



Sheffield Health
and Social Care
NHS Foundation Trust

Policy:

HR018 Local Clinical Excellence Awards

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Summary of Policy

The changes made to this version of the policy are summarised on page 2 (amendment log).

Target Audience	Consultants
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Keywords	Doctors, Consultants, Local Clinical Excellence Awards (LCEAs), Local Clinical Excellence Awards Committee (LCEAC) and Joint Local Negotiating Committee (JLNC)
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Storage & Version Control

Version 3 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (V2.1 Jan 2019). Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	February 2007	New policy commissioned by EDG on approval of a Case for Need following implementation of 2003 national Consultant contract and associated guidance.
1.0	Ratification and issue	April 2007	
2.0	Review / ratification / issue	2008	.
2.1	Update in line national guidance	January 2019	Incorporation of updates arising from national developments such as Schedule 30 and local JLNC agreements on operational issues.
3.0	Review	February to March 2021	Update to policy in line with national guidance
3.0	Ratification	March 2021	People Committee confirmed and ratified policy.
3.1	Update in line with national guidance	No later than March 2022	

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1 Introduction

General Principles

Local Clinical Excellence Awards (LCEAs) are given to recognise and reward contributions to the NHS which are over and above that normally expected. They are awarded for quality and excellence whilst quantity of work is rewarded through programmed activity payments.

The Trust will operate a Local Clinical Excellence Awards (LCEA) scheme in order to determine which Consultants should receive a LCEA in any particular year. It is currently based on the NHS consultant reward scheme: clinical excellence awards' (Department of Health, August 2003) and the Advisory Committee on Clinical Excellence Awards Guide to the NHS Consultants' Clinical Excellence Awards Scheme, 2006. The LCEA scheme also reflects Schedule 30 to the 2003 consultant contract agreed at national level in 2018 which sets out additional arrangements affecting LCEAs from 1 April 2018 until 31 March 2022. A copy of the Schedule is attached at Appendix G. (The 2020 round was subject to special arrangements agreed at national level which involved an equal distribution of the funding provided across all eligible consultants.) The LCEA scheme does not cover the application of the national element of the Clinical Excellence Awards scheme. The Advisory Committee on Clinical Excellence Awards (ACCEA) now only has responsibility for the national elements of the CEAs scheme but, as set out in Schedule 30, account will be taken of the ACCEA amended 2012 employer-based award guidance.

The Trust scheme will be reviewed to take account of any additional national advice or guidance that may be received from time to time. Any such amendments will be submitted to the Joint Local Negotiating Committee (JLNC) for agreement before being implemented. LCEAs will be made from 1 April in the year of the award and will be backdated if the process is not completed before 1 April. The levels and monetary value of each level of LCEA are as set out in the national terms and conditions of service or as otherwise agreed by the JLNC. Account will also be taken of any possible "exceptional" applications and consideration will be given to increasing the number of points to be awarded.

The Trust is committed to both the principles and practice of diversity and pay equality. This applies also to the local implementation of clinical excellence awards. The scheme and any local variation will comply with the Equality Act 2010 and accord with paragraph 9 of Schedule 30 to the 2003 Consultant Contract. The Trust will work with the JLNC to ensure that appropriate action is taken in applying the principles to both the availability of the scheme to individuals with protected characteristics and to the outcomes of the award process. To assist with this approach, the Trust will monitor both rates of application and rates of success to address any unintended differentials. It will also ensure that members serving on the LCEA committee have received currently valid training in diversity and that, when scoring, consideration is given to the reduced hours of part-timers and the activity which can be proportionately achieved. While work undertaken overseas by an applying consultant is not directly relevant and cannot be considered in isolation, it can be considered if its impact can be shown to have had direct benefit to the NHS.

The Trust will, where practicable, adopt a timetable spanning the period April to end of October for the application and award process with any appeals being heard, as far as practicable, by the following January and the annual report being available in February.

2 Scope

The Trust scheme applies to all substantive Consultants with one year of NHS service at Consultant level on 1 April in the year that the scheme applies. "Service" as a Consultant is determined in the same way as "seniority" under the Consultant Contract 2003 as detailed in the "Agreement on the Local Negotiation Issues in Respect of the Consultant Contract", June 2004.

Part-time Consultants will be granted awards on a pro-rata basis but will count as whole-time equivalents when the calculation of the number of LCEA awards available is made.

Consultants in receipt of a national Clinical Excellence Award, a distinction award or a LCEA Level 9 (under previous CEA scheme) are not within the scope of the Trust scheme.

Consultants who received an award in any previous year are eligible to apply in the current year but submissions will only be considered on the basis of achievements since the previous award.

In order to be eligible, the applicant must have participated satisfactorily in appraisal and fully participated in job planning processes, including having met their contractual obligations and complied with the private practice code of conduct. The relevant medical manager will be required to confirm this in writing when completing the supporting comments for a LCEA application. It will be indicated on the form that if any of the requirements have not been met then the individual is not eligible, and the Medical Director and Responsible Officer should be notified by the medical manager. The individual will be made aware by the return of the form. If the individual wishes to dispute any such non-confirmation by the medical manager, then they can follow the appeal process set out in Section 6.6.

Honorary Consultants who have a contract with the Trust and meet the eligibility requirements are able to be considered for a CEA and the scoring system will be amended appropriately. Eligibility will be considered in line with the prevailing national guidance.

Locum Consultants are not covered by the scheme. It will be acceptable however, for eligible consultants to refer to relevant work carried out during their time as a locum consultant

Consultants are eligible providing there are no adverse outcomes affecting them following disciplinary action by the Trust or the GMC. If there is a current live warning at 1 April in the relevant award year, then the consultant is not eligible although they will still count towards the calculation of the number of awards available. If a complaint has been made or an investigation is underway prior to awards being made for the relevant year, then the provisions of S6.4 will apply and an application can be made, and an award may still be made, depending on the outcome of any disciplinary investigation. There is an obligation on the consultant to inform the HR department as soon as they become aware of being the subject of any investigation or disciplinary proceedings. Failure to do so could affect their ability to receive an award and may lead to disciplinary action. Where a consultant already holds an award and is the subject of disciplinary proceedings then Section 6.7 will apply.

