse outcomes for the consultant following disciplinary action by the employer or the General Medical Council or the General Dental Council. It also states that in very extreme circumstances the award and associated payment will be removed. Adverse outcomes include disciplinary sanctions, all findings by the GMC or GDC of impaired fitness to practice due to 'misconduct', 'deficient professional performance' or criminal conviction or caution. Eligibility relates to continuing to hold an award as well as applying for a new award.
- 2.6 The implications of 'warnings' issued by the GMC or GDC, and the implications of disciplinary sanctions by employers' disciplinary proceedings, including the issuing of a formal warning, will be considered by the LAC after the scoring process has been completed. The LAC will decide if those sanctions render the consultant ineligible, with an opportunity for the consultant and the employer, where appropriate, to make representations on the issue via the appeal process.
- 2.7 The national guidance from ACCEA considers the placing of restrictions by a regulator or employer on a consultant's practice as indicating 'very extreme circumstances' in which pay protection would not apply. Consultants in this position would have the award itself and payment of the award removed unless the consultant makes a case through the appeals process that persuades them that it would be appropriate to continue payment. This would only occur in exceptional circumstances.

Effect of retirement on Clinical Excellence Awards.

On retirement, awards cease; they are consolidated into pension. Consultants who are re-employed after retirement do not retain eligibility for payment of their award.

3. Criteria

- 3.1 The criteria to be used for the local implementation of the scheme are detailed in Part 3 of the ACCEA's guide to the scheme. **Consultants should read the guide** for further details. No other criteria will be applied to the consideration of CEAs.
- 3.2 The purpose of these awards is to recognise clinicians who have made a clear and recognisable contribution over and above normal contractual expectations. The application therefore requires clear recent examples of contributions and the evidence to support them, with explicit dates.
- 3.3 The format of CVs/applications will be as set out by the ACCEA. An appropriate scoring system has been agreed between the Trust and the LNC and reviewed each year in the light of national guidance. It is agreed that the scoring system must be demonstrably objective and clearly based on the above-mentioned criteria. The scoring system and weightings shall be agreed between the Trust and the LNC with an emphasis in the local scheme on rewarding contribution within the Trust.

3.4

Domain area	
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1.	Delivering a high quality service
2.	Developing a high quality service
3.	Managing and leading a high quality service
4.	Research
5.	Teaching and training

Domain 3 is intended to reflect the need for applicants to lead as well as manage a high quality service and should be used for those with and without formally recognised clinical management roles in the Trust.

Each domain is scored out of 10 and a candidate achieving 10 from 75% of the scorers in any one domain would be considered for an award irrespective of their scores in the other domains.

- 3.5 Scoring will take account of job-planned activities, paid management roles, responsibility payments, research time and the level and date of the last award.
- 3.6 The Chief Executive section of the CV form must be completed by the Service Line Director, as appropriate who may consult with the, Lead Clinician, or other relevant members of staff to assist him/her. For Care Group Directors and Service Line Directors applying the Medical Director or Care Group Director must complete the Chief Executive section of the form. This section of the application form will be available at the LAC meeting convened after the independent scoring has been completed and may lead to review of the scoring by the committee.

4. Nomination Procedure

The Chief Executive and Chair of Hospital Medical Staff Committee will invite all consultants under consideration (see paragraph 2.2), including those currently on long term absence (over 28 days) to apply for CEAs using the **CV questionnaire, ensuring that the Job Plan section is completed.** Applicants should refer to the NHS Consultants' Clinical Excellence Awards Scheme guidance (Feb 2017).

The invitation will include a copy of this agreement with all of the appropriate criteria, and an explanation that those consultants who received CEAs the previous year would only be considered again in very exceptional circumstances (see 2.4). The CV form with notes for completion is available from Medical HR and no other form will be accepted. There will be a time limit for the completion and return of the CV questionnaire and eligible consultants will be sent an email reminder seven days in advance of the closing date for applications. **Late entries will not be accepted.**

- 4.1 Once the application has been submitted to Medical HR and after the closing date, a copy will be posted on the CEA section of the HMSC website.
- 4.2 The employer (Chief Executive) will not submit citations for any candidates applying for local awards. Nor will nominating citations from third parties be referred to during the local committee's deliberations.

