

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS – 29 AUGUST 2014

SUBJECT: MEDICAL REVALIDATION ANNUAL ORGANISATION (AOA) COMPARATOR REPORT

REPORT FROM: MEDICAL DIRECTOR

PURPOSE: INFORMATION TO BOARD OF DIRECTORS

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT:

The Responsible Officer is required to provide an annual report to the Trust board on progress with medical appraisal and revalidation. In response to that NHS England have provided a report which compares this organisations submission with that of other designated bodies across England.

SUMMARY:

Revalidation of doctors by the General Medical Council (GMC) commenced in December 2012.

This report is an overview of the processes to support the Responsible Officer in providing the required assurance thus discharging statutory responsibilities for the period 2013/2014.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

All objectives depend upon an appropriately licensed and revalidated medical workforce.

FINANCIAL IMPLICATIONS:

Financial strategy dependent on same medical workforce.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

The RO is legally responsible to Parliament to ensure effective processes are in place to enable licensed doctors to apply for revalidation every 5 years.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

Support from the RST, GMC and NHS England.

BOARD ACTION REQUIRED:

- (a) to note the report
- (b) to discuss and determine actions as appropriate

CONSEQUENCES OF NOT TAKING ACTION:

Dr Mike Bewick
Deputy Medical Director
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Quarry Hill
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LS2 7UE

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Our Ref: MB/HR/3099/AOA/4356

25 July 2014

By email:

Dr Paul Stevens
Responsible Officer
East Kent Hospitals NHS Foundation Trust

Dear Dr Stevens

Medical Revalidation Annual Organisational Audit (AOA) Comparator Report for:
4356 – East Kent Hospitals NHS Foundation Trust

Thank you for submitting a response to the NHS England Annual Organisational Audit (AOA) exercise in April/May 2014. The AOA is one element of the Framework of Quality Assurance launched this year.

I enclose a report, which provides your response to AOA as per your submission, in terms of the systems that your organisation has in place for revalidation. It compares your organisation's submission with that of other designated bodies across England, both in a similar sector and nationwide.

The AOA exercise is designed to help designated bodies assure themselves and their boards or management bodies that the systems underpinning the recommendations they make to the General Medical Council (GMC) on doctors' fitness to practise, the arrangements for medical appraisal and responding to concerns, are in place and functioning effectively. Similarly it provides a mechanism for assuring NHS England, as the Senior Responsible Owner for implementation of the Responsible Officer Regulations in England, that systems are functioning, effective and consistent.

On 6 June 2014, the GMC; Care Quality Commission (CQC); Monitor and the NHS Trust Development Authority (NHS TDA) wrote to the chairs, chief executives and responsible officers of NHS secondary care organisations in England to draw their attention to their Board's statutory responsibilities to ensure all doctors are keeping up to date and remain fit to practise. It is clear from the AOA results that substantial progress has been made in these areas but more remains to be done to ensure that these principles are wholly implemented and embedded in all designated bodies.

On reviewing the results presented below, designated bodies should produce an action plan to address any development needs that are identified. Should you need support in improving any element of your system in relation to revalidation, your local regional office (contact details below) can provide assistance.

Board-level accountability for the quality and effectiveness of these systems is important and this report, along with the resulting action plan, should be presented to the board, or an equivalent governance or executive group, and could be included in an NHS organisation's quality account.

Your region	NHS England (South region)
Your regional revalidation lead	Ros Crowder
Your regional revalidation lead contact details	england.revalidation-south@nhs.net

This letter has been sent to the responsible officer as recorded in the AOA return as of 31 March 2014. If you are no longer the responsible officer, please pass this report on to the new responsible officer immediately, or to the chief executive of the organisation. If there are any changes to notify, or you have any queries, please contact your regional revalidation team.

Please note that for transparency and openness, your submitted AOA return will be shared with your higher level responsible officer and some elements of the return will be shared with the appropriate regulatory bodies. A full report with anonymised results of all organisations involved in this AOA exercise will be published in the autumn.

Further information on revalidation can be found at www.england.nhs.uk/revalidation

Yours sincerely



Dr Mike Bewick
NHS Deputy Medical Director
GMC 2649069

cc: Nigel Acheson
cc: Ros Crowder

YOUR ANNUAL ORGANISATION AUDIT

Analysis is based on the total of 645 returns from designated bodies (DBs) to the 2013/14 Annual Organisation Audit (AOA) exercise for the year ending 31 March 2014 which had been received by NHS England by 20 June 2014.

The following information is presented as per your own AOA submission.

Name of designated body:	East Kent Hospitals NHS Foundation Trust
Name of responsible officer:	Dr Paul Stevens
Sector:	Acute hospital/secondary care foundation trust
Prescribed connection to:	NHS England (South region)

Please note:

- a) Fields regarding trainees have been removed from this report as they were not reported on via AOA, Health Education England carried out their own analysis.
- b) In some instances, data was not suitable for comparative reporting. In these cases your own response may be reported, but comparative data is not. An explanation is given for this within the report. If you require further information on these areas, please contact your regional revalidation lead: Ros Crowder at england.revalidation-south@nhs.net
- c) Only the questions asked are presented below. Please refer to AOA 2013/14 for the full indicator definitions if required.
- d) Appraisal rates have been calculated using the following information:
 - The total number of prescribed connections to the designated body (question 1.4.8)
 - The total number of those prescribed connections who have had an appraisal (question 2.2.8)
 - The total number of those prescribed connections who had an unapproved missed/incomplete appraisal (question 2.3.1)

From this information we have been able to deduce how many doctors had an approved missed/incomplete appraisal. We are aware that this may be an assumed figure in some cases. Future audits will request this figure as a separate response.

