

Cover page	
Meeting	Trust Board
Paper Title	Annual Report for Appraisal and Revalidation of Doctors
Date of meeting	1 st August 2019
Date paper was written	11 th July 2019
Responsible Director	Dr Edwin Borman, Director for Clinical and Digital Effectiveness (formerly Medical Director)
Author	Sam Hooper, Medical Directorate
Executive Summary	
<p>Attached is the Annual Report on the Revalidation of doctors at SaTH and the Severn Hospice. This provided an update for the Workforce Committee on the current position for appraisal and revalidation of doctors at SaTH and the Severn Hospice. It is a NHS England/Improvement requirement that this paper is formally received and approved by the Trust Board.</p> <p>Once this paper has been received and approved by the Trust Board, the NHSE/I requires that the Statement of Compliance is signed by the respective Chief Executives of SaTH and the Severn Hospice and submitted to NHS England/Improvement.</p>	
Previously considered by	15 th July 2019 Workforce Committee – the annual report for appraisal and revalidation for doctors was received and approved.

The Board is asked to:			
<input checked="" type="checkbox"/> Approve	<input checked="" type="checkbox"/> Receive	<input type="checkbox"/> Note	<input type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

Safe

Effective

Caring

Responsive

Well-led

Link to strategic objective(s)

Select the strategic objective which this paper supports

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND kindest Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

Are any Board Assurance Framework risks relevant to the paper?

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

Freedom of Information Act (2000) status

- This document is for full publication
- This document includes FOIA exempt information
- This whole document is exempt under the FOIA

Financial assessment

Is there a financial impact associated with the paper?

Main Paper

Situation

Attached is the Annual Report on the Revalidation of doctors at SaTH and the Severn Hospice. This provided an update for the Workforce Committee on the current position for appraisal and revalidation of doctors at SaTH and the Severn Hospice. It is a NHS England/Improvement requirement that this paper is formally received and approved by the Trust Board.

Once this paper has been received and approved by the Trust Board, the NHSE/I requires that the Statement of Compliance is signed by the respective Chief Executives of SaTH and the Severn Hospice and submitted to NHS England/Improvement.

Background

The Annual Report is required to be submitted to the Workforce Committee and the Trust Board and approved with regards to the appraisal and revalidation of doctors at SaTH and Severn Hospital. The Statement of Compliance needs to be signed by the respective Chief Executives and submitted to NHS England/Improvement.

SaTH is responsible for the appraisal and revalidation of doctors who work at Severn Hospice as they are employed by SaTH as part of a long-standing SLA.

Assessment

SaTH continues to be compliant to a high level with the requirements set by NHS England / Improvement and has set realistic goals for further development of this important Quality Assurance system.

Recommendation

To RECEIVE and APPROVE the paper

**Trust Board – 01 August 2019
Annual Report on the Revalidation of Doctors**

1. Introduction

According to the General Medical Council, the UK-wide regulatory body for doctors,

"Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC. Licensed doctors have to revalidate usually every five years, by having annual appraisal based on our core guidance for doctors, Good medical practice."

Revalidation is a requirement to enable a doctor to continue to retain their licence to practise and it is the responsibility of the Designated Body to provide sufficient resources to enable this to be carried out.

Revalidation was introduced as a statutory requirement of all doctors, in December 2012, with the first doctors at SaTH being required to submit evidence for Revalidation in 2013. Many doctors are now preparing for their second revalidation.

2. Key Points on the implementation of Revalidation at SaTH

The Medical Director has responsibilities as the Responsible Officer for all doctors whose main employer is SaTH or Severn Hospice.

Over the last six years the structure and framework required to provide assurance and governance around the requirements for Revalidation have been implemented. The key requirements being annual appraisal, review of complaints and concerns, confirmation of engagement in clinical governance systems and multi-source feedback. The Medical Director has given clear direction to the Senior Medical Staff as to the requirements for Revalidation.

SaTH has robust processes in place to support Appraisal and Revalidation.

