

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 28/09/2022
Agenda Item: 25

Report Title:	Annual Appraisal & Revalidation Report 2021/22	
Author(s):	Sobhi Girgis, Responsible Officer Helen-Claire Stone, Medical Compliance Officer	
Accountable Director:	Dr Mike Hunter, Executive Medical Director	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Medical Workforce Planning Group (MWPG)
	Date:	16/09/2022
Key points/recommendations from those meetings	<p>The MWPG took note of the report and are aware that the report will be presented to the Board of Directors.</p> <p>The Chair of the Board of Directors or the Chief Executive are asked to complete the Statement of Compliance in Section 7 of the Designated Body Annual Board Report 2021/22 (Appendix D). This will be submitted to NHS England, along with this report, by the deadline of 28 October 2022</p>	

Summary of key points in report

There have been several improvements to the appraisal and revalidation system including increased support for doctors and quality assurance measures. Current processes have been detailed in new Standard Operating Procedures (SOPs) to ensure continuity and consistency.

Appraisers are currently remunerated at 0.2 Professional Activity (PA), with a review scheduled to benchmark against NHS England practice. A comprehensive quality assurance system is in place. The Responsible Officer (RO) function is administratively supported by the Medical Compliance Officer.

The standards for Medical Leadership module of L2P (Licence to Practice) has been changed to align to Faculty of Medical Leadership and Management (FMLM) standards, Doctors providing evidence of involvement in leadership and governance of their services.

A revalidation tracker has been developed to ensure doctors' progress towards revalidation

The Trust is compliant with all statutory requirements and regulations regarding appraisal and revalidation.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	√	Assurance	√	Information	
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The board is asked to note the report and for Chair of the Board of Directors or the Chief Executive to complete the Statement of Compliance in Section 7 of Appendix D of this report. This will be submitted to NHS England by the deadline of 28 October 2022, along with this report.

Please identify which strategic priorities will be impacted by this report:					
	Covid-19 Recovering effectively	Yes	√	No	
	CQC Getting Back to Good – Continuing to improve	Yes	√	No	
	Transformation – Changing things that will make a difference	Yes		No	√
	Partnerships – working together to make a bigger impact	Yes	√	No	
Is this report relevant to compliance with any key standards ?		State specific standard			
Care Quality Commission Fundamental Standards	Yes	√	No		Doctors receive annual appraisals – Well Led Domain
Data Security and Protection Toolkit	Yes		No	√	
Any other specific standard?					
Have these areas been considered? YES/NO		If Yes, what are the implications or the impact? If no, please explain why			
Service User and Carer Safety and Experience	Yes	√	No		Appraisals require information about Complaints/Compliments, Significant Events and Feedback from colleagues and patients
Financial (revenue & capital)	Yes		No	√	Not directly related to appraisal and revalidation.
Organisational Development /Workforce	Yes	√	No		Appraisals give assurance about Doctors' fitness to practice
Equality, Diversity & Inclusion	Yes	√	No		Data is provided within the report in relation to the General Medical Council's Fair to Refer report
Legal	Yes	√	No		The Responsible Officer's duties are stipulated by The Medical Profession (Responsible Officers) Regulations 2010 and 2013
Sustainability	Yes		No	√	N/A

Section 1: Analysis and supporting detail

Overview

- 1.1 There have been significant improvements in the appraisal system including annual appraiser performance reports, annual appraisee feedback reports, reduction of delays in appraisals, developing suitable appraisal platforms for Clinical Fellows, and better Quality Assurance. The Revalidation Team has developed standard operating procedures to ensure continuity and consistency for existing processes and to maintain the current successes. Reviews are undertaken regularly to improve the process.

Quality Assurance

- 1.2 Appraisers are specifically remunerated to ensure quality and accountability. Appraisers received additional supporting information for their own appraisals including certification for attendance at Revalidation Steering Groups, and an annual feedback report which is added to appraisals for them. The Appraisal Summary and Personal Development Plan Audit Tool (ASPAT) has been suspended and will recommence in 2022/2023. All appraisers' reports are included in the Annual Appraiser Report issued to the Responsible Officer (Appendix A).

System Improvements

- 1.3 Further work with the People Directorate has strengthened recruitment processes and the induction package offered for new doctors. Two SOPs have been developed and approved by the Medical Workplace Planning Group. (Medical Recruitment and Recruitment of Locums).
- 1.4 An additional section in appraisals has been rolled out to focus on clinical leadership, with alterations made to accommodate FMLM standards. This is supported by additional supporting information around supervision for both the individual doctor and their team. Doctors also provide evidence of their involvement in leadership and governance of their services.
- 1.5 The focus of the Revalidation team is to continue the work with medical leadership to strengthen the role of doctors as leaders and to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report. The Trust is considered to be an example of good practice in implementation of that report. The implementation Progress Report is attached as Appendix B. Last year the Board referred this report to the People's Directorate for their consideration.

Covid-19 Response and National Guidance

- 1.6 Guidance from the General Medical Council and NHS England has led to the cancellation of the Annual Organisational Audit (AOA) for the 2019/20, 2020/21 and 2021/22 appraisal years. This will be resumed in 2022/23. However, the information usually provided in the AOA are detailed in the Annual Appraisal and Revalidation Report. All appraisals, where possible, have taken place through Microsoft Teams to ensure social distancing, as per guidelines. As we continue to recover from Covid-19, face to face meetings are now being encouraged where possible, and where both parties are comfortable with this arrangement.
- 1.7 Medical Appraisal Guide 2020 (MAG 2020) was developed by the Academy of Medical Royal Colleges. This was considered by the Medical Revalidation Support Group. It was agreed to implement some recommendations of the guidelines to ensure

flexibility. However, the recommendation about giving verbal reflection as opposed to written reflection was considered problematic and inappropriate and was not implemented. The RO has discussed this approach with the Medical Director. We continue to uphold the usual high standard of supporting information

Section 2: Risks

- 2.1 NHS England monitors SHSC's appraisal performance as a designated body for doctors. At the current high-level of compliance with the requirements for appraisal and revalidation, the Trust does not carry significant risk in this area. As a further external source of scrutiny, the CQC monitors appraisal performance as a Well Led domain line of enquiry.
- 2.2 The RO and Medical Director meet with the GMC Employer Liaison Adviser three times per year to discuss organisational issues, appraisal and revalidation issues, in addition to any concerns about doctors. This clearly reduces the likelihood of any risk arising.

Section 3: Assurance

Benchmarking

- 3.1 Doctors are required to engage in annual appraisals. The appraisal document should be completed within 28 days from the appraisal meeting. NHS England expects appraisal rate of at least 90%. Missed appraisals for acceptable reasons are labelled Measure 2. Missed appraisal without agreement from the Responsible Officer is labelled Measure 3.

The detail of SHSC's performance is in Appendix A. In summary, SHSC was 95.6% compliant overall and had no Measure 3 outcomes for 2021/2022. In terms of national benchmarking, NHSE did not publish data for 19/20, 20/21 or 21/22 due to the pandemic. However, SHSC had previously consistently benchmarked as above regional and national average in mental health and all sectors. Based on our current performance, we would expect to similarly benchmark if NHSE had published comparison data.

- 3.2 How will the outcomes be audited or validated?

The Revalidation team report annually to the Board of Directors. This report is submitted with NHS England along with a signed Statement of Compliance.

- 3.3 What professional advice has been taken in making the recommendation(s)?

- The Responsible Officer and the Medical Compliance Officer regularly attend NHS England's Responsible Officer and Appraiser Lead Network (ROAN) meetings.
- The Responsible Officer and the Medical Compliance Officer regularly attend regional Responsible Officer Network meetings (mental health Trusts).
- The Responsible Officer and Executive Medical Director meet with the Trust's allocated GMC Employer Liaison Adviser (ELA) 3 times a year.

Triangulation

- 3.4 How can the expected outcomes be triangulated against other data or analysis for cross referencing?

- Prior to the pandemic the trust's performance was included in the AOA report to NHS England which then produced comparison report across regions and nationally.
- Our data is included in this report which will be submitted to NHS England. This ensures transparency and accountability to the Board and to NHS England.

Engagement

- 3.5 The Responsible Officer chairs the Revalidation Steering Group (RSG) which is comprised of the medical appraisers. RSG meets three times per year to review the system of appraisals, discuss challenges, receive updates, and refresh appraisers' training.

The RO meets monthly with the Medical Director, and both meet with the GMC Employer Liaison Adviser 3 times a year.

The RO and Medical Compliance Officer attend the Networks organised by NHS England and the regional network of mental health trusts.

The RO is a member of the MWPG. The group is made aware of changes in appraisal system, and they have sight of the annual report to the Board.

All doctors are invited to give feedback on their appraisers and the appraisal process itself.

We have opened the opportunity to take up the role of Medical Appraiser to SAS Doctors, to enhance their leadership skills.

Feedback from Service Users is required as part of the appraisal process for all doctors.

- 3.6 There is clear lines of communication and consultation with our appraisers, GMC ELA and NHS England.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

Strategic Aims and Board Assurance Framework

- 4.1 Maintaining high standards in medical appraisal and revalidation directly links with strategic aims of delivering outstanding care and creating a great place to work.

Equalities, diversity, and inclusion

- 4.2 A demographics report is included in the appendixes of this report. The Trust has made significant progress in implementing the recommendations of the Fair to Refer report.

Culture and People

- 4.3 The report includes the consideration and an action plan in response to the key recommendations from the General Medical Council's Fair to Refer Report.

Integration and system thinking

- 4.4 In making his/her recommendation to the General Medical Council, the Responsible Officer reviews all appraisals for the 5-year revalidation cycle and takes account of any information available about the doctor within the wider system in SHSC and other organisations that employ doctors. The Responsible Officer also shares any concerns

about any doctor who provides services to SHSC, e.g., locum doctors, with the doctor's Responsible Officer and discusses such concerns with the GMC Employer Liaison Adviser.

Financial

4.5 It is a statutory requirement for SHSC as a Designated Body to allocate sufficient resources to support the duties and responsibilities of the Responsible Officer.

Sustainable development and climate change adaptation

4.6 All appraisals, reports and records are maintained electronically. Appraisal meetings has been conducted remotely during the pandemic. As we are recovering from the pandemic, appraisers and appraisees are encouraged to resume face to face meetings if both parties are comfortable. While this might involve limited travel, the quality of appraisals will be enhanced by face to face meetings.

Compliance - Legal/Regulatory

4.7 General Medical Council's Medical revalidation is a legal requirement which applies to all licensed doctors listed on the General Medical Council register. Organisations designated under The Medical Profession (Responsible Officer) Regulations 2010 and The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (referred to as the Responsible Officer Regulations) are nominated as designated bodies (DBs). These organisations, essentially are anybody that employs or contracts with doctors, have a duty to appoint or nominate a Responsible Officer. These senior doctors must ensure that every doctor connected to them, as set out in the legislation:

- Receives an annual medical appraisal meeting nationally agreed standard.
- Undergoes the appropriate pre-engagement/employment background checks to ensure that they have qualifications and experience appropriate to the work performed
- Works within a managed system in which their conduct and performance are monitored, with any emerging concerns being acted upon appropriately and to nationally agreed standards
- Has recommendations made to the General Medical Council regarding their fitness to practise every 5 years, on which their continuing licence to practise is based.

4.8 Appraisal and revalidation systems within individual DBs are monitored by NHS England. We have been required to complete and submit Annual Organisational Audit and also to complete and submit an annual report to the Board of Directors. This report is also sent to NHS England. NHS England has suspended AOA during the pandemic but will recommence in 2022/2023.

4.9 The CQC requests information about the appraisal of doctors within certain services as a part of key lines of inquiry.

Section 5: List of Appendices

- A. Annual Appraiser Report 2021/22
- B. Fair to Refer Report – implementation progress report 2021/2022
- C. Annual Appraisal & Revalidation System Comparison Report 2017-22
- D. Designated Body Annual Board Report 2021/2022
- E. Demographics Report 2021/2022



Annual Appraiser Review

April 2021 to March 2022

A review of the overall performance of appraisers within Sheffield Health & Social Care NHS FT based on feedback received from appraisees.

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Trust Wide Summary

Submission Rates

Full Appraisal Year

(All appraisals by SHSC appraisers between 1 April 2021 and 31 March 2022)

Measure	Tally	%
1	71	96
2	3	4
3	0	0
TOTAL	74	

Annual Organisational Audit (AOA) Figures

(Appraisals of doctors connected to SHSC as of 31.03.2022).

