Clinical excellence is about delivering high quality services to the patient in front of you. However, it is also about ensuring that you are able to treat as many patients as possible by using resources efficiently and improving the productivity of the services that you offer. Assessors will expect to see evidence of a contribution to improving the productivity and efficiency of services of the NHS whilst simultaneously improving quality.

1. Highlighting your achievements

1.1 Complete the **Personal Statement** section. Give **four points** summarising your case for an award. Focus on your most significant achievements and most important examples of local, national and international work **since your last award, or since your appointment as a consultant** if you do not currently hold a local award at level 1 or above. You might like to highlight your particular working environment and the expectations relating to it. Although the personal statement is not scored it allows assessors to understand the essence of your case as you see it. In light of the fact that your personal statement is not scored, you should ensure the achievements highlighted here are included in one of the five domains. Should your application be successful it will be published on the Trust website. Only in exceptional circumstances will you be able to opt out of this.

1.2 Complete the **Job Plan** section by summarising separately the number of direct clinical care, supporting and ‘other’ programmed activities you are remunerated for. Also describe other roles for which you receive remuneration from other sources as well as listing activities for which you are not remunerated. Do not provide a day to day list of all your activities but do describe your working week for each post you hold, e.g. consultant surgeon, clinical director, senior lecturer, or specialist society officer (this is not a comprehensive list). The job plan is not scored.

1.3 An illustration of the format of a job plan is below:

**Obstetrician and Gynaecologist**

I have an 11 Programmed Activity (PA) contract which is split into 8.5 Direct Clinical Care PAs and 2.5 Supporting Professional Activities. Broadly, my direct clinical care time is spent leading Antenatal clinics, Gynaecology clinics, both Obstetric and Gynaecology theatre lists and labour ward rounds. I attend or lead various meetings to support this clinical care such as case reviews, governance meetings, multi disciplinary team meetings and safety meetings. These occur throughout the week although the pattern varies from week to week. As a consultant I also take teaching and training sessions and help develop training. I am on call at the weekends once in every four weeks. My objectives include taking a lead on reducing Hospital Acquired Infections within my department, reducing the need for Caesarean births, improving the screening process for gynae related cancers and working towards becoming an examiner for my college.

My job plan reasonably closely relates to my actual work although I frequently stay later than planned if operations or meetings take longer than expected.
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1.7 Domains are scored by committee members using the following ratings:

- Excellent 10
- Over and above contractual requirements 6
- Meets contractual requirements 2
- Does not meet contractual requirements, or insufficient information to make a judgement 0

- The following weighting will then be applied to the bands for each domain to give an overall score, which will be used to assist in determining the relative merits of each consultant being considered for a CEA.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Delivering a high quality service</td>
<td>X5</td>
</tr>
<tr>
<td>2 Developing a high quality service</td>
<td>X3</td>
</tr>
<tr>
<td>3 Managing a high quality service</td>
<td>X2</td>
</tr>
<tr>
<td>4 Research</td>
<td>X2</td>
</tr>
<tr>
<td>5 Teaching and training</td>
<td>X2</td>
</tr>
</tbody>
</table>

Please attempt to complete all 5 domains (1,2,3,4 & 5) – all will be marked, and if your contribution is only “as expected” it will still attract 4 marks with the weighting, rather than 0 which is the only score possible if you put nothing. When the marks are totted up (from 12+ scorers) – this could be the difference between success and failure to achieve an award. It is legitimate to discuss audit, and changes to practice resulting from audit in Domain 4: Research – as we would consider change and innovation arising from audit as equally important. You can also record the work involved in collaborating with national studies eg NELA, EPOCH etc. Please ensure that your achievements are dated, it is important that scorers do not double count and if you already have an award, the Awards committee want to know what you have done since that award was made. The Trust may also ask internal audit to look at the process, and they will check a random sample of applications to ensure that you can show them the evidence that you have done what you have stated on the form.

Finally think of the hard pressed scorers – a bulleted list of your achievements may be much easier to score accurately than a narrative from which it can be harder to discern how your performance stands out in comparison with that of others and that is important because it is competitive – the awards are to the best.
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Completion of Individual Domains

Domain 1 – delivering a high quality service

2.1 Give evidence here of your achievements in delivering a service which is safe, has measurably effective clinical outcomes, provides good patient experience, and where opportunities for improvement are consistently sought and implemented. (Applicants should provide evidence across all of these dimensions, although it is recognised that their exceptional contribution may just focus on one of them). In your evidence you should include quantified measures if these exist (e.g. outcome data) that reflect the whole service that you (and if relevant, your team) provides: using Indicators for Quality Improvement or Quality Standards and other reference data sources in England where it allows you to provide performance data against indicators for your specialty. The evidence on patient safety should refer where possible to the new quality indicators and the evidence on the patient experience should indicate how you have addressed the issues of dignity, compassion and integrity with patients.

