

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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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 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.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

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 in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide 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,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board of Bradford Teaching Hospitals FT can confirm that:

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

Action from last year:

No change from 2022

Comments:

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

Action for next year:

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

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

Yes

Action from last year:

Resources in place to support continued training including the Supporting Professional Activity of individual Medical Appraisers in support of the Responsible Officer. Resources in place to support the Revalidation and Appraisal Officer and Associate Medical Director for Professional Medical Standards - also in support of the Responsible Officer.

Comments:

Support in 2022-23 included funding to train an additional 12 appraisers thus facilitating on-going timely trust-wide medical appraisal. Training also included a programme of appraisal related Continuing Professional Development aimed at existing Medical Appraisers

Action for next year:

Ongoing support for appraiser recruitment in the next 12-24 months in order to replace retiring Medical Appraisers and expand current Medical Appraiser numbers.

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

Action from last year:

A record of all doctors connected to BTHFT is maintained by the Appraisal and Revalidation Officer with support from Human Resources for BTHFT

Comments:

A process is in place to continually review all connected doctors via the GMC database and cross-reference this against the Electronic Staff Database (ESR) in order to ensure the baseline data is maintained and up to date. Additional administrative support is in place to support this process.

Action for next year:

No anticipated change in practice

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

Action from last year:

The BTHFT Medical Appraisal and Revalidation Policy is available to view by all staff via the Trust Intranet. This has been reviewed and updated in April 2023. Annual participation in appraisal and review of 360 medical feedback processes as per revalidation guidance are monitored by the Associate Medical Director for Professional Medical Standards and the Appraisal and Revalidation Officer with support, advice and guidance offered to both appraisees and appraisers where required.

There is regular review of individual portfolios with agreed terms of reference by the Responsible Officer, Associate Medical Director for Professional Medical Standards and the Appraisal and Revalidation Officer to ensure standards are met/maintained.

Urgent concerns are escalated directly to the Responsible Officer where necessary.

Comments:

As above, the BTHFT Medical Appraisal and Revalidation policy document has been reviewed and updated to reflect changes in staff, changes in our appraisal software and to amend a minor error in scheduled review dates. The policy update has also included an update to the Terms of Reference of the Appraisal and Revalidation Committee

Action for next year:

No anticipated change in practice

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

Actions from last year

BTHFT has previously been part of a 3-way peer review group however this review process has not taken place regionally since the onset of the Covid-19 pandemic and resultant pause in the appraisal and revalidation processes. BTHFT have however completed an internal independent review (completed by Audit Yorkshire – August 2022) with the Trust's overall compliance with the appraisal and revalidation process rated as 'Significant Assurance'

Comments:

There were 4 recommendations arising from the internal audit by Audit Yorkshire – one was rated as moderate and three rated as minor. No recommendations were rated as major. All recommendations have now been addressed / actioned.

Action for next year:

Responsible Officer awaiting information with regards to the resumption of the regional peer review process

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

Action from last year:

Support is offered to all doctors on short term placements including doctors in locum posts in the form of an offer of an appraisal or an abridged appraisal and includes doctors who are connected to another designated body. All doctors are supported by the Trust in Continuing Personal Development and with regards to Governance processes.

Comments:

There are recognised challenges due to the occasional unpredictability of individual doctors' length of employment at BTHFT.

Action for next year:

There is continual work to try and improve systems to identify doctors on short term placements in a timely fashion and to ensure they receive the appropriate support as above.

Section 2a – Effective Appraisal

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.¹

Action from last year:

We have recently moved from the MAG 2020 format to MAG 2022 such that all doctors now undertake annual appraisal based on MAG 2022. The format facilitates review of each doctors' whole scope of practice including information about complaints, significant events and outlying clinical outcomes. The MAG 2022 format (and previously MAG 2020) has enabled better support of appraisees by appraisers. This includes escalation of concerns (wellbeing and otherwise) as required.

Comments:

90.78% of doctors connected to BTHFT received an Outcome Measure 1 for the appraisal period 2022 to 2023. 8.81% were allocated an Outcome Measure 2 – this included doctors with extended leave such as sick leave/maternity, and included doctors who had recently connected to us but who had not been in post long enough to have undergone an appraisal. 2 doctors received an Outcome Measure 3 – this was felt to be atypical for both doctors concerned and has been addressed by the Responsible Officer. Both doctors have now completed an early appraisal for 2023-2024.