These include:

- Personal emails to each doctor due for Revalidation, from the Medical Director, on the requirements for Revalidation
- Robust reporting from the Medical Director's Team to ensure that the Trust compliance figures are accurate and up to date, presenting one version of the truth.
- Monthly reports available for the Care Group Medical Directors at the Senior Medical Leadership Team Meetings.
- Updates provided for all senior doctors, on Appraisal and Revalidation, as part of the on-going Doctors' Essential Education Programmes (DEEP)
- On-going development of the electronic Appraisal and Revalidation system (Equiniti) and the reports provided from this

- Support for doctors in the use of the electronic Appraisal and Revalidation (Equiniti) system
- Support for doctors on how to complete multi-source feedback in a timely manner
- Trust guidance on skill mix requirements for colleague raters for multi-source feedback
- A robust process with the Complaints Department to check complaints and concerns for Senior Medical Staff
- The maintenance and validation of a reliable database of all Trust-appraised doctors at SaTH
- An agreed dataset of achievements of the key requirements for Revalidation
- Ensuring the full implementation of pre-employment checks of doctors, including their compliance to date with Revalidation requirements
- The standardisation of Appraisals, based on the Equiniti System
- Providing Appraisers with feedback reports
- Emails to each doctor ahead of their appraisal due date reminding them of key points surrounding the appraisal process
- Embedding of exception-reporting for all overdue appraisals
- Providing doctors with information about their clinical performance via the Information Department

a) Revalidation Outcomes

There have been an increase in number of doctors requiring Revalidation in this financial year as some doctors are entering their second cycle of revalidation, please see table below. The considerable variation in the number of doctors required to revalidate in each year is related to the GMC's timetable for this process.

Financial Year	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
Revalidate	61	98	118	18	20	72
Defer	10	29	22	10	8	9
Non-Engagement	0	3	0	0	0	0
Totals	71	130	140	28	28	81

b) Annual report on Revalidation at SaTH

The attached report documents the information required by NHS England for national reporting purposes and for their required reporting process expected of each Trust's Board.

3. Additional points to note

There has been an increase in the number of temporary and short-term contract holders, due, in part, to a slight increase in doctors who are not in Senior Doctor posts and who also are not in a training programme, i.e. not in Deanery posts, who fall within the Trust's appraisal system. In addition there has been a slight increase in the number of Consultants on short term and temporary contracts. SaTH has recruited further international doctors in the past year who have not previously completed appraisals. These doctors are set an appraisal month which takes into account their registration date, future Revalidation date, and the start and end dates of their post. These groups account for the majority of those in category 2.

We have recently advertised for expressions of interest for the clinical appraisal lead and look forward to appointing in the near future.

Severn Hospice doctors are employed through a service level agreement with their contract being held at SaTH. They have been allocated to SaTH as their designated body and they are the responsibility of our Responsible Officer.

N.B. It is important to note that the reporting basis used by NHS England differs from that used by SaTH Trust compliance, and, indeed, other Trusts for key elements such as Appraisal. For internal Trust compliance reporting, the denominator is current employees, excluding new starters within the last 15 months, temporary (bank) staff and absences; for NHS England, this figure is all doctors who have defined SaTH as their "prescribed connection" or "designated body" as of 31st March. The latter list frequently includes short term contracts.

4. Recommendation

The Board is invited to:

- **receive** this required report
- **approve** the statement of compliance – Appendix A and Appendix B

Table 1 – NHS England Appraisal Data

Section 2		Appraisal					
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2019 should be included. Where the answer is 'nil' please enter '0'. See guidance notes on pages 12-14 for assistance completing this table	1	1a	2	3	Total	
		Completed Appraisal (1)	(Optional) Completed Appraisal (1a)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)		
		Number of Prescribed Connections					
2.1.1	Consultants (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	234	226	117	5	3	234
2.1.2	Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).	71	63	45	7	1	71
2.1.3	Doctors on Performers Lists (for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).	0	0	0	0	0	0
2.1.4	Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade).	0	0	0	0	0	0
2.1.5	Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc).	114	74	45	34	6	114
2.1.6	Other doctors with a prescribed connection to this designated body (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc).	2	1	1	1	0	2
2.1.7	TOTAL (this cell will sum automatically 2.1.1 – 2.1.6).	421	364	208	47	10	421



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: February 2019

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on England.revalidation-pmo@nhs.net.

