

Faculty of Health Sciences

Clinical Excellence Awards Scheme 2021 Round

1. The Advisory Committee on Clinical Excellence Awards (ACCEA) launched the 2021 Awards Round on 7th December 2020 and closes at 5pm on Thursday 18th March 2021.
2. Detailed guidance for applicants, employers, nominators, and assessors is published on the ACCEA website and can be obtained at <https://www.gov.uk/government/publications/clinical-excellence-awards-application-guidance>
3. There have been some changes to the application process and the application forms which aim to reduce the burden on applicants and simplify the process.
4. Individual universities are no longer nominators within the Clinical Excellence Awards process, this role is now undertaken by UUK but only at Platinum level. UUK role in the process is set out in the ACCEA Guide for Nominators.
5. The University of Bristol has been asked to forward new Platinum applications to UUK by 25th February to enable them to rank these in time for the process deadline.
6. Where a University has more than one application for a Platinum award they have been requested by UUK to rank these before they are submitted.
7. Citations are not permitted from the University as part of the Platinum ranking process.

Publicising the Process

On 13th January 2021 the Faculty Head of HR Business Partnering will e-mail clinical academic staff holding substantive University contracts advising that the 2021 round is open and confirming that the University is no longer a Nominator in the process and the process that will be followed for Platinum applicants.

Full details of the University process for Platinum National Award applications

Colleagues seeking support for their application for a **new** Platinum Award must submit a copy of their application to the Head of HR Business Partnering by email before 19th February 2021 (to rachel.shimeld@bristol.ac.uk.)

The Dean will forward applications to Paul Stewart who is Chair of the UUK-Medical Schools Council-MRC advisory committee before 5pm on 25th February 2021. That committee will consider and rank all cases for the process.

Where there is more than one application the University of Bristol has been asked to undertake an internal ranking exercise prior to submitting the cases. In these circumstances, applications will be ranked by a panel with members drawn from Faculty Board and senior clinical academic staff.

The panel considering applications will comprise:

Name	Role in Faculty	ACCEA Awards Committee role
Prof Jane Norman	Dean	Consultant (national award)
Prof Ashley Blom	Head of Bristol Medical School	Consultant (national award)
Prof John Iredale	PVC Health	Consultant (national award)
Prof Michele Barbour	Head of Bristol Dental School	Academic Professor and Head of School
Prof Tim Peters	Associate PVC Research and Faculty Research Director	Academic Professor and member of Faculty Board
Rachel Shimeld	Head of HR Business Partnering	Support Services (lay person and secretary to the panel)

The panel will individually rank applications in line with the assessment criteria set out in section 3 of the Guide for Nominators 2021 [National Clinical Excellence Awards 2021: guide for nominators \(publishing.service.gov.uk\)](#), this has been extracted and is in appendix for ease of reference. Having assessed individually the panel will submit their rankings to Rachel Shimeld who will combine results to produce an overall ranking which will be confirmed to the panel. Where any applications are tied the group will be asked to vote on the tied cases to establish a hierarchy.

Following the panel, the Dean of Faculty will email the applications and the ranking (if used) to Professor Paul Stewart.

Appendix

3. The assessment criteria

3.1 Highlighting achievements in five key areas

3.1.1 Clinical excellence is about providing high-quality services to the patient. It is also about improving the clinical outcomes for as many patients as possible by using resources efficiently and making services more productive. Applicants need to show our assessors evidence of how they have made services more efficient and productive, and improved quality at the same time, as well as demonstrating their role as an enabler and leader of health provision, prevention and policy development and implementation.

3.1.2 Applicants do not need to show they have achieved over-and-above expected standards in all 5 domains – a lot will depend on the type and nature of their post.

3.2 Assessing applications

3.2.1 Our Guide for Assessors has comprehensive information about how we score an application. As part of the assessment process, sub-committee members score the domain sections of each application. A score of:

- 10 means the application is excellent
- 6 denotes work that is 'over and above' contract terms
- 2 means the applicant meets their contract terms
- 0 means the applicant has not met their contract terms or there is not enough information to make a judgement.

3.3 Domain 1 – delivering a high-quality service

3.3.1 In this section, applicants should give evidence of what they have achieved when it comes to:

- providing a safe service
- making sure their service has measurable, effective clinical outcomes, based

on delivery of high technical and clinical standards of service

- giving patients a good experience
- consistently looking for and introducing ways to improve their service .

