

Annual Board Report

A Framework of Quality Assurance for Responsible Officers and Revalidation

25th August 2016

Dr Adam Stacey-Clear – Responsible Officer

Dr Des Holden – Medical Director



Executive Summary

- This report follows the NHS England template as outlined in the Framework for Quality Assurance and is an annual requirement for all designated bodies.
- The annual Organisation Audit findings for Surrey and Sussex Healthcare NHS Trust will be presented
- 296 doctors with a GMC connection to The Trust were included in the audit, April 1st 2015-March 31st 2016
- A statement of compliance confirming compliance with The Medical Profession (Responsible Officers) regulations 2010 needs to be signed by either the CEO or Chairman following this report.

Appraisals – Why?

- Revalidation demonstrates that a Doctor is up to date and fit to practice through Appraisal and Clinical Governance
- This leads to improved Safety and Quality in Healthcare
- Fit for Practice – minimum standards as per GMC guidelines
- Fit for Purpose – above and beyond requirement for GMC – able to undertake the roles for which they are employed



Governance Arrangements

- Surrey and Sussex Healthcare NHS Trust (SASH) has a Medical Appraisal Policy on the Trust website which is available for all doctors to read
- The Responsible Officer is Adam Stacey-Clear who regularly attends network RO meetings on a regular basis throughout the year. The RO and Medical director Des Holden also attend quarterly meetings with the GMC Liaison Officer, Michael Cotton.
- The human resources dept. maintains a list of employed doctors at the Trust.
- All completed appraisal forms are read by AS-C.

Access, Security and Confidentiality

- All appraisals are stored in a secure folder on the G drive
- No patient identifiable data is stored in any appraisal folders
- No information management breaches.
- The GMC have provided ASC with a secure link which lists all doctors with a prescribed connection to the Trust (designated body).
- The list is regularly updated.
- Transfer of information between designated bodies.

Appraisers

- 44 trained appraisers in faculty of appraisers.
- Rather unequal distribution of appraisals from those who responded to request for number of appraisals carried out.
- Appraisal year runs from April 1st to March 31st.
- Recent guidelines from NHS England recommend new appraisal categories:

Quality assurance

Conducted an external review of appraisers using an NHS England toolkit concentrating on the appraisal outputs and PDP.

- External verification visit from NHS England South, Dec 2015
- Appraisee feedback working well, reliant on appraisal sign off certificate.
- Six month PDP review working well
- Appraiser support group meeting carried out in May 2016 with presentation by Dr Lisa Argent on appraisal outputs.
- PDP includes a Trust quality improvement activity

NHS England visit Dec 2015



Designated Body classification following Independent Verification

Designated Body Name: Surrey and Sussex Healthcare NHS Trust

Core Standard Group	ICE development continuum					
	Initiation		Compliance		Excellence	
	1	2	3	4	5	6
Designated body & Responsible Officer	[Progress bar from 1 to 5]					
Appraisal	[Progress bar from 1 to 4]					
Monitoring performance and RtC	[Progress bar from 1 to 4]					
HR processes	[Progress bar from 1 to 4]					
Overall	[Progress bar from 1 to 4]					
Engagement / Enthusiasm / Effort	[Progress bar from 1 to 5]					

ICE Maturity Continuum	Description	Action Options
Initiation	1 Meets few core standards, little or no commitment to alter this	Revisit soon, escalate to MD, Regional Director or Secretary of State
	2 Meets a few core standards, plan in place to achieve compliance	Obtain action plan update, revisit
Compliance	3 Meets most core standards, some quality assurance	Suggest improvements and teleconference review in 6 months
	4 Meets most core standards, quality assured in all areas	Suggest improvements and invite a report back in 1 year
Excellence	5 Meets all core standards, quality assured with some quality improvement	No action
	6 Committed to continuous improvement. All core standards met and significant areas of good practice	Share good practice, win an award?



Analysis of scores-key areas for development overall

Surrey and Sussex
Healthcare NHS Trust



- Covering total scope of practice in terms of evidence seen
- Documenting review of last year's personal development plans & recording origin of newly identified PDP items
- Objective exploration of quality improvement activity
- Recording that reflection has occurred & learning shared
- Stage of revalidation and any outstanding requirement
- Speciality guidance followed & mandatory training recorded

