

Consultants Clinical Excellence Awards Policy

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Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Consultant Staff
Target staff categories	Consultant Staff

Purpose of this document:	
Brief overview of document:	To set out the local scheme arrangements for the 2018-2020 award of Consultant Clinical Excellence Awards (CEA's) to consultant medical and dental staff employed by the Worcestershire Acute Hospitals NHS Trust

References:	Code:
Advisory Committee on Clinical Excellence Awards – NHS Consultants' Clinical Excellence Awards Scheme	
Local Clinical Excellence Awards Guidance 2018-21 (England) NHS Employers https://www.nhsemployers.org/case-studies-and-resources/2018/07/local-clinical-excellence-awards-guidance-2018-21	
Schedule 30 of the Terms and Conditions – Consultants (England) 2003 as amended is available here: www.nhsemployers.org/consultants	
Advisory Committee on Clinical Excellence Awards – Evidence for the Review Body on Doctors' and Dentists' Remuneration	
The British Medical Association (BMA)	
Academy of Medical Royal Colleges	
The General Medical Council (GMC)	
The General Dental Council (GDC)	
Private Practice Code of Conduct	

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Key Amendments to this Document:

Date:	Amendment:
25 th May 2016	New Document Approved
31 January 2018	Version 2 Page 5 – Amendment to mandatory training requirements Page 9 – Inclusion of TCEA quorum information Page 10-11 – Clarification of grounds of appeal, change to appeal committee membership Page 11-14 – Amendment to review of awards process Page 14 – Amendment to new and review National CEA award applications process
4 th September 2018	Version 3 Amendment to Domain 1 & Domain 4 weighting Clarity relating to assessment criteria for Band 2
13 th November 2019	Version 4 Amendments to reflect the provisions set out in Schedule 30 of the Terms and Conditions –Consultants (England) 2003 from 1 April 2018 on how the Trust will fund and run annual local clinical excellence awards. The policy applies to the 2018-2021 award rounds

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1 INTRODUCTION

1.1 This policy reflects the provisions set out in Schedule 30 of the Terms and Conditions – Consultants (England) 2003 (as amended).

This policy sets out the local scheme arrangements for the award of Consultant Clinical Excellence Awards (CEAs) to consultant medical and dental staff employed by the Worcestershire Acute Hospitals NHS Trust. It explains how the arrangements work at local level, who is eligible and how to apply. It also explains how a Trust Clinical Excellence Awards Committee (TCEAC) will consider applications and how to appeal against a decision made by a TCEAC. The policy applies to the 2018-2020 award rounds:

CEA Award Round	Assessment of activity up to	Awards payable after
2018 - 2019 – the 2018 award round	31 March 2018	1 st April 2018 - completed
2019 - 2020 – the 2019 award round	31 March 2019	1 st April 2019
2020 – 2021 – the 2020 award round	31 March 2020	1 st April 2020

In addition to the local scheme eligible consultants are eligible to receive CEA's awarded by the National ACCEA and its subcommittees at levels 9 (bronze), 10 (silver), 11 (gold) and 12 (platinum). Consultants are advised to refer to the ACCEA's guide for details on the scheme at:

<https://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards>

1.2 The scheme rewards individuals who perform over and above the standard expected of a consultant in their post and to reward consultants' most recent contributions towards delivering Trust aims and objectives and to recognise the excellent performers of today. Awards are given for quality and excellence, acknowledging personal contributions, and who locally, nationally or internationally:

- demonstrate sustained commitment to patient care and well-being, or improving public health;
- where possible, demonstrate positive contribution to the Trust's strategic objectives and priorities
- sustain high standards of both technical and clinical aspects of service whilst providing patient-focused care;
- in their day-to-day practice demonstrate sustained commitment to the values and goals of the Trust and the NHS by participating actively in annual job planning, observing the Code of Conduct for Private Practice and showing a commitment to achieving agreed Trust and 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 and participate actively in research governance;
- are recognised as excellent teachers and/or trainers and/or managers;
- contribute to policy-making and planning in health and health care;
- make an outstanding contribution to professional leadership.

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- 1.3 The policy provides information on:
- Eligibility
 - Application procedure
 - The Trust Clinical Excellence Awards Committee
 - The process for determining LCEA awards available
 - Appeal arrangements
 - Review and monitoring
- 1.4 All new Local CEAs (LCEA) awarded from April 2018 are non-pensionable time limited awards and paid annually by lump sum. New LCEAs may be awarded for a period of between one and three years.

LCEA award round	Period of award
2018 - 2019 – the 2018 award round	One, two or three years Trust awarded for one year (round completed)
2019 - 2020 – the 2019 award round	One or two years
2020 – 2021 – the 2020 award round	One year

There will be no uplift to the value of any additional programmed activities (APAs). National award holders who hold an award in the NCEA scheme in place as at 1 April 2018 will not be eligible to hold a local award.

- 1.5 Existing LCEAs awarded prior to April 2018 will remain consolidated (retain their APA uplift) and pensionable. Existing award holders who are successfully awarded a new LCEA will retain the existing LCEA as a consolidated and pensionable award and will receive an additional non-consolidated and non-pensionable payment for the new LCEA award which will be time limited.
- 1.6 The Consultant Clinical Excellence Awards Policy will be reviewed annually by the LNC and any changes agreed by the MMC.

2 SCOPE: ELIGIBLE CONSULTANTS

- 2.1. Consultants employed under the Terms and Conditions – Consultants (England) 2003 (as amended), have a contractual right to be considered for an award subject to the terms of Schedule 30 of the Terms and Conditions – Consultants (England) 2003 and the eligibility criteria set out within this section. Consultants who are not employed on the Terms and Conditions – Consultants (England) 2003, will also be eligible to apply under the local CEA scheme, and will be included in the calculation of the total annual investment for local awards.
- 2.2 Eligible consultants are those who are employed by the Trust and fulfilled their contractual obligations i.e. mandatory training, appraisal, declaration of interest form etc. and specifically meet the following criteria:
 - Have fully engaged in the revalidation process and have successfully achieved revalidation when invited to revalidate by the GMC; have not been deferred and have not been referred to the GMC for non-engagement by the Trust’s Responsible Officer in the last revalidation cycle.
 - At least one year’s service at consultant level on 1st April in the award year and who does not hold an existing LCEA Level 9, an existing NCEA or a distinction award..

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- Had a formal appraisal undertaken within 12 months leading up to nomination date of the particular annual round.
- Have agreed the current individual job plan and failing that to be able to demonstrate that they have engaged meaningfully in developing a job plan as per Trust policy. Job plan review to have been undertaken within 12 months leading up to nomination date.
- Complied with the Code of Conduct for Private Practice

- Completion of mandatory training. It is the consultant’s responsibility to check their mandatory training status either by checking their learning record (information on how to access mandatory training are available at Appendix 4) or by contacting the training department. The 13 topics of mandatory training currently required (maybe subject to change in line with national matrix) are as follows to be eligible for LCEAs:
 - Completion of fire safety training
 - Completion of Infection control training
 - Completion of conflict resolution training
 - Completion of manual handling training
 - Completion of health and safety training
 - Completion of resuscitation training
 - Completion of safeguarding adults training
 - Completion of safeguarding children at the appropriate level
 - Completion of information governance training
 - Completion of equality and diversity training
 - Completion of Prevent Awareness and WRAP(Workshop to Raise Awareness of Prevent training
 - Completion of Medical Capacity Act training
 - Completion of Deprivation of Liberty Safeguard training

Please note if any of the eligibility requirements have not been completed by the nomination date then the application may not be eligible for a LCEA and therefore the application form may be excluded from scoring by the TCEAC.

There is an expectation that all the above points are achieved and complied with, any exceptions to this would need a clear rationale with supporting evidence, and ratified by the appropriate Divisional Director.

