

Higher Level Responsible Officer Quality Review Summary

Date of Review: 29 November 2016
Trust

Designated Body: Brighton & Sussex University Hospitals NHS

Designated Body:	Brighton & Sussex University Hospitals NHS Trust	Review Team involved:
Type/sector of Designated Body	Acute hospital/secondary care non-foundation trust	Nigel Acheson, Regional Medical Director/Higher level RO, NHS England south region James Thallon, Medical Director/RO, NHS England south, south east local office Sue Doheny, Chief nurse, NHS England south region & NHS Improvement Simon Bennett, Director – Clinical Policy and Professional Standards, Medical Directorate, NHS England Janet King, Director of HR & Corporate Services, Frimley Health NHS FT Sol Mead, lay representative Ros Crowder, Deputy Director (revalidation), NHS England south region Anne Younger, Senior Programme Manager, NHS England south region
Responsible Officer	Steve Holmberg	
Deputy Medical Director/Safety and Quality	Stephen Drage	
Head of Clinical Investigations	Mel Ottewill	
Deputy Medical Director	Keith Altman	
Interim Medical Appraisal and Revalidation Manager	Marc Thompson	
Medical Appraisal and Revalidation Project Support Officer	Agbota Okojie	
Head of Employee Relations and Medical HR	Abbi Denyer	
Senior HR Business Partner/Workforce Efficiencies	Cat Purdie	
Director of Clinical Governance	Lois Howell	
Head of Patient Experience, PALS and complaints	Jane Carmody	

Summary: Brighton and Sussex University Hospitals (BSUH) is an acute teaching hospital working across two main sites:

- Royal Sussex County Hospital in Brighton
- Princess Royal Hospital in Haywards Heath.

The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital. District general hospital services are provided to the local populations in and around the Brighton and Hove, Mid Sussex and the western part of East Sussex and more specialised and tertiary services for patients across Sussex and the south east of England.

Both hospitals provide many of the same acute services for their local populations. In addition, the Princess Royal is the centre for elective surgery and the

Royal Sussex County Hospital is our centre for emergency and tertiary care. The specialised and tertiary services include neurosciences, arterial vascular surgery, neonatal, paediatrics, cardiac, cancer, renal, infectious diseases and HIV medicine. The Trust is also the major trauma centre for Sussex and the South East.

Over three quarters of a million patients are treated each year. Central to the ambition of the Trust is their role as an academic centre, a provider of high quality teaching, and a host hospital for cutting edge research and innovation; partners include Brighton and Sussex Medical School (BSMS), the Kent, Surrey and Sussex Postgraduate Deanery, and local universities.

Documentation provided in advance: Medical appraisal and revalidation end of year report 2016, Internal audit report 2013/14, Raising Concerns/Whistle Blowing Policy and Procedure; Medical Appraisal and Revalidation Policy; Disciplinary Procedure for Medical Staff; Equality Diversity and Human Rights Policy, Statement of Compliance and four anonymised appraisal summaries.

On the day of the review meetings were held with:

Steve Holmberg, Medical Director / Responsible Officer

Stephen Drage, Deputy Medical Director/Safety and Quality

Mel Ottewill, Head of Clinical Investigations

Keith Altman, Deputy Medical Director

Marc Thompson, Interim Medical Appraisal and Revalidation Manager

Agbota Okojie, Medical Appraisal and Revalidation Project Support Officer


Abbi Denyer, Head of Employee Relations and Medical HR

Damian Williamson, Locum bank co-ordinator

Lois Howell, Director of Clinical Governance







Jane Carmody, Head of Patient Experience, PALS and complaints

6 doctors (including one appraiser) plus 1 doctor by phone

The Review Team's Summary: <ul style="list-style-type: none"> • Examples of good practice identified during discussions on the day • Suggested areas for development and resources, some discussed on the day and others identified subsequently by the review team. Both are intended to help with the development of an action plan 		
Examples of good practice	Areas for development	Resources that may be helpful
The Designated Body and Responsible Officer		
<p>The positive steps forward with the development of the improvement academy and the appointment of the clinical governance lead are welcomed. Improvement methodology capability is spreading through the training offered to staff and the projects undertaken. A best of BSUH event is planned for next spring.</p> <p>A governance scorecard is being developed for directorates, to include appraisals. This has potential for enhancing visibility of the medical appraisal position to the Board.</p> <p>Mentors are assigned for new consultants on starting their posts.</p>	<p>Continuation of the plan to involve Clinical Directors in appraisals and to become strong advocates for appraisal is welcomed and supported.</p> <p>There is an opportunity to enable greater linkage between line management reviews and appraisal by encouraging the outputs of performance reviews to be included in portfolios and discussed at appraisal.</p> <p>Consider encouraging greater alignment between required service improvements and the quality improvement activities undertaken by doctors to meet GMC requirements, using the new Improvement Academy to support this.</p> <p>Support for the complex HR challenges is available externally as discussed.</p>	<p>Suggested challenging questions for the Board:</p>  <p>Challenging Questions for Boards.</p> <p>If responses to requests for information are not forthcoming from other ROs the regional team are available to help.</p> <p>The GMC publishes Revalidation Operational Data reports about the revalidation decisions it makes for each designated body. The reports included data for the late recommendations made by each designated body.</p>
Appraisal		
<p>The revalidation team have benefited from enhanced resources and investment in a Revalidation Management system. Their processes</p>	<p>The greater engagement of clinical directors in the identification of Appraisers, in undertaking appraisals</p>	<p>Appraisal Logistics Handbook – link to website: https://www.england.nhs.uk/revalidation/wp-content/uploads/sites/10/2015/11/med-apprs-logstc-</p>




