Title:	Chief Executive Officer's Report
Report to the:	Trust Board
Meeting date:	25 September 2024
Agenda item:	6
Report author:	Sarah Feal, Trust Secretary and Freedom to Speak-up Guardian Lea Fountain, Associate Director of Communications
Executive sponsor:	Matthew Winn, Chief Executive Officer

Assurance level:	Not applicable
Rationale:	Not applicable
Assurance action:	Not applicable

Executive Summary

This report provides information on national, regional, and local issues impacting on the organisation.

Of note in section 1-4 is the summary of the interim national review of the Care Quality Commission, the national guidance on virtual wards and publication of Darzi review into NHS productivity and overall conclusions on the state of the NHS.

The report contains the Medical Appraisal and Revalidation Report 2023-24 and summaries of the communication and engagement activities that has been undertaken linked to delivering our strategy.

Recommendation

Trust Board members are asked to:

- **Note and discuss** the report.

How the report supports achievement of the Strategic Objectives:

Provide outstanding care:	Section 7.1 set out a range of examples of our innovation to improve access and communication to our patients.
Be collaborative:	Section 7.3 details some of the joint work and campaigns we are involved in with system partners.
Be an excellent employer:	Section 7.2 celebrates our staff accomplishments and shines a light on our staff members.
Be sustainable:	Not explicitly covered in this report.

How the report supports tackling Health Inequalities

Not explicitly covered in this report.

Links to Board Assurance Framework / Trust Risk Register

There are none identified.

Legal and Regulatory requirements

There are none identified.

Previous report

17 July 2024, Chief Executive Officer's Report.

National issues:

1.0 Review into the Operational Effectiveness of the Care Quality Commission (CQC): Interim Report

1.1 Dr Penelope Dash was asked to review the operational effectiveness of the CQC and she has recently published her interim findings. She has found significant failings in the internal workings of the CQC which have led to a substantial loss of credibility within the health and social care sectors, a deterioration in the ability of CQC to identify poor performance and support a drive to improved quality - and a direct impact on the capacity and capability of both the social care and the healthcare sectors to deliver much needed improvements in care. The findings are summarised around 5 topics:

1. Poor operational performance.
2. Significant challenges with the provider portal and regulatory platform.
3. Considerable loss of credibility within the health and care sectors due to the loss of sector expertise and wider restructuring, resulting in lost opportunities for improvement.
4. Concerns around the single assessment framework.
5. Lack of clarity regarding how ratings are calculated and concerning use of the outcome of previous inspections (often several years ago) to calculate a current rating.

1.2 The review team will publish a more substantive report in autumn 2024, bringing additional data and detail to the report with more inputs from the people spoken to (importantly including patients and users who will shortly be included now the pre-election period has completed) and more analysis. The review will also consider other areas within the terms of reference, for example, local authority and Integrated Care System assessments.

1.3 We will continue to use the CQC quality framework that has been published and adapt if their methodology alters.

2.0 Update on Pay Awards

2.1 The government has accepted the recommendations of the NHS Pay Review Body (NHS PRB) and agreed a 5.5 per cent consolidated uplift, backdated to 1 April 2024. The NHS PRB recommendation that the UK government provides the NHS Staff Council with a mandate to resolve outstanding concerns within the Agenda for Change pay structure has also been accepted. This is a pay award rather than a pay offer meaning consultations by unions with their members will not directly affect employers' payment of it, which will be in October.

2.2 The government has also agreed with the British Medical Association (BMA) an improved pay deal for junior doctors worth 22% on average over two years. The BMA's has now accepted the deal and this brings to an end to the long-running strike action which has led to the cancellation of hundreds of thousands of appointments since March 2023.

The latest government offer is made up of a 4% backdated pay rise for 2023-24, on top of the existing increase worth an average of 9% for the last financial year. A further pay rise worth about 8% is being offered for 2024-25, as recommended by an independent pay review body. The BMA's junior doctors' committee said it will now recommend the offer to its members, who will then be asked to vote on the deal.

2.3 Following a non-statutory ballot of its members, the British Medical Association confirmed that a period of GP collective action would start on 1 August 2024. The ballot was held in response to the proposed incoming changes to the GP contract, due later this year. Collective action is not the same as industrial action but means that some GPs may stop or reduce certain work. The Trust is working with partner organisations in the system to manage the adverse impact of the GP collection action.

