

Board of Directors (Open)

Date:

10 July 2019

Item Ref:

07

TITLE OF PAPER	Annual Appraisal and Revalidation Report to Trust Board for 2018/19
TO BE PRESENTED BY	Dr Sobhi Girgis – Responsible Officer (RO) and Associate Medical Director (AMD) for Revalidation.
ACTION REQUIRED	For Trust Board of Directors to note and for the Chair or Chief Executive to sign the Statement of Compliance at the end of this report to be returned to the Regional Revalidation Team by no later than 27 th September 2019.

OUTCOME	Trust Board of Directors informed and Statement of Compliance returned by the deadline of 27 th September 2019.
TIMETABLE FOR DECISION	TBC Board Meeting
LINKS TO OTHER KEY REPORTS/DECISIONS	N/A
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	Strategic Objective 1: Improving the quality and efficiency of services in terms of quality, outcomes and service user experience. Strategic Objective 2: To recruit, develop, support and retain a skilled committed and compassionate workforce with effective leadership at every level.
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Reporting on progress on appraisal and towards revalidating the medical workforce is a requirement for NHS England, the GMC and assurance to the NHS body that the medical workforce are being appropriately appraised and progressing as expected toward maintaining registration with the GMC.
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Revalidation is a requirement for doctors to maintain their license to practice. Satisfactory annual appraisal satisfying General Medical Council (GMC) requirements is a key requirement for Medical Revalidation. As a Designated Body, SHSC is required to have a system to support medical appraisal and revalidation.
CONSIDERATION OF LEGAL ISSUES	N/A

AUTHOR OF REPORT	Dr Sobhi Girgis / William Wright
DESIGNATION	RO & AMD for Revalidation / Medical Directorate Analyst
DATE OF REPORT	25 th June 2019

SUMMARY REPORT

Report to:	Open Board of Directors
Subject:	Annual Appraisal and Revalidation Report to Trust Board of Directors for 2018/19
Author:	Dr Sobhi Girgis & William Wright

Purpose

For Approval	For a collective decision	To report progress	To seek input from	For information	Other (please state below)
✓		✓		✓	

Summary

The purpose of this report is to provide the Board of Directors with a framework of quality assurance in order that a Statement of Compliance from SHSC can be signed by the Chair or Chief Executive and sent to the Revalidation Support Team at NHS England, the body responsible for the performance management of medical appraisals.

The format of this report is prescribed by NHS England, therefore this document is set as per the NHS England Template.

Executive summary

- As of 1st April 2019, 59 doctors had a prescribed connection to Sheffield Health & Social Care NHS FT.
- 98.3% of doctors who required an appraisal in 2018/19, completed to a satisfactory standard.
- There are currently 10 trained medical appraisers but with two performing the role on a part time basis carrying out 4 appraisals per year due to time constraints. One appraiser only carries out appraisals for temporary doctors such as Clinical Fellows & Widening Access to Specialty Training (WAST) Doctors. To ensure quality of appraisals and accountability of appraisers, the role has been remunerated at 0.2 PA for a maximum of 8 annual appraisals.
- 10 positive revalidation recommendations were submitted and all were approved by the GMC. 1 Deferral recommendation was submitted. There were no late or unapproved recommendations.
- The Responsible Officer made one referral to the GMC in 2018/19 which is currently under GMC investigation, with interim conditions imposed on the doctor. There has been another doctor under GMC proceedings from 2017/18 and investigation is still on-going.
- Two doctors employed by the Trust are subject to alternative Responsible Officer arrangements due to a Conflict of Interest (due to reversed line management relationship).
- The Trust is meeting all of the mandatory minimum requirements of appraisal and revalidation and has several areas of good practice. That entitled the Trust to exemption from the submission of quarterly reports to NHS England North.
- The new 'Training Pathway' appraisal has been launched for doctors who are not Consultants or SAS Doctors e.g. Clinical Fellows. This appraisal process is a blend of the standard NHSE Medical Appraisal Guide (MAG) Form and the junior doctor's Annual Review of Competency Progression (ARCP). This process is supported with dedicated forms, intranet page and handbook to support such doctors in moving back into training.