2.2 This could, for example, cover the following:

- Excellence in delivering your professional commitments. You may refer to validated performance or outcome data. Present this comparatively, and/or with external or peer review reports assessing the quality of your service if possible.
- Exemplary standards in dealing with patients, relatives and all grades of medical and other staff. For example you should describe how you have provided dignity of care for patients and won their trust. Here you may refer to validated patient or carer surveys, or service feedback.
- Evidence of excellence in preventative medicine measures e.g. in alcohol abuse, smoking cessation and injury prevention.
- Evidence of the effect on patient experience.
- Good use of NHS resources.

2.3 You should give evidence of the quality and quantity of your service arising out of audit or assessment by patients, peers, your employer or outside bodies: providing evidence will help your application. It would not be a disadvantage if evidence is less available in your specialty. You should quote the source of the information you give, and relevant dates. For example:

“In an analysis of mixed arterial interventions (quote year) our vascular unit had relative risk of death 0.61 in the UK and the third largest arterial series in the country. My contribution to this outcome was…..”

“Data from the intensive care national audit (ICNARC) (quote year), shows our unit is one of the top ten for survival with a standardised mortality ratio SMR of 0.65 meaning 60 patients lived who were expected to die. This performance has improved steadily since 2006 when our SMR was 1.35. My contribution to this outcome was…..”

“I have set up a short stay programme which has the lowest length of stay for hip replacements in England, 2.7 days as against the England average of 6.1 days… 67% of patients are home after 2 nights… 98.5% patient satisfaction service… readmission rate of 5.1% as compared to the regional average of 7%”

2.4 You should provide benchmark comparisons wherever possible, for example standardised mortality ratios, MRSA, C Difficile ratios, VTE prevention.

Domain 2 – developing a high quality service

2.5 Give evidence here of how you have significantly enhanced clinical effectiveness (the quality, safety and cost effectiveness) of your local service(s) or related clinical service widely within the NHS. In general, your evidence should be as measurable as possible. It should specify your
individual contribution, not just that of your department. You should give specific examples of action taken in light of audit findings including how these might have contributed to organisational change.

2.6 This could, for example, cover information about the following:

- Developing and completing relevant audit cycles or applying strategies to implement evidence based practice, leading to demonstrable service improvements. It is a baseline expectation that you provide evidence that you have fully participated in any relevant National and Local Clinical Audits. You should also refer to participation in any relevant National Confidential Enquiries
- Developing and/or applying tools to determine barriers to clinical effectiveness and their resolution
- Developing diagnostic tools, intervention techniques and methodology
- Analysis and management of risk; this may include examples of specific improvements, reduced risk or enhanced safety
- Improved service delivery, with a demonstrable effect. For example, how has your service become more patient-centred and accessible?
- Evidence that changes have been informed by consultation with patients
- Innovation in service delivery, with a demonstrable effect. Is there evidence of improved outcomes or the introduction of major prevention, diagnosis, treatment innovations or care models?
- Improved productivity and efficiency due to service redesign, with no diminution in quality
- Development of new health or healthcare plans or policies
- Major reviews, inquiries or investigations
- National policies to modernise health services or professional practice

2.7 Where possible, give audit or research evidence showing where improvements have been made, quoting sources and dates. You need not have carried out these audits or research yourself. Indicate the developments you have been responsible for, either alone or in a team, with evidence that these have been of high quality and benefit. For example:

"The development of a Gastro Intestinal bleed service has resulted in excellent outcomes. Mortality 2% vs. 7.1% nationally. Risk Standardised Mortality Ratio of 0.58 National Audit. My contribution to this outcome was....."

"I have an international reputation for complex aortic surgery and thoracic abdominal aneurysms; our unit has the largest practice in the UK. We pioneered a hybrid open and endovascular operation for aneurysms involving the thoracic and abdominal aorta; first 75 cases elective mortality of 12.5%; elective and urgent of 16%; world's best reported results have mortality of 13%. Our thoracic aortic stent programme is largest in UK with mortality of 3.8%. My contribution to these outcomes was......"