Contents

Introduction:	3
Designated Body Annual Board Report.....	5
Section 1 – General.....	5
Section 2 – Effective Appraisal.....	6
Section 3 – Recommendations to the GMC	8
Section 4 – Medical governance	8
Section 5 – Employment Checks	10
Section 6 – Summary of comments, and overall conclusion	11
Section 7 – Statement of Compliance	12

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance¹. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

¹ Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer, and
- c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – Medical Directorate Office of Shrewsbury and Telford Hospital NHS Trust can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: 31 st May 2019
Action from last year: Further reduce the number of non-compliant doctors.
Comments: Change of Responsible Officer as of 14.7.2019.
Action for next year: Re-audit quality of appraisals.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:
Comments: Yes – Dr Edwin Borman until 14.7.2019 - Dr Arne Rose, Responsible Officer from 15.7.2019.
Action for next year:

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes
Action from last year: N/A
Comments:
Action for next year: N/A

4. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: Compliant hence no action required.
Comments: Yes
Action for next year: Compliant hence no action required.

5. **All policies in place to support medical revalidation are actively monitored and regularly reviewed.**

Action from last year:
Comments: Yes
Action for next year: Medical Appraisal Policy will be subject to review in 2019.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year:

Comments: No

Action for next year: This will be arranged for the coming year.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Where a doctor is directly employed by us and we are their main employer, these doctors would be on our Responsible Officer list when they start and would be supported with their requirements for appraisal and revalidation. Short-term placement doctors not on our Responsible Officer list would be supported in their activities required for appraisal and revalidation with appraisal carried out by their designated body.

Comments: Yes

Action for next year: Continued monitoring

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: A high percentage of Trust doctors had an appraisal in year (Trust Compliance*). Compliance of designated month appraisals (NHSE/I is slightly lower). Further action is being taken to improve in designated month appraisals. Doctors and appraisers are reminded of the need for whole practice appraisals.

Comments: Yes

Action for next year: Continued monitoring.

**It is important to note that the reporting basis used by NHS England differs from that used by SaTH Trust compliance, and, indeed, other Trusts for key elements such as Appraisal. For internal Trust compliance reporting, the denominator is current employees, excluding new starters within the last 15 months, temporary (bank) staff and absences; for NHS England, this figure is all doctors who have defined SaTH as their "prescribed connection" or "designated body" as of 31st March. The latter list frequently includes short term contracts.*

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:

Comments: Yes. There has been an increase in the number of temporary and short-term contract holders, due, in part, to a slight increase in doctors who are not in Senior Doctor posts and who also are not in a training programme, i.e. not in Deanery posts, who fall within the Trust's appraisal system. In addition there has been a slight increase in the number of Consultants on short term and temporary contracts. SaTH has recruited further international doctors in the past year who have not previously completed appraisals. These doctors are set an appraisal month which takes into account their registration date, future Revalidation date, and the start and end dates of their post. These groups account for the majority of those in category 2 (approved incomplete/missed appraisal).

Action for next year: Continued monitoring and improvement.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: N/A

Comments: Yes – Medical Appraisal Policy

Action for next year: This policy will be reviewed in 2019.

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:

Comments: Yes

Action for next year: Refresher training for all appraisers. Training for new medical appraisers.

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year:

Comments: Yes. We have recently advertised for expressions of interest for a new clinical appraisal lead and look forward to appointing in the near future.

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

Action for next year: Ongoing performance review

- 6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.**

Action from last year:

Comments: Yes

Action for next year: Areas of focus is to strengthen peer review and audit of appraisals with more detailed report to Trust Board.

Section 3 – Recommendations to the GMC

- 1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.**

Action from last year: New Responsible Officer has had handover from outgoing Responsible Officer during a meeting with the GMC ELA.

Comments: Yes.

Action for next year: Continue good practice.

- 2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.**

Action from last year: Revalidation recommendations for deferral or non-engagement are discussed with the doctors prior to the recommendation being made.

Comments: Yes

Action for next year: To ensure that all doctors receive notification of the recommendation prior to the recommendation being submitted.

Section 4 – Medical governance

- 1. This organisation creates an environment which delivers effective clinical governance for doctors.**

Action from last year:

Comments: Yes

Action for next year: Appropriate clinical governance systems are in place however engagement with these by individual doctors is variable. Improvements in this will be the focus for next year.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:

Comments: Yes

Action for next year: Continued monitoring. Efforts are being made to address lower level concerns earlier in order, hopefully, to reduce the number of higher level concerns.