3 Purpose

This policy is intended as a means to ensure that the Trust scheme operates effectively and by agreement between the Trust and Consultant staff.

4 Definitions

Local Clinical Excellence Award is the payment made to a successful applicant

Existing LCEA is an award granted prior to 1 April 2018. The Local Clinical Excellence Awards Committee will be responsible for deciding on the awarding of CEAs to eligible consultants.

The Chair of the LCEA committee will be responsible for ensuring the committee acts in accordance with this policy.

The Medical Director will be responsible for ensuring that feedback is provided to unsuccessful applicants.

The HR Directorate will be responsible for the administration of the scheme including: the dissemination of application forms; the calculation of the points available; the convening of the LCEA committee; the recording of their decisions; the arrangements for payment; and the process for any appeals.

Consultant applicants will be responsible for ensuring that their applications are accurate, within the specified word limit, submitted before the deadline and contain the comments of their medical manager.

Further details on duties is given in Section 6.4 below.

New LCEA is an award granted between 1 April 2018 and 31 March 2021. These awards will be non-consolidated and non-pensionable payable for a period of up to 3 years, paid annually by lump-sum and will not include an uplift for those undertaking additional programmed activities. This definition will also apply to awards made in the April 2021 round which will end on 31 March 2022.

Local Clinical Excellence Award scheme (LCEA) is the scheme operated by the Trust.

National Clinical Excellence Award scheme (NCEA) or national distinction award scheme is the scheme operated by the Secretary of State

Local Clinical Excellence Award Committee (LCEAC) is the committee which decides on the allocation of awards. It is also described in the national guidance as the Employer-Based Awards Committee (EBAC)

Joint Local Negotiating Committee (JLNC) is committee comprising management and medical staff representatives who consider the terms and conditions of medical staff.

Local Negotiating Committee (LNC) is the staff side of the JLNC.

Honorary Consultants are employed by a University and contracted to undertake clinical work for the Trust.

Medical Managers will usually be Clinical Directors but this broader term is used to reflect the wider variety of medical leadership roles now in place.

Multi-year awards-under the revised national arrangements the LCEA committee may make an award which spans more than one year. The maximum multi-year award is three years where the initial award is made for the 2018 round, two years where the initial award is made in the 2019 round and only one year for the 2020 round. If a multi-year award is made then it is paid in instalments according to the relevant year (e.g. for a two-year award made in 2018, a payment will be made in 2018 and then again in 2019). It has been agreed by the Trust that multi-year awards will be the norm when an award is made. However, this will not apply to awards in the April 2021 round unless it is specified otherwise within the national arrangements applicable to this round. This does not prevent multi awards (rather than multi-year awards) being made to an individual for the 2021 round.

5 Detail of The Policy

In line with national agreements and guidance this policy sets out the process and provides guidance to eligible consultants applying for an award. The Trust's HR Directorate and JLNC (Joint Local Negotiating Committee), comprising management and medical staff representatives, consider the terms and conditions of medical staff and review the policy accordingly.

6 Duties

The Local Clinical Excellence Awards Committee will be responsible for deciding on the awarding of CEAs to eligible consultants.

The Chair of the LCEA committee will be responsible for ensuring the committee acts in accordance with this policy.

The Medical Director will be responsible for ensuring that feedback is provided to unsuccessful applicants.

The HR Directorate will be responsible for the administration of the scheme including: the dissemination of application forms; the calculation of the points available; the convening of the LCEA committee; the recording of their decisions; the arrangements for payment; and the process for any appeals.

Consultant applicants will be responsible for ensuring that their applications are accurate, within the specified word limit, submitted before the deadline and contain the comments of their medical manager.

Further details on duties is given in Section 6.4 below.

7 Procedure

Each year, the Trust will determine, following consultation at the JLNC, the number of CEAs available to be awarded by the LCEA committee with effect from 1 April in the relevant year.

For the period 1 April 2018 to 31 March 2021 the number of CEAs available will be determined by multiplying the number of eligible consultants by 0.30 annually in accordance with Schedule 30. Where there is a "carry-over" of points from the previous year this will be added to the total.

The calculation may not result in a whole number. Where this occurs, any outstanding fraction may be held over until the following year, unless any of the following occurs:

- The Trust decides to round-up to the next whole number
- There is a successful appeal which enables this amount to be used in full or part payment

The Trust has decided to award single points at a time and to continue to do so until all available points are accounted for. This will therefore be an iterative process and multiple awards could therefore be made to Consultants based on their 'ranking'. Multiple awards are awards where more than one award is made to the same applicant by the LCEAC. Where such awards are made, they will also be multi-year awards.

Unless the JLNC agrees otherwise, all the available awards should be distributed in the relevant year. Where the LCEA committee is not able to allocate all the awards available for that year there would be three options (these are not in any order of preference as the LCEA Committee will decide based on the content of the applications):

- a) If another Consultant is just beneath the threshold cut off and there were awards still to give, the committee would need to make a decision as to whether the threshold could be extended to include this Consultant. Considerations should be made though as to how close the Consultant is to the threshold.
- b) If there is a particular high performing applicant, the committee should consider whether any Consultants would merit an additional award.
- c) The committee could consider whether there is anyone who fell below the threshold cut-off for their overall application score, however scored excellent in one or more domains and were part time. This consideration reflects the difficulty part time Consultants may have in terms of having the time to illustrate excellence across all domains.