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3.3.2 They should explain which activities relate to their clinical services where they are paid for by the NHS, and to other aspects of their work as a consultant or academic GP.

3.3.3 Applicants should include quantified measures if they can – like outcome data.

They need to reflect the whole service they and their team provide. They should use indicators for quality improvement or quality standards, and other reference data sources in England or the Healthcare Standards for Wales, specifically where they can give performance data against indicators for their specialty.

3.3.4 For good patient experience, applicants should show how they have ensured their patients are cared for with compassion, integrity and dignity and how they have demonstrated commitment to patients' safety and wellbeing.

3.3.5 Their evidence could show:

- their excellent standards for dealing with patients, relatives and staff – including surveys or collated 360-degree feedback to show how they gave patients dignity in care and won their trust
- their excellent work in preventative medicine and public health, for example, in alcohol abuse, stopping smoking and preventing injury
- that they use NHS resources effectively

3.3.6 They should give evidence of the quality and breadth of their service from audits or assessments by patients, peers, their employer, or outside bodies. It will not affect their chances if there is less evidence available in their specialty.

3.4 Domain 2 – delivering a high-quality service

3.4.1 In this section, applicants should show how they have significantly improved the clinical effectiveness of their local services, or a related clinical service in the wider NHS. This includes making services better, safer and more cost effective.

3.4.2 They should make their evidence as measurable as they can, giving dates for all activities. They should make their personal contribution clear, not just their department's contribution. They should give specific examples of any changes they made after the results of an audit or contributed to as part of governance reviews. They should be clear how these activities contributed to wider change in the NHS.

3.4.3 Evidence could, for example, cover the impact of the applicant's work on:

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- developing and running audit cycles or plans for evidence-based practice to make the service measurably better
- national or local clinical audits and national confidential enquiries
- developing and using diagnostic and other tools and techniques to find barriers to clinical effectiveness, and ways to overcome them and implement new ways of working
- analysing and managing risk – this could include details of specific improvements or how they lowered risk and improved safety
- providing a better service, with proof of the effect it has had – for example, how their service has become more patient-centred and accessible
- improving the service after speaking to patients
- redesigning a service to be more productive, efficient and better quality
- developing new healthcare plans or policies
- large reviews, inquiries or investigations
- national policies to modernise health services or professional practice .

3.5 Domain 3 – leadership and managing a high-quality service

3.5.1 In this section, applicants should show how they have made a significant personal contribution to leading and managing a local service, or developing national or international health policy.

3.5.2 They should describe the impact they have had and outcomes they have generated in the specific roles they list. Their evidence can include, but is not limited to, proof of:

- their effective leadership techniques and processes – giving specific examples of how they improved the quality of care for their patients and where other parts of the NHS may have benefitted
- change management programmes or service innovations they have led – showing how they made the service more effective, productive or efficient for patients, public and staff
- excellent leadership in developing and providing preventative medicine, including working across organisational or professional boundaries with other agencies, like local councils and the voluntary sector, demonstrating the outcomes or impacts that have been delivered
- how they helped staff or teams improve patient care – giving specific examples, like mentoring or coaching (if they work in England, they could mention the guidance on talent and leadership planning)
- any ambassador or change champion roles, for example if they got involved in public consultation or their job involved explaining complex issues and how this translated into changes in practice
- how they developed a clear, shared vision and desire for change – for example, showing how they invested in new ways of working and handled

behaviour that got in the way and delivered the change desired

- how they helped staff into senior leadership roles by removing barriers, encouraging diversity and achieving equality and inclusion outcomes
- how they contributed to developing patient-focused services
- achievements through any committee membership (membership alone is not enough)
- the effects of their team leadership where they had full or joint responsibility or took turns with other leaders
- any leadership role to do with clinical governance, including developing and implementing policies or services or implementing change programmes.

3.5.3 Applicants should Include evidence of their contribution, the source of any data they give, and relevant dates.

3.6 Domain 4 – research and innovation

3.6.1 In this section, applicants should give evidence of how they have contributed to research and/or supported innovation. This includes developing the evidence base for measuring how quality has improved.

3.6.2 In the section on references, they should give details of achievements like published papers.

3.6.3 They should explain what they have achieved to date and what they hope to achieve, and give supporting evidence. For example, giving details of new evidence-based techniques, innovative systems or service models they have

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developed that others have adopted. They should explain how they have found better ways to deliver benefits. And at the same time, kept waste to a minimum and stayed flexible and open to change.

