



A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

Contents

Introduction:.....	2
Designated Body Annual Board Report.....	4
Section 1 – General:.....	4
Section 2a – Effective Appraisal.....	7
Section 2b – Appraisal Data.....	10
Section 3 – Recommendations to the GMC	11
Section 4 – Medical governance	12
Section 5 – Employment Checks.....	14
Section 6 – Summary of comments, and overall conclusion	15
Section 7 – Statement of Compliance:	16

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.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

<https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/>

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2021 – 31 March 2022 in the table provided. 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 is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.¹ This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides 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,
- and
- c) act as evidence for CQC inspections.

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

¹ Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Designated Body Annual Board Report

Section 1 – General:

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

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

Action from last year:

No change from 2021

Comments:

Dr Raymond Smith appointed as Chief Medical Officer and Responsible Officer in January 2021

Action for next year:

No change anticipated – Dr Raymond Smith to remain as Responsible Officer for BTHFT

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

Yes

Action from last year:

Trust-wide migration to new electronic appraisal platform (PReP) is now complete. Resources in place to support continued training including Supported Professional Activity of individual appraisers in support of Responsible Officer, Revalidation and Appraisal Manager and Associate Medical Director for Professional Medical Standards

Comments:

Support in 2021-2022 included funding to train an additional 14 appraisers to facilitate timely trust-wide medical appraisal

Action for next year:

Further support in place to train further appraisers, plus appraiser refresher training anticipated for all appraisers appointed before 2021

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

Action from last year:

Record of all doctors connected to BTHFT maintained by Revalidation and Appraisal Officer with support from HR for BTHFT

Comments:

Continual review of connected doctors via GMC database cross-referenced against Electronic Staff Database (ESR) to ensure baseline data is maintained and up to date. Additional administrative support now in place to support this process

Action for next year:

No anticipated change in practice

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

Action from last year:

BTHFT Appraisal and Revalidation policy is available to view by all staff via the Trust Intranet. Annual participation in appraisal and review of 360 medical feedback processes as per revalidation guidance monitored by Associate Medical Director and Revalidation and Appraisal Officer with support, advice and guidance offered to both appraisee and appraisers where required

Regular review of individual doctor's portfolios with agreed terms of reference by Responsible Officer, Associate Medical Director for Professional Medical Standards and Revalidation and Appraisal Officer to ensure standards met/maintained.

Urgent concerns escalated directly to the Responsible Officer where necessary

Comments:

Minor change to BTHFT Appraisal and Revalidation policy document in progress to reflect changes in staff and to amend minor error in scheduled review date

Action for next year:

No anticipated change in practice

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

Actions from last year

BTHFT has previously been part of a 3 way peer review group. This peer review process has not occurred regionally since the onset of the Covid 19 pandemic and resultant pause in the appraisal and revalidation process. We have however recently completed an external independent review (final report August 2022) where the Trust's overall compliance with the appraisal and revalidation process rated as 'Significant' (Good).

Comments:

Findings and recommendations of the external independent review largely relate to issues surrounding the restart of the appraisal and revalidation processes following the Covid-19 pandemic. Timeline/target for acting on recommendations in place. All recommendations/findings were either minor/moderate – there were no recommendations rated as major.

Action for next year:

Plans to ask about restarting regional peer review at the next Regional Network Meeting

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:

Support is offered to all doctors on short term placements or locums who are in post for 6 months or more. This is in the form of an offer of an appraisal or an abridged appraisal and includes doctors who are connected to another designated body. All doctors are supported by the Trust in continuing professional development and governance.

Comments:

Recognised challenges due to the occasional unpredictability of doctors' length of stay at BTHFT

Action for next year:

Work is on-going to try and improve systems to identify doctors on short term placements in a timely fashion and ensure support as above as required

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, 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 used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year:

Appraisal 2020 model/format has been embedded into the Trust's appraisal software since the migration of the Trust to new appraisal software (PReP) in April 2021. Informal feedback has been that doctors welcome the Appraisal 2020 format particularly given the sustained pressures that we have experienced at BTHFT since the onset of the pandemic and as we exit the pandemic. The Appraisal 2020 format has provided an invaluable opportunity to reassure doctors and allow appraisers to support appraisees. This includes allowing escalation of concerns (wellbeing and otherwise) as required.

Comments:

76.9% of doctors connected to BTHFT received an Outcome Measure 1 for the appraisal year 2021-2022. The remaining 23.1% were assigned an Outcome Measure 2 as a result of sustained pressures in workloads at BTHFT following the Covid-19 pandemic. This included a second temporary pause in the appraisal process in January 2022 due to the re-implementation of our Level 1 Command and Control structure as a result of unprecedented levels of staff sickness.

