

Trust Board Meeting: 12th September 2018

TB2018.90

Title	Responsible Officer's Annual Medical Appraisal and Revalidation Report 2017/18
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Status	For information
History	<p>This is a new report including the benefits realisation analysis from the Online Medical Appraisal Business Case approved by the Trust Management Executive in March 2016.</p> <p>23/8/2018 Submitted to Trust Management Executive meeting for information</p>

Board Lead(s)	Dr Tony Berendt, Medical Director			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

<p>1. This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.</p>
<p>2. Details of the Trust's performance in relation to medical appraisal and revalidation, a review of governance arrangements, an analysis of risks and issues, a resulting action plan and an overview of priorities for 2017/18 are presented for review.</p>
<p>3. The paper also includes a benefits realisation analysis for the implementation of SARD, the online appraisal and revalidation software package that was implemented during the review period.</p>
<p>4. Recommendation</p> <ul style="list-style-type: none">• The Trust Board is asked to receive this report, noting that it will then be shared with the Tier 2 Responsible Officer (along with the Annual Organisational Audit) at NHS England.• The Trust Board is asked to note the Statement of Compliance as Appendix 1 of this report which confirms that the Trust, as a Designated Body, is in compliance with the regulations.

Medical Revalidation Responsible Officer Annual Report

1. Purpose

- 1.1. This report is presented to the Trust Board to provide assurance that the statutory functions of the Responsible Officer are being appropriately fulfilled; to report on performance in relation to those functions; to update the Trust Board on progress since the 2016/17 annual report; to highlight current and future issues and to present action plans to mitigate potential risks.
- 1.2. The report further incorporates a benefits realisation analysis from the SARD implementation, which acts as the conclusion to that project.

2. Background

- 2.1. [More information on the background to revalidation can be found via this link.](#)
- 2.2. The last report was submitted to Trust Board in September 2017 for the year 2016/17. This report covers the period 1st April 2017 – 31st March 2018.

3. Governance

- 3.1. The current Responsible Officer (Dr Tony Berendt, Medical Director) was appointed by the Trust Board on 1st April 2014 in line with statutory requirements. He is supported by the Deputy Medical Director, Associate Medical Director for Workforce and the medical revalidation team who support approximately 1400 doctors through the process.
- 3.2. Progress and compliance with the regulations is monitored by;
 - 3.2.1. A well-established Medical Revalidation Group (MRG) including University representation and a lay member, who has been co-opted to comply with the requirement for increased patient and public involvement in the revalidation process. The Group reports to this meeting and thence the Trust Board via the Workforce Committee.
 - 3.2.2. Monthly missed appraisal audits
 - 3.2.3. Submission of the quarterly reports and Annual Organisational Audit to NHS England. The submission for the period which this report covers is attached as Appendix 2.
 - 3.2.4. Comprehensive dashboards within SARD to enable Divisional management to access and review their own data and interrogate this in a number of ways to inform Divisional strategies.
 - 3.2.5. A formal audit schedule for other activities such as the management of multi source feedback.
- 3.3. Numbers of doctors with a prescribed connection have stabilised but the composition continues to shift towards sub-consultant level and research post holders. The Trust is also responsible for appraising military doctors working at the hospital, dental surgeons and doctors in training post who do not hold a national training number.
- 3.4. During the reporting period the Trust contracted to provide external Responsible Officer services for 2 local hospices and thus has responsibility for oversight of their governance processes in relation to appraisal and revalidation. Please see section 10.3 for more details.