- 2.3 Part-time consultants are eligible for LCEAs and will be paid on the full value of the award.

- 2.4 A list of eligible consultants will be produced for the LNC each year to show eligibility for both the local CEA’s and National CEA levels 9 – 12.

- 2.5 Consultants who are under investigation are encouraged to apply in the normal way for LCEAs whether or not the process is internal or external. If a consultant who is the subject of a formal investigation, including a professional advisory panel, chooses to submit an application for a LCEA, their application will be scored in the usual way. Should that consultant, following the scoring process, be in a position to be awarded points, the award will be withheld until such time as the formal investigation/disciplinary process is completed and will be informed of this by the Director of People & Culture as soon as practicable. Neither the fact nor the details of the disciplinary concerned will be disclosed to the TCEAC prior to or during the scoring process but the Chair will be appraised of the situation immediately afterwards.

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- 2.6 Following completion of the formal investigation/disciplinary process, the points will either be awarded if no disciplinary action is taken or withheld if disciplinary action is taken or while a warning is extant. In the unlikely event of this happening the panel may identify a further person(s) to receive the point(s) who will not be notified unless the points become available.
- 2.7 Consultants are not eligible for an award if they are:
- a locum consultants, although if they hold a substantive consultant post it will be acceptable for their application to draw from their time as a locum.
 - a consultants working exclusively in a general management position (such as Chief Medical Officer) without a specific clinical role.
 - a consultant within their first year of appointment to the consultant grade
 - a consultant in receipt of a local level 9 CEA or a national CEA
- 2.8 A consultant will not be eligible for an award in a given year or the renewal of an award if they have disciplinary sanctions outstanding against them or whilst a Behavioural Impact Agreement is effective on the closing date for applications for new LCEAs and renewals in a particular year.
- 2.9 LCEAs recognise outstanding contributions to the NHS. Work undertaken in other countries is not directly relevant. However, if it can be shown to have had a direct benefit to the NHS then that impact can be taken in to account. Evidence of the outcomes of overseas work can be used as background evidence to support an application based on a consultant's current role and position in the NHS and their contribution in that capacity.

3 ROLES AND RESPONSIBILITIES

- 3.1 Overall responsibility for this policy rests with the Trust Board. Operational responsibilities are delegated as follows:
- Executive Directors/LNC
 - The lead Executive Director for this policy will be the Director of People & Culture
- 3.2 In addition, the LNC and all Executive Directors will be responsible for ensuring that:
- Consultants are informed of the terms of the policy
 - The policy is implemented and operated effectively, managerial action is fair and equitable and is monitored effectively.
- 3.3 Clinical Directors/ Divisional Directors
- Prior to an application being submitted to the TCEAC, applicants must submit their application to their Clinical Director (CD) /Divisional Director (DD) for sign off before the closing date for applications. For DD applications sign off should be obtained from the CD of their specialty and the Chief Medical Officer or deputy Chief Medical Officer. The Clinical Director/ Divisional Director is responsible for confirming the consultant has fulfilled their contractual requirements as detailed in section 2.2 and 4.1.5.

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4 POLICY DETAIL

4.1 APPLICATION PROCEDURE

- 4.1.1 The awards process aims to be completely open and offer every applicant an equal opportunity. Individual applications are considered on merit and the process is competitive.
- 4.1.2. All eligible consultants will be invited each year by the Director of People and Culture to complete and submit Trust CEA Application Form and Equal Opportunities Monitoring Form (Appendix 1). Applications will only be considered if the application is made on the appropriate form in the prescribed way. No additional material will be accepted. All eligible consultants may nominate themselves or be nominated by a colleague. In these circumstances the nominee will be required to complete the Trust CEA Application Form and Equal Opportunities Monitoring Form.
- 4.1.3 **For those already holding awards the information provided must only relate to achievements since the previous award was granted. These should be listed in date order and should describe outcomes where possible. Consultants should not include evidence that has been submitted for an earlier award except to illustrate how initiatives have been developed. Recognition will not be given for achievements or initiatives when dates are not provided.**
- 4.1.4 Consultants should identify activity recorded in their Trust CEA Application Form that has not been remunerated.
- 4.1.5 Trust CEA Application Form. This form can only be accepted where it is duly completed; this includes the completion of Part 2 by the counter-signatory. The counter-signatory should normally be the consultants' Clinical Director (CD), in the absence of the CD then their Divisional Director's sign off should be obtained.. The Clinical Director is responsible for confirming that the consultant is fulfilling their contractual requirements including:
- Ensuring all Trust required mandatory training has been successfully completed and is up to date. The applicant should provide evidence of their mandatory training status (see Appendix 4);
 - The consultant has fully engaged in the annual appraisal process with a fully completed and signed off appraisal on the Trust's Revalidation Management System
 - The consultant has a current approved, signed and fulfilled job plan and where this is not possible there is clear evidence that the Consultant is engaged with job planning policy i.e. evidence to confirm this.
 - The consultant has fully engaged in the revalidation process and has successfully achieved revalidation when invited to by the GMC; has not been deferred and has not been referred to the GMC for non-engagement by the Trust's Responsible Officer in the last revalidation cycle;

The Clinical Director is not responsible for commenting on the merits of the application, only its accuracy. The relevant Clinical Director will be asked to verify factual accuracy (who will liaise with Specialty Lead and others as necessary). Only in extenuating circumstances should Part 2 be completed by either the Divisional Director, Chief Medical Officer or Deputy Chief Medical Officer. For example, where there is a conflict of interest or where the Clinical Director is sitting on the TCEAC.

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The Trust recognises that there may be exceptional reasons for not having mandatory training up-to-date but the period of invalidity should be less than three months within the date of application. The applicant should provide evidence of their mandatory training status as well as a clear explanation why this has not been possible. Where mandatory training is incomplete for good reason the Clinical Director or Divisional Director must agree to and ratify the explanation provided.

Where there are any disputes about whether the applicant meets the eligibility criteria the Chair of the TCEAC will be informed. The Chair will determine with reference to the applicant and to the individual disputing aspects of the application what action, if any, to take. This may include rendering the applicant ineligible to participate any further in the process. When an applicant continues with the process such matters will be reported to the TCEAC after scoring but before the award of points.

- 4.1.6 A strict limit has been imposed on the number of characters that may be entered into the Trust CEA Application Form. The font size has been fixed at 10 point. The application form will not extend to allow further words to be entered. Applicants need to be as concise as possible.
- 4.1.7 The application must be submitted to the HR Department by the agreed date.
- 4.1.8 For those consultants who work for other NHS employers (whether by way of a secondment/service agreement or under separate contracts of employment) the Trust will consult with other NHS employers and the Medical Management Committee (MMC) to ensure that the consultants concerned are not disadvantaged under this scheme.
- 4.1.9 The consultant will only be eligible for an award at WAHT if they can evidence their contribution of excellence in their current employment.
- 4.1.10 The Application Form of successful applicants will be published on the intranet and made available to all consultant medical staff employed by the Trust following the elapse of the appeal process deadline.

4.2 TRUST'S CLINICAL EXCELLENCE AWARDS COMMITTEE

- 4.2.1 A Trust Clinical Excellence Awards Committee will be held to consider applications. All members will have received training prior to the scoring of the application forms in the LCEA process, scoring system and equality and diversity.
- 4.2.2 The function of the TCEAC is to consider nominations for the new LCEAs and for the 5 yearly renewals of level 9 local awards.
- 4.2.3 The TCEAC will assess consultant nominations as follows:
 - I. Each member of the TCEAC will consider the completed Trust CEA Application Form for assessment and scoring.
 - II. Panel members will review a consultant's application strictly against the criteria set out in Appendix 2 Extract - ACCEA NHS Consultants' Clinical Excellence Awards Scheme, Awards Round Assessment Criteria – Guide for National Awards Applicants) and the scoring systems can be found at Appendix 3. The criteria for Local CEA awards will share a common rationale and objectives with the higher awards. This will ensure that the decisions are properly documented

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and that the decision-making processes are transparent fair and based on clear evidence.