5. Local Awards Committee (LAC)

- 5.1 The function of the LAC is to take the annual decision as to which consultants will receive local CEAs. The LAC will base its decisions on the criteria laid down in the ACCEA's guide to the scheme. The points scoring system agreed with the LNC will be strictly adhered to by the LAC.
- 5.2 The composition of the LAC will be as follows:
 - The Chief Executive (non-scoring)
 - The Trust Chairman or a Non-Executive director appointed by the Trust Chairman (non-scoring)
 - The Director of Human Resources & Organisational Development or nominated deputy (non-scoring)
 - The Medical Director or nominated deputy
 - The Dean of the Peninsula Medical School or nominated deputy
 - The Chair of the Hospital Medical Staff Committee or nominated deputy
 - The Chair of the Local Negotiating Committee or nominated deputy
 - Seven additional Consultants selected by the chair and deputy of the Hospital Medical Staff Committee* in consultation with the chair of the LNC
 - Patient representative.

*In selecting the seven consultants, the HMSC should ensure, where possible, that:-

- There are no more than 2 members from any particular specialty
 - No more than three members should be serving on the LAC for the first time
 - No selected member is an applicant for a CEA
 - Principles of equality and diversity should apply
- 5.3 Members of the national ACCEA and its regional subcommittee will be eligible to attend meetings of the LAC in an observer capacity.
 - 5.4 During the selection process, the consultant body should give due regard to the balance across the body of consultants of specialty, ethnic and gender grouping to ensure that individuals in these groups are not seen to be disadvantaged in the awards process.
 - 5.5 The Chairman of the Trust or nominated deputy will act solely as the Chairman of the LAC (non-scoring).

- 5.6 The Director of Human Resources or nominated deputy will act as the secretary to the LAC (non-scoring). The Trust's Chief Executive will be a non-scoring member of the LAC.
- 5.7 Medical HR will:-
- advise the LAC of the total number of points and equivalent financial sum available for award;
 - advise the LAC of the number and names of eligible consultants;
 - advise the LAC of the number and names of part time Consultants applying;
 - provide LAC members with applications in random order for marking;
 - be responsible for convening the meetings;
 - be responsible for an equal opportunities analysis and its circulation;
 - be responsible for keeping the records of all scores and raw score sheets;
 - be responsible for keeping full minutes of all the meetings, together with a list of those attending;
 - convey the results of the LAC's deliberations to all consultants who have applied;
 - convene and manage the appeals process;
 - advise the Board of the decisions of the LAC and the results of any appeals decisions.
 - prepare the annual report to the regional ACCEA committee, if requested
- 5.8 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. A scorer in the same department/specialty as an applicant may choose not to score his / her colleagues application. Should the scorer take this option, then an average score for that domain from the other scorers will be used for that application to achieve fairness in the scoring. There is no predetermined aggregate score or threshold below which an award will not be made and ranking should be regarded as indicative. Each application should be judged as a whole, and excellence in one domain only may be sufficient to be recognised under the scheme.
- 5.9 Members of the LAC will not give advice to potential applicants once the application process has started in any one year.
- 5.10 The deliberations of the LAC will *normally* be based on the contents of the CV applications. Applications may be remarked at the LAC if concerns are raised by the SLL report and the applicants response. (see 3.6)
- 5.11 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 anonymised records.
- 5.12 The LAC will be quorate with at least 75% of the full membership in attendance. Once the decision making process has commenced at the first meeting only in exceptional circumstances and with the agreement of LNC will those not in attendance be allowed to participate in any further meetings. The Trust will ensure that consultant members of the LAC are not prevented from attending these meetings by other Trust duties except in the case of a clinical emergency that cannot be managed by any other consultant.

- 5.14 5.13 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 together with the service line lead report. In the event that the LAC does not reach a consensus, the chairman shall have a decisive role. Practitioners who are under investigation are encouraged to apply in the normal way for CEAs whether or not the process is internal or external (e.g. GMC, NICE or Police Authority).

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. Should that consultant following the scoring process be in a position to be awarded points, they will be withheld until such time as the formal investigation / disciplinary process is completed and will be informed of this by the Director of HR & OD as soon as practicable. Neither the fact nor the details of an ongoing disciplinary concern will be disclosed to the LAC.

Following completion of the formal investigation / disciplinary process, the points will either be awarded if no disciplinary action is taken or may be withheld if disciplinary action is taken or while a warning is extant. Withheld awards will be put forward to a subsequent round once the warning has lapsed. The fact that points have been withheld will be disclosed to the Chairman of the LNC so that the next year's allocation may be properly verified.

