

NHS England North (Yorkshire and the Humber) Annual Assurance Report on Revalidation and the Responsible Officer Regulations 2015/16

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Annual Organisational Audit 2015/16

NHS England North (Yorkshire and the Humber) Report on Revalidation and the Responsible Officer Regulations

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1 Executive summary

The Responsible Officer Regulations provide an unprecedented degree of leverage to assure the quality of medical standards of medical staff across all NHS and independent sector providers. Revalidation offers the opportunity for quality improvement and reduced patient safety incidents. This is facilitated through robust appraisal and clinical governance systems and the alignment of medical appraisals with organisational priorities.

The benefits are already being noted but there remains scope for greater integration of revalidation processes within wider organisational systems and wider organisational systems enabling full potential realisation.

Across Yorkshire and the Humber there are 3 locality offices responsible for more doctors than any other DCO. We are particularly fortunate in Yorkshire and Humber to have a large number of senior appraisers with a wealth of knowledge of the appraisal process and who have a clear understanding of the value that appraisal can bring to both the doctor and their patients by encouraging a culture of continual learning and quality improvement. It is a guiding principle for the whole team that appraisal and revalidation should not be seen as a tick box exercise and our lead appraisers are key in spreading this message and ethos.

We continue to recruit new appraisers to our network, and have a steady stream of applicants for training. This enables our lead appraisers to maintain their teaching and training skills for appraisers and facilitates ongoing development of all our appraisers as the shared learning from experienced appraiser and newer appraisers who are on occasion more open to new ways of working has been of great benefit

The Yorkshire and the Humber local programme aims during 2015/16 appraisal cycle were to ensure:

- 99.9% prescribed connection completed appraisal by 31st March 2016
- 98% appraisals undertaken from April 15 to Feb 16
- <2% of appraisals to be conducted in March 16 and only with explicit approval
- 0% appraisals to be undertaken post 31st March 2016 or if so Doctor managed through the framework for performers concerns
- <3% doctors exempted
- 95% appraisals to be returned within 28 days
- Appraisers to receive 6 monthly doctor feedback reports and real time quality assurance scores in addition to support from locality office and clinical appraisal lead (to include example as annex)

The appraisal and revalidation function has delivered a successful programme for 15/16, exceeding the majority of our local programme objectives.

- 100% of all doctors across Yorkshire and The Humber who required an appraisal completed an appraisal between the 1st April 2015 and the 31st March 2016.
- Less than 3% of all doctors were exempted from appraisal
- Appraisal uptake of 97.3% achieved.

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- Revalidation recommendation deferral rates remain at less than 10%
- Third tranche of recommendations submitted to the GMC, across Yorkshire and the Humber. Therefore vast majority of doctors registered at start of Medical Revalidation in December 2012 with a prescribed connection have now been revalidated.
- Ongoing programme of calibration and alignment across 3 locality offices and progressing quality of the programme

The appraisal team acknowledge that even on this background of great achievements there is no time to rest on the laurels of our success; the following objectives will form an improvement plan for 2016/17.

- Further work to align revalidation recommendation processes, measure will be similar deferral rates and 100% of recommendations submitted on time.
- Monitor appraisal exemptions in particular doctors with health concerns ensuring signposting to services and early outreach.
- 95% of documents to be submitted within 28 days of the appraisal meeting.
- Implement appraisers completing a reflective note for appraisal documents received after 28 days.
- Utilise notifications for management of appraisal documentation returns (14 & 21 days).
- Scope of work alignment across Y&H.
- Reflective template support further development of appraisers.
- 6 monthly doctor feedbacks.
- Achieve minimum QA 2 per appraiser
- Integration of PAGs and shared resources in managing performance concerns most effectively.

This year has seen a high proportion of performance cases closed, demonstrating the effectiveness of the Performance Advisory Groups and Performers List Decision Panels along with the engagement of the appropriate third party organisations in supporting practitioners in remediation and development to rectify any areas of deficiency quickly and efficiently.

In light of the transition to Primary Care Support England it will be of paramount importance to offer support and advice, and where possible take action to reduce delays on performer inclusion, transfers and resignations. It will also be crucial to ensure that practitioners are adequately engaged through the induction and refresher scheme or are signposted to this scheme on exit from or return to UK practise to support the emphasis on recruitment, retraining and retention in accordance with the Five Year Forward View.

The focus on the upcoming year will be to continue to engage practitioners with performance concerns quickly and efficiently to enable them to continue to deliver a quality service. In particular we aim to

- Ensure the rollout of a feedback programme from practitioners who have been through the managing performance concerns process, to understand and implement improvements where possible.