Action for next year:

Allow MAG 2022 to become embedded within the Trust.

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

Action from last year:

As per Question 1 (Q6), 8.81% of doctors at BTHFT were assigned an Outcome Measure 2 – this included doctors on extended leave (sick leave or otherwise) as well as doctors who had joined the Trust too recently to have been able to complete an appraisal. 2 doctors were attributed an Outcome Measure 3 – as above this was felt to be atypical for both doctors as both had previously had very strong appraisal histories and was addressed by the

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), 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 moved to the revised model may want to describe their plans in this respect.

Responsible Officer. Both doctors have now completed an early appraisal for 2023- 2024.

Comments:

As per Question 1, we have recently moved from the Appraisal 2020 format to the Appraisal 2022 format thus allowing enhanced support to appraisees by appraisers.

Action for next year:

No immediate anticipated change

8. 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:

The Appraisal and Revalidation Policy for Consultants and Doctors in Non-Training Posts has recently been reviewed and updated (April 2023). This is accessible to all staff via our Trust-wide Intranet.

Comments:

Compliant with national policy

Approved by the Education and Workforce Sib-Committee/Trust Operational Group

Action for next year:

No anticipated change – next policy review date expected in 2028.

9. 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:

Recruitment of appraisers is under continual review. Recent recruitment of an additional 12 appraisers in January 2023 has brought our overall number of appraisers to 91 and, in view of retirements and an increase in GMC connections, has maintained our Appraiser:Appraisee ratio of 1:5.5. An increase in the number of GMC connections combined with on-going retirements means that recruitment is a continual process.

Comments:

Action for next year:

Continued review of appraiser numbers with anticipation of impending retirements spanning 2023/2024 allowing timely recruitment of new appraisers in order to maintain/enhance appraiser:appraisee ratios (anticipated optimal ratio of 1:4 as per NHSE guidance). It is anticipated

that we will hold further new appraiser training in 2024-25 having recently completed training.

10. 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:

All appraisers receive aggregated feedback from their appraisees on an annual basis – this includes numerical and non-numerical data. Appraisers also attend regular local Appraiser Network meetings with an opportunity for discussion of any issues arising at the meetings. A local Quality Assurance audit based on the NHSE ASPAT form is also held annually with learning points from the audit being disseminated to all appraisers.

In addition, all established appraisers have recently undergone a Continuing Professional Development update in appraisal (Supporting Experienced Appraisers) as per guidance in 2022/23. As per Question 6, peer review has yet to be re-established within the region.

Comments:

Whilst peer review has yet to be re-established within the region, BTHFT have undergone an Internal Audit (completed by Yorkshire Audit – August 2022) with assurance of our medical appraisal processes being rated as 'significant'.

Action for next year:

Continue processes as above. Participate in peer review once this is re-established within the region.

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

11. 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:

The Appraisal and Revalidation Committee meets biannually to review medical appraisal processes within the Trust and to ensure that Terms of Reference for the process remain fit for purpose. Information from supporting processes feed into the committee meeting such as outcomes from Quality Assurance Audits and Minutes from Local Network Meetings.

Findings are reported to the Trust People Academy which is a Committee of the Board of Directors.

Comments:

Action for next year:

No anticipated change to practice

Section 2b – Appraisal Data

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

Name of organisation:	Bradford Teaching Hospitals NHS Foundation Trust
Total number of doctors with a prescribed connection as at 31 March 2023	488
Total number of appraisals undertaken between 1 April 2022 and 31 March 2023	443
Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023	45
Total number of agreed exceptions	43

Section 3 – Recommendations to the GMC

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

Action from last year:

BTHFT continues to make fitness to practice recommendations for all doctors with a prescribed connection and in accordance with GMC guidelines/requirements.

For the period 2022-23, a total of 49 revalidation submissions were made, of which 6 submissions were requests for deferral. One deferral was on the basis of an interruption to practice due to extended sick leave. The remaining deferrals were based on insufficient evidence being available at the time submission. There were no late submissions for the period 2022-2023.

Comments:

Action for next year:

No anticipated change in practice.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Action from last year:

All doctors are contacted by the Appraisal and Revalidation Officer, supported by the Associate Medical Director for Professional Medical Standards prior to their revalidation due dates. Where the recommendation is one of deferral, a clear explanation and set of objectives are communicated to the individual doctor. Where concerns are raised with regards to non-engagement, in addition to the measures above, this is escalated to the Responsible Officer for further management.

