

TRUST BOARD
28th September 2017

AGENDA ITEM NUMBER	7.1	
TITLE OF PAPER	MEDICAL APPRAISAL AND REVALIDATION ANNUAL BOARD REPORT	
Confidential	NO	
Suitable for public access	YES	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
NONE		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	<input checked="" type="checkbox"/>	
Excellent experience	<input checked="" type="checkbox"/>	
Skilled & motivated teams	<input checked="" type="checkbox"/>	
Top productivity	<input type="checkbox"/>	
EXECUTIVE SUMMARY		
	<p>This report provides an audit of compliance with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) for the period 1st April 2016 to 31st March 2017 at Ashford and St. Peter's Hospitals NHS Foundation Trust.</p> <p>The report details the compliance with the RO Regulations and highlights any shortfalls with an action plan to address.</p>	
RECOMMENDATION:	Accept the report and approve the Statement of Compliance (Appendix I)	
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	The purpose of revalidation is to assure patients and the public, employers and other healthcare professionals that licensed doctors are up to date and fit to practise.	
Patient impact	See above.	
Employee	See above	
Other stakeholder	See above	
Equality & diversity		
Finance		

Legal	The Trust, as a Designated Body, has the statutory requirement to comply with the Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).
Link to Board Assurance Framework Principle Risk	
AUTHOR NAME/ROLE	Dr David Fluck, Responsible Officer
PRESENTED BY DIRECTOR NAME/ROLE	Dr David Fluck, Responsible Officer. Further information is available from Dr David Fluck.
DATE	20 September 2017
BOARD ACTION	Assurance and Approval

ANNUAL BOARD REPORT MEDICAL APPRAISAL AND REVALIDATION

**Annual Audit of Compliance with the Medical Profession
(Responsible Officers) Regulations 2010 (as amended
2013) for the period 1st April 2016 to 31st March 2017**

**Dr David Fluck
Responsible Officer**

September 2017

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1. Executive summary

This report contains data surrounding the completion and sign off of appraisal and revalidation recommendations, as well as other Responsible Officer activities at Ashford and St. Peter's for the period 1st April 2016 to 31st March 2017.

NHS England has produced A Framework for Quality Assurance for Responsible Officers and Revalidation to ensure compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013), which includes a set of core standards. This report highlights where the Trust meets those standards and where there are shortfalls.

The table below sets out some of the key data:

	2015/16 (1st April 2015 to 31st March 2016)	2016/17 (1st April 2016 to 31st March 2017)
No of doctors with a prescribed connection to ASPH	301	316
No of completed appraisals within the appraisal year	255 (84.7%)	270 (85.4%)
No of revalidation recommendations made	105	12
No of revalidation deferrals made	32*	13*

*Some of these are individual multiple deferrals within the period 1/4/16 to 31/3/17. See paragraph 5 for further information

The ASPH completed appraisal rate for 2016/17 is 85.4% compared with the same sector (Acute Hospital/Secondary Care Foundation Trust) rate of 86.6% (see **Appendix A** page 19 - Medical Revalidation Annual Organisational Audit (AOA) Comparator Report) and the previous year's ASPH Appraisal rate of 84.7% for 2015/16. Please see further comments at Paragraph 4.a regarding this year's appraisal rate.

The majority of doctors were revalidated by 31st March 2016. There will be fewer doctors being revalidated up to the start of the 2nd cycle on 1st April 2018 and this period is being used to consolidate our processes.

A Development/Action Plan to address outstanding areas for improvement is attached at **Appendix H**.

2. Purpose of the Paper

The purpose of this report is to assure the Board that the systems underpinning the recommendations that the Trust makes to the GMC on doctors' fitness to practise, including the arrangements for medical appraisal and responding to concerns, are in place, functioning, effective, consistent with those in other designated bodies and compliant with nationally agreed standards and that where there are any gaps or shortfalls in those systems, robust action plans are in place to achieve compliance with the regulations.

3. Background

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations¹ and it is expected that provider 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; and
- 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.

This is the fourth annual report.

¹ The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (License to Practice and Revalidation) Regulations Order of Council 2012'

4. Medical Appraisal

a. Appraisal and Revalidation Performance Data

The table below contains details of numbers of doctors with a prescribed connection with ASPH in the two years ending 31st March 2017 and completed appraisal rates for doctors by role/job title:

Job Title/Role	Number of Doctors with a Prescribed Connection 2015/16	Completed Appraisals 2015/16*	Number of Doctors with a Prescribed Connection 2016/17	Completed Appraisals 2016/17*
Permanent Consultants (incl. Honorary Contract Holders)	196	174	204	185
Permanent Staff Grade, Associate Specialist, Specialty Doctor (incl. Hospital Practitioners and Clinical Assistants)	49	41	41	38
Temporary or short-term contract holders (Temporary employed staff including locums directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc.)	56	40	71	47
Total	301	255	316	270

*A completed annual appraisal is one where the appraisal meeting took place between 1st April and 31st March, for which the outputs have been signed off by the appraiser and appraisee.

Of the 46 who did not complete an annual appraisal between 1st April 2016 and 31st March 2017, 14 did not gain prior approval for deferral of appraisal from Dr David Fluck, the Trust's Responsible Officer (**Appendix A**: page 21, Medical Revalidation Annual Organisational Audit (AOA) Comparator Report). We describe how this has been addressed below. Further information for missed/incomplete appraisals in 2016/17 can be found at **Appendix B: Annual Report**: Audit of all missed or incomplete appraisals.

In the last Annual review Period, NHS England revised the parameters for the frequency of appraisals from 9-15 months to 9-12 months following the last appraisal meeting. Our Medical Appraisal and Revalidation Policy was updated in March 2017 in line with this and other updated guidance. The Trust was concerned that the change in the appraisal frequency parameters would negatively affect the appraisal rate in 2016/17 and this was discussed in the previous Board Report. These concerns were unfounded.

During this period we consolidated our processes. The appraisees are supported by the Medical Appraisal and Revalidation Manager (appointed in November 2015) and a robust appraisal reminder process is in place. The resulting appraisal rate of 85.4% in 2016/17 was slightly improved on the Trust's previous year's appraisal rate of 84.4%.

The Divisional Directors assumed the responsibility for the appraisal final sign off during the last reporting period. This ensures that the Divisional Directors are aware of the objectives and Personal Development Plans of the medical staff within their division and that these are in line with the Divisional objectives.

In line with last year's action plan, the Head of Medical Workforce and the Medical Appraisal and Revalidation Manager have:

- Completed the update to the Medical Appraisal and Revalidation Policy, which was approved by TEC in March 2017.
- Ensured that the Divisional Directors have access to Monthly Appraisal spreadsheets
- Ensured that becoming due, overdue and incomplete letters are sent to the doctors with a prescribed connection on a regular basis.
- Liaised with the CRMS Support Team to successfully implement the automated email CRMS appraisal reminders for appraisals that are becoming due or are overdue.
- Issued 'Failure to Participate in the Process' letters to doctors who have failed to engage with the appraisal process.
- Doctors who did not participate in the process attended a meeting with the Responsible Officer, the Head of Medical Workforce and/or the Medical Appraisal and Revalidation Manager. These meetings have resulted in all non-participating doctors re-engaging with the process; no doctors have been referred to the GMC for non-engagement during this review period. However, any future evidence of non-engagement by the same doctors will result in an immediate referral to the GMC.
- Updated the Appraisal Spreadsheet to include data from any returned forms describing why the doctor has missed an appraisal.
- Liaised with the CRMS Support Team to successfully implement the automated CRMS email appraisal reminders for incomplete appraisals that have not been signed off within 28 days of the appraisal meeting.
- Organised Appraiser Refresher training sessions (facilitated in June 2017 and July 2017).
- Ensured the Ashford and St Peters Temporary Staffing Team are verifying that Agencies are undertaking the appropriate pre-employments checks.

The Medical Appraisal and Revalidation Manager has also:

- Ensured that the Quarterly Audit Reports and the Annual Audit have been submitted on time to NHS England.
- Continued to develop the appraisal QA checklist to ensure consistency and continuity for every appraisal before referring the appraisal to the Divisional Director for the final sign off, **Appendix C**.
- Liaised with the DATIX Administrator to review and enhance the reporting and linking of doctors to events and complaints within DATIX to improve the Quality of Risk Profiles as supporting information in appraisals (included as an action for 2017/18 – **Appendix H**).

There was one outstanding action from 2016/17: to provide structured written feedback to appraisers. This this was not facilitated due to the retirement of the Lead Appraiser. This will be addressed in 2017/18 on appointment of the new Chief of Patient Safety and Lead Appraiser.

b. Appraisers

	2015/16	2016/17
Ashford & St Peter's Trained Medical Appraisers	63	72

In 2016/17, the Medical Appraisal and Revalidation Manager and the Head of Medical Workforce organised Medical Appraiser Refresher training sessions for the Medical Appraisers who were trained in 2012/13. Two sessions ran in June 2017 and July 2017 with a further session to be confirmed for the doctors who were unable to attend.

There was increase in Trained Medical Appraisers during 2016/17 for the following reasons:

- To facilitate an increase in the doctors with a prescribed connection to the Trust requiring Medical Appraisal
- To facilitate the Framework of Quality Assurance in respect of the frequency of appraisals and the requirement that an appraisee should have no more than three consecutive appraisals with the same appraiser and must then have a period of at least three years before being appraised again by the same appraiser.

The Divisional Directors are responsible for periodically reviewing the database of appraisers within their Division, with the aim of ensuring that a fully trained establishment of appraisers is maintained by regular training and selection of new appraisers as required.

c. Quality Assurance

The QA of appraisals is completed by the Medical Appraisal & Revalidation Manager via the bespoke appraisal checklist prior to the final sign off by the Divisional Director – see **Appendix C: Appraisal Review Checklist**,

The Quality Assurance Audit results can be found at **Appendix D: Quality assurance audit of appraisal inputs and outputs**. This shows an improvement on last year's results based on an audit of 20 appraisals as follows:

Quality Assurance Audit	2015/16 Number of appraisal portfolios sampled	2015/16 Number of sampled appraisals deemed acceptable	2016/17 Number of appraisal portfolios sampled	2016/17 Number of sampled appraisals deemed acceptable
Is the portfolio sufficiently complete for the stage of the revalidation cycle	20	18	20	19

5. Revalidation Recommendations

Recommendations made between 1 st April 2016 to 31 st March 2017	Recommendations Completed		Positive Recommendations	Deferral Requests	Non-Engagement Notifications
	On time	Not on time			
25	25	0	12	13	0

Between 1st April 2016 and 31st March 2017, 25 revalidation recommendations were made. Of the 13 deferrals requested, 8 were due to insufficient supporting information and 5 were due to a local on-going process.

The 13 revalidation deferrals in 2016/17 relate to 9 individual doctors, 4 were revalidated in the review year, 2 were revalidated in 2017/18, 2 have left the Trust and 1 has been deferred for an ongoing process.

See **Annual Report Appendix E: Audit of revalidation recommendations**.

6. Recruitment and engagement background check

In 2016/17, the period of this report, Ashford and St Peter's had contracted with Asclepius who were responsible for ensuring that Agencies had completed the pre-employment checks. We were unable to establish 100% compliance in this area. In May 2017 the Ashford and St Peter's Temporary Staffing Team assumed responsibility for checking that the agencies complete this pre-employment process.

It has not been possible to provide robust management information on the number and duration of individual agency locum attachments as this data is not captured centrally but held by both Asclepius and Brookson's.

See **Annual Report Appendix F**: Audit of recruitment and engagement background checks.

During this reporting period, NHS England has advised that it is no longer appropriate for an RO Transfer of Information Reference be sought prior to doctor's commencement in a new organisation. As a result, we have initiated a variation in our pre-employment processes to ensure that this information is sourced immediately following the appointment of a new doctor to the Trust. In addition, all doctors offered employment must provide a copy of their last appraisal prior to appointment and will be required to declare in the pre-employment questionnaire whether they have been subject to any current unresolved or relevant complaints, claims or inquests, any serious or untoward incidents which are current, any unresolved or relevant previous concerns and any disciplinary investigations.

7. Responding to Concerns and Remediation

The process and procedures that the Trust follows in responding to concerns about a doctor are set out in the Conduct, Capability, Ill-health and Appeals Policies and Procedures for Practitioners (Doctors and Dentists) and complies with the requirements of Maintaining High Professional Standards in the NHS (HSC 2003/12).

During the period 1st April 2016 to 31st March 2017, there were 15 doctors who had concerns highlighted about their practice. 2 consultants underwent formal remediation during this period.

See **Annual Report Appendix G**: Audit of concerns about a doctor's practice.

8. Risks and Issues

The Medical Profession (Responsible Officers) Regulations 2010 do not allow for an RO Transfer of Information Reference to take place prior to doctor's commencement in a new organisation. Whilst we have introduced a new process to mitigate any risk (see point 6, paragraph 3) the new process is somewhat reliant on the doctor's probity.

9. Corrective Actions, Improvement Plan and Next Steps

The Ashford & St. Peter's Action Plan for Appraisal and Revalidation at **Appendix H** contains details of the corrective actions, improvements and developments which are required to ensure future compliance with the regulations.

The majority of doctors were revalidated by 31st March 2016. There will be fewer doctors being revalidated up to the start of the 2nd cycle on 1st April 2018 and this period is being used to consolidate our processes.

10. Recommendations

The Board is asked to accept this report, which will be shared, along with the Annual Organisational Audit, with the higher level Responsible Officer.

The Board is required to approve the "Statement of Compliance", attached at **Appendix I**, confirming that the organisation, as a designated body, is in compliance with the regulations.

**Appendix A: 2016/17 Medical Revalidation Annual Organisational Audit (AOA)
Comparator Report.**



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Publications Gateway Reference 06810

Dr David Fluck
Responsible Officer
Ashford & St. Peters Hospitals NHS Foundation Trust

Dear Dr Fluck

**Medical Revalidation Annual Organisational Audit (AOA) Comparator Report
for: 875 - Ashford & St. Peters Hospitals NHS Foundation Trust**

I am writing to thank you for submitting a response to the NHS England 16/17
Annual Organisational Audit (AOA) exercise.

Please find enclosed a report that sets out your response to the exercise. The report
also compares your organisation's submission with that of other designated bodies
across England, both in a similar sector and nationwide.