- Ensure consistency of decision making and calibration, we will seek to implement a single Yorkshire and Humber medical PAG.
- Consolidate resources with a focus on sharing Clinical Adviser resource across Yorkshire and Humber
- Continue to reduce the percentage of cases referred to Performers List Decision Panels with a focus on engaging with the practitioner locally
- Progress the implementation and focus of the Performance assurance and oversight group

The Senior Management Team board are asked to:

- Note final end of year position (Yorkshire and The Humber) and provide comments.
- If agreeable, support and sign the Designated Body Statement of Compliance (to be submitted to the Regional Team, Higher Responsible Officer). Attached as appendix A.

2 Purpose of Paper

The purpose of this report is to provide the Regional Director and Regional Medical Director of the North Region and the Director of Commissioning Operations (DCO) of Yorkshire and the Humber with a summary of the progress of revalidation within the local office through the results of the Annual Organisational Audit (AOA) data collection exercise held in May 2016.

This report will feed in to the annual overall report to the board of NHS England due in September 2016.

This report covers the appraisal year 2015/16 (April 15 to March 16) and Revalidation Year 3. Geographically the report covers the previous locality teams of North Yorkshire and the Humber, West Yorkshire and South Yorkshire, collectively now reported as Yorkshire and the Humber.

3 Background

Revalidation is the process by which licensed doctors demonstrate to the GMC, that they are up to date and fit to practise. Following an extensive period of preparation, 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.

The cornerstone of the revalidation process is doctor participation in annual medical appraisal. Medical appraisal is the appraisal of a doctor by a trained appraiser, informed by supporting information defined by the GMC, in which the doctor demonstrates that they are practising in accordance with the GMC Good Medical Practice Framework across the whole of their scope of practice.

Organisations have a statutory duty to support their Responsible Officers in discharging their duties under the Responsible Officer Regulations and it is expected executive teams 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 doctors;
- confirming that feedback from patients and colleagues is sought periodically so that their views can inform the appraisal and revalidation process for their doctors;
- ensuring 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

Responsibility for maintaining the national Performer's List is managed through Primary Care Support England (provided by Capita) across Yorkshire and the Humber with an overall lead from NHS England ensuring the consistent delivery of the regulatory requirements.

Performer's List arrangements are supported by a local Performance Advisory Group (PAG) reflecting national guidance; PAG considers all concerns relating to an individual practitioner's performance with a focus on ensuring patient safety and assuring a practitioner's fitness for purpose. This group also has a responsibility to ensure that performers are treated fairly and equitably and that any action is appropriate and proportionate.

The Performers List Decision Panel (PLDP) is authorised by NHS England to impose sanctions on any performer in line with the NHS England Performers List Regulations.

All decisions made by NHS England Yorkshire and the Humber relating to the admissions to NHS England's performers lists are made in accordance with the National Health Service (Performers Lists) (England) Regulations 2013 by a delegate of the RO or PLDP.

Prescribed connections are maintained in accordance with GMC guidance. The purpose of the GMC is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. To ensure our data is validated reports are run on a regular basis to cross reference with the performer's list with other data sources in accordance with the GMC prescribed connection algorithm.

5 Revalidation

Within Yorkshire and Humber the lead Responsible Officer has a close working relationship with all members of the appraisal team; he is available to provide support

and advice on both general and specific queries and is personally involved in all recommendations being made to the GMC. The Responsible officer is in regular contact with locality appraisal leads and individual appraisers and doctors as needed. The Yorkshire and Humber locality is responsible for more doctors than any other DCO region and as a result aim to ensure that clear systems underpin all processes so that doctors and appraisers feel both supported and valued.

Across Yorkshire and the Humber Year 3 (April 2015 to March 2016: Third tranche of recommendations submitted to the GMC), we submitted recommendations for over 24% of doctors with a prescribed connection to our designated body.

By the end of March 2018 all remaining licensed doctors will have been revalidated signifying the end of the first cycle.

5.0.1 Yorkshire and the Humber

NHS England North (Yorkshire and the Humber)	
Total number of doctors (GPs & secondary care locums) connected to your local office RO	4,315
Total number of revalidation recommendations made by the Yorkshire and the Humber between April 2015 and March 2016	1,040
Total number of late recommendations between April 2015 and March 2016	1 (0.1%)
The number of positive recommendations	977 (93.9%)
The number of deferral requests	63 (6.1%)

Deferral rates were once again around the 6 per cent mark (6.2% for Year 2). As we move into Year 4, 94 doctors require a recommendation.

