
Policy on Medical and Dental Employer Based Awards (EBCEA)

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1	01/04/18		New policy	
2	01/09/19	9 & 11	Amendment to paragraph 3.11.7 removing minimum score wording. Amend paragraph 3.8.1 in line with national scores	14/08/19

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Version Number	Review Date	Lead Name	Ratification Process	Notes
1	01/04/18 * approved via chairs action Jan 2019	L Bicknell	DDNC, PSG, Assurance Committee	New Policy
2	01/09/19	L Bicknell	DDNC, PSG	See above

SUMMARY OF POLICY

Under schedule 30 of the 2003 Medical and Dental Consultant contract there is a requirement that Trusts hold a local employer based awards scheme each year. The over-riding principle of the award continues to be excellence over and above that expected in the job plan and demonstrated in the application form.

The employer based awards scheme is different and distinct from the National Clinical Excellence Awards scheme. This scheme is based on Schedule 30 of the Terms and Conditions – Consultants (England) 2003 as amended. This agreement Local CEA schemes and will run for three years from 1st April 2018 to 31st March 2021. From the 1st April 2021 a new local scheme will be introduced.

This scheme is different to previous schemes as all payments will be non-pensionable, non-consolidated and will be paid as an annual lump sum. Holders of awards under the pre-existing local CEA scheme will retain these in their current form. Current level nine awards will continue to be reviewed every five years, but current awards of level one to eight will not be reviewed until after 1st April 2021. Holders of National Awards are not eligible to apply for a local award.

This policy explains:

- eligibility criteria for applying for an award - paragraph 3.1
- exclusions – paragraph 3.2
- amount available to the Trust to use for awards - paragraph 3.4
- the process to be followed if all available funds are not used within a year – paragraph 3.4.2
- value of each award and length of award – paragraph 3.5
- the difference between awards made prior to April 2018 and post April 2018 – paragraph 3.7
- review procedures - paragraph 3.8
- the scoring system – paragraph 3.9
- application procedure – paragraph 3.10
- the constitution of the awards panel – paragraph 3.11.3
- fitness to practice – paragraph 3.12
- overseas work – paragraph 3.13
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- timescales - Appendix A

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POLICY ON MEDICAL AND DENTAL EMPLOYER BASED AWARDS (EBCEA)

1. INTRODUCTION & PURPOSE

- 1.1 Under Schedule 30 of the 2003 Medical and Dental Contract, there is a provision that all Trusts hold an employer based award scheme each year, formerly known as Employer Based Clinical Excellence Awards (EBCEA). Consideration for an award is based on excellence over and above that expected in the job plan undertaken since the last award was given or since starting as a consultant if no award is held. The first award round under this new scheme will be for awards payable from 1 April 2018, based on work up to 31 March 2018.
- 1.2 The purpose of the scheme is to reward eligible Medical/Dental Consultants and Academic GPs who perform “over and above”, the standard expected of their role. They are awarded for quality and excellence, acknowledging exceptional personal contributions.
- 1.3 To be considered for an award, consultants and academic GPs will have to demonstrate achievements in developing and delivering safe high quality patient care, and commitment to the continuous improvement of the NHS, beyond the scope of their job description, and job plan.
- 1.4 This policy is designed to ensure that awards are given purely on merit and that there is no discrimination on any grounds when making awards.
- 1.5 The National Clinical Excellence Awards (CEA) are not incorporated into this policy as they are centrally administered by the Advisory Committee on Clinical Excellence Awards (ACCEA). Information regarding the National CEA scheme will be disseminated annually by the Medical Directorate Business Manager.
- 1.6 This policy supersedes all other policies and procedures regarding the awarding of employer based awards formerly known as Employer Based Clinical Excellence Awards.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to permanent and fixed term employees employed under the 2003 Medical and Dental consultants’ contract that hold a contract of employment with the Trust, in line with Solent NHS Trust’s Equality, Diversity and Human Rights Policy. It also applies to Academic GP’s who hold an honorary contract with the Trust.
- 2.2 Consultants, who are working within the Trust through a Service Level Agreement or hold an honorary appointment with the Trust and are employed by a different Trust, should apply for an employer based award directly from their employing Trust. A letter of support may be provided by the Clinical Director/Medical Director upon request in recognition for their contribution to this Trust.
- 2.3 The following Definitions have been used in this policy:
EBCEA - Employer Based Clinical Excellence Award

