

# Barnet, Enfield and Haringey

Mental Health NHS Trust

*A University Teaching Trust*

<b>Title:</b>	Medical Revalidation Annual Report
<b>Report to:</b>	Trust Board
<b>Date:</b>	2 October 2017
<b>Security Classification:</b>	Public Board Meeting
<b>Purpose of Report:</b>	
<p>This report informs the Board of the processes for ensuring appraisal and revalidation of doctors, and the associated processes for managing concerns in relation to medical practice.</p> <p>This report provides the Board with assurance in relation to its role as a designated body for the purpose of medical revalidation, and provides assurance for the Chair to complete the statement of compliance required by NHS England.</p>	
<b>Recommendations:</b>	
<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> <li>1. Consider the annual report and discuss any further actions or assurance they require in respect of the revalidation of doctors and the maintaining of high professional standards.</li> <li>2. Note that the report will be shared with the Higher Level Responsible Officer (HRLO) for the London Region, Dr.Vin Diwaker, and the NHS Revalidation Team.</li> <li>3. Note the progress on the HRLO Visit report (external quality assurance) action plan</li> <li>4. Note the 'statement of compliance' (appendix C) confirming that the organisation, as a designated body, is in compliance with the regulations.</li> </ol>	
<b>Report Sponsor:</b>	Jonathan Bindman, Medical Director/Responsible Officer
<b>Comments / views of the Report Sponsor:</b>	An effective system is in place for ensuring appraisal and revalidation of doctors, details of which have been submitted to NHS England in the Annual Organisational Audit, detailed below. We are compliant with our statutory obligations, and received external assurance last year confirming this.
<b>Report Author:</b>	<p>Name: Jonathan Bindman  Title: Medical Director  Tel Number: 020 8702 4888  E-mail: jonathan.bindman@beh-mht.nhs.uk</p>

	Name: Richard Parkin Title: Appraisal Lead Tel Number: 020 8702 4028 E-mail: richard.parkin@beh-mht.nhs.uk
<b>Report History:</b>	Fourth annual report
<b>Budgetary, Financial / Resource Implications:</b>	No recommendations for increased resource are made in this report.
<b>Equality and Diversity Implications:</b>	None
<b>Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register</b>	Action taken will assist in delivering our core strategic objectives of: <ol style="list-style-type: none"> <li>1. Excellent Services</li> <li>2. Happy Staff</li> </ol>
<b>List of Appendices:</b> <ul style="list-style-type: none"> <li>• HRLO Visit Action Plan, updated</li> <li>• Medical Revalidation Annual Organisational Audit Return (AOA)- comparator report 2016/17 (pdf attachment)</li> <li>• Draft Statement of Compliance</li> </ul>	

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## 1. Executive summary

The Trust is a 'Designated Body' for the revalidation of doctors. It had a 'prescribed connection' with 147 doctors as at the end of the financial year 2016/17, which includes all medical staff within the Trust apart from trainees on rotational training schemes or doctors employed through agencies.

NHS England has a framework of quality assurance for appraisal and revalidation, for which the Responsible Officer (RO, in this organisation the Medical Director) is accountable. It includes an Annual Organisational Audit (AOA), described in this report. It also requires that an annual report on medical revalidation is submitted to the Board, and sets out the required content of this report, which follows.

The Trust was also subject to an external assurance visit by the NHS England Revalidation Team which took place on 13<sup>th</sup> June 2016, and the report was appended and described in detail in last year's revalidation board report, together with an action plan. The updated action plan is appended to this report.

The regulated responsibilities for designated bodies, discussed in this report, are:

- *monitoring the frequency and quality of medical appraisals*
- *checking there are effective systems in place for monitoring the conduct and performance of their doctors;*
- *confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors*
- *Ensuring that appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.*

The evidence in this report provides assurance that these regulated responsibilities were carried out by the Trust. The Board is asked to agree this and the Chair is requested to sign the Annual Certificate of Compliance (appended).

## 2. Background and Purpose of the Paper

Medical Revalidation was launched in 2012 to strengthen the way that doctors are regulated, with the aim of improving the quality of care provided to patients, improving patient safety and increasing public trust and confidence in the medical system.

This paper is intended to keep the Trust Board informed about the progress of appraisal and revalidation since the last annual report. Doctors are revalidated by the GMC, after following a process developed and monitored by the Revalidation Team within NHS England. The Responsible Officer recommends doctors for revalidation every five years, based on a recommendation from the Appraisal Lead and an assessment based on the content of at least two annual appraisals, which must include evidence of participation in continuing professional development (CPD),

reflection on incidents and complaints, participation in audit, and patient and colleague feedback.

The Trust is a 'Designated Body' for the revalidation of doctors. It had a 'prescribed connection' with 147 doctors at the end of financial year 16/17, which includes all medical staff within the Trust apart from trainees on rotational training schemes. Of these, 98 (67%) are substantive consultants, 35 (24%) are staff grade and associate specialist ('SASG') doctors, and 12 (8%) locum or fixed term. These totals have been broadly stable over the last three years, though there were 15 locums last year.

The Trust has regulated responsibilities in the areas set out below. The Responsible Officer (RO) for the Trust, currently the Medical Director, is responsible for reporting to NHS England, via the NHS England Revalidation Support Team (RST) and the Higher Level RO (Dr. Vin Diwaker), on fulfilment of the regulated responsibilities.

NHS England has had since 2014 a Framework of Quality Assurance for revalidation, involving quarterly returns, an Annual Organisational Audit (the 'AOA', submitted by the Trust in May 2017 and appended in a form returned by NHS England which includes comparisons with other Trusts), an annual Board Report according to standard template (which is followed by this report), and a Statement of Compliance to be signed by the Chair.

In addition, external assurance visits are conducted by the NHS England Revalidation Team, and the Trust received its first such visit on June 13<sup>th</sup> 2016. The report of the visit and the resulting action plan was appended in full to last year's report, and the updated action plan is appended to this report.

The regulated responsibilities, discussed in this report, are:

- *monitoring the frequency and quality of medical appraisals*

The frequency of medical appraisals is monitored through a database held and updated within Medical HR. Data on the frequency of appraisals is given in the appended AOA and summarised in section 4.

The quality of appraisals is maintained by the RO attending London Region RO network meetings and training, the appraisal lead attending London appraisal lead meetings, and the appraisal lead training appraisers in formal courses, and holding regular meetings of appraisers at which issues can be shared and discussed. Quality is assured at the point of the revalidation recommendation by a detailed review of the appraisal portfolio by the appraisal lead, and also a review by the RO.

- *checking there are effective systems in place for monitoring the conduct and performance of their doctors;*

In addition to appraisal, assurance that doctors are practising safely is dependent on an effective system by which concerns about doctors' practice can be raised and investigated, and prompt and appropriate actions taken where concerns are valid.

There is a system in place in the Trust to investigate conduct and performance when concerns are raised. Concerns may be identified to the RO by any member of Trust staff, informally or via Trust procedures such as those set out in the Dignity and Respect policy. They may arise via internal complaints, or external ones to the PHSO or the GMC. While there have been examples of concerns raised through these routes, and investigated, in the last three years, no formal investigations under MHPS procedures were either ongoing or newly opened this year (one case having been closed last year). However, there were regular discussions between the RO and the Employment Liaison Officer for the GMC at which a number of cases were discussed informally, which did not proceed to formal investigation. The RO also had informal discussions with the Trust's liaison officer Neil Margerison at the national Clinical Advisory Service (NCAS), who advise on HR processes in respect of doctors about whom concerns are raised.