The AOA exercise is designed to help designated bodies assure themselves and
their boards (or equivalent management bodies) that the systems underpinning the
recommendations they make to the General Medical Council (GMC) on doctors'
fitness to practice, and the arrangements for medical appraisal and responding to
concerns, are in place and functioning effectively. Similarly, it provides a mechanism
for assuring NHS England that the systems in place are functioning effectively and
consistently.

In this the fourth year of the AOA, and the eighth consecutive year of monitoring medical revalidation, I am pleased to report a continuing upward trend, not only in the overall appraisal rate, but also the improvement of the system in general. I would like to thank you once again for your continued work to ensure that thorough revalidation and clinical governance processes are in place across the healthcare system.

On reviewing the results presented below, designated bodies should produce an action plan to address any development needs that are identified. If you need support in improving any element of your revalidation systems, your local revalidation team (contact details below) can help you.

Your higher level responsible officer	Dr Nigel Acheson
Your local revalidation team's lead contact	Ros Crowder
Your local revalidation team's contact details	england.revalidation-south@nhs.net

Board-level accountability for the quality and effectiveness of these systems is important and this report, along with the resulting action plan, should be presented to the board, or an equivalent management body. Including the report in an NHS organisation's Quality Account is also good practice.

This letter has been sent to the responsible officer recorded in the AOA return at 31 March 2017. If you are no longer the responsible officer, please pass this report on to the new responsible officer immediately, or to the Chief Executive of the organisation. If there are any changes to notify, or you have any queries, please contact your local revalidation team.

Please note that for transparency and openness, your submitted AOA return will be shared with your higher level responsible officer and some elements of the return will be shared with the appropriate regulatory bodies.

A more detailed report including the anonymised results of all organisations involved in this AOA exercise will be published in the autumn.

I would like to take this opportunity to thank you for providing assurance to your higher level RO, and to NHS England, of your processes. Further information on revalidation can be found at www.england.nhs.uk/revalidation

Yours sincerely

Dr Mike Prentice Revalidation Lead NHS England

cc: Your higher level responsible officer

cc: Your local revalidation team's lead contact

YOUR ANNUAL ORGANISATIONAL AUDIT

Analysis is based on the total of 821 returns from designated bodies (DBs) to the 2016/17 Annual Organisational Audit (AOA) exercise for the year ending 31 March 2017 which had been received by NHS England by 21 July 2017

The following information is presented as per your own AOA submission.

Name of designated body:	Ashford & St. Peters Hospitals NHS Foundation Trust
Name of responsible officer:	Dr David Fluck
Sector:	Acute hospital/secondary care foundation trust
Prescribed connection to:	NHS England (Regional Team - South)

Please note:

a) In some instances, data was not suitable for comparative reporting. In these cases your own response may be reported, but comparative data is not. An explanation is given for this within the report. If you require further information on these areas, please contact your local revalidation lead:

Ros Crowder at england.revalidation-south@nhs.net.

b) Only the questions asked are presented below. Please refer to AOA 2016/17 for the full indicator definitions if required.

2016/17 AOA indicator SECTION 1: The Designated Body and the Responsible Officer		Your organisation's response	Same sector: DBs in sector: 99	All sectors: Total DBs: 821
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in all sectors and (%) that said 'Yes'
1 .4	A responsible officer has been nominated/appointed in compliance with the regulations.	Yes	98 (99.0%)	816 (99.4%)
1 .5	Where a conflict of interest or appearance of bias has been identified and agreed with the higher level responsible officer; has an alternative responsible officer been appointed?	N/A	This question is not applicable to many DBs	
1 .6	In the opinion of the responsible officer, sufficient funds, capacity and other resources have been provided by the designated body to enable them to carry out the responsibilities of the role.	Yes	93 (93.9%)	801 (97.6%)
1.7	The responsible officer is appropriately trained and remains up to date and fit to practice in the role of responsible officer.	Yes	98 (99.0%)	813 (99.0%)
1.8	The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role.	Yes	98 (99.0%)	816 (99.4%)
1 .9	The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation.	Yes	99 (100.0%)	808 (98.4%)

2016/17 AOA indicator SECTION 1 (cont.): The Designated Body and the Responsible Officer		Your organisation's response	Same sector: DBs in sector: 99	All sectors: Total DBs: 821
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in all sectors and (%) that said 'Yes'
1.10	The responsible officer makes timely recommendations 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 the GMC Responsible Officer Protocol.	Yes	99 (100.0%)	813 (99.0%)
1.11	The governance systems (including clinical governance where appropriate) are subject to external or independent review.	Yes	99 (100.0%)	801 (97.6%)
1.12	The designated body has commissioned or undertaken an independent review* of its processes relating to appraisal and revalidation (*including peer review, internal audit or an externally commissioned assessment)	Yes	80 (80.8%)	655 (79.8%)