Where the JLNC believes that LCEAs should be made beyond the total number of awards identified by the calculation, then the prior approval of the relevant Trust Management Committee will be needed before agreeing any such awards.

It is not expected that the Trust will make any awards outside of the formal process, which also includes the formal appeals process. If the Trust wishes in exceptional circumstances to award LCEAs or equivalent to a Consultant outside of this process, this proposal will first be referred to the JLNC for discussion and agreement. As a minimum, the extra points will be funded in that year so as not to disadvantage the general body of consultants.

Where an individual in receipt of a new LCEA, paid over multiple years, leaves or joins the Trust before the full value of the award is paid, the provisions of Paragraph 7 of the attached Schedule 30 will apply.

Where the LCEA committee decision on awards precedes that of the national scheme, the awards will be reviewed to consider whether any Consultants given awards locally have also received national awards. If there are any such Consultants, the local awards made during that year may be reallocated to other Consultants with backdating of the

award for those Consultants to the previous April or may be subject to the arrangements for “carry-over”.

Where an existing national award holder’s renewal application is unsuccessful, they will revert to Level 7 or 8 or will not receive an award as determined by the provisions in Section 8 of the Schedule 30.

The JLNC will review this agreement annually in the light of experience and taking into account any national guidance. Any local changes will normally be made in good time to ensure that the revised procedure is in place for the following LCEA round. Amendments will only be made with the agreement of the JLNC and will comply with the Equality Act 2010 and the provisions of the attached Schedule 30.

The arrangements to apply from 1 April 2021 will be in accordance with the attached Schedule 30.

7.1 Eligible Consultant

The Trust will provide a list of all eligible Consultants for discussion and agreement with the Joint Local Negotiating Committee. Eligible Consultants not being considered will still count towards the number of awards available to be granted.

A list of eligible Consultants will also be given to the chair of the Medical Staff Committee to encourage Consultants to apply.

7.2 Criteria

The criteria to be used for the Trust scheme are set out below. No other criteria will be applied to the consideration of LCEAs.

The format of applications will be agreed by the JLNC. This format will be used by the Trust. An appropriate scoring system has been agreed by the JLNC and will be the subject of review in accordance with this policy. It is agreed that the scoring system must be demonstrably objective and clearly based on the criteria. The scoring system and weightings have been agreed by the JLNC with an emphasis on rewarding contribution within the Trust.

How to score the applications:

As part of the assessment process each member of the committee should score each of the following domains:

No	Domain Area
1	Delivering a high-quality service
2	Developing a high-quality service
3	Leadership and managing a high-quality service
4	Contributing to the NHS through research and innovation
5	Teaching and training

using the following ratings:

- 0 = Does not meet contractual requirements or when insufficient information has been produced to make a judgement. (It should be noted that a score of 0 in any domain indicates a performance that is below the standard expected of a Consultant in order to fulfil their contractual obligations or that there is insufficient information to demonstrate that the expected standard has been met. Such scores should only be recorded by scorers where there is evidence to that effect)
- 2 = Meets contractual requirements
- 6 = Over and above contractual requirements
- 10 = Excellent

7.3 Application Procedure

All eligible Consultants should apply for CEAs using the designated electronic form. The invitation to apply will normally include a copy of this policy and the criteria, and the qualifying date for attaining eligible Consultant status). A time limit for the completion and return of the application form will be considered by the JLNC and also communicated to potential applicants. The form should be returned electronically to Human Resources.

Late entries will only be accepted in very exceptional circumstances. The individual will need to set out in writing the reason for the delay as soon as possible. The Medical Director, in consultation with the MSC/LNC Chair will determine whether a late application can be accepted and will confirm this in writing to the individual. There will be no additional right to use the Grievance Procedure

There is a word limit on the form. It is the responsibility of the applicant to ensure that this limit is not exceeded. Where a form is received in time and it has been identified by HR that the word limit has been exceeded, then the individual will be informed. There will be no extension of the deadline in such cases. It is not the responsibility of HR to check the word limit prior to the deadline and not being contacted by HR will not be accepted as a justification for exceeding the limit. Where the word limit is exceeded the application will not be considered. If the individual believes there are exceptional circumstances as to why they should be allowed to re-submit after the deadline (with an application which meets the word limit), then they need to set this out in writing as soon as possible. The Medical Director, in consultation with the MSC/LNC Chair, will determine whether a revised late application can be accepted and will confirm this in writing to the individual. There will be no additional right to use the Grievance Procedure

The Trust will not submit citations for any candidates applying for LCEA awards (other than the supporting comments from the medical manager see below). Nor will nominating citations or opinions from third parties be referred to or considered during the LCEAC's deliberations.

The application forms will be available to the LCEA committee and will be anonymous. These details will include the number of Clinical Excellence Awards previously awarded.

The Medical Manager will have a role in the application process for Consultants working within their area of responsibility. Part 2 of the application form provides space for their comments. Once completed by the Medical Manager, the form is

to be returned to the applying Consultant. Applicants should consider the time involved in obtaining these comments and Medical Managers should provide their comments in a timely manner. It is the responsibility of the applying Consultant to ensure that the application is submitted to HR by the due date.

7.4 Local Clinical Excellence Awards Committee (LCEAC)

The function of the committee is to take the annual decision as to which Consultants will receive Trust LCEAs. The committee will base its decisions on the specified criteria. The points scoring system agreed with the JLNC will be strictly adhered to by the LCEAC.

The composition of the committee will be as follows:

Role	Post holder
Chair	Chief Executive
Management (Scoring Members)	Non-Executive Director Medical Director* Medical Clinical Manager* HR Director
Staff Side (Scoring Members)	Consultant representative from the Academic Dept** 2X Consultant Representatives LNC/MSC Chair or their nominated representative
Secretary & Minute Taker (Non-scoring Member)	HR Representative

(*Note: The Medical Director & Medical Managers will not score the applications from colleagues for whom they have a direct clinical/managerial responsibility).