- *confirming that feedback from patients is sought periodically so that their views can inform the appraisal and revalidation process for their doctors*

Doctors are expected to obtain and report patient feedback on their practice as individuals as part of their appraisal, and systematic feedback is a minimum requirement of appraisal for revalidation. In addition reflection on complaints and serious incident investigations is required. Each of these was present in all cases recommended for revalidation. However, NHSE envisages that there should be systems within the Trust for providing comprehensive routine data within medical appraisals. The Trust still does not have such systems at present (though complaints about doctors are relatively infrequent and the data is provided to doctors on request, and has also been collected at the request of the RO in specific cases). As we have completed the first five year revalidation cycle we are able to say that 100% of doctors who have been working for five years or more have demonstrated evidence of structured patient feedback.

- *Ensuring that appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that medical practitioners have qualifications and experience appropriate to the work performed.*

The Trust carries out pre-employment background checks on all medical staff and seeks assurance from locum agencies that they have adequate checks in place.

### 3. Governance Arrangements

*Outline of organisational structures and responsibilities, including how progress is monitored monthly/quarterly*

The appraisal lead meets regularly with medical leads who are the principal appraisers in the Trust, and reports to the Responsible Officer (RO). The RO meets regularly with the Medical HR manager and also communicates with the appraisal lead about all revalidation recommendations and other issues which arise. The RO meets with the Medical HR manager monthly and appraisal and quarterly returns to NHS England are discussed. Given the limited number of people involved there is no standing appraisal and revalidation committee, but the RO, appraisal lead and medical HR staff have met to discuss preparation of the AOA and at other times as needed.

#### *Responsibilities*

These were described in detail in the first annual report and have not changed, so these are not repeated here. The work of the appraisal lead in the last year is summarised as follows:

Dr Richard Parkin has continued in his role as Trust Appraisal and Revalidation Lead. From June 2015 he has had two protected PA's dedicated to this role. There is also some crossover with the work that he does as professional medical lead for Barnet Services, a role he took up in April 2015 having previously been the Crisis and Emergency Service Line Medical Lead.

In the last year or two, as the number of doctors requiring revalidation has begun to decrease towards the end of the first five year cycle, he has been able to focus more on developing appraisers, and delivering the HRLO action plan. This included implementing a national approach to organising appraisals which requires regular rotation of appraisers and appraisees, with implications for the number of new appraisers required. He has also focused on regular training and support to appraisers to maintain the quality and consistency of appraisals. He has also worked with Medical HR to ensure that the appraisal recording spread-sheet is kept up to date and accurate and that it is consistent with the GMC Connect list of doctors with a prescribed connection to the Trust, and with the list of doctors using the Equiniti Revalidation Management System. The quality of recording has continued to improve over the last year.

While it remains the responsibility of the individual appraisee to make sure that they have an annual appraisal done by their appraisal due date, Dr Parkin and Medical HR sends reminders to all non-training doctors and carries out significant ongoing work to ensure appraisals are completed in a timely way. The appraisal lead liaises with the RO regarding agreeing to a missed or incomplete appraisal where there are mitigating circumstances. While the system works well and achieves high rates of completed appraisals, some doctors struggle to prioritise the collection of the necessary data for appraisal. Although the system is well embedded, active tracking and chasing is still required to maintain it, and appraisers and appraisees still defer

appraisals at times to allow more time to complete portfolios. However, it is now very unusual that an appraisal is missed, rather than deferred by agreement after discussion and with the agreement of the RO (3 cases in 2016/17). The process of overview is further strengthened by Dr Parkin continuing to attend bimonthly meetings with the other three professional medical leads.

Dr Parkin continues to scrutinise every appraisee's set of portfolios and appraisal outcomes ahead of a revalidation recommendation. This involves a detailed review of the portfolio content and quality against the key criteria set out for revalidation. Most doctors have now been through the full appraisal and revalidation cycle and have a good understanding of what is required, but naturally each year some will be new to the process. A comment made in previous years still applies, that while the majority of portfolios have met the standard, in a number of cases extensive correspondence and advice has been needed with appraisees and appraisers to bring portfolios up to standard before the recommendation. It remains the case that the commonest problem is an insufficient level of structured feedback from patients, though lack of reflection on incidents and complaints also features. Having reviewed the portfolio the appraisal lead is then able to advise the RO on whether or not a positive recommendation can be made or if deferral is required. This process also allows for feedback to both appraiser and appraisee on the quality of the supporting information presented and the appraisal output. Though most deferrals are a necessary consequence of maternity or sick leave, or change in job role, some have been on the basis that the portfolio is inadequate and time is needed to bring it up to standard.

