

Cover Sheet

Trust Board Meeting in Public: Wednesday 8 September 2021

TB2021.79

Title: Responsible Officer's Annual Medical Appraisal and
Revalidation Report 2020/21

Status: For Information
History: Annual Reporting

Board Lead: Chief Medical Officer
Author: Dr Elaine Hill, Director of Medical Workforce
Ms Nicki Sullivan, Medical Revalidation and Job Planning
Manager
Confidential: No
Key Purpose: Assurance; Performance

Executive Summary

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.
2. The prescribed format of this report has been retained for continuity but it should be noted that the information is presented against the backdrop of the Covid-19 pandemic. Key points are:
 - Appraisal was suspended between 1 March and 30 September 2020 and again between 1 January and 31 March 2021.
 - All recommendations due between 17 March 2020 and 16 March 2021 were extended by 12 months by the GMC.
 - All recommendations due between 16 March 2021 and 31 July 2021 were extended by 4 months by the GMC.

NHS England waived the need to submit quarterly returns and an Annual Organisational Audit until further notice.

Recommendations

3. The Trust Board is asked to:
 - Receive this report, note the content and that it will be shared with the Tier 2 Responsible Officer at NHS England.
 - Note the Statement of Compliance (Appendix 1) confirms that the OUH, as a Designated Body, is in compliance with the regulations and that the Chief Executive will sign this on behalf of the OUH following the Trust Board meeting.
 - Note the Statements of Compliance for Helen and Douglas House and Katharine House Hospice (Appendices 2 and 3), for which the Trust provides Responsible Officer Services, which confirm they were also compliant with regulations. These will be signed by the Boards of Helen and Douglas House and Katharine House and submitted to NHS England accordingly.
 - Note that from the 1 April 2021 the clinical services provided at Katharine House Hospice merged with the OUH and thus Katharine House ceased to be a designated body. The change will be reflected in the 2021/22 Annual accordingly.

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Responsible Officer's Annual Medical Appraisal and Revalidation Report 2020/21

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 2019/20 annual report; to highlight current and future issues and to present action plans to mitigate potential risks.

2. Background

- 2.1. [More information on the background to revalidation can be found via this link.](#)
- 2.2. This report covers the period 1 April 2020 – 31 March 2021. The last report was submitted to Trust Board in July 2020 for the year 2019/20.

3. Governance

- 3.1. The current Responsible Officer (Professor Meghana Pandit, Chief Medical Officer) was appointed by the Trust Board on 1 January 2019 in line with statutory requirements. The Chief Medical Officer is supported by a team who managed 1628 doctors to complete the appraisal process revalidation process
- 3.2. Progress and compliance with the regulations is monitored by:
 - A well-established oversight group (MRG) including University representation.
 - Monthly compliance reports supplied to Divisional and Directorate Management and personal action plans for those whose appraisals are overdue.
 - Submission of the quarterly reports and Annual Organisational Audit to NHS England. It should be noted that, due to the Covid-19 pandemic, quarterly submissions and the Annual Organisational Audit were not required by NHS England.
 - 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.

- A formal audit schedule for other activities such as the management of multi-source feedback.
- 3.3. The number of doctors with a prescribed connection to OUHFT increased again in 2020/21. The composition continued to shift towards Locally Employed Doctors and research post holders. The Trust also has responsibility for appraising military doctors working at the hospital, dental surgeons and doctors in training posts who do not hold a national training number.
- 3.4. During the reporting period the Trust continued to provide external Responsible Officer services for 2 local hospices and had responsibility for oversight of their governance processes in relation to medical appraisal and revalidation.

4. Policy and Guidance

- 4.1. The Medical Appraisal and Revalidation Policy is reviewed regularly. The most recent review was in September 2017. The planned update in 2020 did not take place because of the pandemic and will take place during 2021.