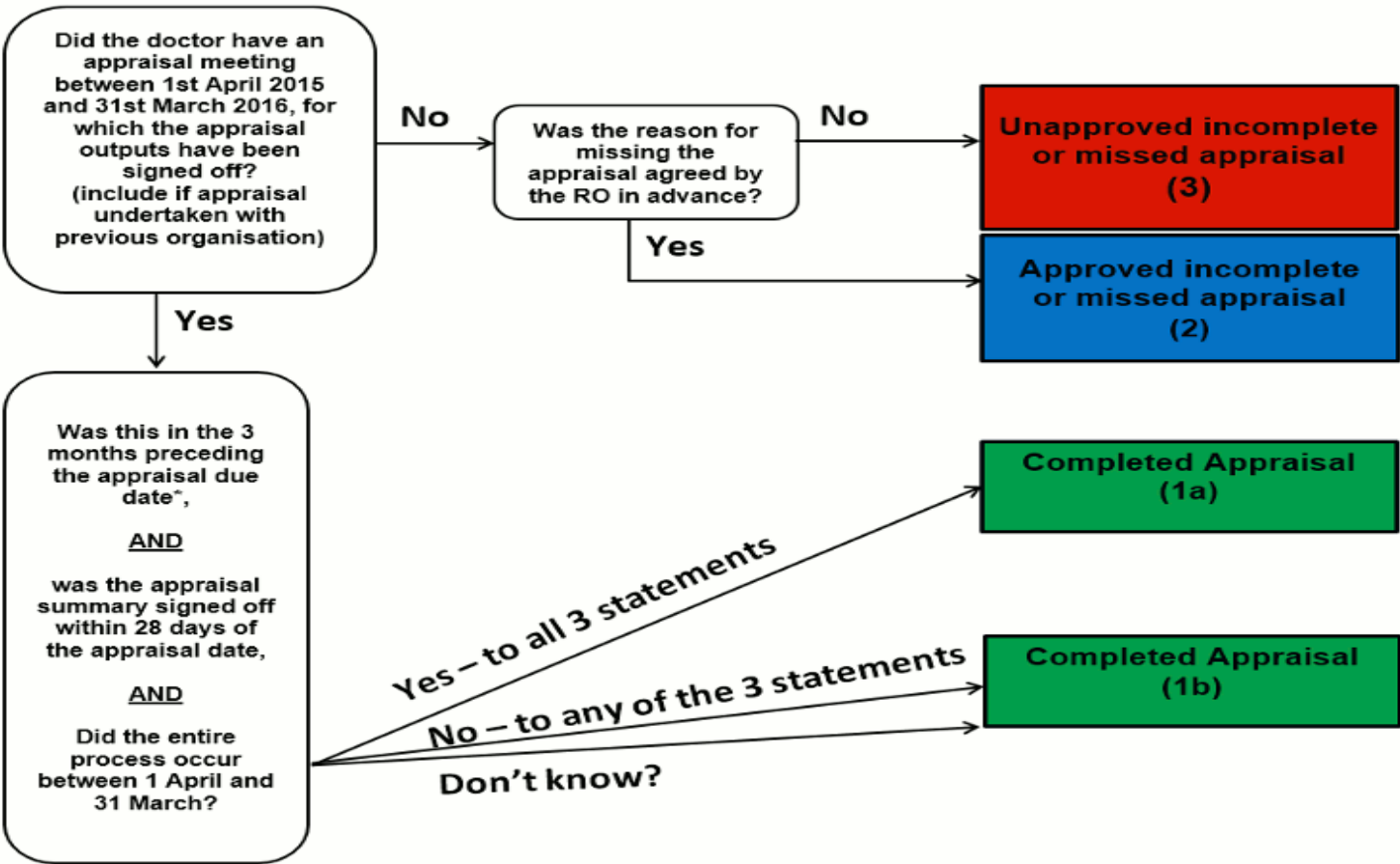
Key areas for organisational development around the process of appraisal and its quality assurance

1. Share the summary outputs with the appraiser faculty
2. To work in appraiser learning sets to establish what good looks like
3. Adapt the QA tool to better capture what the trust requires particularly in terms of quality improvement.
4. To consider establishing formal 1:1 appraiser performance reviews which includes this QA exercise but also has feedback from appraisees and the appraisal team incorporated. This is an ideal opportunity to explore key issues and understanding of the requirements.
5. Consider repeating the external review in 1-2 years to document improvement.

Medical Appraisal

- 279 doctors were included in this audit, 188 consultants and 108 associate specialists/Trust doctors/staff grade/fixed term locums
- 176 consultants completed an annual appraisal between 1/4/2015 and 31/3/2016.
- 8 late consultant appraisals were approved, 4 were not
- 103 associate specialists/Trust doctors completed an appraisal.
- 3 late SAS appraisals were approved, 2 were not.
- Audit sheet for late appraisals is maintained.
- Late appraisals default to the original due date the next year

NHS England appraisal guidelines



2015/16 AOA indicator SECTION 2: Appraisal		Your organisation's response	Same sector: DBs in sector: 55	All sectors: Total DBs: 769
2.1	Number of doctors with whom the designated body has a prescribed connection as at 31 March 2016	No. of doctors (in organisation)	Total no. of doctors (in SAME sector)	Total no. of doctors (across ALL sectors)
2.1.1	Consultants	188	14853	49289
2.1.2	Staff grade, associate specialist, specialty doctor	108	3810	11593

2015/16 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 55	All sectors: Total DBs: 769
		Completed appraisals (1a & 1b)		
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had a completed annual appraisal between 1 April 2015 – 31 March 2016	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	176 (93.6%)	91.2%	89.7%
2.1.2	Staff grade, associate specialist, specialty doctor	103 (95.4%)	82.9%	83.8%

2015/16 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 55	All sectors: Total DBs: 769
		Approved incomplete or missed appraisal (2)		
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had an Approved incomplete or missed appraisal between 1 April 2015 – 31 March 2016	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	8 (4.3%)	4.2%	5.5%
2.1.2	Staff grade, associate specialist, specialty doctor	3 (2.8%)	8.1%	9.2%

2015/16 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 55	All sectors: Total DBs: 769
		Unapproved incomplete or missed appraisal (3)		
2.1	Number of doctors with whom the designated body has a prescribed connection on 31 March 2016 who had an Unapproved incomplete or missed annual appraisal between 1 April 2015 – 31 March 2016	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.1.1	Consultants	4 (2.1%)	4.5%	4.8%
2.1.2	Staff grade, associate specialist, specialty doctor	2 (1.9%)	9.1%	7.0%

Late appraisals without prior permission

Dr Ria Kubaisi

Dr Azhar Ansari

Dr Mathew Cowan (completed 27/5/2016)

Dr Benjamin Field (completed 27/5/2016)

Dr Jonathan Stenner (completed 17/5/2016)

Mr Roger Wilson (completed 18/5/2016)

Dr Patrick Morgan (completed 18/5/2016)

Recommendations submitted to the GMC

- 84 revalidation recommendations made.
- 11 deferrals
- 73 positive recommendations
- Deferrals mainly due to lack of supporting information
- 16 doctors had left the Trust but not informed the GMC
- 9 doctors had told the GMC they were here but medical staffing had no record of them being here.
- 6 doctors were in training posts (and therefore not AS-C's responsibility) but had told the GMC that we were their DB.

Conduct and Performance

- All Trust doctors are subject to the organizational policies e.g. capability and disciplinary in line with Maintaining High Professional Standards best practice. The Trust recognizes the BMA code of conduct.
- The Trust reviews doctors performance in the yearly job plan, supported by the annual appraisal process for all medical and dental staff. Linking job planning with appraisal is currently being developed as part of a new Trust strategy.
- The clinical effectiveness strategy supports Medical and Dental staff in their practice by ensuring evidence is practice based and clinically effective.
- The complaints procedure is Trust policy. This is part of doctor's feedback and concerns are raised at job planning stage to enable improvement in doctor's practice and patient care.

Responding to Concerns

- The Trust responds to concerns in respect of a doctor's practice by supporting them with regular and ongoing development opportunities.
- Fitness to practice concerns from The GMC about a doctor are dealt with following the GMC guidelines.
- The Trust has an active whistleblowing (raising concerns) policy

Pre-employment background checks

- Medical staffing check qualifications against persons specifications for the post. DBS (formerly a CRB)
 - Photographic ID
 - Visa or Biometric card as proof of the right to work in the UK
 - 2 proofs of address
 - GMC registration check
 - Must be on specialist register- substantive consultants
 - 2 references
 - Occupational health check
- Locums employed through medacs

- Embed behaviours and values achievement work into appraisals which would contribute to the achievement of Trust goals
- Clarify how PDP items link into job planning to further align PDP's with Trust objectives
- Incorporate achievement reviews into appraisal to integrate organisational development into revalidation process for doctors
- Greater engagement of Trust and staff grade doctors-appoint Staff grade lead
- Better support for doctors to gain patient feedback and recognition that this is for personal development not for comparison between individuals
- Appraisers would welcome identifying 'softer' options for PDP inclusion
- An appraisal which meets GMC Good Medical Practice would be expected to take >30 minutes
- Hospice appraisers could be available to Trust staff and vice versa
- Support all doctors to learn from complaints
- Opportunity to use patient involvement to inform action on issues raised by complaints-being considered by the Trust



Risks and Issues

- Information transfer for visiting doctors whose designated body is not SASH.
- Appraisals in March- cohort of doctors have now been moved to earlier in the year to offset the March crush.
- Appraisal policy changes to incorporate sanctions imposed for late appraisals.
- All doctors will be sent a link to the new appraisal policy when reminders are sent out

Board Reflections

- Working party to explore patient and public involvement in revalidation
- PDP six month check
- Verification visit
- Appraiser quality assurance audit
- Transfer of Information Form between SASH and other organisations used to update ROs of any concerns
- Improved appraisee feedback