



<b>MEETING TITLE</b> Trust Board in Public		<b>MEETING DATE</b> 26/09/2019	
<b>TITLE of PAPER</b>	Responsible Officer annual report 2018/19	<b>PAPER REF</b>	6.1
<b>KEY PRIORITIES</b>	Attract, develop and retain a highly skilled, engaged and diverse workforce Create a safe and high performing organisation based on openness, ownership and accountability Choose an item.		
<b>PURPOSE OF THE PAPER</b>	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.		
<b>For Approval</b>	<input checked="" type="checkbox"/>	<b>For Assurance</b>	<input checked="" type="checkbox"/>
<b>For Decision</b>	<input type="checkbox"/>	<b>Discussion/Information</b>	<input type="checkbox"/>
<b>AUTHOR / LEAD</b>	Dr Julian Mark, Executive Medical Director	<b>ACCOUNTABLE DIRECTOR</b>	Dr Julian Mark, Executive Medical Director
<b>DISCUSSED AT / INFORMED BY – include date(s) as appropriate [free text - please provide an audit trail of the development(s) / proposal(s) subject of this paper: see also guidance 3 overleaf]:</b>			
<b>PREVIOUSLY AGREED AT:</b>	<b>Committee/Group:</b> Choose an item. Choose an item.		<b>Date:</b> Click to enter date Click to enter date
<b>RECOMMENDATION(S)</b>	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 confirming that the Trust, as a Designated Body, is in compliance with the regulations.		
<b>RISK ASSESSMENT</b>			<b>Yes</b>
<b>Corporate Risk Register and/or Board Assurance Framework amended</b> <i>If 'Yes' – expand in Section 4. / attached paper</i>			<input type="checkbox"/>
<b>Equality Impact Assessment - [New]</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>			<input checked="" type="checkbox"/>

<b>Resource Implications (Financial, Workforce, other - specify)</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Legal implications/Regulatory requirements</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>ASSURANCE/COMPLIANCE</b>		
<b>Care Quality Commission</b> <b>Choose a DOMAIN(s)</b>	1: Safe 5: Well led	
<b>NHSI Single Oversight Framework</b> <b>Choose a THEME(s)</b>	2. Quality of Care (safe, effective, caring, responsive) 6. Leadership & Improvement Capability (Well-Led)	

## **1 Executive summary**

At 31 March 2019 only one doctor had a prescribed connection with the Trust, being wholly employed by Yorkshire Ambulance Service NHS Trust (YAS). The Trust is a Designated Body for this doctor. 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, and the Executive Medical Director revalidated for the second time in 2018.

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 within 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 employs 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 13 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.

The Trust also employs six Medical Incident Commanders, five of whom already have connections with the Trust by being members of one of the groups described above. These doctors undertake annual CPD to maintain competence in the role, including periodic exercises with the Resilience function in the Trust.

## **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<sup>1</sup> 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 16 doctors, and has honorary contracts with 12 more as members of the YAS BASICS scheme, YAS is only the main employer for two of these; they are the Executive Medical Director 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 substantively employed doctors is the Responsible Officer and therefore has a prescribed connection to NHS England, the Trust only had one doctors with a Prescribed Connection at 31 March 2019.

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,

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<sup>1</sup> 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'

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.

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 specific specialist interventions are undertaken (e.g. rapid sequence induction (RSI) of anaesthesia, administration of hypertonic saline, open thoracotomy) 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 Personal Development Review 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, and Dr Eithne Cummins, Clinical Director IUC, are recognised medical appraisers in the Trust. Dr Pountney 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.

Bi-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 submit a summary of their activity (incidents attended, interventions performed and any critical events or complaints) which is reviewed by the Medical Governance Lead. 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.

### **5.4 Access, security and confidentiality**

No issues reported

### **5.5 Clinical Governance**

Individual doctors submit 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 2018/19.

## **7 Recruitment and engagement background checks**

No new doctors with a prescribed connection to the Trust were recruited in 2018/19. However, two doctors were newly engaged with the Trust as members of the Yorkshire Critical Care Team (with nine re-appointments), and two new BASICS volunteers were welcomed onto the scheme.