(** Note: If there is no eligible academic applicant then the MSC/LNC can appoint a Consultant representative instead. If there is an eligible academic applicant but no available academic representative then the Medical Director will liaise with the MSC/LNC Chair to identify the most appropriate alternative arrangement)

During the electoral process, wherever possible, the Consultant body should give due regard to the balance across the body of Consultants of specialty, ethnic and gender grouping to ensure that individuals in any group are not seen to be disadvantaged in the awards process. Consultants members should include at least one non-award holder and it is desirable that Consultant members have a range of award levels.

The Chief Executive of the Trust (or designated deputy) will act solely as the Chairman of the committee The Chair will hold the casting vote and this will only be applied where a consensus decision is otherwise not possible.

A representative from Human Resources will act as the secretary to the committee (non-scoring).

Duties:

The Chair will:

- Advise the relevant Trust remuneration committee of the decisions of the committee and the results of any appeals decisions.
- Represent the views of the committee at any subsequent Appeal Panel.

The Secretary and Minute Taker will:

- Advise the committee of the total number of awards.
- Complete on-going calculations during the process to ensure the minimum of 0.3 of an award per eligible Consultant is reached for the period 1 April 2018 to 31 March 2021.
- Advise the committee of the number and names of eligible Consultants.
- Be responsible for arranging meetings.
- Be responsible for advising Consultant applicants as to the closing date for applications.
- Be responsible for an equal opportunities analysis and its circulation.
- Be responsible for an analysis of results according to specialty and its circulation.
- Be responsible for keeping the records of all scores and raw score sheets.
- Be responsible for keeping details of the Consultants to whom any CEAs which become available following the LCEAC meeting for the current year will be awarded in order of award.
- Convey the results of the committee 's deliberations to all Consultants who have applied
- Convene and manage the appeals process.
- Be responsible for keeping full minutes of all the meetings, together with a list of those attending.

Scoring shall be executed independently by each scoring member. The methodology of the scoring process including the application of 'ranking' shall be discussed at the meeting in order to reach a uniform approach. Scorers will consider each criterion for scoring in the light of the information given in the form. All applications will be scored separately by each member of the committee (except for applications by a member of the committee or where there is a conflict of interest as agreed by the committee – see below). The committee will agree a score threshold above which candidates for CEA awards will be deemed to have reached a level of excellence sufficient to merit an award (standard level). The committee will also agree a score threshold above which a candidate may be deemed eligible for more than one CEA. Where an applicant is a member of the committee, or where there is a potential conflict of interest, that committee member will not score the relevant application, but their score will be the average of the scores of the other committee members. Guidance on the meaning of excellence for both applicants and the LCEA committees can be found at Part 6 of the National Guidance (July 2018).

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

The deliberations of the committee will be based solely on the contents of the applications.

Full minutes, scoring and ranking records must be maintained and made available as requested through the appeal process. Any applicant formally appealing against the decision of the committee will be given access to the full records excluding the forms of the other applicants.

The committee will be quorate with at least 75% of the full membership in attendance. The committee will be inquorate if there is not a majority of Consultants present (which may include the Medical Manager). The Trust will ensure that Consultant members of the committee are not prevented from attending these meetings by other Trust duties except in the case of a clinical emergency that cannot be managed by any other Consultant.

Decisions will be made by reference to the scoring process. In the case of an equality of scores where there are not enough remaining LCEAs to make awards to all those with equality of scores from the relevant year's allocation, the committee will consider the applications in the light of all the information contained in the application forms. In the event that the committee does not reach a consensus, the Chair shall have a decisive role.

Practitioners who are under investigation are encouraged to apply in the normal way for CEAs whether or not the process is internal or external (e.g. GMC, NICE or Police Authority).

If a Consultant who is the subject of a formal investigation (including a professional advisory panel) chooses to submit an application for CEAs, his/her application will be scored in the usual way. Should that Consultant following the scoring process be in a position to be awarded CEAs, then they will be withheld until such time as the formal investigation / disciplinary process is completed and will be informed of this by the Human Resources Director as soon as practicable. Neither the fact nor the details of the disciplinary concern will be disclosed to the committee. Following completion of the formal investigation / disciplinary process, the CEAs will either be awarded if no disciplinary action is taken or may be withheld completely if disciplinary action is taken or temporarily while a warning is extant. Complete withdrawal should only occur in very limited circumstances. Any awards that are withheld temporarily will be made subsequently once the warning's time limit has lapsed. The fact that CEAs have been withheld will be disclosed to the Chairman of the LNC so that the next year's allocation may be properly verified. If an award is withheld completely, and thereby not given to the individual, the award(s) may be reallocated retrospectively with backdating or subject to the options for carry-over described above. Any redistribution would have to be stayed if a disciplinary appeal was made as, if successful, the award would be re-instated.

Each year the committee will review the names of all eligible Consultants who have not received CEAs in the previous three years to ensure that there are bona fide reasons for non-receipt of awards. The Medical Director will write to such individuals to encourage them to apply in future rounds.

Appropriate guidance and training regarding the process and equal opportunities will be given to all members of the committee.

The JLNC may decide to increase the membership of the committee following discussion and agreement.

7.5 The Local Clinical Excellence Award Committee Process

The Secretary of the committee will set the agenda for the detailed process for the year in question in consultation with the Medical Director and the LNC/MSC Chair (or their nominated representative).

All the members of the committee will be given the applications for consideration with the equal opportunities monitoring sheet removed. Each individual scoring member of the committee will independently score each of the applications. A copy of the completed form must be forwarded to the Secretary of the committee who will be responsible for collating the information for the meeting of the committee. The Secretary will calculate the total “raw” scores and noting, where applicable, any differentials for Clinical and Academic Consultants. The Secretary will also provide an equal opportunity analysis across the applications.