Measure	Tally	%
1	65	95.6
2	3	4.4
3	0	0
TOTAL	68	

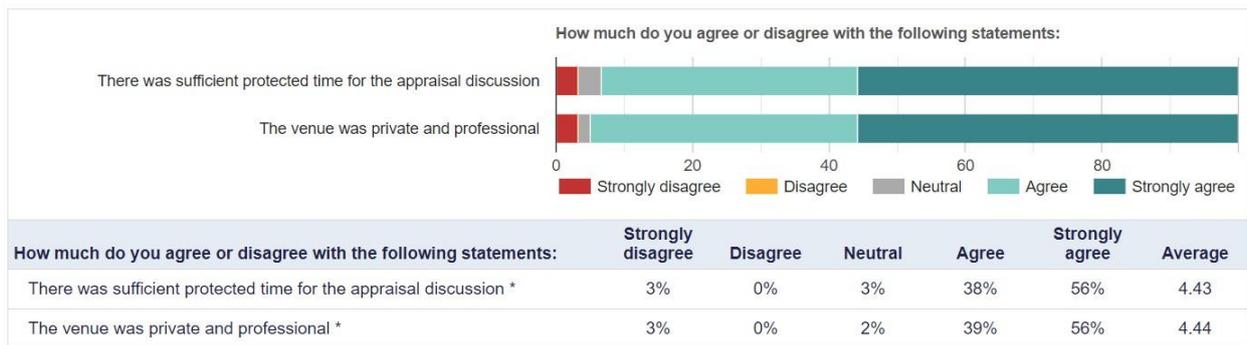
Measure 1: Appraisal that is completed between 1 April and 31 March the following year and submitted within 28 days from the appraisal meeting date. Delays within the appraisal year were called Measure 1b, but NHS England no longer asks for splitting Measure 1 into 1a and 1b. The Responsible Officer is still collecting these data to ensure reduction of any delays (see Appendix C).

Measure 2: Missed or incomplete appraisal that is authorised by the Responsible Officer

Measure 3: Missed or incomplete appraisal that is unauthorised by the Responsible Officer.

Feedback Scores

Environment and Timing

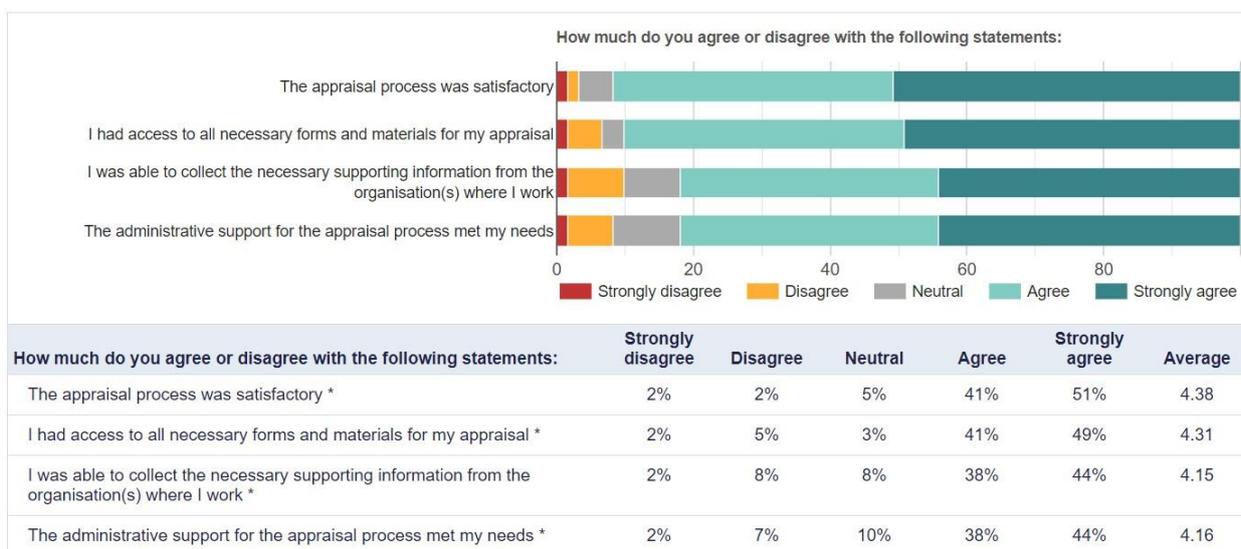


Comments

The appraisal was on Teams which was kept private and undisturbed.

The meeting was held over MSTeams due to my clinic be just prior to the appointment.

Administration and Management of the Appraisal System



Comments

I had access to all my documents well ahead of time.

The admin team uploaded the required evidence in good time

Unsure where to get administrative support from as there did not seem to be this provision available for Physician Associate at this time.

Appraiser Overview

Please rate your appraiser's skills in:	Very poor	Poor	Satisfactory	Good	Very good	Average
Establishing rapport *	0%	0%	5%	26%	69%	4.64
Demonstrating thorough preparation for your appraisal *	0%	0%	5%	33%	62%	4.57
Listening to you and giving you time to talk *	0%	2%	3%	13%	82%	4.75
Giving constructive and helpful feedback *	2%	0%	3%	21%	74%	4.66
Supporting you *	2%	0%	5%	18%	75%	4.66
Challenging you *	0%	2%	7%	36%	56%	4.46
Helping you to review and reflect on your practice *	0%	2%	3%	31%	64%	4.57
Helping you to identify gaps and improve your portfolio of supporting information for revalidation *	0%	0%	5%	31%	64%	4.59
Helping you to review your progress against your last personal development plan (PDP) *	0%	2%	3%	33%	62%	4.56
Helping you to produce a new PDP that reflects your development needs *	0%	0%	7%	30%	64%	4.57
Managing the appraisal process and paperwork *	0%	3%	2%	30%	66%	4.57



Please rate your appraiser's skills in:	Very poor	Poor	Satisfactory	Good	Very good	Average
Establishing rapport *	0%	0%	5%	26%	69%	4.64
Demonstrating thorough preparation for your appraisal *	0%	0%	5%	33%	62%	4.57
Listening to you and giving you time to talk *	0%	2%	3%	13%	82%	4.75
Giving constructive and helpful feedback *	2%	0%	3%	21%	74%	4.66
Supporting you *	2%	0%	5%	18%	75%	4.66
Challenging you *	0%	2%	7%	36%	56%	4.46
Helping you to review and reflect on your practice *	0%	2%	3%	31%	64%	4.57
Helping you to identify gaps and improve your portfolio of supporting information for revalidation *	0%	0%	5%	31%	64%	4.59
Helping you to review your progress against your last personal development plan (PDP) *	0%	2%	3%	33%	62%	4.56
Helping you to produce a new PDP that reflects your development needs *	0%	0%	7%	30%	64%	4.57
Managing the appraisal process and paperwork *	0%	3%	2%	30%	66%	4.57

Comments

Dr *** allowed enough time for detailed discussion at the appraisal meeting and gave constructive inputs in setting PDP goals

Dr *** was very supportive and helped me reflect on my developmental needs. This was a very meaningful encounter with very constructive and useful feedback.

Supportive

Comments

A good and fun appraisal. Paperwork was scrutinised but didn't become the sole purpose and didn't feel like a tick box exercise, v supportive

Really approachable and had taken time to consider my portfolio and PDP objectives and make me consider next steps in my career.

Constructive and supportive appraisal

The appraiser started communicating with me well in advance to prepare me for the appraisal process and to reassure me considering that it would be my first appraisal using the system. She showed professionalism, understanding and good organisation skills

*** provided a safe space in which to discuss personal and professional challenges. I was able to raise specific concerns about working conditions and workforce constraints in the ...team where there has been continued high demand and inadequate medical staffing - no middle grade doctors and only 1 WTE Consultant instead of 3 - which is directly impacting on staff wellbeing and quality and safety of care despite the best efforts of the team and its individual employees. *** listened to me and acknowledged my experience as a ... consultant in the Trust over the last 12 months. Importantly, she acknowledged the Trust's failings around induction and support for new consultants at the time I joined, and made assurances that these areas of concern were being actively addressed and improved by the Trust. *** also said she would take away my concerns about the consultant deficit in the ... service and the impact this was having on staff wellbeing and patient care.

*** was an excellent appraiser and was helpful during the entire process. He was also supportive during assessments and when completing PDPs.

*** mentioned that my supervisor should not be my appraiser however, I am very happy with her being my supervisor. She is very approachable and helpful

Overall, Dr *** was very easy to talk to and gave me plenty of time to express my views and raise any concerns I had. She gave feedback to me which was both constructive and helpful. She also supported me in producing a new PDP that reflects my development needs as well as helping to improve my portfolio of supporting information for the revalidation process.

-Dr *** did a good job, he identified areas of improvement and encouraged me to reflect on my practice over the year

Dr *** is a very thorough appraiser who can listen and support you as well as challenge and deliver constructive feedback. She had facilitated great reflective session and I felt comfortable throughout. I would definitely be happy to have her as my appraiser again.

A helpful process however it might be useful to have another appraiser. This has been useful over the years.

She was calm , well organized and made the appraisal process seem easy . She achieved the right balance between challenge and support in my appraisal

Dr *** was very supportive and challenged me to make my post more sustainable.

*** was helpful and thoughtful and tuned in to the process and the specific challenges of my current job and listened well to my reflections and processing and gave me good feedback

*** is both relaxed and clear about process, a really good combination, especially given how much we had to cover given the range of jobs I do.

Comments

Dr *** had clearly prepared for the appraisal meeting beforehand and was thorough yet relaxed in her manner during the appraisal. I very much appreciated her compassionate attitude to most challenging year that I had had. She gave constructive advice, some of which I was able to apply pretty swiftly after the meeting. She followed up the meeting efficiently via email correspondence and this helped the whole process to be completed within the required timeframe.

Dr *** is very experienced and supportive and I am happy to have Dr *** as my appraiser again.

A very engaging and well prepared appraiser, who balance process and reflective conversation extremely well

Very helpful to have a senior colleague as an appraiser.

Dr *** demonstrated reviewed my appraisal documents and was able to facilitate a good collaborative discussion and provided me with opportunity to reflect and improve my PDP.

Dr *** was very professional and had a clear knowledge of the requirements. I was given ample time to discuss any issues and the entire process was detailed and thorough.

I did feel that the appraiser considered information I discussed with her openly and honestly in a fair and balanced way and did not find this appraisal to be a constructive, supportive, and useful process for my development as a clinician. I have listened carefully and have undertaken personal reflection regarding feedback provided and welcome constructive feedback, including areas for development and improvement, do not lack insight into areas for further development and am very keen to improve my practice to improve patient care. I have taken on board the appraiser's feedback but overall felt inappropriately and unfairly criticised following steps I had taken to improve patient care and safety

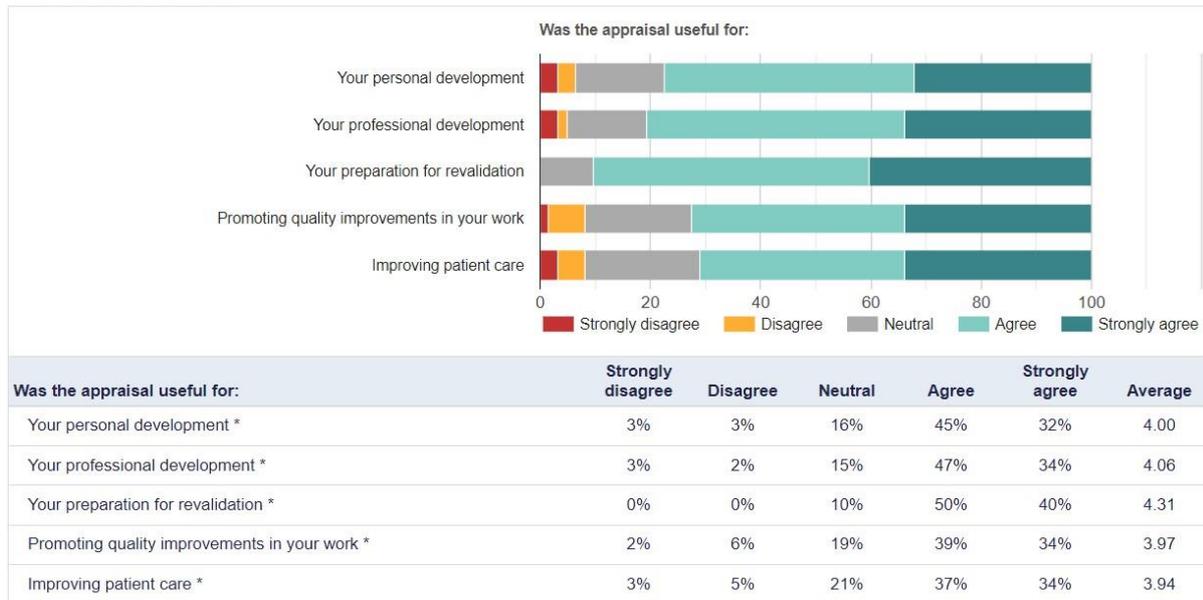
after having raised my concerns regarding this. In my opinion, there was also little in the way of positive feedback or encouragement (nor discussion regarding my own personal future career goals). I did not feel validated or supported and found the appraisal process to be unnecessarily stressful and not the useful process for discussion and development that I had hoped it would be.

The appraisal process was supportive and not too pressurised. Some helpful advice was given.

Compassionate thoughtful appraiser

Doctor Overview

The appraisal overall



Comments

I am very grateful to Dr *** for his effort and ensuring that my appraisal is a very useful developmental experience.

