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Sheffield Health and Social Care
NHS Foundation Trust

Board of Directors - Public

SUMMARY REPORT	Meeting Date:	25 September 2024
	Agenda Item:	15

Report Title:	Annual Appraisal and Revalidation Board Report	
Author(s):	Sobhi Girgis Responsible Officer Carla White, Medical Compliance Officer	
Accountable Director:	Dr Helen Crimlisk, Interim Medical Director	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Medical Workforce Planning Group (MWPG)
	Date:	19/08/2024
Key points/ recommendations from those meetings	The report and appendices were reviewed and satisfied by member of the Medical Workforce Planning Group	

Summary of key points in report

The Board can take assurance that the Trust is fully compliant with all statutory requirements and regulations regarding appraisal and revalidation.

The Trust has a sufficiently resourced and efficient appraisal system. The RO is remunerated with 2 PAs (one day a week) and supported administratively by 0.5 WTE Medical Compliance Officer.

The Trust has 13 trained medical appraisers (10.5 FTE). 8 appraisers are performing the role on a full time and 5 on a part time basis. Full time means conduction of 7-8 appraisals/year on 0.4 PA and part time means conduction of 3-4 Appraisals/year on 0.2PA). The Trust has so far been successful in recruiting sufficient number of appraisers.

The Responsible Officer (RO) function is administratively supported by the Medical Compliance Officer.

Full detail on the requirements on annual appraisal and revalidation is provided in the hyperlink below to NHSE requirements and through the completed appendices.

https://www.england.nhs.uk/publication/fqa-for-responsible-officers-and-revalidation-annex-d-annual-board-report-and-statement-of-compliance/

Appendices attached:

A. Annual Appraiser Review Report 2023/24
B. GMC's Fair to Refer Report – implementation progress report 2023/2024
C. Demographics Report 2023/24
D. Annex A Completed Designated Body Annual Board Report 2023/2024 for signature and submission post approval

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**	✓	**Assurance**	✓	**Information**	

The Board is asked to note the report and take assurance around SHSC compliance.
The Board is asked to agree to the recommendation that the completed Designated Body Annual Report for 2023/24 be approved for signature by the Chair of the Board of Directors or the Chief Executive to complete the Statement of Compliance in Section 7 of Appendix D of this report. This will be submitted by the Responsible Officer to NHS England by the deadline of **31 October 2023**, along with this report.

Please identify which strategic priorities will be impacted by this report:				
Effective Use of Resources	Yes	✓	No	
Deliver Outstanding Care	Yes	✓	No	
Great Place to Work	Yes	✓	No	
Ensuring our services are inclusive	Yes	✓	No	

Is this report relevant to compliance with any key standards ?					State specific standard
Care Quality Commission Fundamental Standards	Yes	✓	No		Doctors receive annual appraisals – Well Led Domain
Data Security and Protection Toolkit	Yes		No	✓	
Any other specific standard?				✓	

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	Yes	✓	No		Appraisals require information about Complaints/Compliments, Significant Events and feedback from colleagues and patients
Financial (revenue &capital)	Yes		No	✓	Not directly related to appraisal and revalidation.
Organisational Development /Workforce	Yes	✓	No		Appraisals give assurance about Doctors' fitness to practice
Equality, Diversity & Inclusion	Yes	✓	No		Data is provided within the report in relation to the General Medical Council's Fair to Refer report
Legal	Yes	✓	No		The Responsible Officer's duties are stipulated by The Medical Profession (Responsible Officers) Regulations 2010 and 2013
Environmental sustainability	Yes		No	✓	Not directly related to appraisal and revalidation.

Annual Appraisal & Revalidation Report to Trust Board of Directors for 2023/24

Section 1: Analysis and supporting detail

Background

1.1 There have been significant improvements in the appraisal system including annual appraiser performance reports, annual appraisee feedback reports, reduction of delays in appraisals. The Revalidation Team regularly reviews the standard operating procedures to regularly improve the process.

Quality Assurance

1.2 Appraisers are specifically remunerated to ensure quality and accountability. Appraisers received additional supporting information for their own appraisals including certification for attendance at Revalidation Steering Groups, and an annual feedback report which is reviewed as part of their annual appraisals. This report includes appraisee feedback, timely appraisals review, Trust average comparisons and assessment results of their appraisals using NHS England's Appraisal Summary and Personal Development Plan Audit Tool (ASPAT). A summary of all this data is compiled into an annual report for the Responsible Officer. An anonymised version of the report has been included in the appendices of this report.

System improvements

1.3 The focus of the Revalidation Team is to continue the work with medical leadership to strengthen the role of doctors as leaders and to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report. The Trust is considered to be an example of good practice in implementation of that report. As part of these recommendations a demographics report has been included in the appendices of this report.

Section 2: Risks

2.1 NHS England monitors the Trust's appraisal performance as a Designated Body for doctors. At the current high-level of compliance with the requirements for appraisal and revalidation, the Trust does not carry significant risk in this area. As a further external source of scrutiny, the CQC monitors appraisal performance as a Well Led domain line of enquiry.

2.2 The Responsible Officer and Medical Director meet with the GMC Employer Liaison Adviser three times per year to discuss organisational issues, appraisal and revalidation issues, in addition to any concerns about doctors. This includes non-trainee doctors employed by the Trust and locum doctors working temporary or shift based work. The RO provides advice to the Postgraduate Medical Office and Director of Medical Education in relation to concerns arising in relation to trainee doctors placed within the Trust. This clearly reduces the likelihood of any risk arising in relation to medical workforce.

Section 3: Assurance

Benchmarking

3.1 Doctors are required to engage in annual appraisals. The appraisal document should be completed within 28 days from the appraisal meeting. NHS England expects appraisal rate of at least 90%. Missed appraisals for acceptable reasons are labelled Measure 2. Missed appraisal without agreement from the Responsible Officer is labelled Measure 3.

3.2 How will the outcomes be audited or validated?

The Revalidation Team report annually to the Board of Directors. This report is submitted with NHS England along with a signed Statement of Compliance.

3.3 What professional advice has been taken in making the recommendation(s)?

- The Responsible Officer and the Medical Compliance Officer regularly attend NHS England's Responsible Officer and Appraiser Lead Network meetings.
- The Responsible Officer and the Medical Compliance Officer regularly attend regional Responsible Officer Network meetings (mental health Trusts).
- The Responsible Officer and Executive Medical Director meet with the Trust's allocated GMC Employer Liaison Adviser (ELA) 3 times a year.

Triangulation

3.4 How can the expected outcomes be triangulated against other data or analysis for cross referencing?

Our data is included in this report which will be submitted to NHS England. This ensures transparency and accountability to the Board and to NHS England. NHS England conducts a desktop review of the annual report.

Engagement

3.5 What evidence of service user and carer involvement is evidenced within the report and how has this influenced the recommendations of this report? How can the Board be assured that feedback from service users and carers has been considered and acted upon?

The Responsible Officer chairs the Revalidation Steering Group (RSG) which is comprised of the medical appraisers. RSG meets three times per year to review the system of appraisals, discuss challenges, receive updates, and refresh appraisers' training through the provision of an extended annual continuous professional development RSG. To emphasise the networking function of this forum, it was agreed to change its name to Appraisers Network meeting. This will mirror the practice of NHS England.

The Responsible Officer meets monthly with the Medical Director, and both meet with the GMC Employer Liaison Adviser 3 times a year.

The Responsible Officer and Medical Compliance Officer attend the Responsible Officer and Appraiser Lead Network meetings organised by NHS England and the regional network of mental health trusts.

The Responsible Officer is a member of the Medical Workforce Planning Group (MWPG). The group is made aware of any changes to the appraisal system, and they have sight of the annual report to the Board.

All doctors are invited to give feedback on their appraisers and the appraisal process itself as part of their annual appraisal.