4. Policy and Guidance

4.1. The Medical Appraisal and Revalidation Policy is reviewed annually. The most recent review was in September 2017.

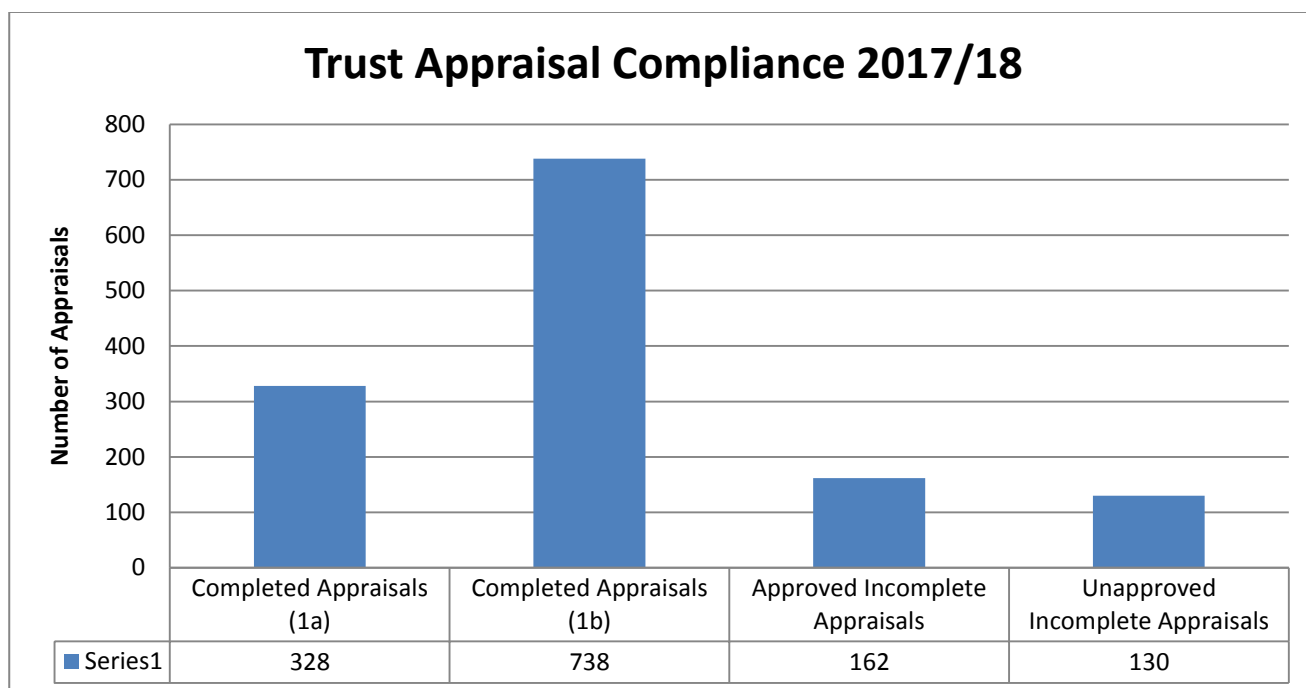
5. Medical Appraisal

5.1. Appraisal Performance Data

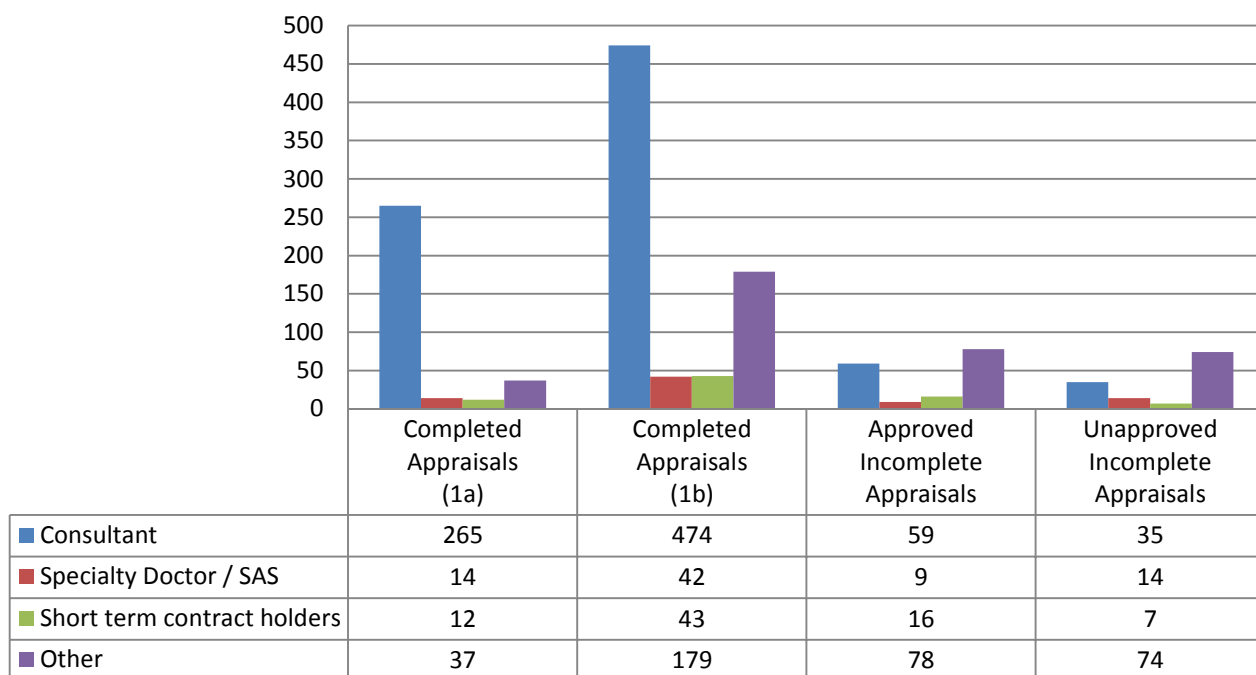
5.1.1. During the reporting period NHS England changed the way in which appraisal compliance was reported. The move was away from the overall number of appraisals due to personal compliance ie: every doctor who had a prescribed connection during the period must either have had an appraisal or been issued with a certificate of approved miss within the 12 month period to be compliant. This was applied regardless of the doctor’s start date with the organisation or their history.

5.1.2. For an organisation such as the OUH, which employs a higher than average number of doctors with non-standard career histories this presented a challenge; doctors new to the country, those who had been in non-clinical environments, locums and those whose previous designated bodies had simply failed to appraise them all appeared as non-compliant under the new rules. In addition, the new rules were at odds with Trust policy, which gave doctors 28 days following the end of their nominated appraisal month to complete and submit their paperwork.

5.1.3. The following charts summarise appraisal performance during the reporting period for the Trust overall and by staff group. Organisational changes during the reporting period mean that historical breakdowns by Division and Directorate are not accurate and therefore have been excluded from this report.



Appraisal Compliance by Staff Grade



Approved incomplete includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave. Unapproved incomplete relates to doctors who's appraisal has been missed without an acceptable reason being provided.

