

To:	Dr N Hepburn
From:	Sue Powley
Date:	3 rd October 2017
Healthcare standard	

Title:	Annual Board Report Revalidation and Medical Appraisal 2016-2017										
Author:	Sue Powley, Head of Medical Revalidation										
Responsible Director:	Dr Neill Hepburn										
Purpose of the Report:	<p>This report is presented to the Trust Board to provide assurance that the statutory functions and responsibilities of the Responsible Officer role are being appropriately and adequately discharged.</p> <p>Details of the Trust’s performance during 2016/17 in relation to appraisal and revalidation, a review of governance arrangements, analysis of risks and issues, a resulting action plan and overview of priorities for 2017/18 are presented for review.</p>										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Information</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> <td style="width: 50%;">Assurance</td> <td style="width: 10%;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Approval</td> <td><input checked="" type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>			Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Approval	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Information	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>								
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Summary/Key Points:	<ol style="list-style-type: none"> At 31 March 2017 528 doctors had a prescribed connection to United Lincolnshire Hospitals NHS Trust. Medical Appraisal rate for the appraisal year ending 31st March 2017 was 92%. A revised action plan, to address issues to support achievement of 95% in the current 2017/2018 appraisal year and to outline future developments, is in place. 										

3. 35 recommendations for revalidation were submitted during 2016/2017.
4. The ULHT 'Medical Appraisal Policy' updated to reflect the proposal to produce an annual report highlighting which doctors have achieved both an annual job plan review and appraisal to highlight those doctors who may not be entitled to pay progression.
5. In-house Medical Appraiser Training and Appraiser Support Network events were well attended and appreciated by delegates during 2016/17. Attendance is mandatory for all Medical Appraisers.
6. The Annual Organisational Audit 2016/2017 (part of the national Framework of Quality Assurance for Responsible Officers and Revalidation (FQA) has been submitted to NHS England within the prescribed timescale.
7. A process for monitoring the quality of Appraisals is well established. Further work to enhance this process is planned for 2017-18 as a consequence of the introduction of two new roles. The Trust Lead Appraiser and Senior Medical Appraisers will have responsibility for the appraisal performance of a designated group of Medical Appraisers.
8. Appraisal feedback from Doctors for 2016/17 show a positive response to the new Allocate e-appraisal system.

Recommendations:

The Board is asked to:-

- i. note the progress already made; the plans for ensuring full revalidation compliance against NHS England national standards and achieving 95% of appraisals for revalidation in the current 2016/2017 appraisal year.
- ii. recognise that the resource implications of Medical Revalidation continue to increase year on year. Proposals are in discussion to increase revalidation administration support and revise the method of remuneration/time for medical appraisers within a cost neutral plan
- iii. review and sign off, if assured, the Statement of Compliance attached at Appendix E of this report confirming that the Trust, as Designated Body, is in compliance with the regulations.

1. Purpose of the Paper

This report forms part of the National Framework of Quality Assurance to assist the Trust, as a Designated Body for the doctors it employs, to monitor progress in implementing and compliance of the Responsible Officer Regulations and provides assurance to the Trust Board that its statutory duties are being

discharged. The report also highlights current and future issues and presents an action plan to mitigate potential risks.

2. Background

Medical Revalidation (Responsible Officer) Regulations 2010 were implemented in 2012 to strengthen the way that 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.

The purpose of Medical Revalidation is to assure patients and the public that doctors are up to date and fit to practise. Sir Keith Pearson's review of medical revalidation 'Taking revalidation forward' (January 2017) sets out the impact that revalidation has had so far. Sir Keith identifies areas where improvement is needed and makes a series of recommendations. ULHT is assessing the impact of these recommendations against current systems and practices with a view to introducing changes in 2017/2018 to raise the ULHT standard of compliance.

Provider organisations (as the Designated Body) have a statutory duty to support their Responsible Officer in discharging their duties under the Responsible Officer Regulations and it is expected that Boards will oversee compliance by:-

- Monitoring the frequency and quality of medical appraisals in their organisations
- Checking there are effective systems in place for monitoring the conduct and performance of their doctors
- Confirming that feedback from patients 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 medical practitioners have qualifications and experience appropriate to the work performed.

Support for the process of lifelong learning for medical practitioners is also embedded within the principles of revalidation.

A doctor failing to comply with the requirements of revalidation will not be revalidated. This may ultimately result in removal of that doctor from the Medical Register. It should also be noted that compliance with these regulations also forms part of the Care Quality Commission's surveillance model.

i. Challenges and Risks

The challenges and risks are identified below.

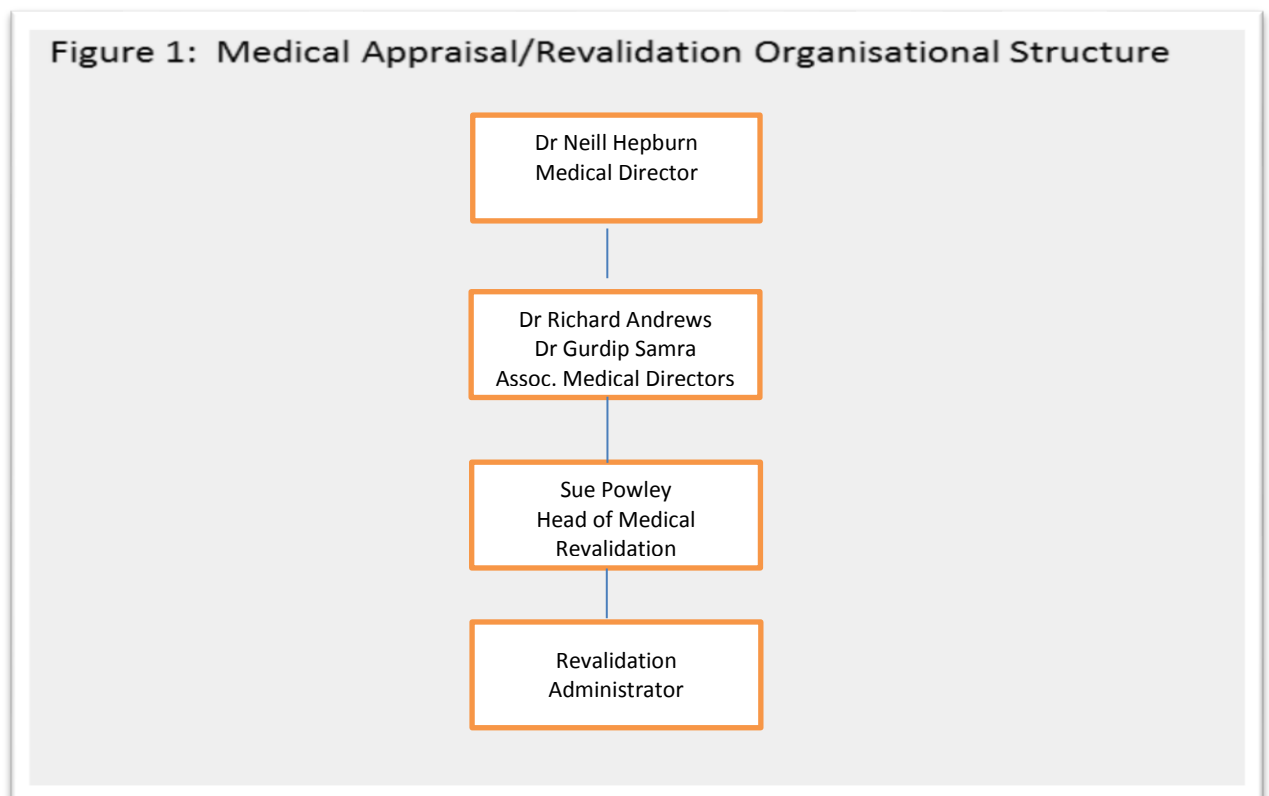
- Assuring the progressive quality and consistency of Appraisals
- Ensuring availability of robust data and systems to provide a comprehensive set of supporting information to doctors to support appraisal
- Reducing unnecessary revalidation deferrals

- Ensuring governance systems are in place to allow early detection of triggers so that concerns about a doctor can be addressed appropriately.
- Maintaining doctors engagement in the process in particular the years following successful Revalidation
- Defining funding sources for remediation programmes for doctors in difficulty
- Ensuring adequate resources are provided to the Responsible Officer to support compliance of the Responsible Officer Regulations

3. Governance Arrangements

i. Trust Organisational Resource Structure

The Trust's organisational structure for medical appraisal and revalidation is shown in Figure 1.



The Medical Director has strengthened the Clinical Management/Governance Structure with the introduction of two Associate Medical Directors, Lincoln and Pilgrim.

The Medical Director (Responsible Officer) has completed the accredited Responsible Officer training. The Head of Medical Revalidation has also attended accredited certificated RO training events.

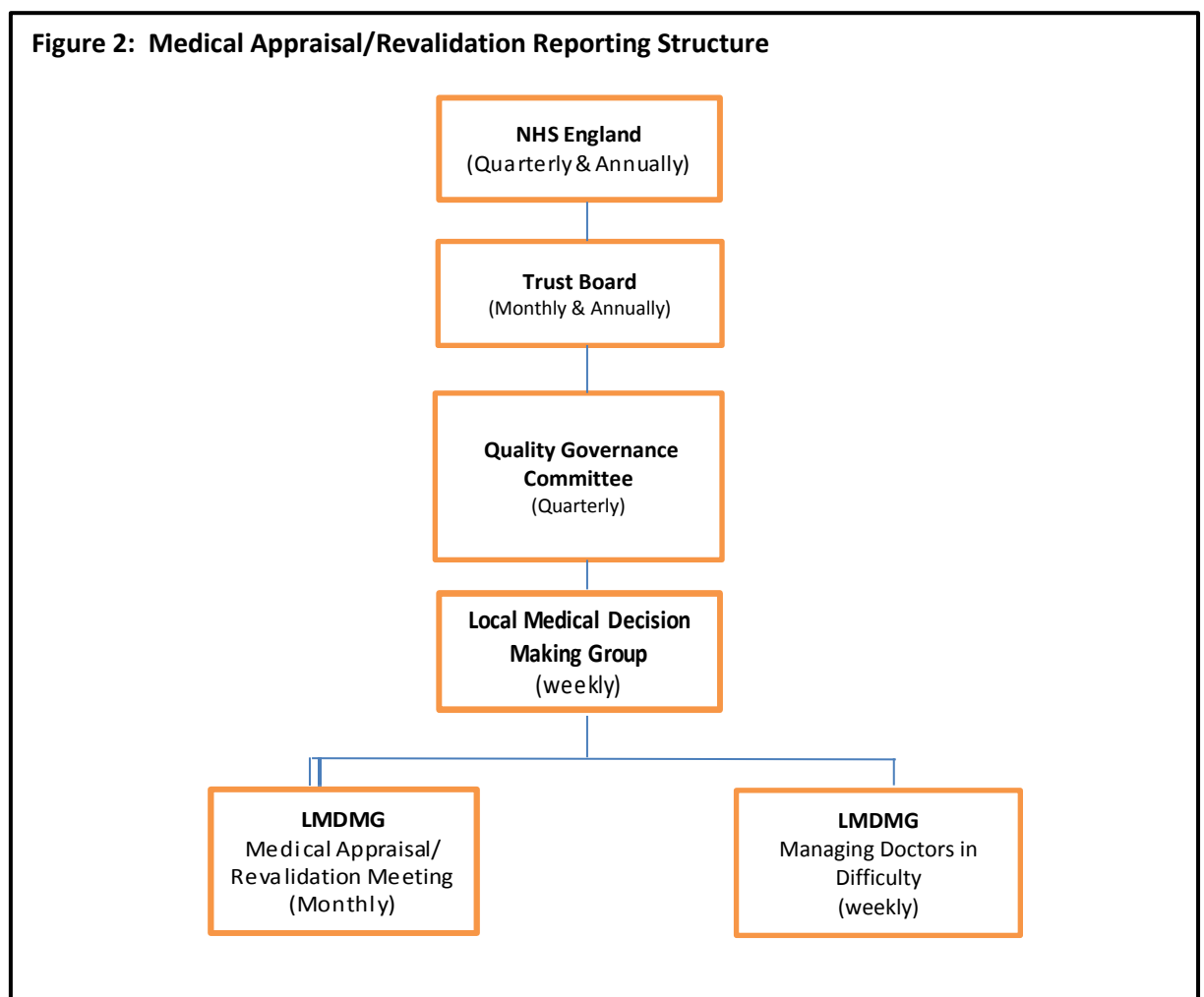
During 2016/17 the Responsible Officer and Head of Medical Revalidation regularly attended the Midlands and East Region Responsible Officer and Revalidation Leads Network events.

Two posts manage the all processes for medical appraisal and revalidation across the Trust. The Head of Medical Revalidation and Revalidation Administrator.

Progress and compliance with the Responsible Officer Regulations are monitored in a variety of ways. See *ii* Governance Reporting Structure.

ii. Governance Reporting Structure

The Trust's governance reporting structure for medical appraisal and revalidation is shown in Figure 2.



iii. Reporting

The Head of Medical Revalidation reports compliance to the following groups.

NHS England

- Quarterly - Medical Appraisal Compliance
- Annually - Annual Organisational Audit (AOA)
- Annually - Designated Body 'Statement of Compliance'

Trust Board

- Monthly - Workforce Integrated Performance Report
- Annually - Annual Organisational Audit (AOA)
- Annually - Annual Trust Board Report – assurance/approval

Quality Governance Committee

- Quarterly - Medical Appraisal/Revalidation update - assurance

Local Medical Decision Making Group

- Monthly - Revalidation compliance, quality and recommendation monitoring
- Weekly - Management of Doctors in Difficulty (HR in attendance)

iv. GMC Connect

GMC Connect is the General Medical Council's system used by all Trusts (Designated Bodies) to view and manage the list of doctors who have a prescribed connection to their organisation.

Within ULHT GMC Connect is maintained by the Head of Medical Revalidation on behalf of the Trust's Responsible Officer. ESR, the Trust's Electronic Staff Record management system, is used as the main information source in relation to starters and leavers and GMC Connect is updated on a weekly basis.

GMC Connect also allows doctors to directly connect themselves to Designated Bodies (Trusts). In this case the Trust receives an e-mail alert from the GMC which instigates an internal validity check by the ULHT Revalidation Office of the prescribed connection. Doctors with no valid connection regularly connect themselves to ULHT. These doctors are promptly removed from having a connection with ULHT. The numbers of doctors connecting themselves continues to rise which presents an operational challenge for the Trust. A monthly validation of Doctors on GMC Connect is undertaken to mitigate any risk.

v. Policy and Guidance

The Trust's Medical Appraisal Policy reflects the requirements of enhanced appraisal for revalidation and is reviewed at least bi-annually. The Policy has been revised since the 2015/06 Board report and changes awaiting ratification by Medical Staff Negotiating Forum (MSNF).

These changes reflect the introduction of new roles, Lead Appraiser and Senior Appraisers to support continual improvement in the quality of the appraisal experience. A development programme for the new roles is planned to take place in the Autumn of the 2017/18 appraisal year. Further changes refer to advice to Appraisers and Doctors where safety concerns become apparent during the appraisal discussion.

At the request of NHS England Revalidation Review Team a *Scheme of Delegation* was been developed in 2016 to ensure formal approval of the Board to the delegation of some responsibilities, set out in the Responsible Officer Regulations, to competent employees of the Trust. This document has been updated to reflect changes in processes over the past 12 months. *See Appendix F.*

4. Medical Appraisal

i. Appraisal and Revalidation Performance Data

Appraisal is a key element of Revalidation forming the basis of the recommendation to the GMC made by the Responsible Officer. Doctors must evidence a history of annual appraisal in order to revalidate successfully. The Allocate e-appraisal system, introduced in November 2015 has received extremely positive feedback.

All doctors employed by ULHT have access to the Allocate system to complete their appraisal. This includes all locums covering gaps in training rotas and Dental Medical Staff (registered with the GDC). The Allocate system is web based (enabling Doctors to have access from home) and provides improved security of data.

The Trust is currently (July 2017) responsible for the revalidation of 535 doctors including Consultants, Associate Specialists and Specialty Doctors, (both substantive and locum appointments) and doctors employed to cover gaps in *doctors in training* grades rotas.

Medical Appraisal is a time consuming process for both appraiser and the appraisee. An estimated total of 6,500 hours of doctor time is spent on Medical Appraisal processes each year.

Medical Appraisal performance 2016/2017 Appraisal Year			
	Doctors in Post 31-03-2017	Number of completed Appraisals	%
Consultants	321	307	96%
SAS Doctors (<i>Staff Grade, Associate Specialist, Specialty Doctors</i>)	166	155	93%
Temporary or short term contract holders*	41	37	90%
TOTAL	528	499	95%

*excluding doctors on LAS contracts <3 months in post

The appraisal rate at the end of the 2016/2017 was 95% and is much improved from the 2015/2016 position (84%) . 95% is the Trust appraisal target. However the focus for 2017/18 will be an improved rate for doctors on LAS contracts who are contracted for less than 3 months.

Doctors who failed to complete an appraisal during the 2016/17 appraisal year were managed in accordance with the Trust's Medical Appraisal Policy escalation processes. All ULHT doctors with outstanding appraisals at end of March 2017 have all subsequently been appraised.

Doctors in the Temporary or short term contract category are likely to be employed for short periods of between one to six months. Whilst ULHT offers the opportunity for appraisal this is not always taken up by short term locums.

An exception report i.e. missed appraisals (including reasons) and incomplete appraisals is set out in *Appendix A – Audit of all missed or incomplete appraisals*.

ii. Compliance Monitoring

Medical appraisal compliance is monitored at various levels within the Trust:-

- individual compliance reminders, in accordance with the ULHT escalation processes set out in the Medical Appraisal Policy
- monthly compliance reports to Clinical Directors
- Board Level (quarterly and annually).

Compliance is also monitored externally:-

- by NHS England quarterly and annually
- monthly to the Trust Development Agency

Medical Appraisal non-compliance is managed by the Revalidation Office in accordance with the Trust's Medical Appraisal Policy.

iii. Appraisers

All medical appraisals are conducted by a 'Revalidation' trained appraiser. The Trust has 99 approved medical appraisers (1:6 appraiser/doctor ratio) which meets NHS England's recommended standard. Each medical appraiser has undertaken NHS England approved training. The Trust has NHS England recognised Appraisal Trainers who deliver training locally to doctors wishing to undertake the role of medical appraiser.

A register of doctors able to undertake a revalidation appraisal is maintained by the Revalidation Office. This list is available to doctors on the Consultant and SAS Doctor portals on the ULHT Intranet and copies are included in the welcome pack to new starters and is also included in the annual notification to Doctors that their appraisal is due.

A *Medical Appraiser Training and Support Network* is well established and fulfils the organisations responsibility to provide:-

- Leadership and advice on all aspects of the medical appraisal process
- Training and professional development activities to improve appraiser skills
- Sharing best practice between appraisers
- Updates to Appraisers on local and national developments

- Support in the handling of difficult areas of appraisal in an anonymised confidential environment

The Network meetings held three times per year are well attended. It is a mandatory requirement that medical appraisers attend at least one meeting per year in order to maintain their *Appraiser* status. Attendance is monitored by the Revalidation Office.

iv. Quality Assurance

Quality Assurance Processes - Appraisal

The Allocate e-appraisal documentation is designed to replicate the NHS England Appraisal form.

There are currently two quality assurance processes in respect of medical appraisal and documentation. The first is undertaken by the Trust Medical Appraisal Lead, Dr Anthea Mowat, which involves a review of 100% of Medical Appraisals.

This review provides assurance that the appraisal inputs and outputs are completed to an appropriate standard including pre-appraisal declarations and that any key issues identified pre-appraisal, as needing discussion during the appraisal, are included and evidenced in the appraisal outputs. Constructive feedback relating to each appraisal is provided by Dr Mowat to both appraisee and appraiser.

The second QA process involves a review of 1:5 appraisals and is undertaken by the Head of Medical Revalidation and Dr Anthea Mowat, Trust Medical Appraisal Lead. This process, using a QA Checklist tool developed by NHS England, reviews the quality of compliance with appraisal requirements. The recent audit identified a significant improvement in the quality of the appraisal documentation.

Feedback from doctors relating to the quality of their appraiser and appraisal is undertaken on the Allocate Appraisal system. A 'feedback report' produced by the system containing anonymised feedback from appraisees is distributed annually to each appraiser for inclusion in their appraisal.

Feedback reports from doctors relating to how the organisation has supported appraisal processes is also available from the system and reviewed regularly by the Revalidation Office and appropriate action taken where appropriate.

Clinical Directors and Heads of Service welcome the monthly appraisal compliance reports for their respective areas. The improved appraisal performance rate is supported by the actions taken by CD's.

v. Access, Security and Confidentiality

All historical medical appraisal documentation is stored electronically within a restricted area and is only accessible by the Revalidation Office. The Allocate e-appraisal system is web-based, secured (ISO accredited), encrypted and hosted in a secure environment.

Revalidation folders for each doctor are held centrally in secure cabinets in a locked room, in Robey House. Access is restricted to the Revalidation Office only.

The Trust no longer outsources the management of 360° colleague and patient feedback to Equiniti 360 Clinical. From January 2017 the Trust has used the Allocate e-360 module which provides the same level of security as the e-appraisal system.

Doctors are reminded to ensure that patient identifiable data is not included in appraisal portfolios. This requirement is also reflected in the Trust's Medical Appraisal Policy.

vi. Clinical Governance

As part of the appraisal process Doctors are required to collate evidence and reflect against six supporting information types set by the GMC.

- CPD
- Quality Improvement
- Significant Events
- Complaints and Compliments
- Patient Feedback
- Colleague Feedback

The Trust, as the Designated Body, meets its responsibility in ensuring this information is available to Doctors. The ULHT Information Department makes available 'Activity Data' packs accessible to Doctors through a dedicated intranet site.

A *Clinician Outcomes Benchmarking Report (COB)* is available from the Clinical Audit Department to Consultants only, prior to their appraisal using data from Dr Foster.

See Appendix D

vii. Revalidation Recommendations

During 2016/17 the Responsible Officer made 35 revalidation recommendations to the GMC.

Recommendation Type			Total
Positive			22
Deferral			11
Non-engagement			1
4 year Deferral Rate	ULHT - 12%	Midlands & East - 21%	England - 20%

ULHT has a lower deferral rate than England and East Midlands. The Revalidation Team are committed to reducing the deferral rate further, in particular for those doctors where the reason for deferral was due to incomplete 360° Feedback. The 11 deferrals were due to the following reasons:

- 10 - Insufficient evidence to enable the RO to make a decision. Includes doctors who have joined the Trust within weeks/<3 months of their revalidation submission date.
- 1 - Doctor involved in on-going processes

During the 2016/17 appraisal year the Trust reported 1 doctor to the GMC for non-engagement in the process. This doctor has subsequently completed an appraisal and is now compliant.

All recommendations were completed on time. ULHT is one of only a handful of Trusts with a record of no late recommendations. We are keen to maintain this status. *See Appendix B – Audit of Revalidation Recommendations*

5. Recruitment and Engagement Background Checks

The Trust operates a centralised recruitment model for medical staff. All pre-employment checks are conducted by the medical recruitment team, within Human Resources, before an unconditional offer is made to any new doctor.

As part of the pre-employment checks, a request for information from the doctor's current or previous organisation is made to establish/ highlight any concerns to the Trust as the receiving organisation. The Trust uses NHS England Medical Practice Information Transfer form (MPIT) for this purpose. The Revalidation Office have now taken over this responsibility from Human Resources.

During 2016/17 the Trust contracted with *Holt Doctors* for recruitment of agency locum doctors. Holt Doctors had responsibility to ensure *supplying Agencies* satisfied the recruitment check regulations in terms of pre-employment checks and continuing checks on the doctors they supply. Holt are responsible for auditing the agencies against this requirement.

6. Responding to Concerns and Remediation

The Trust Local Medical Decision Making Group (LDMG) is well established and meets weekly to manage new *Doctors in Difficulty* cases and review/monitor the progress of existing cases within a consistent framework. This Team will in future be known as the Managing Doctors in Difficulty Group and the terms of reference will be updated accordingly.

A 'Risk Assessment' process was introduced during 2015/16 to improve and record the management of doctors who may present a risk to patients, colleagues or themselves and provides reassurance that the organisation manages doctors cases in a consistent manner. The purpose of the assessment also assures consistent decision making and agreement of subsequent informal/formal actions. Copies of assessments raising potential safe-guarding concerns are shared with the Trust Safeguarding Team.

Where a doctor is subject to conditions imposed by the GMC the LDMG monitors compliance with those conditions. In addition advice is taken from the GMC ELA and NCAS where appropriate.

i. Doctors in Difficulty Case Activity 2016/2017

A total of 31 cases (some on-going) were managed during 2016/2017.

Number of Doctors	High	Medium	Low	Total
Capability		3	4	7
Conduct	1	5	16	22
Health			2	2

Number of cases in each category expressed in terms of gravity/risk

The Trust's *Remediation Policy* provides guidance on how the Trust responds to concerns relating to the performance of doctors in the following categories:-

- Capability
- Ill Health
- Conduct

The framework offers opportunity for the development of remediation, reskilling/retraining and rehabilitation programmes all designed to support the doctor's return to safe practice. This policy has been updated and is awaiting consultation with the LNC.

Three doctors during 2016/17 participated in some form of remediation. Each programme differed depending upon individual circumstances and included actions such as internal and external assessments, periods of re-retraining arranged with other Trusts.

Three Doctors signed up to formal Behavioural Agreements.

Existing systems and processes in place to monitor fitness to practise of doctors include:-

- Mortality and morbidity reviews
- Clinical governance forums and meetings in specialties
- Participation in national and local audits
- Whistleblowing systems