The Chair will formally convene the meeting of the committee to decide the allocation of LCEAs to the applicants for the year in question. The Minute Taker will make a full record of the meeting and the LCEA allocations made. The Chair will write to all applicants as soon as possible after the decision informing them of the allocation. In the letter the Chair will detail the process to be followed in the event of an appeal.

The Medical Director or a nominated representative, will provide formal feedback to individuals after the award process has been completed; highlighting any areas for development in order to enhance the prospects of a successful subsequent application.

7.6 Appeal Arrangements

If a Consultant has grounds to believe that the process of awarding LCEAs has not been carried out fairly with regard to themselves, he/she will have the right to appeal to the Chair of the committee within one month from the date of receiving the results of the allocation of LCEAs.

Grounds for appeal are:

- The committee did not consider material duly submitted to support an application Extraneous factors or material were taken into account
- Unlawful discrimination based on, for example, gender, ethnicity, age
- Established evaluation processes were ignored
- Bias or conflict of interest on the part of the committee

Late applications will not normally be considered unless the applicant can show good reason for the delay, and it would be inequitable for the appeal not to proceed. The Secretary of the LCEAC will be responsible for setting up the appeal. Prospective appellants may seek advice on an informal basis from the Chairman of the LNC, the Medical Director or the Medical Staff Committee prior to lodging an appeal. Any such consultation will be confidential and will not affect the time-scale. The Chief Executive (or designated deputy) will try and find an informal resolution; during such considerations the appeal process will be stayed with the agreement of the individual.

Any Consultant formally appealing will be granted full access to copies of the full records including the minutes of the LCEAC meetings and any other

documents considered by the committee but excluding the individual forms of the other applicants. These records, once passed, will be confidential to the Consultant and his/her advisers.

All appeals should be heard, if practicable, within two months of the date of receipt. The grounds of appeal must be clearly stated by the applicant in his/her letter of appeal. Applicants will have a right to be represented by a work colleague or trade union representative not acting in a legal capacity. The appeals panel shall be comprised as follows:

- A Non-Executive Director of the Trust as Chair.
- A further member of the Trust Board.
- Two representatives of the Medical Staff Committee nominated by the Chair of the Medical Staff Committee, with at least one acceptable to the appellant.
- An independent Consultant from the same specialty (Psychiatry) from outside the Trust acceptable to both the Trust and the appellant Chair of the Medical Staff Committee.
- A Human Resources Director from another Trust acceptable to both the Trust and the appellant.

A member of the Human Resources Department who was not involved in the original decision -making process will service the appeal.

Following the appeal, the appellant will be informed in writing within three working days of the decision. The LCEAC will also be informed within the same time period. This will be achieved by way of sending a copy of the letter (to the appellant) to each member of the committee. If successful, the appellant will receive the allocation of LCEAs for the current year back dated to 1 April.

Note: CEAs awarded on appeal will normally be in addition to the minimum allocation unless there has been carry-over of awards.

7.7 Review of Awards

For the purposes of clarification, within the LCEA process, there are potentially three types of reviews as described below:

- a: Local CEA awards may be reviewed by the local committee where there is a change of circumstances e.g. a clinician moves to an entirely managerial role. Further examples of what may constitute exceptional circumstances are set out in part 9 of the National Guidance (July 2019) relating to awards affected by changes in circumstances.
- b: Arrangements to consider reviewing Existing LCEAs (see definition on page 5) will be undertaken in accordance with the relevant national guidance.
- c: Where a consultant holds a LCEA and there is an adverse outcome affecting them following disciplinary action by the Trust or GMC then the implications for the retention of their award will be considered by a specially-constituted panel, at which representations can be made by both the consultant and the employer. The panel will be composed of the same type of membership as the appeal panel but will be called a review panel for such considerations.

7.8 Annual Report

The secretary to the LCEA committee will be responsible for ensuring that an annual report is produced for the Board (and/or such sub-committee as it identifies) which will detail: the number of eligible consultants; the number and size of awards granted and to whom; the total spend available on awards; actual money spent (including existing LCEAs); and money committed and/or carried forward to the following year. It will also set out the distribution by protected characteristic as far as this is practicable and consistent with data protection requirements. The format of such annual reports will be considered by the JLNC and a copy of each report will be made available to both the JLNC and the consultant body.

7.9 Support for Applicants

The Trust shall ensure that appropriate advice, education and training is made available to all Consultants with regard to the completion of application forms in order to promote equality of opportunity.

The Trust will ensure that all applicants have adequate access to secretarial and IT resources in order to ensure that applicants are not disadvantaged in completing their application form.

The awarding of local and national clinical excellence awards may have implications for pension arrangements and applicants should consult with the Pensions Department where they are uncertain about any impact on their pension entitlement arising from a change in their circumstances.

8 Development, Consultation and Approval

This section should include details of:

The Trust's HR Directorate and JLNC (Joint Local Negotiating Committee), comprising management and medical staff representatives, consider the terms and conditions of medical staff and review and update this policy. The British Medical Association also has a representative on the JLNC. The JLNC itself reports, within the Trust, to the Medical Workforce Planning Group; comprising senior members of medical management and the HR Directorate.

Version 3.0 has been updated to ensure policy is inline the national guidance and will need to be re-reviewed no later than March 2022 to ensure policy is continuously up to date with the changes.

To be reviewed by JLNC and then processed through the mandatory governance groups before publication on the Trusts website and Intranet.

9 Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	Analysis of number and distribution of awards by the Joint Local Negotiating Committee.	Medical Director /HR Director	Annual	Joint Local Negotiating Committee (JLNC) and Medical Workforce Planning Group	Joint Local Negotiating Committee (JLNC)	e.g. Quality Assurance Committee (QAC) Medical Workforce Planning Group and Medical Staff Committee (MSC)

Review process (including re-ratification) to be scheduled for completion within 3 years of the previous ratification date and in line with national guidance, re-review no later than 31 March 2022.

