NHS
Yorkshire
Ambulance Service
NHS Trust

MEETING TITLE Trust Board Meeting in Public		**MEETING DATE** 30/08/2018	
TITLE of PAPER	For approval: Responsible Officer Annual Report 2017/18	**PAPER REF**	6.1
STRATEGIC OBJECTIVE(S)	Safe and Sustainable: Provide a safe, effective, caring and sustainable service for all patients Choose an item.		
PURPOSE OF THE PAPER	The Annual Report serves as the vehicle to provide assurance to YAS Trust Board. There is a similar need to provide assurance to patients, the public, the service and the profession that the systems and processes underpinning revalidation are in place and are working effectively, to ensure that every licensed doctor's fitness to practise is monitored and assessed on a regular basis.		
For Approval	☒	**For Assurance**	☒
For Decision	☐	**Discussion/Information**	☐
AUTHOR / LEAD	Dr Julian Mark, Executive Medical Director	**ACCOUNTABLE DIRECTOR**	Executive Medical Director

**DISCUSSED AT / INFORMED BY – include date(s) as appropriate [*free text i.e. please provide an audit trail of the development(s) / proposal(s) subject of this paper: see also guidance 3. overleaf*

PREVIOUSLY AGREED AT:	**Committee/Group:** Choose an item.	**Date:** Click to enter date
RECOMMENDATION(S)	The Board is recommended to accept the report, understanding that this document, the Statement of Compliance and the Annual Audit will be shared with the NHS England higher level Responsible Officer. The Board is recommended to approve the Statement of Compliance (at Appendix F) confirming that the Trust, as a Designated Body, is in compliance with the regulations.	

RISK ASSESSMENT	**Yes**	**No**
Corporate Risk Register and/or Board Assurance Framework amended *If 'Yes' – expand in Section 4. / attached paper*	☐	☒
Equality Impact Assessment - *[New]* *If 'Yes' – expand in Section 2. / attached paper*	☐	☒
Resource Implications (Financial, Workforce, other - specify) *If 'Yes' – expand in Section 2. / attached paper*	☐	☒
Legal implications/Regulatory requirements If 'Yes' – expand in Section 2. / attached paper	☐	☒

ASSURANCE/COMPLIANCE	
Care Quality Commission **Choose a DOMAIN(s)**	5: Well led 2: Effective
NHSI Single Oversight Framework **Choose a THEME(s)**	2. Quality of Care (safe, effective, caring, responsive) 6. Leadership & Improvement Capability (Well-Led)

Responsible Officer Annual Report 2017/18

1 Executive summary

At 31 March 2018 only two doctors have prescribed connections with the Trust, being wholly employed by Yorkshire Ambulance Service NHS Trust (YAS); they are the Executive Director of Operations and the Deputy Medical Director. The Trust is a Designated Body for these doctors. The Executive Medical Director, also wholly employed by the Trust, was appointed the Responsible Officer for YAS in January 2015 so his prescribed connection lies with NHS England (North). These doctors have completed annual medical appraisals and maintained licences to practice following the first round of revalidation.

A further 11 doctors are employed by the Trust on part time contracts or open-ended secondments as members of the Critical care Team, of which two have additional roles with in the Trust. These doctors' other employers are their Designated Body and, whilst appraisal and PDR by YAS contributes to their overall appraisal for revalidation purposes, they do not have a prescribed connection with the Trust.

The Trust employees another doctor, who is a General Practitioner, on a part-time basis. Their prescribed connection, as a General Practitioner, is with NHS England (North).

The Trust also holds honorary contracts with 14 other doctors who are members of YAS BASICS. The activity reports produced by the Trust's Medical Governance Lead are available to these doctors to help inform their medical appraisal at their designated bodies.

2 Purpose of the Paper

There is a similar need to provide assurance to patients, the public, the service and the profession that the systems and processes underpinning revalidation are in place and are working effectively, to ensure that every licensed doctor's fitness to practise is monitored and assessed on a regular basis. The Annual Report serves as the vehicle to provide this assurance to YAS Trust Board.

3 Background

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.

Provider organisations have a statutory duty to support their Responsible Officers in

discharging their duties under the Responsible Officer Regulations[1] and it is expected that Trust Board will oversee compliance by:

- monitoring the frequency and quality of medical appraisals in their organisations;
- 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.

