Department of Health

Triennial Review of the Advisory Committee on Clinical Excellence Awards (ACCEA)

Review Report

July 2015

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Authors: Adam McMordie (Lead Reviewer), and Paul McCormack (Assistant Lead Reviewer) – ACCEA, Assurance Division, Group Operations (17152)
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Contact details: Triennial Review Programme Team Department of Health 220 Richmond House London SW1A 2NS TR-IRP@dh.gsi.gov.uk

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Triennial Review of the Advisory Committee on Clinical Excellence Awards (ACCEA)

Prepared by Lead Reviewer and Assistant Lead Reviewer, ACCEA

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Executive summary

The Advisory Committee on Clinical Excellence Awards (ACCEA) is an Advisory Non-Departmental Public Body (ANDPB) of the Department of Health (DH). The ACCEA's core function is to advise health ministers on the presentation of clinical excellence awards to consultants working in the NHS in England and Wales.

The DH Triennial Review (the review) of the ACCEA was conducted to provide assurance to DH and the public of: the ongoing need for the functions currently performed by the ACCEA; and the efficiency of the administration of these functions. This review forms one of a series of reviews being conducted by DH between 2014-15 and 2016-17 of all the Department's arm's length bodies.

The evidence collected by the review team demonstrated the value stakeholders place on having an award scheme to recognise clinical excellence. Although the overarching purpose of the scheme is widely accepted, the review uncovered different interpretations of the specific objectives. While all the potential objectives identified have value, the scheme as currently structured could be adapted to better achieve any one of them individually.

The review team recommends in this report that ACCEA should continue, with the caveat that there is a recommendation for an immediate next step of a policy review to ensure that there is clarity around the objectives of the scheme. The benefits of this are twofold: DH would have greater assurance that ACCEA is delivering the most desirable impact on the system, or be in a position to make appropriate changes; and stakeholders, including potential award holders, would understand specifically what the scheme is intended to deliver. The other recommendations in the report, with the exception of the governance recommendations discussed below, should be timed to follow the policy review to ensure resource is not wasted making short term changes.

ANDPB status has been an effective delivery model in respect of maintaining ministerial accountability. It was also judged by the review team to have been an effective delivery model in respect of ensuring consistent expert advice and impartial evidence analysis, both of which were highly valued by stakeholders. The review team recommends that no change is made to the form of the ACCEA until the policy review has been completed, when the question will need to be considered in light of outcomes of that work.

The review uncovered a number of areas of governance where improvements are required to bring ACCEA in line with best practice, in particular the publication of the annual report should be reinstated and work is required to ensure that all non-ex officio members of the national committee are appointed in line with good appointment practice for ANDPBs. These recommendations are outlined in the stage two report.

There is also a theme throughout the report about communications. While there is comprehensive guidance available on the gov.uk webpages, it is apparent from the evidence that award applicants and other stakeholders felt unsighted on the practical functioning of the awards process, the timelines for award applications, and decision making processes. The report recognises high levels of engagement with key stakeholders in recent years, led by the Chair and Medical Director, but does propose potential improvements. Further enhancements in communications would serve to support future applicants and would also help ACCEA to demonstrate the robustness of existing processes, which is not always transparent.

1. Summary of Recommendations

ACCEA – Stage one report

Recommendation 1: The review team recommends that the specific objectives of the national CE scheme should be reviewed and clarified by DH. *Pages 14 and 17. Action owner Chief Medical Officer. Timing: immediate.*

Recommendation 2: The review team recommends that the function identified in this review should continue to be delivered by ACCEA in its current form in the immediate future. The long term delivery model should be subject to clarification of the specific objectives of the national CE scheme and the outcome of the associated DH policy review.*Pages 16 and 17. Timing: subject to recommendation 1.*

Recommendation 3: The review team recommends that ACCEA continues to work with appropriate organisations to develop clear descriptors about 'excellence' that can be applied to the different specialties in an unambiguous way by assessors. *Pages 16 and 17. Joint action owners ACCEA Chair, Medical Director and Secretariat. Timing: subject to recommendation 1.*

ACCEA – Stage two report

Recommendation 4: The review team recommends that all non-executive appointments to the national Committee should be made by Ministers in accordance with public appointment rules. The review team also recommends that the recruitment process for regional sub-committees be managed by DH in a proportionate manner that reflects best practice in making public appointments. *Pages 18 and 28. Action owners ACCEA Secretariat and DH appointments team. Timing: with immediate effect.*

Recommendation 5: the review team recommends the ACCEA Secretariat works with the DH Public Appointments Unit to develop an action plan for all existing non executive members of the national Committee to ensure consistency with best practice for current public appointments to that Committee. *Pages 19 and 28 Action owner ACCEA Secretariat and DH Appoinments Team. Timing: immediate, subject to recommendation 1.*

Recommendation 6: The review team recommends that the ACCEA annual report for 2014 is published on gov.uk as a matter of priority, and no later than the end of September 2015. *Pages 19 and 28. Action owner ACCEA Secretariat. Timing: no later than September 2015.*

Recommendation 7: The review recommends that the previous practice of publishing summary notes of national Committee meetings, together with relevant meeting agendas, should be reinstated. *Pages 19 and 29. Action owner ACCEA Secretariat. Timing: immediate, subject to recommendation 1.*

Recommendation 8: The review team recommends that ACCEA reverts to normal best practice with the senior official in the ACCEA Secretariat leading on publication of annual reports, for all future award rounds. *Pages 19 and 29. Action owner ACCEA Secretariat. Timing: for future award rounds with effect from 2016.*

Recommendation 9: The review team recommends that the Chief Medical Officer commissions research to identify the factors associated with national CE award applicants appearing not to be fully representative of the consultant population. *Pages 20 and 29. Action owner Chief Medical Officer to commission the sponsorship performance and workforce team. Timing: subject to recommendation 1.*

Recommendation 10: The review team recommends that ACCEA undertakes additional work to ensure that it has robust arrangements in place to fulfil all its obligations under the Equalities Act 2010. *Pages 21 and 29. Action owner ACCEA Secretariat. Timing: subject to recommendation 1.*

Recommendation 11: The review team recommends the development and implementation of a communications strategy for ACCEA. *Pages 23 and 29. Action owner ACCEA Chair, Secretariat, and DH Communications team. Timing: subject to recommendation 1.*

Recommendation 12: The review team recommends that future annual reports from the ACCEA annual report 2015 onwards should contain two new sections: celebrating success and key lessons learnt from the most recent award round. *Pages 23 and 29. Action owner ACCEA Secretariat. Timing: for future award around with effect from 2016.*

Recommendation 13: the review team recommends the introduction of training for regional sub-committees on inter-rater bias, and for ACCEA to publicise this training offer widely as part of wider communications activity to introduce greater transparency in the national CE scheme. *Pages 24 and 29. Action owner ACCEA Medical Director and Secretariat. Timing: with effect from the 2016 award round, subject to recommendation 1.*

Recommendation 14: The review team recommends that DH continues to take action to ensure that both capacity and capability are sufficient to mitigate the risks associated with peak work volumes. *Pages 25 and 29. Action owner head of the Secretariat. Timing: subject to recommendation 1.*

2. Introduction and background

Public Bodies Reform

1. Public bodies need to be responsive to an ever changing landscape. They need to be efficient, effective and accountable. Any duplication of activity needs to be cut, and activities and functions no longer needed should be stopped. For functions which remain, the public have a right to be assured they are effective, efficient and well governed. Regular challenge and review provides this assurance and so is central to the reform agenda.

2. Triennial Reviews (TRs) provide a systematic approach for the regular review of public bodies operating at arm's length to Government Departments. TRs have two main stages:

   - **Stage one** tests the continuing need for the body, both in terms of the functions it performs and the model and approach through which they are delivered;
   - **Stage two** considers the body's governance, performance and capability as well as exploring opportunities for efficiencies.

   All TRs are carried out in accordance with Cabinet Office guidance "Guidance on Reviews of Non-Departmental Public Bodies, revised in 2014, and the principles laid out in that guidance of: challenge, proportionality, contextual, pace, inclusivity, and transparency.

3. The health and social care system reforms, set out in the Health and Social Care Act 2012 and the Care Act 2014, resulted in the devolution of functions and powers away from the DH to arm's length bodies and local health and care organisations. As steward of this evolving system, the DH is using Triennial Reviews to provide assurance that the system and the new and reformed bodies within it are fit for purpose.

4. To support DH in effectively delivering its stewardship function, the Department's programme of TRs extends to all Executive Non-Departmental Public Bodies, ANDPBs, Executive Agencies, and Special Health Authorities.

ACCEA Triennial Review – Governance, Methodology, and Stakeholder Management

5. The review was conducted by a DH lead reviewer working under the direction of a senior review sponsor (SRS), who was independent from the review team and ACCEA.

6. In accordance with the Cabinet Office guidance that TRs should be proportionate to the size of the body under review, the ACCEA review was 'light touch' with the two main stages (see paragraph 2 above) undertaken in parallel.

7. The scope of the review meant the team considered: the ongoing need for advice to ministers on national level clinical excellence (CE) awards; ACCEA's role in the effective delivery of national level CE awards; the status of ACCEA as an ANDPB; and bodies within the existing health and care system as alternative delivery models. The review team did not explore wider commercialisation.

8. Specifically out of scope of the review were: local level CE awards and associated administration (other than where the ACCEA roles could potentially be subsumed at a local level, e.g. level 9 awards); the underpinning policy for CE awards, including whether there is an ongoing need for awards or whether the awards should be restructured; and, any issues relating to individual award applications and recommendations.

9. In addition to the SRS, the review was overseen by a project board and supported by a 'critical friends' group. The project board meetings were chaired by the SRS and attended by the ACCEA's Chair, the ACCEA's Medical Director, a senior representative from the ACCEA Secretariat, and the lead reviewer. The 'critical friends' group, also chaired by the SRS, comprised four people with the necessary skills and experience to provide constructive additional challenge on the work of the review team and thereby to ensure the proportionality and robustness of the review. The members of the review team, the project board, and the 'critical friends' groups are shown at Annex A.

