

## Board of Directors – Open

Date: 9<sup>th</sup> September 2020

Item Ref: 20

<b>TITLE OF PAPER</b>	Annual Appraisal and Revalidation Report to Trust Board of Directors for 2019/20
<b>TO BE PRESENTED BY</b>	Dr Sobhi Girgis – Responsible Officer (RO) and Associate Medical Director (AMD) for Revalidation.
<b>ACTION REQUIRED</b>	For the 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 30 <sup>th</sup> September 2020.

<b>OUTCOME</b>	Trust Board of Directors informed and Statement of Compliance returned by the deadline of 30 <sup>th</sup> September 2020.
<b>TIMETABLE FOR DECISION</b>	September Board of Directors Meeting
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	N/A
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER BAF DESCRIPTION</b>	Create a great place to work CQC: Getting back to good BAF.0003 and BAF .0004 There is a risk that the Trust is unable to improve patient safety resulting in a failure to comply with CQC requirements and achieve necessary improvements.
<b>LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	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.
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	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.
<b>CONSIDERATION OF LEGAL ISSUES</b>	N/A

<b>Author of Report</b>	Dr Sobhi Girgis / William Wright
<b>Designation</b>	Responsible Officer & AMD for Revalidation / Medical Directorate Analyst
<b>Date of Report</b>	12 <sup>th</sup> August 2020

# Summary Report

## 1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
✓	✓					

## 2. 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 out as per the NHS England Template.

- As of 31-MAR-2020, 74 doctors had a prescribed connection to Sheffield Health & Social Care NHS FT.
- 93.2% of doctors who required an appraisal in 2019/20, completed to a satisfactory standard.
- There are currently 12 trained medical appraisers with another due to be appointed on completion of the required training. Two appraisers are performing the role on a part time basis, carrying out 4 appraisals per year, due to time constraints. One appraiser retired in August 2020. One appraiser only carries out appraisals for short term 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 pro rata for a maximum of 8 annual appraisals.
- 20 positive revalidation recommendations were submitted and all were approved by the GMC. There were no late or unapproved recommendations.
- There is one doctor under GMC proceedings from 2017/18 and the proceedings are still on-going. There was a pause due to Covid-19, but the GMC has now resumed their processes.
- 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. This has 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, an intranet page and a handbook to support such doctors in moving back into training. The Training Pathway is being promoted by NHS England as a best practice approach with presentations given in Scunthorpe and Bolton.

- There is a protocol annexed to the appraisal policy stipulating arrangements with NHSE for managing concerns about salaried GPs. Any concern about trainees is communicated with the DME. Concerns about doctors who are employed by agency locums or other organisations are communicated with their Responsible Officers to ensure concerns are addressed.
- Guidelines for recruitment of doctors are being developed to strengthen assurances around HR and recruitment.
- The successes of last year have continued with only 6.8% of appraisals submitted late with no appraisal meetings late (Measure 1b - delayed appraisals), a 100% satisfaction with the appraisal process and administrative support which includes the automation of certain supporting information reports by the Medical Directorate Analyst which now include a compliments and complaints report.
- 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. These reports now include more in-depth feedback on their Appraisal Summary and PDP Audit Tool (ASPAT) scores.
- 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.

The Board of Directors 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 of Directors 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 of Directors is invited to familiarise themselves with the updated [GMC's Effective Clinical Governance for the Medical Profession Handbook](#) (Annex E) which was updated in November 2018 and the [GMC's "Fair to Refer?" Report](#) published in 2019, a list of the recommendations for employers is included in the "Fair to Refer?" report as Annex B.

### 3 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 30<sup>th</sup> September 2020

#### Monitoring Arrangements

This is the responsibility of the Revalidation Steering Group.

#### Contact Detail

For further information please contact:

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# Designated Body Annual Board Report

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## 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:** N/A – AOA cancelled by NHSE.

**Action from last year:** As of 31<sup>st</sup> March 2020, 74 doctors had a prescribed connection to Sheffield Health & Social Care NHS FT. 93.2% of doctors who required an appraisal in 2019/20, completed to a satisfactory standard. Only 6.8% of appraisals were submitted late with no appraisal meetings late (Measure 1b - delayed appraisals.) There was 100% satisfaction with the appraisal process and administrative support, which includes the automation of certain supporting information reports by the Medical Directorate Analyst these now include a compliments and complaints report. The comparative data is included in Annex C.

**Comments:** The MD of NHSE strongly recommended suspension of appraisals on 19 March 2020. Although the Trust has still achieved above the minimum of 90%, the suspension has reduced the figure for this year. The WAST doctors started in February. These doctors will not have appraisals before the end of March. This could skew the figures. Dr Girgis has discussed this issue with Dr Paul Twomey, Acting RO of NHSE, who accepted that this group of doctors would not have appraisals that are meaningless. He suggested making a note on the AOA if our appraisal rate drops below 90%.