4 Governance Arrangements

Although the Trust employs 15 doctors, and has honorary contracts with 14 more as members of the YAS BASICS scheme, YAS is only the main employer for three of these; they are the Executive Medical Director, the Executive Director of Operations and the Deputy Medical Director.

As the Trust employs doctors it is registered as a Designated Body with NHS England. All Designated Bodies must have a Responsible Officer; for YAS the Responsible Officer is Dr Julian Mark, the Executive Medical Director.

As one of the three substantively employed doctors is the Responsible Officer and therefore has a prescribed connection to NHS England, the Trust only has two doctors with a Prescribed Connection at 31 March 2018.

The remaining doctors employed by the Trust are on permanent secondment to YAS, or have a part-time contract, and the overarching responsibility for their medical appraisal and revalidation lies with their own Designated Bodies and Responsible Officers. YAS has a responsibility to help inform doctors about their activity and performance whilst working for YAS and this is satisfied by two means: Clinical performance is reviewed by the Medical Governance Lead and reports are available to individual clinicians, Managerial performance is reviewed through the Trust's Performance Development Review (PDR) process and individual doctors incorporate these into their annual medical appraisals.

The major trauma desk paramedic reviews all trauma incidents within the YAS area in real time, and will arrange for deployment of immediate care doctors to appropriate incidents. This attendance is logged on the trauma desk spreadsheet, which records all trauma incidents. When the doctor is clear from the incident, the trauma desk will record any advanced interventions by that doctor, any adverse outcomes or complications, whether the doctor accompanied the patient to hospital, and the doctor's time on scene.

[1] The Medical Profession (Responsible Officers) Regulations, 2010 as amended in 2013' and 'The General Medical Council (Licence to Practise and Revalidation) Regulations Order of Council 2012'

The Medical Governance Lead reviews the trauma log on a weekly basis, and reviews Patient Care Records and CAD notes of incidents where there have been advanced interventions made and, if required, will ask for further information from the clinicians involved, ensuring appropriate actions have been made, and relevant pathways have been followed.

If rapid sequence induction (RSI) of anaesthesia is performed, a dedicated audit form must be completed and returned to the Medical Governance Lead for review to ensure the intervention was appropriate, and protocol has been followed. If the Medical Governance Lead performed the RSI, they will complete the audit form and then forward to another suitably experienced doctor employed by the Trust for review.

Summaries of immediate care doctor activity are collated on a monthly basis allowing review of both YAS immediate care activity, as well as individual doctor's activity and interventions. The monthly review is further collated into a larger annual review. A similar process also applies to the doctors operating as members of the Critical Care Team.

4.1 Policy and Guidance

Guidance on medical appraisal is incorporated into the existing YAS BASICS governance policy, and the PDR policy.

5 Medical Appraisal

5.1 Appraisal and Revalidation Performance Data

The doctors directly substantively employed by the Trust successfully completed medical revalidation in 2013 and 2014, and are therefore due to revalidate in 2018 and 2019.

5.2 Appraisers

Dr Andrew Pountney, YAS Medical Governance Lead, is the only recognised medical appraiser in the Trust. He is substantively employed by Mid Yorkshire Hospitals NHS Trust, seconded to YAS, and receives support and training through his substantive employer.

5.3 Quality Assurance

YAS doctors use the Model Appraisal Guide (MAG) published by the General Medical Council (GMC).

Since the YAS BASICS governance process was made more robust (May 2013), there have been no adverse clinical incidents or complaints received following the appointment of the Medical Governance Lead when the post was created in January 2013.

There have been complex cases, and these have resulted in case reviews and discussion with clinicians involved, both to offer support after challenging circumstances and also to review clinical practice and to identify any lessons which could be learned.

Robust protocols and audit trails are in place for the more complex medical interventions (e.g. RSI), ensuring these are carried out appropriately, and safely to maximise patient safety and minimise risk. Furthermore, cases where advanced interventions have been performed (or omitted) are reviewed by the Medical Governance Lead, to ensure appropriate clinical practice by any doctors tasked by YAS, including Critical Care Team and BASICS doctors.