Overall, the appraisal process was helpful and I very much appreciated *** style as an appraiser which is validating, supportive and offers constructive challenge in the spirit of genuinely encouraging colleagues to develop and improve.

I believe that the appraisal process is useful for personal and professional development. It is also a useful tool to reflect on activities and to implement improvements on the ward, e.g. antipsychotic monitoring.

I found the whole appraisal process very efficient and well organised.

The process is far too long, cumbersome, bureaucratic and time consuming.

I have had many appraisals, this was the most supportive I have had and challenged me make my post sustainable. Overall a positive experience.

A helpful and useful process that gave me time to reflect and process

The appraisal process isn't really an improvement process, in my view. It isn't harmful, and the upside is reviewing everything I have done over the past year. So, apart from revalidation, I am fairly neutral.

*** was very supportive in helping me appreciate how much I achieved in a challenging year and to set realistic goals for the next 12 months.

Overall, I was happy with the appraisal process, which was important to me as my revalidation date is in the Spring of 2022.

Comments

this appraisal has helped me not only to prepare for me revalidation in February 2022 but also enabled me to make plans on how I will achieve my PDP for next PDP.

My appraiser was well prepared, and would be happy to have him again

Every aspect outside of clinical effectiveness is examined in minute detail. If I'm honest most of the appraisal process is a waste of time in terms of patient care, though it does prompt some useful discussion in terms of my professional role and pattern of work. Obviously it's central to the revalidation process

Average Feedback Score Summary

Complete PAQs	Incomplete PAQs	Very Poor	Poor	Satisfactory	Good	Very Good	Average Rating
1	0	0%	0%	8%	42%	50%	4.42
6	1	0%	0%	0%	32%	68%	4.68
2	0	13%	21%	17%	21%	29%	3.33
4	0	0%	0%	2%	31%	67%	4.65
7	0	0%	0%	0%	14%	86%	4.86
7	0	0%	0%	0%	27%	73%	4.73
5	0	0%	0%	0%	27%	73%	4.73
3	2	0%	0%	0%	11%	89%	4.89
1	0	0%	0%	0%	0%	100%	5.00
5	0	0%	0%	13%	43%	43%	4.30
6	1	0%	1%	3%	29%	67%	4.61
6	0	0%	0%	18%	17%	65%	4.47
1	0	0%	0%	0%	42%	58%	4.58

6	0	0%	0%	1%	50%	49%	4.47
2	0	0%	0%	0%	0%	100%	5.00

Report on implementation progress of Fair to Refer report in SHSC

A group including RO, HR and DMD looked at the recommendations and agreed categorisation of recommendations:

- A) In place or implementation relatively straightforward (1-6 months)
- B) Capable of early implementation and would produce substantial improvement (timetable to be set separately)
- C) Complex implementation including additional resources and/or further approval

Category A

These are all from Recommendation 1 with the relevant paragraph number added.

1.4. Employers should introduce a process to ensure that any new arrangements to contract with locum agencies requires agencies to follow good practice in supporting locums (e.g. the guidance in England “Supporting locums and doctors in short term placements” or equivalent in the other nations). Employers should review all existing contracts to ensure compliance.

1.5. Employers should establish a protocol to ensure that early termination of locum contracts by healthcare providers is recorded and concerns investigated with the outcome communicated to the doctor’s locum agency and Responsible Officer and discussed with the GMC’s Employer Liaison Adviser (ELA). Exit reports to be provided at the end of locum employment.

1.6. Employers should ensure effective arrangements for SAS doctors by:

- Promoting, monitoring and publishing their implementation of the 4 national SAS charters
- Giving SAS doctors equivalent opportunities to access the learning and development that is provided to other doctors
- Publishing and monitoring the proportion of SAS doctors involved in disciplinary procedures and GMC referrals

Category B

The first two are from Recommendation 1. The third is from Recommendation 2 and the last is Recommendation 4.

1.2 Employers should provide every doctor with effective induction and ongoing support that reflects national standards with enhanced induction for doctors who are new to the UK, new to the NHS or at risk of isolation in their roles (including overseas qualified doctors, locums and SAS doctors). Enhanced induction should include allocating a mentor (who will also sign off their induction).

1.3. Employers should introduce a mechanism whereby, before a formal complaint process is initiated, someone who is impartial to the issues involved and understands diversity, evaluates whether a formal response is necessary.

2.2. Employers and healthcare providers should identify systemic issues, address them and take them into account when assessing performance, and ensure these assessments are conducted

within the principles of a 'Just Culture' approach, including (a) ensuring that a review is carried out of any systemic issues following a patient safety incident; and (b) steps are taken to prevent recurrence

4.1. ROs should monitor and challenge patterns of disproportionality in performance concerns in their organisation. They should be able to demonstrate that their processes are fair if challenged.

Category C

This includes Recommendation 2.1 and all of Recommendation 3. There are five recommendations in total and all directly refer to board level involvement. They encompass

- reviewing and identifying negative subcultures-reviewing leadership style and introducing programmes to support leaders
- implementing inclusive engagement sessions with a visible lead from clinical leaders
- leadership and boards regularly discussing and assessing how the organisation meets the needs of a diverse workforce
- leadership and boards reviewing the representation of decision makers in local complaints processes

This category also includes Recommendation 1.1 set out below as the training and technology may not be readily available (although some training in having difficult conversations has been undertaken in the past)

1.1 Employers should train staff who lead, manage, supervise or educate doctors to give and receive feedback across difference ensuring they are equipped to have difficult conversations, use technology appropriately (e.g. Datix) and understand how bias influences giving and receiving feedback.

Actions completed so far

A) Raising awareness

- Presentation to Medical Staff Committee
- Discussion at Medical Workforce Planning Group,
- CPD session to all doctors
- inclusion in the annual report on appraisal and revalidation to the Board of Directors
- Updates provided to Joint Local Negotiating Committee.

B) Mentorship scheme and creating and appointing to the role of mentorship coordinator

C) Quarterly update to MWPG

D) Exploring collaboration with neighbouring Trusts through the Regional RO Network for mental health trusts

E) Training session in feedback and difficult conversation with professional actors

F) Agreeing a SOP for locum recruitment.

G) Agreeing a SOP for medical recruitment

- H) Ongoing review of induction and signposting doctors who are new to UK practice to attend the GMC relevant events
- I) Implementation of SAS doctors charter, SAS representative is already a member of the MWPG
- J) Appointing appraisers who are SAS doctors
- K) SAS rep is already a member of JLNC as well as Medical Workforce Planning Group
- L) We have CESR rotation scheme for SAS doctors and CESR coordinators
- M) We are developing AC approval support scheme for SAS doctors
- N) People Directorate were asked by the Board to consider the report (particularly Category C recommendations)
- O) Disciplinary Process: To consider how existing local MHPS process could be further adapted to help ensure impartiality and understanding of diversity, to allow for inclusion of systemic considerations and include the role of NED.
- P) **Looking at a Draft Interim Protocol for disciplinary procedure:** To be a stand-alone document which means it will be more straightforward to both introduce and amend. It is one-page so that it can be as concise as possible but recognises that other elements may need to be added. It is described as interim as it is envisaged that it may need adapting as further considerations occur regarding Fair to Refer (both internally and externally) and/or following feedback on its effectiveness. There is already wording in the procedure referring to the Trust's intention to set up an appropriate mechanism for FTR. Once the interim protocol is agreed, a cross-reference could be inserted, and an addendum attached containing the guidance. In the meantime, it could form part of the Case Manager's "pack" to be given out for information if an issue emerges relevant to FTR. Given the significance of the intended amendments to the process, it will need signing off (again, after any amendments) by a senior committee such as EDG and to be agreed at the JLNC. (Similar arrangements will also be considered in respect of the Trust's remediation process.)
- Q) RO Network: RO shared the Trust work with regional mental health RO network and explored areas for collaboration. (This could include some form of "pooling" of resources for investigating systemic issues to help ensure impartiality)
- R) Focus Group: RO and DMD to consider further how best to put together a focus group in order to obtain an internal perspective on areas to be explored.
- S) Data: RO to check with GMC re data on issues which have arisen in past across Trusts to further identify possible areas of focus.