**Action for next year:** No action required.

### 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/AMD for Revalidation/Appraisal Lead. 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. One appraiser has retired with another due to retire at the end of June 2020. 3 new appraisers have been appointed with a fourth pending completion of the required training.

**Comments:** The Trust is in full compliance

**Action for next year:** Funding has been approved for L2P's multi-source feedback and additional leadership section for appraisals. To be introduced as soon as possible.

**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:** Support the development of a new medical recruitment policy and induction programme including relevant communication and documentation for appraisal and revalidation as well as arrangements for zero hours contract for a limited number of recently retired consultants and SAS doctors.

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

**Action from last year:** The Appraisal and Revalidation Policy was updated in 2019 in line with the Responsible Officer Regulations. The doctors' disciplinary policy was updated in 2019 to reflect the function of the Responsible Officer as stipulated by the Responsible Officer Regulations. All updates were communicated with doctors under the responsibility of the responsible Officer.

**Comments:** The Trust is in full compliance

**Action for next year:** Revalidation Team to liaise with Human Resources in order to develop a comprehensive standard operating procedure for medical recruitment including appointment to zero hours contracts.

**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 appraisee and appraiser. 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. The Trust submits AOA to NHSE annually. Higher-level responsible officers will ensure that independent verification is carried out once per revalidation cycle for each designated body. This may be undertaken by the higher-level responsible officer's team. Primarily this will be based on a desk-top review. Where concerns are identified this will be followed by a visit to the responsible officer at the designated body.

**Action for next year:** None

**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:** A new process has been established with Training Department & HR Workforce Team to create an Electronic Staff Record (ESR) account for honorary contract holders so that a training record can be maintained and reported on. This currently only applies to one doctor who has been setup with an external learner account on ESR.

**Comments:** The Trust is in full compliance

**Action for next year:** Continue to develop and enhance the 'Training Pathway' appraisal.

## 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 with more scrutiny 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, SHSC Mandatory Training Compliance Report & Significant Events Report. The Medical Directorate Analyst can now directly report on mandatory training, compliments & complaints from existing electronic systems.

**Comments:** The Trust has an effective appraisal system.

**Action for next year:** To continue the above processes. To develop the inclusion of additional Supervision & Leadership Report detailing the number of supervision sessions received, number of supervision sessions given and the mandatory training compliance for named supervisees.

- 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:** Late appraisals continue to stay low accounting for only 6.8% of completed appraisals in the 2019/20 year. This is a total of 5 late submissions with no late appraisal meetings.

**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 was updated in 2019.

**Comments:** The Appraisal and Revalidation Policy has been updated in line with the Responsible Officer Regulations.

**Action for next year:** No action required.

**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 12 trained medical appraisers with another due to be appointed on completion of the required training. Two appraisers performing the role on a part time basis carrying out 4 appraisals per year due to time constraints. One appraiser is due to retire in August 2020. One appraiser only carries out appraisals for Clinical Fellows & 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 Appraisers<sup>1</sup> 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 for their own appraisals containing the relevant indicators such as the appraisees' feedback & ASPAT scores.

**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 Annual Organisational Audit (AOA). Due to the Covid-19 pandemic the 2019/20 AOA was cancelled as per received guidance (Annex D). However, the AOA figures are available in Annex A. An independent verification of the Trust's processes could be undertaken by the High Level Responsible Officer as part of their responsibility at a time to be agreed within the next five years.

**Quality Assurance: System**

Both the RO and Medical Directorate Analyst attend NHS England's regional Responsible Officer Network meetings and Appraiser Leads Network meetings (3 times a year) as well as regional Mental Health Sector RO Network meetings twice a year where systems are discussed and suggestions for improvement are made. These suggestions are implemented. The RO reports directly to the Executive Medical Director and reports annually to SHSC's Board of Directors. L2P sends reminders of appraisals 3, 2 and 1 months before the appraisal dates and compiles data on delayed appraisal meetings and delayed appraisal submissions.

## **Quality Assurance: Appraiser**

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 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 require/d to finalise the appraisal. The Medical Directorate Analyst collects separate feedback for Training Pathway appraisals

Feedback data & Appraisal Summary & PDP Audit Tool (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 Annex A.

All appraisers are required to attend the Revalidation Steering Group that meets 3 times a year with one extended meeting in Autumn to provide refresher training for all appraisers within the trust.

### **Quality Assurance: Appraisal**

At least 90% of appraisal summaries are assessed using NHS England's ASPAT scoring system. Scores are shared with appraisers and the RO through the annual appraiser reports. A scoring sheet and template appraisal are available to provide transparency and consistency in the scoring of appraisals.