5.0.2 South Yorkshire & Bassetlaw Local Office

South Yorkshire & Bassetlaw Local Office	
Total number of revalidation recommendations made by the <i>South Yorkshire & Bassetlaw local office</i> between April 2015 and March 2016	355
Total number of late recommendations between April 2015 and March 2016	1 (0.3%)
The number of positive recommendations	322 (90.7%)
The number of deferral requests	33 (9.3%)

The largest percentage of deferral recommendations were requested in the South Yorkshire locality, 9.3% compared with 2.4% and 5.4% in North and West Yorkshire.

1 (0.1%) recommendation was submitted late Dr X's revalidation recommendation date was the 6/10/15 and was submitted to the GMC on the 7/10/15, a day later than the revalidation date.

The GMC were contacted and assured that there were no implications for the doctor from the late submission.

A significant event audit was undertaken to review the course of events and factors affecting the reason for the late submission. The aim being to aid understanding and to prevent recurrence of a late submission.

It was clear that the omission was a circumstance of a move from one system to another and the introduction of the new system should further minimise the risk.

5.0.3 North Yorkshire & Humber Local Office

North Yorkshire & Humber Local Office	
Total number of revalidation recommendations made by the <i>North Yorkshire and the Humber & West Yorkshire local office</i> between April 2015 and March 2016	249
Total number of late recommendations between April 2015 and March 2016	0
The number of positive recommendations	243 (97.6%)
The number of deferral requests	6 (2.4%)
The number of non-engagement notifications	0

The North Yorkshire and Humber local office submitted the smallest percentage of deferral requests (2.4%), with 97.6% of doctors under notice receiving a positive recommendation.

The office also had the smallest cohort of doctors requiring a recommendation in year 3, reflecting the significant number of doctors participating in year 0 and the consistently low deferral rate during this first revalidation cycle.

5.0.4 West Yorkshire Local Office

West Yorkshire Local Office	
Total number of revalidation recommendations made by the <i>North Yorkshire and the Humber & West Yorkshire local office</i> between April 2015 and March 2016	444
Total number of late recommendations between April 2015 and March 2016	0
The number of positive recommendations	420 (94.6%)

The number of deferral requests	24 (5.4%)
The number of non-engagement notifications	0

The West Yorkshire local office submitted the largest number of recommendations for Year 3 Revalidation (444). However it is worth noting that West Yorkshire has the largest proportion of doctors across Yorkshire and the Humber 43.9% compared with 26.8% in South and 29.3% in North.

5.1 Conclusion

During 2015/16 significant work has taken place to align and consistency check revalidation processes across the 3 local offices. North and West Yorkshire aided by the merging of RMS and GMC connect system have developed a single revalidation process and identified a management lead for oversight across both offices. This has allowed teams to further align and ensure consistency across North and West Yorkshire.

South Yorkshire RMS and GMC connect remain separate recording systems but local offices have been working closely to align processes. South Yorkshire have adopted the revalidation monitor system, pre revalidation checks and the management of deferral requests are now more closely aligned.

We are confident as we move into the next revalidation cycle, that deferral rates across the 3 locality offices will converge to a low level as we continue to share learning and reflect on our system.

6 Medical Appraisal

99% of all doctors who have a prescribed connection to a DCO team must have completed an appraisal by the 31st March 2015.

NHS England Yorkshire and The Humber achieved 100.0% and are therefore exceeded nationally agreed objectives. Only 2.7% of doctors on the performers list were exempted from appraisal. Therefore an appraisal uptake of 97.3% was achieved. Reasons for these exemptions are detailed in the second table below.

NHS England North (Yorkshire and the Humber)	
Total number of doctors with a prescribed connection in Insert name of local office team as at 31 March 2016	4,315
Total number of appraisals undertaken between 1 April 2015 and 31 March 2016	4,197 (97.3%)
Total number of appraisals not undertaken between 1 April 2015 and 31 March 2016	0
Total number of agreed exceptions	118 (2.7%)

91.0% (3,927) of completed appraisals were returned within 28 days of the appraisal meeting and 6.3% (270) were returned to the team later than 28 days.

0 doctors have been referred to local disciplinary processes for non-participation.

The table includes an audit of agreed exceptions. Approved missed appraisals occur when a doctor has spent more than six months or more out of practice in the year or there is an absence in the last quarter when appraisal is due to be undertaken. In some circumstances doctors absent for more than six months may still participate in MA for example, prior to a period of absence or shortly after returning to support their keeping up to date or return to work respectively.