- Guidelines for recruitment of doctors are being developed to strengthen assurances around HR and recruitment.
- There has been 78.6% reduction in Measure 1b (delayed appraisals) & a 16% increase in overall satisfaction with the administrative support for appraisals through proactive communication and administrative support including the automation of certain supporting information reports by the Medical Directorate Analyst.
- The doctors' disciplinary policy has been updated to reflect the function of the Responsible Officer as stipulated by the Responsible Officer Regulations.
- The Appraisal Policy for Medical Staff has been updated in line with the Responsible Officer Regulations and is going through governance approval.
- Appraisers are now receiving an annual performance report to take to their own appraisals with a summarised report for all appraisers going to the Responsible Officer.
- The intranet webpage has been fully updated and continues to be regularly reviewed by the Medical Directorate Analyst which includes a broad range of information, guidance and templates.

Recommendations

The Board is asked to accept this report and note that it will be shared, as the Annual Organisational Audit has been, with the Higher Level Responsible Officer.

The Board is asked to approve the signing of the 'Statement of Compliance' at the end of this report confirming that the Trust is, as a Designated Body, in compliance with the regulations.

The Board is invited to familiarise themselves with the updated GMC's Effective Clinical Governance for the Medical Profession Handbook which was updated in November 2018.

Next Steps

Subject to Board of Directors assurance, the 'Statement of Compliance' at the end of this report to be signed by the Chair or Chief Executive and sent to the Revalidation Support Team at NHS England.

Required Actions

The Board of Directors to note and approve the signing of the 'Statement of Compliance' at the end of this report which must be submitted to NHS England by no later than Monday 30th September 2019.

Monitoring Arrangements

This is the responsibility of the Revalidation Steering Group.

Contact Details

For further information please contact:

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Designated Body Annual Board Report

Section 1 – General:

The board of Sheffield Health & Social Care NHS Foundation Trust can confirm that:

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

Date of AOA submission: 24th April 2019

Action from last year: As of 1st April 2019, 59 doctors had a prescribed connection to Sheffield Health & Social Care NHS FT. 98.3% of doctors who required an appraisal in 2018/19, completed to a satisfactory standard. There has been 78.6% reduction in Measure 1b (delayed appraisals) & a 16% increase in overall satisfaction with the administrative support for appraisals through proactive communication and administrative support including the automation of certain supporting information reports by the Medical Directorate Analyst.

Comments: There has been significant improvement in managing appraisals.

Action for next year: To continue the success of the 2018/19 appraisal year. New process to be finalised in new Standard Operation Procedures (SOPs)

2. An appropriately trained licensed medical practitioner is nominated or appointed as a Responsible Officer.

Action from last year: N/A

Comments: N/A

Action for next year: Dr Girgis continues in his role as Responsible Officer

3. The Designated Body provides sufficient funds, capacity and other resources for the Responsible Officer to carry out the responsibilities of the role.

Action from last year: 2PAs reserved in job plan for Responsible Officer. Appraisers remunerated for role at 0.2PAs pro rata for up to 8 appraisals. Medical Directorate Analyst provides administrative support to Responsible Officer and appraisal process.

Comments: The Trust is in full compliance

Action for next year: A new appraiser is ready to take over as one appraiser is planning to retire next March.

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

Action from last year: Strengthening connections with appropriate departments to ensure timely addition of new doctors and removal of doctors exiting employment with Sheffield Health & Social Care NHS FT. Removal and addition of doctors is carried out through the GMC Connect online system.

Comments: The Trust is in full compliance

Action for next year: Continue to develop communication pathways to ensure timely updates to doctors linked to Sheffield Health & Social Care NHS FT as a Designated Body.

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

Action from last year: The Appraisal and Revalidation Policy has been updated in line with the Responsible Officer Regulations and is going through governance approval. This policy is regularly reviewed and updated. The doctors' disciplinary policy has been updated to reflect the function of the Responsible Officer as stipulated by the Responsible Officer Regulations.

Comments: The Trust is in full compliance

Action for next year: Ensure updated Appraisal and Revalidation Policy is successfully approved and updates communicated to all relevant doctors.

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

Peer review undertaken? No.

Action from last year: N/A

Comments: The electronic system has a built in check lists for appraise and appraiser. The Appraisal system was part of the CQC review in 2017/2018. The RO attends a regional Mental Health Sector RO network twice a year where systems are discussed and suggestions for improvement are made. These suggestions are implemented.

Action for next year: Consider peer review.

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.

Action from last year: All doctors working within SHSC have access to the regular training events including CPD focussed events. The trust also grants access to eLearning modules where appropriate and hosts training courses which are free of charge. The Revalidation Team proactively supports the appraisal and revalidation of all doctors with a prescribed connection to SHSC and will provide support when requested to any other doctors working within SHSC when requested.