Feedback from Service Users is required as part of the appraisal process for all doctors in line with GMC regulations and RCPsych recommendations.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

4.1 Maintaining hight standard in medical appraisal and revalidation directly links with strategic aims of delivering outstanding care and creating a great place to work.

4.2 The focus is to strengthen the role of doctors as leaders and to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report.

Equalities, diversity and inclusion

4.3 A demographics report is included in the appendixes of this report. The Trust has made significant progress in implementing the recommendations of the Fair to Refer report.

Culture and People

4.4 The report includes the consideration and an action plan in response to the key recommendations from the General Medical Council's Fair to Refer Report

Integration and system thinking

4.5 In making his/her recommendation to the General Medical Council, the Responsible Officer reviews all appraisals for the 5-year revalidation cycle and takes account of any information available about the doctor within the wider system in the Trust and other organisations that employ doctors. The Responsible Officer also shares any concerns about any doctor who provides services to the Trust, e.g., locum doctors, with the doctor's Responsible Officer and discusses such concerns with the GMC Employer Liaison Adviser.

Financial

4.6 It is a statutory requirement for the Trust as a Designated Body to allocate sufficient resources to support the duties and responsibilities of the Responsible Officer.

Compliance - Legal/Regulatory

4.7 General Medical Council's Medical revalidation is a legal requirement which applies to all licensed doctors listed on the General Medical Council register. Organisations designated under The Medical Profession (Responsible Officer) Regulations 2010 and The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (referred to as the Responsible Officer Regulations) are nominated as Designated Bodies (DBs). These organisations, essentially are anybody that employs or contracts with doctors, have a duty to appoint or nominate a Responsible Officer. These senior doctors must ensure that every doctor connected to them, as set out in the legislation:

- Receives an annual medical appraisal meeting in accordance with nationally agreed standards.

- Undergoes the appropriate pre-engagement/employment background checks to ensure that they have qualifications and experience appropriate to the work performed.
- Works within a managed system in which their conduct and performance are monitored, with any emerging concerns being acted upon appropriately and to nationally agreed standards.
- Has recommendations made to the General Medical Council regarding their fitness to practise every 5 years, on which their continuing licence to practise is based.

4.8 Revalidation Team are required to complete and submit an annual report to the Trust's Board of Directors which must be submitted to NHS England along with signed Statement of Compliance.

4.9 The CQC requests information about the appraisal of doctors within certain services as a part of key lines of inquiry.

Section 5: List of Appendices

A. Annual Appraiser Report 2023/24
B. Fair to Refer Report – implementation progress report 2023/2024
C. Demographics Report 2023/24
D. Designated Body Annual Board Report 2023/2024

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APPENDIX A

Annual Appraiser Review

April 2023 to March 2024

A review of the overall performance of appraisers within Sheffield Health & Social Care NHS FT based on feedback received from appraisees.

Contents

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Trust Wide Summary

Submission Rates

Full Appraisal Year

(All appraisals by SHSC appraisers between 1 April 2023 and 31 March 2024

Measure	Tally	%
1	63	98%
2	1	2%
3	0	0%
TOTAL	64	

Measure 1: Appraisal that is completed between 1 April and 31 March the following year and submitted within 28 days from the appraisal meeting date. Delays within the appraisal year were called Measure 1b, but NHS England no longer asks for splitting Measure 1 into 1a and 1b. The Responsible Officer is still collecting these data to ensure reduction of any delays (see Appendix C).

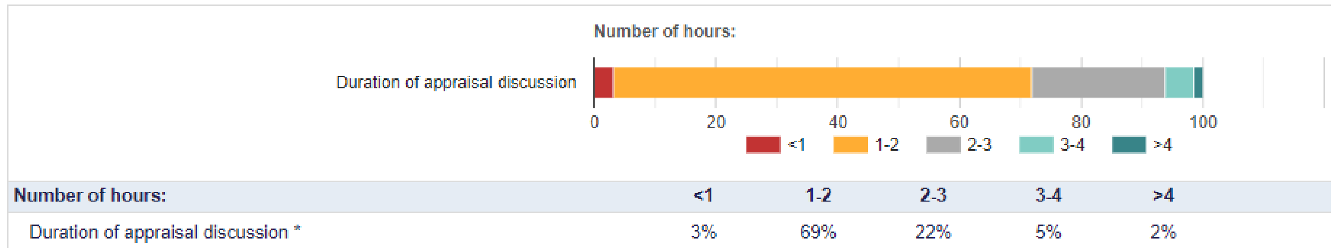
Measure 2: Missed or incomplete appraisal that is authorised by the Responsible Officer

Measure 3: Missed or incomplete appraisal that is unauthorised by the Responsible Officer.

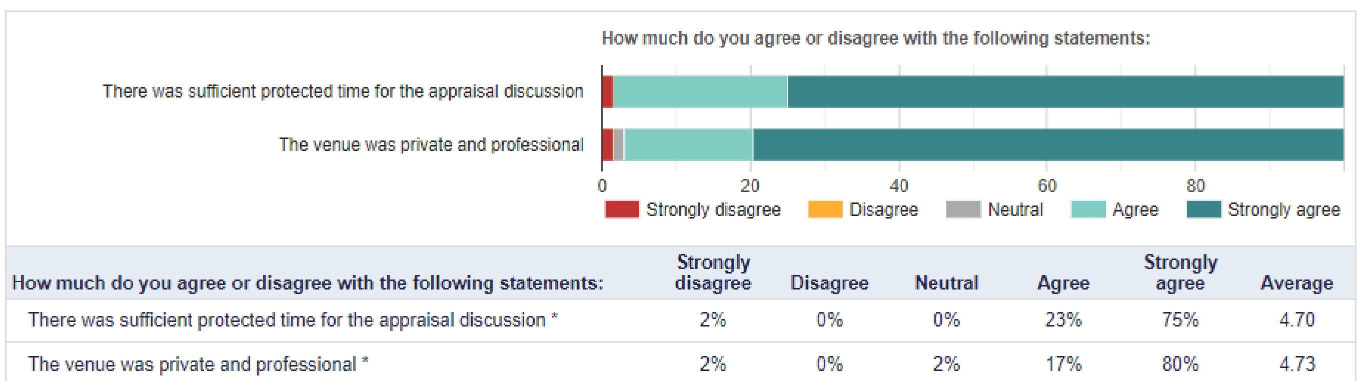
Feedback Scores

Environment and Timing

Environment and timing



Number of hours:	<1	1-2	2-3	3-4	>4
Duration of appraisal discussion *	3%	69%	22%	5%	2%



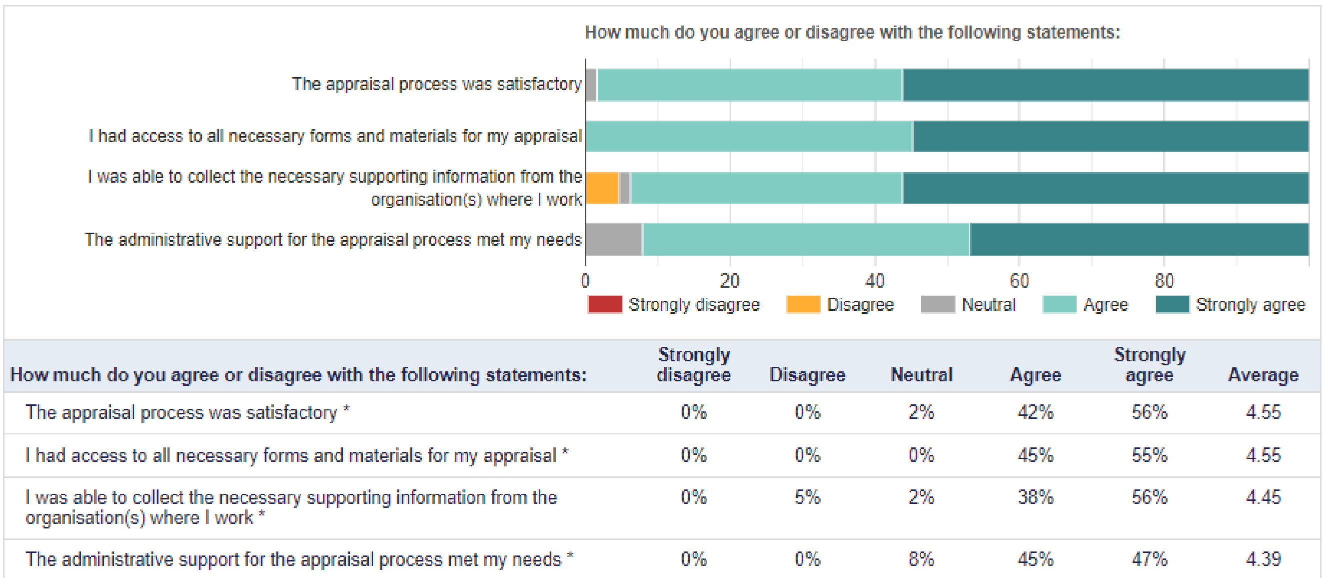
How much do you agree or disagree with the following statements:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Average
There was sufficient protected time for the appraisal discussion *	2%	0%	0%	23%	75%	4.70
The venue was private and professional *	2%	0%	2%	17%	80%	4.73

Comments
Dr *** was very accommodating and offered me a time that was suitable for me at short notice. He was able to step in to help as my original appraiser is currently off work due to illness
Private and quiet room. The only issue is that the room was too hot.
Good to meet in person, sufficient time without being too long.
Appraisal was completed virtually. This worked well.
Suitable duration of time. It would nice to have had off clinical site if possible next time to avoid risk of disturbance.
5 minute break also allowed half way through which helped refresh and continue
The appraisal was well paced in a comfortable and confidential space
Dr *** was welcoming and offered me a cup of tea which was very welcome
Good timing and opportunity to do it face to face which I really valued and at a good time for me
All very good - arranged to meet in my office and therefore a private space, and at a time where we were unlikely to be disturbed with urgent clinical issues.

Comments
Another colleague interrupted the meeting but this was stopped quickly and professionally.
The meeting was held on Microsoft teams.
Online appraisal was convenient.
A choice of venue might have been nice

Administration and Management of the Appraisal System

Administration and management of the appraisal system



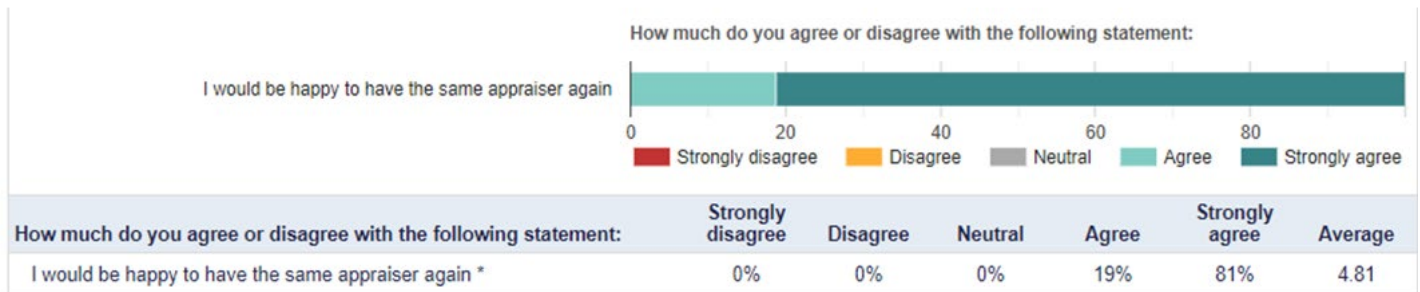
How much do you agree or disagree with the following statements:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Average
The appraisal process was satisfactory *	0%	0%	2%	42%	56%	4.55
I had access to all necessary forms and materials for my appraisal *	0%	0%	0%	45%	55%	4.55
I was able to collect the necessary supporting information from the organisation(s) where I work *	0%	5%	2%	38%	56%	4.45
The administrative support for the appraisal process met my needs *	0%	0%	8%	45%	47%	4.39

Comments
I did have some problems accessing my previous appraisals which were conducted in my previous Trust as the online portfolio is no longer available to me. However, I have been able to add summaries of previous appraisals to the L2P system
I was happy with all aspects of this.
A good number of materials were already uploaded by admin staff which is great.
Complaints team do not process information for complaints for Physician associates.
Helpful reminders from the admin team. Required documents on mandatory training, peer group attendance, teaching attendance were uploaded in good time.
All necessary supporting information was already loaded up onto my appraisal which was very helpful.
Unable to get proof from Trust about no significant incidents.
Supporting info provided by Medical Directorate was provided in sufficient time to review and reflect
Helpful to have relevant documented uploaded in a timely way thank you
It was difficult to get any feedback from medical students allocated to North and West CMHT OA service.
I have been supported adequately by my admin team to complete the paperwork.

Comments
I was unable to access sufficient patient feedback, but this will roll over to the 2024-2025 appraisal period.
I found it difficult to get responses for queries sent to the administration team at times. The appraisal handbook needs updating as the clinical fellows now use L2P which has a different system for obtaining colleague feedback. The 'form B' is a duplication of the sections that are on L2P already. It needs to be clear that the 'Training Pathway' is optional, as that route requires a lot more WPBAs to be completed rather than the 2 CBDs a year which is what is required for doctors out of training to pass an appraisal year. Also the 'Training Pathway' is not being discussed in the peer groups, the peer group members have been recommending that only 2 CBDs are required a year and some evidence of 2 QI projects over a full revalidation cycle. It made it all quite confusing.
Administration was very smooth, and all supporting information eg complaints report, incidents etc was uploaded proactively without my needing to request this, which was very helpful.

Appraiser Overview

Please rate your appraiser's skills in:	Very poor	Poor	Satisfactory	Good	Very good	Average
Establishing rapport *	0%	0%	0%	14%	86%	4.86
Demonstrating thorough preparation for your appraisal *	0%	0%	3%	23%	73%	4.70
Listening to you and giving you time to talk *	0%	0%	0%	19%	81%	4.81
Giving constructive and helpful feedback *	0%	0%	2%	23%	75%	4.73
Supporting you *	0%	0%	0%	20%	80%	4.80
Challenging you *	0%	0%	6%	31%	63%	4.56
Helping you to review and reflect on your practice *	0%	0%	0%	31%	69%	4.69
Helping you to identify gaps and improve your portfolio of supporting information for revalidation *	0%	0%	2%	28%	70%	4.69
Helping you to review your progress against your last personal development plan (PDP) *	0%	0%	2%	27%	72%	4.70
Helping you to produce a new PDP that reflects your development needs *	0%	0%	3%	23%	73%	4.70
Managing the appraisal process and paperwork *	0%	0%	2%	31%	67%	4.66



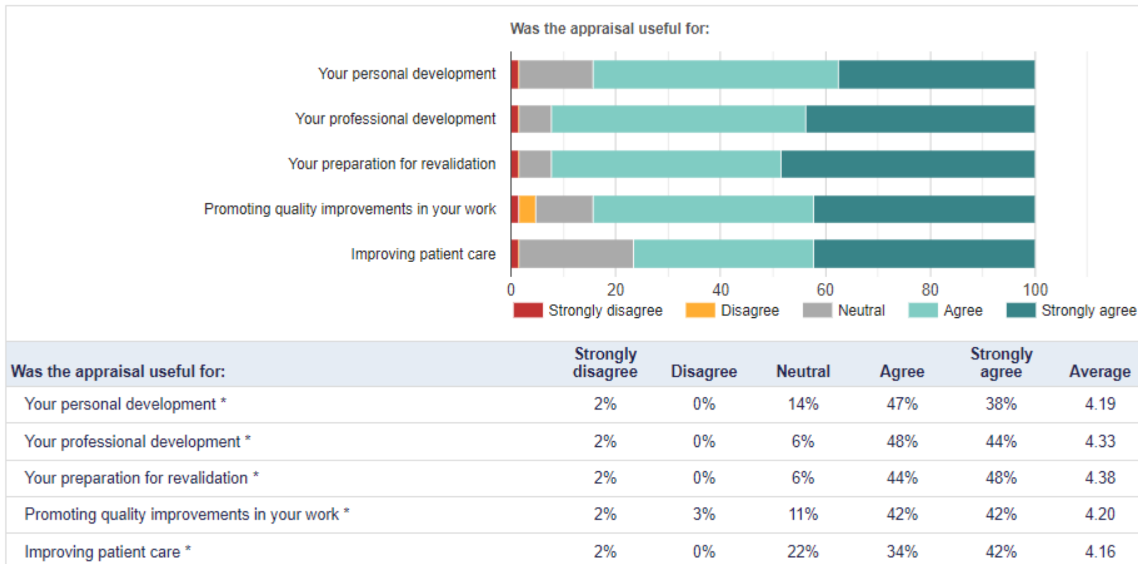
How much do you agree or disagree with the following statement:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Average
I would be happy to have the same appraiser again *	0%	0%	0%	19%	81%	4.81

Comments
But this will not happen as I have had this appraiser for 3 years and am leaving this employer
Very helpful to me in understanding a new appraisal system, good practical advice and support given during the meeting, before and after.
Dr *** enabled a detailed discussion about my professional and personal development during the appraisal and this helped me reflect on my last year and plan for the next year.
Dr *** has been very supportive during my appraisal.
Extremely supportive and positive, identifying challenges and helping me to think about how to overcome these. I felt listened to and understood.
Dr *** is very kind and supportive. I have benefited from the appraisal meeting.
Dr *** is very easy to get on with. Listened to my thoughts and ideas and had helpful suggestions which I took on board. Dr *** was well prepared for the appraisal, familiarising themself with my form beforehand.

Comments
Ample time given for me to talk and express my views. Constructive and helpful feedback provided.
Very supportive and curious approach to the appraisal with the right balance between challenge and support .
a helpful process.
I think this is my final appraisal with Dr *** for now but I have found their approach to appraisals constructive, supportive, and meaningful.
Well prepared, relaxed, professional approach
Dr *** is an excellent appraiser. Always well prepared and thorough. The appraisal meeting is well chaired and I feel supported and able to reflect openly and honestly about the past year. I am especially grateful to them for the efficient way in which they complete the post-meeting paperwork.
Dr *** was helpful and thoughtful and supportive in her appraiser role and helped me think about my current job and job role and personal development
I have known Dr *** professionally for a long time, so knew that they would be a good appraiser.
This is my 3rd appraisal year with Dr ***. I have been supported and guided throughout and its been a pleasure to be appraised by Dr ***
Dr *** was a fantastic appraiser. She was kind and friendly, which put me at ease during quite a stressful process. She helped me to identify areas where I need to develop further to progress my career in psychiatry and gave really good advice.
Very good. Pragmatic and well balanced.
Dr *** was an excellent appraiser as my ratings reflect - we had a really productive discussion and he was clearly prepared and used the time well. Dr *** was also very supportive re changing my appraisal meeting date due to an urgent medical appointment I had to attend.
I enjoyed the appraisal with Dr *** who is an excellent appraiser.

Doctor Overview

The appraisal overall



Was the appraisal useful for:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Average
Your personal development *	2%	0%	14%	47%	38%	4.19
Your professional development *	2%	0%	6%	48%	44%	4.33
Your preparation for revalidation *	2%	0%	6%	44%	48%	4.38
Promoting quality improvements in your work *	2%	3%	11%	42%	42%	4.20
Improving patient care *	2%	0%	22%	34%	42%	4.16

Comments

Overall it has been a very helpful process, my appraiser was excellent. Now I have spent some time using the L2P system, I think it's a good platform. I have started my MSF and again, the system appears to be working well.

I was happy with my appraisal overall.

Appraisal is a helpful opportunity to reflect on the year, however, the written portfolio element is not always as helpful as it takes a significant amount of time uploading evidence (although helpful that some of this is already uploaded by admin).

Dr *** has provided a a very sympathetic support in challenging personal circumstances. She was empathic while maintaining her professional responsibilities as an appraiser, providing creative guidance and appropriate challenge when required.

I have found this process helpful to reflect on the what has gone well over the last year, what I need to work on and ideas for future development.

It was a very helpful discussion about current job role and how to consider further objectives for year ahead.

Overall very satisfied with appraisal process.

The preparation for the meeting was, as ever, lengthy, time consuming and exhausting. This detracts from my ability to do my job and to care for patients. Surely there's a better way to do this?

A very helpful process thank you

Comments
Very helpful, productive, and supportive thank you - especially got me to think about the importance of reducing the extra working hours I regularly do in my own time, which is not good in terms of maintaining good health! I've made some changes since the meeting which will hopefully address this.

Average Feedback Score Summary

Complete PAQs	Incomplete PAQs	Very Poor	Poor	Satis-factory	Good	Very Good	Average Rating
1	0	0%	0%	17%	83%	0%	3.83
2	0	0%	0%	0%	75%	25%	4.25
6	0	0%	0%	4%	61%	35%	4.31
6	0	0%	0%	8%	39%	53%	4.44
4	1	0%	0%	0%	42%	58%	4.58
6	1	0%	0%	1%	32%	67%	4.65
1	0	0%	0%	0%	33%	67%	4.67
2	1	0%	0%	0%	25%	75%	4.75
6	0	0%	0%	0%	17%	83%	4.83
5	0	0%	0%	0%	15%	85%	4.85
1	0	0%	0%	0%	8%	92%	4.92
5	0	0%	0%	0%	7%	93%	4.93
4	0	0%	0%	0%	6%	94%	4.94
7	0	0%	0%	0%	4%	96%	4.96
4	0	0%	0%	0%	2%	98%	4.98
2	0	0%	0%	0%	0%	100%	5.00
1	0	0%	0%	0%	0%	100%	5.00

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APPENDIX B

GMC's Fair to Refer Implementation Progress and Update Report

2023-2024

Carla White
Medical Compliance Officer

10 June 2024

Introduction

In 2019, the GMC commissioned research into the reasons for overrepresentation of international medical graduates and doctors from ethnic minority in GMC referrals. The research found systemic issues spanning cultural factors, professional isolation, lack of good induction, mentoring, providing feedback and supervision, and leadership within organisations. These factors individually or in combination would lead to a trajectory ending up with GMC referral. The Fair to Refer? Report made 4 recommendations, covering 13 actions. The GMC has recently set a target for itself, regulatory bodies and employers to eliminate discrimination by 2026.

A group including Responsible Officer (RO), Deputy Medical Director and Director of Human Resources (as was called at the time) looked at the recommendations and agreed categorisation of recommendations:

A) In place or implementation relatively straightforward (1-6 months)
B) Capable of early implementation and would produce substantial improvement (timetable to be set separately)
C) Complex implementation including additional resources and/or further approval

Category A

These are all from Recommendation 1 with the relevant paragraph number added.

1.4. Employers should introduce a process to ensure that any new arrangements to contract with locum agencies requires agencies to follow good practice in supporting locums (e.g. the guidance in England "Supporting locums and doctors in short term placements" or equivalent in the other nations). Employers should review all existing contracts to ensure compliance.

1.5. Employers should establish a protocol to ensure that early termination of locum contracts by healthcare providers is recorded and concerns investigated with the outcome communicated to the doctor's locum agency and Responsible Officer and discussed with the GMC's Employer Liaison Adviser (ELA). Exit reports to be provided at the end of locum employment.

