

## **Introduction**

1. The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.
2. In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.
3. The AOA exercise has been stood down since 2020 but has been adapted so that organisations have still been able to report on their appraisal rates.
4. Whilst a designated body with significant groups of doctors (for example consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.
5. The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:
  - a) help the designated body in its pursuit of quality improvement,
  - b) provide the necessary assurance to the higher-level responsible officer,
  - c) act as evidence for CQC inspections.

## Designated Body Annual Board Report

### 1. Section 1- General

The Board of Cambridgeshire Community Services NHS Trust can confirm that:

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

*Dr David Vickers is formally appointed to the post of Responsible Officer.*

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

Yes.

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

Yes.

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

Yes.

- 1.5 A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

*No. The most recent review to take place was as part of the Trust's programme of internal Audit, for which the resulting action plan has been implemented as part of the appraisal and revalidation process.*

- 1.6 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.

*Where appropriate the necessary facilitation/support is provided to doctors in such circumstances.*

### 2. Section 2a - Effective Appraisal

- 2.1 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

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

N/A

- 2.3 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. The Trust anticipate that a new national policy will be launched in due course. As soon as this policy is released, there will be a review of the Trust appraisal policy.*
- 2.4 The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.  
 Yes.
- 2.5 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 or equivalent).  
*Yes. Additional training sessions are arranged as and when required.*
- 2.6 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.  
*The Trust are currently reviewing the current manual system, with a view to launching a new electronic system including the appraisal and patient and colleague feedback. This will link to the national piece on Levels of Attainment and also improving the offer for the medical workforce in terms of undertaking activity associated with appraisal and revalidation.*

### Section 2b - Appraisal Data

- 2.7 The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below:

<b>Name of organisation: Cambridgeshire Community Services NHS Trust</b>	
Total number of doctors with prescribed connection as at 31 <sup>st</sup> March 2022	62
Total number of appraisals undertaken between 1 <sup>st</sup> April 2021 and 31 <sup>st</sup> March 2022	53
Total number of appraisals not undertaken between 1 <sup>st</sup> April 2021 and 31 <sup>st</sup> March 2022	9
Total number of agreed exceptions	9

### 3. Section 3 - Recommendations to the GMC

- 3.1 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.

- 3.2 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.

#### **4. Section 4 - Medical governance**

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

Yes

- 4.2 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. Conduct and performance is monitored through general management, with the support of the Medical Director and Human Resources Team. All doctors have access to information on their complaints, incidents, and activity.*

- 4.3 There is a process established for responding to concerns about any licensed 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.

*Yes. The Trust has a Maintaining High Professional Standards procedure which is ratified.*

- 4.4 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.

*Any doctor subject to MHPS process is notified to a designated Board non-executive director. External Support is provided by Practitioner Performance Advice and most cases are supported via the Trust's legal advisors.*

- 4.5 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.

Yes.

- 4.6 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. If there are any concerns raised, the Medical Director considers such concerns*

*with the advice of senior Human Resources colleagues (where deemed appropriate).*

**5. Section 5 - Employment Checks**

- 5.1 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.

**6. Section 6 - Summary of comments, and overall conclusion**

- 6.1 The Trust are currently considering procuring the Allocate software suite to cover the appraisal, job planning, and colleague / patient feedback elements. This is in the early stages following a demonstration of the system being delivered in late August 2022. The associated costs are currently being worked up. This links to the Levels of Attainment national piece, which includes the requirement to have an electronic system to monitor these elements going forward.

- 6.2 The Board can take assurance that the Trust is compliant with the requirements for medical appraisal and revalidation with all medical staff actively engaged in the process, and appropriate systems in place to support them.

**Section 7 - Statement of Compliance**

The Board of Cambridgeshire Community Services 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

Name: Matthew Winn

Role: Chief Executive

Date: -----

Official name of designated body: Cambridgeshire Community Services NHS Trust

