



# **A Framework of Quality Assurance for Responsible Officers and Revalidation**

## **Annex D – Annual Board Report and Statement of Compliance.**

NHS England and NHS Improvement



# A Framework of Quality Assurance for Responsible Officers and Revalidation

## Annex D – Annual Board Report and Statement of Compliance.

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact Lynda Norton on [England.revalidation-pmo@nhs.net](mailto:England.revalidation-pmo@nhs.net).

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## Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and annexes A – G. Included in the seven annexes is the Annual Organisational Audit (annex C), Board Report (annex D) and Statement of Compliance (annex E), which although are listed separately, are linked together through the annual audit process. To ensure the FQA continues to support future progress in organisations and provides the required level of assurance both within designated bodies and to the higher-level responsible officer, a review of the main document and its underpinning annexes has been undertaken with the priority redesign of the three annexes below:

- **Annual Organisational Audit (AOA):**

The AOA has been simplified, with the removal of most non-numerical items. The intention is for the AOA to be the exercise that captures relevant numerical data necessary for regional and national assurance. The numerical data on appraisal rates is included as before, with minor simplification in response to feedback from designated bodies.

- **Board Report template:**

The Board Report template now includes the qualitative questions previously contained in the AOA. There were set out as simple Yes/No responses in the AOA but in the revised Board Report template they are presented to support the designated body in reviewing their progress in these areas over time.

Whereas the previous version of the Board Report template addressed the designated body's compliance with the responsible officer regulations, the revised version now contains items to help designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance<sup>1</sup>. 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). Some of these points are already addressed by the existing questions in the Board Report template but with the aim of ensuring the checklist is fully covered, additional questions have been included. The intention is to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. In this way the two regulatory processes become complementary, with the practical benefit of avoiding duplication of recording.

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<sup>1</sup> 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](https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf)]

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.

# Designated Body Annual Board Report

## Section 1 – General:

The board of Sherwood Forest Hospitals can confirm that:

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

Date of AOA submission: 05/06/2019

Following the change of the e-Appraisal system to Allocate from MyL2P, issues were highlighted around actual 'appraisal year'. Current software is recording the appraisal year from April – March in line with AOA reporting system whereas previously it was recorded as actual appraisal year for the doctor.

We are managing it by filing the folders in the actual appraisal year of the doctor for the time being but once the appraisal cycle is completed for all the doctors in new software, it would be corrected

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

Yes, the Executive Medical Director.

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

Yes, the RO is supported by a Medical Director Office Team leading on Appraisal and Revalidation.

It includes Deputy MD for Appraisal & Revalidation, Business Manager, Medical Workforce Manager and Admin Support Officer.

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

Yes – An accurate record of all licensed practitioners is maintained by the Medical Directors Office. Notifications in relation to new starters and leavers to the Trust are monitored along with GMC Connect notifications alerting us to when doctors have added or made changes to their designated body.

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

All relevant policies, including Medical Appraisal & Revalidation Policy and Remediation Policies are scheduled for reviews, and are actively monitored.

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

A 360 Assurance was completed December 2015

To arrange for a further 360 Assurance / Peer Review next year

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

All agency locums and short term placement senior doctors are given 1 SPA / week for their CPD activities and to keep up to date for the revalidation.

All other junior doctors in this group are given access to the trainee teachings and encouraged to attend grand rounds, CG and M&M meetings of the speciality.

## Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Appraisals for all Trust appointed medical staff (Consultants and SAS doctors etc.) are undertaken on Allocate e-Appraisal software. All locally employed Trust doctors (Clinical Fellows) are enrolled on the clinical developmental program, and given access to an ePortfolio in line with trainees of their speciality and are supervised by the Trainee Programme Director. They have yearly schedule for ARCP, which is equivalent to their appraisal. Some that don't have access to the ePortfolio, are going through appraisal on Allocate e-Appraisal system.

All information related to complaints, significant events is fed through the Clinical Governance system of the Trust.

Following success over previous years, we are planning to arrange further Appraisal Clinics to facilitate the discussions for appraisers and appraisee to address any specific issues related to appraisal and revalidation.