5. The Impact of Covid-19 and the Trust's Response

- 5.1. On 17 March 2020 the GMC suspended the revalidation process for the period 17/3/20 – 30/9/20 to recognise the impact of the Covid-19 pandemic on doctors' ability to prepare for appraisal and revalidation. All doctors with a recommendation due in this period had 12 months added to their due date. The suspension was extended again in early June to cover the period to 16 March 2021.
- 5.2. NHS England suspended the appraisal process for the same reasons and for the same time frame.
- 5.3. As a result the Trust, in accordance with NHS England guidance, issued approved misses for all doctors with an appraisal due within the suspension period.
- 5.4. Doctors who were already overdue as of 17 March 2020 were not given an approved miss as the delay was not deemed to be Covid-19 related. Each doctor in this situation was followed up personally by the Medical Revalidation Manager with a plan put in place in an achievable timescale taking into account their roles and responsibilities in relation to Covid-19 and any issues that could affect their abilities to comply with the request to be appraised e.g. shielding.
- 5.5. Other impacts of the Covid-19 pandemic included:

- Team members being redeployed away from appraisal and revalidation to support the Trust’s pandemic response as required.
- The Revalidation Office being closed due to an inability to social distance. All support for doctors was successfully moved online via MS Teams.
- All appraisals that continued to be conducted are being completed by video conference to comply with social distancing requirements.
- Events such as the Appraiser Network, Appraisal Workshop and Appraiser Training Course are being redeployed online.

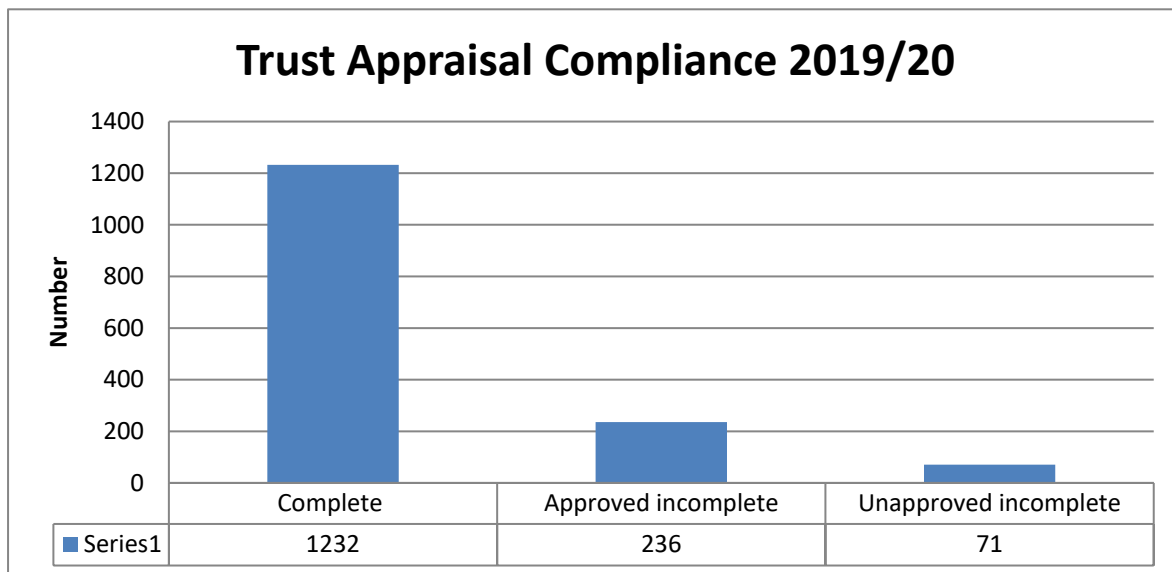
5.6. Appraisal formally restarted on 1 October 2020 with an altered format known as “Appraisal 2020” which was promoted by NHS England. The emphasis was moved away from providing documentary evidence to a more narrative and reflective approach with the focus being on support and the wellbeing of the doctor.