5.1.4. For the purposes of reporting, NHS England required that, to be classed as complete (1a), an appraisal meeting must have taken place between 01/04 and 31/03 and;

5.1.4.1. Paperwork was completed and submitted within 28 days of the meeting

5.1.4.2. The whole process took place between 01/04 and 31/03 if the year in question

5.1.5. However, Trust policy for the period stated that the appraisal paperwork must be submitted within 28 days of the end of the month to which the doctor had been assigned. Thus, if the doctor's appraisal month was March for example they would have until 28th April to submit their appraisal and therefore, whilst being compliant with Trust policy, would not meet NHS England's criteria for completion. These results are shown as completed (1b) above.

5.2. Analysis of Results

5.2.1. Using NHS England's reporting parameters the Trust returned an appraisal compliance rate of 90.43%. This is a slight reduction on the 92.84% returned for the same period in 2016/17.

5.2.2. The introduction of the requirement for a current Designated Body to be responsible for the appraisal of all doctors regardless of their career history had a significant fixed impact on the Trust's compliance rate. 265 doctors created prescribed connections during the reporting period. Of these, 64 had not been appraised in the previous 12 months. The majority of these doctors had not practised clinically during that time and therefore it was not feasible for them to be meaningfully appraised during the reporting period. If these doctors are removed from the figures the actual compliance rate rises to 95.14% which is an increase of 2.3% on 2016/17 and gives the Trust one of the highest compliance rates in the secondary care sector. This is a more meaningful figure, given that the Trust had no control over the 64 doctors in question. Feedback on the negative impact of the new reporting parameters has been given to NHS England via the Annual Organisational Audit and directly to the NHS England South Medical Director.

5.2.3. All doctors classed as unapproved misses (130 minus the 64 noted above) were followed up firstly as part of the regular ongoing missed appraisal audits and then, by the Medical Revalidation Manager and Associate Medical Director for Workforce under the Performance Framework for Managing Appraisals. Of the 1358 doctors due to be appraised during the reporting period only 7 (0.51%) remained non-compliant following this work. These doctors, including their reasons for not being appraised where known, have been passed to the relevant Divisional management for disciplinary action.

5.3. Audit of Missed Appraisals / Performance Management Framework

5.3.1. The Trust completes an audit of missed appraisals on a monthly basis with summaries submitted to MRG quarterly.

5.3.2. Each audit reviews appraisals which are considered to be overdue for the period and follows up with the individuals concerned to ascertain the reasons for the delay. Where appropriate, action plans are developed for each doctor / appraiser to bring them back in line with their revalidation trajectory and to deal with any issues which have contributed to the delay.

5.3.3. During the reporting period a Performance Framework for Managing Medical Appraisals was introduced, with the agreement of MRG. The key aims of the framework are to;

5.3.3.1. Ensure all doctors are treated equally in relation to appraisal compliance

5.3.3.2. Facilitate earlier intervention where it is ascertained a doctor needs support by reducing the time the doctor is able to remain non-compliant

5.3.3.3. Reduce "tacit acceptance" of non-compliance by escalating outliers more quickly and involving sources of support earlier.

The introduction of the framework and the implementation of SARD have significantly reduced the number of doctors who remain non-compliant for appraisal for long periods of time and have allowed the team to give targeted support to doctors who are struggling. Interventions have

included referrals to Occupational Health, personalised training and IT / administration and support to allow doctors to complete their appraisals.

5.4. Appraisers

- 5.4.1. One of the biggest challenges during the reporting period has been the turnover in appraisers available to support the appraisal and revalidation processes. This represents a significant risk to the process and thus to Trust.
- 5.4.2. There are currently 149 appraisers to deliver 1385 appraisals. However, of these 4 have a maximum capacity of 5 rather than 10 and 3 others have already advised that they will be relinquishing the role in the coming months. This gives a notional capacity of 1440 which, on paper, should be sufficient. However, it must be remembered that approximately 250 doctors leave and join each year with a significant percentage of each requiring an appraisal whilst employed. This takes the total number of projected appraisal spaces needed to c. 1600 per annum. There remains a significant difference between theoretical and practical provisions.
- 5.4.3. Appraiser capacity between Divisions also varies with NOTSS, SUON and MRC currently oversubscribed. These Divisions also have the least success in recruiting new appraisers to train. Diverse and significant other pressures on time, both clinical and non-clinical, is the most often cited reason for a doctor declining an invitation to appraise.
- 5.4.4. A paper detailing options for tackling the appraiser capacity issue was presented to TME in October 2017. The decision was taken to retain the current structure and process. However, it is clear from the fact that only 6 doctors attended the last training course that this decision needs to be revisited in order for the Trust to continue to be able to deliver its statutory, regulatory and contractual obligations and this will form part of the 2018/19 action plan detailed below.
- 5.4.5. Support for Appraisers is diverse and ranges from official events such as the Annual Appraiser Conference and Appraiser Network Events (held 3 times a year) to quality feedback reports for new appraisers and 1:1s with the Associate Medical Director for Workforce. In addition the Revalidation Team actively support appraisers with challenging situations and provide bespoke assistance depending on the issue. Examples include advising on acceptable evidence for non-standard roles, assisting with non-compliant doctors and escalating more serious concerns that arise during the appraisal process to ensure a doctor receives the necessary support and intervention.
- 5.4.6. The implementation of SARD has also given the team the ability to collect real time feedback from doctors on their appraisal experience which is then collated into a formal report for appraisers to review at their own appraisal. These are provided on an annual basis.

