

|               |                    |             |            |
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| Meeting Title | Board of Directors |             |            |
| Date          | 22 September 2022  | Agenda item | Bo.9.22.36 |

## ANNUAL REPORT ON MEDICAL APPRAISAL AND REVALIDATION 2021/22

|   |   |                            |  |
|---|---|----------------------------|--|
| <b>Presented by</b>                             | Dr Ray Smith, Chief Medical Officer   |                            |  |
| <b>Author</b>                                   | Dr Remi Akerele, Associate Medical Director for Professional Medical Standards<br>Noorzana Azam, Revalidation and Appraisal Officer |                            |  |
| <b>Lead Director</b>                            | Dr Ray Smith, Chief Medical Officer   |                            |  |
| <b>Purpose of the paper</b>                     | Focused statement as to the purpose of the paper  |                            |  |
| <b>Key control</b>                              | Identify if the paper is a key control for the Board Assurance Framework  |                            |  |
| <b>Action required</b>                          | To note   |                            |  |
| <b>Previously discussed at/<br/>informed by</b> | Details of any consultation   |                            |  |
| <b>Previously approved at:</b>                  | <b>Committee/Group</b>  | <b>Date</b>                |  |
|   | People Academy PA.6.22.10   | 29 <sup>th</sup> June 2022 |  |
|   |   |                            |  |

### Key Options, Issues and Risks

All doctors in the United Kingdom have been subject to Medical Revalidation since 2012 as a means of regulation to ensure continual improvements in both patient safety and quality of care. Medical Revalidation also serves to enhance the confidence of the public in medical systems.

As a result, all Acute Trusts have been required to submit an Annual Organisation Audit (AOA) to NHS England since 2012 as a means of providing assurance that the Trust/Organisation is compliant with Responsible Officer Regulations.

AOA submission has been on a voluntary basis/suspended nationwide for 2020; 2021 and 2022 based on the unprecedented pressures experienced by many Trusts as a result of the Covid-19 pandemic. Board Reports and Statements of Compliance were submitted as per NHSE guidance in 2021.

This report provides assurance in relation to the Trust's compliance for 2021/22 with regards to Responsible Officer Regulations.

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### Analysis

At 31<sup>st</sup> March 2022, 439 doctors had a prescribed connection with the Trust. This was comprised of:

- 324 Consultant staff.
- 36 Specialty doctor grades.
- 51 Doctors with temporary or short-term contracts.
- 28 Other Doctors with prescribed connections to this designated body.

Following the first waves of the Covid-19 pandemic, NHS England (NHSE) and the General Medical Council (GMC) issued guidance that the timing of the restart to the appraisal process should be decided by Responsible Officers at a local level based on each Trust's individual position with respect to the pandemic. Given our high burden of Covid-19 cases, the ensuing related workforce pressures, combined with our enforced recent migration to a new appraisal platform following the purchase of our out-going system by Premier IT, it was decided that our appraisal process should be formally restarted on 01/04/2021.

Further to this, the appraisal process was temporarily paused on 6<sup>th</sup> January 2022 as a result of unprecedented levels of sickness amongst the workforce necessitating the Trust-wide reinstatement of a Command and Control Structure at Level 1. As a result, all non-urgent meetings, including medical and non-medical appraisals, were paused/cancelled until 31/01/2022. This in combination with sustained pressures throughout the Trust for the period 2021-2022 means that this report is therefore not wholly reflective of pre-pandemic practice with a higher than normal proportion of doctors being issued with an Outcome Measure 2 (Approved Missed) for their appraisal in comparison to pre-pandemic figures. Additionally there have been challenges relating to the embedding of a new appraisal platform including challenges relating to data retrieval and reporting which have now been resolved.

#### For the appraisal year 2021-2022:

338 doctors received an Outcome Measure 1 (Completed appraisal).  
101 doctors were allocated an Outcome Measure 2 (Approved Missed appraisal). This includes new connections at 31<sup>st</sup> March 2022 who have not been in post for a sufficient duration to have undertaken the appraisal process.

There were no Outcome Measure 3 appraisals (Unapproved Missed) for this period.

Similarly, the revalidation process was halted by the GMC with all doctors under notice being automatically deferred for a 12 month period. This was reviewed in July 2020 and a decision was made to allow all doctors under notice to revalidate should they be in a position to do so. The revalidation process reverted to normal practice on 1<sup>st</sup> April 2021.

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| Recommendation   |
|--|
| <p>This report outlines the Trust's performance for 2021/22 and provides assurance in relation to its compliance with Responsible Officer Regulations.</p> <p>Trust performance was high at 89% at the start of the Covid-19 pandemic. However submission of an Annual Organisational Audit for 2020 and 2021 to NHS England was made optional by NHS England in recognition of the sustained pressures experienced by individual Trusts as a result of the pandemic. Given the optional nature of submission, and given our high proportion of Outcome Measure 2s as per NHSE guidance for 2020-21, Bradford Teaching Hospitals did not submit a report in 2021. However a Board Report and Statement of Compliance were submitted to NHSE in November 2021 in accordance with NHSE guidance.</p> <p>The voluntary nature of reporting nationwide has meant that NHS England have not generated comparative data for the purpose of benchmarking Acute Hospitals for this 2 year period.</p> <p>Mandatory submission of AOA data is expected to resume in 2023.</p> |

| Risk assessment  |              |         |          |      |             |        |
|--|--------------|---------|----------|------|-------------|--------|
| Strategic Objective  | Appetite (G) |         |          |      |             |        |
|  | Avoid        | Minimal | Cautious | Open | Seek        | Mature |
| To provide outstanding care for patients, delivered with kindness  |              |         | g        |      |             |        |
| To deliver our financial plan and key performance targets  |              |         | g        |      |             |        |
| To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion   |              |         |          |      | g           |        |
| To be a continually learning organisation and recognised as leaders in research, education and innovation  |              |         |          | g    |             |        |
| To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals  |              |         |          |      | g           |        |
| The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes. | Low          |         | Moderate | High | Significant |        |
|  | Risk (*)     |         |          |      |             |        |
| Explanation of variance from Board of Directors Agreed General risk appetite (G)   |              |         |          |      |             |        |