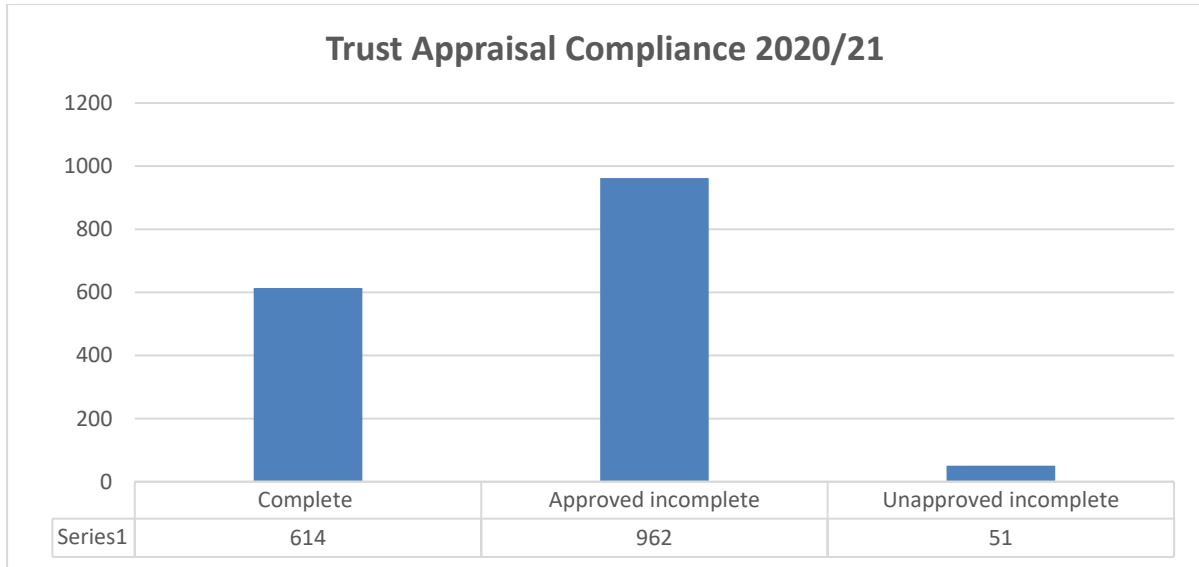
5.7. Due to a second wave of the pandemic, appraisal was again suspended between 1 January and 31 March 2021. As a result the Trust, in accordance, with NHS England guidance, again issued approved misses to all those with an appraisal due in this period.