5.5. Quality Assurance

- 5.5.1. A number of quality assurance mechanisms are in use in relation to medical appraisal;

5.5.1.1. Each appraisal in a revalidation portfolio is checked for key items against the GMC’s 5 domains and the Trust’s local requirements. Discrepancies are notified to the doctor and, if necessary, an action plan prepared to rectify omissions to ensure a recommendation to revalidate can be made.

5.5.1.2. For appraisers, attendance at OUH Appraiser Networks and the OUH/NHSE Appraiser Conference is recorded. Those not attending at least one development activity year are followed up by the Associate Medical Director for Workforce and/or the Divisional Medical Director as appropriate. The Associate Medical Director for Workforce has commenced a program of formal 1:1s with all active appraisers. Finally a program of formal review of first appraisals for new appraisers has been implemented with written feedback being provided for development purposes.

5.5.1.3. As noted in point 5.4.6 all doctors now submit feedback on their appraisal experience as the final step in the appraisal process. This allows personalised reports for appraisers to be generated but also enables the Revalidation Team to create an overview of how doctors perceive the process and thus to target resources and communications more effectively.

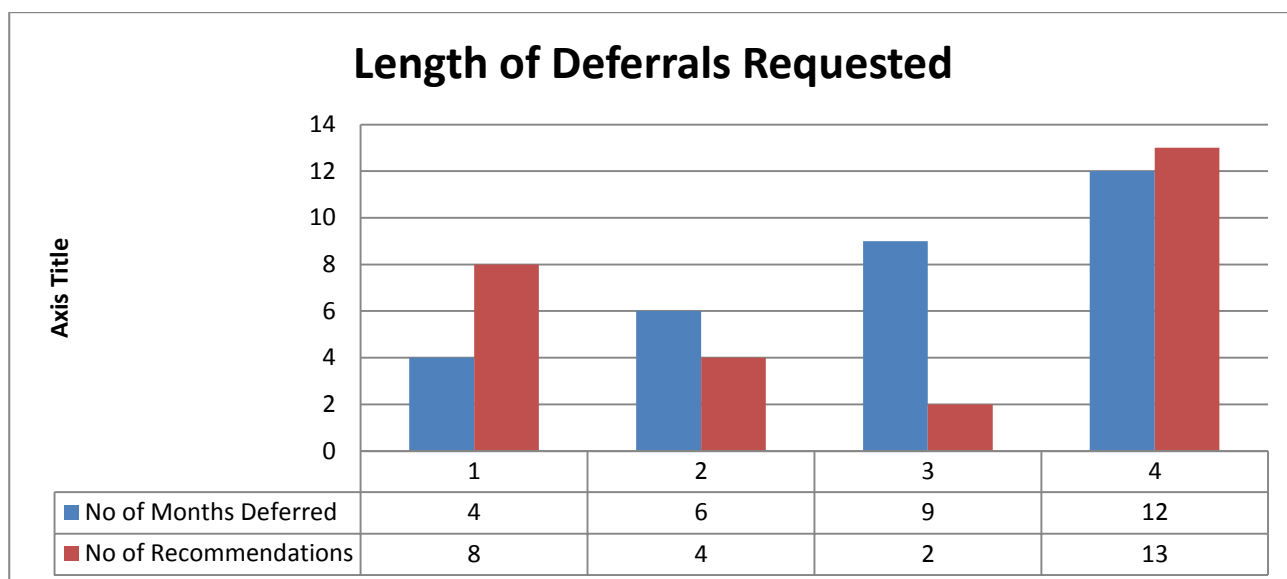
5.6. Access, Security and Confidentiality

[more information on access, security and confidentiality can be found via this link.](#)

6. Medical Revalidation

6.1. Medical Revalidation Performance Data

6.1.1. During the period 1/4/17 – 31/3/18 the Responsible Officer made 71 recommendations. Of these 27 were requests for deferrals, 43 were recommendations to revalidate and 1 was a recommendation of non-engagement.



6.2. Analysis of Results

- 6.2.1. All recommendations were made on or before the due date.
- 6.2.2. There was a further improvement in the making of recommendations in advance of the due date. In 9 out of 12 months there were no same day recommendations made.
- 6.2.3. The deferral rate rose to 38%. Analysis of these portfolios confirms that all of the doctors concerned were in their first cycle and had either been out of clinical practice for some time or in areas where appraisal had not been readily available to them. All deferrals were made due to lack of information rather than involvement in a disciplinary process. It can be seen from the table illustrating the length of deferrals requested that the majority of these doctors required a full year to amass sufficient clinical experience for a recommendation to revalidate to be made. It is therefore concluded that this increase is a reflection on the makeup of the medical workforce rather than the efficacy of the Trust's appraisal and revalidation systems. This is borne out by the fact that the deferral rate for the period 1/4/18 – 30/6/18 dropped to 17.57% which saw the first second cycle recommendations being made. Preliminary data for the period 1/7/18 – 30/9/18 gives the deferral rate as 7.27% which continues this trend and takes into account the ability of the online appraisal and revalidation system to highlight missing information more accurately and earlier
- 6.2.4. It should also be noted that the majority of these deferrals were first time requests. There were only 3 repeat requests during this time, all for doctors with significant mitigating factors such as long term illness.
- 6.2.5. These charts also demonstrate the effect that the implementation of SARD has had in the making of recommendations in a timely manner. It can be seen that from September 2017 onwards recommendations have been made further in advance. This has been possible because of the improved tracking within the system which allows issues to be uncovered and addressed more easily and action plans and support systems put in place in good time rather than at the last minute. It also enables those portfolios which are complete well in advance to be processed when ready rather than at due date.