10. The review team engaged with officials in DH and the Cabinet Office including on issues associated with the public sector equality duty, fraud/error, public appointments, and communications.

11. The review was subject to the wider scrutiny of the DH Triennial Review Steering Group led by the DH Director Group Assurance. Ministerial clearance has been granted by Department of Health Ministers and the Minister for the Cabinet Office.

12. The start of the review was announced by written ministerial statement on 15 January 2015 – copy at Annex B. Evidence was gathered through a variety of means including desk based review, material submitted during a public call for evidence and stakeholder workshop, and interviews with the Chief Medical Officer, the ACCEA Chair and ACCEA Medical Director, ACCEA Secretariat representatives, and Welsh Government officials. A public call for evidence was run between 5 and 26 March 2015. A list of those organisations informed in writing in advance of the launch of the public call for evidence is at Annex C. There were a total of 28 responses to the public call for evidence. Annex D contains the list of questions in the call for evidence, and Annex E contains the list of respondents by organisation.

Background on ACCEA

13. ACCEA (the 'national Committee') is an ANDPB of DH, which advises health ministers on the presentation of national CE awards to consultants working in the NHS in England and Wales.

14. A summary of the origins, purpose, and development of schemes in the UK to reward consultants working in the NHS for exceptional achievements and contributions to patient care is contained in the Review Body on Doctors' and Dentists' Remuneration's Review of compensation levels, incentives,

and the Clinical Excellence and Distinction Award Schemes for NHS Consultants published in 2012 ('the DDRB 2012 [1]Review').

15. The stated purpose of the CE award scheme is to reward consultants who contribute most towards the delivery of safe and high quality care to patients, and who are continuously improving the quality of their services to patients and to the NHS 'over and above' the standard expected of consultants.

16. Dating from 2004-05, the national CE awards are organised hierarchically across four levels – the highest being platinum, through gold and silver to bronze. The table below shows that the annual monetary value of national CE awards.

Table 1: National Clinical Excellence Awards 2014		
Award Level	**Annual Monetary Value**	**Annual Monetary Value including on-costs[2]**
Bronze	£35,484	£45,349
Silver	£46,644	£59,611
Gold	£58,305	£75,514
Platinum	£75,796	£96,867

17. Individual national CE awards are reviewed every five years by ACCEA and either renewed or withdrawn as appropriate. Consultants who apply successfully for national CE awards lose any local awards (in England) or commitment awards (in Wales) that they previously held. National CE awards are consolidated into consultants' annual salaries for superannuation purposes.

18. Under the current administrative arrangements, consultants working in England and Wales have an opportunity once a year in a 4-8 week period (the precise time has changed from year to year) to prepare and submit an application for a new national CE award. There are currently a total of 300 national CE awards available each year, with each 'award round' usually commencing in the spring. Using an on-line self nominating application process, there are five domains across which applicants detail their achievements:

- delivering a high quality service;
- developing a high quality service;

[1] A copy of the DDRB's 2012 Review can be accessed at: https://www.gov.uk/government/news/publication-of-the-ddrb-report-on-its-review-of-the-clinical-excellence-awards-scheme

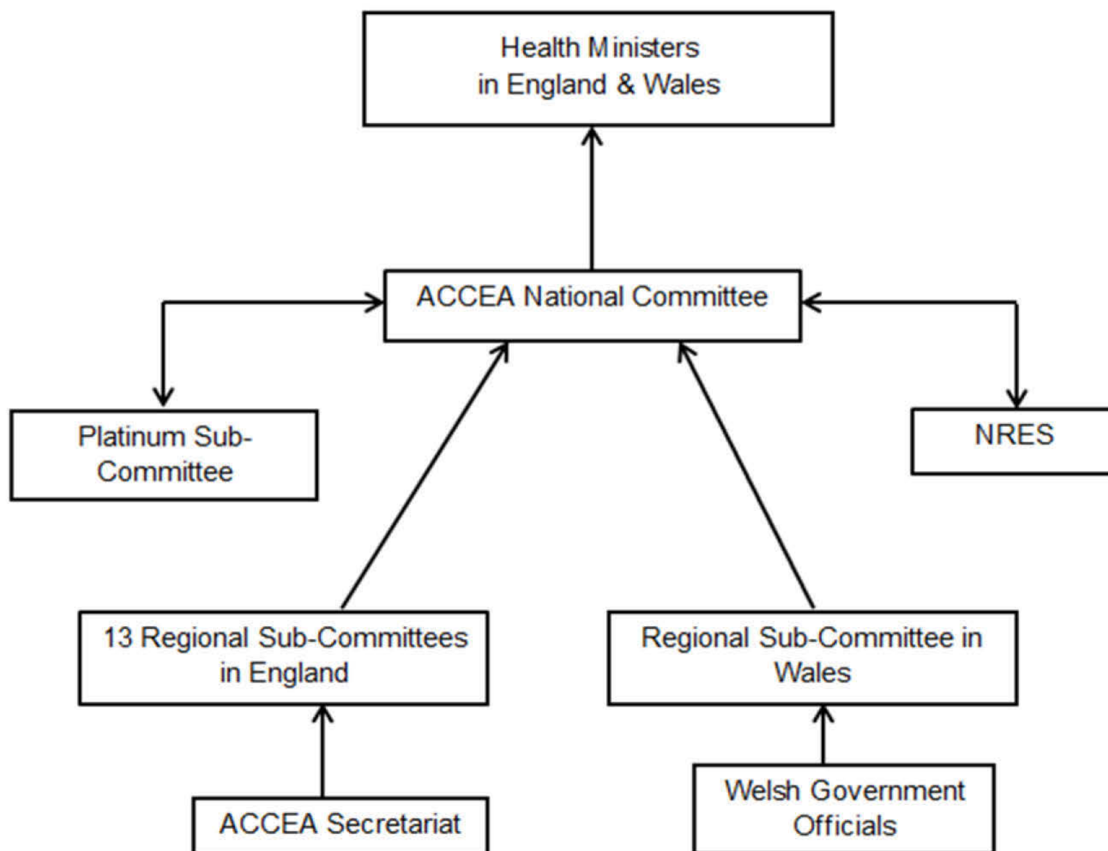
[2] On-costs – include the national insurance contributions and superannuation costs associated with each level of award.

• leadership and managing a high quality service;
• research and innovation; and
• teaching and training.

19. Consultants must seek endorsement from their employer before submitting a national CE award application. In addition, a network of national nominating bodies (NNB's), including, but not limited to, the Royal Colleges, are invited to consider and rank applications received. These NNB rankings form part of the application assessment process by ACCEA.

20. The national Committee of the ACCEA currently comprises an independent Chair and independent Medical Director, plus seven further non executive members (two medical (professional) representatives, two employer representatives, three lay members), and five ex-officio members. At the time of the review two additional non executive members were in the process of being appointed. The national Committee's work is formalised in a terms of reference document, copy at Annex F, and includes setting the agreed criteria against which national CE award applications are assessed.

Figure 1: ACCEA Governance Chart



21. Figure 1[3] above shows the national Committee is supported in its work by a network of 14 regional sub-committees, including one for consultants working in the NHS in Wales. Each regional sub-committee comprises a Chair plus up to 23 other members. 50% of the members are medical (professional) representatives; 25% employer representatives; and 25% lay members.

22. Each sub-committee considers applications for new national CE awards from consultants based in the region, against the agreed criteria and against an indicative number of new national CE awards as a proportion of eligible consultants working in the particular region. They also review CE awards that have been held by consultants for five years as part of the renewals process for national CE awards.

23. Each sub-committee makes recommendations to the national Committee on new CE award applications and renewals. The national Committee's Chair and Medical Director work closely with the sub-committees during this process.

24. In response to a criticism of the national CE scheme in the DDRB 2012 review, those new CE award applications considered by the relevant regional sub-committee to be just below the successful national CE award application score for the relevant region are rescored under the 'NRES' (national rescoring committee) system by a national sub-committee comprising representatives from each of the regional sub-committees. The Chair and Medical Director can also refer applications to NRES in circumstances where they question whether the evidence exists to justify the regional sub-committee's recommendation that the application does or does not meet the agreed national criteria. The NRES process is only in place in England, as the Welsh awards relate only to consultants in Wales and are funded separately.

25. The national Committee provides advice to the appropriate Health ministers in England and Wales on all national CE award applications and renewals informed by recommendations from the 14 regional sub-committees, the NRES sub-committee, and the Platinum sub-committee.

26. Applicants for national CE awards have a right of appeal to ACCEA within four weeks of results being announced. Appeals will only be considered on the grounds of due process not being followed.

27. The administration to support the work of the national Committee, the 13 regional sub-committees in England, NRES, and the Platinum sub-committee is provided by the ACCEA Secretariat based in the Department of Health. Headed by a part-time Deputy Director and full-time Grade 7 manager, the Secretariat comprises a small team of six FTE administrative staff. The regional sub-committee for consultants based in Wales is supported by Welsh Government officials.

28. The work of ACCEA has been the subject of a number of reviews in recent years. In preparing this Triennial Review report the review team has been mindful of these reviews, particularly the DDRB 2012 Review.

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[3]1. Regional Sub- Committee in Wales is supported by Welsh Government Officials. All other Sub-Committees and the National Committee are supported by the ACCEA Secretariat.

2. With effect from the 2015 Award Round, all applications for Platinum level awards are considered by the Platinum Sub-Committee in the first instance.

Stage One Report

3. Function

29. This section of the review focuses on whether the functions currently undertaken by the ACCEA should continue based on their contribution to the core business of government and the health and care system. The stage two report provides a more detailed consideration of the efficiency and effectiveness of the function.