Comments: The Trust is in full compliance

Action for next year: Medical Directorate Analyst to work with Training Department to increase the level of access honorary contract holders have to eLearning and electronic training records.

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.**

Action from last year: Appraisals completed on L2P are reviewed by the Medical Directorate Analyst and either; returned to the appraisee/appraiser where serious shortcomings, such as missing complaints or SUI information has not been included; flagged for a detailed secondary review by the Responsible Officer in instances where issues are identified; or flagged as satisfactory when no issues are identified. The final approval of each appraisal rests with the Responsible Officer.

Appraisees are responsible for ensuring that sufficient supporting information is provided to facilitate an effective appraisal discussion. The organisation supports the appraisees to collect the required supporting information. If the minimum supporting information is not provided the discussion will either be, with the agreement of the Responsible Officer, postponed for an agreed period of time to enable the doctor to compile the minimum supporting information, or it will be agreed in the PDP that the doctor will "catch up" over the coming year.

Appraisals completed using L2P require the doctor to complete a checklist confirming, or otherwise providing explanations for the absence of, that they have included all mandatory pieces of supporting information.

The Medical Directorate Analyst provides additional support with the collection of supporting information which is uploaded directly to L2P or emailed to the appraisee at least 2 weeks before their appraisal. This includes a Compliments & Complaints Report, Training Events Attendance Report, Sickness Absence Report, SHSC Mandatory Training Compliance Report & Significant Events Report

Comments: The Trust has an effective appraisal system

Action for next year: To continue the above processes.

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

Action from last year: Medical Directorate Analyst ensures any late or missed appraisals have a verified reasoning approved by the Responsible Officer.

Comments: There has been 78% reduction in Measure 1b.

Action for next year: Medical Directorate Analyst to continue to ensure reasoning is recorded and Responsible Officer informed.

- 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).**

Action from last year: The Appraisal Policy is due for review this summer.

Comments: The Appraisal and Revalidation Policy has been updated in line with the Responsible Officer Regulations and is going through governance approval.

Action for next year: Ensure updated Appraisal and Revalidation Policy is successfully approved and updates communicated to all relevant doctors.

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

Action from last year: There are currently 10 appraisers but with two performing the role on a part time basis carrying out 4 appraisals per year due to time constraints. One appraiser only carries out appraisals for temporary doctors such as Clinical Fellows & Widening Access to Specialty Training (WAST) Doctors.

Appraisal allocation is undertaken by the Medical Directorate Analyst at the start of each year and reviewed as required to ensure a balanced workload across the appraisers (approximately 6 or 7 appraisals per year per appraiser) and to ensure that each appraiser has no more than 1 appraisal to complete in any one month wherever possible. To support this appraisers are remunerated 0.2PAs pro rata for up to 8 appraisals per annum.

Comments: The Trust has sufficient number of trained medical appraisers.

Action for next year: To ensure appraiser numbers are maintained

5. Medical appraisers participate in on-going 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).

Action from last year: Appraisers are required to attend the Revalidation Support Group (at least 1) in addition to the annual appraisal/revalidation refresher session. Appraisers receive an annual performance report containing the relevant indicators such as the appraisees' feedback and ASPAT scores of the appraisals they conducted. This is discussed at their own appraisals.

Comments: There is effective development and performance review of appraisers.

Action for next year: To continue the above processes

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.

Action from last year: The Trust is fully compliant with the regulations and practice surrounding appraisal and revalidation, as reported to NHS England in the 2018/19 Annual Organisational Audit. An independent verification of the Trust's processes will be undertaken by the High Level Responsible Officer as part of their responsibility at a time to be agreed within the next five years.

In addition to the objective QA review, appraisees are asked to complete a feedback questionnaire to provide a subjective review of the appraisal and the supporting systems. These are reviewed by the Medical Directorate Analyst and any particular issues or themes emerging from them are brought to the Revalidation Steering Group for discussion. Within L2P, the completion of the appraisal feedback questionnaire is required to finalise the appraisal. Feedback data & ASPAT Scores are also fed back into Appraiser's appraisals through an annual feedback summary report to support their development as Appraisers. An Annual Appraiser Feedback Summary Report is also issued to the Responsible Officer by the Medical Directorate Analyst. The Annual Appraiser Feedback Summary Report is included in the appendices for the annual board report.

Comments: A good system of quality assurance is in place.

Action for next year: To continue the above processes

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.

Action from last year: The RO reviews the annual appraisals for the previous 5 years and any relevant clinical governance information before making his recommendations. He makes the recommendation at least 4 weeks before the revalidation date.

Comments: There is a system to ensure timely recommendations.

Action for next year: To continue the current revalidation processes.

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.

Action from last year: The Responsible Officer communicates directly with the doctor in question to ensure they are aware of the decision reached before submission to the GMC.

Comments: If there is a potential for deferral recommendation, the doctor will be aware in advance that this is the likely outcome. Reasons for such decision and any remedial actions are also communicated. Any evidence of disengagement is challenged quite early, and the doctor is encouraged to engage. The consequences of disengagement are made clear. There have been no recommendations for non-engagement so far.

Action for next year: To continue the current revalidation processes.

Section 4 – Medical Governance

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

Action from last year: There are clear system for reporting and reviewing significant events and complaints. Data are routinely collected on performance service indicators. All teams have regular governance meetings. Openness and reporting incidents is encouraged. The RO is informed about any significant concern about the doctor. The RO then decides whether a referral to the GMC is required at any point in time prior, during or after the completion of investigation.

Comments: There is a satisfactory system to deliver effective governance for doctors

Action for next year: No action required

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.

Action from last year: The doctor is provided with annual report for any complaints against them or significant events linked to the doctor's name. The Disciplinary Capability Ill Health and Appeals for Medical Practitioners Policy has been updated to clarify the respective roles of the RO and the MD.

Comments: A good system in place for monitoring performance and conduct of doctors and the information is provided to them.

Action for next year: Ensuring all information regarding concerns (from Complaints, Significant Events, Safeguarding, Bullying and Harassment or disciplinary process) are available in one place.

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.

Action from last year: The Trust has a Remediation Addendum to the disciplinary policy. The disciplinary policy has also been updated and ratified.

Comments: None

Action for next year: No action required

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.

Action from last year: As a relatively small organisation, the number of doctors with concern is quite small. The RO and MD share information about any concern and agree a remediation plan. The number of doctors with concern, the category of concern and the degree of concern have been included in the Annual Report to the Board.

Comments: None

Action for next year: Consider analysis of the data in relation to protected characteristics.

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.

Action from last year: The RO has responded swiftly to requests for RO-RO information sharing requests. Doctors who works for more than one organisation, are asked to provide a governance letter from other organisations as part of their appraisal supporting information. The RO also seeks information sharing from the previous RO for any doctor who is joining to the Trust

Comments: None

Action for next year: Maintain appropriate information sharing system.

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).

Action from last year: The policy for disciplinary processes for doctors has been updated. The RO and MD meet regularly. They also meet jointly with the GMC ELA to ensure that any referral to the GMC has reached the correct threshold. The split in the roles between the RO and MD has helped to reduce conflict of interest in Case Management and referral to the GMC ensuring fairness and avoidance of bias.

Comments: None

Action for next year: Maintain the current system

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.**

Action from last year: Both HR and Medical Education & Staffing Departments perform pre-employment checks. The Medical Education & Staffing Department have rigorous processes for the recruitment of locums.

Comments: None

Action for next year: Medical Directorate Analyst to work with HR to ensure appropriate checks are made in relation to appraisal & revalidation history prior to employment.

Section 6 – Summary of comments, and overall conclusion

General review of last year's actions

- **Remuneration for appraisers: To be introduced and built into job plans in order to improve appraiser recruitment and retention**

This has been completed with all appraisers receiving 0.2PAs pro rata for up to 8 appraisals per annum.

- **Improvements to quality assurance monitoring of appraisers & appraisals: To include new annual report on individual appraiser performance to the Responsible Officer, individual appraiser report for appraiser's appraisal, Introducing scoring system using NHS England's Appraisal Summary & PDP Audit Tool (ASPAT).**

This has been completed with annual reports provided to all appraisers and an annual report issued to the Responsible Officer. The report is also included in the appendices for the annual board report.

- **Recognised high number of late submissions with 20 out of 63 appraisals being submitted late in the 2017/18 appraisal year: In order to tackle this additional administrative support is being put in place with assistance in arranging meetings, gathering supporting information, easier access to support through the SHSC's intranet and central inbox, reminder emails and proactive monitoring of appraisal progress to identify problems early so they can be resolved in time.**

Completed with proactive communication processes established which has successfully reduced late appraisals by 78.6%.

- **Review job plans of appraisers to ensure they have sufficient protected time to undertake their appraisal role.**

This is on-going and is being included as part of the SHSC's move to electronic job planning system.

