

Designated Body Annual Board Report

Section 1 – General:

The board of Bradford District Care NHS Foundation Trust can confirm that:

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

Date of AOA submission: 6th June 2019

Action from last year: None

Comments: Your designated body met the criteria for being exempted from the requirement to provide quarterly returns and has expressed a preference to send the necessary assurance to the north regional office by email quarterly.

Action for next year: Work with North regional office to complete annual AOA.

2. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year: None

Comments: There has been a change of responsible officer this year. This is recognised by North regional office.

Action for next year: New responsible officer to complete training, which is booked for November 2019.

3. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes

Action from last year: None

Comments: There is no current issue with the funding and resources provided for the responsible officer.

Action for next year: None

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

Action from last year: None

Comments: This is maintained through GMC connect.

Action for next year: None

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

Action from last year: None

Comments: Appraisal policy will be due for review in 2019

Action for next year: Review of appraisal policy by end of 2019

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

Action from last year: None

Comments: The trust RO and appraisal lead participate in peer review meeting every 6 months involving other Yorkshire mental health trusts. This led to a shared appraiser training in July held in Bradford.

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: None

Comments: All locums and short term placements are invited to attend the regular CPD sessions held on Wednesday afternoons. Those locums requiring update of approved clinician have been offered extended contracts to facilitate this with time for appropriate training day.

Action for next year: None

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: None

Comments: The trust continues to use MAG4 which is a tool designed to support appraisal of the whole of a doctor's practice.

Action for next year: We will begin to look at online appraisal applications.

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: None

Comments: 2 delayed appraisals in the last year. One for further collection of data and one for sickness.

Action for next year: We will continue to review all appraisals and seek understanding of incomplete appraisal.

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: None

Comments: The policy is due for review

Action for next year: To review medical appraisal policy by end of 2019

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: None

Comments: There have been 3 new appraisers appointed in the year to take account of changes in the number of appraisers

Action for next year: No new appraisers are expected.

5. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

Action from last year: None

Comments: The trust has appraiser meeting every 3 months for which an attendance record is kept. Appraiser feedback is sought on all appraisals and given to appraisers.

Action for next year: None

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: None

¹ <http://www.england.nhs.uk/revalidation/ro/app-syst/>

² Doctors with a prescribed connection to the designated body on the date of reporting.

Comments: The board receives a yearly compliance paper. The responsible officer has a quality assurance process to check each appraisal before approval.

Action for next year: None

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: None

Comments: One doctor had a delayed recommendation over the last 12 months. This was discussed with the GMC. The doctor has now been revalidated

Action for next year: None

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: None

Comments: Recommendation for deferral are discussed with all doctors where appropriate.

Action for next year: None

Section 4 – Medical governance

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

Action from last year: None

Comments: Appraisal reflects doctors involvement in clinical governance.

Action for next year: None

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: None

Comments: Doctors are provided with information about complaints and serious incidents. Doctors may be asked to address specific conduct or performance issues by the medical director.

Action for next year: None

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Action from last year: None

Comments: The trust has internal trained investigators under Maintaining High professional Standards.

Action for next year: The Responsible officer will review the capacity of the case investigator to decide whether to train a further case investigator or to work with neighbouring trusts for case investigation.

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 doctors².

Action from last year: None

Comments: The medical director reviews all concerns raised about doctors.

Action for next year: To review numbers of concerns about doctors to present with compliance report.

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 organisation³.

Action from last year: None

Comments: The responsible officer has 6 monthly meetings with the GMC and attend the responsible officer network.

Action for next year: None

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: None

⁴This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

³ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Comments: The responsible officer is a member of the regional responsible officer network for mental health trusts where safeguards are discussed and this provides potential external support.

Action for next year: None

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: None

Comments: Appropriate checks are carried out by HR, and Retinue for agency locums.

Action for next year: None

Section 6 – Summary of comments, and overall conclusion

The North regional office has responded to our recent audit with the following
Your designated body met the criteria for being exempted from the requirement to provide quarterly returns and has expressed a preference to send the necessary assurance to the north regional office by email quarterly.

Please see below a reminder of the overall criteria:

1. The DB has achieved > 90% appraisal uptake in the previous year as stated in the 2017/18 AOA
2. The DB has < 1% non-managed incomplete or missed appraisal (those recorded as a “3” on section 2.1 on the AOA)
3. The DB engages with the RO and appraisal networks
4. No concerns have been evidenced from a Higher Level RO Quality Review visit or any other source.

The action plan for the next year reflects the change of responsible officer.

1. The responsible officer should complete appropriate new responsible officer training.
2. There needs to be a review of case investigation as the trust has only one consultant case investigator. This includes discussion with other West Yorkshire mental health trusts.
3. The medical appraisal policy will be reviewed by end of 2019.

Section 7 – Statement of Compliance:

The Board of Bradford District 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: _____

Name: _____

Signed: _____

Role: _____

Date: _____