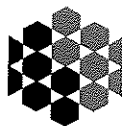


Diane Taylor
Director of Human Resources



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN
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RECEIVED
28 FEB 2011
PRESIDENT

RECEIVED
24 MAR 2011
REGISTRAR

To: Royal Colleges /
Specialty Associations

25 February 2011

Dear Colleague

Consultation on proposals for the 2010 - 2011 Northern Ireland Clinical Excellence Awards Round

I am writing to you regarding the Northern Ireland Clinical Excellence Awards round 2010 - 2011.

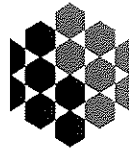
In October 2010 it was decided that no new Clinical Excellence Awards would be made in the 2010 - 2011 awards round. This decision was applicable to both, higher and lower awards.

The British Medical Association has since sought leave to apply for a judicial review of that decision. The Department is now consulting with relevant stakeholders regarding the 2010 - 2011 awards round. I have attached a consultation paper setting out the Department's proposals.

The Department would welcome your views. Comments should be sent by email to david.best@dhsspsni.gov.uk by 5.00pm on **Friday 22 April 2011**.

Yours sincerely

Diane Taylor



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NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME 2010-2011

Introduction

Introduction

1. The Northern Ireland Clinical Excellence Awards (NICEA) Scheme was introduced in 2005. It replaced the Distinction and Meritorious Awards scheme that had been in operation previously.
2. The scheme aims to ensure that there is recognition of exceptional personal contributions made by individual consultants who show a commitment to achieving the delivery of high quality care to patients and to the continuous improvement of the Health and Social Care (HSC) system in Northern Ireland.
3. It is a single, graduated scheme that comprises both local and regional elements. There are twelve levels of award. Lower awards (steps 1-8) are made by local (employer) committees and Higher awards (steps 9-12) are recommended by the NICEA Committee to the Department of Health, Social Services and Public Safety.
4. The current value of awards is as follows:

Lower awards	
Step 1	£2,957
Step 2	£5,914
Step 3	£8,871
Step 4	£11,828
Step 5	£14,785
Step 6	£17,742
Step 7	£23,656
Step 8	£29,570
Higher awards	
Step 9	£35,484
Step 10	£46,644
Step 11	£58,305
Step 12	£75,796

5. All awards are paid in addition to a consultant's basic salary. They are recurrent (subject to five year review), pensionable and liable for National Insurance contributions.
6. The number of new awards allocated each year is necessarily limited. The number of higher awards to be allocated is determined by calculating the budget surplus available from the existing cost of higher awards plus the value of any monies available to the scheme through the retirement of existing higher award holders. For lower awards, employers are required to allocate a minimum 0.25 awards per eligible consultant.
7. The Department refunds the costs of higher awards to employers, whilst employers fund the cost of lower awards from their baseline funding allocation.
8. The Department is now consulting with relevant stakeholders regarding the 2010-2011 Awards Round.
9. On 22 June the Government announced a two-year pay freeze for public sector workers earning more £21,000 per annum. All doctors in Northern Ireland earn more than £21,000 and are therefore subject to the pay freeze.
10. As Clinical Excellence awards are paid in addition to basic salary, the allocation of a new award would effectively amount to a pay increase for those consultants receiving a new award. For example, a consultant awarded a Step 1 Clinical Excellence Award would receive a pay increase amounting to £2,957 per annum. Consultants who currently hold a Step 4 award are entitled to apply for a Step 9 higher award. Should a Step 4 award holder be recommended for a Step 9 award, they would receive a pay increase of £23,656 per annum.

11. These pay increases would not be in line with the two year pay freeze announced by the Government in June 2010 or with the Department of Finance and Personnel expectation that the pay freeze will apply to all staff groups that are subject to the Northern Ireland Executive's pay policy.
12. The Department is also mindful of the financial pressures being experienced by the Health and Social Care (HSC) service in Northern Ireland. The announcement of the Comprehensive Spending Review, the reduction in the Block Grant made available to the NI Executive and the continued uncertainty over the health and social care budget have increased these financial pressures.
13. HSC Trusts are required to make 0.25 new lower awards per eligible consultant each year. Last year, only one of the five Trusts met the minimum number of awards required with others unable to do so due to funding constraints and cost pressures.
14. It should also be noted that at the request of the four Health Ministers, a UK wide review of the various Clinical Excellence Award schemes in operation, is underway. This review is being conducted by the Review Body on Doctors' and Dentists' Remuneration (DDRB).
15. The DDRB have been asked to specifically reassess the structure of, and purpose for, Clinical Excellence Awards scheme and provide assurance that any system for the future includes a process which is fair, equitable and provides value for money.

Proposals for 2010 -2011

16. Taking account of the Government's two-year pay freeze, the budget pressures arising from the Comprehensive Spending Review and uncertainty over the health and social care budget, and in light of the UK wide review of Clinical Excellence Award scheme, the Department is consulting on two possible options for the 2010-2011 round.

Option 1

Allocate new Clinical Excellence Awards in the normal manner. In doing so, the Department would be acting against the Government's two-year pay freeze for public sector workers earning more than £21,000 per annum. It would also create further financial pressure for Trusts required to allocate 0.25 new awards per eligible consultant within their Trust. Existing award holders would continue to receive their award at the current value.

Option 2

Allocate no new Clinical Excellence awards in the 2010-2011 year. This option would comply with the Government's announcement of a two-year pay freeze as no consultant would receive a pay rise by way of a new Clinical Excellence Award. It would also ensure that Trusts do not exacerbate existing financial pressures by having to meet the required minimum formula for new awards. Existing award holders would continue to receive their award at the current value.

Human Rights and Equality Implications

17. Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity in relation to the following nine equality groups:

- ❖ religious belief
- ❖ sexual orientation
- ❖ political opinion
- ❖ gender
- ❖ racial group
- ❖ disability (those with a disability and those without)
- ❖ age
- ❖ dependency (those with dependants and those without)
- ❖ marital status

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

Consultation

18. The Department would welcome your views on which of the two options should be implemented **AND** the Human Rights and Equality questions attached at **Annex A**. Comments should be sent to david.best@dhsspsni.gov.uk by 5.00 pm on Friday 22 April 2011.

Q1: If no new Clinical Excellence Awards are made in 2010-2011, is this likely to have an adverse impact on any group of people in terms of the nine equality dimensions?

Please tick

Yes No

If you answered "yes", please state which group(s) and the reasons why:

Q2: If no new Clinical Excellence awards are made in 2010-2011, are you aware of any indication or evidence that this may have an adverse impact on equality of opportunity or good relations?

Please tick

Yes No

If you answered "yes", please state the reasons why and suggest how these might be mitigated:

Q3: If no new Clinical Excellence awards are made in 2010-2011; does this afford the opportunity to promote equality of opportunity and/or good relations?

Please tick

Yes No

Please outline your reasons:

Q4: If no new Clinical Excellence awards are made in 2010-2011, are any potential human rights violations likely to occur?

Please tick

Yes No

Please detail below: