

## Annex A

### Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

*The content of this template is updated periodically so it is important to review the current version online at [NHS England » Quality assurance](#) before completing.*

- Section 1 – Qualitative/narrative
- Section 2 – Metrics
- Section 3 - Summary and conclusion
- Section 4 - Statement of compliance

#### Section 1 Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to use concise narrative responses in preference to replying yes/no.

##### 1A – General

The board/executive management team of Royal Papworth NHS Foundation Trust

can confirm that:

- 1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:	None required
Comments:	Dr Stephen Webb is the Trust's appropriately trained licensed medical practitioner appointed as our Responsible Officer.
Action for next year:	Continue to keep up to date with RO training/development and attend RO meetings.

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes / No:	Yes
Action from last year:	None required
Comments:	The Trust's RO is supported by a Lead Appraiser and Revalidation Administrative support.
Action for next year:	Review level of administrative support is appropriate for the office of the RO.

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer 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.

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:	Relevant policies due for renewal in 2025 and 2026.
Comments:	Both Appraisal and Remediation/Responding to concerns Policies regularly reviewed.
Action for next year:	Review Appraisal Policy in 2025 as required.

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	Plan for a review when current pressures have reduced.
Comments:	The Trust carried out a peer review with the Norfolk & Norwich NHS Foundation Trust and required documentation submitted.
Action for next year:	Maintain peer review next year with Norfolk & Norwich – this was a very positive and helpful experience.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last 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.
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 Consultants 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	Ensuring appropriate support for our LED doctors is robust and timely. Embed the recent appointment of a Consultant Lead for LED doctors.

## 1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, 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:	Continue to improve appraisal rates in line with our Trust target of 90%
Comments:	Continuing challenges this year with the impact of industrial action and conflicting priorities. The Trust continues to train new appraisers and run refresher courses to ensure an appropriate level of available appraisers to support appraisal delivery.
Action for next year:	Continue to focus on high level and timely appraisals.

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1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:	Continue to monitor and review reasons for lack or delay in appraisals.
Comments:	RO and administrator are fully briefed on those appraisals that do not take place and the reasons, alongside a full suite of support that is available for the varying issues that can occur.
Action for next year:	Continue to monitor and provide support where necessary.

1B(iii) 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:	Appraisal policy has been reviewed and approved and the next review date is 2025.
Comments:	We can confirm that there is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or equivalent governance or executive group).
Action for next year:	Review appraisal policy in 2025.

1B(iv) Our organisation has the necessary number of trained appraisers<sup>1</sup> to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	Ensure fair distribution of appraisal load for appraisers and continue to provide support from the RO Administrator and the Lead for Medical Appraisal.
Comments:	Further training for both new and refresher appraisers arranged for September 2024 following previous training session in February 2023.
Action for next year:	Continue to ensure adequate appraisers available to provide efficient appraisal service delivery.

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<sup>1</sup> While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

1B(v) 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](#) 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. Ongoing refresher training provided to ensure good practice is maintained.
Action for next year:	Continue good practice as above.

1B(vi) The appraisal system in place for the doctors in our 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 previous years.
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 good practice.

### 1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Action from last year:	Continue timely recommendations to the GMC.
Comments:	Continue to recommend revalidation approvals within the appropriate timescales and defer as required.

Action for next year:	Forward look for revalidation recommendations to be aware of any potential issues and supporting mitigations required.
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1C(ii) 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, or where this does not happen, the reasons are recorded and understood.

Action from last year:	Continue as in previous years.
Comments:	Yes, the RO will always discuss a deferral recommendation with doctors and confirms a positive recommendation via email. Non-engagement has not occurred this year.
Action for next year:	Continue as above.

## 1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	Continue as in previous years.
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.

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

Action from last year:	Continue supportive environment.
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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 measures.

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	None
Comments:	Yes, access to all the required information to upload and support their appraisal documentation is readily accessible on Trust systems.
Action for next year:	Continue to ensure appraisees are supported.

1D(iv) There is a process established for responding to concerns about a medical practitioner's 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.

1D(v) 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 and country of primary medical qualification.

Action from last year:	Continue as required.
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Comments:	Low number of concerns raised each year about doctors. RO, MD and Director of Workforce are fully briefed on all aspects of concerns including protected characteristics to ensure avoidance of bias.
Action for next year:	Continue monitoring of concerns.

1D(vi) 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 our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	Continue as in previous years.
Comments:	RO will always provide transfer report to other organisations as requested.
Action for next year:	Continue good practice.