201 6/17 AOA indicator SECTION 2: Appraisal		Your organisation's response	Same sector: DBs in sector: 99	All sectors: Total DBs: 821
2.1	Number of doctors with whom the designated body has a prescribed connection as at 31 March 2017	No. of doctors (in organisation)	Total no. of doctors (in SAME sector)	Total no. of doctors (across ALL sectors)
2.1.1	Consultants	204	26270	50102
2.1 .2	Staff grade, associate specialist, specialty doctor	41	5258	11974
2.1 .3	Doctors on Performers Lists	0	5	46345
2.1 .4	Doctors with practising privileges	0	0	2377
2.1 .5	Temporary or short-term contract holders	71	6452	17825
2.1 .6	Other doctors with a prescribed connection to this designated body	0	456	6823
2.1.7	Total number of doctors with a prescribed connection	316	38441	135446

2016/17 AOA indicator		Your organisation's response	Same sector: DBs in sector: 99	All sectors: Total DBs: 821
SECTION 2 (cont): Appraisal		Completed appraisals (Measure 1a & 1b)		
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2017 who had a completed annual appraisal between 1 April 2016 – 31 March 2017	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	185 (90.7%)	90.9%	91.7%
2.1 .2	Staff grade, associate specialist, specialty doctor	38 (92.7%)	84.3%	87.0%
2.1.3	Doctors on Performers Lists	N/A	100.0%	95.2%
2.1 .4	Doctors with practising privileges	N/A	N/A	87.4%
2.1 .5	Temporary or short-term contract holders	47 (66.2%)	71.5%	78.8%
2.1 .6	Other doctors with a prescribed connection to this designated body	N/A	80.5%	91.2%
2.1 .7	Total number of doctors who had a completed annual appraisal	270 (85.4%)	86.6%	90.7%

2016/17 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 99	All sectors: Total DBs: 821
Approved incomplete or missed appraisal (Measure 2)				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2017 who had an Approved incomplete or missed appraisal between 1 April 2016 – 31 March 2017	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	7 (3.4%)	4.5%	4.7%
2.1 .2	Staff grade, associate specialist, specialty doctor	3 (7.3%)	8.4%	7.4%
2.1.3	Doctors on Performers Lists	N/A	0.0%	4.2%
2.1.4	Doctors with practising privileges	N/A	N/A	10.3%
2.1.5	Temporary or short-term contract holders	22 (31.0%)	17.1%	12.6%
2.1 .6	Other doctors with a prescribed connection to this designated body	N/A	7.0%	6.4%
2.1.7	Total number of doctors who had an approved incomplete or missed appraisal	32 (10.1%)	7.2%	6.0%

201 6/17 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 99	All sectors: Total DBs: 821
Unapproved incomplete or missed appraisal (Measure 3)				
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2017 who had an Unapproved incomplete or missed annual appraisal between 1 April 2016 – 31 March 2017	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	12 (5.9%)	4.5%	3.5%
2.1 .2	Staff grade, associate specialist, specialty doctor	0 (0%)	7.3%	5.6%
2.1.3	Doctors on Performers Lists	N/A	0.0%	0.6%
2.1 .4	Doctors with practising privileges	N/A	N/A	2.3%
2.1 .5	Temporary or short-term contract holders	2 (2.8%)	11.4%	8.6%
2.1 .6	Other doctors with a prescribed connection to this designated body	N/A	12.5%	2.4%
2.1 .7	Total number of doctors who had an unapproved incomplete or missed annual appraisal	14 (4.4%)	6.2%	3.3%

2016/17 AOA indicator SECTION 2 (cont.): Appraisal		Your organisation's response	Same sector: DBs in sector: 99	All sectors: Total DBs: 821
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in all sectors and (%) that said 'Yes'
2.2	Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded.	Yes	This question is not applicable to many DBs	
2.3	There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group).	Yes	98 (99%)	799 (97.3%)
2.4	There is a mechanism for quality assuring an appropriate sample of the inputs and outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance, and the outcomes are recorded in the annual report template	Yes	97 (98.0%)	801 (97.6%)
2.5	There is a process in place for the responsible officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified.	Yes	97 (98.0%)	793 (96.6%)
2.6	The responsible officer ensures that the designated body has access to sufficient numbers of trained appraisers to carry out annual medical appraisals for all doctors with whom it has a prescribed connection.	Yes	98 (99.0%)	806 (98.2%)
2.7	Medical appraisers are supported in their role to calibrate and quality assure their appraisal practice.	Yes	96 (97.0%)	793 (96.6%)