- PA - Programmed Activities
GP - General Practitioner
GMC - General Medical Council
GDC - General Dental Council

3. PROCESS/REQUIREMENTS

3.1 Eligibility

3.1.1 Those eligible for consideration for an employer based award under this policy are:

- a) Consultants (including those working as Clinical or Chief Medical Officer with clinical programmed activities (PA's)) who:
- are included on the specialist register of the GMC with a licence to practice, or specialist list of the GDC
 - has been substantively appointed as an NHS Consultant for one year, and
 - are employed by Solent NHS Trust as at the 1st April (date any award payable from)
- b) Academic GPs holding substantive contracts of employment as clinical academics at or above Senior Lecturer level (or equivalent) at Universities, provided that they:
- are registered GPs,
 - work at least half time as an academic GP,
 - are practising clinicians providing some direct NHS services, and
 - undertake at least five programmed activities (or equivalent sessional time) beneficial to the NHS, including teaching and clinical research.

3.1.2 If a consultant is using evidence for work undertaken in another organisation please see paragraph 3.10.2

3.1.3 Consultants returning to work following retirement are eligible to apply as long as they had been substantively appointed as a NHS Consultant for one year prior to retirement and satisfy all the other criteria listed in paragraph 3.1.1a

3.1.4 The one year substantive appointment as a Consultant excludes any time employed as a locum, but once the consultant has been employed in a substantive capacity for one year they can make reference to achievements as a locum consultant in a similar role, which can be drawn on as evidence in their application.

3.1.5 In order to be eligible for an award the consultant must have met contractual obligations complied with the Private Practice Code of Conduct, made reasonable efforts to participate with the annual appraisal in the 12 months prior to their application and job planning process. If an annual appraisal has not taken place, then the Clinical Director will confirm whether the consultant has made reasonable efforts to participate and if they are meeting the required standards of job planning.

3.1.6 For the avoidance of doubt no work undertaken as a Trainee Doctor or in other grades can be taken into account for the purpose of these employer based awards.

3.2 Exclusions

3.2.1 The following employee's are excluded from applying for an award:

- Locum Consultants or those Consultants employed in general management positions who do not undertake clinical duties
- Any consultant who has been on unpaid leave, or has not worked for over one year excluding periods on long term sickness, maternity, paternity or adoption leave as at the 1st April (date any award is payable from)
- Consultants who were not employed by the Trust at the 1st April (date any award payable from)

3.2.2 Any consultant who changes the speciality in which they were working will have any award granted for the previous speciality reviewed by the Awards Committee to see if it should be continued.

3.2.3 Any consultant who is in receipt of a Distinction Award or National CEA will not be eligible for a local award.

3.2.4 Pensionable employer based CEA's (and National CEA's) cease at the point of retirement. On returning to work the employee may apply for an Employer Based award in the next round of applications.

3.3 Recruitment

3.3.1 Employees who are transferring from one Trust to another under TUPE or via direct recruitment in the same speciality, who have a monthly pensionable EBCEA in payment at the point of transfer, will be able to retain their current award, on production of a most recent payslip from the previous employer. The exception to this will be if the employee has retired taking their NHS pension post award and prior to taking up this new role.

3.3.2 If an employee is in receipt of a non-pensionable Employer Based Award payable over multiple years, who joins the Trust before the full value of the award is paid, the Trust will undertake to pay the remaining value of the award.

3.4 Calculation of Awards Available and Level of Investment

3.4.1 Solent NHS Trust will, as a minimum, invest an amount based on the headcount of eligible Consultants employed by the Trust as at the 1st April each year multiplied by 0.3 (rounded up to the nearest whole figure) and then multiplied by £3,016 (which is the value of a local CEA as at 01/04/18) based on the current pay rates, but will be subject to review if the amount changes in line with the national pay circular).