Dr Parkin continues to attend regular Appraisal Lead Network Meetings and has also attended an Appraisal Lead Development Programme run by NHS England.

The GMC's original intention to have all non-training doctors complete their first revalidation by 2016 meant that a large number of revalidations were required in 2014/15 (58), and a similar number in 2015/6 (43), but the number decreased sharply in 2016/17, with only 11 required, and will remain low in 2017/18 (7). It will rise sharply in 2018/19 (32) as a new 5 year cycle of revalidation commences (the numbers are approximate, and underestimates, as they are based on the current list of connected doctors, and do not include those appraised in previous years who have left the Trust, or new doctors who may join the organisation requiring revalidation).

Hence in 2016/17 Dr Parkin has devoted more time to quality assurance through regular reflection and learning events for all Appraisers, as well as the regular work of training new appraisers and managing the system. He has signalled his intention to hand over the role for 2018/19 and we are planning his succession.

### *Monitoring*

Monitoring of progress of appraisal is carried out by Medical HR, who maintain a database of appraisals and communicate with the appraisal lead and medical leads as above; the database is provided regularly to the RO.

*Process of internal assurance (what assurance can the board / executive have regarding compliance to regulations?)*

#### *Gaps in assurance*

Early reports described significant gaps in assurance as a result of inaccuracies in the appraisal spreadsheet. These were largely resolved by 2015/16 and the appraisal spreadsheet has been maintained to a good standard in 2016/17. The GMC email the RO each time a doctor joins or leaves the Trust's prescribed connection list, and the RO communicates with the appraisal lead and Medical HR to update the appraisal list. While these emails sometimes contain errors, it is usually possible to resolve these straightforwardly. The GMC have a database, GMC Connect, which is accessed by the RO and can be used to make revalidation recommendations and also to remove people from the list if they have left the Trust or been added in error.

The appraisal database is an excel spreadsheet maintained manually by the medical HR department. Our current appraisal software, used to record individual appraisals, does not in practice provide useful summary data on the overall progress of appraisals, despite having the capability. We have met with two new appraisal software suppliers with a view to purchasing a new system which will maintain accurate records and issue reminders from within the system. While this is well within the theoretical capabilities of all similar systems, we are well aware of barriers in practice to their effective use and we will be testing sample systems carefully for ease of updating before purchasing.

NCAS continues to issue 'HPAN alerts'. These are password protected lists of all doctors in the country who are subject to any form of GMC investigation or proceedings and the intention is to ensure that Trusts can be aware of any such issues when appointing doctors if the other processes for identifying these such as pre-employment checks, agency records, self-report by the doctor or direct contact with the GMC liaison officer have not identified them. The previous report noted that in practice the system is not manageable, as alerts are received daily from all over the country related to large numbers of doctors and the level of checking required would not be feasible or justified to identify a rare case of a doctor 'slipping through the net'. The RO has discussed this previously with NCAS at an RO Network event and it was acknowledged that this gap in assurance is widespread and the system needs to be altered from email alerts to a searchable database which could be incorporated into pre-employment checks.

#### *Higher Level Responsible Officer's External Assurance Visit and Action Plan*

As reported previously this took place in 2016, and feedback was positive. Oversight of the system also includes discussion of revalidation as a part of the RO's appraisal (by one of the external assurance visitors), which was completed in July 2016 and

July 2017. The Board are asked to note the updated action plan and agree that it should be submitted to NHS England with this report.