Advice to the Secretary of State for Health in the Westminster Government and the Minister for Health and Social Services in the Welsh Government on the presentation of national CE awards

30. Advice on the presentation of national CE awards to consultants working in the NHS in England and Wales is ACCEA's only function. The Committee has no secondary functions.

31. Evidence gathered by the review team demonstrated a broad consensus that ACCEA has an important role to play in rewarding and motivating both existing and potential CE award recipients to deliver high quality clinical and academic performance in the NHS. This group is considered pivotal in leading high quality patient care.

32. Based on the evidence submitted the review team identified that stakeholders believe that the scheme has multiple specific objectives, which fit under the very broad overarching heading of rewarding individuals who perform 'over and above' the standard expected of consultants. The principle objectives that emerged can be summarised as follows: to promote significant national, and international, developments in terms of medical research and clinical excellence; to encourage consultants to deliver clinical excellence 'beyond the day job', and thereby contribute to improvements in the quality and standard of patient care across the health and care system in England and Wales; and to recognise and reward individual consultants who have provided leadership and vision to the medical profession, for example through one of the Royal Colleges.

33. Platinum awards recognise achievements that are internationally marketable and largely related to the university sector. While the work of platinum award holders is clearly recognised on a world stage for its quality, one could argue that academic achievement is the key aspect of their day job. As such the scheme in this instance may help to ensure that the UK maintains a world class academic presence.

34. The evidence in relation to Bronze awards suggests that they are perceived to play a role more in line with a traditional 'bonus' scheme. There is also evidence that national awards, especially at bronze level, are perceived to be the next level of progress from local awards in England, and are not necessarily clearly distinguishable in terms of objectives for applicants. Anecdotal evidence pointed to eligible candidates in the 2014 round choosing to apply for level 9 local awards rather than Bronze national awards. This choice, exercised by candidates who could have applied for national awards, supports the premise that level 9 and Bronze awards are perceived to be interchangeable, at least for some candidates. The caveat recognised by the review team is that, at the time the review was conducted a number of respondents expressed concerns about the national awards renewals process acting as a dis-incentive for applicants who would previously have sought a Bronze award.

35. Furthermore, respondents to the call for evidence often used the terms ‘incentive’ and ‘reward’ interchangeably. While the twin goals of incentive and reward are linked, trying to deliver both in a single national CE award scheme makes it difficult for either to be fully realised. For example, there are geographical variation in ‘cut off’ scores for successful national CE award applications used by each of the regional sub-committees, so the number of points required to obtain a given level of awards varies across the different regions of England and Wales. As such, the scheme does not give a national guarantee that the best applicants receive an award at each level, but such variation does deliver regional incentivisation. In addition, having five domains that contribute equally to one overall mark means that the scheme incentivises a broad range of skills rather than providing a local or national mechanism to drive specific performance improvements or to reward excellence in a valuable but narrow field.

36. Although the multiple objectives of the scheme each have validity, without a clear policy and articulation of priorities, there are question marks over whether the national CE scheme is achieving the greatest positive impact on the health and care system as well as on the professional advancement of potential and actual candidates. More importantly, this lack of clarity leaves the scheme open to criticism for failing to deliver what particular stakeholders may perceive to be the scheme’s main purpose.

37. As an immediate first step **the review team recommends that the specific objectives of the national CE scheme should be reviewed and clarified by DH [Recommendation 1].** This policy work should contribute to the Department’s wider policy work on NHS remuneration. Once identified, these specific objectives should be used to inform whether the current form of ACCEA remains appropriate, and communicated clearly to all those with an ongoing interest in the national CE award scheme.

4. Delivery model

38. This section of the report focuses on whether the ACCEA, in its current form as an ANDPB, is the most effective delivery model for the function described in section 3 above.

39. It is Government policy that NDPBs should only be set up, or remain in existence, where the NDPB model can be clearly evidenced as the most appropriate and cost-effective model for delivering the function in question. Cabinet Office guidance has a checklist of delivery options reproduced in the table below. Some of the options were rejected early as being inappropriate. There was no strong consensus in the responses to the call for evidence about delivery models, with only a small number of respondents expressing a view. As such, for the delivery model options which were not discounted, the review team made an assessment based on the supplementary evidence gathered and drawing from Cabinet Office best practice.

Table 2	
Delivery option	**Initial Assessment**
Abolish	Consider – the review team considered whether ACCEA's functions were required.
Move out of central government	Consider – the review team considered whether other organisations in the health and care system offered appropriate delivery models.
Commercial model	Reject – the nature of ACCEA's current functions did not justify in depth consideration of commercial models.
Bring-in house	Consider – the review team considered DH as an alternative delivery body.
Merger with another body	Consider – the review team gathered evidence on synergies with other organisations in the health and care system and wider government.
Less formal structure	Reject – the Cabinet Office Categories of Public Bodies list a number of options for less formal advisory bodies: Temporary Advisory Bodies, Task Forces and Reviews, Stakeholder Groups/Forums, Public Sector Working Groups and Internal Advisory Committees. All were rejected as the function requires long term, specialist, impartial and consistent advice.
Delivery by a new Executive Agency	Consider – the review team gathered evidence on the appropriate level of independence for ACCEA.
Continued delivery by an NDPB.	Consider – the review team considered whether the ACCEA met one or more of the 'three tests' (see footnote 4).

40. To address the remaining options the review team developed three criteria, drawing from the Cabinet Office guidance on: the 'three tests' for NDPBs status[4]; and 'Triennial Reviews: Guidance on Reviews of non-Departmental Public Bodies'. The bullets points below outline the criteria and the key facts identified by the review team:

- *The need to establish and analyse facts with integrity*. The relatively small number of awards available as a proportion of the total eligible consultant population means the application process is highly competitive. And, the financial value of the awards, even at Bronze level, represents a sizeable proportion of a consultant's total remuneration package. The review team considers that the organisation assessing such award applications and providing advice needs to have a high level of credibility with applicants, and others with an interest in the recruitment and retention of consultants, such as employers and professional bodies. The key components of this identified by the review team are: the expertise of the individuals and committee(s) considering each award application; transparency of process; and demonstrable impartiality and independence.

- *Accountability for national Clinical Excellence award decisions*. When recommendations to make national CE awards are passed to Health ministers in England and Wales for consideration, they are ultimately accountable to Parliament for the award making decisions and associated distribution of public money. As such the ACCEA does not make executive decisions. Unless there is a significant policy change, the delivery model should continue to ensure that Health ministers retain appropriate accountability for national CE award decisions.

[4] The "three tests" are: is this a technical function (which needs external expertise to deliver); is this a function which needs to be, and be seen to be, delivered with absolute political impartiality (such as certain regulatory or funding functions); and, is this a function which needs to be delivered independently of Ministers to establish facts and/or figures with integrity.

- *The potential for other organisations to deliver the advice function*. The review team sought evidence on whether other organisations in the health and care system, or wider government, provided similar functions where economies of scale could be sought. Whilst a number of respondents to the call for evidence did suggest organisations with relevant skills and experience to make informed decisions about particular types of national CE award applications, the review team did not identify one organisation with the necessary independence from particular group(s) of applicants, and appropriate expertise. This assessment was reinforced by many respondents who placed a high value on consistency, objectivity and impartiality in any future development of the national CE award making regime.

41. Considering the evidence gathered against the three criteria, the review team believes the advice function associated with national CE awards, as it currently stands, should remain at arm's length from the Department of Health. Further, given the particular characteristics of the advice function and the composition of awards holders and potential applicants (e.g. hospital based consultants, clinical academics, and public health doctors), the review team could not identify any organisations with sufficient synergies, and without conflicts of interest, to recommend that ACCEA should be replaced or merged. Finally, to ensure that Health ministers' accountabilities are retained in relation to the scheme in its current form, the advisory nature of ACCEA is more appropriate than a transition to an executive NDPB.

42. Based on the conclusions above and in the 'Functions' section of this report (that there is an ongoing need for the ACCEA's function) the review team considers that there should be no immediate change in the ACCEA's form as an ANDPB, with a national Committee supported by regional sub-committees. This option is recommended in preference to the ACCEA being: abolished, brought into DH, or merged with a pre-existing body elsewhere in government or the wider health and care system. The review team noted that the outcomes of the policy review may affect the most appropriate delivery model for ACCEA, and this question should be returned to in light of this work.

43. **The review team recommends that the function identified in this review should continue to be delivered by ACCEAin its current form in the immediate future. [Recommendation 2]. The long term delivery should besubject to the clarification of the specific objectives of the national CE scheme and the outcome of the associated DH policy review** (Recommendation 1),

44. The review team noted that a small number of respondents highlighted there was a weak, or no, correlation between the size of the consultant population in a given specialty and the number of awards. A small number of representative bodies suggested that this was due to the composition of the regional sub-committees. The team was not presented with any evidence that work of equivalent standards from different specialties was treated inconsistently. However, to ensure there is no bias, to support regional committees, and to continue building relationships with key representative bodies, **the review team recommends that ACCEA continues to work with appropriate organisations to develop clear descriptors about 'excellence' that can be applied to the different specialties in an unambiguous way by assessors [Recommendation 3].** This would also enable national nominating bodies to ensure they are highlighting the best evidence for their respective members.

45. As an additional commentary on the criterion "*The need to establish and analyse facts with integrity"*, the review team's judgement is that the evidence submitted points to a need for ACCEA to improve stakeholder confidence in the robustness and objectiveness of the sub-committees' assessment of national CE award applications. This is picked up in the stage two report below.

Stage One Conclusion

46. Stage one of the ACCEA TR identified one function for the ACCEA. Based on the value that stakeholders place on an independent, objective and impartial advice function, the review team recommends that this function should continue. However, the review highlights the need for a policy review to ensure that the specific objectives of the scheme are clarified.

