

**OPEN BOARD OF DIRECTORS
13th September 2017**

Open BoD: Item: 12

TITLE OF PAPER	Annual Appraisal and Revalidation Report to Trust Board of Directors for 2016/17.
TO BE PRESENTED BY	Dr Sobhi Girgis – Responsible Officer and AMD for Revalidation.
ACTION REQUIRED	For Trust Board of Directors to note and for the Chair or Chief Executive to sign a statement of compliance to be returned to the Regional Revalidation Team.

OUTCOME	Trust Board of Directors informed and statement of compliance returned by the deadline of 30th September 2017.
TIMETABLE FOR DECISION	September 2017 Board of Directors meeting.
LINKS TO OTHER KEY REPORTS/ DECISIONS	N/A
BAF OBJECTIVE No and TITLE	Strategic Objective 1: Improving the quality and efficiency of services in terms of quality, outcomes and service user experience. Strategic Objective 3: To recruit, develop, support and retain a skilled committed and compassionate workforce with effective leadership at every level.
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	Reporting on progress on appraisal and towards revalidating the medical workforce is a requirement for the NHS England Revalidation Support Team, the GMC and assurance to the NHS body that the medical workforce are being appropriately appraised and progressing as expected toward maintaining registration with the GMC. HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality <input type="checkbox"/> BME <input type="checkbox"/> Disability Legislation <input type="checkbox"/> NHS Constitution: Staff Rights <input type="checkbox"/> Service users' Rights <input type="checkbox"/> Public's Rights <input type="checkbox"/> Principles <input type="checkbox"/> Values <input type="checkbox"/>
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Revalidation is a requirement for doctors to maintain their license to practice. Satisfactory annual appraisal satisfying General Medical Council (GMC) requirements is a key requirement for Medical Revalidation. As a Designated Body, SHSC is required to have a system to support medical appraisal and revalidation.
CONSIDERATION OF LEGAL ISSUES	N/A

Authors of Report	Daniel Last, Sobhi Girgis
Designation	Medical Directorate analyst, Responsible Officer and AMD for Revalidation.
Date of Report	26 June 2017

SUMMARY REPORT

Report to: Open Board of Directors

Date: 29th August 2017

Subject: Annual Appraisal and Revalidation Report to Trust Board of Directors for 2016/17

From: Dr Mike Hunter, Executive Medical Director

Author: Daniel Last, Sobhi Girgis

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓		✓		✓	

2. Summary

The purpose of this report is to provide the Board of Directors with a framework of quality assurance in order that a Statement of Compliance from SHSC can be signed by the Chair or Chief Executive and sent to the Revalidation Support Team at NHS England, the body responsible for the performance management of medical appraisal.

The format of this report is prescribed by NHS England, therefore this document is set as per the NHS England Template.

Executive summary

- As of 1st April 2017, 59 doctors had a prescribed connection to Sheffield Health and Social Care NHS FT.
- 95% of doctors who required an appraisal in 2016/17, completed to a satisfactory standard.
- 4 positive revalidation recommendations were submitted and all were approved by the GMC. 3 Deferral recommendations were submitted. There were no late or unapproved recommendations.
- There are two doctors who have been subject to GMC proceedings, one of whom is subject to restrictions, and three where lower level concerns exist.
- One doctor employed by the Trust is subject to alternative RO arrangements due to a Conflict of Interest (due to reversed line management relationship).
- The Trust is meeting all of the mandatory minimum requirements of appraisal and revalidation and has several areas of good practice. That entitled the Trust to exemption from submission of quarterly reports to North of England NHS.
- Guidelines for recruitment of doctors are being developed to strengthen assurances around HR and recruitment.

Purpose of the Paper

This report serves to provide the Board with an overview of appraisal and revalidation within the trust during the financial year and assure the Board that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer.
2. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is maintained.
3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners.
4. Medical appraisers participate in ongoing performance review, training and development activities, including peer review and calibration of professional judgements.
5. All licensed medical practitioners have an annual appraisal in keeping with GMC requirements or, where this does not occur, there is full understanding of the reasons why and suitable action taken.
6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners, which includes [but is not limited to] monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues, ensuring that information about these is provided for doctors to include at their appraisal.
7. There is a process established for responding to concerns about any licensed medical practitioners fitness to practise.
8. There is a process for obtaining and sharing information of note about any licensed medical practitioners' fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where licensed medical practitioners work.
9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners have qualifications and experience appropriate to the work performed; and
10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Such that the chair may, on behalf of the Trust as a designated body, sign the Annual Statement of Compliance.

