CONSULTATION ON THE NORTHERN IRELAND CLINICAL EXCELLENCE AWARDS SCHEME 2012/13 AND 2013/14

December 2014
Introduction

1. The Northern Ireland Clinical Excellence Awards (NICEA) Scheme, which was introduced in 2005, aims to recognise 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.

2. It is a single, graduated scheme comprising twelve levels of award - lower awards (steps 1-8) made by local (employer) committees and Higher awards (steps 9-12) recommended by the NICEA Committee to the Department of Health, Social Services and Public Safety (the Department).

3. The current value of lower awards range from Step 1 at £2,957 to Step 8 at £29,570. Higher awards start at £35,484 for a Step 9 to £75,796 for a Step 12 award. 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.

4. 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 normally required to allocate a minimum 0.25 awards per eligible consultant. The Department refunds the cost of higher awards to employers, whilst employers fund the cost of lower awards from their baseline funding allocation.

5. No new awards were made during the period of the public sector pay freeze of 2010/11 and 2011/12, on the basis that the awards were deemed to be part of pay. While applications for new awards were invited in respect of 2012/13,
no new awards have been made. The financial context has changed and has become increasingly challenging since the decision in principle to reinstate the awards was taken.

6. It is important that all staff in Health and Social Care (HSC) are mindful of the exceptional financial pressures being experienced by the service at this time. The Minister has made clear that his priority is to protect front line service delivery, and his statement on 30th October concerning the 2014/15 pay award for HSC staff reflects this.

7. As stated at paragraph 4, HSC Trusts are normally required to make 0.25 new lower awards per eligible consultant each year. In the last awards round (2009-2010), 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. These pressures have now increased substantially to further reduce the affordability of lower awards payments by any of the HSC Trusts.

8. In the event that no new awards were to be made, this would enable any associated funding to be redirected to support provision of frontline service delivery.

9. It is within this very challenging financial context that the Minister is considering the payment of new Clinical Excellence Awards in respect of years 2012/13 and 2013/14.

10. Consultees should note that a review of clinical excellence schemes in operation and proposals for reform and modernisation are currently being considered by Ministers within the four UK governments, in the context of the development of proposals for a new consultants’ contract.
Proposals for 2012/13 and 2013/14

11. Taking account of the matters raised above the Department is consulting on two possible options for the 2012/13 and 2013/14 awards rounds.

**Option 1**
Allocate new Clinical Excellence Awards in the normal manner.
Existing award holders would continue to receive their award at the current value.

**Option 2**
Allocate no new Clinical Excellence awards in respect of the 2012/13 and 2013/14 years.
Existing award holders would continue to receive their award at the current value.

Human Rights and Equality Implications

12. 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)
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

The Department would welcome your views on which of the two options should be implemented AND the Human Rights and Equality questions. The response questionnaire, which has been issued separately, should be returned to: ceawards@dhsspsni.gov.uk by 5.00 pm on Monday 16th February 2015.