5.8. The following data and recommendations should therefore be interpreted against this background.

6. Medical Appraisal

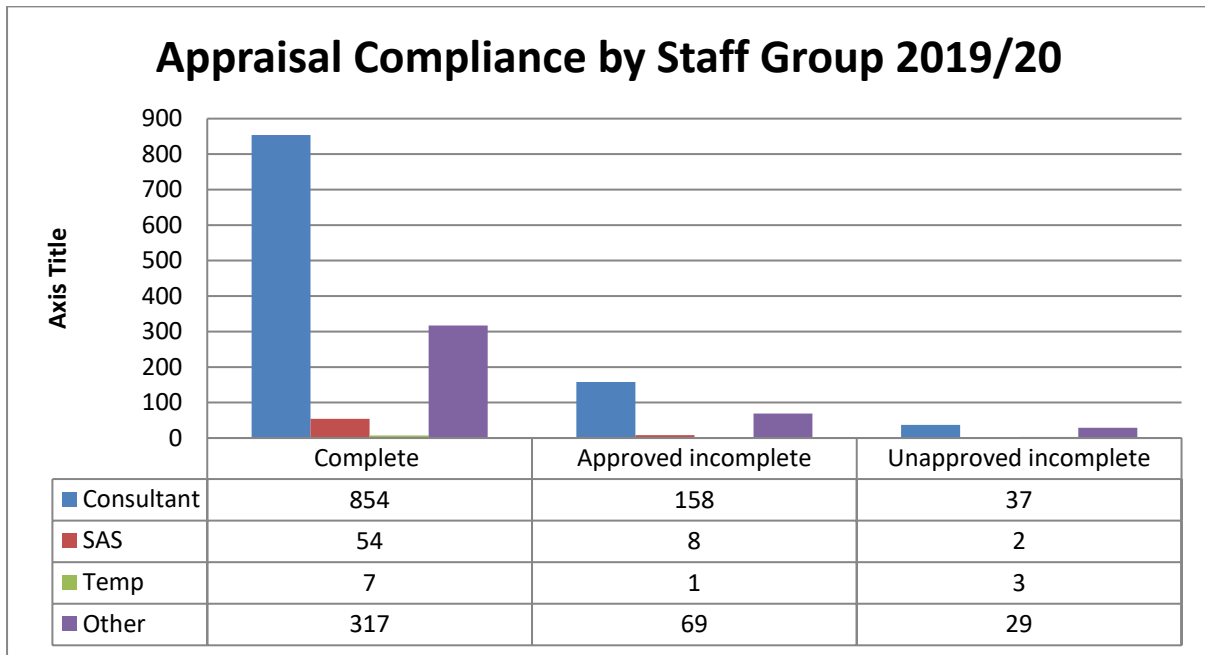
Appraisal Performance Data

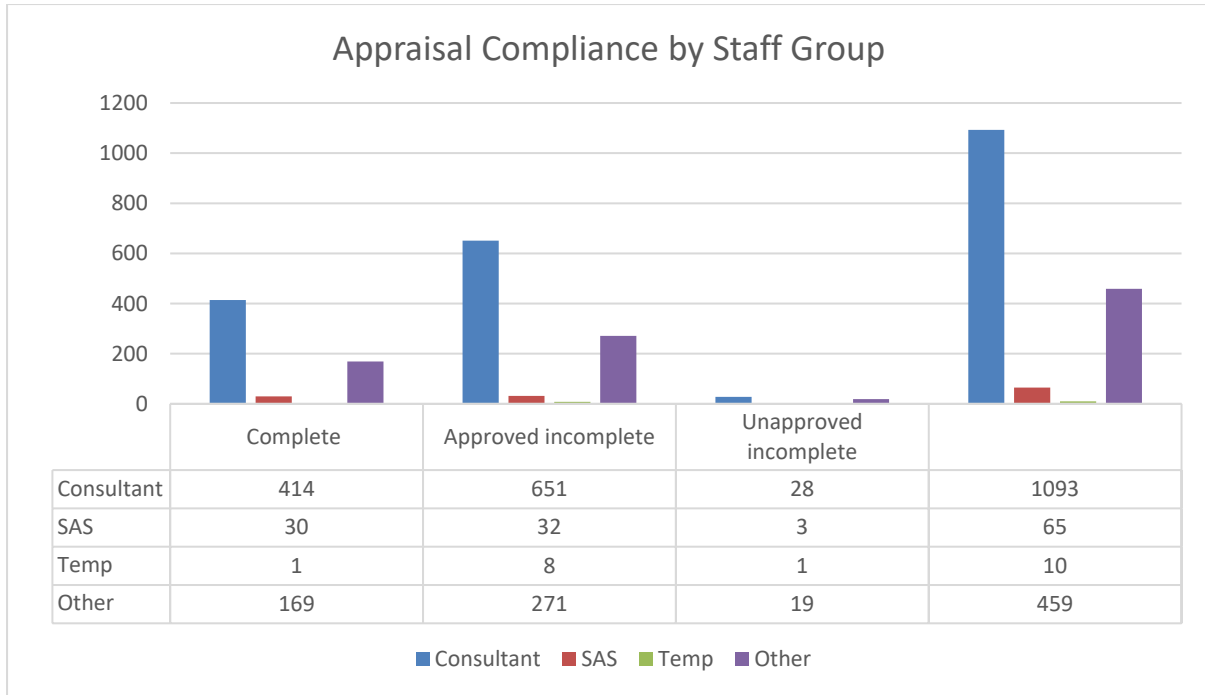




Approved incomplete includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave.

Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.





“Approved incomplete” includes appraisals missed for an acceptable reason eg: maternity leave or long term sick leave. This year it also includes appraisals missed due to the pandemic,.l Unapproved incomplete relates to doctors whose appraisal has been missed without an acceptable reason being provided.

“Other” comprises all doctors who are not in the national training scheme and are not SAS or Consultant grades.

Analysis of Results

- 6.1. The Trust’s overall compliance rate for the 2020/21 period was 96.87%. This compares to 95.39% in 2019/20.
- 6.2. Numbers of doctors to be appraised increased by 88 during the reporting period however this increase was not reflected in the missed appraisal rate despite the impact of the Covid-19 pandemic.
- 6.3. Compliance amongst medical staff groups was largely unchanged although compliance in the “other” medical staff group category continued to improve which is indicative of the ongoing work taken to encourage engagement amongst Locally Employed Doctors.
- 6.4. All of the 51 doctors with unapproved incomplete appraisals at 31 March 2021 have been contacted with personalised action plans to assist them to get back on track. At the time of writing this report 20 appraisals have been completed, 16 doctors have left and 14 remain outstanding. This raises the overall compliance rate to 99.14% All those who are still overdue have been escalated to Divisional management for further action.

Audit of Missed Appraisals / Performance Management Framework

- 6.5. A summary of missed appraisals is completed on a monthly basis with regular reports being submitted to Divisional Management for action.

- 6.6. Each summary reviews appraisals which are considered to be overdue for the period. Follow up with the individuals concerned is undertaken to ascertain the reasons for the delay. Where appropriate, action plans are developed for each doctor / appraiser to realign their revalidation trajectory and to resolve any issues which may have contributed to the delay.
- 6.7. A Performance Framework for Managing Medical Appraisals is employed. The key aims of the framework are to:
- Ensure all doctors are treated equally in relation to appraisal compliance
 - Facilitate earlier intervention where it is ascertained a doctor needs support by reducing the time the doctor is able to remain non-compliant
 - Reduce “tacit acceptance” of non-compliance by escalating outliers more quickly and involving sources of support earlier.
- 6.8. Doctors with appraisals that are 90+ days overdue or have failed to comply with their action plan are referred to their Divisional management for escalation to the CMO for consideration of disciplinary action. This has significantly reduced the number of doctors who remain non-compliant for appraisal for long periods of time and enabled targeted support to be provided. Interventions have included referrals to Occupational Health, personalised training and IT / administration, and support to enable doctors to complete their appraisals in a timely manner and reduce the need for deferral at the point of revalidation.

Appraisers

- 6.9. Appraiser capacity continues to be a challenge to the stability to the system. The appraiser cohort has seen a number of resignations from appraiser posts over the past 12 months which has depleted the pool of those able to conduct revalidation ready appraisals
- 6.10. There are currently 179 trained available appraisers to deliver ca.1680 appraisals (doctors attached to the OUH via a prescribed connection and those who are revalidated elsewhere but appraised by the OUH as part of a service level agreement). Of these 179, 12 do not deliver 10 appraisals per annum by agreement. This gives a notional capacity of 1730 appraisals which is very close to capacity at base level. 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 ca. 1900 per annum which exceeds current capacity. The number of appraisers remains a significant risk to the Trust’s ability to provide appraisals.

- 6.11. Twenty seven appraisers were trained during the period. These are included in the figures noted in paragraph 6.10.
- 6.12. Support for Appraisers is diverse and ranges from official events such as an Annual Appraiser Conference, Appraiser Network Events (held 3 times a year) to feedback reports for appraisers and 1:1s with the Director of Medical Workforce.
- 6.13. Due to the pandemic annual Appraiser Conference was not held in 2020. Future iterations of this very popular conference will take place as public health restrictions and funding allow.
- 6.14. 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.
- 6.15. All of the above supports the governance framework referred to earlier in this report.