Checklists are built into both L2P and Training Pathway appraisals to help ensure appraisals contain all the required supporting information and reflection prior to submission.

All appraisals are reviewed by the Medical Directorate Analyst with any concerns or issues raised to the RO. All appraisals require final approval by the RO.

### **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 systems for reporting and reviewing significant events and complaints. Data is 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 an annual report for any complaints against them or significant events linked to the doctor's name. The Disciplinary Capability III Health and Appeals for Medical Practitioners Policy was updated in 2019 to clarify the respective roles of the RO and the MD.

All information regarding concerns (from Complaints, Significant Events, Safeguarding, Bullying and Harassment or disciplinary process) are now accessible for the Medical Directorate Analyst with relevant reports issued to doctors at least 2 weeks prior to their arranged appraisal.

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

**Action for next year:** No action required.

### 3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> 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 in 2019. The Responsible Officer, the Medical Director and the GMC Employer Liaison Adviser meet 3 times a year and all issues relating to appraisal, revalidation and concerns about fitness to practice are discussed and documented. There is a protocol annexed to the appraisal policy stipulating arrangements with NHSE for managing concerns about salaried GPs. Any concern about trainees is communicated with the DME. Concerns about doctors who are employed by agency locums or other organisations is communicated with their Responsible Officers to ensure concerns are addressed.

**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 (Annex G). The RO liaises with the ELA and reports any concerns to the relevant RO for locum agency workers.

**Comments:** None

**Action for next year:** Work on implementing the recommendations of the GMC's "Fair to Refer?" report. The recommendations have wider implications for the Trust beyond the appraisal and revalidation system. The recommendations are included in Annex B.

**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 work 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 the Trust.

**Comments:** None

**Action for next year:** Maintain appropriate information sharing system. To consider the possibility of a Responsible Officer reference being required for doctors as part of preemployment checks.

**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 was updated in 2019. 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:** Work on implementing the recommendations of the GMC's "Fair to Refer?" report. The recommendations have wider implications for the Trust beyond the appraisal and revalidation system. The recommendations are included in Annex B.

## 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:** HR are responsible for Consultant and Staff Grade recruitment. The Medical Education & Staffing Department are responsible for all training grades, Clinical Fellows, WAST Doctors and locums.

**Action for next year:** Medical Directorate Analyst & Responsible Officer to work with HR to develop a new comprehensive Medical Recruitment Standard Operating Procedure. Medical Directorate Analyst to work with the Medical Education & Staffing Department to develop a comprehensive induction programme and handbooks for Consultants & SAS Doctors.

## Section 6 – Summary of comments, and overall conclusion

### General review of last year's actions

- **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.**

The appraiser role has been agreed as 0.2PAs pro rata for up to 8 appraisals per annum. This remuneration has been agreed with the relevant Clinical Directors for inclusion in relevant job plans. The electronic job planning system is currently being rolled out.

- **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.**

HR has begun development of a detailed Medical Recruitment Standard Operating Procedure. The Medical Directorate Analyst & Responsible Officer are part of the working group developing the final SOP.

- **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.**

An agreement is now in place with Sarah Bawden, HR Partner to ensure any relevant information regarding disciplinary proceedings are shared with the Revalidation Team. The Medical Directorate Analyst can now report directly off the Ulysses system on any compliments or complaints.

- **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.**

Any appraisals completed using the MAG Form or the Training Pathway have been followed up with a feedback request using Survey Monkey to collect electronic feedback. This has yielded a high response rate. Recent security concerns will lead to Survey Monkey being blocked by the IT Department. Alternative system called Qualtrics is being explored.

- **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.**

An agreed process is now in place between the Revalidation Team, HR Workforce Team and the Training Department. The only applicable doctor has been added onto ESR as an 'External Learner'.

- **To review the ethnicity of doctors referred to the GMC by SHSC.**

The data will be collated annually. It must be noted that the number of doctors with concerns is quite low, particularly in relation to doctors who are employed by SHSC. The data for 2019/20 is available in Annex G. To contact HR to check doctors are included in their ethnicity figures for disciplinaries. Revalidation Team will work with others within the organisation with the aim of implementing the recommendations of the GMC's "Fair to Refer?" report.

### Actions still outstanding

- **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.

**Feedback Collection** – Survey Monkey is due to be blocked by the IT Department. Alternative being used within the trust is Qualtrics currently used by the Research Department.