- III. The scores of each Committee member will be submitted to the HR Department for collation prior to the meeting of the TCEAC.
- IV. The TCEAC meet to discuss the summary position of all scorers based on the scoring analysis.

4.2.4 An analysis of scores including a record of the total of the collated scores (minus the highest and lowest score for each individual) will be used by the TCEAC to assist in the process of determining the threshold point for those applicants that merit an award. In addition the TCEAC will be given a summary of anonymised applicant’s total scores by each anonymised scorer. The ranking of the applications will remain anonymous.

The value of the award to those applicants above the threshold point will be determined as follows:

The total spend of awards will be divided into four parts (25%)

- Top 10% of successful applicants will share in equal parts 25% of the total spend on awards
- Next 20% of successful applicants will share in equal parts 25% of the total spend on awards
- Then next 30 % of successful applicants will share in equal parts 25% of the total spend on awards
- The remaining 40% of successful applicants will share in equal parts 25% of the total spend on awards

4.2.5 If the TCEAC has doubts as to the validity of any application, the Committee may seek further validation from the applicant’s Divisional Director or relevant source e.g. validation regarding publications.

4.2.6 The composition of the TCEAC will reflect the spread of specialities, gender and ethnic minority representation.

- At least half the members should be consultants and a quarter employer representatives, and one should be a lay member. Lay members should be knowledgeable about the working of the NHS as it is currently constituted and have informed lay involvement in health and the patient’s perspective, perhaps through serving on an NHS Board.
- Consultant members should represent the diversity of the consultant body. Consultant members should include at least one non-award holder. It is desirable that committee members have a range of award levels.

The panel composition is:

Trust Officers:

- Chief Executive or nominated Executive Director
- 1 x Chief Medical Officer/Divisional Director or nominated deputy (ineligible for award);
- 1 from the Associate Post Graduate Dean/Clinical Tutor or nominated deputy (ineligible for award);
- Director of People & Culture
- LNC Chair or nominated deputy (ineligible for award);

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- MSC Chair or nominated deputy (ineligible for award);

MSC Nominated Trust Consultants:

- 7 x Consultants who are ineligible, or those who are not applying for points that year, to be appointed by the Medical Staff Committee; the Medical Staff Committee will seek wherever possible the widest representation of specialities, gender and ethnicity and in exceptional circumstances may look to recently retired Consultants;

Chair

- 1 x Non-Executive Director or nominated deputy– Lay representative (non-scoring)

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

4.2.8 The deliberations of the TCEAC will be recorded and retained for a period of 6 years. These records will be accessible in the event of an appeal (see section 4.5). They must include the principle reason why an award was granted. Consultants who have applied for an award will be notified of the decision, including their ranking and threshold for levels of award. Those consultants, who are unsuccessful, will receive support and feedback on the application.

- Feedback will include an anonymised table of scores for each applicant against the criteria and ranking.
- The TCEAC will also publish the complete list of points awarded to the LNC and the whole consultant body.

4.2.9 At all times the TCEAC will ensure that consultants are treated equally regardless of their colour, race, sex, religion, politics, marital status, sexual orientation, membership or non-membership of trade unions or associations, ethnic origin, age or disability. An analysis by protected characteristics will be undertaken annually, and accompany the feedback to applicants. Action to address any apparent inequitable distribution of points will be agreed with the LNC.

4.2.10 The TCEAC quorum will not be less than 5 members of the MSC nominated Trust Consultants and not less than 4 Trust officer members.

4.3 POINTS AVAILABLE

4.3.1 Each year the Trust Executive and Remuneration Committee will consider the appropriateness of applying the local scheme. Subject to the outcome, the Trust will confirm with the LNC the overall number of awards and total funds available to be granted by the TCEAC.

Until the end of March 2021 the minimum investment ratio for new LCEAs awarded from April 2018 will be set at 0.3 points per eligible consultant (headcount) annually. For these purposes, '*eligible consultants*' are those with at least one years' service at consultant level and do not hold a local level 9 CEA, a national CEA or a distinction award.

Part-time consultants will count as whole-time equivalents when the minimum number of awards is calculated.

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4.3.2. The new scheme provides for non-consolidated, non-pensionable time limited awards which may be made for one, two or three years after which the consultants will need to re-apply.

LCEA award round	Period of award
2018 - 2019 – the 2018 award round	One, Two or three years Trust awarded for one year – (round completed)
2019 - 2020 – the 2019 award round	One or two years
2020 – 2021 – the 2020 award round	One year

However, they will continue to keep any existing awards made under the old scheme, although these will become reviewable and renewable from 2021. New LCEAs for 2018 award round issued for **one year** only.

4.3.3. Consultants in receipt of a new multi-year award may still be eligible to apply for an award if they can demonstrate new evidence of excellence to support a new application for a further award.

4.3.4. The unit value of an award is currently set at £3092 but subject to Doctors' and Dentists' Pay Review Body recommendations accepted by the government. The TCEAC can award more than one point to a consultant.

4.3.5. Between 2018 and 2021 the Trust will invest the value of an additional 0.3 points per eligible consultant each year e.g. if 60 points were available for Year 1, 2018 award round, then for Year 2, the 2019 award round there would be 120 points available and 180 points available for Year 3, the 2020 awards round. This means by 2020/2021 the value of awards will be equivalent to 0.9 points per eligible consultant. The unit value of an award is currently set at £3016.

4.3.6 Recommendations of the TCEAC will be ratified by the Trust Remuneration Committee.

4.3.7 The balance of any uncommitted funds will be carried forward to the following year on the agreement of the LNC. The expectation is to utilise funds in current year however this is subject to future NHS Employers guidance.

4.4 ANNUAL REPORT

4.4.1 The TCEAC will produce an annual report for the Remuneration Committee, Trust Board and LNC detailing the number of the awards granted and total spend on awards. The report will also detail distribution by protected characteristics within the Trust. It will contain the TCEAC recommendations for awards and a description of how it arrived at its conclusions. The annual report will list the members of the TCEAC and how they were selected. The annual report will be used to demonstrate that the process is transparent, fair and based on clear evidence and in accordance with guidelines issued.

4.4.2 The report will include:

- The overall number of consultants eligible for consideration, the overall number of award holders and the percentage of:

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- Women consultants
 - Ethnic minority consultants
 - Age ranges of consultants
 - Full or part time status
 - Information on other protected characteristics where available
- The names of people allocated an award in that year together with the principal reason for why the award was granted.
 - The money available to spend, the actual spend and the money either committed and/or carried forward to the following year.
 - The number of appeals that have been:
 - received
 - upheld
 - rejected
 - The number of locally awarded level 9 CEAs that have been reviewed, together with the number of awards that have been downgraded or removed.
 - A compliance statement signed by the chairman of the TCEAC regarding process and mechanisms for advising and supporting consultants.

4.5 APPEAL ARRANGEMENTS

4.5.1 Inevitably some applicants will be disappointed with the final outcome of the award. They cannot appeal simply because they disagree with the collective judgement of the TCEAC. However, where they can demonstrate processes have not been followed, they may appeal for a review..

4.5.2 The following, for example ,would be considered grounds for an appeal:

- The TCEAC did not consider material duly submitted to support an application (i.e. application)
- Extraneous factors or material were taken into account
- Unlawful discrimination based on, for example, gender, ethnicity or age.
- The TCEAC established evaluation processes were not followed
- Bias or conflict of interest on the part of the committee

An applicant who may be considering an appeal is strongly advised to seek informal feedback from any member of the TCEAC before proceeding to a formal appeals process.