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<p>support doctors to prepare for and complete timely appraisals. Reports are provided for doctors by the revalidation manager, including SIs and complaints.</p>	<p>and in linking line management, job planning and appraisals as an integral part of their leadership role will support progress.</p> <p>Consider the benefits of a system for confirming appropriateness of feedback raters for colleague feedback.</p> <p>Greater involvement of the new Clinical governance director in ensuring appraisals take place and responsibilities are recognised may be beneficial.</p> <p>The regional appraisal lead is available to support appraiser networks as required.</p> <p>Consider measures to monitor and ensure appraisals are provided equally and to consistent standards across the different doctor types within the trust</p>	<p>hndbk.pdf</p> <p>Quality Assurance of medical appraisal: guidance notes: https://www.england.nhs.uk/revalidation/appraisers/ga-guidance-notes/.</p> <p>Appraisal QA Tools – ASPAT, Progress & Excellence:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  150217_MAPS A1 App1_ASPAT form dr:template Sept 2012.c </div> <div style="text-align: center;">  PROGRESS QA </div> <div style="text-align: center;">  Excellence QA tool Oct 2013 v2.doc </div> </div> <p>Appraisal summary and PDP audit tool (ASPAT) – explanatory notes October 2016:</p> <div style="text-align: center;">  20160628 Draft NHS England ASPAT guida </div> <p>Link to Appraiser Training and Support: https://www.england.nhs.uk/revalidation/appraisers/app-train-sup/</p> <p>Examples of good appraisal – Primary care:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Summary of appraisal discussion - </div> <div style="text-align: center;">  3. Summary of the appraisal discussion - </div> </div>

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		<p>Examples of good appraisal – Secondary care & leadership roles:</p> <p>  Summary of appraisal discussion - summary example (gc) RO appraisal</p> <p>Useful appraisal summary stems:</p> <p> Appraisal summary stems.pptx</p> <p>Link to appraiser skills videos https://www.fmlm.ac.uk/resources/medical-appraisal-scenarios http://www.england.nhs.uk/revalidation/Clinical appraisal skills video workshops https://www.youtube.com/playlist?list=PL6IQwMACXkj1zbMA27JZs9SgPXOuwgPWm</p> <p>A guidance document on inputs to appraisal: https://www.england.nhs.uk/revalidation/appraisers/improving-the-inputs-to-medical-appraisal/</p> <p>GMC Case Studies on collecting patient feedback: http://www.gmc-uk.org/doctors/revalidation/colleague_patient_feedback.asp</p> <p>GMC REV6 – request to send a non-engagement concern letter Where local processes are on-going to secure a doctor's engagement, an RO can use the REV6 form where a</p>

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		doctor (whether under notice or not) is not engaging in appraisal or other activities or, the level of their engagement is not sufficient, to support a recommendation.
Monitoring Performance and Responding to Concerns		
<p>A comprehensive process for sharing the learning following serious incidents is in place, including the use of podcasts focused on patients' needs where the themes identified are fictionalised and turned into learning points. A human factors scientist has been involved in this work.</p> <p>A redraft of the MHPS policy is underway to enhance the robustness of processes.</p>	<p>Enhancing the robustness of performance management and clarifying the link between line management and appraisals could be beneficial.</p> <p>Consider how external HR support may be utilised to address the current challenges.</p>	<p>Risk assessment for establishing levels of concerns:</p>  <p>Establishing Levels of concerns.pdf</p> <p>Link to NHS England information flows guidance to support medical governance and responsible officer statutory function. It sets out the common legitimate channels and arrangements for the flow of information flows and gives toolkits and good practice examples. The guidance is relevant to ROs, appraisal leads, HR and clinical governance colleagues. https://www.england.nhs.uk/revalidation/ro/info-flows/</p>
Recruitment and Engagement		
	Consider the potential for reporting details of staffing, use of locums etc. to the Board on a regular basis.	Link to NHS Employment Check Standards: http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-




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	<p>Consider the process for providing feedback on locums to agencies and ensuring appropriate action is taken on concerns.</p>	<p>check-standards</p> <p>Link to GMC guidance on employing a doctor http://www.gmc-uk.org/doctors/register/employing_a_doctor.asp</p> <p>Letter from Nigel Acheson to Responsible Officers, Medical Directors and Directors of HR (South region) about employing doctors</p>  <p>160106 To ROs, MDs & HRDs re Employer</p> <p>Information about HPANs: http://www.ncas.nhs.uk/about-ncas/alert-notices/</p> <p>NHS Employers information and toolkits for helping the NHS recruit staff with values that fit with their organisation: http://www.nhsemployers.org/your-workforce/recruit/employer-led-recruitment/values-based-recruitment</p>
<p>Other – Public and Patient Involvement etc.</p>		
<p>The patient experience panel is being reviewed and will be co-chaired with Healthwatch. Healthwatch are involved in reviewing anonymised complaints and the responses provided by the Trust.</p>	<p>Consider opportunities for enhancing patient/public involvement in the appraisal/revalidation processes.</p>	<p>Suggested opportunities for involving patients & public:</p>

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		 Opportunities for Patient and Public Eng Leaflets - information for patients – Hapia & GMC:   Revalidation_Leaflet- AUGUST19-2013-2-M GMC Patient feedback.pdf