<i>Exemptions</i>	
Number of doctors who did not require an appraisal	118 (2.7%)
Maternity leave	73
Sabbatical	3
Doctor on sick leave	30
Exempted for personal reasons (agreed by Associate Medical Director/RO)	10
Adoption leave	1
Suspended	1

The majority of exemptions can be explained due to maternity leave accounting for 61.9% of approved missed appraisals.

Of the 2.7% of doctors exempt from appraisal, 25.4% of doctors missed appraisal due to a health related absence; this reflects an 11.4% increase since figures were last collated in 2014/5 (14.0%).

6.1 Annual Organisational Audit

The annual organisational audit (AOA) exercise provides a useful tool that allows responsible officers to assure themselves that local systems underpinning the recommendations they make to the General Medical Council (GMC) on doctors' fitness to practise, the arrangements for medical appraisal and responding to concerns, are in place and functioning, effective and consistent. The audit process provides assurance that the systems are effective to support the RO statutory obligations.

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The AOA audit provides a designated body status report focussing on the following;

- Number of doctors with whom the designated body has a prescribed connection as at 31 March 2016
- Category 1a measures completed annual medical appraisal where the appraisal meeting has taken place in the three months preceding the agreed appraisal due date, the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor within 28 days of the appraisal meeting, and the entire process occurred between 1 April and 31 March.
- Category 1b completed annual medical appraisal is one in which 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 following apply:
 - the appraisal did not take place in the window of three months preceding the appraisal due date;
 - the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor between 1 April and 28 April of the following appraisal year;
 - the outputs of appraisal have been agreed and signed-off by the appraiser and the doctor more than 28 days after the appraisal meeting
- Approved incomplete or missed appraisal is one where the appraisal has not been completed according to the parameters of either a Category 1a or 1b completed annual medical appraisal, but the responsible officer has given approval to the postponement or cancellation of the appraisal.
- Unapproved incomplete or missed appraisal as above but without the approval of the responsible officer.

6.1.1 Yorkshire and the Humber joint AOA submission figures

NHS England North (Yorkshire and the Humber)	
1a. Completed Annual Appraisal	3, 927 (91%)
1b. Completed Annual Appraisal (post 28 days)	270 (6.3%)
Combined measure 1	97.3%
2. Approved missed (i.e. exempted with RO approval)	118 (2.7%)
3. Unapproved missed	0

100.0% of eligible doctors across Y&H had an appraisal during April 15 and March 16. Our audit included 0 doctors having missed an appraisal without explicit RO approval. This achievement is testament to the hard work of local appraisal and revalidation staff, appraisers and strong leadership.

An uptake of 97.3% demonstrates that the GP workforce across Y&H are engaged and keen to demonstrate they

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- meet the principles and values set out in the GMC's Good Medical Practice
- undertake appropriate professional development
- reflect upon both learning and significant events
- seek and reflect upon feedback from both patients and colleagues
- continuously review their own practice

These factors enable them to enhance the quality of their professional work which benefits patients, colleagues and the wider health care system

6.1.2 South Yorkshire & Bassetlaw Local Office

South Yorkshire & Bassetlaw Local Office	
1a. Completed Annual Appraisal	1049 (90.7%)
1b. Completed Annual Appraisal (post 28 days)	74 (6.4%)
Combined measure 1	97.3%
2. Approved missed (i.e. exempted with RO approval)	34 (2.9%)
3. Unapproved missed	0

Across South Yorkshire all appraisals took place between April 15 and March 16. Measure 1b (appraisals completed post 28 days) has reduced from 12.8% to 6.4% and overall appraisal uptake has increased from 93.9% to 97.3%. In line with this, exemptions have decreased from 5.3% to 2.9% and unapproved missed appraisals (measure 3) has reduced from 9 (0.8%) to 0 (0.0%).

6.1.3 West Yorkshire Local Office

West Yorkshire Local Office	
1a. Completed Annual Appraisal	1,740 (91.9%)
1b. Completed Annual Appraisal (post 28 days)	96 (5.1%)
Combined measure 1	97.0%
2. Approved missed (i.e. exempted with RO approval)	57 (3.0%)
3. Unapproved missed	0

Across West Yorkshire all appraisals took place between April 15 and March 16. Measure 1b (appraisals completed post 28 days) has reduced from 11.1% to 5.1% and overall appraisal uptake has remained steady at 96.9% to 97.0% respectively. In line with this exemptions have remained at 3.0%. Unapproved missed appraisals (measure 3) have at remained at 0.0%.