The HR Department will ensure the following information is provided at the informal meeting:

- Individual anonymised table of points awarded against each criterion scored for each panel member
- Relevant extract from the Record of the Meeting

4.5.3 Any appeal must be lodged with the Director of People and Culture (or their deputy) within 21 days of receipt of notification of the TCEAC decision.

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4.5.4 The TCEAC Chair and LNC Chair will review the evidence to establish if there are grounds for appeal. If following discussions with the appellant the Chairs view is that there are no grounds for appeal and their advice is rejected or that they are unable to resolve the issue informally then the appellant may continue with the appeal and a formal appeal will be set up.

The Panel will comprise:

- A non-executive director of the Trust not previously involved in the TCEAC
- Two consultants who have neither applied nor been involved in the TCEAC during the same year. These individuals will be acceptable to the Trust and the LNC.

The non-executive director will be Chair of the panel.

4.5.5 The consultant and the representative from the TCEAC will be required to submit and exchange their written statements of case by no later than 7 working days before the appeal hearing. The consultant is entitled to appear before the Committee and may be represented at the appeal.

4.5.6 The decision of the panel will be final and will conclude the appeal process. The appellant will be notified in writing within five working days.

4.5.7 If the outcome of an appeal is a decision to make an award then any award made for more than one year will require an equivalent amount to be pre-committed in subsequent awards rounds.

4.6 RETIREMENT

4.6.1 When a holder of an existing LCEA, either at a national or local level, i.e. levels 1 to 12 takes retirement, their award will cease. Should they subsequently return to work at the Trust; the award will not be reinstated.

4.6.2 When a consultant with a national Distinction Award retires they will not be able to have their Distinction Award reinstated.

4.6.3 New LCEAs are non-pensionable and non-consolidated time limited awards. Where a consultant retires during the year in which a one year award has been made or in the course of a multi-year award, then they retain the monetary value of the awards that have already been paid e.g. if you are awarded a two year award and leave after 1 year the 2nd year wouldn't be paid. If they re-join their previous employer or another employer on 2003 terms it will be for the TCEAC to decide whether any remaining proportion of a multi-year award should be paid.

4.7 REVIEW OF AWARDS

4.7.1 The TCEAC will review:

- Local CEA Level 9 awards subject to five-yearly reviews.

4.7.2. The National Clinical Excellence Awards levels 9 – 12) and former distinction awards which have not been renewed or expired will be considered following the process outlined in section 4.7.7.

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- 4.7.3. The TCEAC will assess and score consultant applications **based on activity within the five year period leading up to the review** strictly against the criteria set out in Appendix 2 (Extract - ACCEA Guide for: National Awards Applicants (new and renewal); Existing Award holders, Awards Round.). The scoring systems can be found at Appendix 3. This will ensure that the decisions are properly documented and that the decision-making processes are transparent fair and based on clear evidence.
- 4.7.4 Where there are cases where disciplinary or professional proceedings have upheld concerns or allegations about the consultants conduct or performance, awards will be reviewed at the request of the employer. Awards made by the ACCEA and its sub committees (levels 9 –12) will be reviewed by the committee that made the award. Local CEA (levels 1–9) will be reviewed by the TCEAC. Awards may be reviewed where a contract of employment has been significantly altered. The Trust will provide the LNC with details of the number of points reviewed and the recommended outcome each year in an Annual Report. Any concerns raised by the LNC on these statistics will be addressed as a matter of urgency.
- 4.7.5 If a consultant is dissatisfied with the outcome of the decision of the TCEAC the consultant may appeal against the TCEAC’s decision in accordance with the appeal arrangements set out in section 4.5 of the policy.

4.7.6. EMPLOYER BASED LEVEL 9 CEA 5 YEARLY RENEWAL REVIEW AWARDS PROCESS

4.7.6.1 The Trust will advise all individuals who hold an Local level 9 CEA when they are due for a five-yearly renewal and invite them to apply for a renewal of their Level 9 award. Applicants will follow the application procedure as detailed in section 4.1. and applications will be considered and scored by the TCEAC along with any new applications for awards.

4.7.6.2 Applicants will need to complete an application using the same application form as that for new applications (Trust CEA Application Form), setting out how they continue to meet the criteria for holding an award of that level. When applying they should demonstrate, by reference to any achievements since the original award or last review, how they continue to meet the criteria for the LCEA scheme.

4.7.6.3 Applicants 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 or been maintained.

4.7.6.4 Applications for renewal of awards require the consultant to demonstrate their sustained contribution to meet the criteria in the Scheme. They should demonstrate that they have not significantly reduced their ‘over and above’ contribution since the award. The TCEAC will assess and score Consultants applications based on activity within five

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year period leading up to the review strictly against the criteria set out in Appendix 2 (ACCEA NHS Consultants Clinical Excellence Awards Scheme, 2019 Awards Round Assessment Criteria – Guide for National Award Applicants) The renewals process is a competitive one against the standards for new awards.

4.7.6.5 To be successful a renewal application must demonstrate that the contribution is at least as good as the lowest ranked successful applicant for new awards. In order to smooth out variances from year to year, a three year rolling average of the lowest ranks successful applicant will be calculated to determine the cut-off score against which the renewal application will be assessed. Should the existing system for awarding points be changed, this section will be reviewed in line with changes made.

The TCEAC members will make a recommendation from the following options:-

- Renew Level 9 award for five years or until such time as the scheme has been nationally reformed
- Downgrade to the CEA level the individual received before they received their CEA Level 9
- At the discretion of the TCEAC, to award additional local CEA points over and above the local points they had previously been awarded but less than a Level 9.
- Withdraw CEA Award

4.7.6.6 Where there are any disputes about the contents of the application or that the applicant meets the eligibility criteria the Chair of the TCEAC will be informed. The Chair will determine with reference to the applicant and to the individual disputing aspects of the application, what action, if any, to take. Such matters will be reported to the TCEAC after scoring but before the award of points.

Consultants who are under investigation or the subject of complaint, disciplinary or professional proceedings will be treated in the same manner as those applying for a LCEA award – see Section 2.5 and 2.6.

In addition, the renewal application will be subject to the same requirements as outlined in Section 4.1.5. The application should be counter-signed normally by the Consultants Clinical Director and where not possible the Divisional Director.

4.7.6.7 Consultants who have been advised of the recommendation to withdraw or downgrade an award may appeal in writing to the Chief Executive within 21 days of receipt of the decision. The written appeal should contain details illustrating why the consultant 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 shall follow the agreed CEA appeals procedure.

4.7.6.8 Where an award is downgraded or withdrawn the consultant concerned shall be eligible to apply for an award in the next and future new Local CEA awards rounds.

4.7.6.9 Consultants who have their level 9 awards withdrawn are no longer considered level 9 award holders and will generate 0.3 points (appropriate years funding ratio) per year for the pool of new Local CEAs.

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4.7.6.10 The Trust will include in their annual report details of the number of locally awarded level 9 CEAs that have been reviewed, together with the number of awards that have been downgraded or removed.

4.7.6.11 The timing of the application procedure for the review awards process will be subject to the same as applying for a new LCEA award.

4.7.7 ACCEA National Clinical Excellence Awards levels (9–12) and distinction awards which have not been renewed or have expired Review Process

4.7.7.1 A Consultant that has been awarded an Existing NCEA (i.e. Bronze, Silver, Gold, or Platinum award), and whose renewal application is unsuccessful, will revert to either a Level 7 or 8 Existing LCEA or will not receive an award as determined by the following Existing NCEA renewal scores:

Score Outcome

≥ 27 Revert to level 8 LCEA

14 - 26 Revert to level 7 LCEA

< 14 Full loss of award payment

4.7.7.2 These Level 7 or 8 awards will be in the form of consolidated and pensionable Existing LCEAs. In circumstances where the individual's score is <14, the value of the award will cease to be paid.