201 6/17 AOA indicator SECTION 3: Monitoring Performance and responding to concerns SECTION 4: Recruitment and Engagement		Your organisation's response	Same sector: DBs in sector: 99	All sectors: Total DBs: 821
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in all sectors and (%) that said 'Yes'
3.1	There is a system for monitoring the fitness to practice of doctors with whom the designated body has a prescribed connection .	Yes	95 (96.0%)	809 (98.5%)
3.2	The responsible officer ensures that a responding to concerns policy is in place (which includes arrangements for investigation and intervention for capability, conduct, health and fitness to practice concerns) which is ratified by the designated body's board (or an equivalent governance or executive group) .	Yes	99 (100.0%)	808 (98.4%)
3.3	The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.	Yes	99 (100.0%)	802 (97.7%)
3.4	The designated body has arrangements in place to access sufficient trained case investigators and case managers .	Yes	93 (93.9%)	765 (93.2%)
4.1	There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors (including locums).	Yes	98 (99.0%)	813 (99.0%)

Annual Report Appendix B

Audit of all missed or incomplete appraisals 2016/17

Doctor factors (total)	46
Maternity leave during the majority of the 'appraisal due window'	2
Sickness absence during the majority of the 'appraisal due window'	1
Prolonged leave during the majority of the 'appraisal due window'	1
Suspension during the majority of the 'appraisal due window'	0
New starter within 3 month of appraisal due date ¹	18
New starter more than 3 months from appraisal due date ¹	0
Postponed due to incomplete portfolio/insufficient supporting information	Unavailable
Appraisal outputs not signed off by doctor within 28 days ²	6
Lack of time of doctor ¹	2
Lack of engagement of doctor	5
Other doctor factors (Dr due to retire/Dr part of ongoing process)	2
Appraiser factors	
Unplanned absence of appraiser ¹	0
Appraisal outputs not signed off by appraiser within 28 days ²	See below
Lack of time of appraiser	2
Other appraiser factors (describe)	0
Organisational factors	
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

¹ Data captured only for those doctors where RO approved deferral of appraisal. ² CRMS report does not differentiate between whether appraiser or appraisee failed to sign off appraisal within 28 days of appraisal meeting. Figure provided is total number.

Appraisal Review

Annual Report Appendix C

Review Reason: CRMS/Revalidation		Revalidation Date:
Name/Department:		
Year:		
Period:		
Meeting Date/Appraiser:		
Sign Off 28 days: Y/N meeting in time: Y/N Final Sign Off:		
Part 1:	Form 1. General: Further Attachments: Probity: Health:	
Form 2. Scope: Ro Transfer attached: Change of Scope:		
Form 3. CPD: Additional CPD: SMT Attached: Commentary Completed:		
Form 4. QIA: Supporting Evidence attached: Evaluation + Reflection:		
Form 5. Risk Profile/RO TOI Attached: Events: Complaints: Learning: Compliments:		
Form 6. Feedback: 360 attached: Y/N Last 360 completed: Due Again: Colleague/Raters (Min 12): Patient Feedback (Min 10): Probity Concerns: Other feedback: Learning:		
Form 7. PDP Priorities:		
Clinical Performance: T&O NJR Data? Yes/No /N/A Concerns: Y/N		
Tutors & Ed Supervision:		
Form 8. PDP:		
Form 9. Appraisal Summary:		Appraisal outputs:
Objective Planning:		
Evaluation:		
RO Dashboard O/S Appraisal List updated:	ESR Updated:	(to/from/meeting/next meeting)
Unsubmitted: Y/N Reasons:		
Referred For the Final Sign Off :		

Notes

2nd Cycle Revalidation date: _____ Last Revalidation date: _____

Appraisal History/Proposed Appraisal Due Dates:

1. _____

2. _____

3. _____

4. _____

5. _____

Annual Report Appendix D

Quality assurance audit of appraisal inputs and outputs 2016/17		
Total number of appraisals completed		270
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be acceptable against standards
Appraisal inputs	20	20
Scope of work: Has a full scope of practice been described?	20	20
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	20	20
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	20	19
Patient feedback exercise: Has a patient feedback exercise been completed?	20	20
Colleague feedback exercise: Has a colleague feedback exercise been completed?	20	20
Review of complaints: Have all complaints been included?	20	20
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	20	20
Is there sufficient supporting information from all the doctor's roles and places of work?	20	20
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example <ul style="list-style-type: none"> • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included? 	20	19
Appraisal Outputs		
Appraisal Summary	20	20
Appraiser Statements	20	20
PDP	20	20

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2016 to 31 March 2017	
Recommendations completed on time (within the GMC recommendation window)	25
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	25
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	N/A
New starter/new prescribed connection established within 2 weeks of revalidation due date	N/A
New starter/new prescribed connection established more than 2 weeks from revalidation due date	N/A
Unaware the doctor had a prescribed connection	N/A
Unaware of the doctor's revalidation due date	N/A
Administrative error	N/A
Responsible officer error	N/A
Inadequate resources or support for the responsible officer role	N/A
Other	N/A
Describe other* – Doctor joined ASPH after revalidation date – revalidation recommendation should have been made by previous Trust	
TOTAL [sum of (late) + (missed)]	0