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| Benchmarking implications (see section 4 for details)   | Yes                                 | No                                  | N/A                                 |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Is there Model Hospital data relevant to the content of this paper?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Is there any other national benchmarking data relevant to the content of this paper?                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper? | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

| Risk Implications (see section 5 for details)                       | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| Corporate Risk register and/or Board Assurance Framework Amendments | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Quality implications  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Resource implications   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Legal/regulatory implications                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diversity and Inclusion implications                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Performance Implications  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

|   |  |
|---|--|
| <b>Regulation, Legislation and Compliance relevance</b>                     |  |
| <b>NHS Improvement: (please tick those that are relevant)</b>               |  |
| <input type="checkbox"/> Risk Assessment Framework                          | <input checked="" type="checkbox"/> Quality Governance Framework |
| <input type="checkbox"/> Code of Governance                                 | <input type="checkbox"/> Annual Reporting Manual                 |
| <b>Care Quality Commission Domain: Well Led</b>                             |  |
| <b>Care Quality Commission Fundamental Standard: Fit &amp; Proper Staff</b> |  |
| <b>NHS Improvement Effective Use of Resources: People</b>                   |  |
| <b>Other (please state):</b>  |  |

| Relevance to other Board of Director's academies: (please select all that apply) |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| People   | Quality                  | Finance & Performance    | Other (please state)     |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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## ANNUAL REPORT ON MEDICAL APPRAISAL AND REVALIDATION 2021/22

|          |                     |
|----------|---------------------|
| <b>1</b> | <b>PURPOSE/ AIM</b> |
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All doctors in the United Kingdom have been subject to Medical Revalidation since 2012 as a means of regulation to ensure continual improvements in both patient safety and quality of care. Medical Revalidation also serves to enhance the confidence of the public in medical systems.

As a result, all Acute Trusts have been required to submit an Annual Organisation Audit (AOA) to NHS England since 2012 as a means of providing assurance that the Trust/Organisation is compliant with Responsible Officer Regulations. Submission of an Annual Organisation Audit to NHS England (NHSE) was made optional/suspended for the periods 2019-20; 2020-21 and 2021-22 to reflect the unprecedented and sustained clinical pressures relating to the Covid 19 pandemic in many regions. However a Board Report and Statement of Compliance was submitted to the NHSE as per guidance in November 2021.

The optional nature of reporting for 2020 and 2021 means that there are no comparative data to allow benchmarking against other Acute Trusts in England for this period.

Mandatory AOA submission is expected to resume in 2023.

This report however, continues to provide assurance in relation to the Trust's compliance for the 2021/2022 with regards to Responsible Officer Regulations.

|          |                           |
|----------|---------------------------|
| <b>2</b> | <b>BACKGROUND/CONTEXT</b> |
|----------|---------------------------|

At 31<sup>st</sup> March 2022, 439 doctors had a prescribed connection to the Trust. This was comprised of:

- 324 Consultant staff.
- 36 Specialty doctor grades.
- 51 Doctors with temporary or short-term contracts.
- 28 Other Doctors with prescribed connections to this designated body.

The appraisal and revalidation process was halted nationally by NHSE and the General Medical Council (GMC) as a result of the impending Covid-19 pandemic in March 2020 thus allowing doctors, appraisers and related administration staff to be deployed in the best way to support the pandemic. The appraisal process was restarted nationally in October 2020 with guidance from the NHSE that dates for restarting the process should be decided at a local level to reflect local pandemic-related pressures. BTHFT restarted the appraisal process on 01/04/2021 in recognition of our high pandemic caseload and related sustained pressures throughout the Trust.

The start date of 01/04/2021 also facilitated the introduction of new appraisal software as mandated by the purchase of our former appraisal platform by Premier IT.

There was a further pause to the appraisal process between 06/01/2022 and 31/01/2022 as a result of the reinstatement of a Level 1 Command and Control structure necessitated by unprecedented levels of staff sickness. As a result, this report is not wholly representative of normal (pre-pandemic) practice.

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For the appraisal year 2021-2022:

338 (76.99%) doctors received an Outcome Measure 1 (Completed appraisal).  
101 (23.01%) doctors were allocated an Outcome Measure 2 (Approved Missed appraisal). This group includes doctors on sick leave, maternity leave, recent retirements and new connections at 31st March 2022 who have not been in post for a sufficient duration to have undergone the appraisal process. There were no Outcome Measure 3 appraisals (Unapproved Missed appraisal) for this period.

Similarly, automatic deferral of revalidation from a pandemic perspective was halted on 17<sup>th</sup> March 2021.

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| <b>3</b> | <b>PROPOSAL</b> |
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In keeping with the NHSE and GMC decision to halt the appraisal process at the onset of the Covid-19 pandemic, submission of the Annual Organisation Audit has been voluntary/suspended for all Acute Trusts since 2020. Bradford Teaching Hospitals NHS Foundation Trust submitted a report in November 2020 on a voluntary basis. A Board Report and Statement of Compliance was submitted to NHSE in November 2021 as per NHSE guidance.

Both the Appraisal and Revalidation processes were formally restarted at BTHFT on 01/04/2021. An action plan to ensure compliance with the Responsible Officer Regulations has been completed.