4.7.7.3 The national reversion mechanism will apply to all consultants who are in receipt of Existing NCEAs awarded under the national scheme as it existed on 1 April 2018 including all those who are awarded an Existing NCEA subsequently until such time as the scheme has been nationally reformed.

4.7.7.4 The funding for such reversions from Existing NCEAs to Existing LCEAs will be funded from outside the 0.3 funding ratio for New LCEAs.

4.7.7.5. Other than in exceptional circumstances, such as an extended period of ill-health absence, if an Existing NCEA holder does not submit a renewal application, there will be no reversion to LCEAs and the value of the award will be lost.

5 ACCEA National Clinical Excellence Awards (Level 9-12) – New and Review Application Process

5.1 Where a consultant is making an application for either a new or renewal of existing level 9-12 awards, the Chief Executive or nominated deputy normally would be expected to provide a citation that indicates that the Trust supports the new or continuation of the award and that the applicant meets all the requirements for an award. The Chief Executive or nominated deputy will seek input and validation from the applicant's Chief Medical Director, Divisional Director and Clinical Director prior to submission of their citation. The final decision as to whether to support the award or not will be at the discretion of the Chief Executive or nominated deputy.

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5.2 Consultants who are applying for either a new National CEA award or are due for a 5 yearly review renewal of a National Award will submit their National CEA Application to the the Chief Medical Officer and together with the LNC Chair and MSC Chair will assess the application.. They will make a non-binding recommendation to the Chief Executive as to whether the application should be supported. If there is more than one application, they will place their level of support for each application in rank order. Guidance on the National Scheme is available at: <https://www.gov.uk/government/organisations/advisory-committee-on-clinical-excellence-awards>

5.3 Once the dates for the National Clinical Excellence Awards are released, the Chief Medical Officer will arrange to assess the applications accordingly. The National Clinical Excellence Awards are open for application for approximately 2 months. Therefore they will meet 6 weeks after the scheme has opened for application in order to give the consultants a maximum of 4 weeks to complete their application.

5.4 The timings of the application procedure will be as follows:

- The ACCEA will announce the opening of the National CEA Scheme. Where a consultant is due for a 5 yearly review the ACCEA will contact them to inform them.
- 4 weeks after the National CEA Scheme has opened for application, the consultant will submit their National CEA application form to the Chief Medical Officer.
- The Chief Medical Officer will meet with the LNC Chair and MSC Chair 2 weeks afterwards to consider the recommendation.
- They will make their recommendation to the Chief Executive who will complete the citation.
- The ACCEA National Application form is electronically returned to the consultant to be submitted.

6 BACKGROUND

6.1 Equality Requirements

Reviews of Equality Impact Assessments will be conducted in line with the review of the policy, procedure, service, project or function. The Equality Impact Assessment is attached at Appendix 6.

6.2 Financial Risk Assessment

Reviews of Financial Risk will be conducted in line with the review of the policy, procedure, service, project or function. The Financial Impact Assessment is attached at Appendix 5.

6.3 Consultation

The policy has been developed by the Trust Medical Management Committee and the Medical LNC.

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6.4 Approval Process

The policy has been approved by the Trust Medical Management Committee and Local Negotiating Committee. Cited at the People & Culture Committee for information.

7 IMPLEMENTATION ARRANGEMENTS

The policy will be implemented immediately upon approval.

8 DISSEMINATION PROCESS

The policy will be placed in the Trust's HR Document library and the consultants' section on the Intranet.

9 TRAINING AND AWARENESS

Awareness of this Policy will be raised throughout the Trust and training seminars for consultant medical staff and TCEAC members held .

10 MONITORING AND COMPLIANCE

Equal opportunities monitoring will be monitored through the equal opportunities monitoring form (Appendix 1). Following completion of the LCEA Awards a report will be submitted detailing the breakdown of eligible consultants and points awarded by protected characteristics available to the Trust.

The Trust Clinical Excellence Award Committee is provided with an anonymised breakdown of scores for each applicant. This enables the committee to ensure that scorers are consistent.

The Trust Clinical Excellence Committee will debate and decide the threshold point for awarding points to consultants. The decision of the Trust Clinical Excellence Award Committee is ratified by the Trust Remuneration Committee. Once the awards have been ratified, a spreadsheet of LCEA value of awards is provided to the Trust Payroll Team for input into the Electronic Staff Record and payment..

11 POLICY REVIEW

This policy will be reviewed and amended to reflect national or legislative changes.

12 APPENDICES

Appendix 1 Trust CEA Application Form for New Applications and Equal Opportunities Monitoring Form

Appendix 2 Assessment Criteria

Appendix 3 Evaluation Sheet

Appendix 4 Instructions on Accessing Learning Record

Appendix 5 Financial Impact Assessment

Appendix 6 Equality Impact Assessment

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APPENDIX 1 - TRUST CLINICAL EXCELLENCE AWARD (CEA) APPLICATION FORM

It is the consultant's responsibility to ensure this form is fully completed and;

- You are up to date with all mandatory training required by the Trust. You must provide a copy of your current up to date learning history to your Clinical Director in order to enable Part 2 to be completed.
- You have fully engaged in the appraisal process with a fully completed and signed off appraisal within 12 months leading up to the nomination date.
- You have an agreed and fulfilled a current individual job plan and failing that to be able to demonstrate that they have engaged meaningfully in developing a job plan as per Trust policy within 12 months leading up to nomination date.
- You have fully engaged in the revalidation process and achieved revalidation when invited to revalidate by the GMC; have not been deferred and have not been referred to the GMC for non-engagement by the Trust's Responsible Officer in your last revalidation cycle.

Applications that have not met the above conditions may not be sent to the Trust Clinical Excellence Award Committee for scoring.

There is an expectation that all the above points are achieved and complied with, any exceptions to this would need a clear rationale with supporting evidence and ratified by the Divisional Medical Director.

Applicants should provide clear evidence of performance over and above that expected of a consultant in their post in Domains 1 - 4, with reference to the Assessment Criteria in Appendix 2.

The consultant will only be eligible for an award at WAHT if they can evidence their contribution of excellence in their current employment. Where possible, applications should demonstrate the individual's contribution to the National, Regional and Trust's strategic objectives and priorities.

For those already holding awards the information provided must only relate to achievements since the previous award was granted. These should be listed in date order and should describe outcomes where possible. Consultants should not include evidence that has been submitted for an earlier award except to illustrate how initiatives have been developed. Recognition will not be given for achievements or initiatives when dates are not provided.

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Part 1 To be completed by the applicant 2019 CEA ROUND

Surname: Click here to enter text.		Forename: Click here to enter text.		Current CEA Level: Click here to enter text. Year awarded: Click here to enter text.	
GMC/GDC Number: Click here to enter text. Work Tel: Click here to enter text.		Work email: Click here to enter text.		Job Title: Click here to enter text.	
Primary Medical Qualification: (with date & institution) Click here to enter text.				Subsequent Qualifications: (with Date & institution) Click here to enter text.	
(i)Please confirm the total number of PAs/Sessions per employer and additional payments:				Accredited specialties (main first): Click here to enter text.	
PAs/Session s	Click here to enter text.	Payment £	Click here to enter text	List of consultant appointments in date order: Click here to enter text.	
(ii)Please identify separately PAs/Sessions or other payment made for additional roles and activities eg Clinical Director, Clinical Tutor etc included in (i) above					
PAs/Session s	Role/Activity	Payment (£)	Role/Activity		
Date of last Appraisal: (this must have taken place in 12 months leading up to nomination date) Click here to enter text.		Date of completion of Mandatory Training requirements: Fire Safety: Click here to enter text. Infection Control: Click here to enter text. Conflict Resolution: Click here to enter text. Manual Handling: Click here to enter text. Health & Safety: Click here to enter text. Resuscitation: Click here to enter text. Safeguarding Adults Training			

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<p>Date of last job plan review meeting: Click here to enter text. Refer to section 2.2</p>	<p>Click here to enter text. Safeguarding Children training at the appropriate level Click here to enter text. Information Governance Training Click here to enter text. Completion of Equality & Diversity Training: Click here to enter text. Completion of Prevent Awareness & WRAP(Workshop to Raise Awareness and Prevent Training Completion of Medical Capacity Act Training Completion of Deprivation of Liberty Safeguards Training</p> <p>See Appendix 4 of the Trust Consultants Clinical Excellence Awards Policy for information on the frequency of completion and how to access your compliance and competency matrix.</p>
<p>Trust's Declaration of Interest Form of current financial year</p>	<p>Completed by the nomination date of award round</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please tick appropriate box</p>

Personal Statement

Give four bullet points which summarise your achievements. These should be since your last award and may include additional/voluntary activities. Please link to the National, Regional and Trust's strategic objectives & priorities where applicable.

(Box limited to 1350 characters)

[Click here to enter text](#)

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Domain 1: The delivery of high quality services at Worcestershire Acute Hospitals NHS Trust. Applicants need to give evidence of their achievements in delivering a service which is safe, has measurably effective clinical outcomes, provides good patient experience and where opportunities for improvement are consistently sought and implemented.

Evidence should include quantified measures that reflect the whole service that they provide, using Indicators for Quality Improvement or Quality Standards where it allows them to provide performance data against indicators for their speciality. The evidence on patient safety should refer where possible to the new quality indicators and the evidence on the patient experience should indicate how they have addressed the issues of dignity, compassion and integrity with patients. Please link to the National, Regional and Trust's strategic objectives & priorities where applicable.

(Box limited to 1350 characters)

Date	Activity and outcomes achieved (Explain how this has benefited patients at the Trust)
Click here to enter text.	Click here to enter text.

Domain 2: The development of high quality services at Worcestershire Acute Hospitals NHS Trust. Evidence of how applicants have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of their local service(s) or related clinical service widely within the NHS. In general, their evidence should be as measurable as possible and it should specify their individual contribution, not just that of their department. They should give specific examples of action taken in light of audit findings including how these might have contributed to organisational change. Please link to the National, Regional and Trust's strategic objectives & priorities where applicable.
(Box limited to 1350 characters)

Date	Activity and outcomes achieved (Explain how this has benefited patients at the Trust)
<p>Click here to enter text.</p>	<p>Click here to enter text.</p>

Domain 3: The management and leadership of high quality services at Worcestershire Acute Hospitals NHS Trust. Evidence of how applicants have made a substantial personal contribution to leading and managing a local service or national/international policy development which has brought benefits to the Trust.

Please link to the National, Regional and Trust’s strategic objectives & priorities where applicable.

(Box limited to 1350 characters)

Date	Activity and outcomes achieved (Explain how this has benefited patients at the Trust)
Click here to enter text.	Click here to enter text.

Domain 4: Excellence in the delivery of educational teaching, research and innovation at Worcestershire Acute Hospitals NHS Trust and partner organisations.

For some applicants teaching and training will form a major part of the contribution they make to the NHS over and above contractual obligations. Applicants should give examples of excellence: quality of teaching; leadership and innovation in teaching; scholarship evaluation and research contributing to national leadership in education such as presentations and invitations to lecture and peer reviewed publications.

Applicants may outline their contribution to research and how they have supported innovation including developing the evidence base for measurement of quality improvement (papers published should be detailed).

(Box limited to 1350 characters)

Date	Activity and outcomes achieved (Explain how this has benefited patients at the Trust)
Click here to enter text.	Click here to enter text.

Publications

Within the last 5 years, indicate how many publications you have had and specify how many as an author or named as a significant contributor and how many of these were in peer reviewed journals. List the 3 most important ones and briefly explain your contributions. No other text is allowed.

(Box limited to 1350 characters)

Click here to enter text

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Verification of Completion by Applicant

I declare that to the best of my belief this information is accurate. I agree that any deliberate omissions, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent removal of any LCEA's awarded.

I agree to my Trust CEA Application Form being published on the Trust's intranet if successful.

Full Name:	Click here to enter text.
Signature (please insert your electronic signature:	
Date:	Click here to enter text.

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Part 2 To be completed by counter-signatory Clinical Director

The Clinical Director is responsible for checking the application and ensuring:

- The consultant is up to date with all mandatory training required by the Trust. The consultant must provide a copy of their current up to date learning history to their Clinical Director in order to enable Part 2 to be completed.
- The consultant has fully engaged in the appraisal process with a fully completed and signed off annual appraisal.
- The consultant has a current approved, signed and fulfilled job plan and failing that to be able to demonstrate that they have engaged meaningfully in developing a job plan as per Trust policy.
- The consultant has fully engaged in the revalidation process when invited to revalidate by the GMC, has not been deferred and has not been referred to the GMC for non-engagement by the Trust's Responsible Officer in their last revalidation cycle

There is an expectation that all the above points are achieved and complied with, any exceptions to this would need a clear rationale with supporting evidence and ratified by the Divisional Director.

Only in extenuating circumstances should Part 2 be completed by the Divisional Director

Please confirm that the consultant meets eligibility criteria (see policy paragraph. 2. Eligible Consultants) If not please supply further details.

Has this consultant during the last 12 months:	Delete as appropriate:
Had a formal appraisal:	Yes/No
Date of appraisal:	Click here to enter text.
Agreed and fulfilled his/ her current job plan and failing that to be able to demonstrate that they have engaged meaningfully in developing a job plan:	Yes/No
Fulfilled his/her contractual obligations:	Yes/No
Complied with the private practice code of conduct:	Yes/No
Completed all 13 topics mandatory training requirements:	Yes/No
If you have not ticked any of the criteria above in Part 2, then please supply further details below. Click here to enter text.	

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Declaration by Clinical Director

Having read the application and spoken to the applicant I am satisfied the information and achievements contained in Part 1 & Part 2 of the application form are a true reflection of the work undertaken by the applicant.

Full Name:	Click here to enter text.
Position Held:	Click here to enter text.
Signature (please insert your electronic signature:	
Date:	Click here to enter text.

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Appendix 1 (continued)

EQUAL OPPORTUNITIES MONITORING FORM

Name.....

Directorate.....

In order to ensure that we comply with the requirements of our Equality and Diversity Policy, and the law in relation to race and sex discrimination, please also complete the following information.

How do you describe your Ethnic Origin? (Please circle)

A White - British
 B White - Irish
 C White - Any other White background
 C3 White Unspecified
 CK White Italian
 CY White Other European
 E Mixed - White & Black African
 F Mixed - White & Asian
 G Mixed - Any other mixed background
 GF Mixed - Other/Unspecified
 H Asian or Asian British - Indian
 J Asian or Asian British - Pakistani
 L Asian or Asian British - Any other Asian background
 M Black or Black British - Caribbean
 N Black or Black British - African
 R Chinese
 S Any Other Ethnic Group
 SE Other Specified

Please state your gender: _____ Do you suffer from any disability? YES/NO

Please state your date of birth: _____

Thank you for completing this form.
 Please **return an electronic copy of this form to HR,**

I declare that to the best of my belief the information provided by me on this application form is accurate. I understand that the TCEAC may choose to validate any of these application forms submitted and that this validation may be external to the Trust.

