

Responsible Officer Annual Board Report

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Trust Board paper J

Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	x
Noting	For noting without the need for discussion	

Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)		
Executive Board	17/8/21	Executive People and Culture Board
Trust Board Committee		
Trust Board		

Executive Summary

Context

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FAQ 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.

Questions

1. Is the Board assured that the Trust has adequate processes and resources in place to ensure compliance the Responsible Officer Regulations?

Conclusion

UHL is compliant with the Responsible Officer Regulations and at present has enough resources to support the necessary processes, although there is pressure on the appraisal system from the increasing number of short term medical employees and appraiser retirements and resignations. HR processes have been reviewed and strengthened and the changes made will continue to be monitored.

Input Sought

Sign off of the Statement of Compliance

For Reference:

This report relates to the following UHL quality and supporting priorities:

1. Quality priorities

Safe, surgery and procedures	[Yes /No /Not applicable]
Safely and timely discharge	[Yes /No /Not applicable]
Improved Cancer pathways	[Yes /No /Not applicable]
Streamlined emergency care	[Yes /No /Not applicable]
Better care pathways	[Yes /No /Not applicable]
Ward accreditation	[Yes /No /Not applicable]

2. Supporting priorities:

People strategy implementation	[Yes /No /Not applicable]
Estate investment and reconfiguration	[Yes /No /Not applicable]
e-Hospital	[Yes /No /Not applicable]
More embedded research	[Yes /No /Not applicable]
Better corporate services	[Yes /No /Not applicable]
Quality strategy development	[Yes /No /Not applicable]

3. Equality Impact Assessment and Patient and Public Involvement considerations:

- What was the outcome of your Equality Impact Assessment (EIA)?
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required

- How did the outcome of the EIA influence your Patient and Public Involvement ?
- If an EIA was not carried out, what was the rationale for this decision?

4. Risk and Assurance

Risk Reference:

Does this paper reference a risk event?	Select (X)	Risk Description:
Strategic: Does this link to a Principal Risk on the BAF?		
Organisational: Does this link to an Operational/Corporate Risk on Datix Register		
New Risk identified in paper: What type and description ?		
None		

5. Scheduled date for the **next paper** on this topic: [TBC]
6. Executive Summaries should not exceed **5 sides** [My paper does/~~does not~~ comply]



A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Contents

Introduction:.....	2
Designated Body Annual Board Report.....	4
Section 1 – General:.....	4
Section 2a – Effective Appraisal.....	7
Section 2b – Appraisal Data.....	11
Section 3 – Recommendations to the GMC	12
Section 4 – Medical governance	13
Section 5 – Employment Checks.....	19
Section 6 – Summary of comments, and overall conclusion	20
Section 7 – Statement of Compliance:	22

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.

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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 2020 – 31 March 2021 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 – of University Hospitals of Leicester (UHL) can confirm that:

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

Action from last year: Mr John Jameson, Deputy Medical Director, continues as RO for UHL

Comments: None

Action for next year: Mr Jameson will continue as RO, supported by Dr Mushambi as Appraisal and Revalidation Lead and Ms Tracey Hammond as Medical Revalidation Support Manger and Ms Stacy Rowley as Medical Revalidation Administrator.

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: Strengthened Appraisal and Revalidation Database Joint Venture product (SARD JV) has now been UHL's medical appraisal software system since 2019.

Comments: The new appraisal software system (SARD) is functioning well and the company has been responsive to requests from the Trust.

Action for next year: Continue to work with the team at SARD to update the software to adapt to UHL's needs.

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

Action from last year: An accurate record of all licenced medical practitioners with a prescribed connection to UHL is always maintained using the electronic appraisal system. During 2020/21 the Trust dealt with 1098 doctors with a prescribed connection to UHL.

Comments: A registered doctor has a duty to inform the GMC of their designated body. If a doctor modifies the GMC's record of his/her Designated Body, UHL's Revalidation Administration Team is informed and they then contact the doctor to confirm the connection and to obtain the

necessary information to set up the doctor with an account on our online medical revalidation system (SARD).

At Trust level, the Trust's HR department informs UHL's Revalidation Administration Team of any new medical employees who are not in formal training posts (trainees in formal training posts are monitored by and revalidate through the Deanery who is their DB) in order that the same procedure can be followed to ensure that the GMC's records correctly reflect the doctor's new Designated Body.

Action for next year: Continue the processes between UHL HR Department and the revalidation team to ensure timeliness of notifications.

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

Action from last year: UHL's Medical Appraisal and Revalidation Policy, and its associated Guidance document were updated in 2019.

Comments: UHL's Medical Appraisal and Revalidation Policy, and its associated Guidance document are due for review in 2022 unless there are mandated changes in the interim

Action for next year: Prepare for and complete the update in 2022

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

Action from last year: An audit took place in 2016 carried out by the Trust's Internal Auditors, PWC.

Comments: This audit should be repeated next year.

Action for next year: To propose that the appraisal and revalidation system is included in next year's audit plans.

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: Doctors with short term placements in UHL for whom UHL is the designated body are identified as described above and are supported with an electronic appraisal account and a UHL appraiser. There are no formal appraisal arrangements in place at Trust level to support locum doctors who are employed by locum agencies and these doctors are supported by the relevant clinical teams and their locum agency, who is their DB.

Comments: The support provided for doctors for whom UHL is the DB is through the Revalidation support assistant (Ms Stacy Rowley), and seven senior appraisers (1 for each CMG). All new medical employees receive information on: UHL's medical appraisal and revalidation processes, how to find more detailed information online (including revalidation guidance pages on UHL's intranet) and how to contact UHL's Revalidation Manager. A power point presentation introducing the functionality of the SARD system is sent to all new doctors at the time of setting up the appraisal account. Through the Trust grade programme we have also improved education (by giving talks at meetings) regarding revalidation and appraisal to this group of UHL employees and the appraisal and revalidation team work closely with the Associate Medical Director with responsibility for medical workforce.

Action for next year: Liaise with Clinical education department on how to continue to improve on the support available for this group of Doctors. Consider greater use of the GMCs "Welcome to UK Practice" course.

Doctors who work in UHL but for whom UHL is not their DB will continue to be supported at speciality level.

Complete the transfer of governance arrangements for temporary staff to the HR department (see section 5.1 below)

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.

Comments: On the 19th March 2020, Professor Stephen Powis, National Medical director of NHS England and NHS Improvement wrote to all Responsible Officers (ROs) and Medical Directors regarding plans for appraisal and revalidation during COVID19 pandemic confirming the GMCs decision to defer doctors' revalidation for 1 year if their revalidation date fell between 17th March 2020 and September 2020 and "strongly recommended" that appraisal be suspended until further notice. This was to help increase capacity in the workforce by allowing appraisers to return to clinical practice. Responsible Officers (ROs) were directed to classify appraisals which were affected as 'approved missed' appraisals. As result of this, a decision was made in UHL to cancel all appraisals until the 1st September 2020 with the proviso, in line with national guidance, that if an appraisee and an appraiser so wished, appraisal activity could continue.

Due to increasing COVID numbers, on the 18th November a decision was made in UHL to postpone the reintroduction of "mandatory" appraisals for a month until 18th December. A decision was made on the 17th December to extend this for another two months until 18th February 2021, which meant that for anyone whose appraisal was due up to 18th February 2021, appraisal could delayed with no penalty. However, as above, if the doctor and their appraiser were able to, an appraisal could be completed. In line with national guidance the Trust adopted Appraisal 2020 and the relevant information that supports this from the Academy of Medical Royal Colleges, Medical Appraisal Template 2020 was circulated to all doctors. The essence of Appraisal 2020 is a move away from the need of the appraisee to provide an abundance of documentation to a focus on wellbeing, reflection and individual development together with an emphasis on a comprehensive documentation of the appraisal meeting as recorded in the output form.

“Routine” appraisal in UHL was re-introduced from April 1st 2021, again in line with national guidance. The nett effect of the above events was that any missed appraisals in the 20/21 cycle were recorded as approved missed.

In addition, the Annual Organisation Audit (AOA) report for 2020/21 appraisal cycle was cancelled and the Trust Board was informed of this decision.

All appraisals recommenced on the 1st April 2021. The recommendation in UHL has been to continue to use the concept of the Medical Appraisal Template 2020, ensuring that the focus of appraisals is away from extensive documentation and towards a supportive, reflective discussion with appropriate documentation of that discussion in the output form.

Doctors were notified that the requirement to provide formal patient and colleague multi source feedback for the purpose of revalidation, remained the same. The GMC had already implemented delays in revalidation dates in order to allow doctors the extra time to collect the data to support appraisal including the obligatory formal 360 degree feedback exercise that is required once in each revalidation cycle. During COVID, many consultations were taking place remotely. This made obtaining patient feedback more challenging. To address this, we introduced electronic patient feedback in addition to the previous paper based format, to give doctors more flexible access to patient feedback.

