Annual Organisational Audit (AOA)
End of year questionnaire 2018-19

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Description	The AOA (Annex C of the Framework for Quality Assurance) is a standardised template for all responsible officers to complete and return to their higher level responsible officer via the Revalidation Management System. AOAs from all designated bodies will be collated to provide an overarching status report of progress across England.
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Contact Details for further information	Lynda Norton Professional Standards Team Quarry House Leeds LS2 7UE 0113 825 1463

Document Status

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Annual Organisational Audit (AOA) End of year questionnaire 2018-19

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Prepared by: Lynda Norton Project Manager for Quality Assurance, NHS England

Classification: OFFICIAL

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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Contents

Introduction

The Annual Organisational Audit (AOA) is an element of the Framework of Quality Assurance (FQA) and is a standardised template for all responsible officers to complete and return to their higher level responsible officer. AOAs from all designated bodies will be collated to provide an overarching status report of the responsible officer function across England. Where small designated bodies are concerned, or where types of organisation are small, these will be appropriately grouped to ensure that data is not identifiable to the level of the individual.

As the first cycle of medical revalidation is now complete, it is the right time to update the FQA and its underpinning annexes. The update started by reviewing the AOA and taking account of the feedback received at the beginning of this work, we have produced a slimmed down questionnaire for responsible officers to compete for the 2018/19 exercise.

In response to feedback from designated bodies, we have simplified the categories of appraisals in the 2018/19 AOA to:

- Category 1 - a single figure of completed medical appraisals
- Category 1a – fully compliant appraisal figure (optional)
- Category 2 – no change (‘approved missed’ e.g. maternity, sickness)
- Category 3 – no change (‘unapproved missed)

This slimmed down AOA concentrates primarily on the quantitative measures of previous AOAs, the numbers of doctors with a prescribed connection and their appraisal rates. As the systems and processes that support medical revalidation are established, the emphasis has moved to reporting on how these should be developed year on year through the newly revised Board report instead. The Board report is also a component of the FQA. In time, we expect to introduce suitable quantitative measures about the remaining components of the responsible officer function, for example responding to concerns, monitoring of performance and identity checks.

The AOA 2018/19 questionnaire is divided into four sections:

Section 1: The designated body and the responsible officer
Section 2: Appraisal
Section 3: Annual Board report and Statement of Compliance
Section 4: Additional Comments

The questionnaire is to be completed by the responsible officer on behalf of the designated body for the year ending 31 March 2019. Inputting the information can be appropriately delegated. The completed questionnaire should be submitted before or by the deadline

The final date for submission will be detailed in an email containing the link to the electronic version of the form, which will be sent after 31 March 2019. Whilst NHS England is a single designated body, for this audit, the national, regional and local offices of NHS England should answer as a ‘designated body’ in their own right..

Following completion of this AOA exercise, designated bodies should:

- Consider using the information gathered to produce a status report and to conduct a review of their organisations’ appraisal developmental needs.

- Complete their Board report and submit it to NHS England by 27 September 2019. The Board report template has also been revised as described above and now includes the annual statement of compliance. The new version will enable designated bodies to review and develop their systems and processes. It will also enable them to provide assurance that they are supporting patient care by fulfilling their statutory obligations in respect of the responsible officer function.

For further information, references and resources can be found at page 16
www.england.nhs.uk/revalidation

2 Guidance for submission

Guidance for submission:

- A small number of questions require a ‘Yes’ or ‘No’ answer. To answer ‘Yes’, you must be able to answer ‘Yes’ to all the statements listed under ‘to answer ‘Yes’’
- Please do not use this version of the questionnaire to submit your designated body’s response.
- You will receive an email with an electronic link to a unique version of this form for your designated body.
- You should only use the link received from NHS England by email, as it is unique to your organisation.
- Once the link is opened, you will be presented with two buttons; one to download a blank copy of the AOA for reference, the second button will take you to the electronic form for submission.
- Submissions can only be received electronically via the link. Do not complete hardcopies or email copies of the document.
- The form must be completed in its entirety prior to submission; it cannot be part-completed and saved for later submission.
- Once the ‘submit’ button has been pressed, the information will be sent to a central database collated by NHS England.
- A copy of the completed submission will be automatically sent to the responsible officer.
- Please be advised that Questions 1.1-1.3 may have been automatically populated with information previously held on record by NHS England. The submitter is responsible for checking the information is correct and should update the information if and where required before submitting the form.