10 Implementation Plan

This will be determined at and recorded by the Joint Local Negotiating Committee.

Action / Task	Responsible Person	Deadline	Progress update
<i>Upload new policy onto intranet and Website and remove old version Include in SHSC Connect (all staff newsletter)</i>	<i>Communications Team</i>	March 2021	
<i>e.g. Make team aware of new policy</i>	<i>Team manager Medical managers/HR</i>	March 2021	

11 Dissemination, Storage and Archiving (Control)

Version	Date added to website (intranet and internet)	Date added to internet	Date of inclusion in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
1.0	April 2007	April 2007	April 2007	N/A
2.1	25 January 2019	January/February 2019	January/February 2019	N/A
3.0	March 2021	March 2021	April 2021	N/A

This is Version 3.0 and is stored and available through the SHSC Intranet/Internet.

This version supersedes the previous Version 2.1 [January 2019].

Any copies of the previous policy held separately should be destroyed and replaced with this version.

All versions of HR policies are stored on the HR Shared Drive by the policy author and the PA to the Director of Human Resources.

Word copies of final versions of policies can be obtained from Policy Governance via the PA to the Director of Human Resource.

12 Training and Other Resource Implications

Training implications are set out in Section 6.9 and will be assessed and met by the Medical Directorate with support from the HR Directorate.

Internal training for HR representatives will be provided by the HR Directorate.

There is a saving of HR resource by combining the roles of HR representative and Minute Taker on the Local Awards Committee. There are also potential financial savings arising from the scope to use any carry-over of CEA awards to offset the costs of a successful appeal and in administrative time from providing greater clarity on procedural matters.

13 Links to Other Policies, Standards (Associated Documents)

National Terms and Conditions for medical staff

Appraisal Policy for Medical Staff

Local Clinical Excellence Awards National Guidance (July 2018 as amended in respect of the 2020 and 2021 rounds)

14 Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
HR Advisor	Rachael Watson	0114 261577	Rachael.watson@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: R.Watson 01.02.2021

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	By anonymisation of applications, greater scope for recognition of the contribution of part-timers and publication of annual report with equal opportunity data.	N/A
Disability	No	See above	N/A
Gender Reassignment	No	See above	N/A
Pregnancy and Maternity	No	See above	N/A

Race	No	See above	N/A
Religion or Belief	No	See above	N/A
Sex	No	See above	N/A
Sexual Orientation	No	See above	N/A
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Rachael Watson
01.02.2021

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	
2.	Is the local Policy Champion member sighted on the development/review of the policy?	√
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	
5.	Has the policy been discussed and agreed by the local governance groups?	
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	
Template Compliance		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and unambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	√
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
Policy Content		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	√
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	√
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix 1)?	√
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to; i. review ii. audit compliance with the document?	√
21.	Is the review date identified, and is it appropriate and justifiable?	√

Appendix C

Schedule to be included in the 2003 consultant contract

Schedule 30 Clinical Excellence Awards

1. For the purposes of this schedule, the following definitions will apply:

- **Existing LCEA:** Local clinical excellence awards granted prior to 1 April 2018 under existing local clinical excellence awards schemes in place as at 31 March 2018.
- **New LCEA:** Local clinical excellence awards granted between 1 April 2018 and 31 March 2021.
- **Future LCEA:** Local performance awards granted from 1 April 2021.
- **Existing NCEA:** National clinical excellence awards granted under the existing NCEA scheme.
- **Existing NCEA scheme:** The national clinical excellence awards scheme as at 31 March 2018.
- **Future NCEA:** National performance awards granted following the introduction of a future NCEA scheme.
- **Future NCEA scheme:** A reformed NCEA scheme or schemes introduced by the Secretary of State for Health and Social Care on or after 1 April 2019, following changes to the existing NCEA scheme in accordance with paragraph 20 below.
- **Employers, employing organisations and employees to which this schedule applies:** This schedule applies to all consultants employed under the Terms and Conditions – Consultants (England) 2003 and their employers.
- **Award rounds:** An annually run process which considers evidence of an individual's performance prior to 1 April of the award round year.

Arrangements from 1 April 2018

2. Until 31 March 2021, trusts must run annual local clinical excellence awards (LCEA) rounds with reference to amended 2012 ACCEA guidance on employer-based awards. Existing LCEA schemes can be amended until 31 March 2021, where there is agreement with the joint local negotiating committee (JLNC). Different provisions in regard to amendment and alteration of future LCEA schemes or new performance pay schemes will apply from 1 April 2021 as set out at paragraph 11 below.

3. Existing LCEA shall remain pensionable and consolidated. Awards under any 2017 LCEA award round that an employer may run and which concludes after 31 March 2018 should be granted in line with any existing LCEA arrangements in place prior to 1 April 2018. Such awards are treated as existing LCEA with payment backdated to 1 April 2017 (or other appropriate date in the period 1 April 2017 – 31 March 2018, as determined by the local arrangements). All payments made as part of the 2018 round will be made in line with paragraph 5.

4. From 1 April 2018, the value of existing LCEA and new LCEA will be subject to uplift in line with recommendations made by the Doctors' and Dentists' Pay Review Body (DDRB) that are implemented by the Department of Health and Social Care (DHSC). Where an individual in receipt of an existing LCEA moves to another NHS organisation, and continues to work within the speciality for which the award was made, the award will continue to be paid by the new employer, subject to the provisions on change of circumstances as set out in part 9 of the 2012 Advisory Committee on Clinical Excellence Awards (ACCEA) guidance on employer-based awards.