Annual Appraisal & Revalidation System Comparison Report

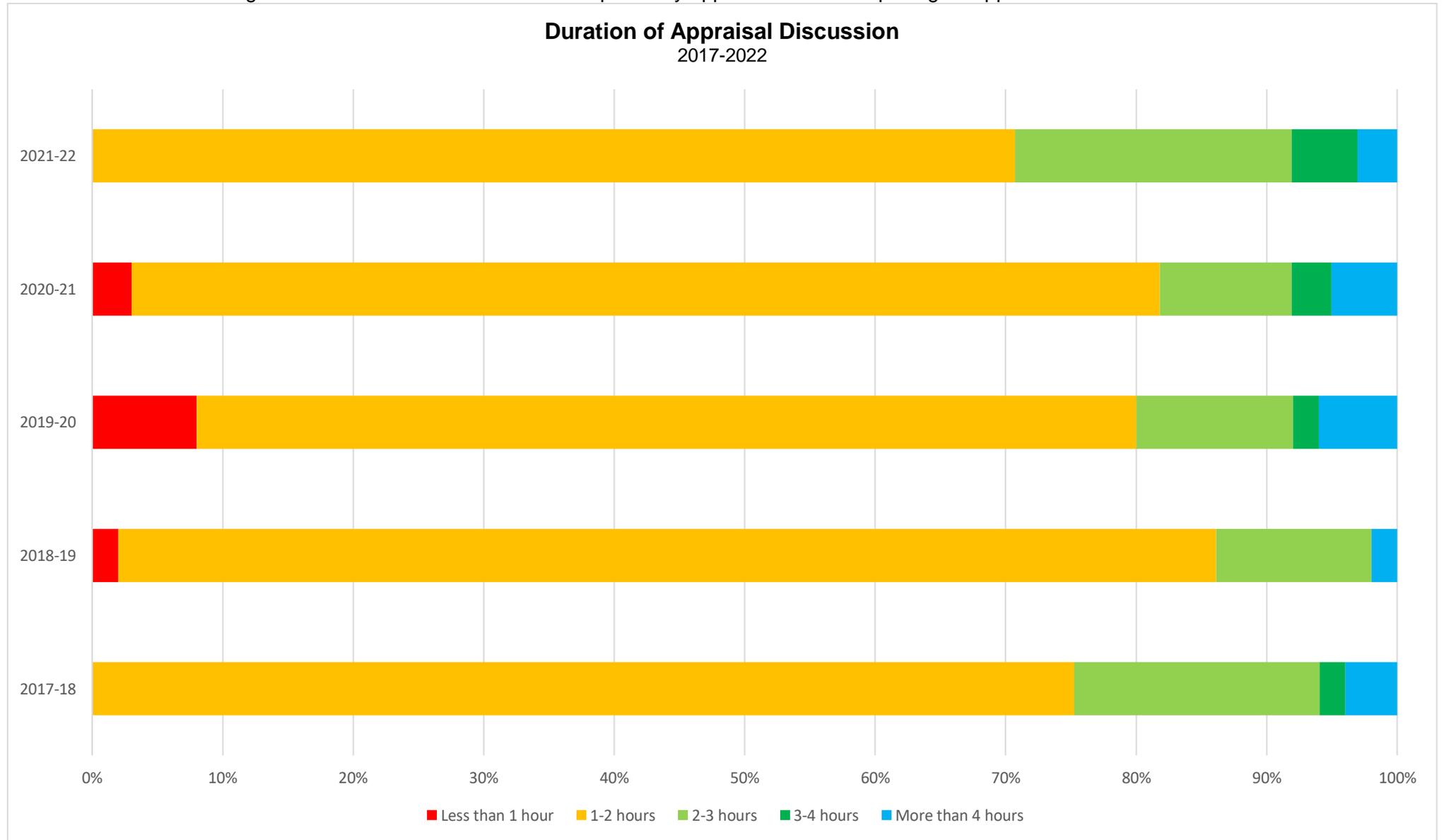
2017-2022

Helen-Claire Stone
Medical Compliance Officer

August 2022

Appraisal Feedback

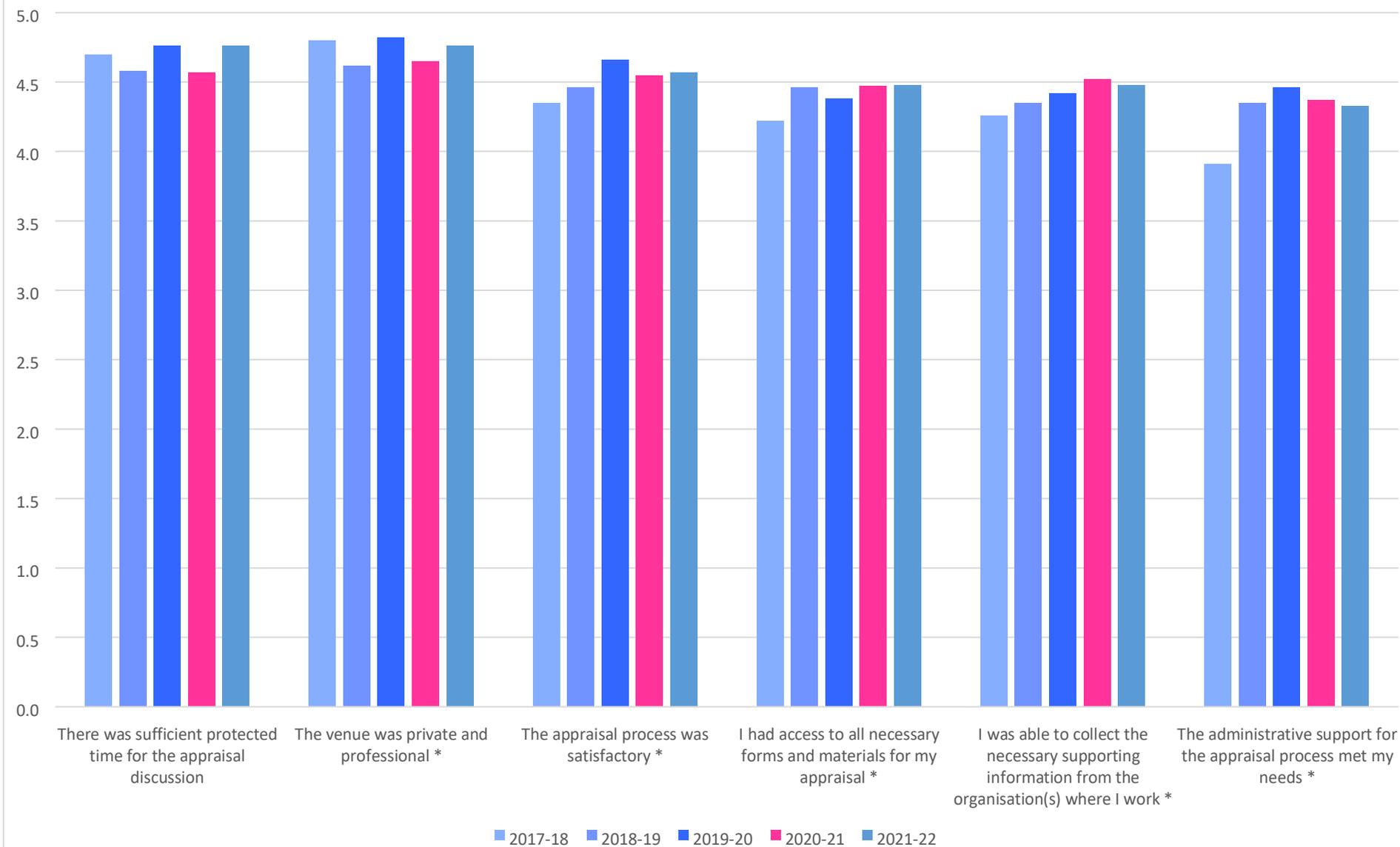
The below data has been gathered from the feedback forms completed by appraisers after completing an appraisal with SHSC.



Appraiser Overview

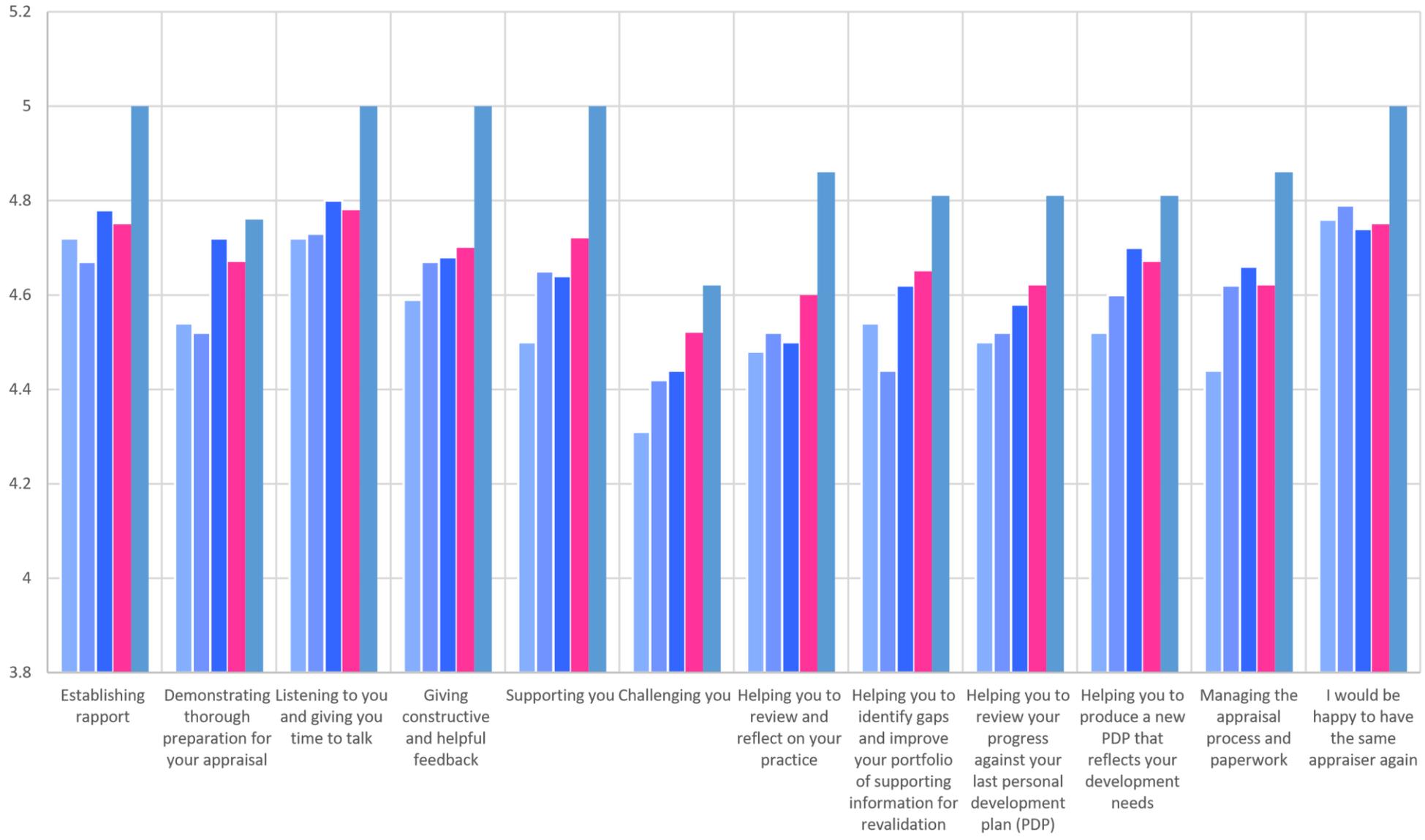
Administration & Management of the Appraisal System

2017-2022



Average Appraiser Overview Ratings 2017-2022

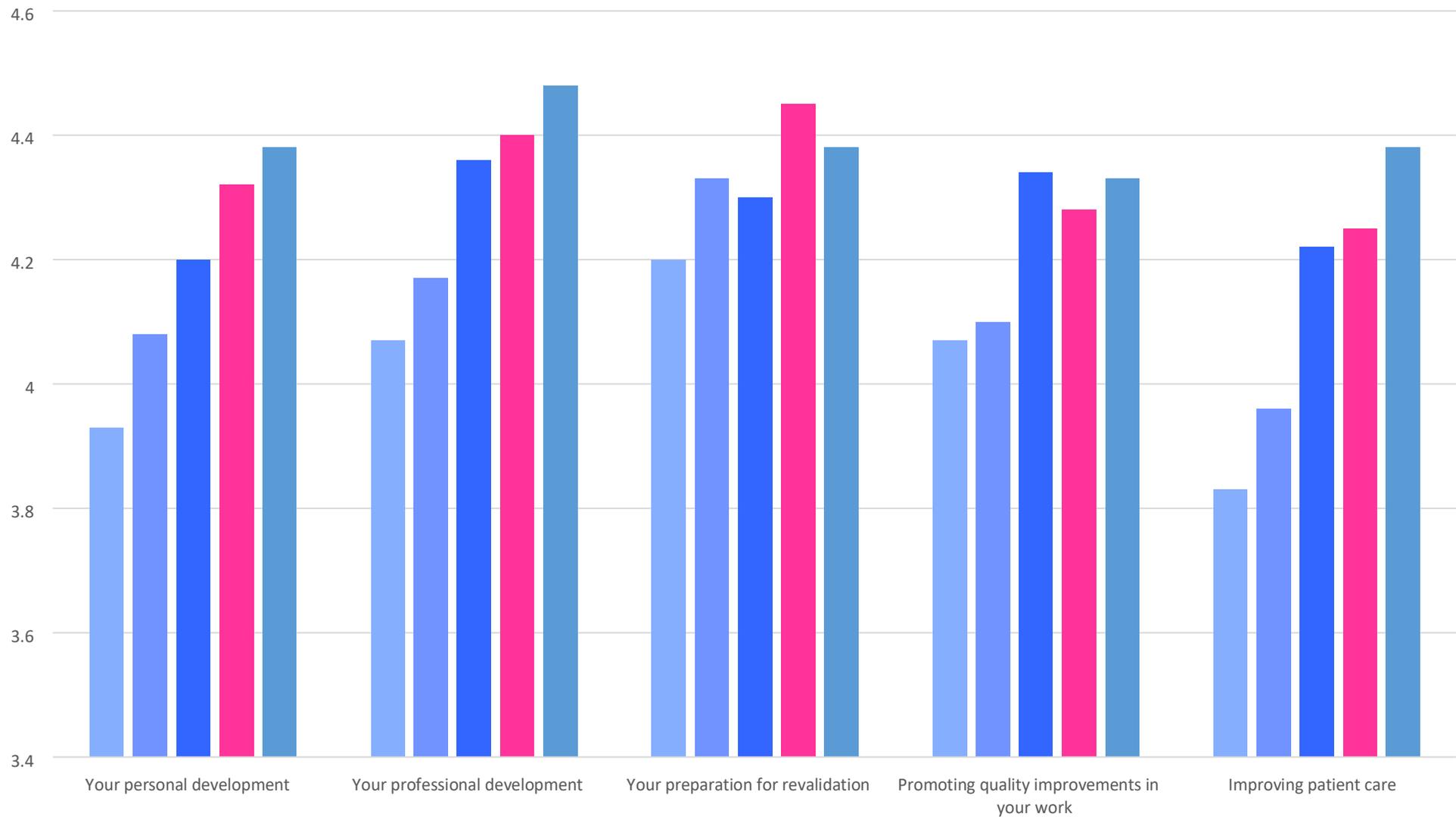
■ 2017-18
 ■ 2018-19
 ■ 2019-20
 ■ 2020-21
 ■ 2021-22



Doctor Overview

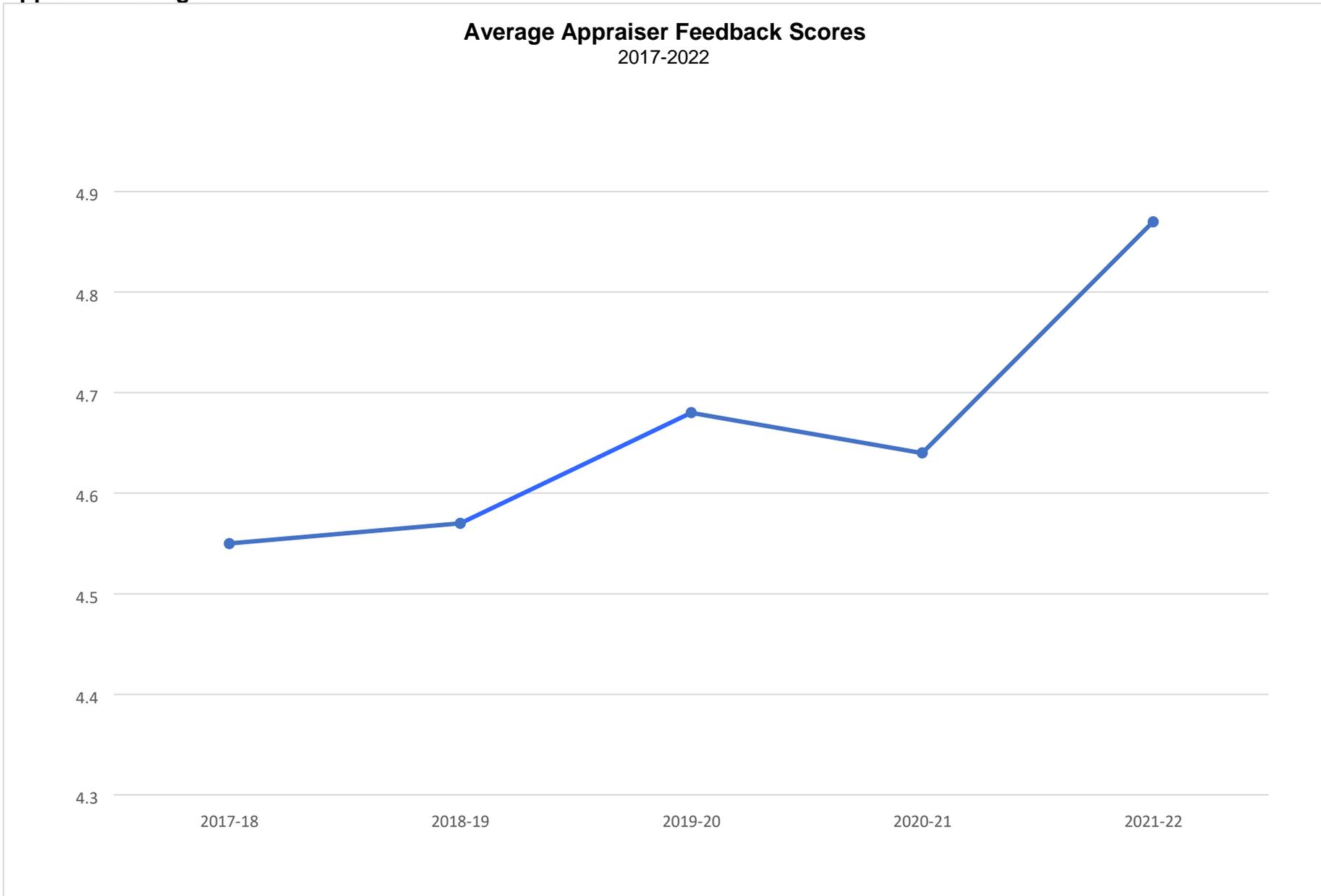
Average Doctor Overview Ratings 2017-2022