1.6. Employers should ensure effective arrangements for Speciality doctors and Specialists (SAS) by:
- Promoting, monitoring and publishing their implementation of the 4 national SAS charters
- Giving SAS doctors equivalent opportunities to access the learning and development that is provided to other doctors
- Publishing and monitoring the proportion of SAS doctors involved in disciplinary procedures and GMC referrals

Category B

The first two are from Recommendation 1. The third is from Recommendation 2 and the last is Recommendation 4.

1.2 Employers should provide every doctor with effective induction and ongoing support that reflects national standards with enhanced induction for doctors who are new to the UK, new to the NHS or at risk of isolation in their roles (including overseas qualified doctors, locums and SAS doctors). Enhanced induction should include allocating a mentor (who will also sign off their induction).

1.3. Employers should introduce a mechanism whereby, before a formal complaint process is initiated, someone who is impartial to the issues involved and understands diversity, evaluates whether a formal response is necessary.

2.2. Employers and healthcare providers should identify systemic issues, address them and take them into account when assessing performance, and ensure these assessments are conducted within the principles of a 'Just Culture' approach, including (a) ensuring that a review is carried out of any systemic issues following a patient safety incident; and (b) steps are taken to prevent recurrence

4.1. ROs should monitor and challenge patterns of disproportionality in performance concerns in their organisation. They should be able to demonstrate that their processes are fair if challenged.

Category C

This includes Recommendation 2.1 and all of Recommendation 3. There are five recommendations in total and all directly refer to board level involvement. They encompass:

- reviewing and identifying negative subcultures-reviewing leadership style and introducing programmes to support leaders.
- implementing inclusive engagement sessions with a visible lead from clinical leaders
- leadership and boards regularly discussing and assessing how the organisation meets the needs of a diverse workforce.
- leadership and boards reviewing the representation of decision makers in local complaints processes.

This category also includes Recommendation 1.1 set out below as the training and technology may not be readily available (although some training in having difficult conversations has been undertaken in the past)

1.1 Employers should train staff who lead, manage, supervise or educate doctors to give and receive feedback across difference ensuring they are equipped to have difficult conversations, use technology appropriately (e.g. Datix) and understand how bias influences giving and receiving feedback.

Actions Completed so far in 2020/2021 and 2021/2022

A) Raising awareness
   - Presentation to Medical Staff Committee
   - Discussion at Medical Workforce Planning Group,
   - Continuous Professional Development (CPD) session to all doctors
   - inclusion in the annual report on appraisal and revalidation to the Board of Directors
   - Updates provided to Joint Local Negotiating Committee.

B) Mentorship scheme and creating and appointing to the role of mentorship coordinator.

C) updating Medical Workforce Planning Group

D) Exploring collaboration with neighbouring Trusts though the Regional RO Network for mental health trusts

E) Training session in feedback and difficult conversation with professional actors

F) Agreeing a SOP for locum recruitment.

G) Agreeing a SOP for medical recruitment

H) Ongoing review of induction and signposting doctors who are new to UK practice to attend the GMC relevant events.

I) Implementation of SAS doctors charter, SAS representative is already a member of the MWPG.

J) Opening leadership roles to SAS doctors e.g. appraiser role

K) SAS rep is already a member of Joint Local Negotiating Committee (JLNC) as well as Medical Workforce Planning Group

L) We have Certificate of Eligibility for Specialist Registration (CESR) rotation scheme for SAS doctors and CESR coordinators.

M) We are supporting Approved Clinician approval scheme for SAS doctors.

N) People Directorate were asked by the Board to consider the report (particularly Category C recommendations)

O) Disciplinary Process: To consider how existing local Maintaining High Professional Standards (MHPS) process could be further adapted to help ensure impartiality and understanding of diversity, to allow for inclusion of systemic considerations and include the role of (Medical Workforce Race and Equality Standard (MWRES) Lead.

P) RO Network: RO shared the Trust work with regional mental health RO network and explored areas for collaboration. (This could include some form of "pooling" of resources for investigating systemic issues to help ensure impartiality)

Progress in 2022/2023

1. The RO has met with relevant colleagues from the People's Directorate twice to develop a plan of implementing Group C recommendations.

2. Expression of interest has been circulated to appoint MWRES Lead.

3. The RO has discussed with the Medical Director and Revalidation Support Group developing a training program on Giving and Receiving Feedback and Managing Difficult Conversations. Various options are currently under considerations.

Progress in 2023/2024

1. A provider has been identified to run regular training in Giving and Receiving Feedback and Managing difficult conversations. The plan is to train around 20 doctors annually. Attending the training once every 5 years will be a requirement for appraisal/revalidation. The first course has been booked for 19 June 2024,

2. The RO and MD have discussed the option of creating a new post of associate medical director for equality, a higher profile role than MWRSES lead, to promote equality across different disciplines.

3. The RO has had further meetings with colleagues from People Directorate. Leadership development programs have been identified. It was agreed that the information available from Staff Surveys and monthly Staff Pulse will shed light on negative subcultures and leadership styles.

4. A non-executive member of the Board is already part of the decision-making group in MHPS process. This involvement will be extended if GMC referral is being considered.

Proud to care in Sheffield

NHS
Sheffield Health and Social Care
NHS Foundation Trust

APPENDIX C

Demographics Report

2023-2024

Carla White
Medical Compliance Officer

4th April 2024

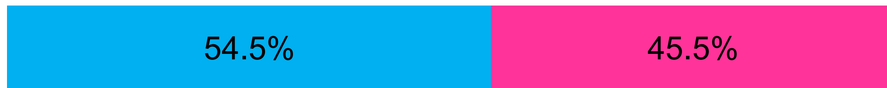
Trust Demographics

The below statistics are for all psychiatrists on a substantive contract with Sheffield Health & Social Care NHS Ft who are not on the Performer's List. The data doesn't include General Practitioners with the Clover Group or doctors on a local training scheme. The data does not include Dr Girgis, Dr Naylor-Hill and Dr Crimlisk as they have alternative Designated Bodies.