Comments:

Action for next year:

No change anticipated to current practice.

Section 4 – Medical governance

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

Action from last year:

The current Clinical Governance Framework was implemented in 2015 allowing doctors to access relevant information in relation to their specialty and individual practice. The Quality Academy was launched in 2021 with monthly meetings and a focus on safety and quality. This promotes a culture of learning and improvement with the resultant enhanced assurance. The Quality Governance Framework for the Trust has been amended in 2023 to support the new Clinical Service Unit structure which was implemented in September 2022.

Comments:

Action for next year:

No change anticipated to current practice.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year:

The Trust Incident Reporting System (Datix) provides all doctors with supporting information required for inclusion in appraisal portfolios. This information is provided to individual doctors by the Appraisal and Revalidation Officer in advance of their projected appraisal due dates. Additional corporate processes provide information to doctors about compliments, complaints and claims for inclusion and reflection within portfolios.

Where doctors provide medical care/services outside BTHFT, the same information is sought by the individual doctor for inclusion and discussion within the appraisal process.

Comments:

Action for next year:

No anticipated change to current practice.

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation

and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:

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

Comments:

Action for next year:

No change to current practice anticipated.

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

Action from last year:

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

Comments:

Action for next year:

No change to current practice anticipated.

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

Action from last year:

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

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

The Appraisal Office both requests information from and gives information to other designated bodies with regards to the movement of a connected doctor to or from our Trust. In addition, there is a process for dialogue between Responsible Officers and/or transfer of information between Responsible Officers should any particular areas of concern with regards to connected doctors be highlighted.

Comments:

Action for next year:

No anticipated change in practice.

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Action from last year:

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

Comments:

Action for next year:

No anticipated change to practice

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year:

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

As part of the checks, registration and qualifications of individual doctors are checked in addition to their professional registration being monitored. All checks are managed through the Human Resources Department and policies/procedures are disseminated to and understood by all managers involved in the recruitment process. This applies to all doctors employed at BTFHT including doctors with short term contracts and those undertaking locum / bank work.

Comments:

Action for next year:

No anticipated change in practice

Section 6 – Summary of comments, and overall conclusion

Please use the Comments Box to detail the following:

General review of actions since last Board report

At 31st March 2023, 488 doctors had a prescribed GMC connection with Bradford Teaching Hospitals NHS Foundation Trust. Of these, 340 were Consultant staff, 38 were Specialty Doctor grades and 110 were Doctors with temporary or short-term contracts.

On 31st March 2023, 443 (90.78%) doctors had received an Outcome Measure 1 (Completed appraisal) and 43 (8.81%) doctors were allocated an Outcome Measure 2 (Approved Missed). This includes doctors on extended sick leave, maternity leave, recent retirements and doctors with a very recent connection to BTHFT such that they would not have been in post long enough to have undergone the appraisal process. Reflected in this cohort of doctors receiving an Outcome Measure 2 is a higher proportion of recently connected bank and locum doctors as compared to pre-pandemic figures suggesting a change in employment preferences/patterns by Junior Doctors since the advent of the Covid-19 pandemic.

2 doctors (0.41%) were allocated an Outcome Measure 3 (Unapproved Missed Appraisal) for this period. This was felt to be atypical for both doctors as both have previously demonstrated good engagement with the appraisal and revalidation process and was felt to be reflective of pressures elsewhere. This was escalated to the Responsible Officer as appropriate. Both doctors have subsequently completed an early appraisal for 2023-2024.

A total of 49 revalidation submissions were made for the period 2022 to 2023. Of these, 43 were positive recommendations for revalidation and 6 were recommendations for deferral. Where deferral recommendations were submitted, this was largely on the basis of insufficient evidence to support a positive recommendation. One doctor was deferred as a result of an interruption to practice due to extended sick leave.

There were no deferrals based on a doctor being subject to an on-going process for the period 2022-23.

12 new appraisers were trained/recruited in 2022-23 bringing our overall appraiser number to 91 and maintaining our appraiser : appraisee ratio at 1:5.5 allowing for continued distribution of the appraisal workload. Despite our continued significant appraiser recruitment, a combination of upcoming retirements and an overall increase in the number of connections to the Trust means that on-going programme of recruitment will be necessary in order to achieve the NHSE recommended Appraiser:Appraisee ratio of 1:4 in the future.