5. From 1 April 2018 to 31 March 2021, the minimum investment ratio for new LCEA will be set at 0.3 points per eligible consultant annually. For these purposes, 'eligible consultants' are those with at least one year's service at consultant level and who do not hold an existing LCEA Level 9, an existing NCEA, a future NCEA or a distinction award. If the existing NCEA scheme is reformed prior to 31 March 2021, and future NCEA are of lower value, then the costs associated with any additional payments made through employers' local performance pay schemes (as set out in paragraph 23) will be met by a reallocation of the previous NCEA funding stream to the new LCEA funding stream and will be met in addition to the cost of the 0.3 per eligible FTE ratio. This funding cannot be deferred and must be awarded in full each and every year, unless there is agreement with the JLNC that any uncommitted funds will be carried forward and spent on awards in the following year. For the avoidance of doubt at a minimum:

- funding for new LCEA awarded between 1 April 2018 and 31 March 2019 will be recurrent for two further years until 31 March 2021
- funding for new LCEA awarded between 1 April 2019 and 31 March 2020 will be recurrent for one further year until 31 March 2021
- funding for new LCEA awarded between 1 April 2020 and 31 March 2021 will be for one year until 31 March 2021.

Employers will normally open awards rounds in April every year which will cover work undertaken prior to 31 March of that year.

6. New LCEA points made from 1 April 2018 will be non-consolidated and non-pensionable, payable for a period of up to three years, paid annually by lump sum and will not include an uplift for those undertaking additional programmed activities (APA).

7. Where an individual in receipt of a new LCEA, paid over multiple years, leaves the awarding organisation before the full value of the award is paid, the individual's new employing organisation, to which this schedule applies, will undertake to pay the remaining value of the award. The payment of the remaining value of this award will be met from within the new employing organisation's awards funding for the relevant years. The money within the former employing organisation freed up by the departure of the multiple-year award holder will be reinvested into the award funding of future years. If the multiple-year award holder ceases to work for any employer to which this schedule applies, they will no longer receive any award value from the date that they leave that employer.

8. Until 31 March 2021, new local variations to the existing LCEA schemes may be introduced by agreement with the JLNC. During this period the following provisions shall continue to apply and cannot be varied locally.

- i. Any LCEA schemes must retain an internal appeals mechanism in line with existing processes or, where these do not exist, in line with the process set out in the amended 2012 ACCEA employer-based award guidance.
- ii. A requirement that any individual who 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

These Level 7 or 8 awards will be in the form of consolidated and pensionable existing LCEA. In circumstances where the individual's score is <14, the value of the award will cease to be paid. This reversion will apply to all consultants who are in receipt of existing NCEA 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.

iii. The funding for such reversions from existing NCEA to existing LCEA will be funded from outside the 0.3 funding ratio for new LCEA.

iv. 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 LCEA and the value of the award will be lost.

9. Any LCEA scheme and any local variation must comply with the Equality Act 2010. To the extent that any terms are unlawfully discriminatory, and no corrective local variation to the LCEA scheme can be agreed with the JLNC within six months of the date at which the issue was raised with the JLNC that removes the discriminatory effect, the employer may modify the scheme or delete the term to the minimum extent necessary to remove such discriminatory effect. Any modification to or deletion of a provision or part-provision shall not affect the validity and enforceability of the rest of the LCEA scheme.

Arrangements from 1 April 2021

10. The following arrangements will apply to existing LCEA, new LCEA, and future LCEA.

11. Local variations to any LCEA schemes or new performance pay schemes (for future LCEAs) may be introduced by the employer in consultation with the JLNC. However, the provisions in paragraphs 12 – 18 shall continue to apply and cannot be varied locally

12. Any future LCEA scheme must include an appeals mechanism.

13. Future LCEA will be non-consolidated and non-pensionable and will be payable for a period of up to three years, paid annually by lump sum and will not include an uplift for those undertaking additional programmed activities.

14. The minimum amount invested and paid annually in future LCEA per eligible full time equivalent (FTE) consultant within each employing organisation will be no less than the level spent on existing LCEA in 2016/17 (circa £7900 per FTE not including employer National Insurance contributions) 3. The minimum amount invested in future LCEA per eligible FTE will be published in the relevant pay circular. If the existing NCEA scheme is reformed and future NCEA are of a lower value, then the costs associated with any additional payments made through employers' local performance pay schemes (as set out in paragraph 23) will be met by reallocation of the previous NCEA funding stream to the future LCEA funding stream. These costs will be met in addition to the money spent on existing LCEA in 2016/17 (for example by increasing the circa £7.9k per FTE). Award values will be subject to uplift in line with recommendations made by the DDRB that are implemented by the DHSC. For these purposes 'eligible' will be defined as substantively employed consultants with at least one year's service (on 1 April of the award year) at consultant level who do not hold a NCEA or a distinction award. Spend on local performance pay from this sum will include monies expended on:

i. The continued payment of consolidated existing LCEA set out in paragraph 15

ii. Any new LCEA of greater than one year's duration that are paid beyond April 2021

iii. From 1 April 2022, costs associated with the reversion mechanism for existing and future NCEA holders set out in paragraph 8(ii)

iv. Future LCEA.

15. Existing LCEA will be retained for existing LCEA award holders and these awards shall remain pensionable and consolidated but subject to the review process set out in paragraph 16. Existing LCEA holders will continue to receive uplifts when undertaking APA. Award values will be subject to

uplift in line with recommendations made by the DDRB that are implemented by the DHSC. Where an individual in receipt of an existing LCEA moves to another employer to which this schedule applies and continues to work within the speciality for which the award was made, the award will continue to be paid by the new employer, subject to the provisions on change of circumstances as set out in the amended 2012 ACCEA guidance on employer-based awards. If the award holder ceases to work for any employer to which this schedule applies, they will no longer receive any award value from the date that they leave that employer.