#### **a. Policy and Guidance**

The three Trust policies which set out the relevant governance arrangements were described in detail in the 2014/5 report, and the appraisal policy has been reviewed and updated as part of the HRLO action plan.

### **4. Medical Appraisal**

#### **a. Appraisal Performance Data**

This is detailed for 2016/7 on the Annual Organisation Audit, which is submitted quarterly and then as a comprehensive annual questionnaire, which is later returned to the Trust with comparative data added to it (Appendix B). As reported in the AOA, as at 31.3.17, 141/147 (96%) of doctors had completed their appraisal within the year, a higher rate than comparable organisations. A further 3 (2%) had not completed their appraisal on time for reasons agreed by the RO (including mainly sickness, maternity, unavailability of appraiser or other reasonable explanation) and 3 (2%) had unapproved delays, and were followed up by the appraisal lead and medical HR. This is an improvement on last year, when 9% of appraisals were missed without approval, and we are also doing better than comparator Trusts on all measures, whereas last year we were slightly below others.

#### **b. Appraisers**

Most appraisals were previously carried out by the 4 service line medical leads who, as part of their job description, have a responsibility for ensuring that all non-training grade medical staff are having an annual appraisal in line with GMC revalidation requirements. However, in the last year the pool of appraisers has been widened in line with the expectation that appraisers will not appraise the same appraisee for more than three years.

#### **c. Access, security and confidentiality**

The equiniti system provides a secure system for the management of appraisal data. In the audit carried out last year no patient identifiable information was noted to have been included within appraisal portfolios, and clear warnings are displayed within the system to reduce the likelihood of this happening. This year patient identifiable information was noted in one appraisal portfolios and the doctor advised to remove it.

#### **d. Clinical Governance**

NHS England suggests that corporate data should be supplied to individual doctors to support appraisal. This could take the form of complaint or incident data provided to individual doctors. As above, no system has been developed currently to do this, but doctors will be informed of complaints about them either directly when informal resolution is sought, or by the investigator for the service when a complaint is investigated. Currently the responsibility rests with them to collect and summarise this data for appraisal. Similarly doctors will become aware of significant incidents when these are the subject of investigation, and will be invited to participate in debriefing meetings or feedback from investigations, at which point the responsibility lies with them to make reflective notes for their appraisal folders. It is clear many doctors do this but as discussed above, there is currently no assurance that doctors will be aware of all complaints or incidents which involve them, or that they include them all in their appraisal portfolios.

#### **5. Revalidation Recommendations**

We are now close to the end of the first 5 year revalidation cycle and of the 6 doctors who will be revalidated in the remainder of 2017/18 only one has been in the Trust since the beginning of the cycle. Therefore, with that one exception, all the doctors in the Trust who completed their training more than five years ago have been revalidated.

We continue to defer a minority of doctors for a range of reasons, but discussion at the RO networks suggests we are doing this relatively infrequently and typically for four months only. Deferrals for over a year are rare and each is reviewed with the GMC Employer Liaison Officer; long term sickness, maternity leave, or an ongoing investigation process have been the reasons, all accepted by the GMC.

#### **6. Recruitment and engagement background checks**

Pre-employment background checks are routinely carried out by the HR administrators, as described in detail in the 2014/15 report.

#### **7. Monitoring Performance**

*Process by which the performance of all doctors is monitored.*

This report is confined to the issue of investigation of concerns where these are raised. These have been escalated promptly to the RO and managed in accordance with policy with advice from NCAS and support from HR business partners.

## **8. Responding to Concerns and Remediation**

In the year 2016/7 no formal investigations under MHPS procedures were commissioned and none from previous years remained open.

The Trust has no formal structures and processes for managing remediation. This is required very rarely, and NCAS advice on this has not been required this year.

## **9. Risk and Issues**

*List risks and issues that are worthy of the board's / executive team's attention*

1. Gaps in assurance of the appraisal system identified in previous reports have been addressed.
2. There continues to be a limited resource in the Trust for investigation of concerns under MHPS, with a limited pool of investigators. However as no investigations have been required, no problems have arisen.