## **New Actions: To focus on adapting the system of appraisal to support the overall governance and the Trust's Back to Good project.**

- The Responsible Officer has drafted the section on supervision of doctors in the new supervision policy stipulating the frequency and recording of the supervision of trainee doctors, SAS and other non-consultant grade doctors and consultants.
- The appraisers have been asked to check on the mandatory training and supervision records of the appraisees and any doctors or non-medics they supervise to ensure good supervision rates of all doctors, ACPs and Physician Associates who are supervised by consultants.
- Medical Directorate Analyst is now collecting all peer group meeting minutes centrally. The minutes are currently being recorded as individual supervision forms on the central electronic system. The option for a dedicated peer group electronic form is being explored to better represent the unique supervision arrangements in place for consultants. The Medical Directorate Analyst is developing a central peer group record so that the supervision attendance of the doctor can be included in their 'Clinical Leadership Report' for their appraisal. This is due to be rolled out alongside the introduction of the 'Clinical Leadership' section in the electronic appraisal system L2P by September 2020.
- To develop and roll out an additional 'Clinical Leadership Report'. This report will include details around supervision and mandatory training compliance for any individual the doctors declares a supervisor status for. This will go alongside a new 'Clinical Leadership' section to be included as an additional section for appraisals which is to be rolled out by September 2020.
- To work with HR to develop a detailed Medical Recruitment SOP which incorporates all required employment checks for appraisal & revalidation purposes in relation to Consultants and SAS Doctors.
- To work with the Medical Education & Staffing Department to ensure appropriate pre-employment checks are carried out for appraisal & revalidation purposes in relation to Clinical Fellows, WAST Doctors and locums.
- To work with Medical Education & Staffing Department to help develop a comprehensive induction programme for Consultants and SAS Doctors to include timely communications with the Revalidation Team regarding start dates. Induction programme to incorporate the existing 1-1 appraisal & revalidation induction offered to all new starters who fall within the Responsible Officer's remit.
- To work with medical leadership and relevant departments to consider and implement appropriate recommendations from the GMC's 'Fair to Refer?' report. The key recommendations are detailed in Annex B.
- To move over to L2P's Multi-Source Feedback (MSF) system which offers a significant cost saving for the trust and a reduced administrative burden with MSF access pre-purchased by the trust rather than a reimbursement process.
- Medical Directorate Analyst to produce standard operating procedures for the administration of the appraisal and revalidation systems in place for doctors whose Designated Body is Sheffield Health & Social Care NHS FT.

## **Overall conclusion:**

There have been significant improvements in the appraisal system over the last two years including annual appraiser performance reports, annual appraisee feedback reports, 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 appraisees.

Appraisers are appropriately remunerated which helps to ensure quality and accountability. Appraisers receive additional supporting information for their own appraisals, including certification for attendance at Revalidation Steering Groups, and an annual feedback report which are added to their appraisals for them. Appraisal summaries are reviewed using NHS England's Appraisal Summary & Personal development plan Audit Tool (ASPAT) with feedback and ASPAT scores compared to a trust-wide average in annual appraiser reports. An example appraisal and scoring tool has been developed to create transparency around the ASPAT scoring process for appraisers. All appraiser reports are included in the Annual Appraisal Report issued to the Responsible Officer (Annex A).

Further work with HR & Medical Staffing is planned to strengthen recruitment processes and the induction package offered for new doctors.

An additional section in appraisals is being rolled out to focus on clinical leadership. This will be supported by additional supporting information around supervision provision for both the individual doctor and their team.

The Revalidation Team is working with medical leadership to review and implement relevant recommendations from the GMC's 'Fair to Refer?' report. The recommendations have been considered with actions agreed at the Medical Workforce Planning Group. The group agreed specific actions in relation to some of the recommendations and noted that some of the recommendations require further consideration within the wider leadership of the Trust, particularly in relation to Recommendations 2 and 3. Actions are due to be reviewed quarterly starting September 2020. The recommendations are included in Appendix B for the Boards considerations.

The Revalidation Team is developing standard operating procedures to ensure succession for existing processes and to maintain the current successes.

Guidance from the GMC and NHS England has led to the cancellation of the Annual Organisational Audit (AOA) as well as the suspension of appraisals. However, the figures usually provided in the AOA have been reported to the Responsible Officer and are detailed in the Annual Appraiser Report. Appraisals restarted in June with a condensed programme. All delayed appraisals have been completed with a return to the normal programme of annual appraisal from the start of August 2020. Revalidation dates between the 1<sup>st</sup> April 2020 and the 31<sup>st</sup> March 2021 have been automatically deferred for 12 months by the GMC. All affected doctors have been informed about this change. All appraisals where possible are taking place through Microsoft Teams to ensure social distancing.

The Responsible Officer has responded swiftly to the advice of the MD of NHS of suspending appraisals. The Trust has also acted swiftly to resume appraisals in June 2020 ahead of most other organisations.

## 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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