Action for next year. UHL will continue to use the SARD appraisal software and will carry out appraisal in line with the recommendations of the Medical Appraisal Template 2020.

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

Comments: All non-completed appraisals were recorded as approved missed. Rationale explained above

Action for next year: For the 21/22 appraisal cycle, normal governance approaches have resumed.

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: No action required

Comments: This was updated in 2019 and is due for review in 2022

Action for next year: Start preparation to review UHL’s Medical Appraisal and Revalidation Policy, and its associated Guidance document for its update in 2022

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

Comments: The number of appraisals carried out in the reporting year was reduced for the reasons described above and there was sufficient appraiser capacity to meet demand. The number of prescribed connections to UHL has increased since the last board report (In the last Board Report (2019) UHL had 977 prescribed connections compared to 1098 in this report). This is thought to be mainly due to the increasing number of short fixed term contract medical employees which is putting pressure on the capacity to provide appraisers together with the fact that several appraisers have retired recently and others are giving up appraiser roles due to other demands on their time. Most appraisers are currently at full capacity.

Appraiser training is now outsourced to MIAD, the intention of which is to offer more flexibility in the provision of this training and to enhance recruitment of new appraisers. Eleven appraisers have undergone training with MIAD since February 2020 and the feedback has been positive.

Action for next year: A capacity and demand exercise will be carried out to ensure that UHL has enough appraisers to meet the increasing demand and also to ensure that there is enough support in the Appraisal Administration Team to support appraisal and revalidation activity. This will be combined with a drive to recruit more appraisers by encouraging more doctors to undergo training as well as ensure funding of the 0.25 SPA by CMGs. There will be a drive to recruit more SAS doctors as appraisers (4 SAS doctors are current appraisers) in order to better support this cohort of doctors. Of note, the nett effect of the COVID related responses has been to create a much larger number of doctors needing revalidation recommendations in the coming year (doctors who have been deferred and doctors whose revalidation was already due in this year) Section 3 (below) explains in more detail.

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).

Comments: All appraisers in UHL have been audited at least once using an ASPAT form. All new appraisers' first appraisal summary documents have been audited and this is up to date.

Update training was put on hold due to the pandemic and was substituted with regular email updates to appraisers informing them of the situation and the focus on Appraisal 2020 methodology.

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

Action for next year: Re-instate appraiser update training and consider the use of virtual platforms for this activity.

- 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.

Comments: Through the revalidation checking process, every doctor for whom a positive revalidation recommendation was made in 2020/21, had a quality assurance check carried out on their entire appraisal portfolio from that revalidation cycle. Any identified issues are communicated to the appraiser and/or appraisee.

All new appraisers' output forms have been audited using the ASPAT audit tool on completion of their first appraisal.

After each appraisal, the appraisee is automatically asked to complete a short questionnaire on the quality of the process. The Appraisal Feedback Report is then sent to each Appraiser who can then reflect on their performance. The report is added directly to their appraisal portfolio on SARD.

The quality of individual appraisal portfolios is audited when a doctor's revalidation date approaches (i.e. every 5 years – see above). The doctor's appraisal portfolio is checked by UHL's Revalidation Manager and Revalidation and Appraisal Lead. This is primarily to identify any problems with the documentation of which the Responsible Officer should be aware of before considering a revalidation recommendation, ideally with time for the doctor to correct those problems. A number of common problems were identified, mainly around the level of detail of documentation and the appropriate use of the appraisal software. The latter has informed the subsequent content of top-up training for appraisers and has led to the Appraisal Lead giving personal feedback to some appraisers and appraisees.

Action for next year: Continue the revalidation checking process and appraiser feedback system through SARD.

Section 2b – Appraisal Data

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

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2021	1098
Total number of appraisals undertaken between 1 April 2020	479

and 31 March 2021	
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	619
Total number of agreed exceptions	619

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.

Comments:

On the 19th March 2020, Professor Stephen Powis, National Medical director of NHS England and NHS Improvement wrote to all Responsible Officers (ROs) and Medical Directors regarding plans for appraisal and revalidation during COVID19 pandemic confirming the GMCs decision to defer doctors' revalidation for 1 year if their revalidation date fell between 17th March 2020 and September 2020. At this stage, all revalidations due between 17th March 2020 and September 2020 were locked and not accessible to the RO via the GMC Connect portal. In a letter of the 4th June 2020, the GMC subsequently extended the delay of revalidation dates by one year to doctors whose revalidation dates were between 1st October 2020 and 16th March 2021. On the 16th October, another letter from the GMC extended the delay of revalidation dates by 4 months to doctors whose revalidation dates were between 16th March 2021 and end of July 2021. However, all the doctors whose revalidations were due from 17th March 2021, were put under notice (previously doctors only came under notice 3 months before their revalidation date) and if there was enough information available to make a positive revalidation in individual cases, the RO could make such a recommendation.

As result of deferral of revalidations, there were only 10 revalidations due in the 2020/21 cycle and positive recommendations were made for all these doctors. As per national guidance, revalidation checks for doctors under notice were continued and provided doctors had sufficient evidence for revalidation, positive recommendations were made. All these subsequent checks concerned doctors whose revalidation fall into the 2021/22 cycle and are therefore not reported here and will be included in next year's board report.

Number of recommendations falling due in 2020/21 – 10

Number of positive recommendations - 10

Number of recommendations for deferral - 0

Number of non-engagement notifications made at revalidation date - 0

Number of non-engagement reports made before revalidation date - 0

A revalidation checklist gives a robust audit trail on how the revalidation checks were carried out. All revalidation recommendations were made on time in the last appraisal year.

Action for next year: To continue with the current process. It should be noted that the number of revalidations due in the 2021/22 cycle is expected to be high as many were deferred from 2020 and 2021 by the GMC. Some of these doctors will have already been revalidated because all the deferred doctors were put under notice at once (rather than in the normal 3 month period prior to their revalidation due date) which has allowed us to start make positive recommendations as appropriate.

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.

Comments: Revalidation checks by the Revalidation team take place between one and two months prior to the revalidation due date. This gives the revalidation team enough time to identify any potential issues. Doctors are contacted in advance if any issues are identified to allow them time to rectify issues that can be rectified such as formal patient and colleague feedback or if a deferral is thought to be necessary. Any doctor being considered for a deferral is contacted directly by the Appraisal Lead. Any doctor being considered for a Rev6 form submission (early notification of non-engagement before a revalidation recommendation is necessary) is contacted directly by the Appraisal Lead and then by the RO as well as the case being discussed by the RO with the Trust's ELA. No Rev6 submissions were made in this period.

Action for next year: Continue to carry out revalidation checks using the revalidation check list.

Section 4 – Medical governance

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

Comments: UHL continues to have a robust medical governance structure in place. There have been no major changes over the last year in the way medical governance is delivered.

UHL manages all medical cases relating to conduct, capability and health in line with the national Maintaining High Professional Standards (MHPS)

document. The Trust's "concerns policy" is the "The Conduct, Capability, Ill Health and Appeals Policy for Medical Practitioners", and is based on Maintaining High Professional Standards in the Modern NHS (MHPS).

There is a Medical Conduct Committee, chaired by the MD (or RO in his absence) with HR, the Director of Medical Education, Occupational Health and Appraisal and Revalidation lead representation that considers all concerns arising in doctors practicing in UHL.

UHL has carried out a review of case work in line with the Dido Harding recommendations and there is an agreed implementation of Just Culture approaches.

UHL has reviewed the approach to staff grievances and a new "Resolution Policy" has been written and implemented, which focusses on early resolution of issues.

Action for next year: The Trust's "concerns policy" "The Conduct, Capability, Ill Health and Appeals Policy for Medical Practitioners", was last reviewed in October 2018 and is due for review in October 2021 which will be completed.

To continue to embed the UHL Resolution Policy and look at what impact this is having on cases.

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.

Comments: As an organisation we continue to routinely monitor concerns raised through the sources stated below with triangulation through the MD, RO and Deputy Chief People Officer in order for us to act upon them:

- Medical appraisal
- Analysis of outcome data, as provided by Dr Foster / HED / Specialist societies
- Action on clinical incidents, reported through DATIX
- Action on complaints received
- Reports from CMG leads
- Reports from other doctors following the GMC requirement to act to protect patient safety
- Feedback from education visits (HEEM, GMC)
- Reports through the Freedom to Speak Up Guardian
- Following up on concerns from any source

Action for next year: To continue with the above processes

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.

Comments: The Medical Conduct Committee meets monthly with representation as described above to consider all "live" cases, and to ensure that an appropriate approach is being taken.

UHL manages all medical cases relating to conduct, capability and health in line with the national Maintaining High Professional Standards (MHPS) document. The Trust's "concerns policy" is the "The Conduct, Capability, Ill Health and Appeals Policy for Medical Practitioners", and is based on MHPS.