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| <b>4</b> | <b>BENCHMARKING IMPLICATIONS</b> |
|----------|----------------------------------|

439 doctors had a prescribed connection to the Trust on 31<sup>st</sup> March 2022.

As above, submission of the Annual Organisation Audit to NHSE was made voluntary for the years 2020 and 2021 in recognition of sustained covid-related pressures in many Trusts nation-wide. Whilst BTHFT submitted a report on a voluntary basis in 2020, a report was not submitted in 2021 given our high numbers of Category 2 appraisal outcomes as per NHSE guidance at the start of the pandemic.

A Board Report and Statement of Compliance was submitted to the NHSE in November 2021 as per NHSE guidance.

Due to the voluntary nature of reporting for all Acute Trusts in England since the onset of the Covid-19 pandemic, comparative data for local/regional Trusts has not been generated by the NHSE.

|          |                        |
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| <b>5</b> | <b>RISK ASSESSMENT</b> |
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There are no risks associated with this paper.

|          |                        |
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| <b>6</b> | <b>RECOMMENDATIONS</b> |
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This report outlines the Trust's performance for 2021/22 and provides continued assurance in relation to its compliance with Responsible Officer Regulations.

We are unable to compare the Trust performance with peers due to the optional/voluntary nature of Annual Organisational Audit reporting to NHSE for the period of the pandemic (2020 and 2021).

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Submission for 2022 has also been suspended. This is reflective of the NHSE/GMC's initial instruction to halt the appraisal and revalidation process for the same period, and the recognition that Covid-related pressures have been sustained in a significant number of Acute Hospital Trusts in the intervening period.

|   |            |
|---|------------|
| 7 | APPENDICES |
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## 1. Executive Summary

In keeping with Responsible Officer Regulations, the Trust has had a statutory duty to support the Responsible Officer in discharging their duties since 2012. (*The Medical Profession (Responsible Officer) Regulations, 2010 as amended in 2013 and The General Medical Council (License to Practice and Revalidation) Regulations Order of Council 2012*). It is expected that the Board will oversee compliance by:

- Monitoring the frequency and quality of medical appraisals within the organisation.
- Checking there are effective systems in place for monitoring the conduct and the performance of their doctors.
- Confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors.
- Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that the medical practitioners have qualifications and experience appropriate to the work performed.

Dr Raymond Smith, Chief Medical Officer, has held the role of Responsible Officer (RO) for BTHFT since 1<sup>st</sup> January 2021. The responsibility for the day to day support and monitoring of compliance against the legislation and continued progress against identified actions lies with the HR Department to facilitate consistency with HR practice across all staff groups.

On 31<sup>st</sup> March 2022, 439 doctors had a prescribed connection with the Trust. Of these, 324 were Consultant staff, 36 were Specialty doctor grades, 51 doctors were Doctors with temporary or short-term contracts and 28 doctors were 'Other Doctors with prescribed connections to this designated body'.

On 31<sup>st</sup> March 2022, 338 (76.99%) doctors had received an Outcome Measure 1 (Completed appraisal) and 101 (23.01%) doctors were allocated an Outcome Measure 2 (Approved Missed) reflecting sustained pressure as a result of the pandemic. This includes the requirement for a temporary pause to the appraisal process in January 2022 due to the reinstatement of a Level 1 Command and Control structure Trust-wide. This group of doctors allocated an Outcome Measure 2 also includes doctors on sick leave, maternity leave, recent retirements and doctors with a very recent connection to BTHFT such that they would not have been in post long enough to have undergone the appraisal process. Following changes in employment patterns since the outset of the Covid-19 pandemic, we have also seen a higher proportion of recently connected bank and locum doctors as compared to pre-pandemic figures.

There were no Outcome Measure 3 appraisals (Unapproved Missed) for this period.

Mandatory AOA reporting was suspended/made voluntary at the start of the Covid-19 pandemic. BTHFT submitted an AOA for 2019/2020 on a voluntary basis to NHS England and NHS Improvement as per guidance.

In 2021, BTHFT submitted a Board Report and Statement of Compliance to the NHSE as per NHSE guidance.



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Due to the voluntary nature of reporting nationwide/suspension of mandatory reporting, the NHSE has not generated data to allow benchmarking since 2019. Out-with the pandemic, the AOA would normally provide the maximum guidance to responsible officers to enable them to fulfil their obligations. It focuses on what is happening in the organisation, the outcomes achieved, whilst assessing the designated body's organisational capacity to ensure a robust and consistent system of appraisal and revalidation.

Mandatory AOA submissions are expected to resume in 2023.

## **2. Purpose of the Paper**

The purpose of the paper is to provide the Workforce Committee with an annual update in relation compliance with Responsible Officer Regulations, together with an update on completed Medical Appraisals and Revalidations and to explain the rationale for submission of the Annual Organisational Audit to NHS England (out-with the context of the Covid-19 pandemic).

## **3. Background**

Medical Revalidation was launched in 2012 to strengthen the way in which doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Out-with the Covid-19 pandemic, AOAs from all designated bodies are collated to provide an overarching status report of the responsible officer function across England.

Since 2012 the Trust has been required to provide assurance that the organisation is compliant. Dr Raymond Smith, Chief Medical Officer, took over the role of Responsible Officer (RO) for BTHFT in January 2021 following completion of the required training.

All organisations have a statutory requirement to support the Responsible Officer in discharging their duties and as such the Executive Team has oversight of the compliance status providing assurance through to the Quality and Safety Committee via the Trust Governance structure.

### **3.1 Definitions**

A glossary of terms is provided in Appendix B.