3.6.4 They could also explain how they have improved public engagement in research

and innovation or encouraged new ways of thinking when it comes to improving patient services.

3.6.5 They should describe the actual or potential effect of their research (including laboratory research) and any new techniques they have developed and their benefits on:

- health service practice
- health service policy
- developing health services

3.6.6 For this they should also include how their research is relevant to the health of patients and the public.

3.6.7 They could give details of:

- large trials or evaluations (including systematic reviews) they have led or coinvestigated, and published in the last 5 years
- how they have contributed as a research leader, and how they have helped and supervised other people's research

3.6.8 They could include other examples of their status in their chosen research fields and what impact their work has had. For example, if they are:

- a member of any review boards of national funding agencies
- office bearer for learned societies or professorships

They could also:

- list any grants they have personally – not just department grants
- describe peer-reviewed publications, chapters or books they have written or edited – list their editorial activity for each one (for example, senior editor)
- give details if they played a major part in research studies in more than one centre, for example personally recruiting lots of people to large clinical trials

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- include evidence of outstanding research that has led to new ways of

preventing illness and injury

3.7 Domain 5 – teaching and training

3.7.1 In this section, applicants can give evidence to show their contribution to teaching and training.

3.7.2 They should give evidence of the impact of excellent work they have done in any of the following categories. We do not expect them to give examples for all categories.

a. Quality of teaching

This can be any medical undergraduate teaching, particularly if this is outside their job plan. They should give evidence of student feedback or other teacher quality assessments that show their students' views as well as how their teaching has had a positive impact on healthcare.

b. Leadership and innovation in teaching

This might include evidence of:

- developing a new course
- innovative assessment methods
- introducing new learning facilities
- writing successful text books or other teaching media
- contributing to postgraduate education and life-long learning
- contributing to teaching in other UK centres or abroad
- developing innovative training methods

c. Scholarship, evaluation and research

Evidence could include:

- presentations
- invitations to lecture

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- peer-reviewed and other publications on education
- education in other health and social care professions

d. Teaching the public – for example about good health and disease prevention.

e. College or university success in teaching audits

Applicants should explain if they helped a college or university succeed in regulatory body and quality assessment audits for teaching. This could include undergraduate or postgraduate exams or supervising postgraduate students.

f. Personal commitment to developing their teaching skills

They could include evidence of Higher Education Academy membership and any courses they have done.

g. Unrecognised or non-mainstream contributions

This could be any other teaching or educational commitment and workload that is not recognised in other ways.

h. Excellence and innovation in teaching about preventing illness and injury

3. The assessment criteria

3.1 Highlighting achievements in five key areas

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3.3 Domain 1 – delivering a high-quality service

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- giving patients a good experience
- consistently looking for and introducing ways to improve their service.

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3.3.2 They should explain which activities relate to their clinical services where they are paid for by the NHS, and to other aspects of their work as a consultant or academic GP.

3.3.3 Applicants should include quantified measures if they can – like outcome data. They need to reflect the whole service they and their team provide. They should use indicators for quality improvement or quality standards, and other reference data sources in England or the Healthcare Standards for Wales, specifically where they can give performance data against indicators for their specialty.

3.3.4 For good patient experience, applicants should show how they have ensured their patients are cared for with compassion, integrity and dignity and how they have demonstrated commitment to patients' safety and wellbeing.

3.3.5 Their evidence could show:

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- their excellent work in preventative medicine and public health, for example, in alcohol abuse, stopping smoking and preventing injury
- that they use NHS resources effectively

3.3.6 They should give evidence of the quality and breadth of their service from audits or assessments by patients, peers, their employer, or outside bodies. It will not affect their chances if there is less evidence available in their specialty.

3.4 Domain 2 – delivering a high-quality service

3.4.1 In this section, applicants should show how they have significantly improved the clinical effectiveness of their local services, or a related clinical service in the wider NHS. This includes making services better, safer and more cost effective.

3.4.2 They should make their evidence as measurable as they can, giving dates for all activities. They should make their personal contribution clear, not just their department's contribution. They should give specific examples of any changes they made after the results of an audit or contributed to as part of governance reviews. They should be clear how these activities contributed to wider change in the NHS.