Quality Assurance

- 6.16. A number of quality assurance mechanisms are in use in relation to medical appraisal:
 - 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.
 - 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 as appropriate. A program of formal review of first appraisals for new appraisers has been implemented with written feedback being provided for development purposes.
 - All doctors now submit feedback on their appraisal experience as the final step in the appraisal process. This not only 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.
 - It should be noted that, just after the period that this report covers, an automated Appraisal Summary and PDP Audit Tool (ASPAT) process

has been introduced to SARD to enable more formal quality assurance to take place.

Access, Security and Confidentiality

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

7. Medical Revalidation

Medical Revalidation Performance Data

7.1. During the period 1/4/20 – 31/3/21 the revalidation process was suspended. There is therefore no data to present in this area

8. Recruitment and Engagement Background Checks

8.1. [more information on recruitment and engagement background checks can be found via this link.](#)

9. Monitoring Performance, Responding to Concerns and Remediation

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

10. Risks and Issues

10.1. The impact of the pandemic continues affect appraisal and revalidation and is likely to do so for some time. Key issues include:

- **Lack of opportunity for formal Continuing Professional Development.** To combat this the various Royal Colleges have waived their CPD point threshold for 2020 and 2021 and are likely to do the same for 2022. Alternative methods of proving that a doctor is up to date have been introduced including diaries of web based learning.
- **Lack of opportunity for involvement in formal quality improvement activity.** With many doctors being redeployed to assist with the response to the pandemic, opportunities to undertake QI activities have been reduced. Doctors are encouraged to use their experiences of the pandemic to highlight more informal and / or personal experiences of quality improvement as part of their appraisal.
- **Difficulty in collecting patient feedback.** Reduced face to face patient contact and the cessation of visiting in the hospital for periods

of time has made the collection of patient feedback extremely difficult. The GMC has not waived this requirement for revalidation and this may result in an increase in deferral recommendations being made as a result of lack of patient feedback.

- **Loss of Engagement with the appraisal process** – Due to the suspension of appraisal during the peak of the pandemic, there has been some loss of habit of an annual review. Going forward, this closely managed to ensure compliance with appraisal and Medical Revalidation is maintained.
- **Appraiser Capacity** - The single largest risk to the appraisal process outside of Covid-19 remains the difficulty in the recruitment and retention of appraisers. As outlined above there remain significant barriers to undertaking the role of appraiser with lack of time in a job plan and budgetary restrictions making it difficult to fill this role. The pandemic prevented submission of proposals to review the way in which appraisers are managed but it is intended that this will be revisited. The OUH spend on new appraiser training is ca. £4k per annum, keeping the number of appraisers static rather than increasing. Options including recentralising the budget for appraisers, moving to a “pay per appraisal” model to remove the activity from the PA allocation, and making undertaking appraisal compulsory after a certain length of service will be considered during the review.

11. Review of 2019/20 Action Plan

Objective	Actions	Expected Outcome	Outcome
Peer review of systems and processes	Carried forward from previous plan		Not possible to complete due to Covid-19
Resolve the issue of appraiser capacity with both short and long term strategies in place	Revised options to be presented to TME and implemented once agreed.	Risk to appraisal and revalidation compliance reduced. Less pressure on appraisers to undertake short notice appraisals Better retention of appraisers	Not possible to complete due to Covid-19
Improve retention of current appraisers through additional support package	Investigate refresher training, mentorship schemes, shadowing	Improved satisfaction scores on the annual appraiser feedback survey	Retention rates have not improved but this is due to pressures outside

	programmes and dedicated RO feedback lines.	Improved retention rates of appraisers	of the team's control.
Policy Review	Undertake a full policy review to ensure the Trust continues to comply with all guidance and offer a supportive service to doctors	Updated policy to be approved by JPOG	Not possible to complete due to Covid-19
Pilot automated quality assurance processes within SARD	Work with SARD to develop and test a QA process which produces meaningful results and minimises admin time.	Formal QA programme implemented via SARD	Not possible to complete due to Covid-19
Continue to reduce the number of requests to defer revalidation dates.	Doctors to be asked to complete their MSF by year 4 of their cycle Doctors to receive a reminder well in advance if their final appraisal needs to be brought forward	Reduction in number of short to medium term deferral requests.	n/a – revalidation was suspended for the period to which this report pertains