47. The review team also recommends that the function should continue to be delivered by an ANDPB in the immediate future, as opposed to an alternative delivery model. In the context of the scheme as it is currently designed, ANDPB status preserves the accountability of ministers, and provides the most effective structure to demonstrate that applications are judged by independent experts free from political interference. Independence and impartiality were highly valued by stakeholders. If anything there were demands for a greater demonstration of these attributes in the process. Any changes resulting from the review proposed in recommendation 1 should take account of these factors. The future delivery model for the ACCEA will need to be considered once the objectives of the scheme have been clarified through the policy review.

48. The review team recognises the resource implications for DH policy colleagues in undertaking a review of the policy objectives of national clinical excellence awards. However, this review would build on existing policy work on remuneration already underway in DH and would be a one off piece of work. In respect of recommendation 3, respondents acknowledged the increased engagement ACCEA has had with key representative bodies in recent years, so again while the team recognises the additional resource required, the Chair and Medical Director already have strong links with key bodies that could be exploited. At the TR workshop, the organisations present agreed to provide strong support for the development of any documentation. This recommend should also be timed to ensure maximum value in the context of a policy review.

Recommendation 1: The review team recommends that the specific objectives of the national CE scheme should be reviewed and clarified by DH.

Recommendation 2: The review team recommends that the function identified in this review should continue to be delivered by ACCEA in its current form in the immediate future.The long term delivery model should be subject to clarification of the specific objectives of the national CE scheme and the outcome of the associated DH policy review.

Recommendation 3: The review team recommends that ACCEA continues to work with appropriate organisations to develop clear descriptors about 'excellence' that can be applied to the different specialties in an unambiguous way by assessors.

Stage Two Report

49. The stage two report explores whether the ACCEA adheres to principles of good governance, and considers performance and potential efficiencies.

5. Governance and relationships

Governance of the ACCEA

50. Good corporate governance is central to the effective and efficient running of all public bodies. The ACCEA partially complies with the requirements of good governance set out in the Code of Good Practice*.* A full 'comply or explain' analysis against the principles of good corporate governance, defined by the Cabinet Office, is provided at Annex G. This section makes recommendations in the light of that analysis.

Principles of Good Corporate Governance

Good corporate governance is central to the effective operation of all public bodies. As part of the review process, therefore, as an Arm's Length Body of the Department of Health, the governance arrangements in place in the ACCEA should be reviewed. As a minimum, the controls, processes and safeguards in place in the ALB should be assessed against the principles and policies set out in this guidance. These reflect best practice in the public and private sectors and, in particular, draw from the principles and approach set out in the ***Corporate Governance in Central Government Departments: Code of Good Practice.***

51. The current composition and respective roles and responsibilities of the national Committee and the supporting sub-committees are outlined in paragraphs 13 & 20-27 above. The review team received a range of views on these governance arrangements, although there was no consensus about changes to the current composition of the national Committee and regional sub-committees. The review team concluded, on balance, that the current committee structures remained fit for purpose.

52. The ACCEA national Committee Chair and Medical Director are appointed by the Secretary of State for Health, following a fair and open process based on merit. The process is managed by DH and complies with the requirements of the Commissioner for Public Appointments in making public appointments. A recruitment process for two additional non-executive appointments to the national Committee was underway at the time of the review. These were not being managed as public appointments, but there was evidence of reasonable HR practice being used in their recruitment. There was no evidence available, however, that such an approach had been adopted for the appointment of the other seven non-executive members of the national Committee, or for appointments to the regional sub-committees.

53. Non-executive appointments to public bodies are normally the responsibility of Ministers. **The review team recommends that all non-executive appointments to the national Committee should be made by Ministers in accordance with public appointment rules. The review team also**

recommends that the recruitment process for regional sub-committees be managed by DH in a proportionate manner that reflects best practice in making public appointments. [Recommendation 4]

54. As an immediate next step **the review team recommends the ACCEA Secretariat works with the DH Public Appointments Unit to develop an action plan for all existing non-executive members of the national Committee to ensure consistency with best practice for current public appointments to that Committee. [Recommendation 5]**

55. The national Committee typically meets twice a year. A register of Panel members' interests, is published on the ACCEA's website, which has recently moved to gov.uk. The ACCEA pages on gov.uk also contain information about ACCEA's priorities and responsibilities, governance arrangements, and annual reports. On the latter, at the time of the call for evidence the most recent report covered the 2012 award round. ACCEA has subsequently published the 2013 report, and work is in hand to publish the reports for the 2014 award round.

56. **The review team recommends that the ACCEA annual report for 2014 is published on gov.uk as a matter of priority, and no later than the end of September 2015. [Recommendation 6].** The report should be framed in such a way as to demonstrate, amongst other things, that the governance arrangements of the national CE awards scheme are robust, independent and impartial.

57. Some respondents to the call for evidence cited the absence of publication of minutes of national Committee and regional sub-committee meetings as evidence of a lack of transparency which in turn created confusion and misunderstanding about the national CE award scheme. The review team considers, on balance, that the nature of discussion at those meetings means that publishing full minutes of such meetings is not appropriate, since to do so would prejudice applicant confidentiality and raise data protection issues. **The review recommends that the previous practice of publishing summary notes of national Committee meetings, together with relevant meeting agendas, should be reinstated.** The summary notes should include quantitative, anonymised, macro level data about the national Committee's assessment of applications. **[Recommendation 7].** This will aid greater transparency on, and thereby greater confidence of, the work of the national Committee.

58. ACCEA national Committee Chair and Medical Director, and senior officials in the ACCEA Secretariat, demonstrated to the review team that there are clear and well understood division of responsibilities and lines of accountability in relation to their respective roles. The review team noted that the non executive Medical Director was leading on work to prepare and publish the annual reports for 2013 and 2014. Whilst recognising this is a pragmatic approach, **the review team recommends that ACCEA reverts to normal best practice with the senior official in the ACCEA Secretariat leading on publication of annual reports, for all future award rounds. [Recommendation 8]**

59. In relation to the public sector equality duty, ACCEA has published longitudinal analysis on the application rates and success rates broken down by gender and ethnicity for the award rounds 2007 to 2014[5].

60. This data suggests that applications received by ACCEA are assessed fairly and objectively based on their individual merits, with most years showing a close correlation (within 1-2%) between the composition of applicants and award recipients in terms of gender and ethnicity. For example, in 2013 19% of all applications were from women consultants, whilst 17% of all awards were made to women consultants. In the same year 18.5% of applications were from BME consultants, whilst 17% of all awards were made to BME consultants.

61. An initial analysis by the review team of wider NHS consultant population data (see Table 3 below) raises questions about why women and BME consultants are under-represented in terms of those submitting national CE award applications. For example, in 2014 just under 34% of consultants were women and a similar proportion were from BME groups, but only 19% of CE award applications were from women consultants and only 18.5% from BME consultants. The review team recognises there are likely to be a complex mix of factors involved in this under representation. For example, the different characteristics of the consultant population across the different specialties, and wider cultural factors associated with that population.

Table 3:

Consultants working in the NHS in England as at September 2014 (Total Headcount)

Men	28,335 (66.3%)	White	26,333 (61.6%)
Women	14,398 (33.7%)	BME	14,092 (33.0%)
TOTAL	**42,733 (100%)**	Not known	2,308 (5.4%)
		TOTAL	**42,733 (100%)**

Source: HSCIC - NHS Workforce Statistics in England, Medical and Dental staff – 2004-14
http://www.hscic.gov.uk/searchcatalogue?productid=17382&topics=1%2fWorkforce%2fStaff+numbers&sort=Relevance&size=10&page=1#top

62. Given this complexity, **the review team recommends that the Chief Medical Officer commissions research to identify the factors associated with national CE award applicants appearing not to be fully representative of the consultant population.** This should be a stand-alone, time limited piece of work, with the objective of enabling the ACCEA to establish whether these groups are under represented, and subsequently whether there is more ACCEA can do,

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[5] See last section of ACCEA newsletter of April 2015, available at: https://www.gov.uk/government/publications/information-on-the-national-clinical-excellence-awards-scheme

potentially with the national nominating bodies, to encourage applications from these groups. **[Recommendation 9]**

63. In addition, the review team suggests that the recommended new approach to ACCEA communications (discussed in the section below on operational performance) includes a work strand about targeted communications for groups that, prima facie, appear to be under-represented. For example, highlighting examples of successful applications from consultants in under-represented groups.

64. **The review team also recommends that ACCEA undertakes additional work to ensure that it has robust arrangements in place to fulfil all its obligations under the Equalities Act 2010. [Recommendation 10]** In particular, to arrange the introduction of: (1) specific training for any members of the national Committee and regional sub committees who have a skills/knowledge gap in terms of equalities issues, for example where they do not have training through their employer; and, (2) amendments to the existing diversity questionnaire that forms part of the on-line application process to ensure data from applicants is collected covering all nine protected characteristics covered by the 2010 Act.

65. A small number of respondents to the call for evidence, but including responses from large representative bodies, expressed concern that the current self nomination process was a potential barrier to entry for women and/or BME consultants. Recommendations 9 & 10 will provide ACCEA with access to enhanced monitoring data, and additional intelligence on the potential barriers to national CE award applications, from which to make informed decisions about how to develop the scheme further to ensure all obligations under the 2010 Act are fulfilled. Recommendations 11 and 12 below will provide an opportunity for targeted communications with those groups.

Relationship with the Department of Health and with NHS England

66. The DH is the steward of the health and care system and acts as sponsor for all its arm's length bodies. The Chief Medical Officer (CMO) is the Senior Departmental Sponsor (SDS) for the ACCEA and one of the five ex officio members of the national Committee. The CMO is supported by a senior DH official who also acts as the head of the ACCEA Secretariat team, and has policy responsibility for national CE awards. The Secretariat provides day to day support for the Committee, as well as sponsorship. Sponsors are supported by the 'sponsorship standards' and a 'sponsor guide'. The ACCEA-DH working relationship is centred on these sponsorship arrangements.