2017-18 2018-19 2019-20 2020-21 2021-22



Appraiser Ratings

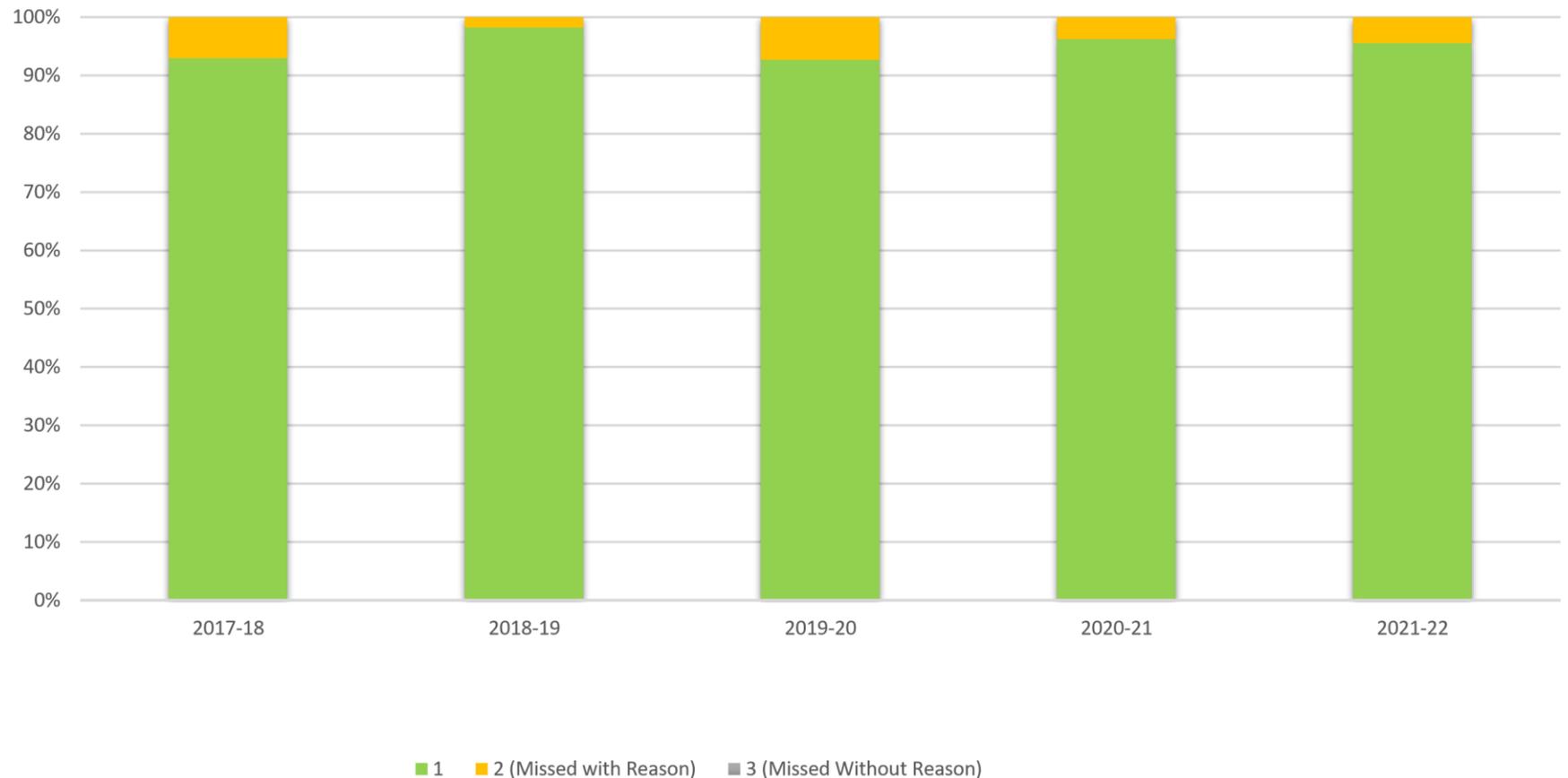
Average Appraiser Feedback Scores 2017-2022



Annual Organisational Audit (AOA) Indicators

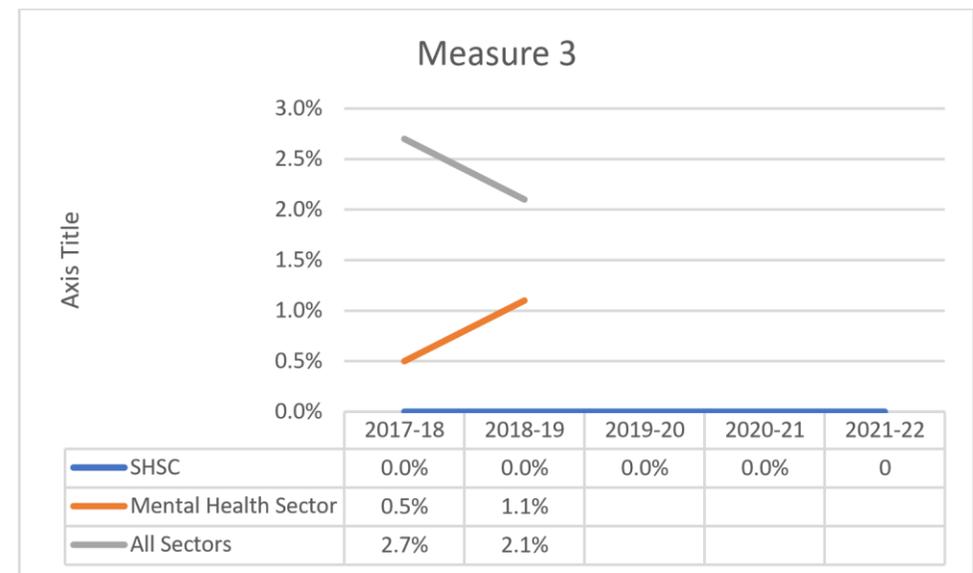
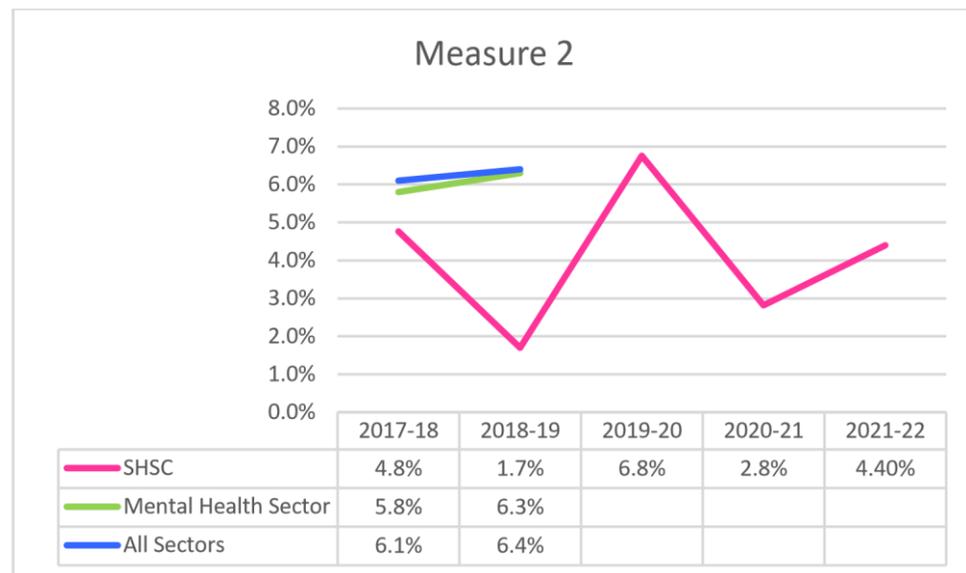
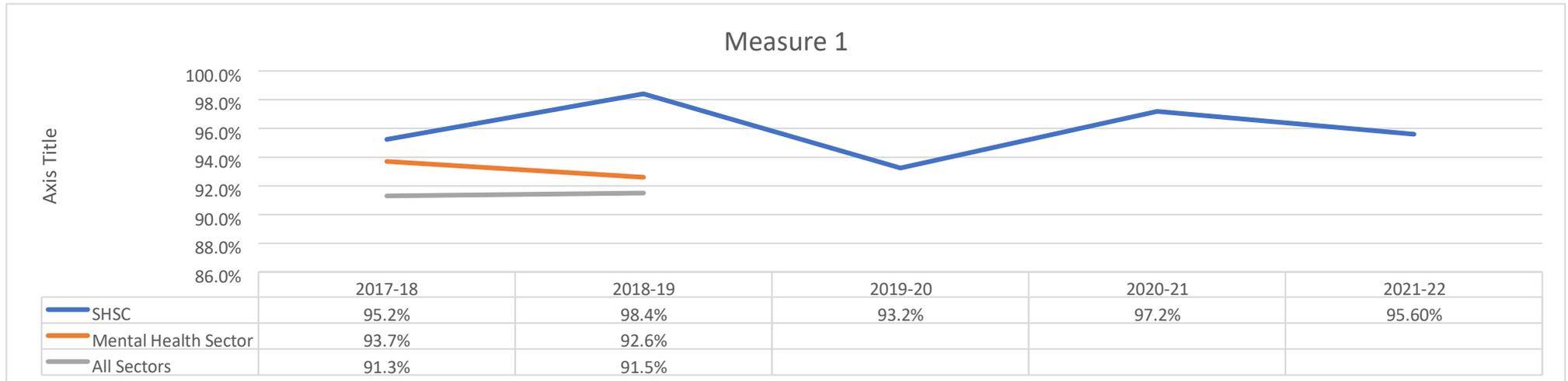
The below data is based on SHSC's submitted NHS England AOA figures in comparison to other organisation in the same sector and all sectors. Data for other sectors is provided annually in NHS England's Medical Revalidation Annual Organisational Audit (AOA) Comparator Report.

Appraisal Submission Rates 2017-2022



AOA Indicator Comparison

There are no figures for other sectors for 2019/20 onwards due to NHS England cancelling the requirement for an AOA submission during the Covid-19 pandemic.





Designated Body Annual Board Report

Section 1 – General:

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

1. 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 will continue in his role as Responsible Officer. The role of Associate Medical Director for Revalidations will be relinquished by the Trust. Dr Girgis is planning to retire from all other roles and return to continue solely in his Responsible Officer role.

2. 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: 2 PAs (PA or Professional Activity is equivalent to 4 hours per week) reserved in job plan for Responsible Officer/Associate Medical Director for Revalidation/Appraisal Lead. Appraisers remunerated for role at 0.2 PAs pro rata for up to 8 appraisals. Medical Compliance Officer provides administrative support to Responsible Officer and the appraisal process. One appraiser has left the trust. Two new full-time appraisers have been appointed. We currently have the equivalent of 10 full time appraisers

Comments: The Trust has sufficiently resourced appraisal system.

Action for next year: In line with NHS England practice, we are looking to increase remuneration in line with NHS England practice to 0.4 PA for a full-time appraiser (completing up to 8 appraisals per year). This will ensure fair remuneration and encourage new applications to become appraisers.

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

Action from last year: Support the ongoing development of a new comprehensive medical recruitment standard operating procedure and induction programme reflecting the increased responsibility of the Medical Staffing Department and the Trust's adoption of the electronic 'Trac' recruitment system.