6.1.4 North Yorkshire & the Humber Local Office

North Yorkshire and the Humber Local Office	
1a. Completed Annual Appraisal	1,135 (89.8%)
1b. Completed Annual Appraisal (post 28 days)	103 (8.1%)
Combined measure 1	97.8%
2. Approved missed (i.e. exempted with RO approval)	27 (2.1%)
3. Unapproved missed	0

Across North Yorkshire and the Humber again all appraisals took place between April 15 and March 16. Measure 1b (appraisals completed post 28 days) has reduced slightly from 9.3% to 8.1%, appraisal uptake has remained steady at 97.9 and 97.8 respectively. Exemptions increased slightly from 0.7% to 2.1% but unapproved missed appraisals (measure 3) has reduced from 2 (0.2%) to 0 (0.0%).

6.1.5 AOA Discussion

Teams have made significant progress in terms of submitting a joint Y&H AOA return. A programme of alignment and consistency undertaken throughout the year has made this possible. In terms of the AOA, North and West Yorkshire have remained steady in terms of appraisal uptake and exemptions. Progress has been noted in terms of a larger number of appraisals being completed within 28 days thus a reduction in the number of appraisals classified as measure 1b.

The appraisal programme across South Yorkshires continues to mature in terms of appraisal uptake. Significantly lower exemption and unapproved missed appraisals were noted this year.

6.2 Appraisers

Across Yorkshire and The Humber there are 308 trained appraisers. There have been two recent locally developed appraiser training events and 17 new appraisers have been appointed across our area. During the course of the year and recent months 19 appraisers have resigned from post.

Currently the doctor to appraiser ratio is approximately 1:14 across Yorkshire and the Humber which is within current appraiser capacity workload guidance as per national policy. Across local offices South Yorkshire operate at 1:14, North Yorkshire 1:13 and West Yorkshire 1:15.

6.2.1 Recruitment

We continue to recruit new appraisers to our network, and have a steady stream of applicants for training. This enables our lead appraisers to maintain their teaching and training skills and facilitates ongoing development of all our appraisers, as the shared learning from experienced appraiser and newer appraisers who are on occasion more open to new ways of working has been of great benefit.

A programme of recruitment is planned for later in the year.

6.2.2 Networks

Locality education programmes have been ongoing throughout the year. Locality meetings in addition to the wider national and regional network/education events have taken place. Appraisers are strongly advised to evidence education related to their role as an appraiser including information governance and equality and diversity training at least once in a revalidation cycle and discuss as part of their own annual appraisal.

During the year West Yorkshire local office supported two large networks which included a local, national update, calibration sharing sessions and more formal education in the form of workshops. The events were well attended and feedback was positive. In addition to the larger networks, a number of smaller localities across West Yorkshire also met as a group of peers to support and develop.

The North Yorkshire and the Humber team continued to develop and support smaller more frequent locality networks. This model has proved very successful across North Yorkshire and the Humber mainly due to geography and the management and delegation of leadership across the team. Networks are run quarterly and repeated across smaller localities across the area.

Within South Yorkshire, as in North a model of smaller more frequent networks has been adopted. Networks are again run on a quarterly basis and repeated across the area to ensure all appraisers regardless of location have the opportunity to attend.

Work has been ongoing during the final quarter of the year to develop and share a common slide set, utilising the regional blueprint. The first wave of locality networks have taken place and feedback is currently being collated which will be shared via the joint sub regional clinical leads meeting for further discussion.

6. 2.3 Statement of work note

The Yorkshire and Humber office provides a statement of work note for appraisers. Statement of work notes are published annually at the close of the appraisal year.

The statement of work note includes the following supporting information for an appraiser to reflect on and present at appraisal

- Attendance appraiser networks
- QA scores and comments
- Feedback evaluation

- Percentage of evaluation forms returned by the doctors you have appraised.
- Percentage of appraisal documents returned within 28 days (measure 1b to include reflective review for 2016/17)
- Attendance at appraiser networks
- Self and Peer review (reflective statement of work note)

Appraisers are welcome to discuss statement of work notes with the RO, lead appraiser or member of the appraisal management team. It should of course be noted that any concerns relating to individual appraisers work are addressed at the time they become apparent and are not addressed through the statement of work note.

6.3 Quality Assurance

In Yorkshire and Humber, we believe that the integrity and quality of an appraisal system is dependent on the quality of the work of its appraisers. An effective organisational appraisal policy and recognition of the medical appraiser as a key professional role are the cornerstones of the appraisal system. Quality assurance of the medical appraisers is essential to ensure they are able to develop their skills and to provide assurance to the RO that the appraisal system remains robust and delivers high quality outputs.