Background

2016/17 is the fifth year of revalidation. An annual report was last submitted to the board in August 2016.

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

Provider organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected that executive 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.

A key principle of revalidation is that the systems and processes in place in the Trust must meet nationally agreed standards of rigour and consistency and thus, must be subject to an explicit, agreed and consistent process of quality assurance.

Governance Arrangements

Appraisal and Revalidation was overseen by the Trust's Responsible Officer, Dr Sobhi Girgis. He was supported in discharging his responsibilities with project and administrative support provided by the Directorate Analyst, Daniel Last.

The formal list of the Trust's prescribed connections is recorded on the GMC Connect portal. Individual doctors are able to add themselves to this list and so the Directorate Analyst regularly checks the list to ensure that all the prescribed connections are appropriate. To facilitate this, the HR department provide details of new starters and leavers.

In August 2015, a new electronic appraisal and revalidation system, *MyL2P*, was implemented replacing the previous MAG and in house systems. Appraisals are monitored on a weekly basis by the Directorate Analyst; An explanation is requested for all late appraisals and recorded against the doctor's *MyL2P* record.

The Framework for Quality Assurance suggests that Responsible Officers may wish to have a monthly monitoring process. It is felt, at this time, that the relatively small size of the Trust and the regular communication between the Responsible Officer and members of the Revalidation Steering Group is sufficient to ensure that any problems are highlighted and acted upon in a timely manner and that additional reporting processes would be unnecessarily burdensome. The Framework for Quality Assurance requires quarterly reporting on appraisal rates to be provided to the higher level Responsible Officer, Dr Mike Prentice.

The Revalidation Steering Group meets quarterly to review the process. 'Changes to the appraisal policy' is a standing agenda item as the policy on appraisal is kept under constant review in light of national updates and changes are discussed and agreed at RSG. Where necessary, changes are also agreed at the Local Negotiating Committee. Outputs from the Revalidation Steering Group feed into the Quality Assurance Committee and decisions reached are communicated to the Medical Staff Committee.

The Trust is fully compliant with the regulations and practice surrounding appraisal and revalidation, as reported to NHS England in the 2016-17 Annual Organisational Audit. An independent verification of the Trust's processes will be undertaken by the High Level RO as part of their responsibility at a time to be agreed within the next five years.

**Medical Appraisal
Appraisal and Revalidation Performance Data**

Item	Number of prescribed connections	Completed appraisals (1a)	Completed appraisals (1b)	Approved incomplete or missed appraisal (2)	Unapproved incomplete or missed appraisal (3)	Total
Consultants	43	23	17	3	0	43
Staff grade, associate specialist, specialty doctor	14	7	7	0	0	14
Doctors on Performers Lists	0	0	0	0	0	0
Doctors with practising privileges	0	0	0	0	0	0
Temporary or short term contract holders	0	0	0	0	0	0
Other doctors with a prescribed connection	2	1	1	0	0	2
Total of 2.1.1 - 2.1.6	59	31	25	3	0	59

Currently NHS England does not distinguish between Measure 1a and Measure 1b completed appraisals. The Trust aspires to as many appraisals in Category 1a as possible. Appraisers have been advised to schedule appraisals for the whole year in advance, with the meetings planned one month ahead of the doctor's appraisal month to provide a buffer for potential delays resulting from leaves or other commitments for either the appraiser or the appraisee.

Of the three missed appraisals, two were deferred for reasons of sickness and subsequently held early in the 2017/18 year and one is a consultant who is on long term leave.

The Trust performance is favourably comparable to mental health sector and to all sectors within NHS England (all Designated Bodies in England). The following 3 tables are from the NHSE annual report.