7. Recruitment and Engagement Background Checks

- 7.1. [more information on recruitment and engagement background checks can be found via this link.](#)
- 7.2. In the 16/17 Annual Report commitments were made to rectifying 2 areas where compliance had been noted as being lower than expected. Progress in these areas is as follows;
 - 7.2.1. **Re- Audit of Compliance With Obtaining Immigration Information**
 - 7.2.1.1. The re-audit was undertaken in June 2017 and a rating of significant assurance with minor improvements achieved. The recommendation related to the transfer of information between two systems which has now been implemented.
 - 7.2.2. **Audit of Compliance with Pre-employment Checks**

- 7.2.2.1. An audit was conducted in January 2015 and a rating of significant assurance with minor improvements achieved. The recommendation related to a change in the quality control process of the recruitment team. This was implemented and is now audited internally. No follow up external audit was considered necessary.

8. Monitoring Performance, Responding to Concerns and Remediation

8.1 [more information on monitoring performance, responding to concerns and remediation can be found via this link.](#)

9. SARD Benefits Realisation Analysis

The Business Case prepared for the purchase of SARD listed a number of projected benefits. The following highlights achievement of these and provides evidence to support the success statements.

9.1. Mitigation of legal, financial and reputational risks of revalidation errors

9.1.1. The key issues relating to the previous system of manually created and updated spreadsheets centred on the volume of information requiring collation, transfer and analysis, the possibility of human error during these transfers and the subsequent risk that a number of triggers could be missed, ultimately leading to a failure to make a recommendation or making an incorrect recommendation. This would be in contravention of statute and could leave the Trust open to claims from the affected doctor and loss of reputation if such a mistake were made public.

9.1.1.1. SARD keeps all data relating to doctors, their appraisals and revalidation in one place, held securely in line with NHS Information Governance requirements. This ensures an accurate record of all doctors with a prescribed connection for revalidation for whom the Trust has responsibility and removes the need for data to be transferred manually thus removing the possibility of transcription errors.

9.1.1.2. The oversight and reporting functions of SARD allow for quick and easy scrutiny of individuals or any combination thereof. This means that issues with revalidation portfolios can be highlighted earlier and, on a wider scale, make possible analysis at a service, directorate or divisional level to identify areas where further intervention may be of benefit.

9.1.1.3. The automated reminder system ensures that doctors, appraisers and administrators receive flags for overdue actions as appropriate thus removing the possibility of human error in the process and providing an audit trail should further action be necessary.

9.1.1.4. Fitness to practice information is securely held in a specific location for each doctor to enable an accurate check before each recommendation is made.

9.1.1.5. There is a specific recommendations section which is ordered by date and RAG rated enabling administrators and the Responsible Officer to view the current position and ensure no recommendations are missed.

9.1.2. Since the introduction of SARD there have not been any cases of missed recommendations, previously unknown HR issues arising or difficulties in accessing historic documentation to make a recommendation.

9.2. Compliance with NHS England appraisal requirements

9.2.1. Previously the quarterly appraisal compliance reports and Annual Organisational Audit had to be manually collated, again giving rise to the possibility of human error or missed information. It was also an extremely time consuming exercise as the data which the Trust held did not correlate with NHS England's categorisations and could not be easily updated to take into account changes in policy.

9.2.1.1. SARD is configured to produce the quarterly reports and Annual Organisational Audit at the touch of a button using the data from the system. This not only drastically reduces the time needed to prepare these returns but also ensures accuracy and completeness.

9.2.1.2. SARD works closely with NHS England and reconfigures the system every time reporting parameters or policy changes. This means that results presented externally are always accurate and comply with current requirements.

9.2.2. The most recent Annual Organisational Audit, completed for the year 2017/18, took approximately 2 hours to prepare and check despite a significant change in reporting parameters during the period. Previously this would have been several days' work due to the amount of updating and reconfiguring needed.

9.3. More timely preparation of revalidation portfolios to comply with GMC revalidation requirements

9.3.1. Prior to the introduction of SARD revalidation portfolios were compiled, checked and reported on manually. This was extremely time consuming and, in periods of high volume, meant that virtually all other work ceased to ensure that recommendations could be made on time. It also meant that recommendations were often made close to the deadline despite the information being available in advance.

9.3.1.1. Since the introduction of SARD the Revalidation Manager has been able to review portfolios much more easily. The data for all doctors due to revalidate is in one place and can be viewed online. The report on each portfolio can be electronically passed to the Responsible Officer for decision and the progress of recommendations tracked to ensure completion in a timely manner.

9.3.1.2. The graphs in point 6.1.2 above shows the beginning of these benefits coming through with more recommendations being made well in advance. The revised review process also enables issues with portfolios to be picked up, evidenced and resolved much more quickly and with less argument, leading to a reduction in the number of deferrals being made. Whilst these benefits appear limited in this report it must be remembered that the system only became operational in October 2017 and use became mandatory in January

2018. The recommendation data for April – June 2018 illustrates this trend more strongly. However it must be borne in mind that a portfolio still needs to be reviewed by the Responsible Officer and their workload remains a barrier to being able to push the line out further at present.

9.4. Ability to proactively manage and support appraisal and revalidation process

9.4.1. Previously the amount of time spent maintaining systems and processes and the lack of visibility of evidence provided by doctors until the point of preparation of revalidation portfolios meant that problems and issues were less likely to be picked up. This resulted in a rush of last minute feedback exercises or deferrals having to be made for lack of evidence that could, potentially, have been avoided.