11.1. The actions planned for 2020/21 were not achieved and this was due to the impact of the pandemic.

12. 2020/21 Proposed Action Plan

12.1. It is proposed that the 2020/21 action plan be rolled forward for completion in the 2021/22 period.

13. Recommendation

13.1. The Trust Board is asked to:

- Receive this report, note the content and that it will be shared with the Tier 2 Responsible Officer at NHS England.
- Note the Statement of Compliance (Appendix 1|) confirms that the OUH, as a Designated Body, is in compliance with the regulations and that the Chief Executive will sign this on behalf of the OUH following the Trust Board meeting.

- Note the Statements of Compliance for Helen and Douglas House and Katharine House Hospice (Appendices 2 and 3), for which the Trust provides Responsible Officer Services, which confirm they were also compliant with regulations. These will be signed by the Boards of Helen and Douglas House and Katharine House and submitted to NHS England accordingly.
- Note that from the 1 April 2021 the clinical services provided at Katharine House Hospice merged with the OUH and thus Katharine House ceased to be a designated body. The change will be reflected in the 2021/22 Annual accordingly.



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.

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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 of Oxford University Hospitals NHS Foundation Trust can confirm that:

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

Date of AOA submission: n/a – suspended due to Covid-19

Action from last year: ensure all doctors are supported to comply with appraisal and revalidation requirements in a post pandemic environment

Comments – achieved through a combination of adoption of the “Appraisal 2020” model and enhanced support by the Revalidation Team

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

Action from last year: n/a

Comments: None.

Action for next year: n/a

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: None

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: n/a

Comments: None

Action for next year: n/a

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

Action from last year: n/a

Comments: None

Action for next year: n/a

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

Action from last year: Peer review to be conducted

Comments: Delayed due to Covid-19

Action for next year: Carried forward to 2021/22 action plan

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: None

Action for next year: n/a

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: The review of appraiser recruitment and retention as interrupted by Covid-19. This has been carried forward to the 20/21 action plan

Comments: No change

Action for next year: Carried forward to the 21/22 action plan

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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.

Section 4 – Medical governance

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

Action from last year: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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

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.

places, and b) doctors connected elsewhere but who also work in our organisation⁴.

Action from last year: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

Section 6 – Summary of comments, and overall conclusion

Please see full report provided.

Section 7 – Statement of Compliance:

The Board of Oxford University Hospitals NHS Foundation 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

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

[Dr Bruno Holthof, Chief Executive Officer)

Official name of designated body: Oxford University Hospitals NHS Foundation 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



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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 of Helen and Douglas House Hospice can confirm that:

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

Date of AOA submission: n/a – suspended due to Covid-19

Action from last year: ensure all doctors are supported to comply with appraisal and revalidation requirements in a post pandemic environment

Comments – achieved through a combination of adoption of the “Appraisal 2020” model and enhanced support by the Revalidation Team

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

Action from last year: n/a

Comments: None.

Action for next year: n/a

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: None

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: n/a

Comments: None

Action for next year: n/a

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

Action from last year: n/a

Comments: None

Action for next year: n/a

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

Action from last year: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

Section 4 – Medical governance

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.

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

Action from last year: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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

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.

places, and b) doctors connected elsewhere but who also work in our organisation⁴.

Action from last year: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

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: n/a

Comments: None

Action for next year: n/a

Section 6 – Summary of comments, and overall conclusion

Please see full report provided.

Section 7 – Statement of Compliance:

The Board of Helen and Douglas House Hospice 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

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

[Chief Executive Officer)

Official name of designated body: Helen and Douglas House Hospice

Name: _____

Signed: _____

Role: _____

Date: _____