7. Corrective Actions, Improvement Plan and Next Steps

Review of 2016/17 Improvement Plan

Item	Action	Lead	Completion Date
7.1	Remediation Policy Review	Sue Powley	April 2017
7.2	Trust-wide implementation of Allocate e-360	Sue Powley	January 2017
7.3	Review Doctor satisfaction with processes enabling access to information	Sue Powley/IT Information Dept	April 2017
7.4	Develop a business case for the introduction of two roles to support improved quality of medical appraisal.	Sue Powley	August 2016
7.5	Manage the recruitment and introduction of the new roles in 7.4 above.	Sue Powley	March 2017
7.6	Develop an action plan and implement in response to the NHS England Independent Review Team recommendations	Sue Powley	July 2016
7.7	Working with HR support the development of QA processes for recruitment background checks for locum agency doctors and make recommendations for improvement	Sue Powley/ Human Resources	February 2017
7.8	Improve the Transfer of Information processes between the Trust and other NHS Organisations	Sue Powley/ Human Resources	January 2017
7.9	Develop <i>Exit Report</i> for Locum Appointments	Sue Powley/ Human Resources	February 2017
7.10	Improve current processes for Appraisal compliance reporting to Business Units	Sue Powley	October 2016
7.11	Increase the numbers of Trained Case Investigators and Case Managers to strengthen the management of fitness to practice issues	Sue Powley	December 2016
7.12	Review the resource and skill mix of the Revalidation /Job Planning Team	Sue Powley	October 2016 ¹

7.13	Ensure implementation of actions and recommendations detailed in NHS England's report of June 2016 following the visit in October 2015	Sue Powley	January 2017
7.14	Review and update the Disciplinary Policy for Medical Staff	Human Resources	December 2016

¹ Proposal Completed – awaiting outcome

Review of 2016/2017 Actions

7.3 Further work required to achieve action

7.7 Restructuring and turnover in HR has delayed progress with this action

7.9 Restructuring and turnover in HR has delayed progress with this action

7.14 Sue Powley agreed to undertake the review in 2017/18

Improvement Plan 2017/18

Item	Action	Lead	Completion Date
7.15	Review Doctor satisfaction with processes enabling access to supporting Information for appraisal	Sue Powley/IT Information Dept	December 2017
7.16	Introduce the role of Senior Appraiser across the Trust to enhance the quality of medical appraisal.	Anthea Mowat/Sue Powley	April 2018
7.17	Secure funding for additional admin time for Medical Revalidation as recommended by the NHS England	Sue Powley	December 2017
7.18	Working with HR support the development of QA processes for recruitment background checks for locum agency doctors and make recommendations for improvement	Sue Powley/ Human Resources	July 2018
7.19	Continue to improve/enhance the Transfer of Information processes between the Trust and other NHS Organisations	Sue Powley/ Human Resources	March 2018
7.20	Develop <i>Exit Report</i> for Locum Appointments	Sue Powley/ Human Resources	March 2018
7.21	Improve the appraisal performance rate for Locum and Bank contracted doctors	Sue Powley	April 2018
7.22	Review the resource and skill mix of the Revalidation /Job Planning Team	Sue Powley/Steve	January 2018

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7.13	Ensure implementation of actions and recommendations detailed in NHS England's report of June 2016 following the visit in October 2015	Sue Powley	January 2017
7.14	Review and update the Disciplinary Policy for Medical Staff	Sue Powley	April 2018

8 Recommendations

The Board is asked to:

- note the high standards of compliance in respect of the Responsible Officer Regulations
- confirm commitment to supporting the progress of this work
- accept the contents of the report and to approve the 'Statement of Compliance' Appendix E confirming that the organisation, as a designated body, is in compliance with the regulations. NHS England requires a signed copy of this document by **30th September 2017**.
- recognise and acknowledge the resource implications of Medical Revalidation and the need to review existing staffing levels.
- consider and ratify the updated *Scheme of Delegation* attached at Appendix F

Appendix A

Audit of all missed or incomplete appraisals

Doctor Factors (total)	29
Maternity leave during the majority of the 'appraisal due window'	5
Sickness absence during the majority of the 'appraisal due window'	5
Prolonged leave during the majority of the 'appraisal due window'	3
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 month of appraisal due date	4
New starter more than 3 months of appraisal due date	10
Postponed due to incomplete portfolio/insufficient supporting information	2
Appraisal outputs not signed off by the doctor within 28 days	-
Lack of time of doctor	-
Other doctor factors e.g. Due to pending retirement	-
Appraiser Factors	0
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	0
Lack of time of Appraiser	0
Other appraiser factors (describe) Long Term sickness	0
Organisational Factors	0
Administration or management factors	
Failure of electronic information systems	
Insufficient numbers of trained appraisers	
Other organisation factors (describe)	

Appendix B

Audit of Revalidation Recommendations

Revalidation recommendations between 1st April 2016 to 31st March 2017	
Recommendations completed on time (within the GMC recommendation window)	35
Late recommendations (completed after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	35
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No Responsible Officer in post	0
New starter/new prescribed connection established within 2 weeks of revalidation due date	0
New starter/new prescribed connection established more than 2 weeks from revalidation due date	0
Unaware of the doctor had a prescribed connection	0
Unaware the doctor's revalidation due date	0
Administrative error	0
Responsible Officer error	0
Inadequate Resources or support for the Responsible Officer role	0
Other	0
Description of Other :	
TOTAL [sum of late and missed]	0

PROVISION OF SUPPORTING INFORMATION FOR APPRAISAL

July 2017 Update

E-APPRAISAL SYSTEM: implemented in September 2015. Training programme completed - 100% of doctors now trained and using the new system for appraisals and e360 Multi source feedback. A self-learning training package developed and circulated to all new doctors on commencement is supported by individual 1:1 training if required. All but 3 appraisals in the current 2016/17 medical appraisal year were completed on the new e-system. **Appraisers have access to the appraisal documentation (attached to the Appraiser's e-appraisal document) prior to appraisal which allows review of complaints, SI's and doctor's performance data before the appraisal discussion takes place.**

SUPPORTING INFORMATION UPDATE: Progress has been slow as a result of the issues with the Medway system. However the following confirms the current position.