In response to feedback from designated bodies, the categories for reporting of appraisal outcomes have been simplified to:

- Category 1 - A single figure of completed medical appraisals.
- Category 1a – Fully compliant appraisal figure (optional).
- Category 2 – No change ('approved missed' eg maternity, sickness).
- Category 3 – No change ('unapproved missed').

## **4. Governance Arrangements**

The Responsible Officer (RO) is supported by the Associate Medical Director, Professional Medical Standards and the Medical Revalidation Manager.

There are robust mechanisms in place to facilitate effective communication between the RO, the Associate Medical Director and the Divisional Clinical Directors to ensure relevant information and required actions



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are shared and acted upon. Following the Trust's restructure in April 2019 Divisional Clinical Directors will be replaced by Medical Directors of Clinical Business Units

The Electronic Staff Database (ESR) in conjunction with regular downloads from the GMC Database is used to ensure that the baseline data identifying all doctors with a prescribed connection to the Trust is maintained and up to date. The list of doctors who hold an honorary contract with the Trust is also checked regularly to ensure accuracy.

The database records each doctor's planned appraisal month and actual appraisal date in addition to the completion of multi-source feedback and the doctor's revalidation date. Completed appraisal information is provided through our new appraisal platform - PReP. PReP also hosts MSF360clinical, owned previously by Equiniti, which is our electronic revalidation management system (RMS).

Regular appraisal status reports are provided to the Clinical Divisions, to be included within the performance data they present to the Executive Team at their monthly Performance Meetings.

Since 2017 the Trust has met the criteria to be exempt from providing quarterly returns and was asked to provide the NHS England with the necessary assurance via the North Regional Office quarterly by a brief email.

The criteria for exemption are below:

- 1) The DB has achieved > 90% appraisal uptake in the previous year as stated in the AOA.
- 2) The DB has < 1% non-managed incomplete or missed appraisal (those recorded as a "3" on section 2.1 on the AOA).
- 3) The DB engages with the RO and appraisal networks.
- 4) No concerns have been evidenced from an independent verification visit or any other source.

## **5. Medical Appraisal**

The Associate Medical Director monitors the annual participation in appraisal and provides support, advice and guidance to both appraisee and appraiser where required.

### **Performance Data**

Table 1 below illustrates the data for the period 1st April 2021 to 31st March 2022. Following the peak of the Covid-19 pandemic all Responsible Officers were instructed to determine the date for appraisal restart at a local level based on local pandemic-associated pressures. Given the sustained pressure experienced at BTHFT in association with our high Covid-19 burden and related pressures, and given our enforced migration to a new appraisal platform, it was decided that the restart to the appraisal process should be delayed until 01/04/2021.

Overall we achieved a completed appraisal rate (Category 1) of 76.99% with 23.01% being assigned Missed Approved appraisals (Category 2). The latter includes doctors with sustained clinical pressures such that priority was given to clinical activity rather than non-clinical activity. This was further exacerbated by the re-introduction of the Level 1 Command and Control Structure in January 2022 temporarily pausing non-clinical activity. It also includes doctors on sick leave, maternity leave, recent retirements and doctors who have connected to BTHFT very recently.

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**Table 1**

|       |  | Number of prescribed connections | Completed appraisal (1) | (Optional) Completed appraisal (1a) | Approved incomplete or missed appraisal | Unapproved incomplete or missed appraisal | Total |
|-------|--|----------------------------------|-------------------------|-------------------------------------|---|---|-------|
|       | Appraisal Outcome  |                                  | 1                       | 1a                                  | 2                                       | 3   |       |
| 2.1.1 | Consultants  | 324                              | 293                     | 133                                 | 31                                      | 0   | 324   |
| 2.1.2 | Staff Grades/Associate Specialists                               | 36                               | 27                      | 11                                  | 9                                       | 0   | 36    |
| 2.1.3 | Doctors on performers list                                       | 0                                | 0                       | 0                                   | 0                                       | 0   | 0     |
| 2.1.4 | Doctors with practising privileges                               | 0                                | 0                       | 0                                   | 0                                       | 0   | 0     |
| 2.1.5 | Temporary, short-term contracts                                  | 51                               | 15                      | 7                                   | 36                                      | 0   | 51    |
| 2.1.6 | Other doctors with prescribed connection to this designated body | 28                               | 3                       | 0                                   | 25                                      | 0   | 28    |
| 2.1.7 | Total  | 439                              | 338                     | 151                                 | 101                                     | 0   | 439   |

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Table 2 indicates the same appraisal performance information for 2021/22 by Clinical Division.

**Table 2**

|   | Medicine | Surgery and Anaesthesia | Women and Children's | Core Central | Total |
|---|----------|-------------------------|----------------------|--------------|-------|
| Number of prescribed connections          | 148      | 179                     | 51                   | 61           | 439   |
| Completed appraisals                      | 120      | 146                     | 42                   | 30           | 338   |
| Category 1                                |          |                         |                      |              |       |
| Approved incomplete or missed appraisal   | 28       | 33                      | 9                    | 31           | 101   |
| Category 2                                |          |                         |                      |              |       |
| Unapproved incomplete or missed appraisal | 0        | 0                       | 0                    | 0            | 0     |
| Category 3                                |          |                         |                      |              |       |

## 5.1. Timescales

The timescales for the completion of appraisals were amended in November 2015. Current rules state that appraisals must be completed between 9 and 12 months of their agreed appraisal date and before the end of the doctor's planned appraisal month. Historically the window was 9-15 months. Reporting has been further simplified to reflect an overall number of completed appraisals (Category 1), with an optional sub-category (Category 1a) reflecting the number of appraisals completed within the prescribed appraisal due date.