1D(vii) 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:	Continue good practice.
Comments:	RO has received training in Unconscious Bias and WRES. Trust focus on EDI across the organisation.
Action for next year:	Continue focus on EDI.

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Action from last year:	-----
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Comments:	Important national reports are discussed in various fora across the organisation, eg Darzi report.
Action for next year:	Continue good practice.

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

Action from last year:	-----
Comments:	In light of the Messenger Review the Trust has recently launched a development programme specifically for operational management staff to ensure they received adequate opportunities for continuing professional development.
Action for next year:	Review programme progress.

## 1E – Employment Checks

1E(i) 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.

## 1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	-----
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Comments:	We have recently launched a programme for Consultants to focus on medical engagement and leadership development to ensure that our organisational culture meets our Trust's vision of collaboration, compassion and excellence.
Action for next year:	Review progress of programme.

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	-----
Comments:	The Trust has been running a Compassionate and Collaborative programme for the last couple of years with a focussed session for 120 leaders within the organisation recently held to commit to embedding these principles in everyday practice.
Action for next year:	Disseminate agreed leadership vision throughout organisation.

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Action from last year:	-----
Comments:	Well established FTSU system in the Trust which is used by all staff and the Trust has recently implemented the PSIERF to enhance learning from patient safety incidents.
Action for next year:	Continue to review.

1F(iv) Mechanisms exist that support feedback about the organisation's professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Action from last year:	-----
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Comments:	Close collaboration between the office of the RO and medical workforce alongside the complaints team to ensure that any complaints about doctors are rapidly assessed and actions taken if necessary.
Action for next year:	Continue good practice.

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

Action from last year:	-----
Comments:	Low number of concerns and disciplinary processes raised each year about doctors. RO, MD and Director of Workforce are fully briefed on all aspects of concerns including protected characteristics and PMQ to ensure avoidance of bias.
Action for next year:	Continue to monitor.

### 1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	-----
Comments:	RO regularly attends networking meetings through the HLRO network and the Trust has engaged in a peer review process to assess revalidation and appraisal processes with another organisation.
Action for next year:	Incorporate opportunities for networking for RO admin support and Lead Appraiser.

## Section 2 – metrics

Year covered by this report and statement: 1April 2023 - 31March 2024 .

All data points are in reference to this period unless stated otherwise.

### 2A General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March - 194	
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### 2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	<b>157</b>
Total number of appraisals approved missed	<b>37</b>
Total number of unapproved missed	<b>0</b>

### 2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	33
Total number of late recommendations	13
Total number of positive recommendations	24
Total number of deferrals made	9
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0

### 2D – Governance

Total number of trained case investigators	2
Total number of trained case managers	2
Total number of new concerns registered	2

Total number of concerns processes completed	2
Longest duration of concerns process of those open on 31 March	12 months
Median duration of concerns processes closed	----
Total number of doctors excluded/suspended	1
Total number of doctors referred to GMC	1 (ongoing from 2022)

## 2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	146
Number of new employment checks completed before commencement of employment	146

## 2F Organisational culture

Total number claims made to employment tribunals by doctors	0
Number of these claims upheld	0
Total number of appeals against the designated body's professional standards processes made by doctors	1
Number of these appeals upheld	1

### Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
<p>Positive engagement from all doctors in appraisal and revalidation over the last 12 months.</p> <p>New appraisers trained in 2023 have carried out appraisals with positive feedback from appraisees.</p> <p>Successful peer review process with Norfolk &amp; Norwich NHS Foundation Trust with a valuable scrutiny of our processes and generated helpful learning opportunities for both Trusts.</p>
Actions still outstanding
<p>Actions from peer review – increase administrative support for RO team.</p> <p>Review need for refresher training for existing appraisers.</p>
Current issues
<p>Continue focus on annual appraisal and revalidation for all Consultant staff in order to achieve our Trust target of 90% appraisal rates in 2025.</p> <p>Enhance support for appraisal for LED doctors.</p>
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
All actions outlined in Section 1.

Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

Successful year for appraisal and revalidation for RPH in 2023-2024. Challenges remain with ensuring that appraisers are adequately trained and appropriate processes are in place for LED doctors.

#### Section 4 – Statement of Compliance

The Board/executive management team have 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

[(Chief executive or chairman (or executive if no board exists)]

Official name of the designated body:	Royal Papworth Hospital NHS Foundation Trust
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Name:	Dr Jag Ahluwalia
Role:	Chairman
Signed:	
Date:	4 <sup>th</sup> October 2024