3.4.2 The Trust will endeavour to spend all money available for awards each year, but acknowledges that this will depend on the number of applications received and standard of those applications. The over-riding principle must continue to be that excellence over and above that expected in the job plan, as demonstrated in the application. Any monies carried forward from previous rounds will also be included in the total sum available to be awarded

the following year. Solent NHS Trust will not make additional awards unless they are funded. Please see paragraph 3.11.6 for how applications will be scored.

- 3.4.3 The local pool of eligible Academic GP's and Consultants is calculated by counting the headcount of Consultants who are eligible to apply, who are in post on 1st April each year and who satisfy the criteria to apply. Consultants who hold Distinction awards and National CEA's are not included.

3.5 Amount and Length of Awards

- 3.5.1 Awards granted under this scheme will be as follows:

- 2018 scheme will be for three years
- 2019 scheme will be for two years
- 2020 scheme will be for one year

- 3.5.2 The value of each award will be as stated in the current pay rates (£3016 as at 01/04/18). Part time staff will receive a pro-rata award based on the percentage of full time hours they work. See paragraph 3.7.1 for details of payments.

3.6 Criteria for an award

- 3.6.1 Awards are payable to those Academic GP's and Consultants who perform over and above the standards expected of their role. All applications made will be considered on their individual merit.

- 3.6.2 Full details of the criteria to be used for implementation of the Employer Based Award scheme are attached to this document at appendix B.

- 3.6.3 Employer Based Awards make it possible for academic GP's and consultants to be properly recognised and rewarded for performing above the standards required while continuing to work for the NHS.

3.7 Types of Schemes and how different schemes will be applied

- 3.7.1 All awards made for schemes prior to the 1st April 2018, are paid as a monthly pensionable payment. For awards made for schemes which commenced on or after 1st April 2018, payments will be paid as a one off non-consolidated, non- pensionable payment.

- 3.7.2 Applicants being given an award who already hold an award under the old scheme may therefore receive a pensionable award under the old scheme and a non-pensionable lump sum award under the new scheme. In these cases the pensionable payment will remain in payment and the new award will be paid as a one off non-consolidated, non-pensionable lump sum payment.

- 3.7.3 Part time staff will be paid a payment pro rata to a full time employee.

3.8 Review of Existing Awards

- 3.8.1 Any consultant who is receiving a level 9 Employer Based Award under the scheme in place prior to the 1st April 2018, are due to have their award reviewed by the Awards Committee

on a five yearly basis. If as a result of this review it is determined that the award is no longer appropriate the following will be apply:

Score	Outcome
≥20	Retain award at current level and do not review again for 5 years
16 - 19	Retain award at current level and do not review again for 3 years
11 - 15	Lose one Employer Based Award and its associated cash value and review again after 3 years.
≤10	Lose two Employer Based Awards and its associated cash value and review again after 2 years.

3.8.2 Employer Based Awards level 1 to 8 in place prior to the 1st April 2018 will not be reviewed until 1st April 2021. They will then be reviewed five years after they were first awarded.

3.8.3 The duration of any review period will exclude time taken for maternity/paternity/ adoption leave for an extended period of absence such as absence due to ill-health.

3.8.4 If a review is due, the Medical Directorate Business manager will invite the employee to complete a new application form. The application form will be marked “review application” for the AC’s information.

3.9 Scoring System

3.9.1 A score from 0 to 10 will be allocated to each of the domain areas, as follows:

Rating Score

- 0 Does not meet contractual requirements or when insufficient information has been produced to make a good judgement
- 2 Meets contractual requirements
- 6 Over and above contractual requirements
- 10 Excellent

3.9.2 Further guidance on the rating scores is included at Appendix B.

3.10 Application Procedure

3.10.1 All eligible Academic GP’s and Consultants are invited to apply for Employer Based Awards using the Trust application form available from the Medical Directorate Business Manager.

3.10.2 Applications should be submitted to the Medical Directorate Business Manager who will then send these on to the Chief Medical Officer, and Clinical Director in order that the information contained may be validated. Separate validation will be required from external employers if the consultant is using evidence from outside of the Trust.

3.10.3 Reference will be made to previous applications (whether successful or not) as part of the validation process and the scoring panel will be made aware of points of duplication from previous successful applications.