2016/17 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 33	All sectors: Total DBs: 821
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	40 (93.0%)	91.6%	91.7%
2.1.2	Staff grade, associate specialist, specialty doctor	14 (100%)	91.0%	87.0%
2.1.3	Doctors on Performers Lists	N/A	100.0%	95.2%
2.1.4	Doctors with practising privileges	N/A	100.0%	87.4%
2.1.5	Temporary or short-term contract holders	N/A	90.5%	78.8%
2.1.6	Other doctors with a prescribed connection to this designated body	2 (100%)	92.3%	91.2%
2.1.7	Total number of doctors who had a completed annual appraisal	56 (94.9%)	91.4%	90.7%

2016/17 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 33	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	3 (7.0%)	7.8%	4.7%
2.1.2	Staff grade, associate specialist, specialty doctor	0 (0%)	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	0.0%	10.3%
2.1.5	Temporary or short-term contract holders	N/A	8.7%	12.6%
2.1.6	Other doctors with a prescribed connection to this designated body	0 (0%)	3.8%	6.4%
2.1.7	Total number of doctors who had an approved incomplete or missed appraisal	3 (5.1%)	8.0%	6.0%

2016/17 AOA indicator SECTION 2 (cont): Appraisal		Your organisation's response	Same sector: DBs in sector: 33	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	0 (0%)	0.5%	3.5%
2.1.2	Staff grade, associate specialist, specialty doctor	0 (0%)	0.6%	5.6%
2.1.3	Doctors on Performers Lists	N/A	0.0%	0.6%
2.1.4	Doctors with practising privileges	N/A	0.0%	2.3%
2.1.5	Temporary or short-term contract holders	N/A	0.8%	8.6%
2.1.6	Other doctors with a prescribed connection to this designated body	0 (0%)	3.8%	2.4%
2.1.7	Total number of doctors who had an unapproved incomplete or missed annual appraisal	0 (0%)	0.6%	3.3%

Revalidation recommendations to the GMC

Five doctors were due to have revalidation recommendations. All recommendations were done in good time. Three were positive recommendation to revalidate and two were for deferral for the purpose of providing more evidence and to take up remediation activities. The two doctors were advised to attend specific educational events and to complete 360 appraisals. All recommendations were accepted by the GMC.

Concerns about doctors

The RO deals with concerns about doctors who provide services for the Trust (whether or not employed by the Trust). There were concerns raised about five doctors, four under conduct and one under health (none were under capability). The GMC was involved in two cases. The RO wrote to the corresponding RO about the concerns of doctors who are not linked to SHSC e.g. agency locums or S12 doctor.

Recruitment

Recruitment is mostly managed by HR department. There has been agreement to obtain information from the previous RO as one of the references. The RO and MD are planning to meet with Ian Hall to strengthen recruitment process and ensure reduction of any potential risk of recruiting doctors without having all the necessary information. The RO receives information from Postgraduate Office and CDs about any concerns about locum doctors. Doctors who are newcomers to the Trust will go under an induction appraisal to familiarise themselves with MYL2P and the requirements for appraisals in the Trust.

Appraisers

In order to reduce the time burden on appraisers, the total number has been increased from 8 to 9, with the appointment of Dr Grainne Coakley, Dr Claire Young and Dr Nikoletta Lekka. Dr Sobhi Girgis has relinquished his appraiser role as it would represent a conflict of interest with this Responsible Officer role. Dr Mike Hunter has stepped down as an appraiser due to time constraints.

All appraisers have undergone 'Revalidation Ready' appraisal training. Appraisal allocation is undertaken by the directorate analyst at the start of each year and reviewed as required to ensure a balanced workload across the appraisers (approximately six or seven appraisals per year per appraiser) and ensure that each appraiser has no more than two appraisals to complete in any one month.

Quality Assurance

All doctors have been informed, and are reminded via appraisal reminder emails, of the mandatory minimum supporting information requirements which are,

- i) Evidence of sufficient CPD, typically evidenced by a certificate of good standing with the Royal College of Psychiatrists.
- ii) Evidence of, and reflection on, progress towards the PDP agreed in the previous year's appraisal.
- iii) A statement from the Complaints department detailing any complaints received about the doctor since their last appraisal, with reflection on any complaints listed.
- iv) A statement from the Risk department detailing any Serious Untoward Incidents which the doctor has been named in since the last appraisal, with reflection on any SUIs listed.
- v) Evidence of and reflection on at least two items of quality improvement activity, typically in the form of a case-based discussion proforma.

Additionally, over the 5 year revalidation cycle, each doctor must submit:

- vi) ACP360 patient and colleague feedback along with reflection and actions to remedy any identified weaknesses.
- vii) 3 audits, 2 clinical and 1 of record keeping.