3.0 National Guidance on Virtual Wards and Single Point of Access

3.1 NHS England has published guidance on Virtual Wards Operational Framework and Single Point of Access (SPoA) guidance to support winter resilience 2024/25.

3.2 The Virtual Wards Operational Framework supports consistency across the NHS and the relevant goals in line with the Year 2 urgent and emergency care (UEC) recovery plan and the 2024/25 priorities and operational planning guidance: maintaining virtual ward capacity and optimising occupancy so it is consistently above 80%. It also clarifies the expectations of virtual wards and how they should be developed over time to maximise benefits for patients and the NHS.

3.3 The SPoA guidance supports systems to implement SPoA in their local area, as set out in the Priorities and Operational Planning Guidance 2024/25 and the Urgent and Emergency Care Recovery Plan year 2: building on learning from 2023/24 letter.

4.0 Independent investigation of NHS performance

4.1 The Secretary of State for Health and Social Care, Wes Streeting, ordered a full and independent investigation into the state of the NHS, to uncover the extent of the issues facing the nation's health service. He appointed Professor Lord Darzi, a lifelong surgeon and innovator, independent peer and former health minister, to lead the rapid assessment.

4.2 Lord Darzi launched an open call for evidence to gather data, intelligence and analysis to inform his independent investigation into the performance of the health service.

4.3 The Independent report from Lord Darzi to the Secretary of State for Health and Social Care is available from this link.

Local / system issues:

5.0 Medical Appraisal and Revalidation Report 2023-24

5.1 The report [Appendix A] demonstrates compliance with General Medical Council Regulations and delivery of appraisal for medical staff connected to the Trust as a Designated Body. A Quality Assurance visit by NHS East of England Team took place in May 2024.

5.2 The Trust Board is asked to **note** the content of this report, and the Trust Chair or Chief Executive are requested to sign the statement of compliance, which can be found on the last page of the report for return to NHS England.

6.0 Response to 2024 riots

6.1 Recent civil unrest has been distressing for many people and the Trust has been working with its Cultural Diversity Network to support colleagues. 'Open space' sessions were set up to give colleagues a space to share and reflect. These sessions were open to culturally diverse staff and all other colleagues allowing a place people can come together, listen and show allyship. Internal communications messages also reflected and acknowledged the feelings of staff and shared resources for anyone in need of support or advice. In addition, through our social media channels we shared messages celebrating our diverse workforce, highlighting our zero-tolerance of abusive behaviour, and our commitment to creating a safe, inclusive and respectful working environment for all.

7.0 Communications Update

A broad range of communications activity has been carried out across the Trust since the last Trust Board meeting, supporting both the Trust's Strategy and business as usual.

7.1 Improving access through innovation and new ways of working

Digital Platforms – The Cambridgeshire Peterborough Children's Health platform is growing well. So far it has had almost than 250,000 visitors and 355,000 views. Clearly written information using the terms commonly searched for by our population is paying off, with pages frequently appearing high in Google search results. This increases the chances of families reaching clinically accurate information from a reputable source. The Bedfordshire and Luton platform is also planned for completion before the end of the year. In addition to improving existing content, the Bedfordshire and Luton platform will also include new resources to help families, including a new neurodiversity support pack which is currently under development.

Social media review – A deep dive has just been completed on our children and young people social media channels; to help us improve the way we communicate and engage with young people and their families. This review has identified a range of ways we can improve our offer, including the channels we use, the type of content we create and how we utilise the channels to listen to and engage with our communities. Some of these lessons are being applied immediately while other changes will be implemented over the coming months. A similar review is now underway with iCaSH services.

Templates – A pilot using design templates has been gaining excellent feedback from our services. Using the online tool Canva, teams can easily produce instant posters, flyers, certificates, banners, feedback cards and newsletters. Professional design support is still available for teams, but this approach allows people to communicate with small groups of patients and within their teams in a way that looks professional but takes minutes to create.

7.2 Strengthening our profile and celebrating accomplishments

Women in Tech award – Ruth McLaren, Clinical Systems Manager, and Carol McIndoe, Equality, Diversity and Inclusion Lead for Patient Experience, have been shortlisted for the Women in Tech Excellence Awards 2024. The pair are finalists in the diversity and inclusion initiative of the year category for the demographic questions template they designed for SystmOne to help us gain better insight into our patients' and service users' individual needs and circumstances. More information on the award shortlisting is available on our website.

HSJ award – The Norfolk Safeguarding Children Partnership and Norwich City Football Club, Protecting Babies - All Babies Cry project has been shortlisted for the reducing inequalities and improving outcomes for children and young people award at this year's HSJ awards. More information on the award shortlisting is available on our website.

NHS Providers blog – CCS was featured in the blog by the CEO of NHS Providers, Julian Hartley. This followed his visit to Brookfields Hospital site in July where he met with colleagues in dental services, iCaSH services and the children and young people's health hub. Julian said: "I left Cambridgeshire Community Service NHS Trust inspired after meeting with so many enthusiastic members of staff and reflecting on the urgent need to prioritise CYP (children and young people's) services."

Queen's Nurses –10 of our people have been awarded Queen's Nurse status. The title of Queen's Nurse (QN) is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice.

Annual staff awards 2024 – We received 119 nominations across 15 categories for our annual staff awards - far more nominations than we've ever had before! Judging panels have now taken place and the winners and runners up will be announced at three locality events in October 2024. At the events, we will also be celebrating our apprentices and 126 members of staff who are marking long service.

Shine a light – Colleagues continue to be celebrated every month through our shine a light award. Our latest winner was Gillian Hobbs, a falls support worker in Luton, who was nominated for embodying true professionalism, resourcefulness and going above and beyond to help reduce the service's waiting list.

iCaSH 10th birthday – In July we were delighted to celebrate our iCaSH colleagues, who marked a decade of delivering high-quality and compassionate care to our communities across Bedfordshire, Cambridgeshire, Norfolk, Peterborough and Milton Keynes.

Ely Community Diagnostic Centre – In August we hosted a visit to Princess of Wales Hospital for FenScene magazine. The publication is producing an article about the latest development on site, Ely Community Diagnostic Centre, which will be published later this month. Further articles about site developments are being considered.

Annual report 2023/24 – Our annual report is due to be published shortly and will be available on our website, with highlights shared on social media. The annual report is packed full of useful information and case studies which demonstrate the innovation and best practice our staff, whilst also openly reflecting on challenges. For the first time, we're also producing a summary version and an easy read version.

7.3 Working collaboratively to improve outcomes and support change

Building Trust - In July, we announced that our Board and the Board of Norfolk Community Health and Care NHS Trust had agreed to come together using the NHS group model to make things better for our patients and staff, whilst also making our services stronger and more resilient. Since then, we've shared updates and information both internally and externally. This has included creating a dedicated microsite with FAQs for the public and staff, video summaries of our plans and access to our full Case for Change. Having completed the communications plan for the first wave of activity, a communications plan is now in place to run from September 2024 to March 2025, to continue to engage and inform as we prepare for the set-up of the Group model.

Stakeholders – We recognise the importance of our relationships with stakeholders and have been considering how we engage and support them. This has included reaching out to all new MPs across our footprint to explain a little more about our services and creating a contact point should they have questions or wish to visit our services.

Vaccines – Vaccines have been an important public message for us in recent months and we've regularly shared posts on our social media channels about the importance of people boosting their immunity by having their measles, whooping cough and autumn Covid-19 vaccines if eligible. We also promoted the RSV vaccination and shared details of MMR, Meningitis and HPV vaccination clinics for children.

System campaigns - The Trust's communications team is engaged with all three systems in developing campaigns to promote messages to make best use of NHS services and resources. Recently this included #NHS76 #NHS111, #HelpUsHelpYou #BetterHealth #Stroke #WorldOrganDonationDay #NHSTalkingTherapies #Measles #MMRVaccine #LoveResearch and #NHSApp. We also shared hot weather alerts for the East of England and Cambridgeshire and Peterborough ICB's summer toolkit featuring advice about heat exhaustion, sun safety, hydration, hay fever, sun burn and insect bites. We also promoted Healthwatch's 'coping with changes in life' survey, East of England Cancer Alliance's events and the NHS East of England and Marie Curie's survey encouraging people to share their experiences and help ensure a better end of life for all. We've also shared system-wide messages about how people can access medical help during the bank holidays i.e. reminders to order repeat prescriptions, visit NHS 111 if in need of urgent medical help for something that isn't an emergency and keeping A&E available for those who really need it, as well as details of local pharmacies and minor injury units.

7.4 Creating a healthy culture

South Asian Heritage Month – To celebrate South Asian Heritage Month (18 July – 17 August), members of our Cultural Diversity Network hosted stands at three of our sites (Bedford, St Ives and Norfolk) to give colleagues the opportunity to learn more about South Asian heritage and culture. Information about the events was also shared through our internal communications channels to reach the wider workforce.

Neurodiversity celebration/education week – CCS is preparing to hold a Neurodiversity Celebration Week from 23 September to celebrate, educate, and challenge stereotypes and misconceptions about neurological differences. Live events and recorded sessions will allow colleagues to share their own experiences of neurodiversity, Q&As will give opportunities for people to ask questions, and external speakers will be sharing good practice around supporting employees with neurodiversity.

Flu, Mpox and whooping cough – This year's staff flu campaign is now underway. The vaccine has an important role in keeping our people healthy, so a comprehensive programme of bookable clinics and roving sessions is helping people to get their jab. This has been supported with a video message from Chief Nurse Kate Howard on the importance of the vaccine, flu myth buster posters, email updates, Teams backgrounds and more. Keeping colleagues protected from emerging health issues is also vital. Staff have been kept informed on Mpox and whooping cough and how they can keep themselves safe by wearing the correct PPE and use of vaccines.

Keeping colleagues informed and engaged – A broad range of communications have been issues for colleagues around key matters and subjects that align to our strategic objectives. In addition to regular communications like our monthly staff Q&A sessions, intranet and Communications Cascade, this includes:

- A health and wellbeing (LLW) newsletter on subjects like menopause, coaching, building resilience, breaking bad habits, self-care, neurodiversity, our staff networks and financial wellbeing advice.
- A green champions newsletter encouraging staff to discover more about how they can do their bit to help CCS be a greener Trust.
- A new safeguarding intranet section to empower and inspire safeguarding practice and encourage colleagues to explore the cutting-edge Think Whole Family approach.
- Providing guidance to support staff to create inclusive and accessible information.

Service visits – Five service visits and two co-production visits have been organised for July to September. These visits give trust leaders an opportunity to see service delivery firsthand and talk to teams about their challenges and the things that make them proud.

- iCaSH Milton Keynes.
- Dental Suffolk (Bury St Edmunds and Ipswich).
- Physiotherapy Cambs.
- District Nursing Luton.
- Co-production - Working group - constipation resources second meeting, Beds and Luton children.
- Co-production - iCaSH Norwich - observe and act visit.

Appendix A

Guardian of Safe-working Hours
The Trust had a guardian of safe working in relation to junior doctors and there have been no issues raised.

Designated Body Annual Board Report and Statement of Compliance
Following the pandemic, an annual Board report, modified to support reporting on appraisal rates, plus a statement of compliance, are the current mainstay of annual reporting. Independent verification and networking to support consistency also continues, supported by the NHS England professional standards teams within regions.

The current context is now different. The implementation phase is complete, and the Department of Health and Social Care no longer requires formal annual assurance of regulatory compliance. Professional standards processes are now embedded as business as usual with increasing focus on continuous improvement and turning compliance into commitment. NHS England is in a phase of transformational change. Finally, the role of other regulatory bodies to assure governance is under discussion. These factors have triggered a review of NHS England routine assurance processes, to develop a revised approach appropriate to the current context.

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

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

Section 1 Qualitative/narrative

1A – General

The board/executive management team of Cambridgeshire Community Services NHS Trust can confirm that:

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

Action from last year:	N/A
Comments:	Dr David Vickers is the Trust's Responsible Officer
Action for next year:	Dr Caroline Kavanagh will assume the role on 1 October 2024 as she succeeds Dr Vickers as the Trust's Medical Director.

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:	N/A
Comments:	Yes
Action for next year:	N/A

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:	N/A
Comments:	The Trust now utilises bespoke software, namely Allocate E-appraisal to support with maintaining accurate records of medical practitioners who have a prescribed connection to the Trust.
Action for next year:	N/A

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

Action from last year:	N/A
Comments:	The Trust has a Medical Appraisal and Revalidation policy which is subject to review process in line with Trust requirements.
Action for next year:	N/A

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

Action from last year:	To undertake a peer review
Comments:	The East Region of NHS England has rolled out a peer review programme to involve all Trusts within the region. The Trust wis visited by the NHSE Regional Team to undertake a quality assurance visit. The report from this visit is appended as an annex, but was positive, and suggested some minor areas for improvement.