Comments: The Trust is in full compliance

Action for next year: None

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

Action from last year: Ratification of the doctors' disciplinary policy and the Appraisal and Revalidation policy.

Comments: The doctors' disciplinary policy has been ratified

Action for next year: The Appraisal and Revalidation policy will be reviewed and ratified in 2022

5. 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: To continue the processes

Comments: The Trust is in full compliance

Action for next year: The Trust will continue to provide any necessary exit reports.

Section 2a – 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. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Action from last year: The Revalidation Support Group has taken the impact of the Covid-19 pandemic into consideration and offered some flexibility on a case-by-case basis. However, the Responsible Officer after consultation with Revalidation Support Group has decided to partially adopt the MAG 2020 model due to the GMC not lowering its standard for revalidation. The revalidation team has continued to focus on maintaining quality where possible during the pandemic to support doctors to meet their revalidation requirements and avoid unnecessary deferrals.

Comments: The Trust has an effective appraisal system.

Action for next year: To continue with the processes in place

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 Compliance Officer ensures any late or missed appraisals have a verified reasoning approved by the Responsible Officer.

Comments: Medical Compliance Officer to continue to ensure reasoning is recorded and Responsible Officer informed.

Action for next year: The Medical Directorate continues to collect any reasons for late appraisals. However, as NHS England no longer make a distinction between Measure 1a and 1b and the fact that flexibility is encouraged, the data for Measure 1 is not split into Measure 1a and Measure 1b. However, reasons for any delay will be sought and approved. Any exception will be reported.

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: None

Action for next year: Review of the Appraisal and Revalidation policy in 2022.

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. Four appraisers are performing the role on a part time basis carrying out 4 appraisals per year.

Appraisal allocation is undertaken by the Medical Compliance Officer at the start of each year and reviewed as required to ensure a balanced workload across the appraisers (approximately 7 or 8 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. Also, an appraiser is not allowed to appraise the same doctor for more than 3 successive years. To support this, appraisers are remunerated 0.2 PAs pro rata for up to 8 appraisals per annum.

Comments: The Trust has a sufficient number of trained medical appraisers to meet requirement.

Action for next year: To ensure appraiser numbers are maintained and kept under review given the ongoing pressures related to the pandemic. A review of remuneration will take place in line with NHS England practice early in the new year.

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 still required to attend the Revalidation Support Group (at least once a year) 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 & Appraisal Summary and Personal Development Plan Audit Tool (ASPAT) scores. Scoring had been suspended by NHS England during the pandemic but will be resumed in 2022/2023.

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 2020/21 AOA was cancelled as per received guidance. However, the AOA figures are available in Appendix A. An independent verification of the Trust's processes could be undertaken by the High-Level Responsible Officer as part of their responsibility.

Quality Assurance: System

Both the Responsible Officer and Medical Compliance Officer 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 Responsible Officer Network meetings twice a year where systems are discussed and suggestions for improvement are made. These suggestions are implemented. The Responsible Officer meets monthly with Executive Medical Director and reports annually to SHSC's Board of Directors. L2P (License to Practise) 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 quality assurance 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 Compliance Officer and any issues or themes emerging from them are brought to the Revalidation Steering Group for discussion. Within L2P (License to Practise), the completion of the appraisal feedback questionnaire is required to finalise the appraisal. The Medical Compliance Officer collects separate feedback for Training Pathway Appraisals.

Feedback data & Appraisal Summary and Personal Development Plan Audit Tool 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 Compliance Officer. The Annual Appraiser Report is included in Appendix A.

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

Quality Assurance: Appraisal

Up to the pandemic, appraisals were scored using a system where 90% of appraisal summaries were assessed using NHS England's Appraisal Summary and Personal Development Plan Audit Tool scoring system. Scores were shared with appraisers and the Responsible Officer through the annual appraisal reports. A scoring sheet and template appraisal are available to provide transparency and consistency in the scoring of appraisals. Scoring is currently suspended by NHS England due to pressures relating to the Pandemic. However, the Responsible Officer continues to review and sign off all appraisals.

Checklists are built into both L2P (Licence to Practise) 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 Compliance Officer with any concerns or issues raised to the Responsible Officer. All appraisals require final approval by the Responsible Officer.

Comments: A good system of quality assurance is in place

Action for next year: Scoring will resume in 2022/23

Section 2b – Appraisal Data

7. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Sheffield Health & Social Care NHS Foundation Trust	
Total number of doctors with a prescribed connection as at 31 March 2022	66
Total number of appraisals undertaken between 1 April 2021 and 31 March 2022	68
Total number of appraisals not undertaken between 1 April 2021 and 31 March 2022	3
Total number of agreed exceptions	3

A more detailed analysis of the data is available in the Annual Appraiser Report 2021/2022 (Appendix A).

Section 3 – Recommendations to the General Medical Council

The GMC has increased the notice period for making revalidation recommendations from 4 to 12 months to spread the workload over a longer period of time. This has not affected our practice. The RO has a list of revalidation dates of all doctors, and he schedules a review of appraisals of doctors 3 weeks prior to their revalidation dates. This ensures that recommendations are made in a timely manner, not very near to the revalidation date or too early. This aims at giving the doctors the benefit of having the full 5 years' licence. The RO will be aware of any difficulties that could lead to making a recommendation for deferring revalidation. This is communicated with the doctor in advance. Any potential for non-engagement is identified quite early and the doctor is encouraged to engage. A recommendation of non-engagement is by its nature very rare, and this have never been made at SHSC. The RO has made 9 positive recommendations, 4 recommendations for deferral and 0 recommendation of non-engagement.

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. All teams have regular governance meetings. The Responsible Officer is informed about any significant concern about the doctor. The Trust disciplinary policy stipulates how concerns are investigated and addressed. The Responsible Officer decides in conjunction with the Medical Director and the GMC Employer Liaison Adviser whether a referral to the General Medical Council is required at any point in time prior, during or after the completion of investigation.

The Fair to Refer? Report recommends creating a learning culture as opposed to blame culture. The RO has regular meetings with the Medical Director and this recommendation always guides discussion about any concerns about doctors.

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

Action for next year: No action is 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 2021 to clarify the respective roles of the Responsible Officer and the Executive Medical Director. The policy received ratification.

All information regarding concerns (from Complaints, Significant Events, Safeguarding, Bullying and Harassment or disciplinary process) are now accessible for the Medical Compliance Officer 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. The Medical Compliance Officer has produced an operational guidance to ensure continuity of the process when personnel change.

Action for next year: No action is required

3. There is a process established for responding to concerns about any licensed medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise concerns.

Action from last year: The Trust has a Remediation Addendum to the disciplinary policy. The disciplinary policy has also been updated and ratified in 2021. The Responsible Officer, the Medical Director and the General Medical Council 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. Any concern about trainees is communicated with the Director of Medical Education. Concerns about doctors who are employed by agency locums or other organisations is communicated with their Responsible Officers to ensure concerns are addressed.

Comments: There is a good system to deal with concerns about the practice of doctors of various grades.

Action for next year: No action is 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 Responsible Officer and Executive Medical Director 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 (Appendix G). The Responsible Officer liaises with the General Medical Council Employer Liaison Advisor (ELA) and reports any concerns to the relevant Responsible Officer for locum agency doctors. Diversity data is included in Appendix E.

Comments: Progress towards implementing the Fair to Refer Report's recommendations is reviewed regularly at the Medical Workforce Planning Group (MWPG).

Action for next year: To continue the work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report. The recommendations have wider implications for the Trust beyond the appraisal and revalidation system. The Board had decided to pass the report's recommendations to the People's Directorate in 2021.

5. 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 General Medical Council governance handbook).



Action from last year: The policy for disciplinary processes for doctors was updated in 2021.

The Responsible Officer and Executive Medical Director meet regularly. They also meet jointly with the General Medical Council Employer Liaison Advisor to ensure that any referral to the General Medical Council has reached the correct threshold. The split in the roles between the Responsible Officer and Executive Medical Director has helped to reduce conflict of interest in Case Management and referral to the General Medical Council ensuring fairness and avoidance of bias.

The GMC has changed the referral form to include questions about steps taken to ensure avoidance of bias. The RO and the Medical Director are working actively to implement the recommendations of Fair to Refer report, which include enhanced induction, mentoring and supervision. In line with Fair to Refer report, the RO is discussing with Ros of mental health trusts across the region to identify a pool of senior doctors who have good understanding of diversity issues. Those doctors would screen concerns to identify any diversity issues before deciding to proceed with investigation.

Comments: The Trust is actively working to increase awareness of diversity. The RO and Medical Director are working with GMC to reduce the likelihood of bias in managing concerns

Action for next year: To continue working on implementing the recommendations of Fair to Refer report.

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 Human Resources and Medical Education & Staffing Departments perform pre-employment checks. The Medical Education & Staffing Department have rigorous processes in place for the recruitment of locums. The Medical Education & Staffing Department now run a comprehensive induction package for Consultants and Specialty & Associate Specialist (SAS) Doctors including handbooks issued upon the commencement of employment with the trust.

Comments: The Medical Education & Staffing Department are responsible for recruitment of doctors of various grades with support from the People's Directorate. A SOP for medical recruitment and another for recruitment of locums have been approved by the Medical Workforce Planning Group

Action for next year: The RO will continue to meet with the medical director on monthly basis. Medical recruitment is regularly discussed in these meetings.

Section 6 – Summary of comments, and overall conclusion

General review of last year's actions

➤ **Dr Girgis continues in his role as Responsible Officer.**

Dr Girgis retired from most of his roles on the 5th May 2022 and returned on 23rd May 2022 solely as Responsible Officer. The role for Associate Medical Director for revalidation has been relinquished.

➤ **Support the development of a new comprehensive medical recruitment standard operating procedure and induction programme reflecting the increased responsibility of the Medical Staffing Department and the Trust's adoption of the electronic 'Trac' recruitment system.**

The SOP for Medical Recruitment and the SOP for Locum Recruitment have been developed and approved by the Medical Workforce Planning Group.

➤ **Ratification of the doctor's disciplinary policy and review of the Appraisal and Revalidation policy.**

The doctors' disciplinary policy has been ratified. The Appraisal and Revalidation Policy has been reviewed and is currently going through approval by the JLNC and the Trust Governance process

➤ **The Trust will continue the process for creating Electronic Staff Record accounts for honorary contract holders.**

This has been resolved for the single Clinical Academic medic involved. This will apply to any future recruits

➤ **Medical Compliance Officer to continue to ensure reasoning is recorded and Responsible Officer informed. 2 appraisers have relinquished the role due to workload from clinical management role. Two appraisers have been appointed.**

NHS England no longer makes a distinction Measure 1a and Measure 1b. Also, MAG2020 strongly recommends flexibility of the Appraisal process taken account of the pressure on doctors during the pandemic. The RO and the MCO continue to collate this information identify any difficulties in the system.

➤ **Ensure that the number of Appraisers is maintained**

This is kept under wider review, given the ongoing pressures related to the pandemic. A review of the remuneration will take place in line with NHS England practice early next year.

➤ **To continue the development and performance review of appraisers.**

We will continue with these reviews.

➤ **Quality Assurance of the appraisal system**

Resume scoring in 2022/23

➤ **Work on implementing the recommendations of the General Medical Council's 'Fair to Refer?' report. The recommendations have wider implications for the Trust beyond the appraisal and revalidation system. A progress report is included in Appendix B.**

Continue to review the plan and work with the GMC, BMA and the People Directorate. The board referred the report to the People Directorate last year, for consideration.

➤ **Work on implementing the recommendations of the General Medical Councils 'Fair to Refer Report. The report recommendations have wider implications for the Trust beyond the appraisal and revalidation system**

As above.

➤ **MCO and Responsible Officer to work with HR to develop a new comprehensive Medical Recruitment SOP which reflects changes to internal departmental responsibilities and the Trust's adoption of the electronic 'Trac' recruitment system.**

The Medical Recruitment SOP and Locum Recruitment SOP have been developed and implemented in conjunction with the Medical Education department and People Directorate. These SOPs have been approved by the Medical Workforce Planning Group. The Responsible Officer and the Medical Director meet monthly and medical recruitment is regularly discussed.

➤ **Identified some doctors not completing key requirements e.g. multi-source feedback until the final year of their revalidation cycle leading to a risk of deferral. This has highlighted a need to support appraisers to proactively engage with their appraisees regarding revalidation readiness.**

We have developed a revalidation readiness tracker pro-forma to ensure that Doctors and their appraisers are aware of the progress made to revalidation.

➤ **To share and discuss examples of best practice for appraiser's summary at the end of a doctor's appraisal with a focus on evidence-based decision making.**

This is shared with Appraisers at the annual Revalidation Refresher Training session.

We have commissioned a change in standards of the Medical Leadership module on L2P, to align with FMLM standards. Also, doctors are asked to provide evidence about their involvement in medical leadership and governance of their services.