"I have developed a continuous patient pathway with GP services for all pre-admission clinics, and day case surgery patients ensuring the following; VTE risk assessment, appropriate thromboprophylaxis (including an extended duration component) with bleeding and VTE incidence, prevalence and follow up data. This is already improving our understanding and awareness of the issue but also stimulating us to work with GP colleagues to streamline the process. We estimate that, in the area piloted, … bed days have been saved over the 6 month period of the pilot."

"I used multi disciplinary team working to effect systemic change throughout our unit saving nearly 1,000 bed days. This reduced the requirement for elective beds by 25%...I developed two half session theatre days. This has greatly improved theatre
Domain 3 – leadership and managing a high quality service

2.8 Give evidence of how you have made a substantial personal contribution to leading and managing a local service, or national/international health policy development.

2.9 If you list particular roles in your application, that you have undertaken describe the impact that you have had in those roles. It is recognised that there are many different aspects of leadership, which could include, but are not limited to the following:

- Evidence of positive outcomes as a result of effective leadership inputs and processes, giving examples of specific achievements in terms of improved quality of care for patients
- Information about any change management programme or service innovation that you have led, with evidence that it has improved service effectiveness, productivity or efficiency, for the benefit of patients, the public and staff
- Evidence of excellence in leading the development and delivery of preventative medicine initiatives including working with other agencies such as local authorities and the voluntary sector.
- Development of individuals or a team in support of improved patient care. You should give specific examples e.g. of mentoring or coaching. (Consultants working in England might refer to the Guidance on talent and leadership planning in England. Please see /www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093395)
- An ambassadorial or change champion role, perhaps in public consultation or explanation of complex issues
- Developing a compelling and shared vision and purpose for change, investing in verified improvement methodologies, tackling any behavioural issues that get in the way
- Demonstrating your contribution to removing barriers and positively promoting diversity in the workplace, thus enabling the career progression of clinicians and non-clinicians into senior leadership positions
- Working across organisational and professional boundaries in support of improved patient care, access or use of resources (clinically effective and efficient)
- A leadership contribution to developing patient-focused services
- Membership of a committee along with evidence of outcomes and your role in these. Membership of some national or international boards or advisory bodies is itself recognised as a marker of high professional status, but membership alone will not usually be accepted as evidence of an awardable contribution: the LAC require evidence of what your membership achieved and your impact in any particular role that you list
- Excellence in team leadership for which you take sole, rotational or shared responsibility
- A leadership role in relation to clinical governance including a leadership role in policy or service development
- Examples of individual leadership

2.10 Evidence of your contribution, the source of any data, and relevant dates should all be included, for example:

“As the lead obstetrician for Delivery Suite I have promoted normal labour and birth. The team’s work was recognised by winning the All Parliamentary Group for Maternity Services Award for 2008. This work has been short listed for the Royal College of Midwives’ annual award.

I continue to lead the weekly Obstetric Risk Management meeting. The reduction in reportable incidents when this meeting was established has continued.
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I undertook a detailed review and redesign of the Antenatal Clinic service which has improved patient waiting times."

“In my role as chair of the regional neonatal network between 2006-2009 I championed the rationalisation of beds and care levels across acute hospitals. As a result, transfers of neonates for clinical and non clinical reasons have reduced by 10%: see data below"

2.11 Do not include educational responsibilities, such as chair of a training committee. These should be entered in Domain 5.

Domain 4 – research and innovation.

2.12 Use this section of the form to outline your contribution to research, and how you have supported innovation including developing the evidence base for the measurement of quality improvement. In the section on references you should detail papers published etc. (not give the names of referees). This can include audits that have been presented to Regional and National Societies, with reference to abstracts if published.