ANNUAL CONSULTANT OUTCOME BENCH-MARKING (COB) REPORT: now available from the Clinical Audit Lead on request. The report includes Activity Data; Output conversion rates (new to follow-ups); Admission data; Length of stay; Procedures and Flags up if Consultant falls into the outlier category. This document is likely to be included in the Consultant appraisal as an attachment/evidence of fitness to practice.

COMPLAINTS AND SI's: All medical staff have access to DATIX through a secure account. Doctors are required to declare their involvement in Complaints and Serious Incidents and attach details/information to their e-appraisal form. Details including documentary evidence is available to the Appraiser to review (within the e-appraisal document) prior to the appraisal discussion.

ACTIVITY DATA:

1. Information is available to doctors from Medway.

Most A&E, inpatient, outpatient, theatre and patient demographics data (e.g. A&E attendances, inpatient admissions/discharges, outpatient appointments, outpatient clinic sessions, theatre utilisation).

2. A booklet is available which shows:

- o Activity Report: Inpatient admissions and outpatient attendances by activity type.
- o Inpatient Admissions: Inpatient admissions by site and admission ward.
- o Inpatient Discharges: Inpatient discharges by site and discharge ward.
- o Basket of Procedures: Inpatient admissions by site, consultant and procedure.
- o Average Length of Stay – FCEs: Average length of stay of finished consultant episodes by site and specialty, day cases excluded.
- o Average Length of Stay – Spells: Average length of stay of completed spells by site and specialty, day cases excluded.
- o Outpatient Activity: Outpatient attendances and DNAs by site and consultant.
- o Outpatient Referrals: Outpatient referrals with appointments, by site and referral source.
- o Inpatient Waiting List (KH07): Inpatient waiting list live patients, by site and consultant.
- o Inpatient Waiting List - Planned Patients: Inpatient waiting list planned patients, by site and consultant.
- o Inpatient Waiting List - Suspended Patients: Inpatient waiting list suspended patients, by site and consultant.

3. Doctors access to the information via:-

The booklet is available on the Intranet at this address: <http://ulhintranet/information-services-specialty-booklets>

There is also a file for Outpatient Clinic Activity: <http://ulhintranet/outpatient-clinic-activity>

Both of these files are updated monthly.

Some reports are emailed routinely. Doctors would need to contact Information Support (ULHT) to be added to the distribution lists to receive these reports. Doctors are welcome to email Information Support (ULHT) to enquire about current routine reports. There are also some self-service reports available here:

http://bireports/HDMSQL_Reports/Pages/Folder.aspx?ItemPath=%2fOperational_Reporting

Other information can be requested by completing the information request form at this address: <http://ulhintranet/information-services-adhoc-data-requests>

In regards to information requests, very few reports are available at the press of a button and the turnaround time is obviously dependent on the difficulty of the request, the amount of requests currently logged (FOI and media requests also fall under our responsibility) and the number of staff available to deal with requests. Current turnaround time is 5 – 10 days (not including weekends), but this can go on longer in some situations. In some (rare) cases we can perform a 1 day turnaround for urgent requests, but many times this just isn't possible with our overall workload.

APPENDIX E**Annex E – Statement of Compliance****Designated Body Statement of Compliance - 2016/2017**

The Trust Board of United Lincolnshire Hospitals NHS Trust has carried out and submitted an annual organisational audit (AOA) of its compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

The Medical Director Dr Neill Hepburn is the Trust's Responsible Officer.

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

The Revalidation Office maintains accurate records of all doctors for whom the Trust is the Designated Body and ensures GMC Connect is regularly updated.

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

The Trust has 99 Revalidation trained medical appraisers which is within the range as recommended by the GMC

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers or equivalent);

A Medical Appraiser Training and Support Network is now well established and in accordance with the Trust's Medical Appraisal Policy it is a mandatory requirement that all Medical Appraisers attend at least one training session per appraisal year.

Appraisers receive an annual report of feedback from doctors they have appraised.

5. All licensed medical practitioners¹ either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

An annual audit is undertaken to establish the reasons individual appraisals are not undertaken. A report is presented to the Responsible Officer on a quarterly basis confirming outstanding appraisals. Doctors failing to participate in appraisal are managed in accordance with the Escalation Process set out in the Trust's Medical Appraisal Policy.

¹ Doctors with a prescribed connection to the designated body on the date of reporting.

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners¹, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal;

The Trust has effective processes in place for monitoring the conduct and performance of doctors. These were updated in 2016 to ensure continued best practice.

There is a process established for responding to concerns about any licensed medical practitioners¹ fitness to practise;

The Trust 'Remediation Policy and Procedure for Medical Staff' sets out the processes for responding to fitness to practise concerns. The policy provides a clear framework for identifying concerns at an early stage therefore reducing the risk of performance issues.

7. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work;

ULHT has established processes to ensure fitness to practise information is shared with and obtained from other organisations and forms part of the recruitment process for medical practitioners.

8. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners² have qualifications and experience appropriate to the work performed; and

The Human Resources Department undertakes all pre-employment checks for all medical appointments including locums in accordance with local policy and procedures and prescribed national standards.

9. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

A development plan identifying areas of weakness is agreed and progress will be monitored by the Audit Committee and the Quality Governance Committees.