3. **There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.**

Action from last year:

Comments: Yes – Handling concerns about Doctors' and Dentists' conduct and capability – updated policy ratified June 2019. Regular case discussion meetings are held by the Senior Medical Leadership Team in order to review progress on all open cases

Action for next year: Maintain and improve current practice.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors³.

Action from last year:

Comments: Yes. There is a monthly report to Trust Board of significant cases involving doctors. The process and individual significant cases are independently scrutinised by an independent NED.

Action for next year: Continue current good practice.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation⁴.

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Action from last year:

Comments: Yes. The Trust reliably uses the MPIT system and seeks additional information by MPIT from previous employers for newly appointed doctors.

Action for next year: Continue good practice.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:

Comments: Yes. A report is prepared by the Workforce Directorate on cases involving doctors. This is shared with the Local Negotiating Committee which are advised of the numbers of doctors but not the doctors names.

Action for next year: Continue good practice.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:

Comments: Yes. Medical staffing has a robust system for checking doctors qualifications and individual departments are implementing appropriate skill checks and will expand competency checks in a wider range of specialities.

Action for next year: Continue to improve on good practice.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of last year's actions.** As this is a new template introduced on 7.6.2019, there were no specific actions listed in last year's Trust Board report. The report next year will allow for review of the actions listed in this report. Last year we did however, continue to improve, refine and validate our current processes to look to improve our governance processes.
- **Actions still outstanding:** Appointment of Clinical Appraisal lead - we have recently advertised for expressions of interest for the clinical appraisal lead and look forward to appointing in the near future.
- **Current Issues:** Difficulty in previously appointing a Clinical Appraisal Lead has meant that we have not progressed as much as we would have liked over the last 12 months.
- **New Actions:** The appointment of a new Clinical Appraisal Lead will ensure that we can move forward and progress improvements of quality assurance with regards to medical appraisal. In addition there will be refresher training for all appraisers.

Overall conclusion: SaTH have over the past five years progressed their appraisal and revalidation processes and Trust compliance for Consultants reached 100% and for all senior medical staff, Consultants, SAS, and Trust doctors reached an overall total of 99%.

This demonstrates compliance within the appraisal and revalidation processes within our Trust. The focus for next year will be to review the overall quality and ensure that improvements are put in place.

Section 7 – Statement of Compliance:

The Board / executive management team of Shrewsbury and Telford Hospital NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Paula Clark

Official name of designated body: **Shrewsbury and Telford Hospital NHS Trust**

Name: _____

Signed: _____

Role: _____

Date: _____



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

Publishing approval number: **000515**

Version number: 3.0

First published: 4 April 2014

Updated: February 2019

Prepared by: Lynda Norton, Claire Brown, Maurice Conlon

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on England.revalidation-pmo@nhs.net.

Contents

Introduction:	3
Designated Body Annual Board Report.....	5
Section 1 – General.....	5
Section 2 – Effective Appraisal.....	6
Section 3 – Recommendations to the GMC	8
Section 4 – Medical governance	8
Section 5 – Employment Checks	10
Section 6 – Summary of comments, and overall conclusion	11
Section 7 – Statement of Compliance	12

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance⁵. This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

⁵ Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer, and
- c) act as evidence for CQC inspections.

- **Statement of Compliance:**

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – Medical Directorate Office of Shrewsbury and Telford Hospital NHS Trust can confirm that:

7. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: 31st May 2019
Action from last year: Further reduce the number of non-compliant doctors.
Comments: Change of Responsible Officer as of 14.7.2019.
Action for next year: Re-audit quality of appraisals.

8. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:
Comments: Yes – Dr Edwin Borman until 14.7.2019 - Dr Arne Rose, Responsible Officer from 15.7.2019.
Action for next year:

9. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes
Action from last year: N/A
Comments:
Action for next year: N/A

10. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

Action from last year: Compliant hence no action required.
Comments: Yes
Action for next year: Compliant hence no action required.

11. **All policies in place to support medical revalidation are actively monitored and regularly reviewed.**

Action from last year:
Comments: Yes
Action for next year: Medical Appraisal Policy will be subject to review in 2019.

12. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year:

Comments: No

Action for next year: This will be arranged for the coming year.

7. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: Where a doctor is directly employed by us and we are their main employer, these doctors would be on our Responsible Officer list when they start and would be supported with their requirements for appraisal and revalidation. Short-term placement doctors not on our Responsible Officer list would be supported in their activities required for appraisal and revalidation with appraisal carried out by their designated body.