Signature..... Date.....

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Applicant Name (please print).....

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Appendix 2 – Assessment Criteria

PLEASE NOTE: For those already holding awards the information provided must relate to achievements since the previous award was granted. These should be listed in date order and should describe outcomes where possible. Consultants should not include evidence that has been submitted for an earlier award except to illustrate how initiatives have been developed. Recognition will not be given for achievements or initiatives when dates are not provided.

The below assessment criteria is an extract from the ACCEA Guide for: National Awards Applicants (new and renewal); Existing Award Holders. Committees should consider how applicants have performed in the four domains, when assessing their application and should be linked to the National, Regional and Trust's strategic objectives & priorities where applicable.

Applicants are not expected to perform 'over and above' expectations in all four domains. Much will depend on the type and nature of the post and on the activities and priorities of the Worcestershire Acute Hospitals NHS Trust, subject to the interests of safe and effective patient care.

Only activity as a consultant within the NHS should be considered when assessing applicants for a first award, and activity since their last award. **Please look carefully at the dates.**

All committee members should take part in the scoring process. All applications should be scored independently and confidentially by each committee member and the scores collated and ranked. The scoring should be used to establish a ranking as the process is competitive. The aggregate scores for each domain and ranked total scores should be available for all members at the Trust CEA Committee meeting.

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.

How to score applications

As part of the assessment process you should score each domain using the following ratings:

Does not meet contractual requirements or when insufficient information has been produced to make a judgement	Score 0
Meets contractual requirements - some aspects may be excellent but largely within contractual requirements.	Score 2
Over and above contractual requirements with some aspects of excellence but largely over and above contractual requirements	Score 6
Excellent -evidence of outstanding contribution on an on gong basis	Score 10

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Domain 1 – The delivery of high quality services at Worcestershire Acute Hospitals NHS Trust**Consider 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.

Look carefully at dates. Give credit only for what has been achieved since last award, for those already holding awards. Achievements should be linked to the National, Regional and Trust's strategic objectives & priorities where applicable.

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 i.e. some aspects may be excellent but largely within contractual requirements.

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. Outcome measures where available should be provided to demonstrate excellence in clinical practice.

Score 10 (Excellent)

As well as demonstrating excellent outcome measures where these are available 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 job is carried out to the highest standards. Evidence for this should come from benchmarking exercises or objective reviews by outside agencies. Where this is not available, there should be other evidence that the work undertaken is outstanding – in relation to service delivery and outcomes – when compared to that of peers.
- Personal role in service delivery by a team, with evidence of outstanding contribution, such as awards, audits or publications.
- Exemplary standards in dealing with 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).

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Domain 2 – The development of high quality services at Worcestershire Acute Hospitals NHS Trust

Look carefully at dates. Give credit only for what has been achieved since last award, for those already holding awards. Achievements should be linked to the National, Regional and Trust's strategic objectives & priorities where applicable.

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 i.e. some aspects may be excellent but largely within contractual requirements.

Score 6 (Over and above contractual requirements)

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

- Improvement in service based on evidence.
- Improved outcomes (clinical effectiveness).
- Greater cost effectiveness.
- Services becoming more patient centred and accessible.
- Benefits in prevention, diagnosis, treatment or models of care.

For this score, the activity could be at local level especially if in the face of difficult circumstances or constraints as well as at regional or national level. 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.

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 is not exhaustive):

- Service innovation – introduction of new procedures, treatments, or service delivery, based on original research or development or effectively overcoming barriers to clinical effectiveness. This should be backed up by relevant, completed audit cycles or research that has been adopted at regional, national or international level, with demonstrable change in evidence based practice.
- Clinical governance – introduction or development of clinical governance approaches which have resulted in audited/published advances taken up elsewhere.
- Leadership in the development of the applicant's specialty at regional, national or international level. This should include evidence of wide participation in promoting the development of evidence based practice in the specialty, including patient and public involvement.

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Domain 3 – The management and leadership of high quality services at Worcestershire Acute Hospitals NHS Trust

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.

Look carefully at dates. Give credit only for what has been achieved since last award, for those already holding awards. Achievements should be linked to the National, Regional and Trust's strategic objectives & priorities where applicable.

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

Score 2 (Meets contractual requirements)

Applicants should receive this score if they provide evidence of successfully contributing to the running of a trust or unit, especially in difficult circumstances, and maintaining excellent staff relations – by encouraging colleagues in nursing and other professionals ancillary to medicine. i.e. some aspects may be excellent but largely within contractual requirements.

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. 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. They may also have been involved in recognised advisory committee work, at regional and particularly national level (especially if as secretary or chair). Other criteria that would merit this score include effective chairing of a trust or university committee as, for example, clinical director. Look also for examples of how applicants have carried out appraisals for peers/non-career grade doctors or been involved in major reviews, enquiries or investigations or as part of a College/Specialty Advisory Committee. ACCEA does not expect to reward membership of such committees in itself. You should look for evidence that the contribution made by the applicant has been over and above expectations and that they have described the impact they have had in each role.

Score 10 (Excellent)

In addition to some achievements acquiring a score of 6, applicants scoring 10 in this domain will have shown evidence of outstanding administrative achievement 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 there is payment for the post should not preclude an individual from being recognised.

Other evidence that could merit this score includes (this list is not exhaustive):

- Involvement in shaping national policy, aimed at modernising health services (might include effective chairing of an area or advisory committee of national importance).
- Successful directorship of a large nationally recognised unit, institute or supra-regional services.
- Planning and delivery of area or nationwide services.
- Other evidence from citations of exceptional activity and achievement.

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Domain 4 – Excellence in the delivery of educational teaching and training, research and innovation

All consultants are expected to undertake teaching and training, and applicants must identify excellence that is over and above their contractual responsibilities beyond simply fulfilling the role. Excellence may be demonstrated by leadership and innovation in teaching locally, nationally or internationally. This may include undergraduate and/or postgraduate examining and supervision of postgraduate degree students. A contribution to the education of other health and social care professionals is also relevant.

Assessment of this domain will be influenced by the contract held and how time is allocated within the job plan for research and innovation. So, for an academic consultant, evidence will be measured against the output expected from the applicant's peers. In determining this, consideration will be given to any citations submitted by the University Medical Dean or, for a recognised research body, its Chief Executive. If the applicant is an NHS consultant, any citation from the relevant Director of Research should also be taken into account.

Assessors should note evidence of the impact of research on improvement in healthcare and health.

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

Score 2 (Meets contractual requirements)

If the applicant is an academic consultant, they should be considered by their employer to be "research active" – at a level commensurate with their contract. This rating would be based on the applicant's research output and associated publications within the past five years.

If he or she is an NHS consultant, they will have undertaken clinical research, alone or in collaboration, which has resulted in publications. Or they may have collaborated actively in basic research projects established by others. They may also have actively encouraged research by junior staff and supervised their work.

Evidence of having fulfilled the teaching/training expectations identified in the job plan, in terms of quality and quantity. i.e. some aspects may be excellent but largely within contractual requirements.

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

- A lead or collaborative role, holding, or having held within the past five years, 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 past five years.
- Supervision now, or in the past five years, of doctorate/post-doctorate fellows.

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- Other markers of research standing such as lectures/invited demonstrations.
- Development of a method, a tool or equipment, which contribute to the understanding of, or towards care delivery.

Applicants could present evidence in the following areas:

- 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.
- Involvement in quality assurance of teaching and evidence of success with regulatory bodies involved with teaching and training.
- High performance in formal roles such as working with under and postgraduate deans, and involvement with postgraduate educational programmes in roles such as head of training/programme director, regional adviser, clinical tutor etc.