3.10.4 Academic GP’s and Consultants applying for Employer Based Awards should complete the application. The font size has been preset to ensure all applicants have the same opportunity to present evidence of excellence. An agreed limit of 1350 characters per domain (approx.

250 words) will apply. Applicants should check that they have not exceeded the character count on the application as the Trust reserves the right to disregard it if they exceed it. It is required that applicants do not change the settings on the form, otherwise the application will not be considered.

- 3.10.5 The Chief Medical Officer via the Medical Directorate Business Manager will make all pending applications available to eligible Academic GP's, Consultants and SAS doctors (not trainees) after the closing date for applications and before the AC (Awards Committee) meets.
- 3.10.6 The Medical Directorate Business Manager will ensure that the procedure for senior doctors, SAS doctors and consultants to view Employer Based Award applications, after the awards have been made, is tracked and governed.
- 3.10.7 All doctors applying for Employer Based Awards will be made aware, via the invitation to apply, that their application forms will be available for all senior doctors, SAS doctors, academic GP's and consultants to view.
- 3.10.8 A full record of the panel meeting notes and scores will be maintained. This will be made available upon request through any subsequent appeal process.
- 3.10.9 Any concerns regarding the process should be raised with the Chief Medical Officer prior to the closing date for applications.
- 3.10.10 At the end of each annual scheme an annual report will be produced for the Trust Board and DDNC which states the number of consultants eligible, the number of awards granted, the total spend on Local awards including that spent on existing Employer Based Clinical Excellence Awards and will detail distribution by protected characteristics within the Trust. After consideration by the Trust Board and DDNC it will be placed on the Trust intranet.

3.11 Awards Committee (AC)

- 3.11.1 The function of the AC is to decide which Academic GP's and Consultants merit receipt of Employer Based Awards.
- 3.11.2 The AC will base its decisions on the criteria in Appendix B.
- 3.11.3 The composition of the AC will be as follows:
 - Chair – Non Executive Director
 - Chief Executive Officer for Solent NHS Trust or nominated deputy,
 - Two Non-Executive Directors,
 - Chief People Officer,
 - Chief Medical Officer,
 - Six Consultants, including one appointed by the Staff Side of the Doctor and Dentist Negotiating Committee (DDNC), and ideally one non award holder.
- 3.11.4 The Consultant representatives should not be eligible to apply, or not intending to apply, in this round of awards. Representatives will be drawn from as wide a range of specialties as possible and reflect the gender and ethnic origin mix of local Academic GP's and Consultants. All eligible Consultants and Academic GP's will be invited to express an interest in sitting on the committee. In the event that the number of interested parties exceeds the required

number of panel members then the Staff Side Lead of the DDNC will ballot the Consultant body in order to determine who should be invited to join the committee and will ensure that it reflects the diversity of the consultant body.

3.11.5 The scoring of each application will be performed individually by the members of the panel prior to the meeting and forwarded to the Medical Directorate Business Manager for compilation. The Chair of the panel will look at all the scores prior to the meeting and note the median score for each applicant, for each domain, and those scorers who were outliers to the median are invited at the AC to propose why their score should prevail at the meeting.

3.11.6 When scoring applications from part time consultants consideration must be given to the reduced hours worked and any decisions made must be proportionate to this.

3.11.7 Currently there is no predetermined aggregate score below which an award will not be made as all decisions will be based on real demonstrated excellence and as such the following will apply:

- no domains score 0
- one or more domains scoring a 10, or
- multiple domains scoring 6

In circumstances where there are more applications demonstrating excellence than points available, the Trust will rank the applications in order to determine who is to receive an award.

From April 2021 a minimum score of 20 will apply.

Please see paragraph 3.8.1 for reviews.

3.11.8 Following discussion the Chair seeks consensus and the panel either agree to the score, or agree to disagree. The AC panel will then determine the awards they believe should be made. The results will be sent to the Remuneration Committee for agreement before notifying individuals.

3.11.9 The AC will be quorate with at least 80% of the full membership in attendance, providing that at least 50% of those present are Consultants.

