

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 JULY 2019

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| Title: | DESIGNATED BODY ANNUAL BOARD REPORT |
| Responsible Director: | Prof. Simon Ball, Executive Medical Director |
| Contact: | Dr Bill Tunnicliffe, Assistant Medical Director for Revalidation & Appraisal 13703 Mariola Smallman, Head of Medical Directors' Services, 13768 Gaynor Watters, Revalidation Support Manager 13703 |

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| Purpose: | To provide assurance on compliance with NHS England's requirements in relation to: <ul style="list-style-type: none"> • Annual Organisational Audit (AOA) • Designated Body Annual Board Report • Statement of Compliance | |
| Confidentiality Level & Reason: | None | |
| Strategy Implementation Plan Ref: | #4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories | |
| Key Issues Summary: | <ul style="list-style-type: none"> • AOA data submitted as per requirements. • Annual report provides assurance that robust Designated Body systems and processes are in place. • Statement of Compliance with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013) for approval and signing. • | |
| Recommendations: | The Board of Directors is asked to: Approve the contents of this report. | |
| Approved by: | Prof. Simon Ball | Date: 19/06/2019 |

Designated Body Annual Board Report

Section 1 – General

The board / executive management team – University Hospitals Birmingham can confirm that:

1. The Annual Organisational Audit (AOA) for this year has been submitted.

Date of AOA submission: 17th May 2019

Comments: This was the first combined report submission for all sites.

Action for next year: Deploy medic@work across all sites and ensure all staff have a dedicated appraisal date.

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

Responsible Officer: Simon Ball

Comments: Responsible officer training scheduled for June 2019.

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

Yes, a new Assistant Medical Director has been appointed to lead a team of Associate Medical Directors to support the Responsible Officer alongside the Revalidation Support Team.

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

Yes, all records are currently held in the medic@work and Equiniti software.

Action for next year: All records will be transferred to medic@work version 2.

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

Yes, review and alignment of the revalidation policy has taken place this year.

6. A peer review has been undertaken of this organisation's appraisal and revalidation processes.

Action from last year: No

Comments: Due to reconfiguration of the service across all sites, this is not a current priority.

Action for next year: Review progress and consider.

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

Comments: All staff will attend the Trust corporate or local induction, which will cover all mandatory training aspects. There is a wide range of training and development opportunities available at UHB regardless of employment status.

Section 2 – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Yes

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

Yes

3. 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).

Yes

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Yes the Trust currently has a ratio of 1:5

5. 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 Appraisers¹ or equivalent).

Yes, all appraisals are quality assured at sign off. There is a bi-annual appraiser meeting for all appraisers, and a dedicated revalidation/appraiser support team.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Yes

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

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

Section 3 – Recommendations to the GMC

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

Yes

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

Yes

Section 4 – Medical Governance

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

Yes

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

Yes

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

Yes

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors².

Yes

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation³.

Yes

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

Yes

Section 5 – Employment Checks

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

Yes

Section 6 – Summary of comments, and overall conclusion

The Trust has a robust revalidation and appraisal service with a dedicated team to provide support to our employees.

We are currently working on the development and implementation of a single appraisal and revalidation software system, which will fully align the process across all sites. This is progressing well and we anticipate full convergence by the end of the calendar year.

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

Section 7 – Statement of Compliance

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

Signed on behalf of the designated body

Dr David Rosser

Chief Executive

Official name of designated body: University Hospitals Birmingham NHS Foundation Trust

Name: _____

Signed: _____

Role: _____

Date: _____