Monthly Critical Care Team governance meetings provide a forum for review of individual incidents, trend analysis, and medically-led audit.

YAS BASICS doctors are required to submit information for the preceding year, including continual professional development activity and immediate care activity, as well as to identify areas for development for the forthcoming year. This is reviewed to ensure the YAS BASICS doctors are appropriately trained and remain up to date. Recommendations regarding further training are made as required, and support is offered where needed. To support this process YAS BASICS doctors are provided with a summary of their activity (incidents attended, interventions performed and any critical events or complaints). This will be used by the doctors to inform their annual appraisal, since they are obliged to declare their pre-hospital practice as part of the appraisal process.

(See **Appendix B;** Quality assurance audit of appraisal inputs and outputs)

5.4 Access, security and confidentiality

No issues reported

5.5 *Clinical Governance*

Individual doctors will receive an annual activity summary of their work with YAS BASICS, including number of incidents attended, number of patients attended, advanced (i.e. beyond the scope of a paramedic) interventions made, adverse outcomes and complaints. The practitioner will use this to inform their annual appraisal process with their designated body. Doctors employed as members of the Critical Care Team undergo annual clinical appraisal led by the Medical Governance lead.

6 Revalidation Recommendations

No recommendations for revalidation were made in 2017/18.

See **Appendix C;** Audit of revalidation recommendations

7 Recruitment and engagement background checks

No new doctors with a prescribed connection to the Trust were recruited in 2017/18. However, X doctors were newly engaged.

See **Appendix E**; Audit of recruitment and engagement background checks

8 Monitoring Performance

Performance is monitored through the annual appraisal process conducted by an approved appraiser. Reflective practice, including ad hoc debrief, forms part of the doctors' appraisal portfolios.

9 Responding to Concerns and Remediation

One incident involving the Critical Care Team was awaiting hearing at Coroner's inquest at the time of writing this report. Following Serious Incident investigation the doctor involved in the incident received a period of direct clinical supervision to satisfy the Medical Governance Lead that further remediation was not required.

10 Risk and Issues

One of the components of enhanced appraisal is the collection of patient feedback on an individual doctor's performance. This can be particularly challenging in the pre-hospital environment. It is likely that collection of patient feedback will remain an issue and a risk to future revalidation.

In discussion with the higher level Responsible Officer at NHS England (North) it was suggested that feedback from paramedics who had received clinical advice from, or worked alongside, a doctor would be an adequate proxy for patient feedback. This remains untested at present.

11 Corrective Actions, Improvement Plan and Next Steps

See section 9.

12 Recommendations

The Board is recommended to accept the report, understanding that this document, the Statement of Compliance and the Annual Audit will be shared with the NHS England higher level Responsible Officer.

The Board is recommended to approve the Statement of Compliance (at **Appendix F**) confirming that the Trust, as a Designated Body, is in compliance with the regulations.

Annual Report Template Appendix A

Audit of all missed or incomplete appraisals audit

Doctor factors (total)	**Number**
Maternity leave during the majority of the ‘appraisal due window’	0
Sickness absence during the majority of the ‘appraisal due window’	0
Prolonged leave during the majority of the ‘appraisal due window’	1
Suspension during the majority of the ‘appraisal due window’	0
New starter within 3 month of appraisal due date	0
New starter more than 3 months from appraisal due date	0
Postponed due to incomplete portfolio/insufficient supporting information	0
Appraisal outputs not signed off by doctor within 28 days	0
Lack of time of doctor	1
Lack of engagement of doctor	0
Other doctor factors	0
(describe)	
Appraiser factors	**Number**
Unplanned absence of appraiser	0
Appraisal outputs not signed off by appraiser within 28 days	0
Lack of time of appraiser	0
Other appraiser factors (describe)	0
(describe)	
Organisational factors	**Number**
Administration or management factors	0
Failure of electronic information systems	0
Insufficient numbers of trained appraisers	0
Other organisational factors (describe)	0

