Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 12 March 2025

TB2025.23

Title:	**Responsible Officer's Annual Report 2023/24 Annex A**

Status:	**For Decision**
History:	**Responsible Officer's Annual Report approved by Trust Board 11 September 2024**

Board Lead:	**Chief Medical Officer**
Presenter:	**Professor Andrew Brent**
Author:	**Dr Anny Sykes, Deputy Chief Medical Officer**
Confidential:	**No**
Key Purpose:	**Strategy, Assurance, Policy, Performance.**

1. Introduction and Background

1.1. Further to the approval of the Responsible Officer's Annual Report 2023/24 by the Trust Board in September 2024 (copy in the Reading Room), NHS England requested completion of an additional appendix (Annex A) which builds upon that submission and provides a more data driven approach to reporting.

1.2. The Trust continues to report strong performance in all additional areas reportable to NHS England.

1.3. The Trust Management Executive is asked to note two key additional actions:

- Extending the reporting of medical concerns to include the outcome of concerns, country of primary medical qualification, and protected characteristics.
- Continue to implement provision of Leading with Kindness / Kindness into Action training.

2. Recommendations

2.1. The Trust Board is asked to review Annex A and approve submission to NHS England to supplement the Responsible Officer's Annual Report 2023/24.

Annex A

Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

The content of this template is updated periodically so it is important to review the current version online at NHS England » Quality assurance *before completing.*

Section 1 – Qualitative/narrative
Section 2 – Metrics
Section 3 – Summary and conclusion
Section 4 – Statement of compliance

Section 1 Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to use concise narrative responses in preference to replying yes/no.

1A – General

The board/executive management team of Oxford University Hospitals NHS Foundation Trust can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Action from last year:	n/a
Comments	Prof Andrew Brent GMC 4645232 was appointed to the role of Responsible Officer on 9th October 2023.
Action for next year:	n/a

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Yes / No:	Yes
Action from last year:	n/a
Comments:	Revalidation team in place including Revalidation manager and Director of Medical workforce to support RO in role
Action for next year:	n/a

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Action from last year:	n/a
Comments:	The Trust uses the SARD appraisal and revalidation system to keep track of doctors with a prescribed connection, monitor appraisal compliance and log revalidation dates. This is matched against the GMC Connect database on a monthly basis to ensure all connected doctors are being supported.
Action for next year:	n/a

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year:	n/a
Comments:	The Medical Appraisal and Revalidation Policy is routinely reviewed every 3 years and more frequently if required. This is currently in the process of being reviewed. This is managed by the HR Policies and Procedures Team. This is currently due for review however major changes are not expected as the statutory process hasn't altered.
Action for next year:	n/a

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Action from last year:	n/a
Comments:	A peer review is due to be undertaken. This has not been possible in recent years due to the COVID-19 pandemic and capacity issues within the team.
Action for next year:	Peer review to be completed.

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Action from last year	n/a
Comments:	All doctors with a prescribed connection for revalidation are supported equally with appraisal and revalidation requirements regardless of tenure. The Trust has brought management of its medical bank in house and therefore doctors supplying short term or locum services must hold either a substantive or an honorary contract of employment with the Trust and are able to access the same support as other medical staff. This includes medical induction, access to Trust training resources for CPD, and appraisal and revalidation support. Governance arrangements are the same for all medical staff including locum doctors and those on a short-term placement.
Action for next year	n/a

1B – Appraisal

1B(i) Doctors in our organisation have an annual appraisal that covers a doctor's whole practice for which they require a GMC licence to practise, 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:	n/a
Comments:	Appraisals are monitored to ensure that they take place on time and to standard. SARD is used as appraisal platform which includes information about complaints, significant events and clinical outcomes. All appraisers receive training to ensure they are equipped to fulfil the appraiser role including ensuring that the appraisal covers a doctor's whole practice and takes account of all relevant information.
Action for next year:	n/a

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year	n/a
Comments:	A robust follow up process and escalation strategy is in place to ensure any outliers are supported appropriately to comply with requirements. Appraisal completion rate remains high.
Action for next year:	n/a

1B(iii) 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:	n/a
Comments:	In place - no change from previous report
Action for next year:	n/a

1B(iv) Our organisation has the necessary number of trained appraisers[1] to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	n/a
Comments:	No change - organisation has appropriate number of appraisers who undertake between 5 and 20 appraisals per year
Action for next year:	n/a

[1] While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

1B(v) 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 or equivalent).