Score 10 (Excellent)

In addition to some or all of the achievements listed in 6, 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 the following (this list is not exhaustive):

- Major peer reviewed grants held currently and/or within the last five years, for which the applicant is the principal investigator or main research lead. They should have included the title, duration and value.
- Contribution to research and the evidence/evaluative base for quality.
- Research publications in high citation journals.
- National or international presentations/lectures/demonstrations given on research.
- Supervision of successful doctorate students, some of whom might have come on national or international fellowships.
- Patent of a significant innovation.
- Other peer determined markers of research eminence.

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

- Leadership and innovation in teaching, including:
 - New course development
 - Innovative assessment method
 - Introduction of new learning techniques
 - Authorship of successful textbooks or other media on teaching/training
- National and international educational leadership, such as presentations, invitations to lecture, peer reviewed and other publications on educational matters.
- Innovation and trend setting in teaching and training, including examination processes, for a college, faculty, specialist society or other national professional bodies.

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Appendix 3 – Evaluation Sheet

NAME OF APPLICANT

Confidential

CLINICAL EXCELLENCE AWARDS CRITERIA

Band	Explanations
10	Excellent – evidence of outstanding contribution on an on gong basis
6	Some aspects may be excellent but predominantly over and above contractual requirements
2	Some aspects may be excellent but largely within contractual requirements
0	Does not meet contractual requirements or insufficient information to make judgement

Evaluation Sheet

Domain 1	The boxes below indicate examples of what is expected to score 10 points. Please refer to Appendix 2 for further guidance on scoring.	Band			
		Performance below level expected or insufficient evidence	Performance at level expected for post	Clear demonstration of outstanding performance	Strong evidence of exceptional performance
		0	2	6	10
	<p>Delivery of high quality services</p> <ul style="list-style-type: none"> As well as demonstrating excellent outcome measures where these are available 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 job is carried out to the highest standards. Evidence for this should come from benchmarking exercises or objective reviews by outside agencies. Where this is not available, there should be other 				

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	<p>evidence that the work undertaken is outstanding – in relation to service delivery and outcomes – when compared to that of peers.</p> <ul style="list-style-type: none"> • Personal role in service delivery by a team, with evidence of outstanding contribution, such as awards, audits or publications • Exemplary standards in dealing with 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) 				
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Domain 2		Band			
		Performance below level expected or insufficient evidence 0	Performance at level expected for post 2	Clear demonstration of outstanding performance 6	Strong evidence of exceptional performance 10
	<p>Development of high quality services</p> <ul style="list-style-type: none"> • 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 is not exhaustive): • Service innovation – introduction of new procedures, treatments, or service delivery, based on original research or development or effectively overcoming barriers to clinical effectiveness. This should be backed up by relevant, completed audit cycles or research that has been adopted at regional, national or international level, with demonstrable change in evidence based practice • Clinical governance – introduction or development of clinical governance approaches which have resulted in audited/published advances taken up elsewhere • Leadership in the development of the applicant's specialty at regional, national or international level. This should include evidence of wide participation in 				

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	promoting the development of evidence based practice in the specialty, including patient and public involvement.				
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Domain 3	Band			
	Performance below level expected or insufficient evidence	Performance at level expected for post	Clear demonstration of outstanding performance	Strong evidence of exceptional performance
	0	2	6	10
<p>Management and leadership of services</p> <ul style="list-style-type: none"> In addition to some achievements acquiring a score of 6, applicants scoring 10 in this domain will have shown evidence of outstanding administrative achievement in a leadership role – as confirmed by their employer and/or other citations. 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 by leadership in advancement of health policy and delivery. <p>Other evidence that could merit this score includes (this list is not exhaustive):</p> <ul style="list-style-type: none"> Involvement in shaping national policy, aimed at modernising health services (might include effective chairing of an area or advisory committee of national 				

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	importance) <ul style="list-style-type: none"> • Successful directorship of a large nationally recognised unit, institute or supra-regional services • Planning and delivery of area or nationwide services • Other evidence from citations of exceptional activity and achievement. 				
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Domain 4	Band			
	Performance below level expected or insufficient evidence 0	Performance at level expected for post 2	Clear demonstration of outstanding performance 6	Strong evidence of exceptional performance 10

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	<p>Excellence in the delivery of educational teaching, research and innovation</p> <p>In addition to some or all of the achievements listed to score 6, 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 the following (this list is not exhaustive):</p> <ul style="list-style-type: none"> • Major peer reviewed grants held currently and/or within the last five years, for which the applicant is the principal investigator or main research lead. They should have included the title, duration and value • Contribution to research and the evidence/evaluative base for quality • Research publications in high citation journals • National or international presentations/lectures/demonstrations given on research. • Supervision of successful doctorate students, some of whom might have come on national or international fellowships • Patent of a significant innovation • Other peer determined markers of research eminence 				
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	<p>In addition to some or all of the achievements listed to score 6 in respect of teaching and training, applicants could show evidence of performance over and above the standard expected in one or more of the following (this list is not exhaustive):</p> <ul style="list-style-type: none"> • Leadership and innovation in teaching, including: <ul style="list-style-type: none"> ○ New course development ○ Innovative assessment method ○ Introduction of new learning techniques ○ Authorship of successful textbooks or other media on teaching/training • National and international educational leadership, such as presentations, invitations to lecture, peer reviewed and other publications on educational matters. • Innovation and trend setting in teaching and training, including examination processes, for a college, faculty, specialist society or other national professional bodies 				
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Total				
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Band	Explanations
10	Excellent– evidence of outstanding contribution on an on gong basis
6	Some aspect may be excellent but predominantly over and above contractual requirements
2	Some aspects may be excellent but largely within contractual requirements
0	Does not meet contractual requirements or insufficient information to make judgement

Additional
Comments.....
.....

Completed by..... (please print) Contact Tel No.....

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Appendix 4 How to check your mandatory training record

- A list of the required mandatory training is available through the compliance and competency matrix.. There are 13 topics of mandatory training as follows which must be completed to be eligible to apply for the LCEA: (maybe subject to change in line with national matrix)

Topic	Frequency
Fire Safety	Annually
Infection Control	Annually
Conflict Resolution	3 Yearly
Manual Handling	2 Yearly
Health & Safety	3 Yearly
Resuscitation	Annually
Information Governance	Annually
Safeguarding Children	3 Yearly
Safeguarding Adults	3 Yearly
Equality & Diversity	3 Yearly

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Prevent Awareness & WRAP	3 Yearly
Medical Capacity Act	3 Yearly
Deprivation of Liberty Safeguards	3 Yearly

To access your compliance and competency you will need to be a Smart Card holder or have been issued with an Electronic Staff Record [ESR] user name and password. If you do not have your password – please email:

ESR helpdesk (wah-tr.ESRSelfServiceHelpdesk@nhs.net)

Once you have been given a user name and password or a Smart card you will be able to access your e-learning and book directly onto mandatory core skills programmes.

Access on smart please and tablets

Webpage: <https://my.esr.nhs.uk>

Log on with your username and password
Or with your smartcard (PC only)

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Appendix 5 Financial Impact Assessment

Supporting Document 1 – Financial Impact Assessment

		Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	Yes
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	<p>Other comments:</p> <p>The unit value of an award is currently set at £3092 but subject to Doctors' and Dentists' Pay Review Body recommendations accepted by the government. Pay circular (M&D) 2/2019R 20 Nov 2019</p> <p>The TCEAC can award more than one point to a consultant.</p> <p>Between 2018 and 2021 the Trust will invest the value of an additional 0.3 points per eligible consultant each year. This means by 2020/2021 the value of awards will be equivalent to 0.9 points per eligible consultant.</p>	

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Appendix 6 Equality Impact Assessment

Supporting Document 2 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	

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If you have identified a potential discriminatory impact on this key document, please refer it to the Head of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Head of Human Resources.

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