Annual Report Template Appendix B

Quality assurance audit of appraisal inputs and outputs

Total number of appraisals completed		Number
	Number of appraisal portfolios sampled (to demonstrate adequate sample size)	Number of the sampled appraisal portfolios deemed to be acceptable against standards
Appraisal inputs	2	1
Scope of work: Has a full scope of practice been described?	2	2
Continuing Professional Development (CPD): Is CPD compliant with GMC requirements?	2	1
Quality improvement activity: Is quality improvement activity compliant with GMC requirements?	2	1
Patient feedback exercise: Has a patient feedback exercise been completed?	2	0
Colleague feedback exercise: Has a colleague feedback exercise been completed?	2	0
Review of complaints: Have all complaints been included?	2	2
Review of significant events/clinical incidents/SUIs: Have all significant events/clinical incidents/SUIs been included?	2	2
Is there sufficient supporting information from all the doctor's roles and places of work?	2	1
Is the portfolio sufficiently complete for the stage of the revalidation cycle (year 1 to year 4)? Explanatory note: For example • Has a patient and colleague feedback exercise been completed by year 3? • Is the portfolio complete after the appraisal which precedes the revalidation recommendation (year 5)? • Have all types of supporting information been included?	2	1
Appraisal Outputs		
Appraisal Summary	2	1
Appraiser Statements	2	1
PDP	2	1

Annual Report Template Appendix C

Audit of revalidation recommendations

Revalidation recommendations between 1 April 2013 to 31 March 2014	
Recommendations completed on time (within the GMC recommendation window)	0
Late recommendations (completed, but after the GMC recommendation window closed)	0
Missed recommendations (not completed)	0
TOTAL	0
Primary reason for all late/missed recommendations For any late or missed recommendations only one primary reason must be identified	
No responsible officer in post	N/A
New starter/new prescribed connection established within 2 weeks of revalidation due date	N/A
New starter/new prescribed connection established more than 2 weeks from revalidation due date	N/A
Unaware the doctor had a prescribed connection	N/A
Unaware of the doctor's revalidation due date	N/A
Administrative error	N/A
Responsible officer error	N/A
Inadequate resources or support for the responsible officer role	N/A
Other	N/A
Describe other	
TOTAL [sum of (late) + (missed)]	0

Annual Report Template Appendix D

Audit of concerns about a doctor's practice

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				0
Capability concerns (as the primary category) in the last 12 months				0
Conduct concerns (as the primary category) in the last 12 months				0
Health concerns (as the primary category) in the last 12 months				0
Remediation/Reskilling/Retraining/Rehabilitation				
Numbers of doctors with whom the designated body has a prescribed connection as at 31 March 2014 who have undergone formal remediation between 1 April 2013 and 31 March 2014 *Formal remediation is a planned and managed programme of interventions or a single intervention e.g. coaching, retraining which is implemented as a consequence of a concern about a doctor's practice* *A doctor should be included here if they were undergoing remediation at any point during the year*				0
Consultants (permanent employed staff including honorary contract holders, NHS and other government /public body staff)				N/A
Staff grade, associate specialist, specialty doctor (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS and other government /public body staff)				N/A
General practitioner (for NHS England area teams only; doctors on a medical performers list, Armed Forces)				N/A
Trainee: doctor on national postgraduate training scheme (for local education and training boards only; doctors on national training programmes)				N/A
Doctors with practising privileges (this is usually for independent healthcare providers, however practising privileges may also rarely be awarded by NHS organisations. All doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)				N/A
Temporary or short-term contract holders (temporary employed staff including locums who are directly employed, trust doctors, locums for service, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts, etc) All DBs				N/A
Other (including all responsible officers, and doctors registered with a locum				N/A

agency, members of faculties/professional bodies, some management/leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc) All DBs	
TOTALS	0
Other Actions/Interventions	
Local Actions:	
Number of doctors who were suspended/excluded from practice between 1 April and 31 March: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included	0
Duration of suspension: Explanatory note: All suspensions which have been commenced or completed between 1 April and 31 March should be included Less than 1 week 1 week to 1 month 1 – 3 months 3 - 6 months 6 - 12 months	0
Number of doctors who have had local restrictions placed on their practice in the last 12 months?	0
GMC Actions: Number of doctors who:	Number
Were referred to the GMC between 1 April and 31 March	0
Underwent or are currently undergoing GMC Fitness to Practice procedures between 1 April and 31 March	0
Had conditions placed on their practice by the GMC or undertakings agreed with the GMC between 1 April and 31 March	0
Had their registration/licence suspended by the GMC between 1 April and 31 March	0
Were erased from the GMC register between 1 April and 31 March	0
National Clinical Assessment Service actions:	Number
Number of doctors about whom NCAS has been contacted between 1 April and 31 March:	
For advice	0
For investigation	0
For assessment	0
Number of NCAS investigations performed	0
Number of NCAS assessments performed	0