## **10. Board Reflections**

The Board is invited to provide feedback which can be fed back to the RST and the higher level RO.

## **11. Corrective Actions, Improvement Plan and Next Steps**

1. These are contained within the HRLO visit action plan, appended.
2. The Board are asked to note the 'statement of compliance' (appended) confirming that the organisation, as a designated body, is in compliance with the regulations.

**Appendix A: HRLO Quality Visit Action Plan, updated September 2017**

Name of designated body – Barnet Enfield & Haringey Mental Health Trust			
Name of responsible officer – Dr Jonathan Bindman			
Trust Summary of issues identified at Review Visit	Action	Timescale	Evidence/outputs
Too many appraisers doing too few appraisals to fully develop their skills.	<p>Reduce the number of trained appraisers to around 25 with each doing a minimum of 5 appraisals per year.</p> <p>Dr Parkin to write to all appraisers to clarify numbers willing to take this on.</p> <p>Dr.Parkin to summarise responses and identify 25 appraisers for 2017/8 round, communicate to CDs</p> <p>Medical Director and Clinical Directors to agree a minimum of 0.25 PA per week per 8 appraisals (40 hrs per year)</p>	<p>1<sup>st</sup> January 2017</p> <p>26th September 2016</p> <p>October 2016</p> <p>October 2016</p>	<p>Completed - Updated appraisal database from which numbers of appraisers and appraisees per appraiser can be readily extracted</p> <p>Completed – evidence as above</p> <p>Completed April 2017</p> <p>Job plan audits to identify appraisal in job plans- for CDs and their HR business partners, discussed at CD meetings</p>
Need for continued appraiser development	<p>Dr Parkin (with assistance from Medical Leads) to set up a local appraiser network and appraisal workshops (linked in to the national appraisal network).</p> <p>Each appraiser to attend at</p>	<p>Dates set by 26<sup>th</sup> September 2016. First 2 network meetings done by 31<sup>st</sup> Jan 2017</p> <p>31<sup>st</sup> July 2017</p>	<p>Appraiser network meetings held on 25/1/17, 27/4/17 and 20/7/17. Ongoing quarterly. Minutes held by RP</p> <p>Not completed-</p>

	<p>least one external training</p> <p>Dr Parkin to attend appraiser training refresher, and continue to provide local training</p>	31 <sup>st</sup> Jan 2017	<p>internal training provided as alternative</p> <p>Training not attended though updates received at appraiser network. Local training provided.</p>
Ensure quality assurance of appraisers and their appraisal outputs	<p>Dr Parkin and Medical Leads to conduct audit of appraisals using a standard tool (ASPAT, EXCELLENCE, Oxford or E Midland)</p> <p>Dr Parkin to ensure that appraisee feedback is distributed to appraisers and reviewed at their own appraisal with any associated development needs accounted for in their PDP</p>	<p>By March 2017</p> <p>Ongoing</p>	<p>Ongoing discussion at appraiser network re how best to do this (existing tools assess process rather than quality). Therese Shaw and Ken Courtenay developing audit tool.</p> <p>Discussed at appraiser network with on-going action</p>
Need for SAS doctors to take a more active role in appraisal.	<p>Expressions of interest to be sought from all SASGs</p> <p>Medical Leads to identify suitable SAS Drs to take on appraisal role, SASGs to join training as available</p>	<p>October 2016</p> <p>July 2017</p>	<p>Two SASGs have been trained but not yet doing regular appraisals</p> <p>Further training required, date will be set when sufficient numbers identified</p>
Possible lack of understanding around appraisal requirements for new starters	Dr Parkin to develop a brief information sheet to be provided to new starters at induction (by Medical HR)	30 <sup>th</sup> September 2016	<p>Done October 2016</p> <p> Appraisal letter of introduction.docx</p>
Ensure that all Drs are properly engaged with the appraisal process.	Dr Parkin with assistance from Medical Leads and HR to write and implement a brief	30 <sup>th</sup> September 2016	Done September 2016