- **There is a concern regarding feedback against the statement "The administrative support for the appraisal process met my needs". To tackle this poor feedback the below is being implemented:**

- ❖ **Improved access to guidance, supporting information & support. To include an updated intranet webpage & updated 'Resources' on L2P which provides access to the latest guidance & contact details. The introduction of a central queries inbox. 1-1 appraisal & revalidation induction sessions being provided by the Medical Directorate Analyst upon starting a substantive post with SHSC.**

This has been completed with a completely refreshed intranet page & L2P resources page which is regularly updated. The central inbox has been introduced and established. 1-1 induction meetings take place with the Medical Directorate Analyst with additional input from the Responsible Officer is required.

- ❖ **Additional information is being added to a new 'Induction Handbook' for Consultants.**

This is on-going with the release of the handbook pending updates to other internal processes.

- ❖ **Improved access to 'Supporting Information' through centralised reporting on Serious Untoward Incidents (SUIs), mandatory training compliance, training events attendance & sickness absences from the Medical Directorate Analyst.**

This has been completed with the Medical Directorate Analyst providing additional support with the collection of supporting information which is uploaded directly to L2P or emailed to the appraisee at least 2 weeks before their appraisal. This includes a Compliments & Complaints Report, Training Events Attendance Report, Sickness Absence Report, SHSC Mandatory Training Compliance Report & Significant Events Report

- **Promoting Clinical Fellow posts and access to training through the creation of a flexible appraisal process. New process to offer the option of either the standard Medical Appraisal Guide (MAG) Form or a brand new in house SHSC process. The new process is to be built as a merger between the MAG form and Health Education Yorkshire & Humber's Annual Review of Competency Progression (ARCP) process to be used as a pathway into training.**

This has been completed with the new Training Pathway introduced and established as a blend of the MAG Form and ARCP processes. New process is supported by a wide range of forms including Mini-PAT multi source Feedback process and a dedicated handbook.

Actions still outstanding

- Additional information is being added to a new 'Induction Handbook' for Consultants. This is on-going with the release of the handbook pending updates to other internal processes.
- Review job plans of appraisers to ensure they have sufficient protected time to undertake their appraisal role. This is on-going and is being included as part of the SHSC's move to electronic job planning system.

Current Issues

Pre-Employment Checks - The appraisal history, previous Designated Body & Responsible Officer is not routinely being obtained as part of pre-employment checks. The Medical Directorate Analyst has been acquiring required information post appointment.

Staff Complaints - Any complaints by staff in relation to an appraisee are not routinely reported on or readily accessible from SHSC's HR Department. Any staff complaints should be included in an appraisee's supporting information so that appropriate reflection can be facilitated as part of the appraisal process.

Feedback Collection - There has been a poor response to feedback requests for appraisals carried out using the MAG Form which doesn't include an automated anonymous feedback tool such as the function built into L2P. This creates a gap in feedback for appraisers to reflect on, specifically in relation to appraisals completed using the MAG Form.

Honorary Contract Doctors - This refers to some doctors working within SHSC e.g. Academics. Honorary contract holders are not routinely added to the Electronic Staffing Record (ESR) which the Training Departments records and eLearning is built around. This has left honorary contract doctors unable to easily access eLearning or an up to date training record.

New Actions:

- To monitor the quality of medical appraisals using alternative platforms e.g. MAG form and the 'new Training Pathway' for Clinical Fellows through the implementation of new feedback systems.
- To work with the HR Department & Medical Education Department to ensure appropriate pre-employment checks are carried out in relation to applicant's appraisal and revalidation history.
- To work with the HR Department in order to develop a reporting system for Staff Complaints to facilitate appropriate reflection as part of SHSC appraisals.
- To work with the Training Department to develop an 'External User' access and process for honorary contract holders such as Academics practicing within SHSC to ensure honorary contract holders e.g. Academics have the same access to eLearning and training records as an SHSC employee

Overall conclusion:

There have been significant improvements in the appraisal system including annual appraiser performance report, annual appraiser feedback report, reduction of delays in appraisals, developing suitable appraisal platform for Clinical Fellows and WAST doctors and better quality assurance. There is evidence of higher satisfaction of appraisals. Appraisers are appropriately remunerated which would drive quality and accountability. Further work with HR is planned to strengthen recruitment processes.

Section 7 – Statement of Compliance:

The Board of Sheffield Health & Social Care 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

[(Chief executive or chairman (or executive if no board exists))]

Official name of Designated Body: Sheffield Health & Social Care NHS Foundation Trust

Name:

Signature

Role:

Date:

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