Comments: Yes

Action for next year: Continued monitoring

Section 2 – Effective Appraisal

7. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year: A high percentage of Trust doctors had an appraisal in year (Trust Compliance*). Compliance of designated month appraisals (NHSE/I is slightly lower). Further action is being taken to improve in designated month appraisals. Doctors and appraisers are reminded of the need for whole practice appraisals.

Comments: Yes

Action for next year: Continued monitoring.

**It is important to note that the reporting basis used by NHS England differs from that used by SaTH Trust compliance, and, indeed, other Trusts for key elements such as Appraisal. For internal Trust compliance reporting, the denominator is current employees, excluding new starters within the last 15 months, temporary (bank) staff and absences; for NHS England, this figure is all doctors who have defined SaTH as their "prescribed connection" or "designated body" as of 31st March. The latter list frequently includes short term contracts.*

8. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:

Comments: Yes. There has been an increase in the number of temporary and short-term contract holders, due, in part, to a slight increase in doctors who are not in Senior Doctor posts and who also are not in a training programme, i.e. not in Deanery posts, who fall within the Trust's appraisal system. In addition there has been a slight increase in the number of Consultants on short term and temporary contracts. SaTH has recruited further international doctors in the past year who have not previously completed appraisals. These doctors are set an appraisal month which takes into account their registration date, future Revalidation date, and the start and end dates of their post. These groups account for the majority of those in category 2 (approved incomplete/missed appraisal).

Action for next year: Continued monitoring and improvement.

9. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: N/A

Comments: Yes – Medical Appraisal Policy

Action for next year: This policy will be reviewed in 2019.

10. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:

Comments: Yes

Action for next year: Refresher training for all appraisers. Training for new medical appraisers.

11. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers⁶ or equivalent).

Action from last year:

Comments: Yes. We have recently advertised for expressions of interest for a new clinical appraisal lead and look forward to appointing in the near future.

Action for next year: Ongoing performance review

⁶ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

12. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:

Comments: Yes

Action for next year: Areas of focus is to strengthen peer review and audit of appraisals with more detailed report to Trust Board.

Section 3 – Recommendations to the GMC

3. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year: New Responsible Officer has had handover from outgoing Responsible Officer during a meeting with the GMC ELA.

Comments: Yes.

Action for next year: Continue good practice.

4. **Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.**

Action from last year: Revalidation recommendations for deferral or non-engagement are discussed with the doctors prior to the recommendation being made.

Comments: Yes

Action for next year: To ensure that all doctors receive notification of the recommendation prior to the recommendation being submitted.

Section 4 – Medical governance

7. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:

Comments: Yes

Action for next year: Appropriate clinical governance systems are in place however engagement with these by individual doctors is variable. Improvements in this will be the focus for next year.

8. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:

Comments: Yes

Action for next year: Continued monitoring. Efforts are being made to address lower level concerns earlier in order, hopefully, to reduce the number of higher level concerns.

9. **There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.**

Action from last year:

Comments: Yes – Handling concerns about Doctors' and Dentists' conduct and capability – updated policy ratified June 2019. Regular case discussion meetings are held by the Senior Medical Leadership Team in order to review progress on all open cases

Action for next year: Maintain and improve current practice.

10. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors⁷.

Action from last year:

Comments: Yes. There is a monthly report to Trust Board of significant cases involving doctors. The process and individual significant cases are independently scrutinised by an independent NED.

Action for next year: Continue current good practice.

11. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation⁸.

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

⁸ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Action from last year:

Comments: Yes. The Trust reliably uses the MPIT system and seeks additional information by MPIT from previous employers for newly appointed doctors.

Action for next year: Continue good practice.

- 12.** Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:

Comments: Yes. A report is prepared by the Workforce Directorate on cases involving doctors. This is shared with the Local Negotiating Committee which are advised of the numbers of doctors but not the doctors names.

Action for next year: Continue good practice.

Section 5 – Employment Checks

- 2.** A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:

Comments: Yes. Medical staffing has a robust system for checking doctors qualifications and individual departments are implementing appropriate skill checks and will expand competency checks in a wider range of specialities.