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

6. The Process

- 6.1 Medical HR will convene the initial meeting to set the agenda for the detailed process for the year in question. Part of this meeting will be to score a sample of 1 or more example forms from a previous year to gain some understanding and consistency for the full scoring process.
- 6.2 All of the members of the LAC attending this meeting will be given the applications for consideration. Each individual member of the committee (scoring members) will independently score (by allocating a 'band' to each of the criteria) each of the applications (Appendix IV) and forward these raw scores to Medical HR who will be responsible for collating the information for the next meeting of the LAC (Appendix V). Medical HR will also provide an equality analysis across the applications.
- 6.3 On completion of the collation and analysis Medical HR will reconvene the meeting to decide the allocation of awards to the applicants. The results of the analysis will be presented anonymously for the LAC to decide on the distribution of available awards. The major factor in determining the award will be the score of each application but the LAC will take into account the citation completed by the Service Line Director, Care Group Director or Medical Director. Wide variation in the scores of an application by individual members of the LAC will be highlighted and discussed. The LAC can recommend the rescoring of an application as a whole or in part. Once agreed the named recommended allocations will be reviewed by the LAC to ensure that the outcome complies with the allocation policy (see Section 5.8). Medical HR will keep a full record of the decision process and allocations. The Chief Executive will write to all applicants as soon as possible after the decision

informing them of the allocation. In the letter the Chief Executive will detail the process to be followed in the event of an appeal.

- 6.4 Following the allocation of awards the LAC will review the process for the current year. This information will be passed to the LNC to enable a review of the whole process to be undertaken, should it be deemed necessary.
- 6.5 Medical HR will provide the HMSC Chair a graphical representation of the distribution of the scores, with the candidate's position marked for HMSC website. Applicants will be allocated a unique number so as to enable them to identify themselves on the graph.

7. Appeals Arrangement

- 7.1 If a consultant has grounds to believe that the process of awarding points has not been carried out fairly, he/she will have the right to appeal to the Director of HR within one month from the date of receiving the results of the allocation of clinical excellence awards with full details of their grounds for appeal. Late applications will not normally be considered unless the applicant can show good reason for the delay, and it would be inequitable for the appeal not to proceed. Medical HR will be responsible for setting up the appeal. Prospective appellants may seek advice on an informal basis from the chairmen of the LNC and/or the Hospital Medical Staff Committee other member(s) of the LAC prior to lodging an appeal. Any such consultation will be confidential and will not affect the time-scale.
- 7.2 Any consultant formally appealing will be granted full access to anonymised copies of the full records including the minutes of the LAC meetings and all documents considered by the LAC. These will be confidential to the consultant and his/her advisors. At this stage the appellant is entitled to withdraw the appeal if he/she is satisfied that a fair process has been undertaken.
- 7.3 All appeals must be heard within three months of the date of receipt. The grounds of appeal must be clearly stated by the applicant in his/her letter of appeal. Applicants will have a right to be represented by a working colleague or trade union representative not acting in a legal capacity. The appeals panel shall be comprised as follows:
- A Non-Executive Director of the Trust as Chair;
 - A further member of the Trust Board;
 - Two representatives of the Hospital Medical Staff Committee nominated by the Chairman of the Medical Staff Committee, with at least one acceptable to the appellant;
 - An independent Consultant from the same specialty if possible from the Trust acceptable to both the Trust and the appellant if agreed;
 - The Human Resources Director or nominated deputy.

None of whom shall have been involved in the decision making process.

- 7.4 A member of the Human Resources department will service the appeal.
- 7.5 Following the appeal the appellant will be informed in writing within three working days of the decision. The LAC will also be informed within the same time period. This will be achieved by way of sending a copy of the letter (to the appellant) to

each member of the LAC. If successful, the appellant will receive the allocation of CEAs for the current year.

The cost to the Trust of additional awards arising out of any successful appeal will be taken account of in consultation between the Trust and the LNC in respect of the allocation of the number of awards to be awarded in the subsequent year. This may result in a reduction of the number of awards to be allocated in that year provided it does not fall below the minimum points that must be awarded.

8. Review of awards

- 8.1 Local CEA awards 1 - 8 will only be reviewed on an exceptional basis by the local committee (for example when the contractual duties of the consultant have changed dramatically and it is questionable whether the original reasons for the award no longer apply). Paragraph 5.14 deals with the issue of disciplinary warnings.
- 8.2 Local CEA awards for level 9 will be reviewed by the LAC on a 5 yearly basis in line with the National Award process.
- 8.3 The renewal application should demonstrate, by reference any achievements since the original award or last review, and how this continues to meet the criteria for the Scheme. It should also demonstrate the activity within the five year period leading up to the review. Earlier activity should only be included to demonstrate how their contributions have evolved or been maintained.