2.13 On a separate line, detail what you have achieved to date and what you hope to achieve, with supporting evidence, such as:

• New techniques or service models that you have developed and which have been adopted by others. In particular, how you have applied improvement methodologies in order to get the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change
• Further developed techniques for public engagement.
• Encouraged the systematic uptake of innovation to improve the quality of patient services.
•Actual or potential impact of your research, including that which is laboratory based, or innovative development on health service practice, health service policy or on the development of health services, including the relevance of your research to the health of patients and the public
• Major trials/evaluations (including systematic reviews) led, or co-investigated, and published over the preceding five years and referenced
• Your contribution as a research leader and to the research and supervision of others
• Other markers of standing in your chosen research field(s) such as membership of review boards of national funding agencies, office bearer of learned societies or professorships. Provide evidence of your impact in these roles
• Grants you hold i.e. not just those held by the department
• Peer-reviewed publications, chapters or books written/editied – please indicate editorial activity
• Significant participation in multi-centre research studies, e.g. high levels of recruitment to clinical trials
• Evidence of excellence in research leading to new solutions to preventing illness and injury

2.14 Some relevant extracts from recent applications are as follows:

“As Director of R&D in the last 3 years I have positioned the Trust as one of the leading 5 NHS research centres in the country and developed a research service to support clinicians with robust governance processes, a clinical trials office, a research design service, and funding for research time.”

“My research is in stroke, which is a public health priority for prevention and improvement of care. The development of a public health model for chronic disease
using stroke is relevant to assessing needs and evaluating innovative models of care. My R&D leadership role has enabled academic and clinical organisations to develop joint NIHR Centres in biomedical and health services research and training for population and patient benefit.

“I have developed booking systems for use in emergency and trauma theatre settings. These secure systems allow cases to be booked into emergency theatres from anywhere in the hospital, informing all emergency staff of pending cases and their preparedness. The system links with hospital investigation reporting systems allowing blood investigations for each patient to be accessed.

In addition, the traumas booking system can be linked to a radiological teaching package; when a particular fracture type is booked onto the system the booking doctor is offered the opportunity to look at the system of classification for that fracture type and to review teaching radiographs of each type. The system won a 2008 national Theatre Innovation Award for IT.”

Domain 5 – teaching and training

2.15 For some applicants, teaching and training will form a major part of their contribution to the NHS, over and above contractual obligations.

2.16 Give evidence of excellence that relates to the following (you will not be expected to include examples in all of these categories):

- Quality of teaching. Any medical undergraduate teaching, evidence of student feedback and other forms of teacher quality assessment that show students’ views
- Leadership and innovation in teaching. This might include:
- Developing a new course
- Innovative assessment methods
- Introducing new learning facilities
- Authorship of successful text books or other teaching media
- A contribution to postgraduate education and life-long learning
- Contributions to teaching in other UK centres or abroad
- Developing innovative training methods
- Scholarship, evaluation and research contributing to national or international leadership in the educational domain. This might include:
- Presentations
- Invitations to lecture
- Peer-reviewed and other publications on educational matters
- A contribution to education of other health and social care professions
- Teaching and education of the public e.g. health promotion and disease prevention
- Institutional success in regulatory body and quality assessment audits of teaching in which you have played a key role. This could include undergraduate or postgraduate examinations or supervision of postgraduate degree students
- Evidence of personal commitment to developing teaching skills. Such as Higher Education Academy membership and courses completed
- Evidence of unusual teaching and educational commitment and workload not recognised in other ways
- Evidence of excellence and innovation in teaching related to preventing illness and injury

2.17 Some relevant extracts from successful applications are as follows:
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“My course for **** (2005-10), innovative in its integrated health systems and active learning approaches, has sought and used intensive feedback to enable modification of the course before wider roll out. It is approved for continuing professional development by ****, shows significant gains in knowledge and skills and excellent participant feedback.”

“Principal Internal Examiner for final MB examinations at ****. I am responsible for ensuring the written and clinical parts of the examination are constructed, blueprinted to the curriculum and then standard set. I oversee the work of the examination leads for these sections. I personally write exam questions and examine for first and resit examinations. I am Chairman of the Final MB board which considers extenuating circumstances and receives reports from external examiners.”

Appendix A on application Form – please leave this area blank.

SUBMITTING YOUR APPLICATION

When the form has been completed, save it with the following filename “Your Name Local CEA 2015”, and review it. For “Your Name” insert surname and first name in that order eg “Moynihan Benjamin Local CEA 2015”. The filename will facilitate indexing of the documents. When you think it is completed satisfactorily for submission, print a paper copy and sign it, in the event that any later audit is undertaken the signed copy will be verified against your submission – any variance may lead to rejection of your application and further investigation. Send the completed application electronically to Victoria.Davies@mbht.nhs.uk at Trust HQ (Ext 45259).

Please send it from your “mbht” (Trust) e-mail address. If it is received from another e-mail address it will be returned to your Trust e-mail address for resubmission from that address, to verify that it has been submitted by you.