The Medical Director and Responsible Officer meet on a 3 monthly basis with the Trust's GMC employment liaison advisor to discuss cases as appropriate, and review those cases relevant to the Trust which are currently subject to a GMC process. In addition, the RO meets on a 3 monthly basis with the Manager of the 2 local private hospitals and the Post Graduate Dean (RO for doctors in training)

A Remediation Policy has been developed, based on the National Clinical Advisory Service "Back on Track" guidance.

Action for next year: Continue with current processes

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

Comments: As stated above, the working group dealing with concerns about doctors is the Medical Conduct Committee. The annual ROs report (this report) is considered at the Executive People and Culture Board.

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.

Data for the period July 20 to July 21 shows medical case activity by ethnicity:

Type	Open	Closed	Archived
Disciplinary – preliminary/informal/resolved before formal MHPS commencing	2	1	2
Formal MHPS	7	1	3
Grievance	1		
Anti-Bullying/Harassment	3	1	2
Performance/Health	1		1
Employment Tribunal	1*		1
SOSR	1		
F2SU			1
Investigated outside UHL (e.g. by UoL, GMC)			2 (1 grievance, 1 conduct)
Total 31 cases	16	3	12

Issue Type	Process	Ethnicity*
Conduct, Anti-Bullying and Harassment	MHPS	BAME
Conduct	MHPS	BAME
Conduct	MHPS	BAME
Conduct	MHPS	BAME
Anti-Bullying and Harassment	Preliminary Investigation	BAME
Health	Long-Term Sickness	BAME
Conduct	Preliminary Investigation	BAME
Capability, Conduct & Grievance	MHPS	BAME
Anti-Bullying and Harassment	Anti-Bullying and Harassment	BAME
Anti-Bullying and Harassment	Anti-Bullying and Harassment	BAME
Conduct, Anti-Bullying and Harassment	MHPS, Grievance (Stage 3)	BAME
ET Claim	* ET Claim	BAME
Anti-Bullying and Harassment, Grievances	Grievance (Stage 4)	White
Conduct, Some Other Substantial Reason	MHPS, SOSR	White
Conduct	MHPS	White
Conduct	Preliminary Investigation	White

Data for the period July 20 to July 21 shows medical case activity by grade:

Issue Type	Process	Grade
Conduct, Anti-Bullying and Harassment	MHPS	Medical Lead
Conduct	MHPS	Consultant
Conduct	MHPS	Consultant
Anti-Bullying and Harassment, Grievances	Grievance (Stage 4)	Consultant
Conduct	MHPS	FY2
Anti-Bullying and Harassment	Preliminary Investigation	Consultant
Conduct, Some Other Substantial Reason	MHPS, SOSR	Consultant
Health	Long-Term Sickness	Specialist Registrar
Conduct	Preliminary Investigation	Higher Specialist Trainee
Capability, Conduct & Grievance	MHPS	Consultant
Anti-Bullying and Harassment	Anti-Bullying and Harassment	Clinical Fellow Registrar (Trust Grade)
Anti-Bullying and Harassment	Anti-Bullying and Harassment	Specialty Registrar (Trust Grade)
Conduct	MHPS	Consultant (honorary)
Conduct	Preliminary Investigation	Consultant
Conduct, Anti-Bullying and Harassment	MHPS, Grievance (Stage 3)	Consultant
ET Claim	ET Claim	Consultant (ex-employee)

Concerns may present themselves through complaints, serious incidents or never events and DATIX reports. Information may be held by the quality and safety team, the medical directors office (Exec Assistant to the MD, supports the GMC work) and People Services. Our existing record keeping is still in the process transitioning from being paper/"manual" electronic system to an "organised" electronic system (ER Tracker)

Action for next year: Continue to embed the use of ER tracker to more easily monitor process and outcomes and to store documentation regarding concerns and to ensure that equality and diversity data are also recorded.

Reports on Medical Employee Relations casework (including a high level summary of activity and an analysis of themes) to be provided to Committee meetings to ensure oversight and scrutiny.

- 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

Comments: The RO responds to requests from other organisations for information about doctors and responded to a number of GMC enquiries into doctors who had at some time, been employed in or had worked in, UHL. The RO has 3 monthly meetings with the managers of the 2 local private hospitals and the Post-Graduate Dean during which cases of mutual interest are discussed.

Medical Practitioner Information Transfer (MPIT) forms are completed when doctors move from UHL to another designated body, on request from the new DB, and the requesting of information from previous organisations when doctors join UHL is part of the recruitment process. The MPIT process is a post-appointment process and is not taken into account as part of selection of candidates.