Continuing Professional Development in appraisal was also delivered to our established appraisers (Supporting Experienced Appraisers) by an external company between December 2022 and February 2023 with excellent feedback.

Regular Local Appraiser Network Meetings have now resumed as an opportunity to disseminate information relating to changes in process/NHSE guidance, and to provide an opportunity for discussion and feedback of the appraisal process by our appraisers. The network meetings also provide an opportunity for us to review progress with our new appraisal platform, PReP.

We have also resumed our Quality Assurance Audits based on NHSE's ASPAT form, the results of which are used to disseminate learning for appraisers. Additionally, the Appraisal and Revalidation Committee have also resumed meetings thus enhancing assurances that our processes are fit for purpose.

BTHFT underwent an Internal Audit of our Appraisal and Revalidation processes in 2022. This was undertaken by Yorkshire Audit. The results of the audit were finalised in August 2022 and the assurance in the Appraisal and Revalidation process was rated as 'Significant'. There were 4 recommendations from the audit (one rated as moderate, three rated as minor). All recommendations have now been actioned/completed.

Actions still outstanding:

Peer review has yet to be restarted within the region following the pandemic. We would expect BTHFT to participate in this at the point where it is restarted. As above, BTHFT have undergone an Internal Audit and assurances of our processes have been rated as 'Significant'.

A trust-wide medical appraisee satisfaction survey of the processes in place is to be undertaken in the next 12 - 18 months.

Current Issues:

BTHFT has continued to experience sustained pressures, the causes of which are multifactorial. In keeping with other acute trusts, this has included on-going issues with both medical and non-medical workforces, combined with the impact of strike action by different groups of healthcare professionals. This has meant that many departments/clinicians have remained under pressure thus impacting on non-clinical activity. Despite this, our appraisers and appraisees have worked hard to achieve a Category 1 appraisal rate of 90.78% for which we are grateful. We migrated to new appraisal software in April 2021 (PReP) which has allowed us to adopt initially MAG 2020, and more recently MAG 2022 thus allowing our appraisers to provide appraisees with enhanced support.

As part of this migration, we are in the process of introducing an 'app' (Centric) relating to our new software and designed for use on a handheld device in order to facilitate contemporaneous recording of appraisal information by both appraisees and appraisers. Once embedded this would allow us to also address our current 360 feedback system (currently electronic colleague feedback, and paper-based patient feedback) to allow a fully electronic system, again hopefully enhancing the quality of appraisee feedback.

New Actions:

- Participate in Peer Review once this process is resumed within the region.
- Continue on-going programme of appraiser recruitment and CPD for established appraisers.
- Introduce software application to facilitate contemporaneous entry by use of handheld devices thus facilitating user engagement.
- Begin the process of updating 360 feedback platform to a more updated and accessible electronic platform.
- Complete a Trust-wide user satisfaction survey of medical appraisees over the next 12-18 months.

Overall conclusion:

In keeping with many Acute Trusts, BTHFT have continued to face a number of multifactorial challenges following the pandemic. Despite this we have managed to achieve an overall appraisal rate of 90.78% - this is similar to our pre-pandemic rates of appraisal and is testament to the engagement of both our appraisers and appraisees. We have recently moved from the Appraisal 2020 format to the Appraisal 2022 format, both of which have allowed our appraisers to provide enhanced support to our appraisees. We have now restarted all our pre-pandemic appraisal processes (e.g. local Network Meetings, Committee Meetings), have recruited 12 new appraisers and provided a CPD update in appraisal to our established appraisers.

As above, the process of Peer Review has not as yet resumed within our region. However, BTHFT underwent an Internal Audit (Final Report August 2022, undertaken by Yorkshire Audit) which has rated the assurance of our appraisal processes as being 'significant'. There were 4 recommendations (one moderate/three minor) arising from the audit, all of which have now been actioned.

Section 7 – Statement of Compliance:

The Board of Bradford Teaching Hospitals FT 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.

Official name of designated body: Bradford Teaching Hospitals Foundation Trust

Name: Professor Mel Pickup

Signed: _____

Role: Chief Executive Officer

Date: _____

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This publication can be made available in a number of other formats on request.

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