9.4.1.1. The quality assurance system within SARD enables each appraisal to be checked and RAG rated to give an immediate picture of the progress of a doctor's portfolio. The reporting functions also enable administrators to see which appraisals are overdue and could impact on revalidation and which doctors do not have multi source feedback exercises in their portfolios at any given point. All of the above enables the team to intervene much earlier in a doctor's cycle to prevent them falling behind, getting to revalidation with an inadequate portfolio and to recognise those who are truly failing to engage – something which was very difficult to prove before the advent of SARD.

9.4.1.2. The system has also had the unplanned effect of helping the team identify those doctors who are struggling more generally. The increased monitoring of appraisal (or lack thereof) has resulted in 2 doctors being referred to Occupational Health and several others meeting with the Associate Medical Director, Medical Revalidation Manager or their Divisional Medical Director to resolve a range of issues outside of appraisal.

9.4.2. The reduction in the number of deferrals being required and the increase in the Trust's appraisal compliance rates as reported in the most recent Annual Organisational Audit are evidence of the system's success in this area.

9.5. Reduction in risk of error and information governance breaches through data transfer.

9.5.1. Please see comments in point 9.1.1.1 above. It should also be noted that SARD is compliant with GDPR requirements due to the data collected supporting a statutory process. The appropriate agreement has been signed by the Chief Information Officer to ensure full compliance.

9.6. Reduced burden on appraisers and appraisees with improved medical staffing engagement and better ability to recruit appraisers

9.6.1. Previously doctors and appraisers regularly complained that they spent a significant amount of time on administration in relation to appraisal. This led to substantial disengagement with the process and

increased the difficulty for the team who managed appraisal and revalidation.

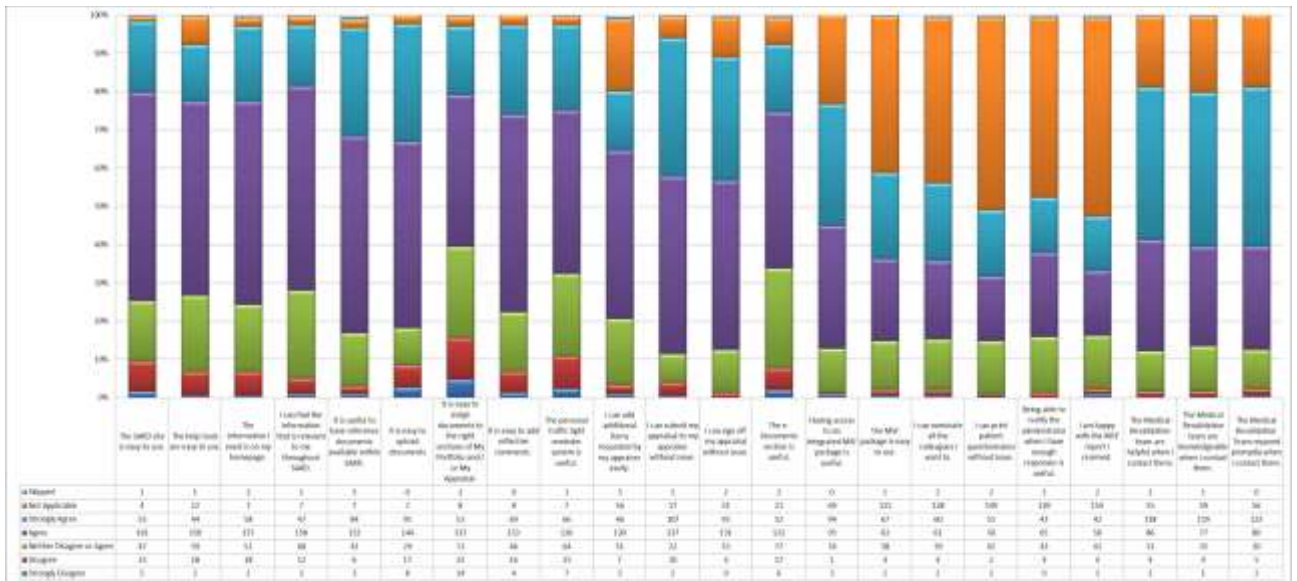
9.6.1.1. A key part of the implementation plan was to ensure that all historical appraisal data from the current revalidation cycle was uploaded to a doctor's account prior to the system going live. This meant that the majority of doctors were simply adding new evidence and reflection rather than having to recreate their scope of work, personal development plans etc every year. This has been very much appreciated by the vast majority of users.

9.6.1.2. The e-Documents section of the system ensures that any evidence uploaded can be used in more than one appraisal with one click rather than needing to be scanned etc again. Along with the automatic roll forward of personal information this speeds up the preparation process for the doctor and thus encourages engagement as it becomes less of a "chore"

9.6.1.3. The availability of the system, being web based, rather than Trust server based, means that a doctor can work on their appraisal at any time, even from their smartphone. This has led to increase in engagement through being able to work from home or during periods of travel for example thus better utilising a doctor's time.

9.6.1.4. The system has a dashboard for appraisers which clearly shows the doctors assigned to them and their progress. They receive notifications from the system about submissions, timeliness and completions and can access the doctors' documentation from their homepage thus removing the need for emailing of forms and keeping their own records to ensure they are up to date.

