

Board of Directors – Public

SUMMARY REPORT

Meeting Date: 27 July 2022
 Agenda Item: 18

Report Title:	Clinical Excellence Awards to April 2021	
Author(s):	Debra Butterworth, HR Business Partner Caroline Parry, Executive Director of People	
Accountable Director:	Dr Mike Hunter, Medical Director	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	LCEA Panel Remuneration Committee
	Date:	9 th June 2022
Key points/recommendations from those meetings	<ul style="list-style-type: none"> To determine the number of eligible consultants (FTE and headcount) To approve the calculation and confirm the award 	

Summary of key points in report

The nationally agreed position between the NHS and BMA since the beginning of the pandemic is that Clinical Excellence Awards should be equally distributed on a non-competitive basis between eligible consultants.

The report provides assurance for Board on the process for the allocation of the Clinical Excellence Awards for 2021.

The report confirms

- the eligible consultants for the Clinical Excellence Award.
- the equal distribution of the 2021 investment to those eligible.
- payment made to eligible consultants in June 2022.

Key recommendation from the report below for the Board of Directors to consider:

Consider for Action		Approval		Assurance	X	Information	
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The Board to review the report for assurance that the appropriate process has been applied

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering effectively	Yes		No	X
CQC Getting Back to Good – Continuing to improve	Yes		No	X
Transformation – Changing things that will make a difference	Yes		No	X
Partnerships – working together to make a bigger impact	Yes	✓	No	
Is this report relevant to compliance with any key standards ? State specific standard				
Care Quality Commission Fundamental Standards	Yes		No	X
Data Security and Protection Toolkit	Yes		No	X
Any other specific standard?				
Have these areas been considered ? YES/NO				
				If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No	This is not captured in a non-competitive round
Financial (revenue & capital)	Yes	X	No	Budget allocated for the awards
Organisational Development /Workforce	Yes	X	No	In a normal year, these awards reflect contribution of the medical workforce
Equality, Diversity & Inclusion	Yes	X	No	In a normal year, there would be scrutiny of how awards were made according to specific protected characteristics
Legal	Yes	X	No	Adheres to Local Clinical Excellence Awards Guidance (England) and contractual requirements for consultants

Section 1: Analysis and supporting detail

Background

In a normal year, Local Clinical Excellence Awards (CEA) are made following competitive review and scoring of applications by a panel constituted in line with SHSC's Clinical Excellence Awards Policy. Since the onset of the pandemic, the national agreement between the NHS and the BMA has been that the competitive element should be suspended, and that awards should be equally distributed amongst eligible consultants.

Award Round to April 2021

A Local Awards Panel was convened on 9th June 2022, chaired by the Chief Executive and with representation in line with the SHSC Clinical Excellence Awards Policy, including consultants and a Non-Executive Director. In accordance with the national agreement, the panel reviewed the process for the equal distribution of awards amongst eligible consultants

The calculation of the investment for the 2021 award was based on the Local Clinical Excellence Awards Guidance 2021/22 (England) –

<https://www.nhsemployers.org/publications/local-clinical-excellence-awards-2021-2022>

There were 39 eligible consultants on 1 April 2021 (headcount). This equated to 34.65 FTE eligible consultants.

We are required to award:

- a minimum of 0.218 Clinical Excellence Awards per eligible FTE Consultant = 34.65 FTE multiplied by 0.218 x £3092 = £23,356, **plus**
- the cumulative total based on headcount = 39 x 1.024 x £3092 = £123,482 = £146,838

The amount available for investment was £146,838 and the panel considered and approved the recommendation to invest £146,838 by way of equal distribution to the 39 eligible consultants, i.e., £3765 per individual.

The decision was also reported to the Remuneration Committee in June 2022, although the overall governance and reporting arrangements will be reviewed for the next round.

An appeals process was not available for this round in the absence of any scoring, and on the basis of equal distribution.

Equality Act Monitoring

As the funds were allocated by equal distribution there is no requirement to report on protected characteristics for this round.

Section 2: Risks

The main risk is that the non-competitive allocation of CEAs, although nationally agreed, does not retain the incentive for improvements in care delivered by going above and beyond what would normally be expected.

Section 3: Assurance

Monitoring

The decision of the LCEA panel was reported to the Remuneration Committee, and consideration is being given to the future governance route.

Benchmarking

The local clinical excellence awards guidance (England) was adhered to, and comparisons made across the ICS to support consistency of process in the equal distribution applied for the 2021 round.

Triangulation

3.4 Review of impact on recruitment and retention.

Engagement

3.5 Discussion on the process, in accordance with LCEA policy and national guidance, included the Joint Local Negotiating Committee (JLNC) and the Medical Staffing Committee.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Covid-19 - Recovering effectively.
 2. CQC – Continuing to improve
 3. Transformation - Changing things that will make a difference
 4. Partnerships – Working together to have a bigger impact
- 4.1 In a normal year, the competitive LCEA process supports the transformation agenda, and the recruitment and retention, reward and recognition, and development of our consultant workforce to support the delivery of outstanding care.
- 4.2 The following risks are relevant to the LCEA process.
- BAF 0014:** There is a risk of failure to undertake effective workforce planning to support recruiting, attracting and retaining staff to meet current and future needs caused by ineffective workforce planning, insufficiently attractive flexible working offer, competition, limited availability through international recruitment, reluctance of staff to remain in the NHS post Covid19, any national ICS requirements resulting in a negative impact on delivery of our strategic and operational objectives and provision of high-quality safe care.
- BAF 0020:** There is a risk of failure to enable a paradigm shift in our culture through delivery of the overarching cultural change programme, caused by a lack of engagement in the wide range of leadership activity and opportunities for development provided, inability to adapt and engage to enable organisational change, resulting in failure to improve the culture of the organisation, ineffective leadership development, application of learning, engagement with our values, emergence of closed subcultures and low staff morale which in turn impacts negatively on service quality and service user feedback.

Please note that the updated BAF risks will be presented to July Board for approval.

Equalities, diversity and inclusion

- 4.3 The LCEA policy complies with the requirements of the Equality Act 2010, and the principles and practice of diversity and pay equality. This applies also to the local implementation of clinical excellence awards.
- 4.4 The award for 2021 is based on equal distribution, in accordance with national guidance, and as such does not disadvantage any protected groups.



Culture and People

- 4.5 The clinical excellence awards are considered on an annual basis and, in a normal year, seek to recognise and reward contributions to the NHS which are over and above that normally expected. The 2021 award has been based on equal distribution, made on an exceptional basis during the Covid-19 pandemic.
- 4.6 The LCEA process has the potential to contribute to the recruitment, retention and development of our consultant workforce.

Integration and system thinking

- 4.5 National guidance has been adhered to and consultation has been undertaken to ensure that this is consistent across the ICS.

Financial

- 4.6 The funding for LCEAs is allocated and guidance issued at national level on actual distribution, details of which are included in this paper.

Sustainable development and climate change adaptation

- 4.7 There is no direct impact resulting from this report.

Compliance - Legal/Regulatory

- 4.8 The award process complies with the Local Clinical Excellence Awards Guidance (England) national guidance, the SHSC LCEA Policy and contractual arrangements in [schedule 30](#) of the 2003 terms and conditions of service (TCS) for consultants.