UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 23 JULY 2020

Title:	**DESIGNATED BODY ANNUAL REPORT 2019/20**
Responsible Director:	Prof. Simon Ball, Chief Medical Officer
Contact:	Dr Bill Tunnicliffe, Assistant Medical Director, 13693 Mariola Smallman, Head of Chief Medical Officer's Services, 13768 Gaynor Watters, Deputy Head of Chief Medical Officer's Services, 13693

Purpose:	To provide assurance on compliance with NHS England's requirements in relation to: • Annual Organisational Audit (AOA) • Designated Body Annual Board Report • Statement of Compliance	
Confidentiality Level & Reason:	None	
Strategy Implementation Plan Ref:	#14 Develop our leaders at all levels of the Trust #4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories	
Key Issues Summary:	• AOA data submission suspended. • 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:	To approve the contents of this report.	
Approved by:	Prof Simon Ball	Date: 02/07/2020

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
THURSDAY 23 JULY 2020
DESIGNATED BODY ANNUAL REPORT
PRESENTED BY CHIEF MEDICAL OFFICER

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.

AOA was suspended for 2019/20

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

Responsible Officer: Professor Simon Ball

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

Yes

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

Yes, all records are held in the Trust's medic@work system.

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

Yes, the next planned review is July 2022.

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

Action from last year: No Comments: This was not completed as the AOA was suspended due to COVID-19.

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 attend corporate or local induction, which includes all mandatory training aspects.

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.

   N/A

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

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 Appraisers[1] 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

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

[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 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's[1] 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 doctors[2].

   Yes

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 organisation[3].

   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

[4]This 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.

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

Section 6 – Summary of comments, and overall conclusion

University Hospitals Birmingham NHS Foundation Trust has a robust revalidation and appraisal service with a dedicated team to provide support.

Section 7 – Statement of Compliance

The Board / executive management team – University Hospitals Birmingham NHS Foundation Trust 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

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Chief Executive

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

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _