



The Association of
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service
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AUKUH Response to the Review of the Clinical Excellence Award Scheme

AUKUH

The Association of UK University Hospitals is the key leadership body across the UK promoting the unique interests of 43 University hospitals. Its role is to represent the tripartite - service, teaching and research - interests of UK University Hospital Trusts in partnership with other national bodies. The high quality teaching and research conducted within these institutions allows the quality of care provided to the patients they treat to be at the forefront of best practice throughout the UK.

The Association incorporates the four affiliated groups - the Finance, HR, Nursing and Medical Directors.

AUKUH response

AUKUH member trusts have a tri-partite mission such that they not only deliver patient care, but also carry out research of benefit to patients and to UK plc, and train the next generation of healthcare workers. A system to reward excellence amongst NHS employees who are essential to the delivery and development of clinical excellence is imperative. It is also of central importance to the integrated approach to clinical service provision, education and research, which underpins the success of the UK's centres of clinical excellence, that a mechanism be maintained to reward exceptional performance – particularly those clinical skills that complement the NHS's research agenda and result in improved patient care. Salary levels for clinical leaders in other G20 countries are far above the top of the consultant scale. Recruitment and retention of the very best staff would be more difficult without the potential to gain additional performance related remuneration.

Therefore AUKUH supports the retention of a scheme that provides financial reward for sustained excellence amongst employees who are essential to the delivery and development of clinical excellence. However, AUKUH members also believe the time has come for a comprehensive review of pay systems, challenging though this might be. AUKUH also welcomes the development of levers that could be used to affect clinical behaviour.

We would emphasise the following:

- AUKUH believes that there is a continuing need for incentives to motivate and incentivise staff, and that the scheme should incentivise excellence in all areas that are of greatest benefit to patients. This includes clinical practice, research and education. It is also important that the system be transparent and fair, although AUKUH also acknowledges that the current system has become fairer and more transparent in the recent past.

- The vital importance of clinical academics employed by universities to improved patient care in the NHS cannot be over-estimated. Such university staff have had a central and major role in the development of novel services and treatments in the NHS where:
 - their vision and energy has developed innovative services now embedded within the NHS, for example cardiothoracic transplantation and laparoscopic surgery
 - they have led the establishment of multidisciplinary clinical teams
 - they have led the establishment of patient-focused care
- CQC data demonstrate year on year that the highest standards of clinical care are delivered in research informed environments and teaching trusts as exemplified by AUKUH members.
- AUKUH members are particularly sympathetic to clinical academic staff with honorary NHS contracts, whose substantive contracts are with the universities. Any system needs to recognise the important role that clinical academics hold in relation to advancement of medical research. There are, unfortunately, powerful disincentives to embarking upon a clinical academic career and CEAs have been a useful counter-balance to these disincentives in providing some compensation for eschewing the greater pecuniary rewards that would have been available to many clinical academics had they entered other branches of the profession. It is important to recognise that the UK is competing for the highest achieving clinical academics and so it is important that we ensure that the overall reward package is commensurate with those of others Academic Health Science institutions (eg the Karolinska and John Hopkins).
- Any scheme also needs to ensure we are still able to attract and retain staff to avoid loss of talent to private practice or to work in other countries. A system that rewards work that is of real benefit to the NHS and its patients is essential to reward, attract and retain the best clinicians and clinical academics.
- In rewarding effort over and above that which is contractually required, a revised **local system** could be more closely linked to the requirements and objectives of the local employer. Consideration should also be given as to how teams can be rewarded, including non-medically qualified staff
- The 5 yearly Review system needs to become very much more rigorous. If a reward is withdrawn, there must be a mechanism for the payment that accompanied the reward also to be withdrawn. A system that effectively delivers bonuses in perpetuity is unacceptable.

In summary there is no doubt that a national system to offer the potential for discretionary supplementary reward for excellence is critically important to develop, incentivise and most importantly retain the best clinical staff for the NHS as whole. A national scheme should provide a bench-marked, quality assured and independent process which ensures that only the most deserving receive awards in a way that is externally moderated and refereed, but is also structured to provide effective levers for employers. Local schemes should be more closely tied to employers' needs and could be better aligned to the local healthcare priorities. It is also essential that the same or similar arrangements exist in the devolved administrations.