Action for next year:

Current appraisal platform (PReP) to remain in place with plans by PReP to incorporate MAG 2022 when appropriate.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:

As per Q1, the Appraisal 2020 format is currently embedded within our electronic appraisal platform allowing enhanced support to appraisees by appraisers. This has also allowed 'sign-posting' by appraisers to additional sources of help where concerns have been identified.

Comments:

Action for next year:

No immediate anticipated change. Owners of electronic appraisal platform (PReP) have plans to update their template to reflect Appraisal 2022 when this is appropriate.

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

Action from last year:

Appraisal and Revalidation Policy for Consultants and Doctors in Non-Training posts ratified and issued in March 2020. This is accessible to all staff via our Trust-wide intranet

Comments:

Compliant with national policy

Approved by Education and Workforce Sub-Committee/Trust Operational Group

Action for next year:

Minor error in dates highlighted by recent external independent audit – this is to be amended and includes updating information on appraisal and revalidation staff. Formal policy review due in 2025

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:

New appraiser training completed in October/November 2021 bringing our number of appraisers to 81. This has improved our Appraiser:Appraisee ratio to 1:5.3 but with on-going retirements, further new appraiser training is required

Comments:

Action for next year:

Continued review of Appraiser numbers with anticipation of impending retirements spanning 2023-2024 allowing timely recruitment of new appraisers to maintain/enhance appraiser:appraisee ratios (anticipated

optimal ratio of 1:4 as per NHSE guidance). It is anticipated that we will hold further new appraiser training over the next 6-12 month period

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Action from last year:

Local appraiser network meetings resumed following the pandemic in October 2021

Local Quality Assurance Audit to resume 2022-2023

Planning of Appraiser Refresher training currently in progress with an aim to complete by March 2023

As per section 1, Peer Review has not as yet been restarted within the region, but BTHFT have undergone an external independent review (completed August 2022) with 'significant' assurance of processes

Comments:

Action for next year:

Resume Quality Assurance Audit with feedback to appraisers

Continue local appraisal network meetings

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

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:

Meeting of Appraisal and Revalidation group to resume biannually providing quality assurance of both the appraisal process and medical appraisers thus allowing calibration of appraisal outputs

Findings to be reported to the Trust Workforce and Education Committee who in turn report to the Quality and Safety Sub-Committee of the Board of Directors

Comments:

Action for next year:

No change to current practice anticipated

Section 2b – Appraisal Data

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

Name of organisation:	Bradford Teaching Hospitals NHS Foundation Trust
Total number of doctors with a prescribed connection as at 31 March 2022	439
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	338
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	101
Total number of agreed exceptions	101

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Action from last year:

BTHFT continues to make fitness to practise recommendations for all doctors with a prescribed connection and in accordance with GMC guidelines/requirements. 103 revalidation recommendations were made for the period 2021-2022. Of these 76 were positive recommendations and 27 were recommendations to defer. 26 of the deferrals were based on insufficient evidence, 1 doctor was deferred on the basis that they were subject to an on-going process.

Comments:

Action for next year:

We anticipate that the change in guidelines allowing revalidation submission up to a year in advance of revalidation due dates will facilitate streamlining of our revalidation process

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:

All doctors are contacted by the Revalidation and Appraisal Officer, supported by the Associate Medical Director for Professional Medical Standards, in anticipation of their revalidation recommendations

Where the recommendation is one of deferral a clear set of objectives is identified and communicated to the individual doctor. Where there are concerns with regards to non-engagement, in addition to the above, this is escalated to the Responsible Officer for further management

Comments:

Action for next year:

No change anticipated to current practice

Section 4 – Medical governance

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

Action from last year:

The current Clinical Governance Framework was implemented in 2015 allowing doctors to access relevant information in relation to their specialty and individual practice

Quality Academy launched in 2021 with monthly meetings and a focus on safety and quality promoting a culture of learning and improvement and therefore enhanced assurance

Comments:

Action for next year:

No change anticipated to current practice

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:

The Trust Incident Reporting System (Datix) provides all doctors with the supporting information required to include for appraisal. Additional corporate processes provide information about compliments, complaints and claims. This information is provided in a report to individual doctors by the Appraisal and Revalidation Manager for discussion in the context of appraisal

Where doctors have contracts including work at different Trusts, the same information is sought to be included and discussed within the appraisal process

Comments:

Action for next year:

No anticipated change to current practice

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:

Concerns about an individual doctor's practice may be raised through the Trust Raising Concerns at Work policy or via the Trust's Disciplinary, Capability, Ill Health and Appeals Policy and Procedures

Comments:

Action for next year:

No change to current practice anticipated

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:

A quality assurance process is in place reporting to a closed board on a bimonthly basis. Analysis is inclusive of aspects such as staff group and protected characteristics

Comments:

Action for next year:

No change to current practice anticipated

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:

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>

The appraisal office both requests and gives information to other designated bodies on the movement of a connected doctor to or from our Trust.