Annual Report Appendix F

Audit of recruitment and engagement background checks:

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)																
Permanent employed doctors															16	
Temporary employed doctors															47	
Locums brought in to the designated body through a locum agency															351*	
Locums brought in to the designated body through 'Staff Bank' arrangements															102	
Doctors on Performers Lists															0	
Other Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc																
TOTAL															516	
For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)																
	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS investigations	DBS	2 recent references	Name of last responsible officer	Reference from last responsible officer	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance concerns
Permanent employed doctors	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Temporary employed doctors	47	47	47	47	47	47	47	47	47	47	47	47	47	47	47	47
Locums brought in to the designated body through a locum agency	351*	351*	351*	351*	351*	351*	351*	351*	351*	351*	351*	351*	351*	351*	351*	351*
*During the period 16-17 supply of medical agency locums was provided by a master vendor supplier. It was a requirement of the contract that the master vendor ensured that recruitment and engagement checks had been carried out for any medical staff supplied prior to a doctor commencing work. The contract ended in May 2017.																

Locums brought in to the designated body through 'Staff Bank' arrangements	102	102	102	102	102	102	102	102	102	102	102	102	102	102	102	102
Doctors on Performers Lists	N/A															
Other (independent contractors, practising privileges, members, registrants, etc)	unavailable															
Total (these cells will sum automatically)	516	516	516	516	516	516	516	516	516	516	516	516	516	516	516	516



For Providers – use of locum doctors:
 Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)
 NB: this section may change as a result of the SCL Project
 The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors

Locum use by specialty:	Total establishment in specialty (current approved WTE headcount)	Consultant: Overall number of locum days used	SAS doctors: Overall number of locum days used	Trainees (all grades): Overall number of locum days used	Total Overall number of locum days used
Surgery	120.13	Not available	Not available	Not available	Not available
Medicine	140.01	Not available	Not available	Not available	Not available
Psychiatry	0	Not available	Not available	Not available	Not available
Obstetrics/Gynaecology	34.8	Not available	Not available	Not available	Not available
Accident and Emergency	51.55	Not available	Not available	Not available	Not available

Anaesthetics	72.82	Not available	Not available	Not available	Not available
Radiology	20.4	Not available	Not available	Not available	Not available
Pathology	8.98	Not available	Not available	Not available	Not available
Other	126.44	Not available	Not available	Not available	Not available
Total in designated body (This includes all doctors not just those with a prescribed connection)	Not available	Not available	Not available	Not available	Not available
Number of individual locum attachments by duration of attachment (each contract is a separate 'attachment' even if the same doctor fills more than one contract)	Total	Pre-employment checks completed (number)	Induction or orientation completed (number)	Exit reports completed (number)	Concerns reported to agency or responsible officer (number)
2 days or less	Not available	Not available	Not available	Not available	Not available
3 days to one week	Not available	Not available	Not available	Not available	Not available
1 week to 1 month	Not available	Not available	Not available	Not available	Not available
1-3 months	Not available	Not available	Not available	Not available	Not available
3-6 months	Not available	Not available	Not available	Not available	Not available
6-12 months	Not available	Not available	Not available	Not available	Not available
More than 12 months	Not available	Not available	Not available	Not available	Not available
Total	Not available	Not available	Not available	Not available	Not available

Audit of concerns about a doctor's practice 1/4/2016 to 31/3/2017

Concerns about a doctor's practice	High level	Medium level	Low level	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern	10	2	3	15
Capability concerns (as the primary category) in the last 12 months	4	0	0	4
Conduct concerns (as the primary category) in the last 12 months	4	2	3	9
Health concerns (as the primary category) in the last 12 months	2	0	0	2
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2017 who have undergone formal remediation between 1 April 2016 and 31 March 2017 <i>Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice</i> <i>A doctor should be included here if they were undergoing remediation at any point during the year</i>				2
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				2
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				0
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				N/A
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				N/A
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				N/A

Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc) All DBs	0
Other (including all responsible officers, and doctors registered with a locum agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc) All DBs	0
TOTALS	2
Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	0
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	N/A
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	8
GMC Actions: Number of doctors who:	
Were referred to the GMC between 1 April and 31 March	1
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	2
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	2
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0

National Clinical Assessment Service actions:	
Number of doctors about whom NCAS has been contacted between 1 April and 31 March:	
For advice	13
For investigation	0
For assessment	1
Number of NCAS investigations performed	0
Number of NCAS assessments performed	0