	protocol for managing the timing of appraisals including use of the postponement form and escalation of late or missed appraisals.		 Appraisal letter due date and postponement  Appraisal letter due date and approval of
Have an appraisal policy that is up to date and fit for purpose.	Dr Parkin and HR to update current Trust appraisal and revalidation documents/policies, MD to review.	31 <sup>st</sup> October 2016	Done - awaiting ratification at LNC
Ensure robust process for decision making on revalidation recommendations.  Consider setting up an RO advisory Group including a lay representative	Drs Parkin/Bindman to structure advice about readiness for revalidation in all communications, so that all required areas are covered.  MD believes this is not justified at present given the very small proportion of recommendations that are complex and require further discussion; the few matters arising have been resolved with support from the ELA or the RO network.	30 <sup>th</sup> September 2016	Emails concerning recs in standard format
Ensure audit trail for deferred recommendations.	Agreed action plans post deferral kept on file – this is already being done.		Evidence available in email trails filed by RO
<b>Follow up meeting / Telecon</b>			
<b>As responsible officer I confirm that the information above has been discussed and agreed with my Board or equivalent</b>	<i>Signature &amp; Date</i>		
<b>Date of Board sign-off</b>			

**Appendix B: Annual Organisational Audit (comparator report)**

(This is a .pdf file which will be provided by separate email attachment)

## Appendix C: Statement of Compliance

### Designated Body Statement of Compliance

The board of Barnet Enfield and Haringey NHS Mental Health Trust can confirm that

- an AOA has been submitted,
- the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013)
- and can confirm that:

1. A licensed medical practitioner with appropriate training and suitable capacity has been nominated or appointed as a responsible officer;

Yes

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

Comments: Yes, internal database reconciled with GMC Connect

3. There are sufficient numbers of trained appraisers to carry out annual medical appraisals for all licensed medical practitioners;

Comments: Yes

4. Medical appraisers participate in ongoing performance review and training / development activities, to include peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers<sup>1</sup> or equivalent);

Comments: Yes, detailed in annual report

5. All licensed medical practitioners<sup>2</sup> either have an annual appraisal in keeping with GMC requirements (MAG or equivalent) or, where this does not occur, there is full understanding of the reasons why and suitable action taken;

Comments: Yes, as detailed in annual report

6. There are effective systems in place for monitoring the conduct and performance of all licensed medical practitioners<sup>1</sup> (which includes, but is not limited to, monitoring: in-house training, clinical outcomes data, significant events, complaints, and feedback from patients and colleagues) and ensuring that information about these matters is provided for doctors to include at their appraisal;

Comments: Yes, though as a mental health Trust, clinical outcomes data is not suitable for this purpose in all services

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

<sup>2</sup> Doctors with a prescribed connection to the designated body on the date of reporting.

7. There is a process established for responding to concerns about any licensed medical practitioners<sup>1</sup> fitness to practise;

Comments: Yes

8. There is a process for obtaining and sharing information of note about any licensed medical practitioner's fitness to practise between this organisation's responsible officer and other responsible officers (or persons with appropriate governance responsibility) in other places where the licensed medical practitioner works;<sup>3</sup>

Comments: The RO communicates with other ROs and with the GMC liaison officer where there is information of note

9. The appropriate pre-employment background checks (including pre-engagement for locums) are carried out to ensure that all licenced medical practitioners<sup>4</sup> have qualifications and experience appropriate to the work performed;

Comments: Yes

10. A development plan is in place that ensures continual improvement and addresses any identified weaknesses or gaps in compliance.

Comments: As detailed in annual report

Signed on behalf of the designated body

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

Official name of designated body: Barnet, Enfield and Haringey Mental Health Trust

Name: Michael Fox

Signed: \_\_\_\_\_.

Role: Chairman.

Date: \_\_.

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