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

Where an appraisal doesn't occur on time, there is usually a reason attributed to this that is discussed with the RO and recorded accordingly.

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).

Yes, the policy is in place and reviewed and approved Feb 2019, via the LNC.

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

Sherwood Forest Hospitals has 25 appraisers to carry out medical appraisals at the Trust. They are provided 0.5 PA allowance for a minimum of 12 appraisals annually. This is reviewed from time to time.

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>2</sup> or equivalent).

All appraisers are required to attend an Appraiser Forum which takes place on a quarterly basis. Refresher training must also be attended once every three years. This ensures that the knowledge and skills of our appraisers are kept up to date. All appraisers are reviewed by the Deputy Medical Director for assurance of quality and consistency and the learning outcomes are discussed in the appraiser forums.

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.

The Trust Board of Directors receives the annual AOA and Statement of Compliance.

## 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.

Yes, also there is a well-established Medical Workforce Performance Meeting which meets on a monthly basis to discuss any concerns relating to the conduct of medical practitioners and review the revalidation recommendations which are due in the coming month.

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.

A doctor is contacted prior to their revalidation due date to discuss the possibility of deferral or non-engagement if applicable. Positive recommendations are informed via email to the doctor in a timely manner.

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

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

## Section 4 – Medical Governance

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

The Trust has improved clinicians engagement with CG processes by allocating additional 0.5 PA in SPA allowance to demonstrate their commitment in CG activities. There are several forums from where the learning outcomes are disseminated to the clinicians through speciality forums.

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.

There is a well-established medical workforce performance meeting, held on a monthly basis, to discuss any concerns relating to the conduct of medical practitioners and review the revalidation recommendations which are due in the following months.

Compliments and complaints are centrally managed by the Patient Experience Team, and information regarding an individual is sent to them in time for their annual appraisal. Any issues that have been raised via the Datix system for risks and incidence by themselves or another staff member, they are able to request this information directly from the Datix team.

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

The Trust has a procedure to handle concerns relating to Medical and Dental Staff, which complies with the Department of Health Maintaining High Professional Standards in the NHS (HSC 2003/12)

The Trust also has a Remediation Policy to provide a framework on the provision of remediation, reskilling/retraining and rehabilitation at Sherwood Forest Hospitals NHS Foundation Trust.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors<sup>3</sup>.

This information as described above is provided for review by the Trust Board on a monthly basis. This process will continue to be reviewed to ensure it meets the Trust governance requirements

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<sup>4</sup>This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

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

Medical Practice Information Transfer forms (MPIT) are completed for all incoming and outgoing medical employees. The form and process has recently been refreshed.

The process will continue to be reviewed to ensure it meets the Trust governance requirements

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).

As can be seen from points 3 above, processes are in place to respond to concerns about a doctor's practice. This information is shared with the Trust board on a monthly basis as described in point 4 above.

## 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.

Pre-employment checks are undertaken by the HR Team for all doctors recruited by the Trust to work in either a substantive, locum or bank capacity in line with the NHS Employers pre-employment checking standards. All agency doctors are secured via agencies on the CPP Framework. As part of this, there's a requirement for the agencies to ensure all workers are provided to the trust fully compliant in all required areas; regarding their pre-employment checks. The Temporary Staffing Office monitors the completion of these checks by way of an assignment checklist, of which overall trust compliance is reported monthly.

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

## Section 6 – Summary of comments, and overall conclusion

### Summary:

#### New Actions for 2020 AOA:

- Increase number of Appraisal Clinics
- 360Assurance Peer Review of the Trust's Appraisal & Revalidation processes

**Overall conclusion:** We will continue to sustain and improve our appraisal rates. The team will continue to attend RO Network meetings and associated events to ensure that we keep appraised of national requirements and learn from good practice elsewhere.

## Section 7 – Statement of Compliance:

The Board of Sherwood Forest Hospitals NHS Foundation Trust has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

Chief Executive

Official name of designated body:

**Sherwood Forest Hospitals NHS Foundation Trust**

Name: \_\_Richard Mitchell

Signed: \_\_\_\_\_

Role: \_\_Chief Executive

Date: \_\_\_\_\_