3 Section 1 – The Designated Body and the Responsible Officer

Section 1	The Designated Body and the Responsible Officer
	Name of designated body: Sherwood Forest Hospitals NHS Foundation Trust
	Head Office or Registered Office Address if applicable line 1 King's Mill Hospital Site
	Address line 2 Mansfield Road
	Address line 3
	Address line 4
	City Sutton-In-Ashfield
	County Nottinghamshire Postcode NG17 4JL
	Responsible officer: No Medical Director ☐ Title Dr GMC registered first name Andrew GMC registered last name Haynes GMC reference number Phone 01623 622515 Email Andrew.haynes1@nhs.net
	Medical Director: No Medical Director ☐ Title Dr GMC registered first name Andrew GMC registered last name Haynes GMC reference number 2953241 Phone 01623 622515 Email Andrew.haynes1@nhs.net
	Clinical Appraisal Lead: No Clinical Appraisal Lead ☐ Title Dr GMC registered first name Muhammad GMC registered last name Noor GMC reference number 4247263 Phone 01623 622515 Email Muhammed.noor@nhs.net
	Chief Executive (or equivalent): Title Mr GMC registered first name Richard Last name Mitchell GMC reference number (if applicable) N/A Phone 01623 622515 Email richard.mitchell2@nhs.net

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1.2	**Type/sector of designated body:** (tick one)	NHS	Acute hospital/secondary care foundation trust	✓
			Acute hospital/secondary care non-foundation trust	☐
			Mental health foundation trust	☐
			Mental health non-foundation trust	☐
			Other NHS foundation trust (care trust, ambulance trust, etc)	☐
			Other NHS non-foundation trust (care trust, ambulance trust, etc)	☐
			Special health authorities – NHS Litigation Authority, now NHS Resolution, NHS Improvement, NHS Blood and Transplant, etc)	☐
		NHS England	NHS England (Local office)	☐
			NHS England (regional office)	☐
			NHS England (national office)	☐
		Independent / non-NHS sector (tick one)	Independent healthcare provider	☐
			Locum agency	☐
			Faculty/professional body (FPH, FOM, FPM, IDF, etc)	☐
			Academic or research organisation	☐
			Government department, non-departmental public body or executive agency	☐
			Armed Forces	☐

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☐

☐

1.3	**The responsible officer's higher level**	NHS England North	☐
	responsible officer is based at: [tick one]	NHS England Midlands and East	✓
		NHS England London	☐
		NHS England South East	☐
		NHS England South West	☐
		NHS England (National)	☐
		Department of Health	☐
		Faculty of Medical Leadership and Management -for NHS England (national office) only	☐
		Other (Is a suitable person)	
1.4	**A responsible officer has been nominated/appointed in compliance with the regulations.** To answer 'Yes': • The responsible officer has been a medical practitioner fully registered under the Medical Act 1983 throughout the previous five years and continues to be fully registered whilst undertaking the role of responsible officer. • The responsible officer has been formally nominated/appointed by the board or executive of the organisation.		✓ **Yes** ☐ No

