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A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.2 Feb 2023

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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 of Directors Royal Papworth Hospital can confirm that:

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

Action from last year: Integrate new RO, Dr Stephen Webb, into the role.
Comments: Completed
Action for next year: N/A

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

Action from last year: None
Comments: Yes
Action for next year: None

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

Action from last year: Continue to maintain and monitor.
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: Policies to be reviewed in 2022/23 with new RO in place.
Comments: Both Appraisal and Remediation/Responding to Concerns Policies reviewed and updated.
Action for next year: Reviews due in 2025

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

Actions from last year Plan for this review when a more normalised BAU in place.

Comments: Ongoing activity pressures nationally have impacted on review options.

Action for next year: Plan for a review when current pressures have reduced.

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

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: As for last 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

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.

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

Comments: Challenges with the impact of industrial action and system shut down have impacted on our anticipated progress this year although we have been fairly consistent. The training of 10 new appraisers should have a more noticeable impact on overall figures as we move through the year. Revalidation appraisals and submissions have been maintained as required.

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: Continue monitor and scrutiny of appraisals.

Comments: Yes

Action for next year: Continue as above.

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: Policy will be reviewed in 22/23 with new RO in place.

Comments: Yes

Action for next year: Appraisal policy has been reviewed and approved and next review date is in 2025.

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

Comments: Refresher and new training arranged in February 2023 enabling 12 current appraisers to have supportive refresher training and providing full training for 10 new appraisers across a breadth of specialties.

Action for next year: Ensure fair distribution of appraisal load for appraisers and continue to provide support from the RO Administrator and the Lead for Medical Appraisal.

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: Continue good practice as above.

Comments: Appraisals are assessed by the appraiser and the RO with random monitoring of appraisals throughout the year by the Lead for Medical Appraisal in order to monitor quality from both the appraisee and appraiser perspective and to provide supportive feedback. Refresher training provided this year for 12 of our current appraisers to ensure good practice is maintained.

Action for next year: Continue good practice as above.

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

- 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: Continue as above.

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

- 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 2023	194
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	159
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	35
Total number of agreed exceptions	35

Section 3 – Recommendations to the GMC

- 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: Continue timely recommendations to the GMC.

Comments: Yes

Action for next year: As above.

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: Continue as above.

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: Continue as above.

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 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: Continue supportive environment.

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: As above.

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: Continue good practice.

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.³

Action from last year: Continue as required.

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) 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: Continue as above.

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

Action for next year: Continue as above.

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.

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

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: Continue good practice.

Section 5 – Employment Checks

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

Action from last year: Continue good practice.

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:

- General review of actions since last Board report
- As with many Trusts nationally, the COVID tail and then the impact of industrial action across areas has affected service delivery alongside BAU activity in many fields – appraisal completion has not escaped this impact.
- Actions still outstanding
- Peer review of the organisation's appraisal and revalidation processes to be a main focus once ongoing industrial actions and service impact have reduced to BAU levels, where possible.
- Current Issues
- Continue focus on annual appraisal and revalidation for all Consultant staff in order to achieve our Trust target of 90% appraisal rates in 2024.

- **New Actions:**
- **Ensure our new appraisers are engaged and supported in the delivery of high quality appraisals for our Consultant staff.**

Overall conclusion: With all the pressures on NHS staff currently, the wellbeing and mental health of our medical workforce must continue to be our utmost priority alongside provision of continuing excellent quality of care for our patients.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] 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: **7 September 2023**

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This publication can be made available in a number of other formats on request.

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