9.6.2. Evidence for success in this area is taken from the SARD satisfaction survey conducted as part of the implementation process, an overview of which is shown in the following chart. In all sections doctors agreed or strongly agreed with positive system statements. Negative scores and feedback were more often associated with resistance to the need to be appraised and the regulatory requirements than unhappiness with the system. The results also uncovered some issues with basic technical knowledge and willingness to use IT solutions in the medical workforce and thus enabled the team to target its training and communications plans accordingly.



9.6.2.1. There is one area in which SARD has not delivered the projected benefits and this is the ability to recruit appraisers more easily. This remains one of the key obstacles to continuous improvement in appraisal rates at the Trust as outlined elsewhere in this report. Analysis suggests that the reduction in administration linked to the role has not outweighed the other demands on candidates' time which have led to them continuing to decline invitations to become appraisers.

9.7. Adequate support to the Medical Director through the MDO Business Manager role

9.7.1. With the development of the Revalidation Team as a separate entity from the Medical Director's Office Business Manager role, more support has been able to be given to the Medical Director to manage his significant and diverse responsibilities outside of appraisal and revalidation. Delegation of a number of projects as well as a focus on medical fitness to practice, the establishment of the junior doctors' forum, regular newsletters, dedicated support for clinical excellence awards, budgetary controls and a whole host of other activities are now actively managed and being taken forward which, in the past, would have taken second place to the statutory responsibilities of revalidation.

9.8. Increased resilience in the revalidation management team, which is currently highly vulnerable to unplanned staff absence

9.8.1. Concern had previously been expressed that the Trust's revalidation knowledge resided in individuals and thus there was a risk that, should those individuals become incapacitated or leave the organisation, the knowledge would go with them.

9.8.1.1. The development of the Revalidation Team has benefitted the stability of the process enormously. There are now 3 full time members of the team who, whilst they have defined roles, are able to cross cover and ensure that annual leave, sickness and other absence is appropriately managed without any detriment to the service offered to doctors.

- 9.8.1.2. The Revalidation Manager is actively developing the other 2 members of the team to ensure that there is a strong succession plan in place.
- 9.8.1.3. Systems and processes are documented and well known to all team members meaning that, in the unlikely event of 2 out of 3 being incapacitated, the 3rd would be able to run the office with the assistance of outside support. Should all 3 be unable to the SARD system (for which all processes are documented) is not only intuitive and easy to learn but also has supplier support to enable another member of staff to manage in emergencies and thus ensure the Trust's statutory responsibilities continue to be fulfilled.

9.9. Additional Benefits

- 9.9.1. In addition to the projected benefits included in the original business case, which have been realised as outlined above, the system has enabled a number of unforeseen initiatives to be taken such as;
 - 9.9.1.1. Formal quality assurance of appraisals in real time
 - 9.9.1.2. Quality assurance of appraiser outputs using NHS England's ASPAT tool
 - 9.9.1.3. The production of appraiser feedback reports to facilitate appraiser development during their own appraisal.
 - 9.9.1.4. The ability to "push" documents into a doctor's appraisal form to enable required discussion eg: of complaints or serious incidents to take place and remove the need for the doctor to source these themselves.
 - 9.9.1.5. Interfaces with other system
 - 9.9.1.6. s. The code for an automatic download of reports from the Studyline system for research data is almost complete. Similar interfaces with ELMS (the online learning system) and various Royal College CPD applications are being investigated.
 - 9.9.1.7. All of the above remain in their infancy at the time of writing and will be expanded on in the 2018/19 Annual Report.

9.10. Conclusion

- 9.10.1. In conclusion it can be seen that all the planned benefits of the deployment of an online appraisal system have been achieved within the first 6 months, with the exception of appraiser recruitment, around which there are extenuating circumstances.
- 9.10.2. In addition a number of extra deliverables have been identified and, as the system beds in, more benefits are materialising.
- 9.10.3. It should however be noted that the success of the system is not only due to the IT solution purchased. The ability to deploy the appropriate staff to implement and maintain the system and to offer help and support to staff as well as to manage the process itself the results has been vital to the success of the project.

10. Risks and Issues

10.1. Appraiser Capacity

10.1.1. The single largest threat to the appraisal process remains the difficulty in recruiting new appraisers. Whilst new doctors join the cohort a similar or larger number retire or relinquish the role. The overall demographic of the cohort remains senior clinicians who are likely to retire in the next 5 years. As outlined in section 5.4 above there is a real risk of doctors being unable to revalidate due to a lack of appraiser capacity. The paper on appraiser capacity options will be updated and represented to TME for review and a revised decision as a priority.

10.2. Quality Assurance

10.2.1. Whilst quality assurance offers a wide range of opportunities for improvement across a number of areas it is a time consuming process, particularly when dealing with in excess of 1400 appraisal per annum. The team have tried to take this into account when formulating the procedure for quality assuring appraisals but this will need to be revisited regularly to ensure it is providing commensurate benefits for the efforts invested.

10.3. External RO Services

10.3.1. Just after the end of the period to which this report pertains the Trust became the Responsible Officer for Helen and Douglas House and Katharine House, 2 hospices for whom NHS England had previously provided Responsible Officer services.

10.3.2. Whilst the number of doctors requiring appraisal and revalidation is insignificant when considered against the backdrop of the Trust's current list of prescribed connections, the agreement makes the Trust responsible for a number of other functions including fitness to practice and some governance processes.