You should give as much attention to completing an application for the renewal of an award as you would give to submitting an application for a new award. Applications will be scored alongside applications for new local awards

- 8.4 In the **2017 National Awards Round** a tolerance level of 10 per cent has been introduced in the assessment of renewals. The Trust will follow this National Guidance such that after the tolerance level of 10% has been applied, those renewals, who achieve a score within 10% of the lowest new successful award will be renewed.
- 8.5 Those whose score remains below the 10% tolerance level will be deemed not to have reached the standard required for renewal and therefore will not be renewed. In the interests of consistency unsuccessful renewal applicants will be treated in the same manner as unsuccessful applicants at National Bronze level with respect to any pay protection, that may apply, and downgrading within the local scheme. Consultants concerned shall be eligible to apply for an award in the next and future award rounds.
- 8.6 In the event of an unsuccessful renewal Consultants may appeal in writing to the Chief Executive within four weeks of receipt of the decision, detailing why they should retain the award. The Chief Executive will reply within two weeks acknowledging receipt of the appeal; the appeal will be heard within one month and will follow the appeals procedure.

- 8.7 If a consultant's expected retirement date follows the five year review limit by only a short period (up to six months) the Trust may use its discretion to renew the award until that date, even if this results in an extension slightly beyond the limit.

9. Annual report

- 9.1 Medical HR will produce the annual report for the regional ACCEA subcommittee when requested by ACCEA.

10. Support for Applicants

- 10.1 The Trust shall ensure that appropriate advice, education and training is made available to all consultants in regard to the completion of CV application forms in order to promote equality of opportunity. Individuals may contact the HMSC Chairman or previous members of the Local Awards Committee for advice. Guidance is also available on the HMSC website. Over the years, it has been noted that Consultants frequently understate their achievements. To avoid this, it is advisable for consultants to discuss their application with a consultant colleague who has already been through the process and has been successful in achieving an award.
- 10.2 The Trust will ensure, via Service Line Managers / Service Line Directors/ that all applicants have adequate access to secretarial and IT resources in order to ensure that applicants are not disadvantaged in completing their CV application form. Any applicant may apply to their Service Line Director for appropriate support.

11. National Clinical Excellence Awards

It is expected that the local CEA Award procedure should be completed prior to the National Award process beginning.

5 Overall Responsibility for the Document

Director of HR & OD.

6 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and management of Trust Wide Documents.

The review period for this document is set as default of one year from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Medical Staff Panel and ratified by the Director of HR & OD.

Non-significant amendments to this document may be made, under delegated authority from the Executive Director, by the nominated author. These must be ratified by the Director of HR & OD and should be reported, retrospectively, to the approving Medical Staff Panel.

7 Dissemination and Implementation

Following approval and ratification, this document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with the Trust's formal policy on policy and procedural documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring Compliance and Effectiveness

If the process is followed correctly there will be no appeals.

9 References and Associated Documentation

Cambridgeshire and Peterborough Mental Health Partnership NHS Trust.

Appendix 1

Consultants' Local Clinical Excellence Awards Guidance Notes 2017

Notes on completion of CV form

- a) The scoring of CEAs will be based on the information provided in consultants' CVs. Information given should be concise and dated and refer to **new achievements since a candidate's previous award** and ongoing efforts in previously mentioned spheres or since appointment as a Consultant if there is no prior award. The comments from Service Line Directors or others completing that section may be taken into account at the decision making meeting of the LAC.

Each section will be scored out of 10 as shown on the evaluation sheet. **If a section is blank, then it will be scored as zero (0).** Points are not transferable from one section to another.

- b) The CV questionnaire should be regarded in the same light as an application for a job.

The completed form must be returned by email to, Medical HR as stipulated in the invite letter by the given closing date and time with the subject heading of "*CEA local award application for [name of applicant]*". The email date and time will be

taken as proof of the time received. The Medical HR office will reply by email that it has been received.

The completed CV form should be emailed as instructed in the invite letter with a copy being sent to your Service Line Director (Medical Director for Care Group Directors and Service Line Directors applications) for him / her to complete the Chief Executive section of your application. To do this, s/he may consult with the Lead Clinician, Care Group Clinical Director or other relevant member of staff and directly discuss your application with you. **Your Service Line Director (Medical Director) will then email their section to Medical HR with a copy to you before the second meeting of the LAC. Please note if you are a Care Group Director or Service Line Director and applying for an award yourself, then the Medical Director will complete the Chief Executive section.**

If you disagree with your SLD or MD comments, you should write to the Medical HR Business Partner outlining your concerns and this will be taken into account at the second LAC meeting.

Please note the section completed by the Service Line Director (Medical Director) will **NOT** be shared with the LAC prior to scoring being undertaken. It will be used to assist the LAC when awarding the points.