Our QA process complemented by discussions with the appraiser networks is intended to allow appraisers to make improvements in the way they undertake appraisals and complete the documentation. Across North and West Yorkshire a further element was introduced this year aiming to ensure appraisers were assessing the doctors portfolio is the correct way by a review of the appraisal inputs in addition to the outputs. Approximately 12% of the QA undertaken across North and West included an excellence + QA.

During the year it is important to note that different QA tools were used across the patch – Excellence and Progress, therefore making overall comparison difficult. West and North aimed to review up to 3 appraisals per appraiser (two Excellence and 1 Excellence +) and South Yorkshire aimed to review 3 per appraiser (Progress tool). It was agreed that as a minimum 100 per cent of appraisers must have been included within the local QA process at least once.

The table below gives an overall view of QA activity across Yorkshire and the Humber for the appraisal year 2015/16. Below shows the scores

	WY	NYH	SY
Appraisers n= 295	120	93	82
Total appraisals n=4,197	1,836	1,238	1,123
QA completed n=683, (16.3%)	266 (14.5%)	210 (17.0%)	207 (18.4%)

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Median	18	17	15
Mode	20	17	16
Range	9-20	5-20	9-16

During the year 16.3% of appraisal documents were reviewed. It is important to recognise that in addition to this dedicated programme, all under notice doctors' appraisal documentation is reviewed prior to their recommendation by the RO to the GMC. In addition, the RO reviews a bespoke number of outputs per week.

Appraisers are able to access QA scores in real time by logging into the RMS system. They will see who has completed the QA and are able to contact the lead directly should they wish to discuss.

The table below shows the range of QA per appraiser.

	WY	NYH	SY
Range of QA per appraiser	6 – 1	3-1	5-1
6 QA's	1	NA	N/A
5 QA's	1	NA	1
4 QA's	9	NA	6
3 QA's	24 (20.0%)	33 (35.5%)	41 (48.7%)
2 QA's	56 (46.7%)	55 (59.1%)	15 (18.3%)
1 QA's	29 (24.2%)	4 (4.3%)	19 (23.2%)
0 QA's	NA	1 *	N/A

* Only 2 appraisals completed during 15/16. Appraiser has now retired.

With 1 recorded exemption, 100.0% of appraisers were included within the local QA processes at least once. 33.2% of appraisers had 3 appraisal outputs QA'd, 12.7% of QA across North and West Yorkshire also included a QA of the doctors portfolio using the excellence + tool.

Across North and West Yorkshire the majority of appraisers had 2 outputs QA'd, with almost half of all appraisers in South Yorkshire having had 3 QA'd.

Overall 17.6% of appraisers had only 1 appraisal output QA'd. All 3 local offices across Yorkshire and the Humber had aimed to QA 3 appraisal outputs per appraiser. This is an area which has been identified as an area of improvement and development for 2016/17.

6.3.1 Reviewing our QA standards

QA confirmed that standard were consistently high across Y&H with over 80.0% of appraisals classed as satisfactory with no areas for improvement identified by our lead appraisers.

The table below shows the range of scores in further detail.

	WY	NYH	SY
Scores >16 (WNYH)/ >12 (SY)	83%	81%	94%
Scores <15	16%	17%	N/A
Scores <10 (WNYH) <11 (SY)	1%	2%	6%

The appraisals highlighted in yellow scored either less than 10 using the excellence or less than 11 using progress and warranted further review and intervention by a lead appraiser.

Across North and West Yorkshire 6 (3.0%) appraisals outputs were highlighted for further review. 2 appraisers subsequently met with a lead appraiser and continue to show improvement and 4 decided it was timely to resign from post. In South 9 (6%) outputs warranted further review, subsequently 2 appraisers resigned from post and 7 continue to improve post meeting with a lead appraiser.

Where an appraisal is deemed as being of unsatisfactory quality it is important to note that a retrospective review of the last 6 months appraisal is undertaken and the doctor portfolio is also reviewed to minimise risk within the programme.

6.3.2 QA for 2016/17

Already we can report that for 2016/17 the Excellence tool has been adopted across Yorkshire and the Humber and QA programmes across North and West Yorkshire have been merged. We have also developed a single process for quality assurance across Yorkshire and the Humber. The locally developed strategy which is attached in appendix C incorporates the recently published [Improving the inputs to medical appraisal](#) (NHS England 2016) guidance.

QA currently underway with lead appraisers reviewing random samples of appraisal outputs against the criteria set out in the excellence and excellence + tool. When

sampling for assurance local offices are ensuring that a minimum of 2 outputs or 20% of the total number per appraiser, are included.

Teams are aware of the importance of ensuring appropriate numbers of reviews are completed as set out in our locally developed strategy and included within our local improvement plan.