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care foundation trust</i> DBs in sector: 102	All sectors: Total DBs: 645
SECTION 1: The Designated Body and the Responsible Officer				
		No. of doctors (in organisation)	Total no. of doctors (in SAME sector)	Total no. of doctors (across ALL sectors)
1.4	Number of doctors with whom the designated body has a prescribed connection as at 31 March 2014			
1.4.1	Consultants	330	21,959	44,598
1.4.2	Staff grade, associate specialist, speciality doctor	100	4,520	10,927
1.4.3	Doctors on Performers Lists	0	3	44,719
1.4.5	Doctors with practising privileges	0	0	1,623
1.4.6	Temporary or short-term contract holders	48	4,778	9,713
1.4.7	Other doctors with a prescribed connection	0	113	5,811
1.4.8	Total number of doctors with a prescribed connection	478	31,373	117,391

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care foundation trust</i> DBs in sector: 102	All sectors: Total DBs: 645
SECTION 1 (cont): The Designated Body and the Responsible Officer		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
1.5	A responsible officer has been nominated/appointed in compliance with the regulations	Yes	102 (100.0%)	641 (99.4%)
1.6	An alternative responsible officer has been nominated/appointed where a conflict of interest or appearance of bias has been agreed with the higher level responsible officer	Yes	This question is not applicable to many DBs	
1.7	The designated body provides the responsible officer with sufficient funds, capacity and other resources to enable the responsible officer to carry out the responsibilities of the role	Yes	100 (98.0%)	620 (96.1%)
1.8	The responsible officer is appropriately trained and remains up to date and fit to practise in the role of responsible officer	Yes	99 (97.1%)	624 (96.7%)
1.9	The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role	Yes	102 (100.0%)	639 (99.1%)
1.10	The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation	Yes	102 (100.0%)	619 (96%)
1.11	The responsible officer makes timely recommendations 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 the GMC Responsible Officer Protocol	Yes	100 (98.0%)	634 (98.3%)
1.12	The governance systems (including clinical governance where appropriate) are subject to external or independent review	Yes	100 (98.0%)	609 (94.4%)

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care foundation trust</i> DBs in sector: 102	All sectors: Total DBs: 645
SECTION 1 (cont): The Designated Body and the Responsible Officer		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to 'The designated body and the responsible officer'	No	Comparison data not applicable. This information was gathered to assist higher level ROs in establishing areas of best practice.	
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to 'Appraisal'	No		
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to Monitoring performance and responding to concerns	No		
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to 'Recruitment and engagement'	No		
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to 'Has the designated body commissioned an external QA review?'	No	23 (22.5%)	159 (24.7%)

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care foundation trust</i> DBs in sector: 102	All sectors: Total DBs: 645
SECTION 2: Appraisal		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
2.1	There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group)	Yes	92 (90.2%)	590 (91.5%)
2.2	Number of doctors with whom the designated body has a prescribed connection on 31 March 2014 who had a completed annual appraisal between 1 April 2013 - 31 March 2014	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.2.1	Consultants	302 (91.5%)	87.1%	86.3%
2.2.2	Staff grade, associate specialist, speciality doctor	85 (85%)	78.2%	78.6%
2.2.3	Doctors on Performers Lists	0 (0%)	100.0%	91.6%
2.2.5	Doctors with practising privileges	0 (0%)	0.0%	74.2%
2.2.6	Temporary or short-term contract holders	21 (43.8%)	46.8%	53.9%
2.2.7	Other doctors with a prescribed connection	0 (0%)	51.3%	67.0%
2.2.8	Total number of doctors who had a completed annual appraisal	408 (85.4%)	79.5%	83.8%

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care foundation trust</i> DBs in sector: 102	All sectors: Total DBs: 645
SECTION 2 (cont): Appraisal		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
2.3	Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded	Yes	73 (71.6%)	548 (85%)
		Your organisation's response	Missed appraisal rate for same sector	Missed appraisal rate for ALL sectors
2.3.1	Number of doctors with a missed or incomplete appraisal for whom a postponement of appraisal was not approved in advance by the responsible officer	39	2,126 (6.8%)	6,851 (5.8%)
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
2.4	There is a mechanism for quality assuring an appropriate sample of the inputs and outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance, and the outcomes are recorded in the annual report template	Yes	89 (87.3%)	603 (93.5%)
2.5	There is a process in place for the responsible officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified	Yes	90 (88.2%)	587 (91%)
2.6	The number of trained medical appraisers is sufficient for the needs of the designated body	Yes	97 (95.1%)	627 (97.2%)
2.7	Medical appraisers are supported in their role to calibrate and quality assure their appraisal practice	Yes	91 (89.2%)	591 (91.6%)

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care foundation trust</i> DBs in sector: 102	All sectors: Total DBs: 645
SECTION 3: Monitoring Performance and Responding to Concerns SECTION 4: Recruitment and Engagement				
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
3.1	There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection	Yes	100 (98%)	631 (97.8%)
3.2	There is a responding to concerns policy in place, with core content which is compliant with national guidance, which is ratified by the designated body's board (or an equivalent governance or executive group)	Yes	96 (94.1%)	591 (91.6%)
3.3	The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.	Yes	86 (84.3%)	578 (89.6%)
3.4	The designated body has arrangements in place to access sufficient trained case investigators and case managers	Yes	90 (88.2%)	552 (85.6%)
4.1	There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors	Yes	101 (99%)	631 (97.8%)