- c) Acronyms such as HMSC, NICE, OPD etc may be used but they must be submitted separately on Appendix A. Failure to do so may mean credit will not be given as your form may not be understood.
- d) Please note that a copy of your full job plan may be made available to the LAC, if information needs to be validated.
- e) The personal statement should be completed to summarise your achievements and demonstrate your contribution **since your last award** if applicable.
- f) Only the current local CV form as issued with the invitation may be used. You may use **one** of the following forms D, E, or F to submit additional information where applicable .
- g) Please note that the CV form is limited to 750 or 1350 characters per section. The font size is set at 10.
- h) Canvassing will disqualify the applicant.
- i) Medical HR will aggregate the scores. The aggregate scores will then be used to assist the panel in awarding the clinical excellence awards.
- j) The awarding process will take into account the other factors within the CV, including the level of award already held (e.g. a sustained, effort over many years might well be considered equal to a higher level of effort over a fewer number of years). Those consultants who are already in receipt of points will normally be expected to show and demonstrate sustained effort since the earlier points were awarded. The scorers will take these factors into account as well as the consistent scoring as detailed in paragraph 3.2.

- k) In summary, give as much information as you can, with dates (the calendar year will do) – especially during the last 3 years and, where appropriate, details of the time involved. Statements must be accurate, verifiable and, wherever possible, quantified. Repetition should be avoided as you cannot gain points twice for the same thing. Vague platitudes will not count.**

Domain 1-delivering a high quality service

Consider the contract:

Assessment of this domain will be influenced by the contract held (i.e. academic v NHS consultant) and the time that is allocated within that contract for clinical activity. For an academic consultant, activity should be measured against the output expected from the applicant's peers i.e. other clinical academics rather than a full time NHS consultant. Similar principles should apply to medical managers, especially those with a small number of clinical sessions.

Credit will only be given for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

Performance in some aspects of the role could be assessed as 'over and above' expected standards, but generally, on the evidence provided, contractual obligations are fulfilled to competent standards and no more.

Score 6 (Over and above contractual requirements)

Some duties are performed in line with the criteria for 'Excellent', as below. However, on the evidence provided, most are delivered above contractual requirements, without being in the highest category. For example someone who is clinical audit lead could demonstrate what has been achieved under their leadership. Another example is regional external quality assurance lead, citing what has been done, or lead in infection control, where this has improved quality of care. Being a good team member and motivator in the provision of a service is something which could merit recognition at this level.

Score 10 (Excellent)

In addition to some or all the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

- Contracted post is carried to the highest standards. There should be evidence that the work undertaken is outstanding in relation to service delivery and outcomes when compared to that of peers. Where possible, evidence for this should come from benchmarking exercises or objective reviews by outside agencies to include patient/public orientated measures. However, it is accepted that in some situations this may not be available/possible
- Leadership role in service delivery by a team with, where possible, evidence of outstanding contribution, such as awards, audits or publications
- Excellent contribution to clinical governance and/or service delivery
- Evidence presented may include audits and publications and/or the take-up of the practice elsewhere
- Exemplary standards in responding to needs and preferences of patients, relatives and all grades of medical and other staff. Applicants should ideally include reference to a validated patient or carers' survey, or feedback on the service (external or peer review reports)

Domain 2 – developing a high quality service

Credit will only be given for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

The applicant has fully achieved their service based goals and provided comprehensive services to a consistently high level but there is no evidence of them making any major enhancements or improvements.

Score 6 (Over and above contractual requirements)

Applicants should show evidence of performance in some but not necessarily all of the following:

The applicant has made high quality service developments, improvements or innovations that have resulted in a better and more effective service delivery. This could be demonstrated by:

- Improved outcomes (clinical governance)
- Services becoming more patient centred and accessible
- Benefits in prevention, diagnosis, treatment or models of care
- Good uptake of evidence based practice

Good team players should be recognised especially where the individual's role and contribution is clearly identified and could justify a score at this level.

For this score, the activity would be mainly at local level, especially if achieved in the face of difficult circumstances or constraints. An example could be someone who is clinical governance lead and can show/demonstrate what has been achieved in that role.

Score 10 (Excellent)

In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

- Service delivery – introduction of new procedures, treatments or service delivery, sometimes based on original research or development, which may have been adopted in other Trusts. Developing a more cost effective service without compromising standards, particularly where such practice has been adopted elsewhere
- Clinical governance – introduction or development of clinical governance approaches which have resulted in audited or published advances possibly taken up in other locations
- Leadership – in the development of the applicant's specialty, at supra-Trust level, particularly as higher levels of awards are achieved
- Involvement of patient/public in design/delivery of service, especially where evidence of an innovative approach

Domain 3- leadership and managing a high quality service

This domain covers achievements in clinical or medical academic management, administrative or advisory responsibilities, or professional leadership.