151 (44.7%) of completed appraisals were categorised as Category 1a, with 187 (55.3%) being completed outside the prescribed appraisal timescale. This reflects sustained pressures throughout the Trust following the peak of the Covid-19 pandemic.

There were 101 missed approved appraisals (Category 2) - the reasons for which are multi-factorial. This group includes permanent staff who were unable to complete appraisals due to sustained pressures within the hospital in combination with the re-instatement of the Level 1 Command and Control structure in January 2022 and the associated pause in all non-essential SPA activity/meetings. It also includes sick leave, maternity leave, recent retirements and very recent connections to BTHFT who have not been in post long enough to undergo the appraisal process.

(Full definitions contained in Glossary Appendix B).

The introduction of a new appraisal platform has allowed us to reset appraisal months with a view to reducing the number of appraisals outside the prescribed 9 to 12 month period in the coming appraisal year.

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## 6. Revalidation Recommendations

**Table 3 Revalidation Performance**

|                      | Submitted on time | Late Submission |
|----------------------|-------------------|-----------------|
| Recommendations made | 76                | 1               |
| Deferrals made       | 27                | 0               |

Automatic deferral for a 12 month period was introduced at the outset of the Covid-19 pandemic in March 2020. This was halted on 17<sup>th</sup> March 2021 with a return to normal process. BTHFT has submitted a total of 103 recommendations being sub-divided into 76 recommendations to revalidate and 27 recommendations to defer.

Where deferral recommendations have been submitted this has been a reflection of sustained pressure as a result of the pandemic (both with regards to our Covid-19 burden, and with regards to associated staffing crises) with many doctors prioritising clinical commitments over non-clinical activity. Deferral has largely been on the basis of insufficient evidence to support a positive recommendation. It should be stressed that deferral should not be viewed as a negative process and does not indicate a lack of engagement in the process.

1 deferral was as a result of the doctor being subject to on-going processes.

## 7. Medical Appraisers

The Trust currently has 82 trained medical appraisers having trained and recruited 14 new appraisers in 2021. We have also welcomed 2 experienced appraisers who have joined BTHFT from other local Trusts. This will bring our overall appraiser:appraisee ratio to 1:5.3 allowing for a more even distribution of the appraisal workload. Despite our significant appraiser recruitment, a combination of upcoming retirements and an overall increase in the number of connections to the Trust means that further recruitment will be necessary in order to achieve the NHSE recommended Appraiser:Appraisee ratio of 1:4 in the future.

Local Appraiser Network Meetings were restarted via Microsoft Teams in October 2021 as an opportunity to disseminate information relating to changes in the process as a result of the Covid-19 pandemic, and to provide an opportunity to review progress with our new appraisal platform, PReP.

## 8. Quality Assurance

Out-with the Covid-19 pandemic, the Appraisal and Revalidation Group meets twice a year and is chaired by the Associate Medical Director. The key objectives of the Group are:

- To review the appraisal system and the performance of appraisers to ensure that these conditions are met and improvements are made where possible.

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- To provide quality assurance of the appraisal process, including an assurance review of medical appraisers. This is an on-going review of the appraisal outputs for all medical appraisers to ensure that they are appropriately supported in calibrating their appraisal work, their development needs are being addressed and appraisals are being performed to the required standard.
- To make recommendations to the Responsible Officer on the appraisal system and the performance of appraisers.
- To plan training and support for appraisers.
- To consider the appraisal process from the perspective of the appraisee to improve the quality of appraisal.

The Group will provide a report to the Trust Workforce and Education Committee that in turn reports to the Quality and Safety Sub-Committee of the Board of Directors; however the Appraisal and Revalidation Group will report any immediate concerns directly to the RO whenever necessary.

The Lead for Appraisal and Revalidation formally assesses each appraisee portfolio, via the Appraisal Management System including appraisal outputs at the point of revalidation, thus every appraisee's documentation is quality assessed once during every revalidation cycle.

The most recent Internal Audit of the Trust's appraisal and revalidation process was completed in June 2016 by the West Yorkshire Audit Consortium. The overall assurance provided was "significant". The audit concluded that there were satisfactory controls in place to ensure that the doctors at the Trust received an extensive and thorough appraisal. Appraisals were appropriate and robust enough to enable the Responsible Officer to provide a recommendation on revalidation to the GMC. The minor management issues identified by the audit have been addressed. A further audit is currently in progress.

A satisfaction survey using Survey Monkey was conducted during 2017/18 to assess the level of satisfaction with the Trust's appraisal process. 192 surveys were completed and the results were very positive, with 99% of staff rating the process as good or very good. 76% of those who responded said that the appraisal process helped them reflect on their practice.

Comments from doctors following their appraisal included:

"The appraisal provided me with a really valuable opportunity to discuss future clinical and professional development plans".

"I found the process very helpful in terms of focusing my mind on this year's PDP challenges .....The appraisal process sharpened and challenged my thinking regarding the coming year in terms of keeping abreast with professional developments and future service developments both of which will enhance the quality of care and service to patients".

In March 2019 the Appraisal Audit Group chaired by the Chief Medical Officer with the Deputy Chief Medical Officer, together with three volunteer appraisers reviewed a sample of the appraisals completed during 2018/19. The Audit on this occasion focused on the quality of the Personal Development Plans produced at appraisals. A report highlighting themes for learning and improvement for both appraisers and appraisees was presented to the Appraisal and Revalidation Group in June 2019 together with an action plan. This was shared at the Appraisers Network Meeting in June 2019.

It is anticipated that Appraisal Audit Group and Appraisal and Revalidation Committee Group meetings will be reinstated in the second half of 2022.

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## **9. Access, Security and Confidentiality**

No security issues have been identified during this period.