Signed on behalf of the designated body

Name: _____

Signed: _____

[chief executive or chairman a board member (or executive if no board exists)]

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

Date: _____

APPENDIX F

United Lincolnshire Hospitals

NHS Trust

SCHEME OF DELEGATION - Responsible Officer Regulations

Prescribed connection under regulation 12

RESPONSIBLE OFFICER RESPONSIBILITY	DELEGATED MATTER	AUTHORITY DELEGATED TO	SCOPE OF DELEGATION
PROVISION OF RESOURCES TO RESPONSIBLE OFFICER	Under regulations 16 and 17 of the Medical Profession (Responsible Officers) Regulations 2010 each Designated Body must provide its Responsible Officer with sufficient funds and other resources necessary to enable the officer to discharge their responsibilities.	United Lincolnshire Hospitals NHS Trust Board of Directors	
APPRAISAL	To take reasonably practicable steps to ensure that the medical practitioner undergoes regular appraisal in accordance with the Responsible Officer Regulations Part 2 section 13. Involves obtaining and taking account of all available information relating to the medical practitioners fitness to practise in the work carried out by the practitioner during the appraisal period.	Medical Director Head of Medical Revalidation	Applies only to those medical practitioners directly employed by the Trust and for whom United Lincolnshire Hospitals NHS Trust is the designated body.
MONITORING MEDICAL PRACTITIONER CONDUCT AND PERFORMANCE	Regularly review the general performance information held by the Trust including clinical indicators relating to outcomes for patients. Identify any issues arising from that information relating to medical practitioners, such as variations in individual performance. Ensure the organisation takes steps to address any such issues.	Medical Director Quality Governance Committee Managing Doctors in Difficulty Group. (LDMG)	In accordance with the Trust's <i>'Conduct, Capability, Ill-Health and Appeals Policies and Procedures for Practitioners'</i> (MHPS) and <i>Trust Medical Remediation Policy</i> .
CONCERNS	To take all reasonably practicable steps to	Managing Doctors in Difficulty	In accordance with the Trust's <i>'Conduct,</i>

	investigate concerns about a medical practitioner’s fitness to practise raised by patients or staff of United Lincolnshire Hospitals NHS Trust, or arising from any other source. Include provision for the medical practitioner’s comments to be sought and taken into account where appropriate.	Group. (LDMG)	<i>Capability, Ill-Health and Appeals Policies and Procedures for Practitioners’ (MHPS)</i>
	Where appropriate, to refer concerns about the practitioner to the General Medical Council.	Medical Director	<i>In accordance with the Trust’s ‘Conduct, Capability, Ill-Health and Appeals Policies and Procedures for Practitioners’ (MHPS)</i>
	Where a medical practitioner is subject to conditions imposed by, or undertakings agreed with, the General Medical Council, to monitor compliance with those conditions or undertakings.	Managing Doctors in Difficulty Group. (LDMG)	<i>In accordance with the Trust’s ‘Conduct, Capability, Ill-Health and Appeals Policies and Procedures for Practitioners’ (MHPS) and Trust Medical Remediation Policy.</i>
RESPONDING TO CONCERNS	<p>Ensure appropriate action is taken in response to concerns about medical practitioners conduct or performance.</p> <ul style="list-style-type: none"> i ensure appropriate initiation of investigations with appropriately qualified investigators. ii ensure that procedures are in place to address concerns raised about the medical practitioner by patients or staff or arising from any other source. iii ensure that any investigation into the conduct or performance of a medical practitioner takes into account any other relevant matters within the Trust. iv consider the need for further monitoring of the practitioner’s conduct and performance and take steps to ensure that this takes place where appropriate. v ensure the medical practitioner who is subject to procedures is kept informed about the progress of the investigation. vi ensure the medical practitioner’s comments are sought and taken into account where appropriate. vii where appropriate take any steps to protect patients including notification to any other employer should the practitioner be suspended or 	Managing Doctors in Difficulty Group. (LDMG)	<i>In accordance with the Trust’s ‘Conduct, Capability, Ill-Health and Appeals Policies and Procedures for Practitioners’ (MHPS) and Trust Medical Remediation Policy.</i>

	<p>have conditions or restrictions place on their practice.</p> <p>viii identify concerns and ensure that appropriate measures are taken to address these including:-</p> <ul style="list-style-type: none"> • requiring the medical practitioner to undergo training or retraining; • offering rehabilitation services; or • providing opportunities to increase the medical practitioner’s work experience. <p>Maintain accurate records of all steps taken in accordance with the above.</p>		
REVALIDATION	To make recommendations to the General Medical Council about the medical practitioner’s fitness to practise evaluations, including appraisal and any other investigations or assessments.	Managing Doctors in Difficulty Group. (LDMG)	In accordance with the Trust’s <i>‘Conduct, Capability, Ill-Health and Appeals Policies and Procedures for Practitioners’ (MHPS)</i> and Local Medical Decision Making Group Terms of Reference.
RECRUITMENT – INCLUDING CONTRACTS OF EMPLOYMENT	<p>Ensure that medical practitioners have qualifications and experience appropriate to the work to be performed.</p> <p>Ensure appropriate references are obtained and checked;</p> <p>Take any steps necessary to verify the identity of medical practitioners;</p> <p>Maintain accurate records of all steps taken in this section.</p>	Director of Human Resources	In accordance with the Trust <i>‘Recruitment and Selection Procedure’</i>

Updated February 2017

Signed on behalf of the designated body

Name: _____

Signed: _____

Date: _____

[chief executive or chairman]