Consider contract and job plan:

A certain level of achievement is expected from medical managers as part of their job.

Credit will only be given for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

Applications should receive this score if they are delivering a good service. They will need to give evidence of being involved in the running of a unit or department and maintaining excellent staff relations; for example by encouraging and showing leadership with colleagues in nursing and other professionals ancillary to medicine.

Score 6 (Over and above contractual requirements)

To score 6 points, applicants must show successful management skills, especially in innovative development and hard-pressed services. They may also have been involved in recognised advisory committee work. An example of someone who would merit this score would be a clinical director who had been shown to be particularly effective in managing a service. Just because someone is paid for doing a role does not preclude them from being recognised where the individual has shown leadership. Another example would be an individual who has been involved in carrying out appraisals for peers/non-career grade doctors and has been recognised as being particularly effective and shown leadership in this process. Active membership of a college/specialty advisory committee/professional association would be a strong factor provided it can be demonstrated what the individual has done within the committee and is not claiming credit just for membership.

Score 10 (Excellent)

In addition to some of the achievements acquiring the score of 6, applicants scoring 10 in this domain will have shown evidence of outstanding administrative achievements in a leadership role. Medical directors and other clinical managers should not be given this score purely because they hold the post. There must be clear evidence that they have distinguished themselves and shown excellent leadership. Similarly the fact that there is payment for the post should not preclude an individual from being recognised.

Other evidence that could justify this score would include (This list is not exhaustive):

- Leadership in shaping trust policy and modernising health services at a trust level, particularly where changes have been made up in other trusts
- Demonstrating leadership in chairing a regional committee could justify the score
- Successful directorship of a large nationally recognised unit, institute or regional service
- Planning and delivery of service at a level outside the trust
- Any other evidence from citations of exceptional activity and achievement
- Successful resolution of problems and challenges

Domain 4 – research and innovation

Consider contract:

- Assessment of this domain will be influenced by the contract held (i.e. academic v NHS consultant and if NHS – teaching v DGH hospital background) and the time that is allocated within that contract for research. So, for an academic consultant, evidence will be measured against the output expected from the applicant's peers.
- Some NHS consultants who have not been active in research and publications may have shown great innovation in the development of clinical practice and in providing a cost-effective service. Where such innovation has been recognised by visits from colleagues or the practice being undertaken up elsewhere, this could be considered innovative practice. There will often be some overlap with development of service when assessing this aspect of a consultant's work.

Credit will be given only for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (Meets contractual requirements)

Clinical academic:

They should be considered by their employer to be 'research active' at the level commensurate with their contract. This rating would be based on the applicant's research output and associated publications within the last five years.

NHS Consultant:

Examples of innovative clinical practice could justify this score even for individuals who are not actively involved in research. They may have undertaken research, alone or in collaboration, which has resulted in publications.

Score 6 (over and above contractual requirements)

Applicants should show evidence of performance in some but not necessarily all of the following:

Clinical academic:

There will be evidence of the applicant having made a sustained personal contribution in basic or clinical research demonstrated by:

- A lead or collaborative role, holding or having held since the last award peer reviewed grants
- A role as a major collaborator in clinical trials or other types of research
- A publication record in peer-reviewed journals within the last five years
- Supervision now, or since the last award, of doctorate/post doctorate fellows
- Other markers of research standing, such as lectures/invited demonstrations

NHS Consultant:

- Taking part in research and/or clinical trials
- Supervision of research by junior staff or other NHS staff
- Innovative work which has resulted in service improvement (locally and possibly regionally). Significant involvement in trust publications/news letters could be

- regarded as an example of innovation and justify a score at this level. Similarly, media activity, promoting/defending the service could be viewed as innovative
- A publication record in peer-reviewed journals since the last award

Score 10 (Excellent)

In addition to some or all of the achievements listed in 6, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):

Clinical academic:

The applicant's research work will be of considerable importance to the NHS by its influence on the understanding, management or prevention of disease. This could be demonstrated by evidence of some of the following:

- Major peer-reviewed grants held currently or since the last award, for which the applicant is the principle investigator or main research lead (they should have also included the title, duration and value)
- Research publications in higher citation journals
- National or international presentations/lectures/demonstrations
- Supervision of successful doctorate students, some of whom might have come on national or international fellowships
- Other peer determined markers of research eminence
- Assessors should look for achievements that have been carried out since the last award was granted and any reference to work prior to the last award should only be made to illustrate the basis on which more recent achievements have been made.