Action from last year:	n/a
Comments:	Appraisers are required to attend 2/3 network events per annum. These appraiser network events provide an opportunity for both continuing professional development and peer support. Appraisers are also able to access advice from the Director of Medical Workforce / Deputy Chief Medical Officer and the Revalidation team. The Appraisal Summary and PDP Audit Tool (ASPAT) Quality Assurance tool has been implemented. Feedback is also sought from appraisees for all appraisers.
Action for next year:	n/a

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year:	n/a
Comments:	The appraisal and revalidation process is closely monitored and all departures from expected process or standards are escalated so that appropriate support/actions can be instigated. These processes and process and outcome metrics are included in the annual Responsible Officer's Report to the Trust Board.
Action for next year:	n/a

1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Action from last year:	n/a
Comments:	The RO takes prompt action to make any necessary recommendations to the GMC following discussion with the Chief People Officer and senior medical and HR colleagues in the Trust Medical Concerns group. The CMO meets regularly with the GMC ELA.
Action for next year:	n/a

1C(ii) 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, or where this does not happen, the reasons are recorded and understood.

Action from last year:	N/A
Comments:	All doctors receive a personal letter from the Responsible Officer, including the reasons for deferral and an action plan if a recommendation has been made to defer revalidation.

Action for next year:	n/a

1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year:	n/a
Comments:	Clinical governance is embedded throughout the organisation. CMO and CNO are joint executive leads for quality and safety which includes clinical governance and there is a longstanding, reliable system of governance meetings, practitioners and reporting structures. Mechanisms include, but are not limited to, clinical audit, peer reviews, morbidity and mortality meetings, Patient Safety Incident Response Framework, formal medical concerns processes, Getting It Right Frist Time, formal risk registers and quality improvement frameworks. Further details are included in the OUH annual report.
Action for next year:	n/a

1D(ii) Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation.

Action from last year:	n/a
Comments:	Performance is reviewed as part of appraisal process. Specific issues may also be raised through morbidity and mortality meetings, patient safety incidents and learning from deaths processes. Issues related to conduct are raised by exception and there is a strong executive support for raising concerns, including in relation to bullying and harassment including sexual harassment. For those individuals flagged as having conduct or performance concerns, both dedicated ad hoc meetings and regular monthly Medical Concerns meetings are held with the CMO, CPO, Divisional Medical Directors / Divisional Directors and other senior medical and HR representatives to discuss any conduct and/or performance concerns about doctors working at OUH. The Responsible Officer meets regularly with the GMC Employer Liaison Advisor with whom he discusses relevant issues. Information is shared with other Responsible Officers and designated bodies as required in line with national guidance (see below).
Action for next year:	n/a

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Action from last year:	n/a
Comments:	Statutory and mandatory training records, MSF reports conducted in SARD, job plans and research reports are directly imported into a doctor's appraisal form. Information on involvement in incidents and complaints is provided to each doctor by the Revalidation Team.
Action for next year:	n/a

1D(iv) There is a process established for responding to concerns about a medical practitioner's 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:	n/a
Comments:	The Trust has a *Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure* in place which includes arrangements for investigation and intervention for all concerns relating to medical practitioners.
Action for next year:	n/a

1D(v) 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 and country of primary medical qualification.

Action from last year:	n/a
Comments:	All formal concerns are recorded on our employee relations system and reported quarterly to our Trust Board via the Chief People Officer. Information includes number and type of cases as well as protected characteristics. A separate quarterly report on concerns related to doctors is reported to the Trust Board via the Chief Medical Officer which includes details of GMC fitness to practice concerns.
Action for next year:	Extend the reporting of medical concerns to include outcome of concerns, country of primary medical qualification, and protected characteristics.

1D(vi) 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 our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Action from last year:	n/a
Comments:	The Trust uses the MPiT form and process to "push" and "pull" information in line with NHS England standards
Action for next year:	n/a

1D(vii) 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:	n/a
Comments:	An equality impact assessment is completed for the Trust procedure for handling concerns which addresses the potential impact on staff in each protected characteristic group and where action is required to ensure fair process. The Responsible Officer also discusses all serious medical concerns with the Chief People officer, with senior medical and HR colleagues in

	the Medical Concerns group and with the Practitioner Performance Advisory service (PPA).
Action for next year:	n/a

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Action from last year:	n/a
Comments:	Information shared via SE medical directors group and SE RO and appraiser network meetings reviewed and incorporated where relevant and appropriate into OUH systems. A recent example is the development of a Trust policy for governance of Physician Associates in the context of evolving national guidance around the deployment and regulation of Physician Associates.
Action for next year:	Review updated national guidance around regulation of Physician Associates and update Trust policy as required.

1D(ix) Systems are in place to review professional standards arrangements for all healthcare professionals with actions to make these as consistent as possible (Ref Messenger review).