Action for next year: Continue to improve on good practice.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

- **General review of last year's actions.** As this is a new template introduced on 7.6.2019, there were no specific actions listed in last year's Trust Board report. The report next year will allow for review of the actions listed in this report. Last year we did however, continue to improve, refine and validate our current processes to look to improve our governance processes.
- **Actions still outstanding:** Appointment of Clinical Appraisal lead - we have recently advertised for expressions of interest for the clinical appraisal lead and look forward to appointing in the near future.
- **Current Issues:** Difficulty in previously appointing a Clinical Appraisal Lead has meant that we have not progressed as much as we would have liked over the last 12 months.
- **New Actions:** The appointment of a new Clinical Appraisal Lead will ensure that we can move forward and progress improvements of quality assurance with regards to medical appraisal. In addition there will be refresher training for all appraisers.

Overall conclusion: Over the past five years progressed their appraisal and revalidation processes and Trust compliance for Consultants reached 100% and for all senior medical staff, Consultants, SAS, and Trust doctors reached an overall total of 99%.

This demonstrates compliance within the appraisal and revalidation processes within our Trust. The focus for next year will be to review the overall quality and ensure that improvements are put in place.

Severn Hospice doctors are employed through a service level agreement with their contract being held at SaTH. They have been allocated to SaTH as their designated body and they are the responsibility of our Responsible Officer.

Section 7 – Statement of Compliance:

The Board / executive management team of Shrewsbury and Telford Hospital NHS Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Heather Palin

Official name of designated body: **Severn Hospice**

Name: _____

Signed: _____

Role: _____

Date: _____

Appendix C – Annual report on the Revalidation of Doctors

2017-2018 the Shrewsbury and Telford Hospital NHS Trust AOA Comparator Report

2018/19 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 52	All sectors: Total DBs: 862
Completed appraisals (1)				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2019 who had a completed annual appraisal between 1 April 2018 – 31 March 2019	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	226 (96.6%)	94.1%	93.7%
2.1.2	Staff grade, associate specialist, specialty doctor	63 (88.7%)	85.4%	88.2%
2.1.3	Doctors on Performers Lists	N/A	N/A	95.2%
2.1.4	Doctors with practising privileges	N/A	100.0%	92.7%
2.1.5	Temporary or short-term contract holders	74 (64.9%)	79.6%	81.8%
2.1.6	Other doctors with a prescribed connection to this designated body	1 (50.0%)	91.6%	87.9%
2.1.7	Total number of doctors who had a completed annual appraisal	364 (86.5%)	89.6%	91.5%

2018/19 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 52	All sectors: Total DBs: 862
Approved incomplete or missed appraisal (2)				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2019 who had an Approved incomplete or missed appraisal between 1 April 2018 – 31 March 2019	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	5 (2.1%)	3.4%	4.2%
2.1.2	Staff grade, associate specialist, specialty doctor	7 (9.9%)	9.8%	8.6%
2.1.3	Doctors on Performers Lists	N/A	N/A	4.2%
2.1.4	Doctors with practising privileges	N/A	0.0%	5.1%
2.1.5	Temporary or short-term contract holders	34 (29.8%)	14.2%	13.6%
2.1.6	Other doctors with a prescribed connection to this designated body	1 (50.0%)	4.9%	10.5%
2.1.7	Total number of doctors who had an approved incomplete or missed appraisal	47 (11.2%)	6.7%	6.4%

2018/19 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 52	All sectors: Total DBs: 862
Unapproved incomplete or missed appraisal (3)				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2019 who had an Unapproved incomplete or missed annual appraisal between 1 April 2018 – 31 March 2019	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	3 (1.3%)	2.5%	2.2%
2.1.2	Staff grade, associate specialist, specialty doctor	1 (1.4%)	4.8%	3.2%
2.1.3	Doctors on Performers Lists	N/A	N/A	0.6%
2.1.4	Doctors with practising privileges	N/A	0.0%	2.2%
2.1.5	Temporary or short-term contract holders	6 (5.3%)	6.3%	4.6%
2.1.6	Other doctors with a prescribed connection to this designated body	0 (0%)	3.5%	1.6%
2.1.7	Total number of doctors who had an unapproved incomplete or missed annual appraisal	10 (2.4%)	3.7%	2.1%

For the temporary and short term contract holders, the majority of those in category 2 are international medical graduates who have recently commenced in post at the Trust and have not previously undergone appraisals. These doctors are set an appraisal month which takes into account their registration dates, future revalidation date, and start and end dates of their post.