NHS Consultants:

- A lead or collaborative role, holding or having held since the last award peer-reviewed grant
- A role as a major collaborator in clinical trials
- Research publication in peer-reviewed journals since the last award
- Innovative work that that resulted in regional or possibly national service improvement

Domain 5 – teaching and training

All consultants are expected to be involved in teaching and training, and applicants must identify excellence/leadership that is over and above their contractual responsibilities beyond simply fulfilling that role.

i.e. academic v NHS consultant and if NHS – teaching v DGH hospital background.

Excellence may be demonstrated by leadership and innovation in teaching locally and regionally. This may include undergraduate and/or postgraduate examination and supervision of postgraduate degree students. Contributing to the education of other health and social care professionals is also relevant.

Credit will only be given for what has been achieved since last award.

Score 0 (Does not meet contractual requirements or when insufficient information has been provided to make a judgement)

Score 2 (meets contractual requirements)

Evidence of having fulfilled the teaching /training requirements identified in the job plan, in terms of quality and quantity.

Score 6 (Over and above contractual requirements)

Applicants should present evidence from the some of the following areas:

- Involvement with undergraduate and/or postgraduate educational programmes in roles such as educational supervisor, head of training/programme director, regional advisor, clinical tutor etc. Look for evidence of what the individual has achieved in these roles
- Information about the quality of teaching and/or training through regular audit and mechanisms such as 360 degree appraisal. This should include evidence of adaptation and modification, where appropriate, of these skills as a result of this feedback
- Participation/leadership in the training of other health care or social care professionals, ideally with evidence of the quantity and quality of such training
- Involvement in quality assurance of teaching and training and evidence of success

Score 10 (Excellent)

In addition to some or all of the achievements listed for score 6, applicants could show evidence of excellent performance in some but not necessarily all of the following:

- High performance in formal roles such as working with undergraduate and postgraduate deans
- Leadership and innovation in teaching including some, but not necessarily all off:
 - New course development
 - Innovative assessment methods
 - Introduction of new learning techniques
 - Authorship of successful text books chapters or other media on teaching/training

- Educational leadership outside the Trust, for example at regional level, as evidenced by invitations to lecture, perhaps peer-reviewed and other publications on educational matters
- Innovation and trend setting in teaching and training, perhaps being involved in examinations processes for a college, faculty, specialist society or other professional body which may be at a national level.

Evaluation Sheet

GMC / GDC Number **Name**

Confidential
CLINICAL EXCELLENCE LOCAL AWARDS CRITERIA 2017
Evaluation Sheet

DOMAIN		Score
1.	Delivering a high quality service	
2.	Developing a high quality service	
3.	Managing and leading a high quality service	
4.	Research & Innovation	
5.	Teaching and training	
Total		

Choose one of the following: Scores	Explanations (scoring with reference to the guidance notes contained in Appendix 1)
10	Excellent
6	Over and above contractual requirements
2	Meets contractual requirements
0	Does not meet contractual requirements or when insufficient information has been provided to make a judgement

Additional comments:

.....

Completed by (please use the unique letter not your name)

Contact Tel No

Service Line Director Local Clinical Excellence Awards Guidance Notes

Service Line Directors (Medical Director for Care Group Directors and Service Line Director applications) will contribute to local CEA forms for the award of Clinical Excellence Awards to consultants at Plymouth Hospitals NHS Trust. This duty is part of their responsibility as a Service Line Director and **must not be delegated**.

This guidance is intended to support Service Line Directors in their completion of forms, to ensure that:

- feedback given to consultants during the process is appropriate and constructive, and that
- the information provided on the form by consultants is accurate and supports fair decision making by the local awards panel.

Local CEA Process/ Responsibility of Service Line Directors

In order to apply for a local CEA award, candidates are asked to fill in a narrative section for each of five domains (usually completed electronically):

- Delivering a high quality service
- Developing a high quality service
- Managing and leading a high quality service
- Research
- Teaching and training

The Trust is invited to assess these domains and Service Line Directors will therefore then be required to contribute to two areas of the form. The categories which can be selected for each domain are:

- X – no contribution in this domain
- U – has not delivered contractual expectations at the level expected
- C – delivers contractual expectations at a level expected
- P – some aspects of delivery have been clearly over and above expectations
- E – outstanding delivery of service

The default position is C.

In particular, Service Line Directors should ensure that the information provided relates only to achievements since the last award (if any) and that the achievements claimed are over and above that for which the applicant is already rewarded.