3.4.3 Evidence could, for example, cover the impact of the applicant's work on:

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- developing and running audit cycles or plans for evidence-based practice to make the service measurably better
- national or local clinical audits and national confidential enquiries
- developing and using diagnostic and other tools and techniques to find barriers to clinical effectiveness, and ways to overcome them and implement new ways of working
- analysing and managing risk – this could include details of specific improvements or how they lowered risk and improved safety
- providing a better service, with proof of the effect it has

had – for example, how their service has become more patient-centred and accessible • improving the service after speaking to patients • redesigning a service to be more productive, efficient and better quality • developing new healthcare plans or policies • large reviews, inquiries or investigations • national policies to modernise health services or professional practice . 3.5 Domain 3 – leadership and managing a high-quality service 3.5.1 In this section, applicants should show how they have made a significant personal contribution to leading and managing a local service, or developing national or international health policy. 3.5.2 They should describe the impact they have had and outcomes they have generated in the specific roles they list. Their evidence can include, but is not limited to, proof of: • their effective leadership techniques and processes – giving specific examples of how they improved the quality of care for their patients and where other parts of the NHS may have benefitted • change management programmes or service innovations they have led – showing how they made the service more effective, productive or efficient for patients, public and staff • excellent leadership in developing and providing preventative medicine, including working across organisational or professional boundaries with other Advisory Committee on Clinical Excellence Awards – Guide for nominators – 2021 awards round 19 agencies, like local councils and the voluntary sector, demonstrating the outcomes or impacts that have been delivered • how they helped staff or teams improve patient care – giving specific examples, like mentoring or coaching (if they work in England, they could mention the guidance on talent and leadership planning) • any ambassador or change champion roles, for example if they got involved in public consultation or their job involved explaining complex issues and how this translated into changes in practice • how they developed a clear, shared vision and desire for change – for example, showing how they invested in new ways of working and handled behaviour that got in the way and delivered the change desired • how they helped staff into senior leadership roles by removing barriers, encouraging diversity and achieving equality and inclusion outcomes • how they contributed to developing patient-focused services • achievements through any committee membership (membership alone is not enough) • the effects of their team leadership where they had full or joint responsibility or took turns with other leaders • any leadership role to do with clinical governance, including developing and implementing policies or services or implementing change programmes. 3.5.3 Applicants should include evidence of their contribution, the source of any data they give, and relevant dates. 3.6 Domain 4 – research and innovation 3.6.1 In this section, applicants should give evidence of how they have contributed to research and/or supported innovation. This includes developing the evidence base for measuring how quality has improved. 3.6.2 In the section on references, they should give details of achievements like published papers. 3.6.3 They should explain what they have achieved to date and what they hope to achieve, and give supporting evidence. For example, giving details of new evidence-based techniques, innovative systems or service models they have Advisory Committee on Clinical Excellence Awards – Guide for nominators – 2021 awards round 20 developed that others have adopted. They should explain how they have found better ways to deliver benefits. And at the same time, kept waste to a minimum and stayed flexible and open to change. 3.6.4 They could also explain how they have improved public engagement in research and innovation or encouraged new ways of thinking when it comes to improving patient services. 3.6.5 They should describe the actual or potential effect of their research (including laboratory research) and any new techniques they have developed and their benefits on: • health service practice • health service policy • developing health services 3.6.6 For this they should also include how their research is relevant to the health of patients and the public. 3.6.7 They could give details of: • large trials or evaluations (including systematic reviews) they have led or coinvestigated, and published in the last 5 years • how they have contributed as a research leader, and how they have helped and supervised other people's research 3.6.8 They could include other examples of their status in their chosen research fields and what impact their work has had.

For example, if they are: • a member of any review boards of national funding agencies • office bearer for learned societies or professorships They could also: • list any grants they have personally – not just department grants • describe peer-reviewed publications, chapters or books they have written or edited – list their editorial activity for each one (for example, senior editor) • give details if they played a major part in research studies in more than one centre, for example personally recruiting lots of people to large clinical trials Advisory Committee on Clinical Excellence Awards – Guide for nominators – 2021 awards round 21 • include evidence of outstanding research that has led to new ways of preventing illness and injury 3.7 Domain 5 – teaching and training 3.7.1 In this section, applicants can give evidence to show their contribution to teaching and training. 3.7.2 They should give evidence of the impact of excellent work they have done in any of the following categories. We do not expect them to give examples for all categories.