67. Since 2013, NHS England has been responsible for the payment of national CE awards to NHS employed consultants. A small number of awards are paid through DH's other ALB's[6]. Funding is received directly by NHS England as part of the NHS Mandate to cover the costs of the awards. The ACCEA Secretariat provides NHS England with details of the consultants eligible for national CE awards in England and Wales once Health ministers have confirmed the award recipients. NHS England is then responsible for reimbursing the gross cost of awards, including employers' superannuation and National Insurance contributions. NHS England believe that on the whole they

[6] The other ALBs who pay awards are: Public Health England, Health Education England, National Institute for Health and Care Excellence, and NHS Blood and Transplant

have strong working relationships with ACCEA. NHS England noted two particular points. The first relates to the timing of confirmation of awards, where late confirmation can result in some processing issues. Timing is an issue that is considered in more detail in section on relationships with other in the health and care system below. The second relates to data transfer arrangements which are addressed in more detail in the section on 'efficiency of the award making process'.

Relationship with others in the health and care system

68. The ACCEA engages with a range of stakeholder groups across the wider health and care system. The mechanisms through which they do this include direct engagement with organisations that have interests in CE awards, for example the NNB's that are invited to rank applications received and submit rankings to ACCEA as part of the application assessment process. The work of the Chair and Medical Director was widely praised. ACCEA also publishes comprehensive guidance, although some respondents noted that this could be hard to navigate.

69. The review team recognises that for the past few years the scheme has been operating on the basis that a reform of the local and national CE landscape, as part of a wider review of NHS remuneration, is imminent. This has created uncertainty for all concerned in the scheme, whether administrators, applicants, assessors, employers, or committee/sub-committee members.

70. Furthermore, the process by which approval is sought from Health ministers before the start of each annual award round has meant it has been difficult for the ACCEA Secretariat to establish a consistent annual chronology. This has resulted in associated communications challenges in terms of informing all those with an interest in the scheme about key milestones, in particular the timing and duration of the application submission 'window', so they can plan accordingly. This lack of consistency and advance notification has placed unreasonable burdens on applicants, employers, and assessors alike.

71. The outcome of a policy review (see Recommendation 1) should help the ACCEA Secretariat to establish a more consistent annual chronology and associated messaging for key stakeholders (see also Recommendations 11 & 12 below). The stakeholder engagement activity already being undertaken by the ACCEA national Committee Chair and Medical Director, will also be helpful in this regard.

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Operational performance

72. ACCEA received 1539 applications for new national CE awards in 2014, and a t otal of 300 new national CE awards were made in England. In the same year, 484 renewal applications were considered.

73. There was widespread recognition from respondents to the Call for Evidence that this public information has improved in recent years, in particular the guidance materials for applicants, assessors, nominators and employers. The review team also noted that the ACCEA Secretariat was going further with plans to publish suitably redacted details of all successful and unsuccessful national CE award applications with effect from the 2015 award round. However, some respondents reported that they still found it difficult to access information about the scheme, partly as a result of the transition to gov.uk. Indeed, the Call for Evidence revealed a lack of understanding from some

about certain key aspects of the scheme, for example membership of the regional sub-committees, and who is eligible to apply for a national CE award, even though such information is published.

74. In addition to the transparency issues already discussed in terms of: the perceptions that the timelines associated with each annual award round were short and unpredictable; and requests for more qualitative feedback to unsuccessful applicants to supplement the quantitative feedback they have started to receive in recent years, the call for evidence highlighted further concerns associated with communication.

75. A number of these communications concerns were highlighted through the commentary the review team received on the renewal of national CE awards. This has been a particularly contentious area, partly as a result of the rule changes around scoring of renewal applications and loss of pay protection that were introduced in 2010 and 2012 respectively. Concerns were expressed that those with an interest in the scheme, in particular applicants, were not fully aware of the renewals process, and the implications arising from these rule changes for successful/unsuccessful renewal applicants. For example, there was limited appreciation amongst respondents that regional sub-committees and the national Committee have the discretion to consider renewals for a lower level of award than the one currently held.

76. The call for evidence suggests there is merit in ACCEA reviewing all public facing information associated with the national CE award scheme, in particular on the application process, committee governance arrangements, and the renewals process, to ensure clarity and accessibility. **The review team therefore recommends the development and implementation of a communications strategy for ACCEA [Recommendation 11],** using appropriate channels and messages to target all those with an interest in the scheme, especially applicants, so they have access to the latest information about the national CE awards scheme**.**

77. **The review team further recommends that future annual reports from the ACCEA annual report 2015 onwards should contain two new sections: celebrating success and key lessons learnt from the most recent award round [Recommendation 12].** 'Celebrating success' should detail examples of successful CE award applications and their positive impact on the health and care system, and 'key lessons learnt from recent award round' should detail generic qualitative feedback on the characteristics of successful and unsuccessful award applications. These two proposed new sections will help ACCEA to be open and transparent, and will provide a proportionate way in which to provide qualitative feedback for unsuccessful applicants. Such an approach will also position the ACCEA annual report as a key element in a communications strategy for ACCEA designed to build trust and confidence with applicants, assessors, nominators and employers through effective dialogue.

78. There was widespread recognition from Call for Evidence responses that the current Chair and Medical Director are engaging with all the regional sub-committees, and other key stakeholders to establish opportunities for effective dialogue. The review team also noted work in hand by the Chair and Medical Director to introduce training for new members of regional sub-committees aimed at ensuring a common understanding of the overall governance of the national CE scheme. This training will also include practical exercises to demonstrate how sub-committee members should assess all applications received in a fair and objective manner rather than representing a particular specialty. It was clear in the evidence submitted to review team stakeholders felt it was legitimate for them to expect assurance that assessors were reviewing applications without bias. To complement the good work the Chair and Medical Director are already undertaking to support stakeholder

confidence, and current DH research work testing the robustness of the ACCEA assessment regime, **the review team recommends the introduction of training for regional sub-committees on inter-rater bias, and for ACCEA to publicise this training offer widely as part of wider communications activity to introduce greater transparency in the national CE scheme. [Recommendation 13].**

6. Efficiency

Expenditure

79. ACCEA expenditure has two components – administrative costs and the transfer of monies to each of the national CE award recipients each year. The principal administrative costs are staffing of the ACCEA Secretariat and staging meetings of the national committee and regional sub-committees. The table below summarises total ACCEA expenditure over the past three financial years, broken down by administrative costs, and total value of national CE awards.

Table 4	2012/13	2013/14	2014/15
Annual administrative costs (including IT consultancy) [see note 1]	**£744,166**	**£1,086,090**	**£838,583**
Total ACCEA expenditure [see note 2]	**£187,105,000**	**£178,545,000**	**£173,685,000**
Total value and number of new national CE awards issued, of which each individual award including on-costs:	£ 9,570,674 (302 awards)	£9,769,533 (301 awards)	£ 8,915,936 (300 awards)
Bronze (£45,349) [see notes 3 & 4]	£ 6,802,350 (150 award)	£6,938,397 (153 awards)	£5,895,370 (130 awards)
Silver (£59,611)	£ 1,836,904 (97 awards)	£1,944.427 (95 awards)	£2,253,075 (123 awards)
Gold (£74,514)	£ 596,120 (40 awards)	£596,120 (40 awards)	£566,314 (38 awards)
Platinum (£96,867)	£ 335,300 (15 awards)	£290,589 (13 awards)	£201,177 (9 awards)
Total value and number of national CE award renewals and on year extensions, of	£33,772,500 (625 awards)	£ 33,184,872 (604 awards)	£18,886,976 (353 awards)

which:			
Bronze (as above)	£13,559,351(299 awards)	£ 14,693,076 (324 awards)	£10,158,176 (224 awards)
Silver (as above)	£ 7,153,320 (120 awards)	£ 8,405,151 (141 awards)	£4,113,159 (69 awards)
Gold (as above)	£ 1,341,252 (18 awards)	£ 2,682,504 (36 awards)	£1,341,252 (18 awards)
Platinum (as above)	£2,034,207 (21 awards)	£2,421,675(25 awards)	£2,324,808 (24 awards)
A+ (£96,986 with on costs)	£2,618,622 (27 awards)	£ 1,939,720 (20 awards)	£0.00 (0 awards)
A (£71,471 with on costs)	£3,144,724 (44 awards)	£ 1,572,362 (22 awards)	£500,297 (7 awards)
B (£40,844 with on costs) [see notes 3, 5, & 6)]	£3,921,024 (96 awards)	£ 1,470,384 (36 awards)	£449,284 (11 awards)
Total ACCEA expenditure on new and renewal awards	**£43,343,174**	**£42,954,405**	**£27,802,912**

Notes

1. Annual administrative costs have fluctuated because of variations in the IT consultancy payments, mainly how much development work was undertaken in a particular year. These costs include salaries of the Secretariat, Chair and Medical Director, expenses and the cost of running 13 regional sub-committees.
2. Total ACCEA expenditure on awards is mainly held by NHS England, but up to 2014-15 includes £4.5m to £5m per annum which is paid directly to four ALBs for the cost of their award holders.
3. In 2014 there were 1539 new award applications received and 484 renewal applications.
4. New awards costs include full costs of Bronze awards, and the incremental costs of upgrading Bronze award holders to Silver/Gold/Platinum.
5. Of the 484 renewal applications in 2014, 65 would have been renewed but the applicants also applied for a higher award and were successful. A further 66 notified ACCEA of their forthcoming intention to retire and were not assessed in the Round. Therefore decisions had to be taken on 353 awards as shown above.
6. The renewals data for 2012-13 and 2013-14 is not comparable with the 2014-15 data. The two earlier years would have included a number of retirements, for which figures are not available and a number of applicants who were successful at securing a higher award and therefore appear in the new awards figures rather than the renewals.

