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A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2022

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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 seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide 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,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – *[delete as applicable]* of *[insert official name of DB]* can confirm that:

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

Action from last year: N/A
Comments: Yes, Dr Roger Hall was our Responsible Officer up to April 2022
Action for next year: Integrate new RO, Dr Stephen Webb, into the role.

2. 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

3. 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: The Trust continues to use both GMC Connect and the electronic Allocate system.
Action for next year: Continue to maintain and monitor

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

Action from last year: N/A
Comments: Both Appraisal and Remediation Policies in date.
Action for next year: Policies to be reviewed in 2022/23 with new RO in place

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year N/A due to ongoing COVID pressures
Comments: Ongoing COVID pressures impacted on review options.
Action for next year: Plan for this review when a more normalised BAU in place.

6. 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: Locum doctors continue to receive within specialty appraisal to ensure appropriate support with their CPD and help with requirements for annual appraisal and revalidation. This will be proportionate to the amount of time they are contracted to Royal Papworth, i.e. 1 PA a week through to 5/6 PA's. The RO always seeks assurance from another organisation when a doctor has a prescribed connection to them.
Action for next year: Continue to ensure Trust receives copies of complete annual appraisal for doctors with a joint connection whose designated body is not Royal Papworth Hospital.

Section 2a – Effective Appraisal

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.¹

Action from last year: Planned phased ramp up of appraisals and revalidation to pre-COVID rate.

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

Comments: Improved percentage (circa 75%) of Consultants in the Trust received an annual appraisal, a marked improvement on the (circa 25%) reported in our last AO. Continuing pressure of COVID through winter 21/22 had an impact on our planned progression. However, those undertaking their appraisal during this time have found the increased focus on wellbeing and opportunities for discussion very supportive and it has been well received.

Action for next year: Continue to improve appraisal rates in line with our Trust target of 90%.

7. 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: Yes

Action for next year: Continue monitor and scrutiny of appraisals.

8. 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

Action for next year: Policy will be reviewed in 22/23 with new RO in place.

9. 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: Continue to support and encourage Consultant staff who express an interest in carrying out appraisal to be appropriately trained.

Comments: Continuing support offered by our Lead for Medical Appraisal and Revalidation.

Action for next year: Increased focus on providing training, both new and refresher, for our Consultant body.

10. 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: Appraisals are assessed by the appraiser and the Lead for Medical Appraisal reviews random appraisals throughout the year to monitor quality from both the appraisee and appraiser perspective and provides supportive feedback.

Action for next year: Continue good practice as above.

11. 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: Yes – appraisal rates are reported monthly to the Board via the Royal Papworth Integrated Performance Report with updates, when necessary, from the RO and annual assurance provided to the Board.

Action for next year: Continue as above.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2022	176
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	137
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	39
Total number of agreed exceptions	39

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

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: Yes

Action for next year: Continue timely recommendations to the GMC.

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: Yes, the RO will always discuss a deferral recommendation with doctors and confirm a positive recommendation. Non-engagement has not occurred this year.

Action for next year: Continue as above.

Section 4 – Medical governance

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

Action from last year: N/A

Comments: Yes, RPH ensures a robust clinical governance environment with concerns openly raised at our weekly Serious Incident Executive Review Panel meetings and monthly Quality & Risk Management Group. Discussions held jointly with RO/MD and Director of Workforce and Organisational Development and our Senior Independent Director, when required. Confidential matters of concern are raised at our Part 2 private Board sessions if necessary.

Action for next year: Continue as above.

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: Yes, support is given by both the medical directorate and appraisers to Consultant staff to ensure they are able to access the necessary information to support their appraisal.

Action for next year: Continue supportive environment.

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: Yes, the Trust abides by and used Maintaining Higher Professional Standards in the Modern NHS when concerns are raised.

Action for next year: Continue good 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 doctors.³

Action from last year: N/A

Comments: Yes and as above.

Action for next year: Continue as required.

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)

³ This 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.

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 organisation.⁴

Action from last year: N/A

Comments: RO will always provide transfer report to other organisations as requested.

Action for next year: Continue as above.

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: RO has received training in Unconscious Bias and WRES.

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: Yes, robust scrutiny carried out by our Human Resources Department.

Action for next year: Continue good practice.

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

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

- **General review of actions since last Board report**
- As with all Trusts nationally, 2021/2022 has also been a challenging year with the continuing pressures of the COVID pandemic and the subsequent limitations placed on systems and processes.
- **Actions still outstanding**
- Peer review of the organisation's appraisal and revalidation processes to be considered once ongoing COVID pressures and limitations have reduced.
- **Current Issues**
- Continue programme of annual appraisal and revalidation for all Consultant staff in order to achieve our Trust target of 90% appraisal rates by March 2023.
- **New Actions:**
- A new RO provides the opportunity to review and refresh Trust processes in line with national guidance.
- Develop shared learning with other Trusts who also have a separate RO/MD to embed clear lines of communication.

Overall conclusion: The Trust has continued to focus on providing a supportive environment for all its connected doctors during the continuing COVID pandemic. The wellbeing and mental health of our medical workforce has been of the utmost priority this year along with the continuing excellent quality of care for our patients.

Section 7 – Statement of Compliance:

The Board of Royal Papworth Hospital 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

Official name of designated body:

Royal Papworth Hospital NHS Foundation Trust

Name: **Professor John Wallwork** Signed: _____

Role: **Chairman**

Date: **1st September 2022**

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