Action from last year:	n/a
Comments:	There is a *Supporting Employee Workforce Performance Procedure* in place (previously *Managing Work Performance Procedure and Capability Due to Ill Health Procedure*) which covers standards for all non-Medical and Dental Health Professionals. This links to other policies such as the *Core Skills Policy* and the *Expected Standards of Conduct and Behaviour Policy*. There is a separate Policy for Medical and Dental staff (*Handling of Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners*)
Action for next year:	n/a

1E – Employment Checks

1E(i) 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:	n/a
Comments:	All recruitment checks are completed as per NHS Employers standards. There is a dedicated recruitment and selection procedure for Consultant recruitments which also aligns to NHS Employers standards.
Action for next year:	n/a

1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Action from last year:	n/a
Comments:	OUH has implemented Leading with Kindness and Inclusive leadership training for senior leaders, and Kindness into Action training for all staff. Policies and procedures support a just culture throughout the organisation, which is reinforced by senior leaders. The GMC have also provided face to face training on professional standards in 2024 and further training is planned for 2025.
Action for next year:	n/a

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Action from last year:	n/a
Comments:	Inclusive recruitment training has been implemented for all recruiting managers from October 2024. A mandatory requirement is that the lead interviewer has completed the training for all interview panels from April 2025. Kindness into Action is our Trust wide approach to creating a kinder, more respectful and civil working environment and the vision of the OUH People Plan 'To make OUH a great place to work where we all feel we belong'. The Kindness into Action programme began in October 2022 and is now entering its third year. The programme is designed to help our staff to have better conversations at work by developing their skills and confidence to speak up and give feedback. The Leading with Kindness course recognises the important role that people managers play in creating a positive work culture by providing more time to consider your impact at work. The course consists of a live workshop and three e-learning modules. Support is provided for key staff groups through Staff Networks, each of which has an executive sponsor. These include the Women's Network, Disability Network, BAME Network and the LGBT+ Network.
Action for next year:	Continue to provide Leading with Kindness / Kindness into Action training

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Action from last year:	n/a
Comments:	The Trust has appointed several Freedom to Speak Up Guardians who support any worker to speak up when they feel that they are unable to do so by other routes. They ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken. The Trust looks to ensure that Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up and their voices will be heard, and their suggestions acted upon.
Action for next year:	n/a

1F(iv) Mechanisms exist that support feedback about the organisation' professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Action from last year:	n/a
Comments:	Feedback mechanisms are in place to enable continuous improvement in professional activities. For example, all appraisees are invited to review their appraisal experience. This forms the basis of an annual personal report for each appraiser and feeds into continuous improvement of appraisal services. There is a formal grievance procedure in place for staff and a clear process for patients and / or members of the public to follow if they wish to complain.
Action for next year:	n/a

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the Equality Act.

Action from last year:	n/a
Comments:	OUH has not recorded this information up to this point but propose to start recording and reporting country of primary medical qualification and protected characteristics going forward.
Action for next year:	Extend the reporting of medical concerns to include outcome of concerns, country of primary medical qualification, and protected characteristics.

1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Action from last year:	n/a
Comments:	OUH has previously engaged with a partner organisation to carry out a peer review however this was delayed due to the COVID-19 pandemic and capacity issues at both organisations.
Action for next year:	Peer review to be completed.

Section 2 – metrics

Year covered by this report and statement: 1April 2023 - 31March 2024

All data points are in reference to this period unless stated otherwise.

2A General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March	1886

2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	**1577**
Total number of appraisals approved missed	**238**
Total number of unapproved missed	**71**

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	303
Total number of late recommendations	0
Total number of positive recommendations	256
Total number of deferrals made	47
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0

2D – Governance

Total number of trained case investigators	50 (22 MHPS)
Total number of trained case managers	20
Total number of new concerns registered	**6**
Total number of concerns processes completed	**3**
Longest duration of concerns process of those open on 31 March 2024	293 days – Conduct Concern
Median duration of concerns processes closed between 1 April 2023 and 31 March 2024	420 days
Total number of doctors excluded/suspended	3
Total number of doctors referred to GMC	**0**

2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	965
Number of new employment checks completed before commencement of employment	Data not currently collected. Process includes employment checks for all new staff but there is no easy way to audit this without reviewing each record individually for which there is no capacity.

2F Organisational culture

Total number claims made to employment tribunals by doctors	1 (in 2023/24)
Number of these claims upheld	n/a – cases not yet heard at Tribunal
Total number of appeals against the designated body's professional standards processes made by doctors	0
Number of these appeals upheld	n/a

Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board report:
Please see full Board report accompanying this document.
Actions still outstanding:
Please see full board report accompanying this document for summary of progress against 2022/23 action plan.
Current issues:
Please see full Board report accompanying this document.
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
Please see full Board report accompanying this document.
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):
Please see full Board report accompanying this document.

Section 4 – Statement of Compliance

The Board/executive management team have 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 the designated body:	

Name:	
Role:	
Signed:	
Date:	