10.3.3. Whilst a solid Memorandum of Understanding is in place there is a small risk that the provision of these services will outweigh any financial or reputational benefit gained as a result.

10.4. Job Planning and Revalidation

10.4.1. NHS Improvement has had a particularly strong focus on job planning in recent months and a Job Planning Group has been set up with a view to purchasing an IT solution to assist with better management of the job planning process. It is proposed that system support and management fall under the remit of the Revalidation Team.

10.4.2. Whilst additional resource will be sought to manage this, there is a risk that the focus will temporarily shift away from revalidation and thus improvements may stall due to job planning commitments.

10.5. Change of Responsible Officer

10.5.1. The Responsible Officer has indicated that he will retire from the NHS in September 2018. By law a new Responsible Officer, who is appropriately qualified and trained, must be appointed by the Board and approved by NHS England.

11. Review of 2017/18 Action Plan

Objective	Actions	Expected Outcome	Timescale	Update
Increase appraisal compliance within NOTTS Division	Work with Divisional Medical Director to identify key barriers to compliance and produce action plans for each.	Improved compliance rates over each of the next 4 quarters	Quarterly review	PARTIALLY ACHIEVED Appraisal compliance has improved in line with the rest of the Trust. However appraiser capacity continues to be a particular problem in this Division
Introduce formal Quality Assurance methodology	Proposals for methodology to be agreed by MRG.	Formal QA process to be implemented with quarterly reports and action plans submitted to MRG	By end of 2017/18	ACHIEVED Real time QA of appraisals and modified ASPAT process for outputs agreed by MRG 19/4/18
Peer review of systems and processes	Proposals for methodology to be agreed by MRG	Outcome of peer review to include benchmarking to ensure alignment with national standards	By end of 2017/18	NOT ACHIEVED The implementation of SARD meant this was postponed.
Appraiser recruitment, retention and support	Options for longer term sustainability to be debated by TME and plan implemented.	Agreed plan to be implemented.	Decision due Summer 2017. Implementation timescale dependant on option agreed.	ACHIEVED Paper submitted to TME and decision to keep steady state made.
Audit Schedule	Missed appraisal audit and classification of "unapproved	Reports to be submitted to MRG on a quarterly basis along with	Already implemented.	ACHIEVED Missed appraisal summaries

	misses” to be changed from quarterly to monthly	recommendations and action plans.		have been submitted to MRG throughout 17/18
Implementation of online appraisal and revalidation management system	Project Group is monitoring the progress of the agreed Project Plan	Monthly reports are submitted to the Project Group and quarterly reports to MRG. A benefits analysis will be conducted at the end of the project and a report submitted to MRG	Due for completion by end 2017/18	ACHIEVED SARD is fully implemented and functioning. The benefits realisation analysis in this report concludes the project.

12. 2018/19 Proposed Action Plan

12.1. The following action plan carries forward the outstanding item from the 2017/18 plan and addresses the concerns raised in point 10 above.

Objective	Actions	Expected Outcome	Timescale
Peer review of systems and processes	Proposals for methodology to be agreed by MRG	Outcome of peer review to include benchmarking to ensure alignment with national standards	By end of 2018/19
Increase Appraiser capacity and ensure long term viability of system through process change	Paper to be re-presented to TME seeking an alternative decision now there is proof that “steady state” is not viable.	Alternative methods of managing appraiser recruitment agreed and implemented	Agreement – Q2 18/19 Implementation – Q3 18/19
Ensure the QA process delivers value for time invested and tangible results are achieved.	Process to be monitored regularly by the Medical Revalidation Manager and feedback given to MRG to enable	Any revisions to current QA processes agreed by MRG and implemented	Ongoing

	discussion and decision on viability and benefits		
Ensure the provision of external RO services is implemented as per the MOU and closely monitored by MRG to prevent issues arising	MRG to receive a regular update as a standing agenda item. RO or deputy to attend satellite organisations' governance meetings Review of MOU to take place on anniversary of implementation	No issues arise from the provision of External RO Services	Oversight – ongoing Review – end 18/19
Ensure the rollout of job planning software and processes does not impact negatively on revalidation.	Business case for job planning software to include additional staff resource Formal development for Revalidation Manager to be sourced	Business case approved and staff appointed. Development program agreed	Q3 18/19 Q3 18/19
Ensure the change of Responsible Officer is effectively managed.	Ensure that the Board are aware of the need to source and appoint a new Responsible Officer Consider requesting that a deputy be appointed at the same time to manage the increase in recommendation due from 04/19 onwards Ensure that all agencies who require notification are contacted Ensure the new Responsible Officer	New Responsible Officer (and possibly a deputy) appointed and all requirements completed. Next annual report shows no reduction in performance in relation to the making of recommendations.	Q3 18/19 Q1 19/20

	is brought up to speed on systems and processes as a priority.		
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1. Recommendations

- 1.1.1. The Trust Board is asked to receive this report, noting that it will be shared, along with Annual Organisational Audit, with the Tier 2 Responsible Officer at NHS England.
- 1.1.2. The Trust Board is also asked to note the Statement of Compliance attached as Appendix 1 of this report which confirms that the Trust, as a Designated Body, is in compliance with the Regulations. This will be signed by the Chief Executive as required by NHS England.

Dr Tony Berendt, Medical Director and Responsible Officer

Report prepared by;

Nicki Sullivan, Medical Revalidation Manager
Dr Ivor Byren, Associate Medical Director – Workforce
August 2018