Overall conclusion:

There have been significant improvements in the appraisal system including annual appraiser performance reports, annual appraisee feedback reports, reduction of delays in appraisals, developing suitable appraisal platform for Clinical Fellows and better-quality assurance. There is evidence of higher satisfaction of appraisees. The Revalidation Team has developed standard operating procedures to ensure succession for existing processes and to maintain the current successes.

Appraisers are remunerated specifically for their role 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 & Appraisal Summary and Personal Development Plan Audit Tool.

A SOP for medical recruitment and another for recruitment of locums have been developed and approved by the MWPG.

In response to the recent Care Quality Commission inspection of the SHSC 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 focus of Revalidation Team for 2021/2022 will be to working with medical leadership to strengthen the role of doctors as leaders and to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report. The recommendations have been considered with actions agreed at the Medical Workforce Planning Group (MWPG). The group agreed specific actions in relation to some off 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 reviewed regularly. A progress report is included in appendix B.

Guidance from the General Medical Council and NHS England has led to the cancellation of the Annual Organisational Audit (AOA) for the 2019/2020, 2020/2021 and 2021/22 appraisal years as well as the suspension of appraisals between March 2020 and September 2020. However,

information that are normally included in the Annual Organisational Audit are collated and detailed in the Annual Report to the Board.

Section 7 – Statement of compliance

The Board of Sheffield Health & Social Care NHS Foundation Trust has reviewed the content of the 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:

Role:

Date:

Signature



Demographics Report

2021/2022

Helen-Claire Stone
Medical Compliance Officer

14th August 2020

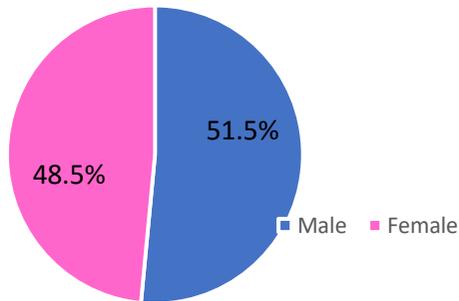


Trust Demographics

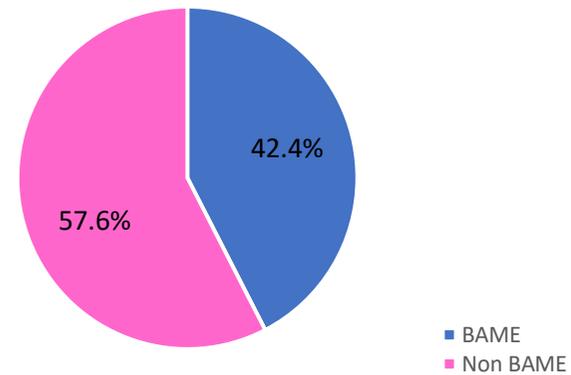
The below statistics are for all psychiatrists on a substantive contract with Sheffield Health & Social Care NHS Ft who are not on the Performer's List. The data doesn't include General Practitioners with the Clover Group or doctors on a local training scheme. The data does include Dr Girgis, and Dr Hunter despite having an alternative Designated Body due to a conflict of interest.

as of 31st March 2022

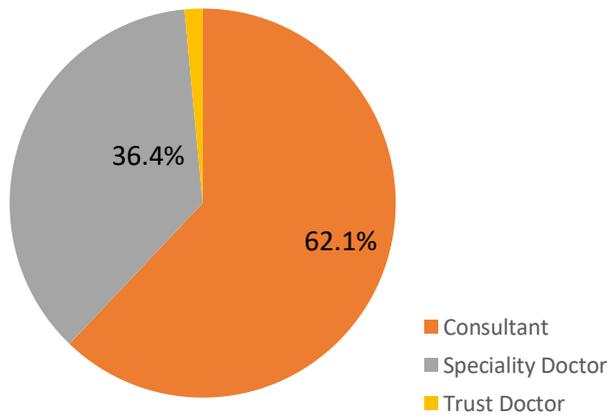
Substantive Doctor Gender Ratio



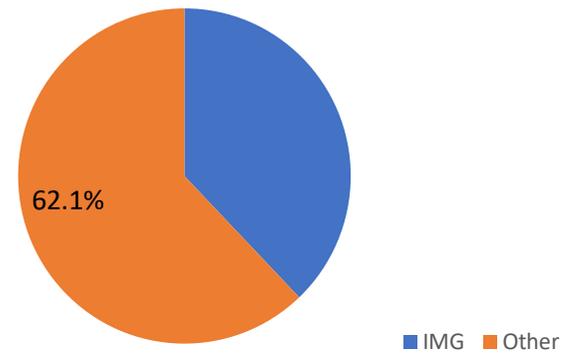
Substantive Doctor BAME Ratio



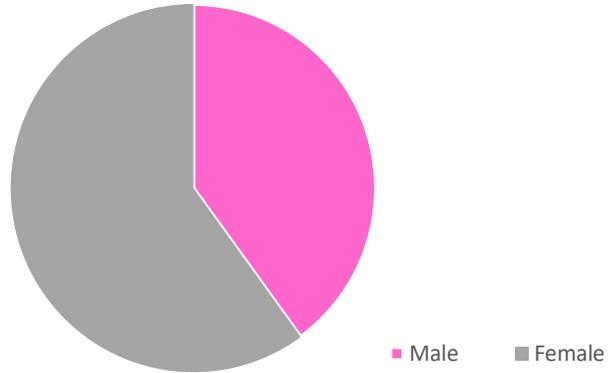
Substantive Doctor Grade Ratio



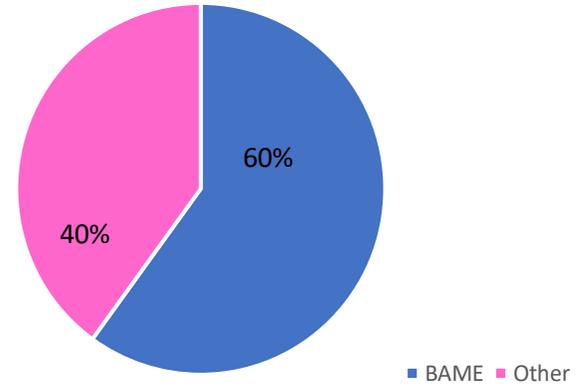
Substantive Doctor Medical Qualification



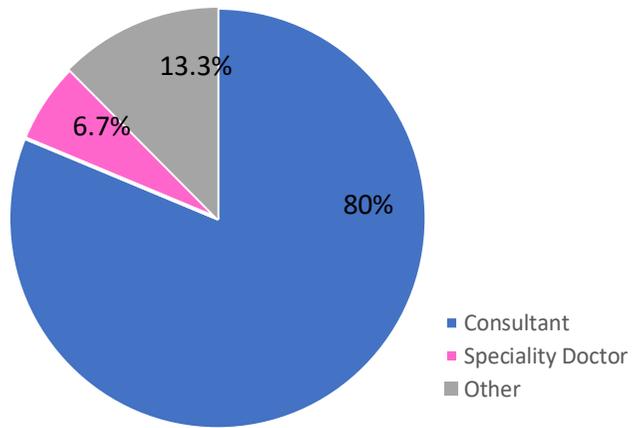
Appraiser Gender Ratio



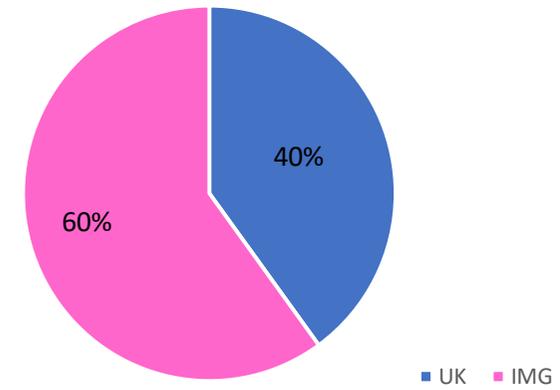
Substantive Doctor BAME Ratio



Appraiser Grade Ratio

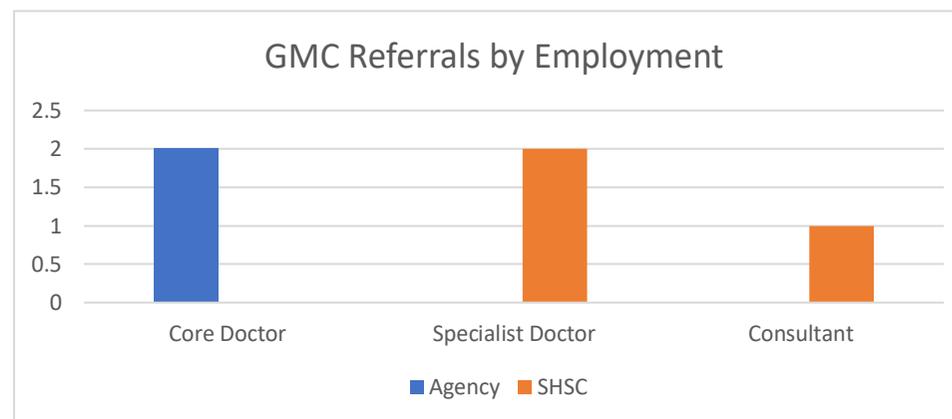
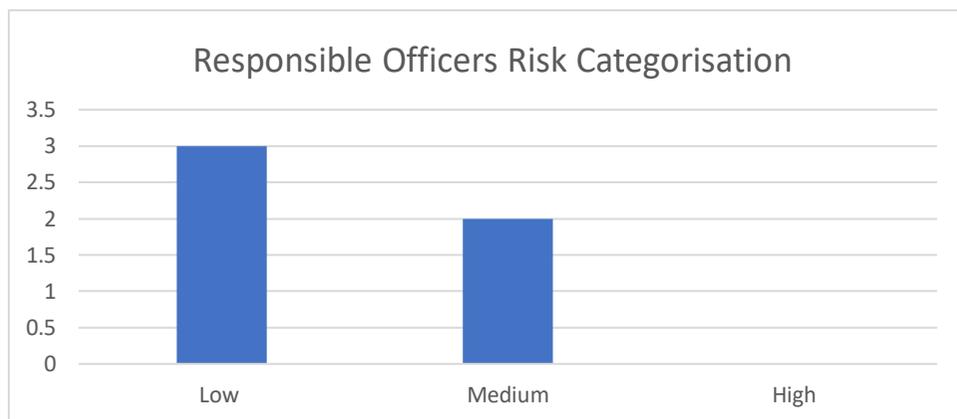


Appraiser Medical Qualification



Responsible Officer Referrals for 2021/22 Appraisal Year

Overview



Concerns About a Doctor's Practice	High level	Medium level	Low level	Total
Number of doctors with concerns about their practice in the last 12 months Explanatory note: Enter the total number of doctors with concerns in the last 12 months. It is recognised that there may be several types of concern but please record the primary concern	-	2	3	5
Capability concerns (as the primary category) in the last 12 months	-	-	-	-
Conduct concerns (as the primary category) in the last 12 months	-	2	3	5
Health concerns (as the primary category) in the last 12 months	-	-	-	-

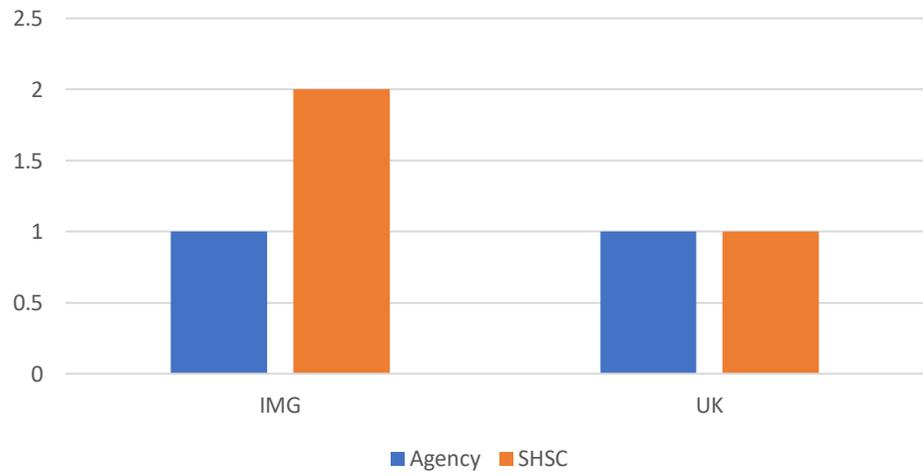
Total leading to SHSC disciplinary proceedings	-
Total referred to GMC in 2019/20 appraisal year	-
Total referred before 01-APR-19 with ongoing GMC proceedings	-