6.3.3 Doctor feedback

All 3 local offices across Y&H use the automated doctor feedback tool on the RMS this system. South Yorkshire have been using the automated feedback for the last 6 months.

Doctor's feedback on their appraisal providing information relating to how the doctor and appraiser interacted and their experience of the appraisal programme.

Due to maintenance issues with the RMS, local offices utilising the automated tool are currently unable to review overall feedback rates. This has been raised as a priority issue with the national team. Percentage of evaluation forms returned by the doctors appraised has been included as part of the statement of work note provided to appraisers.

6.3.4 28 days

6.3% of appraisals were completed outside of the 28 day appraisal 'window'. This information is captured as part of the AOA under the 1b measure. Timely completion and return of appraisal documentation is important as it supports teams managing and identifying possible non participation but more importantly doctors and appraisers may struggle to accurately remember what was discussed and therefore quality may be compromised.

Across the 3 local offices documents received outside of 28 days ranged from 5.1% in West, 6.4% in South and 8.1% across North Yorkshire.

7 How did our Medical Appraisal and Revalidation programme fare against our 2015/16 objectives?

7.0.1 Integrated system for medical appraisal and revalidation across NHS Yorkshire and the Humber

A key objective for 2015/16 was to ensure systems for medical appraisal and revalidation across Yorkshire and the Humber were integrated across our 3 local offices. We achieved this objective by utilising the RMS system and ensuring it was fully utilised across all local offices. The North and West RMS systems were merged to reflect changes to our GMC designated body status. South Yorkshire remains separate but all team members have logins to the SY system and work is ongoing to

ensure systems are used in the same way and data is recorded and maintained in a consistent manner.

All appraisers across Y&H have logins and access to the RMS system. Appraisers are able to view important information pertaining to a doctors revalidation and medical appraisal online, prior to the appraisal meeting. Appraisal outputs are also submitted online allowing for secure and timely transfer of information. Appraisers complete the appraisal output summary online; this information is key to informing the RO of a doctor's revalidation status but also acts a declaration from the appraiser direct to the RO.

The RMS is now fully utilised for QA and collecting doctor feedback across Y&H. Appraisers can access real time QA feedback and local offices are now using the fully automated doctor feedback feature. Early results suggest that feedback rates have improved greatly since the automated feature was implemented. Overall figures for Y&H are not yet available due to a maintenance issue with the RMS but local office statistics are reassuringly high.

7.0.2 Compliance to national standards

A major focus of our programme was to ensure consistency across our 3 local offices especially in terms of national standards. Our appraisal figures and joint AOA clearly demonstrate our achievements

The overall appraisal uptake was 97.3% with 100.0% of all doctors who required an appraisal having completed an appraisal prior to the 31st of March 2016

2.7% of doctors were exempted from appraisal with RO approval. Maternity leave being the most common reason (61.9%). Of the 2.7% exempted 25.4% of those were doctors exempt due to health related absence; this reflects an 11.4% increase since figures were last collated in 2014/5 when 14.0% of exempted doctors were exempt due to a health related absence.

7.0.3 Appraiser engagement

The 3 local offices across Yorkshire and the Humber continued to support an individual model for locality meetings during 2015/16.

There is a national expectation moving forward that all NHS England appraisers attend at least 3 appraisal network events or substitute one of these attendances with relevant learning, this could include peer support. Network attendance will be shared with appraisers are part of the statement of work note provided annually.

For 2016/17, a more consistent programme for locality appraiser networks has been established. Across West Yorkshire a smaller cohort of locality meetings have been developed, running bi-annually but also supported by a larger West Yorkshire network in October 2016. North and South Yorkshire continue to develop smaller locality networks but sharing a common slide set so all appraisers across Yorkshire and the Humber receive the same key messages and education.

Relationships between locality teams and their appraisers are essential to the success of any appraisal programme. Maintaining the local aspect of the networks and allowing those relationships to develop is key.

7.0.4 Improving quality

16.3% of appraisals were included for QA across Y&H. 100.0% of appraisers were included within local QA process at least once. The majority of appraisers had 2 outputs QA'd. Standards were consistently high with over 80.0% of appraisals found to be satisfactory with no identified areas for improvement.

93.7% of appraisals were submitted to the office within 28 days of the appraisal meeting place. Locally we had aimed for 95% which had been set as a local target last year. As part of our improvement plan for 2016/17, appraisers will be asked to complete a reflective note for any appraisal submitted outside of the 28 day window. This work will be closely supported by our lead appraisers. All doctors have also been reminded of the importance of ensuring the timely submission of appraisal documentation to appraisers in advance of the appraisal meeting.