Appraisers are responsible for ensuring that sufficient supporting information is provided to facilitate an effective appraisal discussion. If the minimum supporting information is not provided the discussion will either be, with the agreement of the AMDR, postponed for an agreed period of time to enable the doctor to compile the minimum supporting information, or it will be agreed in the PDP that the doctor will "catch up" over the coming year.

For appraisals completed under the previous system; each completed appraisal was reviewed by the Directorate Analyst and the submission or otherwise of the mandatory supporting information requirements recorded on the RO Dashboard. Appraisals completed using MyL2P require the doctor to complete a checklist confirming, or otherwise providing explanations for the absence of, that they have included all mandatory pieces of supporting information.

Previously, each appraisal which was completed was reviewed by the Directorate Analyst against the Appraisal Quality Assurance Criteria. Low scoring appraisals were escalated to the AMD for Revalidation for review. This appraisal scoring review has not been required since transitioning to MyL2P as the appraisee checklist covers many of the original aspects of the quality assurance criteria, those which do not meet the base level required are returned, with comments, to the appraiser and appraisee for further review.

Appraisals completed on MyL2P are reviewed by the Directorate Analyst and either; returned to the appraisee/appraiser where serious shortcomings, such as

missing complaints or SUI information has not been included; flagged for a detailed secondary review by the Responsible Officer in instances where issues are identified; or flagged as satisfactory when no issues are identified. The final approval of each appraisal rests with the RO.

As we progress, a new Appraisal PDP Audit Tool (ASPAT) will be used by the directorate analyst to audit two appraisals, per appraiser, per year; with a further appraisal being audited by each of the appraisers. These will then be reviewed at the annual half-day Revalidation Steering Group meeting.

In addition to the objective QA review, appraisees are asked to complete a feedback questionnaire to provide a subjective review of the appraisal and the supporting systems. These are reviewed by the Directorate Analyst and any particular issues or themes emerging from them are brought to the RSG for discussion. Within MyL2P, the completion of the appraisal feedback questionnaire is required to finalised the appraisal.

Each year the AMD for Revalidation meets with the appraiser to review their appraisal QA reviews and feedback questionnaires, the output of this review feeds into the appraiser's appraisal as a piece of supporting evidence.

Access, security and confidentiality

The MyL2P electronic system is restricted by IT login to the doctor, their appraiser and alternative appraiser, RO, and Directorate analyst and any other person(s) the doctor wishes to give access to, for example; their medical secretary.

In addition, access will be given, temporarily, on an ad-hoc basis, to other appraisers as required to undertake peer review of the process. Appraisees are reminded that Patient identifiable information should not be included in appraisal forms. MyL2P is fully compliant with all applicable legislation. Access to appraisal forms is controlled by username and password access for appraisees and appraisers. Appraisers have access only to their own appraisal forms and to the appraisal forms submitted to them by their appraisees.

The Responsible Officer and Directorate Analyst have access to all appraisal forms for the purposes of reviewing them and administrating the system. RO and Directorate Analyst access requires a bank-grade security Yubikey in addition to the username and password.

Clinical Governance

Clinical activity information is provided when requested by the information department. SUI information is a mandatory piece of information and a list of all relevant SUIs is provided upon request by the risk department or a statement to the effect that there have been no SUIs recorded is provided to the doctor for inclusion in their appraisal portfolio. Formal complaints and compliments are, again, a mandatory minimum requirement for appraisal and the doctor must request a report from the complaints department.

Revalidation Recommendations

The Responsible Officer and the Directorate Analyst aim to meet 4 weeks prior to a revalidation recommendation being due to review the doctor's appraisal portfolio and allow time for any remedial actions to be completed to enable positive recommendations to be submitted when possible.

This process is working well and all five recommendations due in 2016/17 were submitted on time. Three recommendations were positive and there were two deferrals. All five recommendations were approved by the GMC and the doctor was subsequently revalidated or the proposed new recommendation date accepted.

Recruitment and engagement background checks

The Recruitment audit has identified that 100% of the standard recruitment checks were completed, however, the additional information required to support revalidation was not always available in a timely fashion.

It should be noted that whilst this report is with regards to Revalidation, the audit includes all doctors for whom Sheffield Health and Social Care is the employer. The salaried GPs working in the Clover Group, although employed by the Trust, have a prescribed connection to NHS Sheffield by virtue of being on the performers list.