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Section 2 – Appraisal

Section 2	Appraisal						
2.1	IMPORTANT: Only doctors with whom the designated body has a prescribed connection at 31 March 2019 should be included. Where the answer is 'nil' please enter '0'. **See guidance notes on pages 12 – 14 for assistance completing this table**		1	1a	2	3	
		Number of Prescribed Connections	**Completed Appraisal (1)**	**(Optional)Completed Appraisal (1a)**	**Approved incomplete or missed appraisal (2)**	**Unapproved incomplete or missed appraisal (3)**	**Total**
2.1.1	**Consultants** (permanent employed consultant medical staff including honorary contract holders, NHS, hospices, and government /other public body staff. Academics with honorary clinical contracts will usually have their responsible officer in the NHS trust where they perform their clinical work).	168	152	0	15	1	168
2.1.2	**Staff grade, associate specialist, specialty doctor** (permanent employed staff including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere, NHS, hospices, and government/other public body staff).	62	59	0	3	0	62
2.1.3	**Doctors on Performers Lists** (for NHS England and the Armed Forces only; doctors on a medical or ophthalmic performers list. This includes all general practitioners (GPs) including principals, salaried and locum GPs).	0	0	0	0	0	0
2.1.4	**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).	0	0	0	0	0	0
2.1.5	**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).	78	71	0	7	0	78
2.1.6	**Other doctors with a prescribed connection to this designated body** (depending on the type of designated body, this category may include responsible officers, locum doctors, and members of the faculties/professional bodies. It may also include some non-clinical management/leadership roles, research, civil service, doctors in wholly independent practice, other employed or contracted doctors not falling into the above categories, etc).	0	0	0	0	0	0
2.1.7	**TOTAL** (this cell will sum automatically 2.1.1 – 2.1.6).	**308**	**282**	**0**	**25**	**1**	**308**

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2.1	**Column -Number of Prescribed Connections: Number of doctors with whom the designated body has a prescribed connection as at 31 March 2019** The responsible officer should keep an accurate record of all doctors with whom the designated body has a prescribed connection and must be satisfied that the doctors have correctly identified their prescribed connection. Detailed advice on prescribed connections is contained in the responsible officer regulations and guidance and further advice can be obtained from the GMC and the higher level responsible officer. The categories of doctor relate to current roles and job titles rather than qualifications or previous roles. The number of individual doctors in each category should be entered in this column. Where a doctor has more than one role in the same designated body a decision should be made about which category they belong to, based on the amount of work they do in each role. Each doctor should be included in only one category. For a doctor who has recently completed training, if they have attained CCT, then they should be counted as a prescribed connection. If CCT has not yet been awarded, they should be counted as a prescribed connection within the LETB AOA return. **Column -Measure 1 Completed medical appraisal:** A *completed annual medical appraisal* is one where either: a) All of the following three standards are met: i. the appraisal meeting has taken place in the three months preceding the agreed appraisal due date*, ii. the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, iii. the entire process occurred between 1 April and 31 March. Or b) the appraisal meeting took place in the appraisal year between 1 April and 31 March, and the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor, but one or more of the three standards in a) has been missed. However, the judgement of the responsible officer is that the appraisal has been satisfactorily completed to the standard required to support an effective revalidation recommendation. For doctors who have recently completed training, it should be noted that their final ACRP equates to an appraisal in this context. **Column -Measure 1a (Optional) Completed medical appraisal:** For designated bodies who wish to and can report this figure, this is the number of completed medical appraisals that meet all **three** standards defined in Measure 1 a) above. This figure is not reported nationally and is intended to inform the internal quality processes of the designated body.	

