

## **Designated Body Annual Board Report**

### **Section 1 – General:**

The Board of Royal Papworth Hospital NHS Foundation Trust can confirm that:

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

Date of AOA submission: 6<sup>th</sup> June 2019

Action from last year: N/A

Comments: Our hospital moved to new premises and site 16 miles from original base with initial move date in September 2018 being postponed until April/May 2019 and subsequent impact on work schedules. This included 2 ramp down and 2 ramp up periods of activity within this period of time.

Action for next year:

2. 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 is our Responsible Officer

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: The Trust has appointed an additional resource in medical staffing to support the Medical Director in some areas of his role as Responsible Officer.

Action for next year: None

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: Use of both GMC Connect and Trust electronic Allocate system.

Action for next year: Continue to maintain and monitor.

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

Action from last year: N/A

Comments: In view of the hospital move, both Appraisal and Remediation Policies undergoing minor updates with approval through Joint Liaison Negotiating Committee and Quality & Risk (which is a sub-committee of the Board).

Action for next year:

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

Action from last year: N/A

Comments: Following on from successful hospital move, ensure peer review completed in 19/20.

Action for next year: As above.

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: Locum doctors 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: RO to ensure the Trust receives copies of complete annual appraisal for doctors with a joint connection whose designated body is not Royal Papworth Hospital.

## 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: 91.7 % of Consultants in the Trust received an annual appraisal as evidenced by our AOA.

Action for next year: Continue consistently high rate of appraisals.

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: Yes

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

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

Action from last year: N/A

Comments: Yes

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: Yes and new appraisers will be trained and supported by our Lead for Medical Appraisal and Revalidation.

Action for next year: Continue to support Consultant staff who express an interest in carrying out appraisals.

- 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 Appraisers<sup>2</sup> or equivalent).**

Action from last year: N/A

Comments: All appraisals are assessed by the appraiser, the Lead Appraiser reviews random appraisals throughout the year to monitor quality from both the appraisee and appraiser perspective and provides feedback.

Action for next year: Continue good practice as above.

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

Action for next year: Continue as above.

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

<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

## 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's<sup>1</sup> 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 uses 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<sup>3</sup>.

Action from last year: N/A

Comments: Yes and as above.

Action for next year:

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation<sup>4</sup>.

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: None

<sup>4</sup>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.

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



## 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:

- Actions still outstanding –
- The Trust will continue to uphold its good practice with annual appraisal and revalidation, providing support and challenge as required, with appropriate interventions in place as necessary.
- Update appraisal policies in view of hospital site move and new ways of working.
- RO to ensure annual appraisals are received from all visiting practitioners.
- Current Issues: Continue to embed improved supportive process for locum and short-term contract doctors within the Trust via the Lead Appraiser for the Trust.
- New Actions: Provide training for new appraisers within house.

**Overall conclusion:** The Trust has continued to provide a robust and supportive appraisal process for its connected doctors despite the challenge of a full hospital site move this year. The Medical Directorate aims to continue to provide a supportive and appropriately challenging environment of high calibre appraisal across the Trust.

The Trust's Annual Organisational Audit is attached at Appendix 2 to provide the Board with an overview nationally of our appraisal rates.

## **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: 5<sup>th</sup> September 2019