Service Line Directors **MUST DISCUSS EACH** Consultant's application with him/her on a one to one basis and be prepared to justify their assessments. If agreement cannot be reached the Consultant concerned will have the right to put their view to the LAC in writing to the Medical HR Business Partner..

PHNT will provide a teaching session on this issue which Service Line Directors must attend.

THE LAC WILL ONLY ACCEPT FORMS THAT HAVE BEEN ASSESSED BY A SERVICE LINE DIRECTOR

SERVICE Line Directors are asked to give reasons for marking any domain X, U, P or E.

The Service Line Director is asked to provide an overall assessment of the candidate. The following categories can be selected:

- Supported
- Qualified support
- Not supported

The default position is “Supported.”

If “qualified support” or “not supported” are selected, the Service Line Director needs to give their reasons, only if there is further information s/he wishes to provide which has not already been mentioned in the previous section.

It is the responsibility of the Service Line Director to ensure that a copy of the assessment has been emailed to Medical HR in time for the second meeting of the LAC.

Guidance for Assessments

Service Line Directors should note the following when completing assessments of candidates:

- All candidates should be encouraged to read the local guidance on completing the award forms, and to discuss their applications with their Service Line Director.
- Service Line Directors should encourage applications from candidates with achievements worth celebrating, and try to support these candidates in accurately describing their contribution.
- “Contractual expectations” will in part relate to the candidate’s job plan. For example, where a consultant has a substantial contractual commitment to research, one would expect a higher level of research activity than from a consultant with a more operational job plan.
- It is helpful to the assessing panel if Service Line Directors clarify the time period to which the achievements described actually relate
- Where a team has achieved something, it can be difficult for the assessing panel to be sure how each individual has contributed. Some consultants are naturally better at “selling” their achievements, and the contribution of the Service Line Director will be important in ensuring that all team members receive appropriate recognition.
- Candidates should be encouraged to make the most of their achievements. The use of benchmark evidence and reference to national service standards may be helpful.
- Service Line Directors should be aware that PMS are asked to provide representatives for the assessment panel, to ensure that teaching achievements are accurately described.
- Candidates have a right of appeal against award panel decisions. Accurate feedback will help to promote good decision making and provide evidence of how decisions are reached.
- Service Line Directors have an important role in identifying which aspects of local medical practice should be celebrated, and encouraging applications from candidates.

Abbreviations/Acronyms

NAME: _____

GMC / GDC NO. _____

Abbreviations / Acronyms	Meaning
E.g. – HMSC	Hospital Medical Staff Committee

Dissemination Plan			
Document Title	Local Clinical Excellence Awards Procedure 2017		
Date Finalised	31 st August 2017		
Previous Documents			
Action to retrieve old copies	The document controller will ensure that old versions are archived in the archive master file. Access to archived documents will be through the document controller.		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y

	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Date	August 2017
Title	Local Clinical Excellence Awards Procedure 2017
What are the aims, objectives & projected outcomes?	<p>This document provides details for all Medical and Dental Consultants on how Plymouth Hospitals NHS Trust applies the Local Clinical Excellence Awards process. The objective of this process is to measure achievement within the parameters of an individual’s employment and to recognise excellent service over and above the normal delivery of job plans including the quality of delivery of contractual duties.</p> <p>The objective of this procedure is to ensure all Medical and Dental Consultants are aware of this procedure and that it is applied consistently and fairly to all. If the process is followed correctly there will be no grounds to appeal.</p>
Scope of the assessment	
The key elements set out in this document apply to all Consultant Medical and Dental Staff.	
Collecting data	
Race	This is mitigated as the document can be made available in alternative languages
Religion	The document has no impact on this issue.
Disability	This is mitigated as the document can be made available in alternative formats.
Sex	The document has no impact on this issue.
Gender Identity	The document has no impact on this issue.
Sexual Orientation	The document has no impact on this issue
Age	The document has no impact on this issue.
Socio-Economic	The document has no impact on this issue
Human Rights	The document has no impact on this issue
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data. External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.

Involving and consulting stakeholders				
Internal involvement and consultation	This document has been compiled with Consultant Medical Staff representatives and has been circulated for consultants to LNC members and the Medical Staff Panel.			
External involvement and consultation	None			
Impact Assessment				
Overall assessment and analysis of the evidence	This assessment has shown that there could be an impact on race or disability groups. However, this document can be made available in other formats and languages if requested.			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Provide documents in alternative formats and languages if requested	Medical HR	Potential cost impact	Ongoing	This action will be addressed as and when the need occurs.