## **10. Clinical Governance**

A new Clinical Governance Framework was implemented within the Trust in 2014/15. Governance arrangements at specialty level will allow doctors to access relevant information in relation to their specialty and individual practice.

All doctors are able to obtain the supporting information they require for their annual appraisal through the Trust Incident Reporting System – DATIX and via other corporate processes such as compliments, complaints and claims. The Medical Revalidation Manager provides each doctor with a report detailing any incident, claims and complaint recorded for them on the DATIX system in the previous 12 months for inclusion and discussion at their appraisal.

## **11. Recruitment and Engagement Background Checks**

Pre and post-employment checks that are undertaken in BTHFT comply with the NHS Employment Checks Standards.

These standards simplify the legislative requirements for NHS organisations, outline the procedures that NHS Trusts should follow and give advice for good practice. The standard checks are:

- Verification of identity.
- Verification of right to work in the UK.
- DBS Check.
- Employment history and reference checks.
- Occupational health checks.
- Registration and Qualification checks and monitoring of professional registration.

Recruitment and engagement checks for doctors, including trainees, are managed through the Human Resources Department. An internal audit of recruitment and pre-employment compliance checks was undertaken during 2018; the overall assurance given was 'significant'. The review confirmed that there are policies and procedures in place to enable a rigorous and fair recruitment process. The policies and procedures for the recruitment and employment of staff at the Foundation Trust have been disseminated to, and were understood by managers involved in the recruitment process.

The processes relating to the engagement of medical locums was audited in 2017 by Audit Yorkshire. The audit concluded that significant assurance was provided in all areas apart from the Trust's local induction arrangements which only provided limited assurance. An action plan is in place to address this.

## **12. Monitoring Performance**

The Disciplinary, Capability, Ill Health and Appeals Policy and Procedure for Doctors and Dentists was revised and re-issued in February 2017.

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### 13. Responding to Concerns and Remediation

In line with all staff, concerns about an individual doctor's practice may be raised through the Trust Raising Concerns at Work Policy or via the Trusts 'Disciplinary, Capability, Ill Health and Appeals Policy and Procedures if the behaviour of the doctor causes, or has the potential to cause harm to a patient or other members of the public, staff or organisation. In addition a concern will be raised if a doctor develops a pattern of making or repeating mistakes. In most cases minor concerns can be addressed through the normal continuing professional development or supervisory processes.

The Trust Remediation Policy was formally approved in December 2017 and has been circulated, following consultation with the LNC.

During 2021 - 22 there were 2 doctors investigated under Maintaining High Professional Standards for Medical and Dental Staff. The Board of Directors is notified if any doctor with a prescribed connection to the Trust is excluded from practice. Monthly updates are then provided to the Board for the duration of the exclusions.

### 14. Risks and Issues

The Chief Medical Officer, Appraisal and Revalidation Lead, and Medical Revalidation Manager meet on a monthly basis to review individual portfolios prior to revalidations and to highlight any issues. Any urgent concerns are reported to the RO directly when necessary.

The Appraisal and Revalidation Group has agreed Terms of Reference and meets each quarter providing a report to the Workforce and Education Sub Committee.

The Trust Performance Management Framework and the Divisional Governance processes monitor appraisal rates enabling issues to be identified early and appropriate corrective action to be taken and escalated if required.

### 15. Corrective Actions, Improvement Plan, Next steps

Progress against the Action Plan (Appendix A) developed following the 2017 Annual Organisational Audit submission has been monitored through the Appraisal and Revalidation Group. All actions are now complete.

The Appraisal and Revalidation Policy has been updated to reflect the new NHS England guidance.

### 16. Recommendations

The Committee is asked to note:

- The Trust is compliant with the requirements of the Responsible Officer Regulations.
- The Annual Organisational Audit was not submitted in 2021 due to the voluntary nature of reporting given the Covid-19 pandemic and NHSE guidance surrounding this.
- The suspension to mandatory reporting has meant that the NHSE has not generated comparative data for benchmarking against other Acute Trusts since 2019.
- A Board Report and Statement of Compliance was submitted to NHSE in November 2021 as per guidance.
- Mandatory AOA reporting for England is expected to resume in 2023.



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## Appendices

Appendix A – Review of the Requirement of Responsible Officer Legislation and Associated Actions Required.

Appendix B – Glossary of Terms.

## Appendix A - Review of the Requirements of Responsible Officer Legislation and Associated Actions Required

(Items that are shaded grey are recommended and not mandatory)

|           | The Designated Body and the Responsible Officer   | Compliant Yes/No | Action Required   | Lead                | Timescale | RAG Rating |
|-----------|---|------------------|---|---------------------|-----------|------------|
| Section 1 |   |                  |   |                     |           |            |
| 1.4       | A responsible officer has been nominated or appointed a responsible officer in compliance with the Responsible Officer Regulations. The responsible officer is a licensed doctor who has been licensed continuously for the previous five years and continues to be licensed throughout the time they hold the role of responsible officer. | Yes              | Additional management resource required to design, implement and manage process to ensure RO can fulfil their legal requirement.<br><b>Comment:</b><br>The Medical Director, Dr Raymond Smith took over as responsible officer in January 2021. An Associate Medical Director for Professional Medical Standards – Dr Remi Akerele has been formally appointed. A Medical Revalidation Manager, Miss Noorzana Azam has also been appointed, who will work within the HR Department as part of the Medical Workforce Team. | Responsible Officer | Completed |            |
| 1.5       | Where a conflict of interest or Appearance of Bias has been identified and agreed with the higher level responsible officer; has an alternative been appointed?   | N/A              | Reciprocal arrangements made with neighbouring RO.  | Responsible Officer | Completed |            |

|      |   |     |  |                     |           |  |
|------|---|-----|--|---------------------|-----------|--|
| 1.6  | In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided by the designated body to enable them to carry out the responsibilities of the role.   | Yes |  | Responsible Officer | Completed |  |
| 1.7  | The responsible officer is appropriately trained and remains up to date and fit to practise in the role of Responsible officer.   | Yes |  | Responsible Officer | July 2016 |  |
| 1.8  | The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role.   | Yes |  |                     |           |  |
| 1.9  | The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation.  | Yes |  |                     |           |  |
| 1.10 | The responsible officer makes timely recommendations 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 the GMC Responsible Officer Protocol. | Yes |  |                     |           |  |
| 1.11 | The governance systems (including clinical governance where appropriate) are subject to external or independent review.   | Yes |  |                     |           |  |