3.11.10 All panel members will be required to have undertaken equality training and be conversant with the AC process and training for this purpose will be provided where applicable.

3.11.11 At the end of the meeting the recommendations from the AC panel will be referred to the Trust Remuneration Committee for consideration and agreement.

3.11.12 Applicants will be invited to request informal feedback from the Chief Medical Officer on their application following the date of the panel.

3.12 *Fitness to Practice/Disciplinary Issues*

3.12.1 Any consultant who has a live disciplinary penalty, finding from the GMC/GDC of impaired fitness to practice due to misconduct, deficient professional performance or criminal conviction or caution on the closing date for Employer Based awards will not be eligible to apply for an award, and may in extreme circumstances have an existing award removed.

3.12.2 Any consultant who is subject to a fitness for practice/disciplinary investigation may make an application for an award as long as the outcome has not been confirmed. The application will proceed to the point of award, but any award will be withheld until the outcome of the fitness to practice/disciplinary action is complete.

3.12.3 Applicants must inform the Chair of the AC in a separate letter if they are the subject of a complaint that may or may not lead to a disciplinary enquiry. The Chair will subscribe to the principle that a person is 'innocent until proven guilty'. They will take note of any disciplinary process underway and will await the eventual outcome. Once the outcome is known the Chair of the AC will discuss the next steps with the Chief Medical Officer and Chief People Officer. If a decision is made to withdraw the award the consultant will be given the opportunity to make representations to the Trust via the Chief Medical Officer.

3.13 Overseas work

3.13.1 The AC recognises outstanding contribution to the NHS, and work undertaken in other countries is not directly relevant. However where it can be shown that there is a direct benefit to the NHS then that impact can be taken into account as background evidence to support an application based on the consultants current role.

3.14 Appeal Procedure

3.14.1 Academic GP's and Consultants who have submitted an application for an Employer Based Award for consideration by the AC can request a review of the process if they consider that the process set out in this policy has not been followed. Academic GP's and Consultants cannot appeal simply because they disagree with the collective judgement of the AC.

3.14.2 If a Consultant wishes to discuss the matter with the Chief Medical Officer before deciding whether they wish to appeal, they may make a request to see the Chief Medical Officer.

3.14.3 An appeal must be lodged in writing to the Medical Directorate Business Manager stating in full the reasons why the Consultant thinks the process has not been followed properly and which of the following valid grounds for appeal which relate to –

- The employer based awards committee did not consider material duly submitted to support an application (i.e. application & citations)
- Extraneous factors or material were taken into account
- Unlawful discrimination based on, for example, gender, ethnicity, age, disability, etc.
- Established evaluation processes were ignored
- Bias or conflict of interest on the part of the committee

The Medical Directorate Business Manager will forward the appeal to the Chief Executive or other person the CEO nominates.

3.14.4 A Consultant who wishes to lodge an appeal must do so within 4 weeks of receiving notification of the outcome of their application.

3.14.5 The Chief Executive or nominated person should consider the appeal and encourage informal resolution of the individual's concerns. In the event that this does not resolve the complaint, and the complaint has valid grounds (as per criteria set out in 3.10.2) then the Medical Directorate Business Manager will make arrangements for a panel to conduct an

investigation. Wherever possible this panel should be held within 4 weeks of receiving the appeal. This panel will not include any person who was previously involved in the decision making process of the AC and should comprise the following, all of whom should have received diversity training:

- A Non-Executive Director who will act as Chair of the panel,
- A Consultant,
- A nominated deputy of the Chief Executive Officer.

3.14.6 The Consultant has the right to present to the appeal panel (in person or by written submission) and the right to be represented in this context.

3.14.7 The panel will consider the consultant's statement of appeal in conjunction with the relevant procedures and the notes arising from the AC. All documents to be considered by the Appeal Panel will be anonymised by the Medical Directorate Business Manager and made available to the applicant. The applicant will also be given the opportunity to make further representations in writing or in person with appropriate representation if required. At the appeal meeting, the Chair to the original AC or nominated deputy should be present to present the AC management case.

3.14.8 Once the investigation has been completed, the Chair of the AC appeal panel will write to the Consultant to notify them of the outcome within seven days of the appeal panel.