as of 31st March 2024 **Number of Doctors: 66**

Substantive Doctor Gender Ratio

Male Female

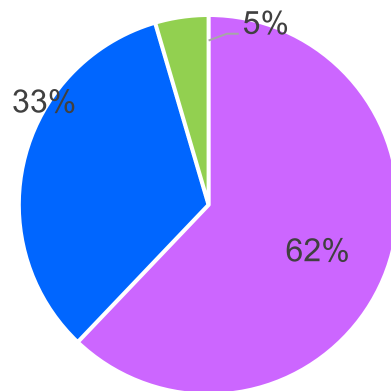


Substantive Doctor BAME Ratio

Other BAME

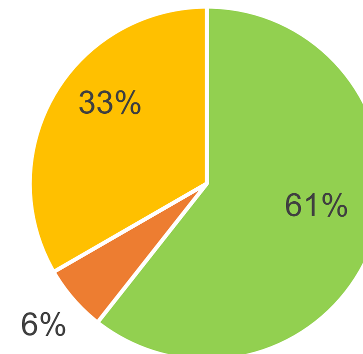
Substantive Doctor Grade Ratio

Consultant SAS Docor Clinical Fellow



Substantive Doctor Medical Qualification

UK EEA IMG



Appraisers as of 31st March 2024

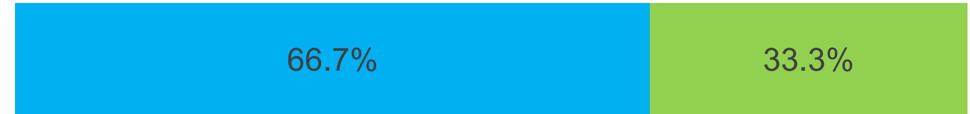
Number of Appraisers: 15

Appraiser Gender Ratio

Male Female

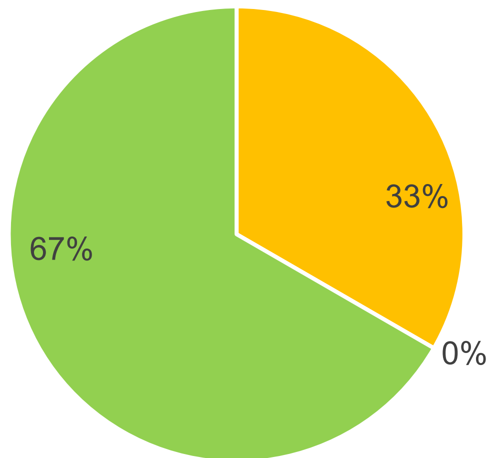
Appraiser BAME Ratio

Ethnic Minority Other



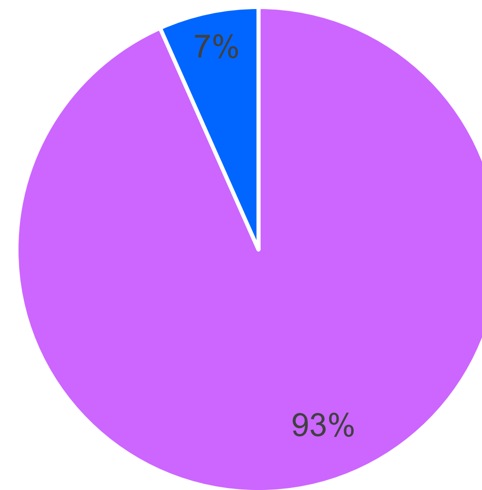
Appraiser Medical Qualification

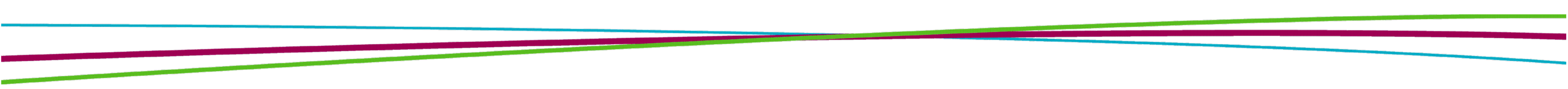
UK EEA IMG



Appraiser Grade Ratio

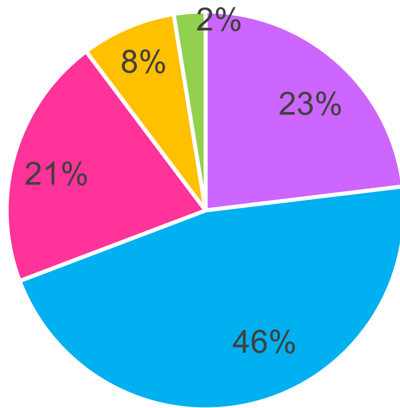
Consultant SAS Doctor





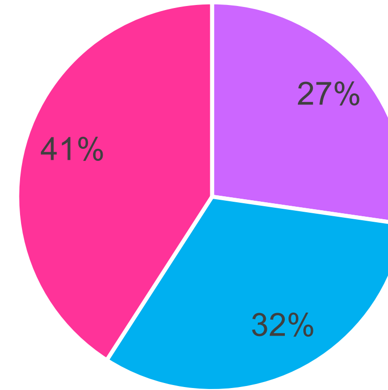
Age Demographic as of 31st March 2024

Consultant



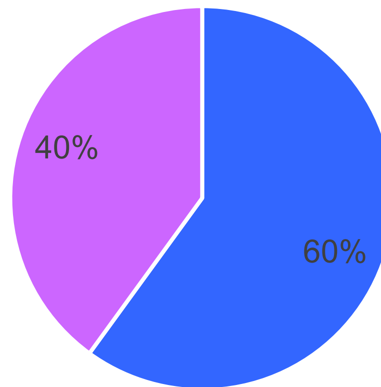
▪ 31-40 ▪ 41-50 ▪ 51-60 ▪ 61-70 ▪ 71-80

SAS

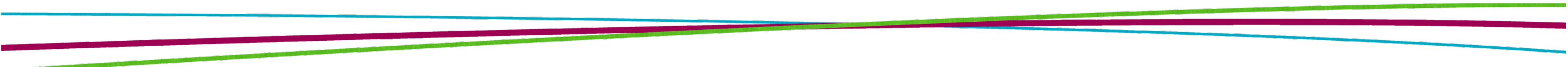


▪ 31-40 ▪ 41-50 ▪ 51-60

International Medical Graduate & Clinical Fellows



▪ 21-30 ▪ 31-40



Agency Locums who have been contracted to work for SHSC between 1st April 2023 and 31st March 2024

Number of Agency Doctors: 32

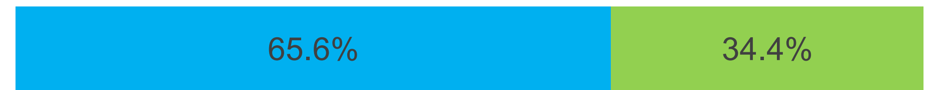
This data relates to agency locums as individuals and is not representative of the number of shifts completed by each locum.

Agency Referrals to Responsible Officer by Gender

Male Female

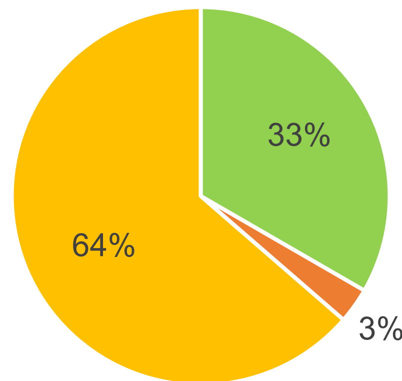
Agency Referrals to Responsible Officer BAME Ratio

BAME Other



Agency Referrals to Responsible Officer by Medical Qualification

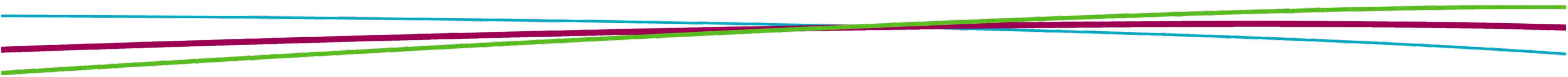
UK EEA IMG



Responsible Officer Referrals for 2023/24 Appraisal Year

Overview:

No referrals to report.



APPENDIX D

Annex A

Illustrative designated body annual board report and statement of compliance

This template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

The content of this template is updated periodically so it is important to review the current version online at NHS England » Quality assurance before completing.

Section 1 – Qualitative/narrative
Section 2 – Metrics
Section 3 – Summary and conclusion
Section 4 – Statement of compliance

Section 1: Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to use concise narrative responses in preference to reply yes/no.

1A – General

The board/executive management team of :

Sheffield Health and Social Care NHS Foundation Trust

can confirm that:

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

Action from last year:	Dr Girgis will continue in his role as Responsible Officer.
Comments:	The Trust continues to comply with this requirement.