80. From Table 4 the total administrative costs of ACCEA as a proportion of total ACCEA expenditure are in the order of 0.5%, which the review team understands to be comparable with the normal range for grant making activity across Government.

81. The ACCEA Secretariat costs include the salaries of the national Committee Chair and Medical Director who each receive £52,540 per annum for a time commitment of two days a week, although this time commitment is regularly exceeded. These salaries are at the higher end of the scale paid by DH for non-executive chairs, but are not outliers. Additionally, while the data published by the Cabinet Office on remuneration of non-executives shows chairs' salaries do vary across government, again £52,540 is not an outlier. For example, this Cabinet Office data showed a number of committee chairs who receive a daily rate in excess of £500, which is broadly comparable. The ACCEA is unusual in that it has a non-executive chair and a non-executive medical director, but the review team believed that the quantity of work and the value that stakeholders placed on the work of the medical director as well as the chair justifies two roles.

82. The ACCEA Secretariat is a small team managing high work volumes at peak times. The review team recognises that there is ongoing work on leadership and capability, with individual job specifications being reviewed to ensure key skills are in place. **The review team recommends that DH continues to take action to ensure that both capacity and capability are sufficient to**

mitigate the risks associated with peak work volumes. [Recommendation 14] The introduction of a more consistent award chronology should help DH to identify the future resourcing needs of the Secretariat. The review team considers that there may also be merit in the DH exploring options on process change such as staggering application submissions in two tranches (Bronze awards, and Silver/Gold/Platinum awards) and/or employing temporary staff during peak periods of scheme activity to aid workflow for the Secretariat. Such options analysis will need to consider any potential unintended consequences for applicants and assessors, and/or resource implications for the Secretariat.

83. In respect of the funds spent on the awards, there was not sufficient evidence gathered in the course of the review to make useful value judgments about the potential positive or negative impacts of changes to the level or number of clinical excellence awards on the morale or motivation of individual clinicians. Based on narrative evidence the impact of reducing the number of awards previously, and more recently the renewals process, has a signalling effect on actual and potential applicants which can significantly affect morale. As such, the review team does not feel that there is sufficient evidence to change the level or number of awards without the policy review in Recommendation 1.

Efficiency of the CE award making process

84. From the call for evidence there was support for the efficacy and rationale of the national Committee and regional sub-committee arrangements, subject to the issues related to transparency which have already been considered.

85. Despite the comparatively high total value of money distributed each year as national clinical excellence (CE) awards, the multiple layers of decision making and assurance in place minimise the risk of fraud and corruption given the high degree of collusion required. The residual risks in terms of erroneous leakages of money are largely administrative.

86. The one area of concern that was presented in the evidence to the review team in terms of fraud was a propriety issue. There is little independent verification of the information included on individual application forms. This was largely framed in terms of exaggerated rather than false claims. This would partly be addressed through greater transparency related to applications. The review team also raises the potential to amend the current wording of the applicant self declaration. The review team considers that there may be merit in the ACCEA Secretariat revisiting that wording to ensure the self-declaration is explicit about the applicant confirming the application is their sole work and/or their individual contribution to the work of a team/unit. Rather than making a specific recommendation the review team proposed that the Secretariat should consider this amendment when the online forms are next revised.

87. With regard to the IT platform supporting the CE award making process, NHS England and the ACCEA Secretariat both recognise that further work is needed to improve their existing data sharing arrangements, in particular to manage residual risks associated with award recipients moving employer after their initial receipt of an award. The Head of the ACCEA Secretariat already has action planned to build on existing communication with NHS England to ensure that regular award information is obtained and shared.

88. The review team was also made aware in the course of the review of quality assurance issues associated with macro level data collated by the ACCEA Secretariat for the national Committee. These issues seemed to stem partly from inherent problems with version control in MS Excel, and partly from capacity/capability of the small team in the Secretariat. The review considers there is merit in enhancing the capacity/capability of that team at peak periods of scheme activity to help address these issues.

89. The evidence provided to the review team suggested that National CE award candidates have confidence in the on-line application system, although a number of respondents did suggest some refinements to improve user friendliness. The review team has shared these with the ACCEA Secretariat, but recognising the financial implications of making systems changes has not made a specific recommendation on these points.

Stage Two Conclusions

90. Stage two of the ACCEA TR considered potential improvements in the operation of the Committee. The recommendations cover three areas which emerge from the review:

    - Governance: recommendations 4 – 10 are intended to enable ACCEA to demonstrate that it is operating under the principles of good governance and to improve transparency.
    - Communications: recommendations 11-13 seek to complement work that ACCEA already has underway to build confidence in the national CE award scheme amongst key stakeholders.
    - Administration: recommendation 14 recognises the importance of ACCEA having the necessary administrative resources available at different points in each award round to manage award applications and payments efficiently and effectively.

91. The review team recognises that DH would need to ensure that additional and expert resource was available for recommendations 9 and 11, and additional costs could be incurred in relation to recommendation 13 or 14, subject to implementation. As such, these recommendations need to be considered in light of the policy review in recommendation 1, to ensure that any changes deliver long term benefits.

92. Subject to the policy review, the principles of good governance and the need for a strong communication strategy continue to apply. In particular, any changes to the underlying policy or clarification of the scheme's objectives would require active engagement with stakeholders. This would provide appropriate assurance to applicants and potential applicants about the objectivity of the scheme, and maximise its value to the health and care system.

Recommendation 4: The review team recommends that all non-executive appointments to the national Committee should be made by Ministers in accordance with public appointment rules. The review team also recommends that the recruitment process for regional sub-committees be managed by DH in a proportionate manner that reflects best practice in making public appointments.

Recommendation 5: the review team recommends the ACCEA Secretariat works with the DH Public Appointments Unit to develop an action plan for all existing non executive members of the national Committee to ensure consistency with best practice for current public appointments to that Committee.

Recommendation 6: The review team recommends that the ACCEA annual report for 2014 is published on gov.uk as a matter of priority, and no later than the end of September 2015.

Recommendation 7: The review recommends that the previous practice of publishing summary notes of national Committee meetings, together with relevant meeting agendas, should be reinstated.

Recommendation 8: The review team recommends that ACCEA reverts to normal best practice with the senior official in the ACCEA Secretariat leading on publication of annual reports, for all future award rounds.

Recommendation 9: the review team recommends that the Chief Medical Officer commissions research to identify the factors associated with national CE award applicants appearing not to be fully representative of the consultant population.

Recommendation 10: The review team also recommends that ACCEA undertakes additional work to ensure that it has robust arrangements in place to fulfil all its obligations under the Equalities Act 2010.

Recommendation 11: The review team recommends the development and implementation of a communications strategy for ACCEA.

Recommendation 12: The review team further recommends that future annual reports from the ACCEA annual report 2015 onwards should contain two new sections: celebrating success and key lessons learnt from the most recent award round

Recommendation 13: the review team recommends the introduction of training for regional sub-committees on inter-rater bias, and for ACCEA to publicise this training offer widely as part of wider communications activity to introduce greater transparency in the national CE scheme.

Recommendation 14: The review team recommends that DH continues to take action to ensure that both capacity and capability are sufficient to mitigate the risks associated with peak work volumes.

Annexes

Annex A: core review team, project board, and critical friends group membership, and review costs

Review team

Role	Name
Senior Review Sponsor	Tim Sands
Lead Reviewer	Adam McMordie
Assistant Reviewer	Paul McCormack

Project Board

Role	Name
Chair	Tim Sands
Member: ACCEA Chair	Bill Worth
Member: ACCEA Secretariat	Martin Sturges
Member: TR review team	Adam McMordie
Attendee: ACCEA Medical Director	Mary Armitage
Secretary	Paul McCormack

Critical Friends Group*

Organisation	Name
Chair	Tim Sands
Cambridge University Hospitals NHS Foundation Trust	Dr Jag Ahluwalia
Lay member	John Carrier
Royal College of Anaesthetists	Dr J-P van Besouw
University College London Hospitals NHS Foundation Trust	Professor Valerie Lund

*The Critical Friends' Group comprised people with the necessary skills and experience to provide constructive challenge on the work of the review team, but was not a representative cross section of all those individuals/organisations with an interest in the work of ACCEA.

Review Costs

The direct cost of the review is estimated to be £12,000. This comprises the DH resources (total salary costs for review team members), and travel and subsistence for the review team.

No additional fees were paid to members of the ACCEA, the ACCEA Secretariat, the SRS, or the critical friends.

The indirect costs of the time of the Chief Medical Officer, ACCEA Chair, ACCEA Medical Director, ACCEA Secretariat representatives, Cabinet Office officials, and Welsh Government officials in engaging with the review team are not included in this calculation.

Annex B: Initial Written Ministerial Statement of 15 January 2015

HEALTH

[HCWS195]

Advisory Committee on Clinical Excellence Awards

The Parliamentary Under-Secretary of State for Health (Dr Daniel Poulter): I am today announcing the start of the triennial review of the Advisory Committee on Clinical Excellence Awards (ACCEA).

All Government Departments are required to review their non-departmental public bodies (NDPBs) at least once every three years. Due to the wide-ranging reforms made by the Health and Social Care Act 2012, the Department was exempt from the first round of reviews in 2011-14. In order to ensure that the Department is an effective system steward and can be assured of all the bodies it is responsible for, we have extended the programme of reviews over the next three years to all its arm's length bodies and Executive agencies.

The review of the ACCEA has been selected to commence during the first year of the programme (2014-15). The review will consider the committee's functions and corporate form, as well as performance and capability, governance and opportunities for greater efficiencies. The Department will be working with a wide range of stakeholders throughout the review.