## **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**

No occasions in 2018/19.

## **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 method was accepted at the Executive Medical Director's revalidation in 2018.

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

No incidents in 2018/19.

## **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 confirming that the Trust, as a Designated Body, is in compliance with the regulations.



# Designated Body Annual Board Report

## Section 1 – General:

The board of Yorkshire Ambulance Service NHS Trust can confirm that:

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

Date of AOA submission: 05 April 2019

Action from last year: None

Comments: None

Action for next year: None

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

Action from last year: None

Comments: Dr Julian Mark, Executive Medical Director

Action for next year: None

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: The Medical Director is supported by the Medical Governance Lead (Dr Andrew Pountney).

Action for next year: To ensure capacity to attend regional Responsible Officer meetings.

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 includes doctors who are associated with YAS but their prescribed connection lies elsewhere with their substantive employer.

Action for next year:

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

Action from last year: None

Comments: These are incorporated into the wider Trust appraisal policies, with explicit reference to medical revalidation.

Action for next year: Ensure that the requirements for medical revalidation are included in the revised appraisal policy current under development.

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

Action from last year: None

Comments: Peer review has not been conducted as this Designated Body is so small (currently only doctor has a prescribed connection). The Responsible Officer is interviewed annually by the GMC ELA who is satisfied with the processes in place.

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 doctors with a prescribed connection elsewhere, e.g. BASICS volunteers and critical care team doctors, are subject to activity review and clinical audit. Critical care team doctors also undergo regular clinical governance meetings.

Action for next year: Refresh BASICS scheme support.

## 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: One doctor had an incomplete appraisal and was subsequently re-appraised.

Comments: Yes

Action for next year: None.

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: N/A

Action for next year: None

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: These are incorporated into the wider Trust appraisal policies, with explicit reference to medical revalidation.

Action for next year: Ensure that the requirements for medical revalidation are included in the revised appraisal policy current under development.

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: Yes

Action for next year: None.

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 Appraisers<sup>2</sup> or equivalent).

Action from last year: None.

Comments: Our appraiser, Dr Andrew Pountney, is also an appraiser at Mid Yorkshire Hospitals NHS Trust and undergoes appraiser performance review with his substantive employer.

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:

Comments: The annual appraisal is subject to review by the Responsible Officer.

Action for next year: To consider requesting review by another ambulance service Responsible Officer.

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<sup>2</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.

## 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: No incidents of concern  
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: One deferral made in 18/19, discussed with the doctor concerned.  
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: YAS has a Medical Governance Lead. All doctors are subject to activity review and clinical audit. Critical care team doctors also undergo regular clinical governance meetings.  
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: All doctors are subject to activity review and clinical audit, with reports provided for inclusion in appraisal documentation.  
Action for next year: None.

3. There is a process established for responding to concerns about any licensed medical practitioner's<sup>1</sup> 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: Incorporated into wider trust policies.

Action for next year: None.

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<sup>3</sup>.

Action from last year: None.

Comments: Incorporated into wider trust policies.

Action for next year: None.

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 organisation<sup>4</sup>.

Action from last year: None.

Comments: Records are kept by the Medical Governance Lead of all doctors' Responsible Officers to facilitate the timely and co-ordinated exchange of information.

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.

Comments: Incorporated into wider trust policies.

Action for next year: None.

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<sup>4</sup>This 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.

<sup>4</sup> The Medical Profession (Responsible Officers) Regulations 2011, regulation 11:  
<http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

## 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:

Comments: Incorporated into wider trust policies.

Action for next year: None.

## Section 6 – Summary of comments, and overall conclusion

The Trust is a small Designated Body, with only one doctor with a prescribed connection to the Trust. However, there are a number of other doctors who work or respond on behalf of the Trust and arrangements are in place to ensure that their practice is monitored and supported.

Mechanisms remain in place to ensure that data is available to inform individual medical appraisal, that appraisals take place as scheduled, and revalidation recommendations are appropriate.

## Section 7 – Statement of Compliance:

The Board of Yorkshire Ambulance Service NHS 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: \_ \_ \_ \_ \_