



A Framework of Quality Assurance for Responsible Officers and Revalidation

Annex D – Annual Board Report and Statement of Compliance.

NHS England and NHS Improvement



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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.

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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 governance¹. 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.

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]

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

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

NHSE and NHSI suspended AOA for 2020 due to the Covid 19 pandemic.

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

Action from last year: None

Comments: Dr Babatunde (Deji) Oyebode is fully trained and keeps up to date with policy and procedures.

Action for next year: None

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

Action from last year: None

Comments: The Trust fully funds the RO's role and the supporting resources.

Action for next year: None

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

Action from last year: None

Comments: There is a robust system, cross referencing between SARD (the Trust appraisal system), ESR (the Trust HR system) and recruitment to ensure that all licenced medical practitioners are picked up as soon as possible.

Action for next year: None

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

Action from last year: None

Comments: The medical revalidation policy documents are reviewed on a 3 yearly basis or sooner if sizable changes are required.

Action for next year: The Trust policy document is due for review January 2021

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

Yes. NELFT carried out a peer review on 10th February 2020 there has been a delay in providing the report because of covid 19.

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.

Action from last year: None

Comments: There is process 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 for next year: The Trust RO is reviewing the process of a Trust input into Salaried GPs employed by the Trust.

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.

Action from last year: None

Comments: 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.

Action for next year: None

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: None

Comments: Not applicable

Action for next year: None

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: None

Comments: The Trust policy was last reviewed 11th Jan 2018 and was approved by the Local Negotiation Committee Members. Usually chaired by the Chief Executive Officer (CEO)

Action for next year: A further review of the Trust policy document is due by 11th January 2021

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: None

Comments: The Trust has 78 active appraisers with a further 35 that have received the training.

Action for next year: None

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: None

Comments: The Trust have had to adopt a remote/online method of training developed by our training provider for Appraiser training and Appraiser refresher training (Miad Ltd).

Action for next year: None

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: None

Comments: The Trust appraisal system is subject to a quality assurance process. One was completed 25th June 2015 By NHS England. We had quality assurance reviews in September 2015 by Baker Tilly and March 2017 by Risk Assurance Services. We had a peer review February 2020 and we are waiting for the report.

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

² Doctors with a prescribed connection to the designated body on the date of reporting.

Action for next year: The next Quality Assurance review needs to be arranged for 2021.

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: None

Comments: 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. During 2019/20 we revalidated 59 doctors. 3 doctors were deferred but were subsequently revalidated.

Action for next year: We will endeavour to catch up on the delayed appraisals and revalidations. The Medical Revalidation Manager will communicate with all doctors that are due appraisals for them to arrange face to face or virtual appraisals.

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: None

Comments: 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 for next year: None

Section 4 – Medical governance

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

Action from last year: None

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

Action for next year: None

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: None

Comments: 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 for next year: None

- 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: None

Comments: The Trust's approach to identifying and responding to concerns is covered by the guidelines for Responding to Concerns and the guidance for Remediation.

Action for next year: We will continue to follow our agreed Trust policies and procedures.

- 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 doctors³.

Action from last year: None

Comments: The Trust's Maintaining High Professional Standards Policy (MHPS) supports in dealing with concerns about the conduct and performance of our medical workforce. Investigations where required are undertaken under these guidelines, using appropriately trained case investigators. The GMC Employment Liaison Advisor has regular meetings with the Trust Chief Medical Officer, Responsible Officer (RO) and the People Business Partner where issues and concerns are discussed. In addition, the a Non-Executive Director of the Trust Board and the Chief Executive Officer are kept up to date regarding progress of investigations being carried out.

Action for next year: We will continue to follow the agreed policies and procedures.

- 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

⁴This 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.

places, and b) doctors connected elsewhere but who also work in our organisation⁴.

Action from last year: None

Comments: The RO responds to requests for Mpit forms and requests for these as well. When there are sufficient concerns in respect of a doctor already employed in the Trust. The Trust RO already contact other ROs.

Action for next year: None

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: None

Comments: Where concerns are raised about a doctor's practice, these are dealt with using the Trust's Remediation & Rehabilitation of Doctor's Performance Policy in conjunction with the MHPS and where applicable, trust policies including the trust's Capability Policy & Procedure and Disciplinary Policy and Procedure.

Issues around potential bias and discrimination are considered by the Chief Medical Officer, Medical Directors and the Senior HR Team before the commencement of any formal process and a decision is taken on which process to follow.

Action for next year: To continue reviewing current processes

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: None

Comments: All doctors employed by the Trust are subject to the NHS mandatory pre-employment recruitment checks, including locum doctors, which are carried out by the Trust.

There is in place a robust system to ensure the appropriate pre-employment checks are undertaken before the doctor commences in post.

Action for next year: To continue to monitor compliance

⁴ 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

Please use the Comments Box to detail the following:

- **General review of last year's actions:-** The Trust does not have significant outstanding actions from last year. We will endeavour to continue to follow our existing policy and processes in a bid to continue to strengthen and make our appraisals very robust.
- **Actions still outstanding:-** We will also continue to involve the Trust Medical Directors in appraisal compliance when there are concerns.
- **Current Issues:-** Review local appraisal lead meetings and Quality Assurance of appraisals.
- **New Actions:-** Appointment the New Medical Appraisal Lead (MAL). The new MAL to review local appraisal lead meetings with a view to deciding the best way forward regarding the quality assurance of medical appraisals.
- **The Covid-19 pandemic has had significant adverse effects on appraisals and revalidation.** The Trust medical revalidation team will endeavour to get the appraisal & revalidation rates to pre Covid-19 levels commencing in March 2021, the date the GMC has set for recommencement of revalidation.

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Overall conclusion:- Prior to the Covid-19 pandemic ELFT doctors have delivered a high rate of appraisals and revalidation which has dropped as a result of the pandemic. We are putting processes in place to ensure that the rates increase to pre-pandemic levels.

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: East London Foundation NHS Trust

Name: Paul Calaminus

Signed:

A handwritten signature in black ink, appearing to read 'Paul Calaminus', with a period at the end.

Role: Interim Chief Executive Officer

Date: 25th November 2020