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	Column - Measure 2: Approved incomplete or missed appraisal: An a*pproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of a *Category 1 completed annual medical appraisal*, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an *Approved incomplete or missed annual medical appraisal*. **Column - Measure 3: Unapproved incomplete or missed appraisal:** An *Unapproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of a *Category 1 completed annual medical appraisal*, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an *Unapproved incomplete or missed annual medical appraisal*. **Column Total:** Total of columns 1+2+3. The total should be equal to that in the first column (Number of Prescribed Connections), the number of doctors with a prescribed connection to the designated body at 31 March 2019. * Appraisal due date: A doctor should have a set date by which their appraisal should normally take place every year (the 'appraisal due date'). The appraisal due date should remain the same each year unless changed by agreement with the doctor's responsible officer. Where a doctor does not have a clearly established appraisal due date, the next appraisal should take place by the last day of the twelfth month after the preceding appraisal. This should then by default become their appraisal due date from that point on. For a designated body which uses an 'appraisal month' for appraisal scheduling, a doctor's appraisal due date is the last day of their appraisal month. For more detail on setting a doctor's appraisal due date see the Medical Appraisal Logistics Handbook: (NHS England 2015).	

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2.2	**Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded** If all appraisals are in Categories 1, please answer N/A. To answer Yes: • The responsible officer ensures accurate records are kept of all relevant actions and decisions relating to the responsible officer role. • The designated body's annual report contains an audit of all missed or incomplete appraisals (approved and unapproved) for the appraisal year 2018/19 including the explanations and agreed postponements. • Recommendations and improvements from the audit are enacted. **Additional guidance:** A missed or incomplete appraisal, whether approved or unapproved, is an important occurrence which could indicate a problem with the designated body's appraisal system or non-engagement with appraisal by an individual doctor which will need to be followed up. **Measure 2: Approved incomplete or missed appraisal:** An a*pproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of a *Category 1 completed annual medical appraisal*, but the responsible officer has given approval to the postponement or cancellation of the appraisal. The designated body must be able to produce documentation in support of the decision to approve the postponement or cancellation of the appraisal for it to be counted as an *Approved incomplete or missed annual medical appraisal*. **Measure 3: Unapproved incomplete or missed appraisal:** An *Unapproved incomplete or missed annual medical appraisal* is one where the appraisal has not been completed according to the parameters of a *Category 1 completed annual medical appraisal*, and the responsible officer has not given approval to the postponement or cancellation of the appraisal. Where the organisational information systems of the designated body do not retain documentation in support of a decision to approve the postponement or cancellation of an appraisal, the appraisal should be counted as an *Unapproved incomplete or missed annual medical appraisal*.	✓ **Yes** ☐ No ☐ N/A

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5 Section 3 – Annual Board Report and Statement of Compliance

Section 3		
3.	The last Annual Board Report was signed off on: The last Statement of Compliance was signed off on: 30th August 2018 The last Statement of Compliance was signed off on: 30th August 2018.	

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6 Section 4 – Comments

Section 3	Comments	
4		

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7 Reference

Sources used in preparing this document

1 The Medical Profession (Responsible Officers) Regulations 2010 (Her Majesty's Stationery Office, 2013)

2 The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (Her Majesty's Stationery Office, 2013)

3 The Medical Act 1983 (Her Majesty's Stationery Office, 1983)

4 The National Health Service (Performers Lists) (England) Regulations 2013

5 Revalidation: A Statement of Intent (GMC and others, 2010)

6 Guidance on Colleague and Patient Questionnaires (GMC, 2012)

7 Effective clinical governance for the medical profession: A handbook for organisations employing, contracting or overseeing the practice of doctors (GMC 2018)

8 The GMC protocol for making revalidation recommendations: Guidance for responsible officers and suitable persons (GMC, 2012, updated in 2014)

9 Providing a Professional Appraisal (NHS Revalidation Support Team, 2012)

10 Appraisal in the Independent Health Sector (British Medical Association and Independent Healthcare Advisory Services, 2012)

11 Joint University and NHS Appraisal Scheme for Clinical Academic Staff (Universities and Colleges Employers Association, 2002, updated in 2012)

12 Preparing for the Introduction of Medical Revalidation: a Guide for Independent Sector Leaders in England (GMC and Independent Healthcare Advisory Services, 2011, updated in 2012)

13 Medical Appraisal Logistics Handbook (NHS England, 2015)

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