Action for next year:	Dr Girgis is planning to continue as RO for 2024/2025

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes / No:	Yes
Action from last year:	RO continues to meet monthly with the MD. Any resource issues will be discussed.
Comments:	The trust has a sufficiently resourced appraisal system. The system is quite efficient. The RO is remunerated with 2 PAs (one day a week) and supported administratively by 0.5 WTE Medical Compliance Officer. Crucially, the Trust has suitable number of Medical Appraisers. The Trust is using an integrated electronic appraisal platform L2P (License to Practice). The Trust purchased the additional modules for Patient and Colleague Feedback, Medical Leadership and Wellbeing.
Action for next year:	RO to continue to meet with MD on regular basis

1A(iii)An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Action from last year:	Continue current monitoring system.
Comments:	The GMC Connect platform is reviewed regularly to ensure accurate list of doctors who have prescribed connection to the Trust. The Revalidation Team monitors new starters and leavers in good timing. If a doctor adds himself/herself, the RO receives an automatic email from the GMC, who will then check if the doctor is correctly linked to the Trust.
Action for next year:	Continue current monitoring system

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:	Relevant policies are currently up to date. If national policy developments arose, relevant policies will be reviewed accordingly
Comments:	Relevant policies are up to date including Appraisal and Revalidation Policy, Disciplinary Policy of Medical Staff,

Action for next year:	Ensure policies remain up to date

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	None
Comments:	The electronic system has a built-in checklist for appraisees and appraiser. The system is quality assured via the annual report to the Board and Desktop review by NHS England. Appraisers are subject to feedback from appraisees. Appraisal themselves are reviewed by the Medical Compliance Officer (MCO), then by the RO and thirdly scored using a national audit tool ASPAT.
Action for next year:	Keep the situation under review. The RO will have discussions with ROs of neighbouring mental health trusts and explore the additional benefits of a Peer review.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last year:	To continue processes in place.
Comments:	Locums have their appraisal and revalidation completed by the Locum Agency. Locum doctors are able to attend the Trust CPD program. If the Trust employs a locum doctor directly or on Fixed Term basis, the doctor will have his/her appraisal and revalidation completed through the Trust systems. Any concerns are conveyed to the RO who will consider appropriate action in conjunction with CDs/MD and passing the relevant information to the ROs of locum agencies if appropriate.
Action for next year	To continue the established processes.

1B – Appraisal

1B(i) Doctors in our organisation have an annual appraisal that covers a doctor's whole practice for which they require a General Medical Council (GMC) licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal

period), including information about complaints, significant events and outlying clinical outcomes.

Action from last year:	To continue with the processes in place.
Comments:	The Trust has an effective appraisal system. The appraisal platform requires the doctor to describe the whole scope of practice since the last review (whether in the Trust or outside, paid or unpaid) and to provide all supporting information stipulated by the GMC (that includes CPD, Quality Improvement, Significant Events, Complaints and Compliments and Feedback from Colleagues and Patients) in addition to evidence for medical leadership, teaching/training and Wellbeing. If the doctor does any work outside the Trust, the doctor must provide similar information from employing organisation. Appraisal rate was 98% this year.
Action for next year:	To continue with the processes in place.

1B(ii) Where in question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year:	To continue the established processes.
Comments:	Medical Compliance Officer ensures any late or missed appraisals have a verified reasoning approved by the Responsible Officer
Action for next year:	To continue the established processes.

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year:	Review Appraisal and Revalidation policy
Comments:	Appraisal and Revalidation policy up to date and to be reviewed July 2025. The policy is based on the NHS England model policy. The policy has been ratified through the governance structure of the trust.

Action for next year:	Keep the policy up to date.

1B(iv) Our organisation has the necessary number of trained appraisers[1] to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	To continue to monitor capacity using the established processes in place
Comments:	The Trust has 13 trained medical appraisers (10.5 FTE). 8 appraisers are performing the role on a full time and 5 on a part time basis. Full time means conduction of 7-8 appraisals/year on 0.4 PA and part time means conduction of 3-4 Appraisals/year on 0.2PA). The Trust has so far been successful in recruiting sufficient number of appraisers.
Action for next year:	To ensure appraiser numbers are maintained and kept under review

1B(v) Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality assurance of medical appraisers or equivalent).

Action from last year:	To continue assuring the quality of appraisers
Comments:	Appraisers still receive an annual performance report containing the relevant indicators such as the appraisees feedback and Appraisal Summary and Personal Development Plan Audit Tool (ASPAT) scores. The RO organises 2 Appraisal network meetings in addition to a half day refresher/training annually. All appraisers are required to complete New Appraisers training before being appointed and they are encouraged to attend external refresher training and regional appraiser network meetings. The RO meets with new appraisers after one year in the role to review performance and developmental needs.
Action for next year:	To continue scoring process and providing annual performance reports

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:	To continue the established processes
Comments:	The appraisal platform includes a checklist to ensure all information required is included. Appraisals are reviewed separately by the MCO and RO and scored using a national audit tool (ASPAT). Doctors have a specified month of the year to complete their appraisal. Reasons for any delays have to be relayed to and approved by the RC. Appraisals are missed only for unavoidable legitimate reasons such as long-term sickness or maternity leaves. The RO provides the Board with Annual Report on appraisal and revalidation following consultation with the Medical Workforce Planning Group and the MD.
Action for next year:	To continue the established processes

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Action from last year:	To continue the current revalidation processes.
Comments:	The RO receives information from CDs/MD about any concerns about doctors. The RO reviews the annual appraisals before signing them off. Doctors who are within the notice period (now 12 months) are listed on GMC Connect platform. The RO reviews the annual appraisals over the previous 5 years of these doctors and make the appropriate recommendations 4 weeks in advance of the submission date.
Action for next year:	As the GMC has increased the notice period from 4 months to 12 months, the RO will make recommendations about all doctors whose revalidation date fall in the following month. This will ensure elimination of any potential late submissions due to unforeseen circumstances.

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly

if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Action from last year:	To continue the current revalidation process
Comments:	The potential for a recommendation of Deferral will be apparent well before making the recommendation to the GMC and the doctor is made aware of this potential. The GMC Advisor is always made aware of this potential. The RO has not ever needed to consider a recommendation of non-engagement. This recommendation never comes as a surprise as it involves several steps taken by the RO and the GMC. The RO and GMC will communicate with the doctor throughout the process.
Action for next year:	To continue the current revalidation processes.

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	Continue established processes
Comments:	There is a satisfactory system to deliver effective governance for doctors. There are clear systems for reporting and reviewing significant events and complaints. Data is routinely collected on performance and service indicators. All teams have regular governance meetings. Openness and reporting incidents are encouraged. The system is underpinned with appropriate policies and Trust values.
Action for next year:	Continue established processes.

1D(ii) Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation.

Action from last year:	Continue the established processes.
Comments:	The Trust has systems for receiving, recording and dealing with complaints and significant events. Any concerns about doctors are relayed to CDs, who would share the information

	with the MD and RO. Doctors are required to provide a trust generated report on compliments/complaints and significant events for their annual appraisal. The Trust keeps a record of doctors' attendance of internal CPD and mandatory training compliance.
Action for next year:	Continue the established processes.

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	No action is required
Comments:	The MCO provide individual doctors with an annual report for any complaints against them or significant events linked to the doctor's name as well as their internal CPD and mandatory training data.
Action for next year:	Continue the established processes.

1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year:	No action is required.
Comments:	The Trust has an up-to-date Disciplinary Policy of medical staff based on HMPS incorporates the central role of the RO. The RO meets with the MD regularly and discuss concerns and make decisions on the need for investigations and whether referral to GMC should be considered. The RO discusses any potential referral with GMC advisor. "Soft" concerns are still discussed with GMC ELA. The record of such concerns is kept alive until it is closed. If concerns require further action, the Disciplinary process is initiated. The Trust has trained Case Managers and Case Investigators. A non-executive member of the Board is involved in formal processes.
Action for next year:	No action is required.

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Action from last year:	To continue the work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report.
Comments:	Currently, an advert has been circulated for expression of interest for a new role of Medical Workforce Race Equality Standards Lead (MWRES). This lead will be asked to scrutinise concerns about doctors before proceeding to investigations. The RO and MD have discussed the process of potential referral to the GMC. They agreed that this process should be similar to addressing concerns internally. This will mean involving a non-executive director
Action for next year:	To continue the work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report, specifically recruiting MWRES Lead. and organising training in Giving and Receiving Feedback

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	Maintain an appropriate information sharing system.
Comments:	An established system is in place for the sharing of information between Designated Bodies using NHS England's Medical Practice Information Transfer (MPIT) Form. The RO also seeks information sharing from the previous Responsible Officer for any doctor who is joining the Trust. The RO also completes MPIT form to share any relevant information about doctors leaving the trust to another organisations.
Action for next year:	Maintain an appropriate information sharing system.