## Bradford Teaching Hospitals

|                  |   |     |   |  |  |  |
|------------------|---|-----|---|--|--|--|
| 1.12             | The designated body has commissioned or undertaken an independent review* of its processes relating to appraisal and revalidation. (*including peer review, internal audit or an externally commissioned assessment)  | Yes | Internal Audit completed .This provided significant assurance.<br><br>New Appraisal Audit Group held in March 2017<br><br>Peer Review | West Yorkshire Audit Consortium<br><br>Responsible Officer   | June 2016<br><br>March 2017<br><br>June 2017 |  |
| <b>Section 2</b> | Appraisal   |     |   |  |  |  |
| 2.2              | Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded  | Yes | Audit   | Medical Revalidation Manager                                 | April 2017                                   |  |
| 2.3              | There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group)  | Yes | Policy updated awaiting approval by LMC   | Deputy Chief Medical Officer<br>Medical Revalidation Manager | May 17                                       |  |
| 2.4              | There is a mechanism for quality assuring an appropriate sample of the inputs and outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance, and the outcomes are recorded in the annual report template. | Yes | Audit Group 's findings reported included in annual report  | Deputy Chief Medical Officer                                 | May 2017                                     |  |

|           |  |     |  |   |                        |  |
|-----------|--|-----|--|---|------------------------|--|
| 2.5       | There is a process in place for the responsible officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified.             | Yes | Doctors are provided with reports detailing their complaints, claims and incidents. Reviewed during Audit  | Medical Revalidation Manager                              | March 2017             |  |
| 2.6       | The responsible officer ensures that the designated body has access to sufficient numbers of trained appraisers to carry out annual medical appraisals for all doctors with whom it has a prescribed connection  | Yes | 14 new appraisers have been trained during 2021. A further 2 experienced appraisers have joined BTHFT from other local Trusts bringing our total to 82.<br><br>Rolling program of update training. | External company provided training<br><br>Online training | July 16<br><br>ongoing |  |
| 2.7       | Medical appraisers are supported in their role to calibrate and quality assures their appraisal practice.  | Yes | Four Appraiser Network Meetings are held each year. Attendance recorded  | Deputy Chief Medical Officer                              | May 2016<br>Nov 2016   |  |
| Section 3 | Monitoring Performance and Responding to Concerns  |     |  |   |                        |  |
| 3.1       | There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection.   | Yes |  |   |                        |  |
| 3.2       | The responsible officer ensures that a responding to concerns policy is in place (which includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise Concerns) which is ratified by the designated body's board (or an equivalent governance or executive group). | Yes |  |   |                        |  |

## Bradford Teaching Hospitals

|                  |  |     |   |                           |      |  |
|------------------|--|-----|---|---------------------------|------|--|
| 3.3              | The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.  | No  | The Board of Directors is notified if any doctor with a prescribed connection to the Trust is suspended from practice. Monthly updates are then provided to the Board for the duration of the suspension.                                     | Chief Medical Officer     |      |  |
| 3.4              | The designated body has arrangements in place to access sufficient trained case investigators and case managers.   | Yes | Some staff had undergone training but it was felt that they would benefit from an update. The staff that require training have now been identified. Original course booked was cancelled. Awaiting NCAS course in the North to be rearranged. | Training provided by NCAS | 2017 |  |
| <b>Section 4</b> | Recruitment and Engagement   |     |   |                           |      |  |
| 4.1              | There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors (including locums). | Yes | Locums employed directly by the Trust are subject to the same level of checks as non-locum staff.<br><br>New Direct Engagement process commenced 1st April 2016.  |                           |      |  |

## Appendix B

### Glossary of Terms

#### Appraisal

Medical appraisal is the annual process of self-review supported by information that is set out by the GMC with evidence gathered from the full scope of a doctor's work. It includes reflection on achievements, challenges and lessons learnt in addition to proactively identifying learning needs and producing a Personal Development Plan (PDP).

#### Appraisal Categories

**Measure 1 Completed Annual Medical Appraisal. This category is sub divided into:**

**1a completed annual medical appraisal** is one where the appraisal meeting has taken place in the three months preceding the agreed appraisal due date\*, the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March. For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context.

**1b completed annual medical appraisal** is one in which the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more of the following apply: - the appraisal did not take place in the window of three months preceding the appraisal due date; - the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year; - the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting. However, in the judgement of the responsible officer the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation. Where the organisational information systems of the designated body do not permit the parameters of a *Category 1a completed annual medical appraisal* to be confirmed with confidence, the appraisal should be counted as a **Category 1b completed annual medical appraisal**.

#### **Measure 2: Approved incomplete or missed appraisal:**

An *approved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of either a *Category 1a or 1b completed annual medical appraisal*, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal in order for it to be counted as an *Approved incomplete or missed annual medical appraisal*.