Ashford & St. Peter’s Development Plan for Appraisal and Revalidation

Action Plan 2016-17

Requirement	Gap	Action	Responsible
Appraisal – Policy, Leadership and Governance			
<p>The Responsible Officer ensures that the designated body’s Medical Appraisal and Revalidation Policy is reviewed to ensure continued alignment with national guidance</p>	<p>The current Medical Appraisal and Revalidation Policy is due for renewal by March 2020 however, implementation of the actions below together with changes in guidance from NHS England may require an interim Policy update</p>	<p>Amend and update and ensure the policy as required Distribute to all staff involved in Medical Appraisal and Revalidation.</p>	<p>Responsible Officer/Medical Appraisal & Revalidation Manager/ Head of Medical Workforce.</p>
<p>The Responsible Officer ensures that every doctor participates in the annual medical appraisal process</p>	<p>In 2016/17, 14 doctors did not have an appraisal and did not gain prior approval for deferral from the Responsible officer</p>	<p>Continue to send out regular reminders and failure to participate letters to doctors when appropriate.</p> <p>Refer to GMC/ Instigate disciplinary for persistent non-engagement</p>	<p>Medical Appraisal & Revalidation Manager</p> <p>Responsible Officer/Head of Medical Workforce.</p>

The Responsible Officer ensures that the appraiser submits the completed appraisal outputs within 28 days of the appraisal meeting	Some appraisals are not being signed off within 28 days of the appraisal meeting by both the appraiser/doctor	Identify via an CRMS audit those doctors/appraisers and send them reminder letters for unsigned/overdue appraisals.	Medical Appraisal and Revalidationanager
The Responsible Officer Ensures there is a named Lead Appraiser	The current named Lead Appraiser will retire in Aug 2017.	Recruit New Lead Appraiser	Responsible Officer/ Head of Medical Workforce
Appraisal - Capacity and Capability			
The Responsible Officer ensures that 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)	Individual structured feedback is not provided to appraisers currently due to capacity and retirement of the Lead Appraiser. Refresher Appraiser Training – 2 sessions completed in June and July 2017	Provide structured written feedback to appraisers following the recruitment of the new Lead Appraiser Mop up refresher training to be arranged	Appraisal Lead/Medical Appraisal and Revalidation Manager
Monitoring Performance and Responding to Concerns			
The Responsible Officer identifies any issues arising from routinely collected information (such as complaints, significant events and outlying clinical outcomes) and ensures that the designated body takes steps to address such issues	In a small number of cases there has been a discrepancy between Events/Complaints information declared in an appraisal versus a Nil Risk Profile (Events and Complaints taken from DATIX). The Medical Appraisal and Revalidation Manager took over the production of Risk Profiles for Medical Appraisal and RO Reference purposes in June 2016. This process needs to be reviewed and updated	Liaise with the DATIX Administrator/DATIX Forum Group to identify and implement improvements in the linking of Doctors to involved in Events and Complaints (started – ongoing) Liaise with the DATIX Administrator and identify ways to streamline the Risk Profile Process.	Medical Appraisal and Revalidation Manager Medical Appraisal and Revalidation Manager

Recruitment and Engagement			
<p>The Responsible Officer ensures that when entering into contracts of employment or contracts for the provision of services, the designated body has policies and procedures in place to ensure that doctors have sufficient knowledge of the English language for the work to be performed.</p>	<p>Asclepius have been unable to provide 100% assurance that all of the data required for pre-engagement checks for agency doctors are being carried out</p>	<p>Since May 2017 the ASPH Temporary Staffing Team check the agencies have carried out the pre-employment checks</p>	<p>Temporary Staffing Team.</p>
<p>The Responsible Officer ensures that when entering into contracts of employment or contracts for the provision of services, the designated body has policies and procedures in place to ensure that any other relevant information is obtained from the previous Responsible Officer</p>	<p>RO References can no longer be requested at the pre-employment stage resulting in the need to update the Ashford and St Peter's pre-employment process.</p>	<p>A new process has been introduced to mitigate the risk. This requires a copy of the last medical appraisal to be provided before commencement of employment and the doctor to declare any current unresolved or relevant complaints, claims, inquests, serious or untoward incidents, previous concerns and any disciplinary investigations in the doctor's pre-employment questionnaire.</p> <p>Publicise the new pre-employment process for Doctors.</p>	<p>Head of Medical Workforce/Medical Appraisal and Revalidation Manager.</p>

Designated Body Statement of Compliance

The board of Ashford & St Peter's Hospitals NHS Foundation Trust can confirm that

- an AOA has been submitted,
- the organisation is compliant 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;

Yes

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

Yes

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

Yes

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 Appraisers¹ or equivalent);

Refresher training has been provided to Medical Appraisers in June/July 2017. There has been limited individual feedback to appraisers on the quality of appraisals they have completed. Going forward and following the appointment of a new Lead Appraiser, more structured individual feedback will be provided.

5. All licensed medical practitioners² 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;

Yes

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) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Yes

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

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

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

Yes

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practice between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;³

Yes

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licensed medical practitioners⁴ have qualifications and experience appropriate to the work performed;

Yes

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Yes

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

Official name of designated body: Ashford & St. Peter's Hospitals NHS FT

Name: Andy Field

Signed:

Role: Chairman

Date:

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>