Annual Report Template Appendix E

Audit of recruitment and engagement background checks

Number of new doctors (including all new prescribed connections) who have commenced in last 12 months (including where appropriate locum doctors)	
Permanent employed doctors	1
Temporary employed doctors	2
Locums brought in to the designated body through a locum agency	0
Locums brought in to the designated body through 'Staff Bank' arrangements	0
Doctors on Performers Lists	0
Other Explanatory note: This includes independent contractors, doctors with practising privileges, etc. For membership organisations this includes new members, for locum agencies this includes doctors who have registered with the agency, etc	1
TOTAL	4

For how many of these doctors was the following information available within 1 month of the doctor's starting date (numbers)

	Total	Identity check	Past GMC issues	GMC conditions or undertakings	On-going GMC/NCAS investigations	BDS	2 recent references	Name of last responsible officer	Reference from last responsible officer	Language competency	Local conditions or undertakings	Qualification check	Revalidation due date	Appraisal due date	Appraisal outputs	Unresolved performance concerns
Permanent employed doctors	1	1	1	1	1		1	1	0	N/A	1	1	1	1		1
Temporary employed doctors	2	2	2	2	2		2	2	0	N/A	2	2	2	2		2
Locums brought in to the designated body through																

a locum agency																
Locums brought in to the designated body through 'Staff Bank' arrangements																
Doctors on Performers Lists																
Other (independent contractors, practising privileges, members, registrants, etc)	1	1	1	1	1		N/A	1	0	N/A	1	1	1	1		1
Total (these cells will sum automatically)	4	4	4	4	4		3	4	0	N/A	4		4	4		4

For Providers – use of locum doctors:

Explanatory note: Number of locum sessions used (days) as a proportion of total medical establishment (days)

NB: this section may change as a result of the SCL Project

The total WTE headcount is included to show the proportion of the posts in each specialty that are covered by locum doctors

Locum use by specialty:	Total establishment in specialty (current approved WTE headcount)	Consultant: Overall number of locum days used	SAS doctors: Overall number of locum days used	Trainees (all grades): Overall number of locum days used	Total Overall number of locum days used
Surgery					
Medicine					
Psychiatry					
Obstetrics/Gynaecology					

Accident and Emergency					
Anaesthetics					
Radiology					
Pathology					
Other					
Total in designated body (This includes all doctors not just those with a prescribed connection)					
Number of individual locum attachments by duration of attachment (each contract is a separate 'attachment' even if the same doctor fills more than one contract)	Total	Pre-employment checks completed (number)	Induction or orientation completed (number)	Exit reports completed (number)	Concerns reported to agency or responsible officer (number)
2 days or less					
3 days to one week					
1 week to 1 month					
1-3 months					
3-6 months					
6-12 months					
More than 12 months					
Total					

Appendix F

Designated Body Statement of Compliance

The board of Yorkshire Ambulance Service NHS Trust has carried out and submitted an annual organisational audit (AOA) of its compliance 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;

   Comments: Dr Julian Mark, from January 2015.

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

   Comments:

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

   Comments:

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 or equivalent);

   Comments:

5. All licensed medical practitioners[2] 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:

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

   Comments:

7. There is a process established for responding to concerns about any licensed medical practitioners[1] fitness to practise;

   Comments:

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

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

Comments:

9. The appropriate pre-employment background checks (including pre-engagement for Locums) are carried out to ensure that all licenced medical practitioners[3] have qualifications and experience appropriate to the work performed; and

Comments:

10. A development plan is in place that addresses any identified weaknesses or gaps in compliance to the regulations.

Comments:

Signed on behalf of the designated body

Name: _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

[chief executive or chairman a board member (or executive if no board exists)]

Date: _ _ _ _ _ _ _ _ _ _

[3] Doctors with a prescribed connection to the designated body on the date of reporting.