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (reference GMC governance handbook).

Action from last year:	To continue working on implementing the recommendations of Fair to Refer report. We are planning to recruit for a new role, Medical Workforce Race Equality Standards Lead. This lead will be asked to scrutinise concerns about doctors before proceeding to investigations. The RO and MD have discussed the process of any potential referral to the GMC. They agreed that this process should match the process of addressing concerns internally. This will mean involving a non-executive director.
Comments:	The RO and the MD meet regularly. They also meet jointly with the General Medical Council Employer Liaison Advisor to ensure that any referral to the General Medical Council has reached the correct threshold. Currently, a senior doctor who with good understanding of diversity is asked to review any concern that has the potential of proceeding to an investigation. The Responsible Officer liaises with the General Medical Council Employer Liaison Advisor (ELA) and reports any concerns to the relevant Responsible Officer for locum agency workers.
Action for next year:	To try recruit a Medical Workforce Race Equality Standards Lead. Any future potential referral to GMC will be discussed with a non-executive director.

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, for example, from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture (give example(s) where possible).

Action from last year:	N/A (new item)
Comments:	From national reviews e.g. The Leadership Way which complements the NHS People Promise Our Leadership Way – Leadership Academy we ensure we integrate the 6 principles in our leadership and OD work.
Action for next year:	We collaborate, forming effective partnerships to achieve our common goals. SHSC has been involved in the facilitation of and attendance at the ICS Reciprocal Mentoring Scheme. SHSC staff are involved in Cohort 2 and Cohort 3 starts in September 2024 until June 2025.

1D(ix) Systems are in place to review professional standards arrangements for all healthcare professionals with actions to make these as consistent as possible (reference Messenger review).

Action from last year:	N/A (new item)
Comments:	We integrate the Messenger Review (7 recommendations in leadership) into our leadership offer at SHSC.
Action for next year:	Regarding Talent conversations, a pilot is taking place in June 2024, and then evaluation with a view to embedding talent conversations for SHSC in late 2024/2025.

1E – Employment Checks

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

Action from last year:	To continue the well-established processes and work closely with the medical education and Staffing Team.
Comments:	The Medical Staffing Team perform pre-employment checks and run a comprehensive induction package for substantive doctors. The Trust is in full compliance with well-established processes in place.
Action for next year:	To continue the established processes

1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	N/A (new item)
Comments:	We are working with Desire Code on designing a creative way to engage staff in the next phase of action with supports organisational culture, through Values into Behaviours work.
Action for next year:	There are a range of actions including: An in-person launch event in July 2024, a pack that teams can use to explore this important work in their team meetings and give their input and an online option.

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	N/A (new item)
Comments:	The Inclusion and Equality Group is chaired by Neil Robertson who is our Executive Director of Operations & Transformation. This year we have refreshed and updated our equality objectives. The Trust returned the required information for WRES and MRWRES. The Trust has a zero-tolerance policy for hate crime and has good working relationship with the Hate Crimes unit in South Yorkshire Police. Recruitment at all levels is based on Trust values.
Action for next year:	We signed up to the Northwest Black Asian and Minority Ethnic Assembly antiracist framework. NHS organisations across the region have signed up to this and we are working together.

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Action from last year:	N/A (new item)
Comments:	The Freedom to Speak up Ambition and Strategy was developed and released in 2023 with one of the key themes being, removing barriers to speaking up.
Action for next year:	The Freedom to Speak Up Guardian to deliver sessions introducing the SEEDS model, which is a framework that helps to understand biases, what causes them and ideas to help to mitigate and manage them.

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards process by its connected doctors (including the existence of a formal complaints procedure).

Action from last year:	N/A (new item)
Comments:	A formal complaints procedure is in place and is easily accessible by all medics. The Trust has a Freedom to Speak up Guardian. There are policies to deal with grievance, bullying and harassment and for Speaking Up.
Action for next year:	Continued established process

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the Equality Act.

Action from last year:	N/A (new item)
Comments:	The RO collects information about doctor's ethnicity and country of medical qualification (UK, EEU or IMG). Before proceeding with investigation about a doctor, a senior doctor with knowledge of diversity is asked to review the concern to ensure that there is no racial bias. Investigation is overseen by a Case Manager who also liaises with a non-executive director. The GMC has amended the referral form to ask about what steps were taken to avoid racial bias. The RO and MD are in the process for appointing MWRES Lead. The Trust is progressing well in implementing the Refer to Refer report and has signed up to the Royal College of Psychiatrists equality initiative.
Action for next year:	The RO will continue to monitor national and regional initiative to reduce risk of bias. We aim at recruiting MWRES lead.

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	N/A (new item)
Comments:	The RO continues to attend RO network meetings organised by NHS England North and also Regional RO network meetings for Mental Health Trusts. The aim of these meetings is to share information, share good practice and calibration of practice. NHS England North receives a copy of this report and conduct a desktop review using information from other sources.
Action for next year:	RO to continue to attend relevant RO network meetings. He will discuss with Ros of neighbouring mental health trusts opportunities for peer review.

Section 2 – metrics

Year covered by this report and statement: 1 April 202331 March 2024

All data points are in reference to this period unless stated otherwise.

2A - General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March	64

2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	63
Total number of appraisals approved missed	1
Total number of unapproved missed	0

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	19
Total number of late recommendations	1
Total number of positive recommendations	18
Total number of deferrals made	1
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0

2D – Governance

Total number of trained case investigators	5
Total number of trained case managers	2

Total number of new concerns registered	1
Total number of concerns processes completed	0
Longest duration of concerns process of those open on 31 March	194
Median duration of concerns processes closed	0
Total number of doctors excluded/suspended	0
Total number of doctors referred to GMC	0

2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	10
Number of new employment checks completed before commencement of employment.	10

2F – Organisational culture

Total number claims made to employment tribunals by doctors	0
Number of these claims upheld	0
Total number of appeals against the designated body's professional standards processes made by doctors	0
Number of these appeals upheld	0

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report
- Dr Girgis continues in his role as Responsible Officer. - Medical Appraisal Policy is up to date and for review by July 2025 - Number of Appraisers has been reviewed, now have 13 appraisers (10.5 full time equivalent). - Continue to review the implementation plan and work with the GMC and the People Directorate to implement fully the recommendations of the 'Fair to Refer' report
Actions still outstanding
- To recruit a Medical Workforce Race Equality Standards, Lead (MWRES).
Current issues
The Trust has become a GMC Sponsor. We have recruited a number of International Fellows from India. We are still figuring out how to make the best of this category of doctors and help them to achieve their potential.
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
• To ensure appraiser numbers are maintained and kept under review • To continue to try recruit a Medical Workforce Race Equality Standards Lead • To maintain an appropriate information sharing system. • To continue the work on implementing the recommendations of the GMC "Fair to Refer?" report. • To organise training in Giving and Receiving Feedback • To consider the practicalities and added value of Peer Review.
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):
The appraisal rate was 98%, the highest rate achieved ever by the Trust. Appraisal System, Individual appraisals and individual appraisers are subject to quality assurance. The Trust has become a GMC Sponsor which allows the Trust to recruit International Fellows. Appraisal system has been adapted to meet the needs for doctors who are new to UK medical practice, The Trust has sufficient numbers of trained appraisers. Appraisers are appropriately remunerated which helps to ensure quality and accountability. They have opportunities for networking and keeping up to date. There have been no referrals to GMC last year. We have sufficient numbers of case managers (CM) and case investigators (CI). We are planning to have a program for training CMs and CIs. The Trust has made excellent progress in implementing the recommendations of the GMC Fair to Refer report.

Section 4 – Statement of compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body.

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

Official name of the designated body	Sheffield Health and Social Care NHS Foundation Trust

Name:	
Role:	
Signed:	
Date:	