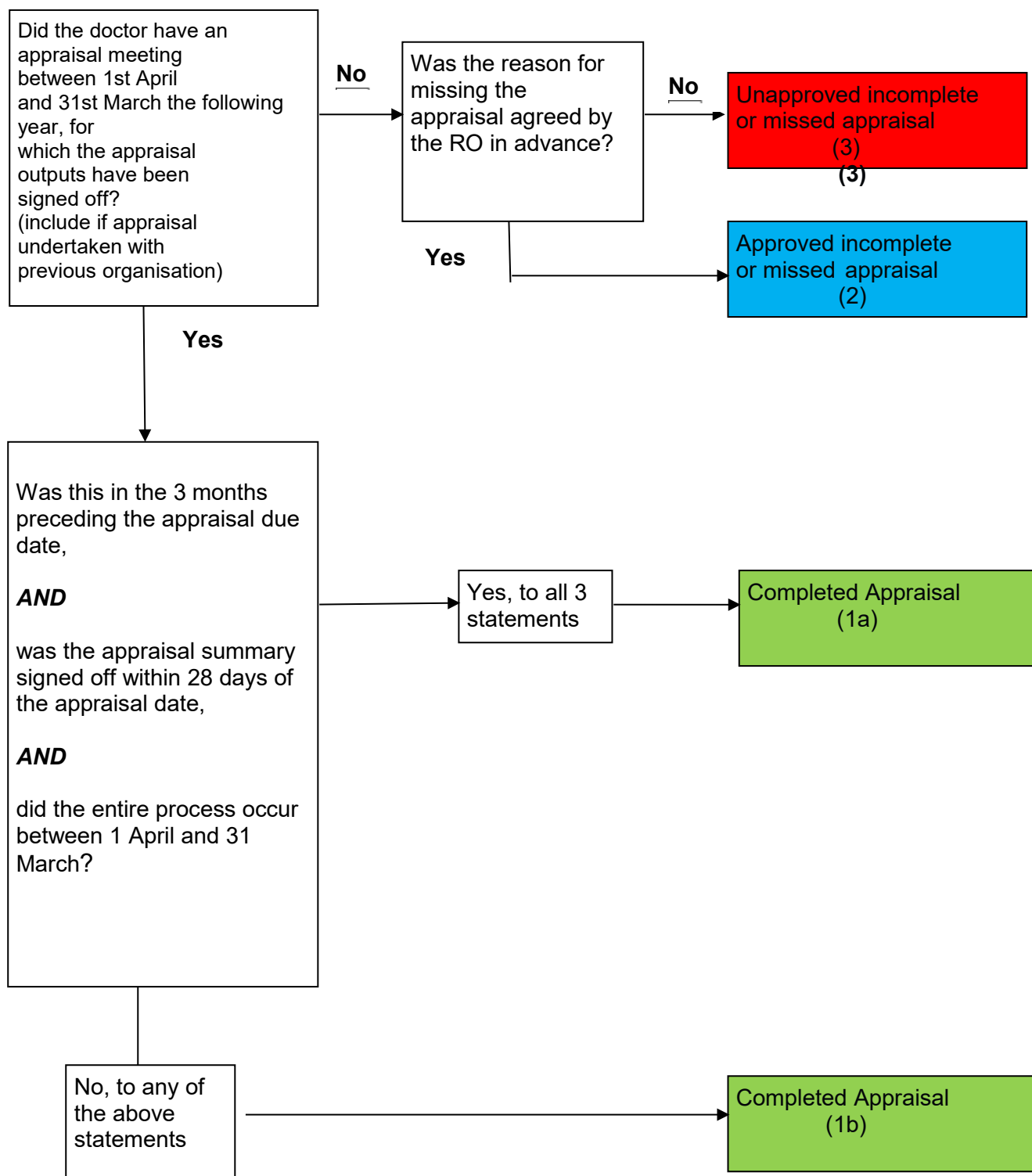
#### **Measure 3: Unapproved incomplete or missed appraisal:**

An *Unapproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of either a *Category 1a or 1b completed annual medical appraisal*, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation



of an appraisal, the appraisal should be counted as an *Unapproved incomplete or missed annual medical appraisal*.

## NHS England Appraisal Categories



### **Designated body**

Licensed doctors have a connection with one organisation that supports their regular appraisal and revalidation process. This organisation is referred to as the 'Designated Body'. All Designated Bodies have a duty to support the RO by providing adequate resources. There is a clear set of rules that determines which is a doctor's designated body.

### **Prescribed connection**

A prescribed connection is the name given to the link between the doctor and the RO. Having a prescribed connection ensures that the doctor will be supported with revalidation and that they can be assured that they are working within an environment conducive to continuously improving the services it offers to patients.

### **Responsible Officer**

The RO has a statutory role in medical regulation. The RO must be a senior, licensed doctor, formally appointed by the Board of Directors who is responsible for ensuring there are systems in place to enable doctors to be appraised annually and where there are concerns about a doctor's fitness to practice they are appropriately investigated and managed, liaising with the General Medical Council (GMC) where necessary.

The RO is responsible for considering the evidence presented through the Trust's appraisal process and using this to make a recommendation to the GMC in relation to each doctor's revalidation. The GMC will then make the final decision. The RO can recommend one of the 3 options listed below:

- A recommendation that the doctor is up to date and fit to practise and should be revalidated
- A deferral as more time or more information is required in order to make an accurate recommendation
- A recommendation that the individual has not engaged with the appraisal process or any other system that would support their revalidation

### **Revalidation**

Doctors are required by law to hold a license if they wish to be a medical practitioner. Revalidation is the process by which all doctors renew their license. Every doctor must be able to demonstrate to the GMC that they have kept up with current medical practice and are fit to practise. All licensed doctors must be revalidated every 5 years as a condition of their license.