



<b>MEETING TITLE</b> Trust Board Meeting held in Public		<b>MEETING DATE</b> 27/07/2021	
<b>TITLE of PAPER</b>	Responsible Officer annual report 2020/2021	<b>PAPER REF</b>	TB21.036
<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		
<b>PURPOSE OF THE PAPER</b>	The Annual Report serves as the vehicle to provide assurance to YAS Trust Board, patients, the public, and the medical profession that the systems and processes underpinning medical 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>	<b>Date:</b>	
<b>RECOMMENDATION(S)</b>	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>No</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"/>	<input checked="" type="checkbox"/>
<b>Equality Impact Assessment</b> <i>If 'Yes' – expand in Section 2. / attached paper</i>		<input type="checkbox"/>	<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 2021 only one doctor had a prescribed connection with the Trust, being wholly employed by Yorkshire Ambulance Service NHS Trust (YAS). The Trust is the 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 and second round of revalidation.

Nine doctors are employed by the Trust on fixed term two year secondments as members of the Critical care Team. Two of these doctors have additional roles with the Trust and are on part time contracts rather than secondments. 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 two General Practitioners, one on a part-time basis and the other on a sessional retainer. Their prescribed connection, as General Practitioners, is with NHS England (North).

The Trust also holds honorary contracts with 20 doctors who are members of YAS BASICS. Of those, 11 also have other connections with the Trust as described elsewhere in this report. 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 organisation;
- checking there are effective systems in place for monitoring the conduct and

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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'



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 17 doctors, and has honorary contracts with eight 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 Deputy Medical Director and the Clinical Director for Integrated Urgent Care (IUC).

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, and another substantively employed doctor is a General Practitioner, the Trust only had one doctor with a Prescribed Connection at 31 March 2021.

The remaining doctors employed by the Trust are on permanent secondment to YAS, have a part-time contract or are General Practitioners, 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 the output from these into their annual medical appraisals.

The Medical Governance Lead receives a monthly summary of all YAS-BASICS activations including a summary of entries from the CAD log. In addition, YAS-BASICS doctors complete and return an audit form for any incidents of significance where the doctor has made any interventions or taken part in any decision making. If required, further information will be requested from the clinicians involved, ensuring appropriate actions have been made, and relevant pathways have been followed.

If specific specialist interventions are undertaken (e.g. Pre-Hospital Emergency Anaesthesia (PHEA) or resuscitative 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 intervention, 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 have all continued to engage with annual medical appraisal and complete medical revalidation on a 5 yearly cycle.

### **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).

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.

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

No issues reported

### **5.5 Clinical Governance**

There have been no adverse clinical incidents or complaints received related to YAS BASICS attendances in 2020/21.

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. pre-hospital emergency anaesthesia), 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 YAS BASICS doctors.



Bi-monthly Critical Care Team governance meetings provide a forum for review of individual incidents, trend analysis, and medically-led audit. The output from these meetings is reported periodically to Clinical Governance Group.

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.

## **6 Revalidation Recommendations**

The medical appraisal and revalidation process was suspended by NHS England during the pandemic, re-commencing in September 2020. In YAS, the annual appraisal process was maintained. Any otherwise overdue revalidation recommendations will be made in the current year.

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

No new doctors with a prescribed connection to the Trust were recruited in 2020/21. However, one doctor was appointed to the Critical Care Team (to replace a resignation), and one new BASICS volunteer was 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 2020/21.

## **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 and subsequently successfully relied upon for the Deputy Medical Director's revalidation recommendation in 2019.



## 11 Corrective Actions, Improvement Plan and Next Steps

No incidents in 2020/21.

## 12 Recommendations

The Board is recommended to approve the Statement of Compliance confirming that the Trust, as a Designated Body, is in compliance with the regulations.

## 13 Statement of Compliance

The Board / executive management team of Yorkshire Ambulance Service 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)]

Official name of designated body: \_\_\_\_\_

Name: \_\_\_\_\_

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

Role: \_\_\_\_\_

Date: \_\_\_\_\_