Monitoring Performance

Doctors' performance is monitored by the Clinical Directors directly or through team governance. This includes regular monitoring of activity, waiting times, learning from complaints, SUIs, sickness absence and compliance with the appraisal process. Performance is monitored by Clinical and Service directors, who are accountable to EDG. Any concerns about medical performance are managed by Clinical directors in line with Trust Policy.

Responding to Concerns and Remediation

Over the last year, Dr Girgis has dealt with a number of concerns about doctors, some have connection to SHSC as their Designated Body and some have connection to external Designated Bodies while working for SHSC. These are listed as follows:

1. SHSC employees who went through GMC process: 1 GP (linked to NHS England) and 3 consultants (one already retired, one on long term sickness while the third is still under investigation).
2. SHSC employees with minor concerns: 3 (one already resigned and 2 received remedial actions).
3. Locum doctors: 3 (2 locum agency on call doctors and one locum providing outpatient service). The ROs of these doctors were made aware of concerns.
4. External doctors: 2 (one S12 doctor and one Second Opinion Appointed Doctor or SOAD). Dr Girgis wrote to their ROs.

Risk and Issues

Dr Girgis continues to hold the two roles of the Responsible Officer and the Appraisal Lead. The directorate analyst has been integral part of the appraisal/revalidation team in terms of admin and technical support. The current post-holder is leaving at the end of August. Recruiting to the post is essential if the RO would be able to conclude that the Board is providing him with sufficient resources. Recruitment to this post is currently underway. A Statement of Compliance signed by or on behalf of the Board is a confirmation to this effect.

Board Reflections

Overall appraisal rates continue to be excellent, with 95% of doctors who required an appraisal in the year having had one.

The RO has worked with the Clover Group and NHS England to develop a protocol for managing concerns about GPs (they are linked to NHS England). This protocol has been incorporated in the Trust policy on appraisal/revalidation. The RO is also gets updated by the Medical Education Department on concerns about trainees and locums. The RO meets the GMC Employer Liaison Adviser 3 times a year and that gives opportunity to discuss concerns about doctors to establish whether GMC referral is required.

Closer and more responsive links between Appraisal/Revalidation team and HR are essential to ensure better recruitment and effective appraisal/revalidation of newcomers. Attention is still needed around recruitment processes to ensure that crucial Responsible Officer to Responsible Officer declarations are requested, received and reviewed prior to new appointments being made to posts. Not doing this would cause risks to the Trust including inappropriate appointments, GMC undertakings not being known and acted on, or low-level concerns regarding a doctor's performance not being passed on.

The Board is reminded that, as per the governance handbook, the Responsible Officer should have access to the Board, as required, independent of the Executive Medical Director.

Corrective Actions, Improvement Plan and Next Steps

- Maintain the excellent appraisal rate achieved over the past three years. A 100% appraisal rate is unrealistic due to long term sickness and statutory leave entitlements. *Timescale: 12 months. Reporting: 2016/17 annual report to board.*
- Closer working between the HR and revalidation teams to improve the links between appraisal, revalidation and recruitment. *Timescale: 3 months. Reporting: Medical Workforce Planning Group.*
- Review job plans of appraisers to ensure they have sufficient protected time (0.15-0.25PA) to undertake their appraisal role. *Timescale:6 months. Reporting: Medical Workforce Planning Group.*
- Review staffing of appraisal and revalidation team to ensure continued performance after Daniel's departure. *Timescale: 3 months. Reporting: Medical Workforce Planning Group.*
- Review of recruitment processes to improve recording of locum use. *Timescale:6 months. Reporting: Medical Workforce Planning Group.*

Recommendations

The Board is asked to accept this report and note that it will be shared, as the Annual Organisational Audit has been, with the Higher Level RO.

The Board is asked to approve the signing of the 'statement of compliance' confirming that the Trust is, as a Designated Body, in compliance with the regulation

3. Next Steps

Subject to Board of Directors assurance, the Statement of Compliance to be signed by the Chair or Chief Executive and sent to the Revalidation Support Team at NHS England.

4. Required Actions

The Board of Directors to note and approve the signing of the 'statement of compliance'.

5. Monitoring Arrangements

Responsibility of the Revalidation Steering Group.

6. Contact Details

For further information please contact:

Dr Sobhi Girgis – Responsible Officer and AMD for Revalidation.

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