In September 2020 it was identified that not all new starters to UHL had a (MPIT) form requested from the Doctors previous Responsible Officer. The following remedial actions have been put in place:

- * The Medical Staffing Manager has produced a new RO Process flow chart and email wording in September 2020 which details when the MPIT form should be requested.

- * The Medical Staffing Manager has completed full training with the Medical Recruitment Team. This took place in September 2020, with follow up training in October 2020.

- * The recruitment system has been updated for all Medical posts. The MPIT form request is now a mandatory check that appears automatically when a doctor is moved into conditional offer stage. This check now needs to be completed and marked as a success before a contract can be issued and the recruitment file closed down.

- * A monthly audit spreadsheet has been created by the Medical Staffing Manager and saved in the Recruitment Services management drive. Five random spot checks are now being completed by the Medical Staffing Manager each month to ensure full employment checks are being completed and comply with national standards.

- * Medical process maps have been created to use as training guides for new starters and current employees.

A detailed report on this was taken through EPCB in August.

Action for next year: Continue with updated process and monitoring to ensure it is working effectively and to explore strengthening the reporting processes already in place through extracting data from Trac and using QlikSense.

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

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).

Comments: All cases of concerns were considered and had oversight by the monthly Medical Conduct which is multidisciplinary and relies on the professionalism of senior members of staff involved.

Medical case work is undertaken in line with the National Framework document, 'Maintaining High Professional standards in the NHS' (MHPS).

Action for next year: As described above.

Reports on Medical Employee Relations casework (including a high level summary of activity and an analysis of themes) to be provided to Committee meetings to ensure oversight and scrutiny.

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.

Comments: Further consideration has been given to how to robustly monitor the existing checking process and to ensure that these checks are also applied to doctors employed solely through the bank arrangements.

Recruitment Services use an end to end recruitment system for all fixed term and substantive medical vacancies. Recruitment Services are also responsible for the pre-employment checks for medical bank worker arrangements.

Recruitment Services is a centralised recruitment function and conducts the recruitment of all posts into the organisation to ensure full compliance with all of the NHS Employers 'Employment Check Standards'. A dedicated team for doctors conducts the recruitment of all non-trainee (and trainee) Doctors in line with these standards which consist of the following checks:

- Identity Checks
- Right to Work Check
- Professional Registration and Qualifications Check e.g. GMC Registration
- Employment History and References Check

- Criminal Record Checks
- Workplace Health Assessment Check

The Recruitment Services team also do the national alert checking direct via Healthcare Professional Advisory Notice (HPAN) system.

The Trac recruitment system follows a dashboard system of Red, Amber, Green to indicate checks that are complete or not.

Recruitment Services see original documents and these are scanned into the UHL system and stored on the applicants recruitment file.

For Medical staff, following appointment, the MPIT form is sent to the previous Designated Body as per the responsible officer process to ensure any information that should be shared with UHL is known.

Recruitment managers do monthly spot checks to ensure the Recruitment assistants are completing all checks as per the NHS standards

Employment checks also cover medical practitioners with honorary contracts with UHL. In September 2020 a review of our processes was undertaken with learning identified and changes made. A paper detailing this was taken through the August meeting of the EPCB.

Action for next year: Once further process redesign has taken place following the move of the Temporary Staffing structure into the People Services Directorate, a further review will be carried out as part of audit schedule with PWC.

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**

A large number of appraisals were cancelled in the 2020/21 cycle due to the pandemic but a significant number were still carried out and these were done in line with the Appraisal 2020 recommendations.

Revalidations between March 2020 and July 2021 were deferred by the GMC and when the ability to make recommendations was restored UHL have made all recommendations on time.

The new appraisal software system (SARD) is functioning well.

The MPIT and honorary contract processes within the trust have been strengthened

- **Actions still outstanding**

Restoration of appraiser top up training

Completion of the migration of the management of temporary medical staff into the People Directorate.

- **Current Issues**

Confirm demand and capacity for appraisal and recruit more appraisers.

- **New Actions:**

Repeat of the 2016 audit of medical governance by PWC.

Overall conclusion:

UHL is compliant with the Responsible Officer regulations and at present has enough resources to support the necessary processes, although there is pressure on the appraisal system from the increasing number of short term medical employees and appraiser retirements and resignations. HR processes have been reviewed and strengthened and the changes made will continue to be monitored.

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: _____

Name: _____

Signed: _____

Role: _____

Date: _____

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