

Dr David Vickers  
Responsible Officer/ Medical Director  
Cambridgeshire Community Services  
NHS Trust

**Sent by email only to:**  
[david.vickers@nhs.net](mailto:david.vickers@nhs.net)

Higher Level Responsible Officer  
NHS England  
Medical Directorate  
2-4 Victoria House  
Capital Park  
Fulbourn  
Cambridge  
CB21 5XB

23 August 2024

Dear David,

### Visit to Cambridgeshire Community Services NHS Trust

I would like to express my thanks to you and your team for meeting **with me and my team on 03 May 2024** and for making us feel welcomed.

In my role as Regional Medical Director and Higher-Level Responsible Officer, I seek assurance from the Responsible Officers (ROs) in the region that there are robust systems in place that will enable them to carry out their responsibilities under the RO Regulations. In line with the Framework of Quality Assurance for ROs and Revalidation, myself and the team conduct visits to Designated Bodies (DB) to gain assurance from ROs that all associated governance systems are in place and functioning effectively. These visits also have a primary focus of providing support and guidance where required.

In attendance at the meeting were:

HLRO and team	RO and team
Dr Edward Morris	Dr David Vickers
Dr Pam Chrispin	Dr Catherine Kearney
Dr Asif Omar	
Sunday Imaji	





## Summary of discussion

The meeting began with introductions, and Dr David Vickers shared presentation slides that provided an update on the delivery of appraisal, revalidation and managing concerns at Cambridgeshire Community Services NHS Trust. Dr Vickers was appointed by Board and is also RO for Arthur Rank Hospice. Dr Vickers confirmed that he will be stepping down in September and a successor, Dr Caroline Kavanagh, has been appointed. Dr Kavanagh is an RO in her current role.

There is no RSG in place but there are regular meetings between the RO, Lead Appraiser and HR with good support in place from the GMC Employer Liaison Adviser (ELA).

There are 55 connected doctors, but the DB also have about 40 doctors who are not connected but provide services to the DB.

## Governance

Appropriate systems appear to be in place. New RO for Arthur Rank succession plan is in place.

**Recommendation:** RO to consider how appraisal supporting evidence is provided to the RO of the non-connected doctors. i.e (Annual Letter of Good Standing?) and be more proactive in providing these.

RO to consider how to ensure that work at Cambridgeshire Community Services NHS Trust is discussed and evidenced if the doctor's appraisal is elsewhere.

**Action:** Ensure new RO paperwork is completed (letter of appointment from Board) and approval sought from the HLRO – Dr Eddie Morris.

## Appraisal and revalidation

Appropriate systems appear to be in place through the Lead Appraiser (LA). Quality Assurance (QA) of appraisal and use of alternative tools to improve QA was discussed. There are about 20 appraisers currently and there is a clear plan in place to refresh pool of appraisers. DB will be shortly switching to Allocate system and training for appraisers / appraisees is planned. Appraiser Training is also planned twice yearly.

DB has undertaken QA audits of appraisal (approx. 25% sample) in 2017, 21/22 and as part of an Internal Audit as part of Job Planning review in 2023. Able to articulate lessons learned from this.

It was useful to discuss issues of output and how to document in a way that helps the RO for revalidation recommendation.



The systems and processes are in line with current best practice, DB have stopped 'reciprocal' appraising etc.

DB is able to demonstrate regular QA audit of output and lessons learned / actions implemented as a result.

**Recommendation:**

DB to consider methods of providing feedback to Appraisers.

DB to look at ways to incorporate the new GMP into appraisal.

HR to ensure systems in place to address non-connected doctors. How is whole scope practice addressed in non-connected doctors.

Signpost to new QA tool

Review how to ensure consistency of inclusion of SIs / complaints / compliments into doctors' supporting evidence, and evidence of discussion is documented.

**Action:** There are no other actions being recommended for the DB.

**Peer Review**

The peer review across all DB's within the East Region is due to be rolled out and the DB is expected to participate once their peer has been allocated.

**Quality Assurance**

The DB has Quality assurance systems in place. The QA vehicle used is aged and newer versions are available.

**Recommendation:** DB to seek alternative QA tools

**Action:** There are no other actions being recommended for the DB.

**Managing concerns**

*The RO was very clear about the processes and demonstrated good knowledge and support from HR. In a small organisation, appointing an external Case Manager for investigations supports good practice in respect of conflict of interest.*

**Recommendation:** DB to explore the possibility of using external individuals for investigation given the size of the organisation

**Action:** There are no other actions being recommended for the DB.



I trust that you find the information contained within this letter is an accurate reflection of our discussions. Please let me know if you would like me to address any points of accuracy. Should you have any general queries do please contact me or the Tier 2 Regional Office Team, [england.eastofenglandhlro@nhs.net](mailto:england.eastofenglandhlro@nhs.net)

Thank you once again for your kind hospitality and for meeting with me and my team.

Yours sincerely,

**Edward Morris CBE FRCOG**  
**Regional Medical Director & Chief Clinical Information Officer**  
**NHS England – East of England Region**