3.14.9 There is no further right of appeal.

4. ROLES & RESPONSIBILITIES

4.1 The Medical Directorate Business Manager will provide administrative support to the AC, to include the following functions:

- Convene the meeting(s) of the AC
- Co-ordinate and administer the application and scoring process
- Checking that all annual appraisals and that job plans are up-to-date
- Arrange for a minute taker
- Advise the DDNC of the number and amount of funding available for awards.
- Prepare unsuccessful/successful letters for the Chair of the AC to sign
- Ensure that candidates are notified of the result of the AC process
- Prepare the Annual Report, detailing the number of consultants eligible, the number of awards granted the total spent on performance awards, distribution by protected characteristic of the AC for signature by the Chair of the AC and ensure that it is submitted to the DDNC, and Directors before being uploaded on to the Trust intranet
- Arrange for a list of successful candidates and the value of the award gained to be uploaded onto the intranet
- Co-ordinate and administer the appeals process

4.2 The People Services (HR) department will:

- Advise the AC of the number and names of eligible Consultants
- Advise the AC of the total number of awards and equivalent financial sum available for award
- Present the application scoring results to AC
- Attend the AC to provide HR advice

- 4.3 Applicants will:
- Ensure that they have fully participated in their appraisal and job plan within the last 12 months
 - Discuss their application with their Clinical Director seeking support for the application
 - Complete their application in a timely manner
 - Do not exceed the character count
 - Ensure that they do not rely on evidence used in previous successful applications
 - Only use work undertaken as a consultant as part of their evidence
 - Date all evidence presented
- 4.4 AC panel Members will:
- Undertake equality training prior to participating in the AC
 - Base their decision on the written evidence before them
 - Ensure that they are consistent in their approach to scoring and do not show any bias for particular candidates
 - Provide evidence for their decision particularly if their initial scores are outside the median score
 - Not discuss the applications or decisions made unless they are specifically asked to provide feedback to the applicant by the Chair of the AC/Chief Medical Officer.
- 4.5 The Chief Medical Officer will:
- In conjunction with the BMA provide training/guidance to potential candidates on request
 - Support Clinical Directors who are responsible for providing verification that the evidence contained in applications is correct
 - Provide feedback to employees who have been unsuccessful in their application
- 4.6 Clinical Directors will:
- Provide support guidance to employees wishing to make an application
 - Encourage applications from those staff who have provided an exceptional contribution to the Trust and meet the criteria for an Employer Based award
 - Valid applications from their staff within the deadlines set out by the Medical Directorate Business Manager
- 4.7 The Appeal Panel will:
- Undertake equality training prior to participating in the AP
 - Investigate any appeals within the remit of this policy
 - Once the outcomes of their investigations are complete write to the employee within seven days to outline the reason for their decision.
- 4.8 The Staff side of the DDNC will:
- Nominate a consultant who has not applied for an award in the current round to attend the AC as an ordinary consultant member taking an active part in the process and awards committee.
 - Encourage consultants to volunteer to sit on the AC panel and where necessary appeal panel
 - Encourage applications from their colleagues
 - Review the Employer Based Award monitoring data

5. TRAINING

- 5.1 All members of the AC and Appeals panel must have undertaken their mandatory training on Equality Diversity and Human Rights prior to completing any documentation or attending the AC/Appeal panel.
- 5.2 Consultants may request training from the Chief Medical Officer/BMA on the application process and how to complete the application form. Alternatively they may seek guidance from their Clinical Director or colleagues who have made successful applications in the past.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 6.1 In line with Trust policy, an Equality Impact Assessment has been completed. It is understood that no employee will receive less favourable treatment on the grounds of disability, age, sex, race, religion or belief, gender reassignment, pregnancy or maternity, marriage or civil partnership, working patterns or Trade Union membership or non-membership in relation to the application of this policy. The Equality Impact Assessment is included in Appendix C.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 7.1 Implementation of this policy will be monitored each year via an annual report which is presented to the DDNC, and post exercise review by the Chief People Officer and Chief Medical officer who ensure that any amendments that need to be made in the process are addressed. This may be where an explanation needs to be given or an issue arose that needs a policy amendment. The Finance team and Internal Audit will also monitor the payments made.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- 9.1 The following documents have been used in the development of this policy:
- Schedule 30 of the 2003 Terms and Conditions - Consultants (England)
 - Local Clinical Excellence Awards Guidance 2018-21 (England)
 - Solent NHS Trust Procedure for Employer Based Clinical Excellence Awards 2017
 - Solent NHS Trust Equality, Diversity and Human Rights Policy
 - Medical Appraisal and Revalidation Policy
 - Managing Performance of Medical and Dental Staff

Employer Based Awards Timetable

April	Medical Directorate Business Manager invites eligible members to apply for EBA and Consultants whose awards are due for review
April	Invite Consultants to participate in EBA awards committee meeting and DDNC to nominate a Consultant to attend awards committee meeting
June/July	Joint BMA/ Chief Medical Officer information sessions held for eligible Consultants
July	Confirm EBA awards committee members
End July	All EBA applications to be received by Medical Directorate Business Manager
August/September	Training provided for new EBA awards committee members
August/September	Medical Directorate Business Manager confirms all awards committee members has received Equality training
Early August	Applications sent to Chief Medical Officer, Clinical Director, and relevant Clinical Lead to validate applications
Early August	Applications made available to all consultants and SAS doctors via a secure medium
Early August	Medical Directorate Business Manager circulates applications to award committee members for individual scoring for a response by mid-September
End August	Scoring completed by award committee members and returned to Medical Directorate Business Manager
Early September	Medical Directorate Business Manager confirmed that within the previous 12 months all applicants have received a formal appraisal, have an agreed job plan, fulfilled their contractual obligations, complied with the private practice code of practice, worked to the standards of professional and personal conduct required by the GMC/GDC
Mid September	Validation process completed
Mid September	Individual awards committee scores collated
End September	Previous successful applications checked against current applications for duplications
Early October	Chair of Awards committee, Chief Medical Officer, Medical Directorate Business Manager, and HR meet to discuss collated scores
Mid October	Awards Committee held
Late October	Remuneration Committee held
End October	Result letters issued
End November	Lump sum payments issued through payroll
End November	Appeals received
Mid November	Appeal meeting held
End November	Appeal result issued
End December	Results implemented
December	Annual report for DDNC, and Directors

EMPLOYER BASED AWARD MARKING CRITERIA

DOMAIN 1 - DELIVERING A HIGH QUALITY SERVICE

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.

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

Score 2 (Meets contractual requirements)

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

Score 6 (Over and above contractual requirements)

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

Score 10 (Excellent)

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

- > Contracted post is carried to the highest standards. There should be evidence that the work undertaken is outstanding in relation to service delivery and outcomes when compared to that of peers. Where possible, evidence for this should come from benchmarking exercises or objective reviews by outside agencies to include patient/public orientated measures. However, it is accepted that in some situations this may not be available/possible
- > Leadership role in service delivery by a team with, where possible, evidence of outstanding contribution, such as awards, audits or publications
- > Excellent contribution to clinical governance and/or service delivery
- > Evidence presented may include audits and publications and/or the take-up of the practice elsewhere

- > Exemplary standards in responding to needs and preferences of patients, relatives and all grades of medical and other staff. Applicants should ideally include reference to a validated patient or carers' survey, or feedback on the service (external or peer review reports)

DOMAIN 2 - DEVELOPING A HIGH QUALITY SERVICE

Look carefully at dates. Give credit only for what has been achieved since last award.

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

Score 2 (Meets contractual requirements)

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

Score 6 (Over and above contractual requirements)

Applicants should show evidence of performance in some but not necessarily all of the following: The applicant has made high quality service developments, improvements or innovations that have resulted in a better and more effective service delivery. This could be demonstrated by:

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

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

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

Score 10 (Excellent)

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

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

- > Involvement of patients/public in design/delivery of service, especially where evidence of an innovative approach

DOMAIN 3 — LEADERSHIP AND MANAGING A HIGH QUALITY SERVICE

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

Consider contract and job plan:

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

Look carefully at dates. Give credit only for what has been achieved since last award.