- a. Quality of teaching This can be any medical undergraduate teaching, particularly if this is outside their job plan. They should give evidence of student feedback or other teacher quality assessments that show their students' views as well as how their teaching has had a positive impact on healthcare.
- b. Leadership and innovation in teaching This might include evidence of:
 - developing a new course
 - innovative assessment methods
 - introducing new learning facilities
 - writing successful text books or other teaching media
 - contributing to postgraduate education and life-long learning
 - contributing to teaching in other UK centres or abroad
 - developing innovative training methods
- c. Scholarship, evaluation and research Evidence could include:
 - presentations
 - invitations to lecture Advisory Committee on Clinical Excellence Awards – Guide for nominators – 2021 awards round 22
 - peer-reviewed and other publications on education
 - education in other health and social care professions
- d. Teaching the public – for example about good health and disease prevention.
- e. College or university success in teaching audits Applicants should explain if they helped a college or university succeed in regulatory body and quality assessment audits for teaching. This could include undergraduate or postgraduate exams or supervising postgraduate students.
- f. Personal commitment to developing their teaching skills They could include evidence of Higher Education Academy membership and any courses they have done.
- g. Unrecognised or non-mainstream contributions This could be any other teaching or educational commitment and workload that is not recognised in other ways.
- h. Excellence and innovation in teaching about preventing illness and injury

Faculty of Health Sciences : ACCEA Nomination Process Score Sheet

Applicant's name		
Current Award Status		
Domain and Indicators	Evidence/Commentary	Score*
<p>Domain 1 : delivering a high quality service</p> <ul style="list-style-type: none"> • Delivering a service that is safe • Measurably effective clinical outcomes • Good patient experience (with an emphasis on dignity, compassion and integrity) • Identifies and implements opportunities for improvement <p>Evidence should focus on contributions since the last award/renewal (if applicable) or in the past five years (for new Bronze applications)</p> <p>Evidence should be supported by quantified measures wherever possible</p>		
<p>Domain 2 : developing a high quality service</p> <ul style="list-style-type: none"> • Significant enhancement of clinical effectiveness locally or more widely • Enhancement may be in terms of quality, safety or cost effectiveness <p>Evidence should focus on contributions since the last award/renewal (if applicable) or in the past five years (for new Bronze applications)</p> <p>Evidence should specify their individual contribution not just that of their team/department</p>		
<p>Domain 3 : leadership and managing a high quality service</p> <ul style="list-style-type: none"> • Substantial personal contribution to leading and managing a local service and/or a national/international health policy development <p>Evidence should focus on contributions since the last award/renewal (if applicable) or in the past five years (for new Bronze applications)</p> <p>If particular roles are listed, the impact of the applicant in those roles should be described</p> <p>Evidence of the contribution, supporting data and relevant dates should all be included</p>		

Applicant's name		
Current Award Status		
Domain and Indicators	Evidence/Commentary	Score*
<p>Domain 4 : research and innovation</p> <ul style="list-style-type: none"> • Contributions to research • Support for innovation (including development of the evidence base for the measurement of quality improvement) • References (papers and publications etc..) • Achievements to date and targets for future achievement (quantified wherever possible/appropriate) <p>Evidence should focus on contributions since the last award/renewal (if applicable) or in the past five years (for new Bronze applications)</p>		
<p>Domain 5 : teaching and training</p> <ul style="list-style-type: none"> • Quality of teaching, including evidence of student feedback and/or other forms of quality assessment • Leadership and innovation in teaching, including development of new courses, new assessment methods, new teaching approaches etc.. • Scholarship, evaluation and research in medical education • Teaching or education of the public • Institutional success in quality assessment of teaching where the applicant has played a key role <p>Evidence should focus on contributions since the last award/renewal (if applicable) or in the past five years (for new Bronze applications)</p>		
Total Score for this applicant (maximum 50 points)		

* Guidance on scoring applications	
0	Applicant does not meet contractual requirements or insufficient evidence has been provided to allow a judgement to be made
2	Meets contractual requirements (in broad terms, the applicant has performed at a level which is consistent with the expectations of the role ie they are doing the job well and may even be exceeding expected standards in some respects, but overall they are achieving what would normally be expected of someone in the role)
6	Achieving over and above contractual requirements (this will usually be evidenced by a sustained personal contribution within the Domain, with significant local, and possibly some national, impact)
10	Excellent – usually where there has been a sustained personal contribution leading to local, national or international impacts