Sheffield Health & Social Care NHS FT

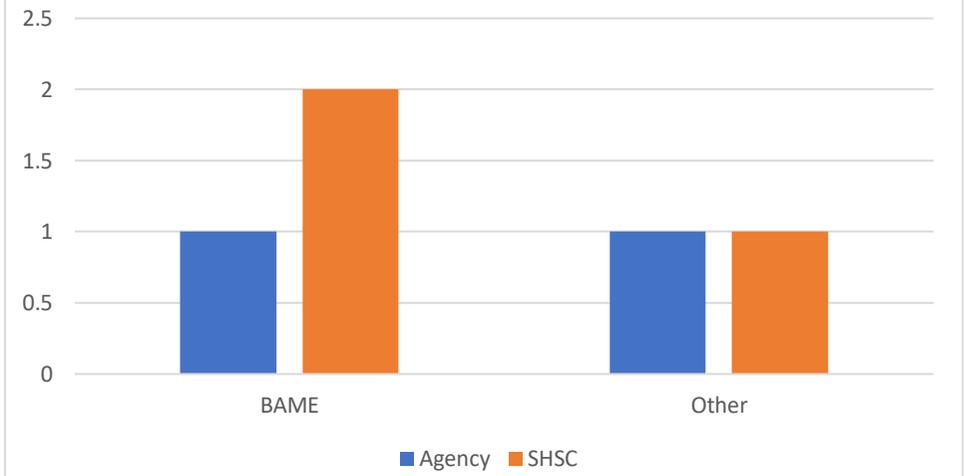
Referrals to Responsible Officer by Gender



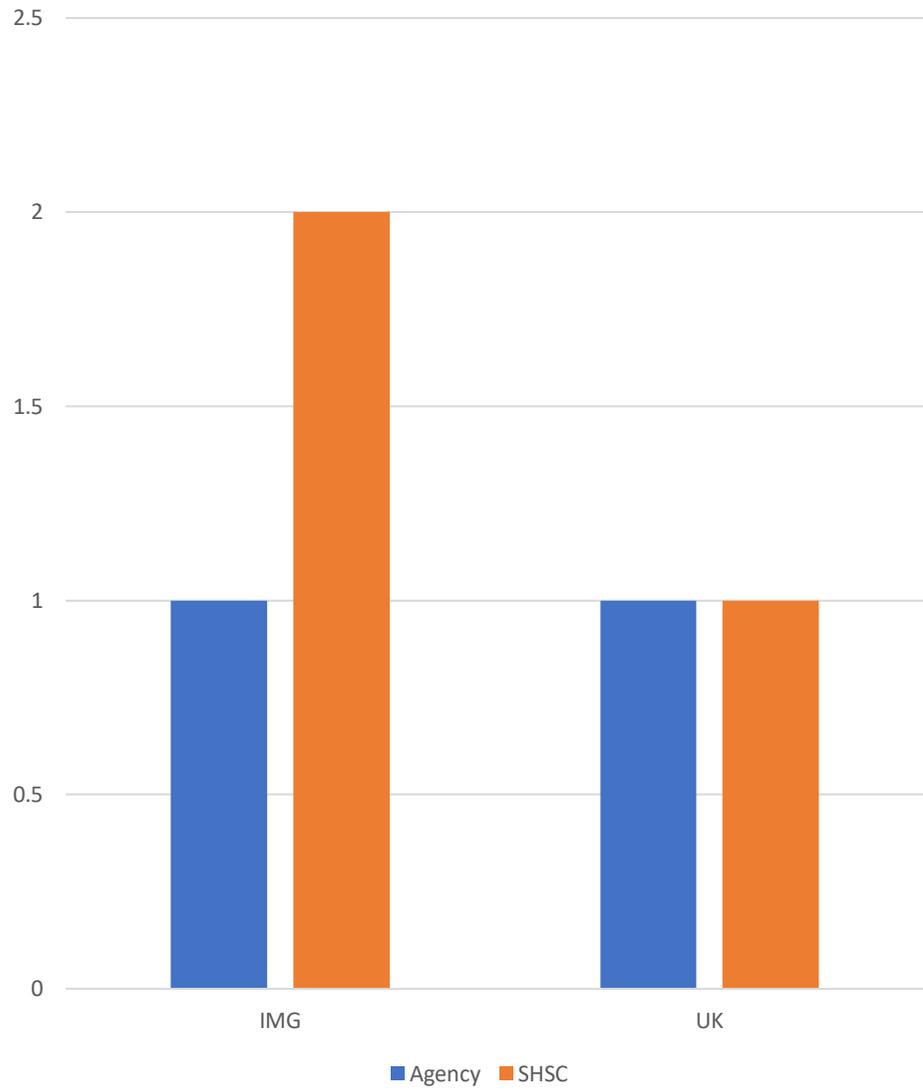
Referrals to Responsible Officer by Grade



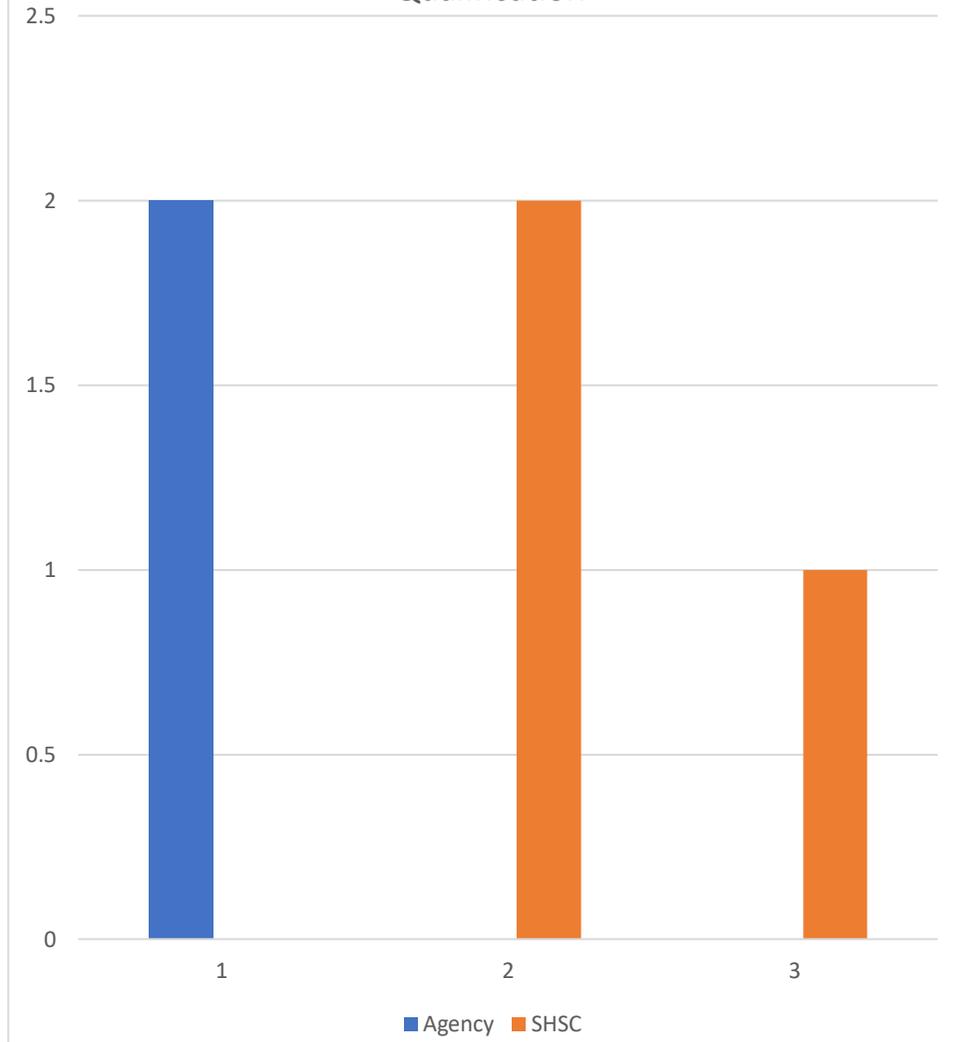
Referrals to Responsible Officer BAME Ratio



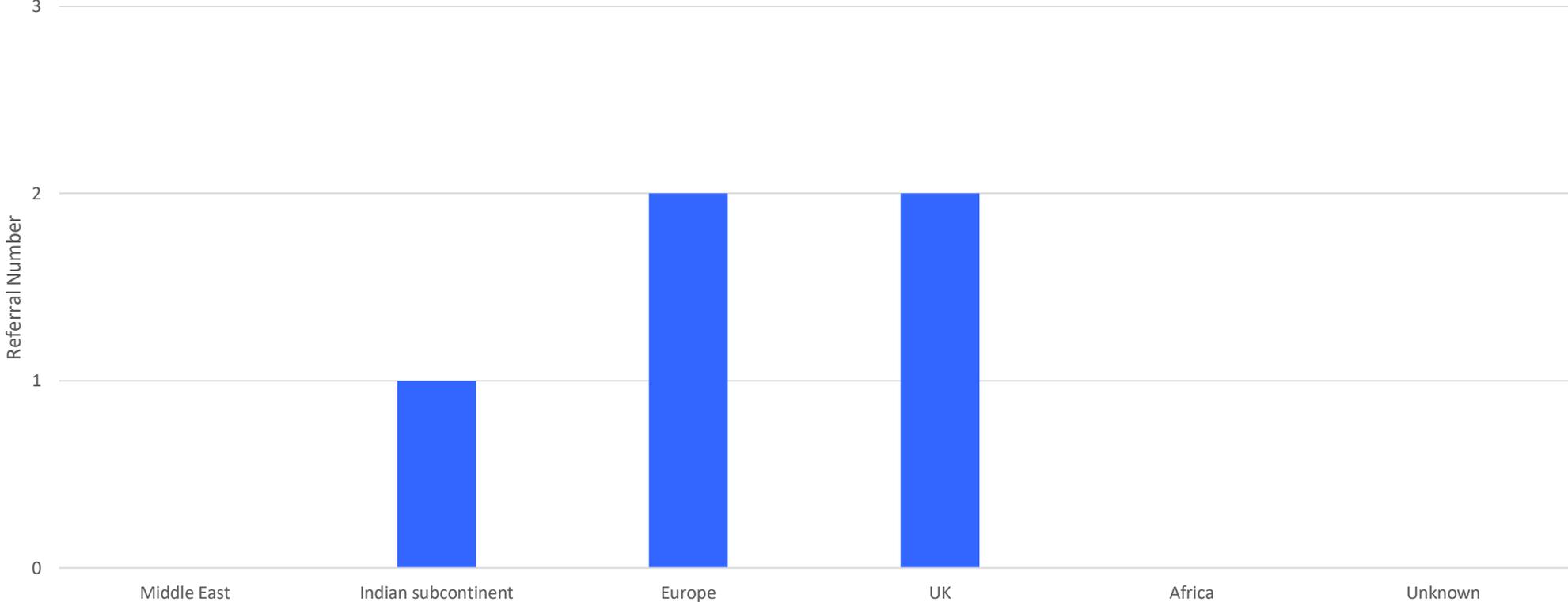
Referrals to Responsible Officer by Grade



Referrals to Responsible Officer by Medical Qualification



SHSC Referrals to Responsible Officer by Birthplace



Locum Agency

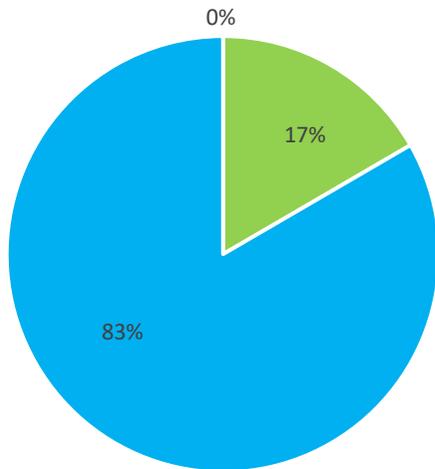
Agency Referrals to Responsible Officer by Gender

■ Male ■ Female



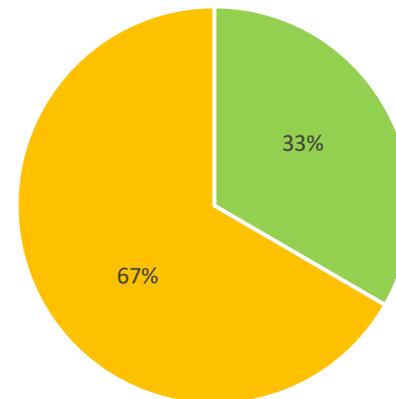
Agency Referrals to Responsible Officer by Grade

■ Consultant ■ SAS Doctor ■ GP



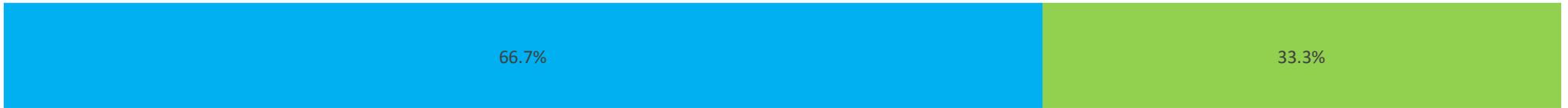
Agency Referrals to Responsible Officer by Medical Qualification

■ UK ■ IMG



Agency Referrals to Responsible Officer BAME Ratio

■ BAME ■ Other



Agency Referrals to Responsible Officer by Birthplace