16. Existing LCEA will be subject to a process of review, meeting the following key features.

- i. For existing LCEA 1-8, the first review will take place five years after the date of the award of a consultant's last existing LCEA point (but no earlier than 1 April 2021).
- ii. Existing LCEA will be reviewed by employer-based awards committees or their successor using the existing (i.e. pre- 1 April 2018) 10, 6, 2, 0 ratings and according to the pre-existing (i.e. pre- 1 April 2018) five scoring domains (service delivery, service development, leadership and management, research and innovation, and teaching and training). The following scoring system will apply:

Score	Outcome
≥ 20	Retain award(s) at current level and will not be reviewed again for five years.
16 – 19	Retain award(s) at current level and will not be reviewed again for three years.
11 – 15	Lose one LCEA point (and its associated cash value) and reviewed again after three years.
≤ 10	Lose two LCEA points (and their associated cash value) and reviewed again after two years.

- iii. The duration of any review period will exclude time taken for maternity/paternity/adoption leave or an extended period of absence such as ill-health absence, subject to the arrangements outlined in the amended 2012 ACCEA employer-based award guidance.

17. Level 9 existing LCEA will continue to be subject to existing renewal arrangements, including their anticipated five-yearly review, until April 2021. From April 2021, level 9 existing LCEA will be subject to the same scoring mechanism as all other existing LCEA, set out in paragraph 16.

18. Reversion to existing LCEA for existing NCEA holders who are unsuccessful in their applications for renewal, as set out in paragraph 8(ii) above, will continue to apply. Existing NCEA holders who have reverted to an existing LCEA will have these awards reviewed three years after the date of the reversion, but no earlier than April 2021. Following their reversion to an existing LCEA, the scoring system set out in paragraph 16 will apply.

National clinical excellence awards (NCEA)

The provisions below apply solely to the existing NCEA scheme and any future NCEA scheme in England.

19. Consultants will continue to have access to a national reward scheme that recognises excellence at a national or regional level.

20. Apart from the arrangements set out in paragraphs 21, 22, 23 and 24 below, the Secretary of State for Health and Social Care and the DHSC will have the right, after engaging in consultation, to introduce amendments and changes to the existing NCEA scheme from and after 1 April 2019.

21. Consultants who hold an existing NCEA at any date up to 31 March 2019 will retain their existing NCEA and the associated payment will be consolidated and pensionable, subject to the 2018 ACCEA review processes and paragraph 23 below. Arrangements under a future NCEA scheme

22. Until the NCEA scheme is reformed, the provisions set out in paragraph 8(ii) will apply to consultants who are unsuccessful in their existing NCEA renewal application.

23. The following arrangements will apply to consultants who hold existing NCEA and submit their first renewal application or application for a future NCEA under a future NCEA scheme.

For unsuccessful applicants:

- a. if their existing NCEA is due for renewal and their application has been unsuccessful, the consultant will revert to a local CEA in line with a reversion process equivalent to that outlined in 8(ii)
- b. if their existing NCEA is not due for renewal but the consultant has submitted an application for a future NCEA which has been unsuccessful, they retain their existing NCEA until the next renewal is due or it lapses.

For successful applicants:

- c. if a future NCEA Scheme is introduced after 31 March 2019 with lower value awards than those currently paid under the existing NCEA scheme, the following principles will also apply to those with existing NCEAs.
 - i. A consultant who successfully receives an award under the future NCEA scheme for an equivalent or higher level of performance but attracting a lower value of award will receive an additional payment so that they are paid no less overall than the cash value of their existing NCEA.
 - ii. A consultant who receives an award under the future NCEA scheme for a lower level of performance will receive an additional payment so that they are paid no less overall than the cash value of the equivalent lower award in the existing NCEA scheme.
 - iii. If the additional payment provided for by paragraph 23(c)(i) or (ii) above is made through an employers' local performance pay scheme, it will be met by reallocation of the previous NCEA funding stream to the future LCEA funding stream. In these circumstances, the consultant will revert to an existing LCEA (as awarded prior to 1 April 2018) of the nearest monetary value to the payment. This will not change the amount of the overall payment received.
 - iv. Beyond 1 April 2021, the existing LCEA component will be subject to the review mechanism outlined in paragraph 16 of this schedule. If a consultant loses one or more existing LCEA points after a review the payment will be reduced to the value of the relevant existing LCEA award.
 - v. The overall payment for consultants who hold an existing NCEA will be pensionable up to the value of the consultant's award in the existing NCEA scheme.

24. Where a consultant submits an unsuccessful application for a future NCEA subsequent to their first application (as outlined in paragraph 23) the consultant will revert to an existing LCEA in line with a reversion process equivalent to that outlined in 8(ii). However, any local CEA points that have been removed through the local review process outlined in paragraph 16 will be deducted from the level to which they revert. The timing of the next local review will not be affected by the new reversion.

There will be a fair and reasonable process of review which will be in line with that set out in Part 10, paragraph 8 of the National Guidance (July 2019)

Appendix D

Investment

Until the end of March 2021, the minimum investment ratio for new LCEA's awarded from April 2018 will be set at 0.3 points per eligible consultant annually. For these purposes, eligible consultants are those with at least one year's service at consultant level and do not hold an employer-based level 9 award, a national clinical excellence award or a distinction award.

Distribution of Awards

The Trust has agreed to give the following awards: -

- Three-year awards in year one
- Two-year awards in year two
- One-year awards in year three

See diagram below

	2018	2019	2020	2021
2018	Pay for 3 years → 2018 – 2019 2019 – 2020 2020 - 2021			
2019	Pay for 2 years → 2019 – 2020 2020 - 2021			
2020	Pay for 1 year → 2020 - 2021			

The value of Clinical Excellence Awards is as described in the Pay and Conditions circular (M&D) 2018