Action for next year:	Implement the actions form the NHSE visit.

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:	N/A
Comments:	Yes. Support is provided as appropriate.
Action for next year	N/A

1B – Appraisal

1B(i) Doctors in our organisation have an annual appraisal that covers a doctor's whole practice for which they require a 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:	N/A
Comments:	Yes, unless there are specific reasons sanctioned via the Responsible Officer, which are then recorded on the e-appraisal system.
Action for next year:	N/A

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	N/A
Comments:	Reasons for missing an appraisal and discussed with the Responsible Officer and necessary actions are taken in line with GMC guidelines.
Action for next year:	N/A

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:	N/A
Comments:	A review has been undertaken and there is a current policy in place.
Action for next year:	N/A

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:	N/A
Comments:	Yes
Action for next year:	N/A

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:	NA
Comments:	There is training provided on an ad hoc basis to both new and existing medical appraisers.
Action for next year:	N/A

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:	N/A
Comments:	Yes. The Trust Appraisal Lead undertakes quality assurance audits periodically.
Action for next year:	N/A

[1] While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

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:	N/A
Comments:	Yes
Action for next year:	N/A

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:	N/A
Comments:	Yes
Action for next year:	N/A

1D – Medical governance

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

Action from last year:	N/A
Comments:	Yes
Action for next year:	N/A

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

Action from last year:	N/A
Comments:	The Trust has several means for concerns to be raised regarding medical practitioners conduct and performance, linking to the Trust's Maintaining High Professional Standards process.

Action for next year:	N/A

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

Action from last year:	N/A
Comments:	Yes. The electronic appraisal system is a significant development around the format in comparison to the previous manual process
Action for next year:	N/A

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:	N/A
Comments:	Yes. If there are any concerns raised, the Medical Director considers such concerns with the advice of senior Human Resources colleagues (where deemed appropriate) in line with the Trust's policies.
Action for next year:	N/A

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:	N/A
Comments:	Yes
Action for next year:	N/A

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:	N/A
Comments:	Yes
Action for next year:	N/A

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 (Ref GMC governance handbook).

Action from last year:	N/A
Comments:	Yes
Action for next year:	N/A

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. 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
Comments:	Yes
Action for next year:	N/A

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

Action from last year:	N/A
Comments:	Yes
Action for next year:	N/A

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:	N/A
Comments:	Yes
Action for next year:	N/A

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
Comments:	Yes
Action for next year:	N/A

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
Comments:	Yes
Action for next year:	N/A

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
Comments:	Yes
Action for next year:	N/A

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
Comments:	Yes
Action for next year:	N/A

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
Comments:	Yes
Action for next year:	N/A

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
Comments:	Yes. There has recently been an assurance visit undertaken by NHS England
Action for next year:	N/A

Section 2 – metrics

Year covered by this report and statement: 1 April 2023 - 31March 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	61

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	51
Total number of appraisals approved missed	10
Total number of unapproved missed	0

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	11
Total number of late recommendations	0
Total number of positive recommendations	11
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	0 trained by NHS Resolution (Case investigator training), our investigators have had CCS and / or ACAS investigation training
Total number of trained case managers	1
Total number of new concerns registered	1
Total number of concerns processes completed	1

Longest duration of concerns process of those open on 31 March	21 weeks
Median duration of concerns processes closed	21 weeks
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	4
Number of new employment checks completed before commencement of employment	4

2F Organisational culture

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

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
The Trust has successfully rolled out new electronic appraisal software provided by Allocate – RLDatix. The software includes an online platform to support the process of medical appraisal, patient and colleague feedback.
Actions still outstanding
Not applicable as previous actions have been completed.
Current issues

As part of the recent assurance visit undertaken by NHS England, there were several recommendations made, including:

- Consideration of methods of providing feedback to appraisers – which is currently undertaken via a Microsoft Form.
- Working to ensure processes are in place to address non-connected doctors and considering how whole scope practice is addressed in non-connected doctors.
- Consideration for the possibility of using external individuals for investigation given the size of the organisation.

Actions for next year:

There is a change in Responsible Officer with effect from 1 October 2024. The process to complete paperwork is in train and awaiting approval from the Higher-Level Responsible Officer Dr Eddie Morris.

Overall concluding comments:

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