Annex C: Organisations given advance written notification of Call for Evidence

Ministry of Defence Clinical Excellence Awards Committee	British Medical Association
NHS Pay Review Body	Academy of Medical Royal Colleges
Review Body on Doctors' and Dentists' Remuneration	Foundation Trusts Network
Welsh Government	Royal College of Anaesthetists
Scottish Government	Royal College of General Practitioners
Northern Ireland Assembly	Royal College of Nursing
British Dental Association	College of Emergency Medicine
British Society for Oral and Dental Research	Royal College of Obstetricians and Gynaecologists
British Orthodontic Society	Royal College of Paediatrics and Child Health
Breakthrough Breast Cancer	Royal College of Pathologists
British Heart Foundation	Royal College of Physicians
Care Quality Commission	Royal College of Psychiatrists
Conference Of Postgraduate Medical Deans (CoPMED)	Royal College of Radiologists
Joint Medical Consultative Council (JMCC)	Royal College of Surgeons of England
King's Fund	Universities UK
Healthwatch	Professor Peter Kopelman's network
Healthwatch England	Federation of Surgical Specialty Associations
Health Research Authority	
Macmillan Cancer Support	
Marie Curie Cancer Care	
Medical Research Council	
Medical Schools Council	
Medical Women's Federation	
Monitor	
NHS England	
NHS Confederation	
Nuffield Trust	
Patients Association	
Picker Institute Europe	
Royal Society for Public Health	
UK faculty of public health	

Annex D: Public Call for Evidence Questions

1. **Is there an ongoing need for advice to Ministers on national level clinical excellence awards?**

Yes/No/Don’t know

Please give reasons for your answer.

2. **Is the Advisory Committee on Clinical Excellence Awards the best way to award and administer national level clinical excellence awards?**

Yes/No/Don’t know

Please give reasons for your answer.

3. **Thinking about the current structure for the administration of the awards, are there alternative methods for delivery? For example, other organisations for award applications from particular professional disciplines? What are the relative merits of current and alternative methods of delivery in terms of efficiency and effectiveness?**

Please give reasons for your answer.

4. **Does the national Committee have the right level of independence to ensure its advice is robust and impartial?**

Yes/No/Don’t know

Please give reasons for your answer.

5. **Does the current composition of the national Committee's membership best support its functions?**

Yes/No/Don’t know

Please give reasons for your answer.

6. **Do you have any comments on the balance of the ACCEA structure that currently comprises a national Committee and 13 regional sub-committees?**

Yes/No

If yes, please provide comments.

7. **Do you have any comments on the split of responsibilities between the national Committee and the 13 regional sub-committees?**

Yes/No/Don't know

If yes, please provide comments.

8. **Are there other committees or organisations which could be used as a benchmark for the performance of the national ACCEA?**

Yes/No/Don't know

Please give reasons for your answer.

9. **Are all aspects of the application process for national level awards, including applicant guidance, application forms and associated timelines, accessible and transparent for candidates?**

Yes/No/Don't know

Please give reasons for your answer.

10. **Are there any barriers to applications that should be removed?**

Yes/No/don't know

Please give reasons for your answer.

11. **Could the management of the applications process for national level awards, including associated communications activity, be improved?**

Yes/No/Don't know

Please give reasons for your answer.

12. **Is there an appropriate level of transparency in the national Committee's end to end processes and decision making?**

Yes/No/Don't know

Please give reasons for your answer.

If there is other evidence on ACCEA's role, functions, performance, efficiency or governance that you would like to submit as part of this Call for Evidence please attach it and state what it relates to.

Annex E: List of Respondents to the Call for Evidence

No	Organisation
1	Great Ormond St Hospital
2	Named individual response
3	University Hospitals Bristol NHS Foundation Trust
4	University College London & University College London Hospitals
5	Taunton & Somerset NHS Foundation Trust
6	Cwm Taf University Health Board
7	Named individual response
8	South London and Maudsley NHS Foundation Trust
9	Royal College of Radiologists
10	Royal Devon & Exeter NHS Foundation Trust
11	Universities and Colleges Employers Association representing the interests of university medical school employers
12	East Lancashire Hospitals NHS Trust
13	University of Exeter Medical School
14	British Thoracic Society
15	ENT UK - trading as the British Academic Conference in Otolaryngology (BACO) and the British Association of Otorhinolaryngology - Head and Neck Surgery (BAO-HNS),
16	Royal Brompton & Harefield NHS Foundation Trust
17	Medical Schools Council and Dental Schools Council (joint response)
18	Royal College of Paediatrics and Child Health
19	Royal College of Anaesthetists
20	British Medical Association
21	Acorn Primary Health Care Centre
22	Association of Anaesthetists of Great Britain and Ireland
23	Academy of Medical Royal Colleges
24	Royal College of Physicians
25	Association of UK University Hospitals Medical Directors
26	Review Body on Doctors' and Dentists' Remuneration*
27	Association for Palliative Medicine of GB & Ireland*
28	Named individual response*

* Late submission – received after 26 March 2015.

Annex F: ACCEA Terms of Reference

Our terms of reference are to advise Health Ministers on the making of clinical excellence awards to consultants working in the NHS as defined in guidance by:

- ensuring that the criteria against which candidates will be assessed reflect achievement over and above what is normally expected contractually
- overseeing the process by which all nominations will be judged, taking account of advice given by its regional sub-committees for level 9 (national) to 11 (bronze, silver and gold) awards
- considering all nominations for level 12 (platinum) awards taking advice from the sub-committees on any relevant local information available
- recommending consultants for level 9 (national) to 12 (bronze, silver, gold and platinum) awards with regard to the available funding, taking account of advice from the chair and medical director and regional sub-committees
- recommending consultants for continuation of their awards through the review process taking account of advice from the chair and medical director and regional sub-committees
- supporting employer-based awards processes to ensure a fair, open and transparent Scheme; by issuing guidance and providing advice, and by monitoring and reporting on the distribution of employer-based awards
- overseeing and monitoring that systems are in place to enable consultants to make appeals against the process, and for any concerns and complaints to be considered
- considering the need for development of the scheme
- considering other business relevant to the development and delivery of the scheme

Annex G: ACCEA Compliance with the Principles of Good Corporate Governance

The areas of partial or non-compliance with the principles of good corporate governance which need to be addressed are discussed in more detail in the section "Governance of ACCEA". Recommendations 4, 7, and 12 in combination with on-going work to introduce a proportionate annual appraisal system for non ex-officio committee members, address the key areas of concern.

	Principles of Good Corporate Governance	Findings of Review
Accountability	**Principle:** The minister is ultimately accountable to Parliament and the public for the overall performance, and continued existence, of the advisory NDPB.	ACCEA is partially compliant overall.
	Provision 1 The minister and sponsoring department should exercise appropriate scrutiny and oversight of the advisory NDPB. This includes oversight of any public monies spent by, or on behalf of, the body.	ACCEA is compliant. The ACCEA budget is approved by the senior official in the ACCEA Secretariat. ACCEA expenditure is administered by the ACCEA Secretariat, with input from DH Buying Coordinators and Budget Control Liaison Officers. ACCEA Secretariat provides NHS England with details of the consultants eligible for national CE awards. NHS England is then responsible for reimbursing the gross cost of awards, including employers' superannuation and National Insurance contributions.
	Provision 2 Appointments to the advisory NDPB should be made in line with any statutory requirements and, where appropriate, with the Code of Practice issued by the Commissioner for Public Appointments.	ACCEA is partially compliant. The Chair and Medical Director are public appointments. All DH public appointments follow the code. At the time of the review the two new additional members of the national Committee were being appointed following reasonable HR practice. However, the review found no available evidence about whether the seven existing non executive members of the national Committee had been appointed in accordance with best practice. The other five ex-officio members of the national Committee are not subject to public appointment rules.

	Provision 3 The minister will normally appoint the Chair and all board members of the advisory NDPB and be able to remove individuals whose performance or conduct is unsatisfactory.	ACCEA is compliant regarding the appointment of the Chair the Medical Director. See answer to Provision 2 above regarding the other non executive members of the national Committee.
	Provision 4 The minister should meet the Chair on a regular basis.	ACCEA is compliant. The Chair and Medical Director meet regularly with DH officials, including the Chief Medical Officer, who are able to escalate any information to Ministers as required. This is proportionate to the nature and scale of ACCEA's current functions.
	Provision 5 There should be a requirement to inform Parliament and the public of the work of the advisory NDPB in an annual report (or equivalent publication) proportionate to its role.	ACCEA is partially compliant – most recent ACCEA annual report dates from 2012. Work in hand at time of triennial review to publish annual reports for 2013 and 2014 as a matter of priority.
	Provision 6 The advisory NDPB must be compliant with Data Protection legislation.	ACCEA is compliant. ACCEA follows the DH policy on data protection, and the ACCEA Secretariat is responsible for compliance.
	Provision 7 The advisory NDPB should be subject to the Public Records Acts 1958 and 1967.	ACCEA is compliant. ACCEA Secretariat is responsible for compliance.

<table>
<tr><td rowspan="5">Role of the Sponsoring Department</td><td>Principle:
The departmental board ensures that there are appropriate governance arrangements in place with the advisory NDPB.

There is a sponsor team within the department that provides appropriate oversight and scrutiny of, and support and assistance to, the advisory NDPB.</td><td>ACCEA is partially compliant overall.
The ACCEA Secretariat is based in the Department, and provides oversight and scrutiny of, and support and assistance to, the advisory NDPB.</td></tr>
<tr><td>Provision 1
The departmental board’s agenda should include scrutiny of the performance of the advisory NDPB proportionate to its size and role.</td><td>ACCEA is compliant.
Scrutiny of the performance of ACCEA is overseen by the Senior Departmental Sponsor (the Chief Medical Officer) who is responsible for escalating any issues to the Departmental Board. This is appropriate given the nature and scale of ACCEA’s current functions.</td></tr>
<tr><td>Provision 2
There should be a document in place which sets out clearly the terms of reference of the advisory NDPB. It should be accessible and understood by the sponsoring department and by the Chair and members of the advisory NDPB. It should be regularly reviewed and updated.</td><td>ACCEA is compliant.
The ACCEA terms of reference are published on gov.uk.</td></tr>
<tr><td>Provision 3
There should be a dedicated sponsor team within the sponsor department. The role of the sponsor team should be clearly defined.</td><td>ACCEA is compliant.
The ACCEA Secretariat is based in the Department of Health and performs the sponsor team function.</td></tr>
<tr><td>Provision 4
There should be regular and ongoing dialogue between the sponsoring department and the advisory NDPB.</td><td>ACCEA is compliant.</td></tr>
</table>

	Provision 5 There should be an annual evaluation of the performance of the advisory NDPB and any supporting committees – and of the Chair and individual members.	ACCEA is partially compliant. ACCEA Chair has an annual appraisal meeting with the Chief Medical Officer. The Medical Director is appraised by the ACCEA Chair. ACCEA Chair and MD meet with regional sub-committees during each award round. At the conclusion of each award round, they hold an annual meeting with Chairs and Medical Vice-Chairs of regional sub-committees and also with representatives of National Nominating Bodies. These are used to reaffirm good practice and to identify possible areas for improvement in governance. ACCEA Chair and MD recognise need to identify and introduce a proportionate annual appraisal mechanism for all national Committee members, excluding ex-officio members. Work on this had started at the time of the review.

<table>
<tr><td rowspan="4">Role of the Chair</td><td>Principle: The Chair is responsible for leadership of the advisory NDPB and for ensuring its overall effectiveness.</td><td>ACCEA is compliant overall.</td></tr>
<tr><td>Provision 1
The advisory NDPB should be led by a non-executive Chair.</td><td>ACCEA is compliant. The ACCEA Chair is supported by the ACCEA Medical Director – also a non-executive appointment.</td></tr>
<tr><td>Provision 2
There should be a formal, rigorous and transparent process for the appointment of the Chair. This should be compliant with the Code of Practice issued by the Commissioner for Public Appointments. The Chair should have a clearly defined role in the appointment of non-executive board members.</td><td>ACCEA is compliant.
The Chair and Medical Director are public appointments. All DH public appointments follow the code.</td></tr>
<tr><td>Provision 3
The duties, role and responsibilities, terms of office and remuneration (if only expenses) of the Chair should be set out clearly and formally defined in writing. Terms and conditions must be in line with Cabinet Office guidance and with any statutory requirements. The responsibilities of the Chair will normally include:
• representing the advisory NDPB in any discussions with ministers;
• advising the sponsoring department and ministers about member appointments and the performance of members ;
• ensuring that the members have a proper knowledge and understanding of their role and responsibilities. The Chair should ensure that new members undergo a proper induction process and is normally responsible for undertaking an annual assessment of non-executive board members' performance;
• ensuring that the advisory NDPB, in reaching decisions, takes proper account of guidance provided by the sponsoring department or ministers;
• ensuring that the advisory NDPB carries out its business efficiently and effectively; and
• representing the views of the advisory NDPB to the general public, when required.</td><td>ACCEA is compliant.
As public appointees, the Chair and Medical Director have terms and conditions of appointment attached to their offer letter. The responsibility to abide with the Cabinet Office's Code of Conduct is made clear.</td></tr>
</table>

Role of other members	**Principle:** The members should provide independent, expert advice.	ACCEA is partially compliant overall.
	Provision 1 There should be a formal, rigorous and transparent process for the appointment of members to the advisory NDPB. This should be compliant with the Code of Practice issued by the Commissioner for Public Appointments.	ACCEA is partially compliant. The Chair and Medical Director are public appointments. All DH public appointments follow the Code. At the time of the review the two new additional members of the national Committee were being appointed following reasonable HR practice. However, the review found no available evidence about whether the seven existing non executive members of the national Committee had been appointed in accordance with best practice. The other five ex-officio members of the national Committee are not subject to public appointment rules.
	Provision 2 Members should be properly independent of the department and of any vested interest (unless serving in an ex-officio or representative capacity).	ACCEA is compliant. ACCEA national Committee members declare interests at meetings and complete an annual declaration of interests. If any interest is declared by a national Committee member at a meeting, the Chair will decide whether that member participates in all, part, or none of the discussion.
	Provision 3 Members should be drawn from a wide range of diverse backgrounds, but should have knowledge and expertise in the field within which the body has been set up to advice ministers. The advisory NDPBs as a whole should have an appropriate balance of skills, experience, independence and knowledge.	ACCEA is compliant. The ACCEA national committee currently comprises an independent lay Chair, a Medical Director, two professional members, two employer representatives, and three lay members – nine members in total. Plus five ex-officio members, making a committee of 14 overall. Each regional sub-committee consists of 12 medical, 6 employer and 6 lay representatives – 24 members in total.

	Provision 4 The duties, role and responsibilities, terms of office and remuneration of members should be set out clearly and formally defined in writing. Terms and conditions must be in line with Cabinet Office guidance and with any statutory requirements.	ACCEA is partially compliant. The Chair and Medical Director are public appointments. They have terms and conditions of appointment attached to their respective offer letters. These are cleared by lawyers and any statutory requirements are set out. The responsibility to abide with the Cabinet Office's Code of Conduct is made clear. The appointment of the two new additional members will specify their respective terms of appointment. The Chair is taking action to put the term of appointment of the members on a normal cycle of initial appointment terms of 2-3 years each from 2016 (having extended the appointments of lay members by 12 months in 2015 on business continuity grounds).
	Provision 5 All members must allocate sufficient time to the advisory NDPBs to discharge their responsibilities effectively.	ACCEA is compliant. National Committee members attend meetings as required.
	Provision 6 There should be a proper induction process for new members. This should be led by the Chair. There should be regular reviews by the Chair of individual members' training and development needs.	ACCEA is partially compliant. New members of the ACCEA national Committee undertake a formal induction process. Proportionate appraisal arrangements introduced by the Chair in 2015 will consider the training and development needs of individual members. ACCEA Secretariat advises that individual members typically have a wealth of experience in public sector committee roles, receiving the standard training on matters such as equality through that route.

	Provision 7 All members should ensure that high standards of corporate governance are observed at all times. This should include ensuring that the advisory NDPB operates in an open, accountable and responsive way.	ACCEA is compliant.

Communications	**Principle**: The advisory NDPB should be open, transparent, accountable and responsive.	ACCEA is partially compliant overall.
	Provision 1 The advisory NDPB should operate in line with the statutory requirements and spirit of the Freedom of Information Act 2000.	ACCEA is compliant. ACCEA follows the DH policy on FOI requests, and the ACCEA Secretariat is responsible for compliance.
	Provision 2 The advisory NDPB should make an explicit commitment to openness in all its activities. Where appropriate, it should establish clear and effective channels of communication with key stakeholders. It should engage and consult with the public on issues of real public interest or concern. This might include holding open meetings or annual public meetings. The results of reviews or inquiries should be published.	ACCEA is partially compliant. Information about the work of ACCEA, and associated governance arrangements, is published on gov.uk. Work in hand at time of triennial review to publish ACCEA's annual reports for 2013 and 2014 as a matter of priority.
	Provision 3 The advisory NDPB should proactively publish agendas and minutes of its meetings.	ACCEA is not compliant. Agendas and minutes of national Committee meetings are not currently published since to do so, even in redacted form, would potentially be in breach of data protection legislation given the amount of personal information under discussion. In the past a summary version of ACCEA minutes, suitably anonymised, were published along with meeting agendas, although this practice has lapsed in more recent years.
	Provision 4 There should be robust and effective systems in place to ensure that the advisory NDPB is not, and is not perceived to be, engaging in political lobbying. There should also be restrictions on members attending Party Conferences in a professional capacity.	ACCEA is compliant.

Conduct and Behaviour	**Principle**: Members should work to the highest personal and professional standards. They should promote the values of the advisory NDPB and of good governance through their conduct and behaviour.	ACCEA is partially compliant overall.
	Provision 1 A Code of Conduct must be in place setting out the standards of personal and professional behaviour expected of all members. This should follow the Cabinet Office Code. All members should be aware of the Code. The Code should form part of the terms and conditions of appointment.	ACCEA is partially compliant. With regards to the Chair and Medical Director, ACCEA is compliant. As public appointees, the Chair and Medical Director each have terms and conditions attached to their offer letter. The responsibility to abide with the Cabinet Office's Code of Conduct is outlined in that letter. With regards to the other non executive members of the national Committee, ACCEA is partially compliant. ACCEA has a code of conduct and this is sent to new members as part of their appointments process.
	Provision 2 There are clear rules and procedures in place for managing conflicts of interest. There is a publicly available Register of Interests for members. This is regularly updated.	ACCEA is compliant. ACCEA register of members' interests is published on gov.uk
	Provision 3 There must be clear rules in place governing the claiming of expenses. These should be published. Effective systems should be in place to ensure compliance with these rules.	ACCEA is compliant. There is a formal expenses policy in place, based on the DH expenses policy. Claims are checked and processed by the ACCEA Secretariat.
	Provision 4 There are clear rules and guidelines in place on political activity for members and that there are effective systems in place to ensure compliance with any restrictions.	ACCEA is compliant. ACCEA national Committee members are advised to undertake political activities as individuals and not in their capacity as ACCEA members Given the nature of ACCEA's current function, this is an appropriate approach.

	Provision 5 There are rules in place for members on the acceptance of appointments or employment after resignation or retirement. These are enforced effectively.	ACCEA is compliant. There is a published declaration of ACCEA national committee members' interests. In addition, ACCEA national Committee members declare interests at meetings and the Chair decides whether that member participates in all, part, or none of the discussion. Given the nature of ACCEA's current function, this is an appropriate approach.