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

Score 2 (Meets contractual requirements)

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

Score 6 (Over and above contractual requirements)

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

Score 10 (Excellent)

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

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

- > Leadership in shaping trust policy and modernising health services at a trust level, particularly where changes have been taken up in other trusts
- > Demonstrating leadership in chairing a regional committee could justify the score
- > Successful directorship of a large nationally recognised unit, institute or regional service

- > Planning and delivery of service at a level outside the trust
- > Any other evidence from citations of exceptional activity and achievement
- > Successful resolution of problems and challenges

DOMAIN 4 — RESEARCH AND INNOVATION

Consider contract:

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

Look carefully at dates. Give credit only for what has been achieved since last award.

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

Score 2 (Meets contractual requirements)

Clinical academic:

They should be considered by their employer to be 'research active' at 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.

NHS Consultant:

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

Score 6 (Over and above contractual requirements)

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

Clinical academic:

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

- > A lead or collaborative role, holding or having held since the last award peer reviewed grants

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

NHS Consultant:

- > Taking part in research and/or clinical trials
- > Supervision of research by junior staff or other NHS staff
- > Innovative work which has resulted in service improvement (locally and possibly regionally). Significant involvement in trust publications/newsletters could be regarded as an example of innovation and justify a score at this level. Similarly, media activity, promoting/defending the service could be viewed as innovative
- > A publication record in peer-reviewed journals since the last award

Score 10 (Excellent)

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

Clinical academic:

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

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

NHS Consultant:

- > A lead or collaborative role, holding or having held since the last award peer-reviewed grant

- > A role as a major collaborator in clinical trials
- > Research publication in peer-reviewed journals since the last award
- > Innovative work that resulted in regional or possibly national service improvement

DOMAIN 5 - TEACHING AND TRAINING

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

Consider contract:

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

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

Look carefully at dates. Give credit only for what has been achieved since last award.

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

Score 2 (Meets contractual requirements)

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

Score 6 (Over and above contractual requirements)

Applicants should present evidence from some of the following areas:

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

Score 10 (Excellent)

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

- > High performance in formal roles such as working with undergraduate and postgraduate deans

- > Leadership and innovation in teaching including some, but not necessarily all of:
- > New course development
- > Innovative assessment methods
- > Introduction of new learning techniques
- > Authorship of successful text books chapters or other media on teaching/training
- > Educational leadership outside the Trust, for example at regional level, as evidenced by invitations to lecture, perhaps peer-reviewed and other publications on educational matters
- > Innovation and trend setting in teaching and training, perhaps being involved in examination processes for a college, faculty, specialist society or other professional body which may be at national level.

Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	To provide a consistent approach to the award of Employer Based Awards		
2. Who will be affected by it?	Medical and Dental Consultants		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Annual report produced to the DDNC following each exercise. A review is undertaken post each exercise to ensure that any points which have arisen are addressed.		
4. What information do you already have on the equality impact of this document?	Previous information gathered as a result of the existence of former procedures within Solent and its predecessor organisations. National negotiations with the BMA and BDA. Gender pay gap report.		
5. Are there demographic changes or trends locally to be considered?	Yes - Gender Pay Gap		
6. What other information do you need?	None		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		x	No, it applies to all Medical and Dental consultants
2. Can any group benefit or be excluded?		x	This policy only applies to medical and dental consultant staff
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	No
4. Can this actively promote good relations with and between different groups?		x	It only applies to Medical and Dental Consultants in England
5. Have you carried out any consultation internally/externally with relevant individual groups?		x	Consultation has taken place at a National level between NHS Employers, DoH the BMA and BDA
6. Have you used a variety of different methods of consultation/involvement	x		Meetings with managers, webinars, discussions with the DDNC
<u>Mental Capacity Act implications</u>			

7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	No
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	x		ACCEA documentation, National Guidance, information from NHS Employers, policies in existence from a variety of Trusts across the country. Contractual requirements.
9. Are there any external implications in relation to this policy?		x	If the national requirements are not followed, there could be claims made against the Trust
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?		x	None

If there is no negative impact – end the Impact Assessment here.