Additionally there is a process for dialogue between Responsible Officers and/or transfer of information between Responsible Officers should there be any areas of particular concern or special importance with regards to connected doctors

Comments:

Action for next year:

No change to current practice anticipated

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:

The policies at BTHFT are free from bias and subject to Equality Impact Assessment. Any panel convened would have appropriate representation applicable to the individual doctor

Comments:

Action for next year:

No change to current practice anticipated

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:

All pre and post-employment checks comply with NHS Employment Check Standards.

As part of the checks, individual doctor's registration and qualifications are checked as well as their professional registration being monitored.

All checks are managed through the Human Resources Department and policies and procedures are disseminated to, and understood by all managers involved in the recruitment process.

This applies to all doctors including locums and short term doctors

Comments:

Action for next year:

No change anticipated to current 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:

BTHFT restarted the appraisal process on 01/04/2021 in keeping with guidance on flexibility from the NHSE and in recognition of a high pandemic caseload and related sustained pressures throughout the Trust. This start date also facilitated our transition to new appraisal software mandated by the purchase of our former appraisal platform by a new appraisal platform (Premier IT). Of note, there was a further pause to our appraisal process between 06/10/2022 and 31/01/2022 as a result of the need to reinstate a Trust-wide Level 1 Command and Control structure in response to unprecedented levels of staff sickness within the Trust. As a result, this report is not wholly representative of our normal (pre-pandemic) practice.

For the appraisal year 2021-2022 there were 439 doctors with a prescribed connection to BTHFT. Of these, 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 had 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.

Automatic deferral of revalidation in recognition of the Covid-19 pandemic was halted on 17th March 2021 with a return to standard process. For the period 01/04/2021 to 31/03/2022, BTHFT submitted a total of 103 recommendations being sub-divided into 76 recommendations to revalidate and 27 recommendations to defer.

Where deferral recommendations were submitted this was a reflection of sustained pressure as a result of the pandemic (both with regards to our Covid-19 burden, and with regards to associated sustained 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 and has not been indicative of a lack of engagement in the process. 1 deferral was as a result of the doctor being subject to an on-going process.

Between 01/04/2021 and 31/03/2022 we have trained an additional 14 appraisers thus bringing our overall appraiser:appraisee ratio to 1:5.3 and allowing for a more even distribution of workload. Despite this, on-going retirements and an overall increase in the number of prescribed connections to BTHFT will necessitate further recruitment in order to achieve the NHSE recommended appraiser:appraisee ratio of 1:4 in the future.

Local appraiser network meetings were restarted in October 2021 via Microsoft Teams as an opportunity to disseminate information and changes to appraisers and to allow discussion and feedback of the process by appraisers.

Actions still outstanding:

Local Appraisal Quality Assurance meetings/audits to be restarted within the next 6 months
Appraiser refresher training to be undertaken within the appraisal year 2022-23

Current issues:

BTHFT experienced sustained pressures as we exited the pandemic. This has included sustained staffing pressures which in turn have had the potential to impact on the ability of doctors in some areas to prioritise non-clinical activity. Whilst the appraisal process is returning to normal, this sustained pressure is reflected in the higher numbers of delayed appraisals we have seen in comparison to previous (pre-pandemic) years. In addition, BTHFT transitioned to new appraisal software in April 2021 – this was mandated by the purchase of our appraisal platform (Equiniti) by a new owner (Premier IT) which in turn provided challenges with respect to navigating new software. Our new platform (PReP) incorporates Appraisal 2020 into its' template – this has been invaluable in allowing our appraisers to better identify and support doctors in need of additional support.

New actions:

Trust-wide appraisee survey of the (medical) appraisal process to be considered in 2023
As above, appraiser refresher training to be delivered within the appraisal year 2022-2023
Further new appraiser training to be undertaken in 2023
Peer review has not restarted as yet within our region – plans to be discussed at the next Regional Professional Standards Team Medical Appraisal Network Meeting
BTHFT has recently completed an external independent audit of our appraisal and revalidation processes (Final Report August 2022) which rated our assurance as 'significant' (good) – minor areas for improvement have been identified and these will be actioned within the appraisal year 2022 - 2023

Overall conclusion:

BTHFT has continued to face a number of challenges as we exit the Covid-19 pandemic which have in turn impacted on all processes throughout the Trust. As such we have achieved an overall appraisal rate of 76.99% which is not entirely reflective of our pre-pandemic practice. We have incorporated the Appraisal 2020 format to our appraisal template which in turn has allowed enhanced support to both appraisees and appraisers. As above, a recent external independent audit has rated our assurance as being 'significant'. All outstanding appraisal processes will be restarted within the appraisal year 2022-2023.

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

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

Official name of designated body: Bradford Teaching Hospitals Foundation Trust

Name: Mel Pickup

Signed: 

Role: Chief Executive Officer

Date: 21 October 2022

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