Appraisers continue to receive real time quality assurance scores and support from the locality office and lead appraisers. An annual statement of work note has been published and teams are currently collating doctor feedback reports. Going forward doctor feedback will be sent to all appraisers on a 6 monthly basis.

As we move into 2016/17 statement of work notes have been further developed to include a reflective element. Appraisers will be encouraged to include and discuss as part of their own annual appraisal ensuring the whole scope of their work is included.

7.0.5 Effective integration of the induction and refresher scheme with inclusion onto the Performer's List

Yorkshire and the Humber local office continues to work collaboratively with Health Education England (Yorkshire and the Humber). During the course of the year our programmes have integrated well ensuring we support our doctors and all performer feel included and integrated without unnecessary delays. This has never been as important due to the number of GPs currently accessing the Induction and Refresher scheme.

Closer working with YEE ensures a smoother transition for doctors as they move to Y&H DCO. Recently Y&H have supported YEE in publicising a Yorkshire wide pilot leadership course designed specifically for trainees, newly qualified GPs and GPs going abroad.

8 Responding to Concerns

The year was a busy one for the local office with an updated Framework for Managing Performer Concerns and the introduction of supportive tools such as the toolkit. Acknowledging the updated national guidance their remained some lack of clarity and to address this as a team we have collaborated with peer Local offices across the North within the recently established NHS England Local Office Responding to Concerns network. This has provided the opportunity for calibration of decision making and sharing insights and good practice as well as considering guidance and how it may be most appropriately implemented. Across the North there are examples of collaborative working which we have supported.

In addition we have supported the development of our PLDP lay chairs by a programme of regular meetings chaired by the RO. This has been recently complemented by the establishment of an Oversight and Assurance group to oversee our delivery of the Framework. The membership of the group includes all of the PLDP and PAG chairs, representatives from the local representative groups other key resources and the RO, Its role is to ensure the consistency of the delivery of the Framework across the local office whilst progressing the quality of the programme with its formative focus.

The table below demonstrates the distribution of General Practitioners included on the NHS England Performers List across and the numbers of Yorkshire and Humber:

	WY	SYB	NYH	Total
GPs on Performers List	2291	1417	1550	5258
2015/16 total number of cases	99 (4.3%)	76 (5.3%)	75 (4.8%)	250 (4.8%)
2015/16 number of new cases (from April 2015)	56	63	37	156
2015/16 number of cases closed	69	46	43	158

Across the NHS England North (Yorkshire and the Humber) area there were a total of 250 cases dealt with at the Performance Advisory Group (PAG) between April 2015 and March 2016. A total of 156 new cases were opened at the PAG in this period with a total of 158 cases open prior to this reporting period closed.

8.1 Monitoring Performance

NHS England North (Yorkshire and the Humber) has an established set of Performance Advisory Groups whose role it is to oversee any performance concerns involving General Practitioners, Dentists and Optometrists working in the Yorkshire and Humber sub-region. For the management of performance concerns involving General Practitioners the PAGs have retained a locality focus and cover the West Yorkshire, South Yorkshire and Bassetlaw and North Yorkshire and Humber areas respectively. The West Yorkshire PAG also encompasses the management of optometry concerns from across Yorkshire and the Humber. However, towards the

end of this year, the management of Dental performance cases has been merged into a centralised Yorkshire and Humber PAG.

There are a number of different types of concerns raised about a performer which are grouped into the following categories:

- **Professional conduct** includes allegations of poor attitude towards patients, inappropriate examinations and safeguarding concerns, as well as prescribing for and treating family members.
- **Personal conduct** relates to their conduct outside of practise and is generally allegations of domestic violence but has involved other allegations of abuse.
- **Health concerns** cover a whole range of illnesses such as multiple sclerosis, uncontrolled diabetes, cancers and eating disorders and alcoholism.
- **Professional Competence** concerns are primarily raised via the complaints route, either via the regulatory body or the local pathway but can also arise via CQC inspections, whistle-blowers and occasionally safeguarding.

Shown below are the breakdown of the total number of GP cases dealt with in the 2015/16 year within each locality Performance Advisory Group:

Concern Type	WY (n=99)	SY (n=76)	NYH (n=75)	Total (250)
Professional Conduct	18 (18%)	17 (22%)	25 (33.3%)	60 (24.0%)
Personal Conduct	7 (7%)	9 (12%)	3 (4.0%)	19 (7.6%)
Health	12 (12%)	7 (9%)	6 (8.0%)	25 (10.0%)
Professional Competence	60 (61%)	43 (57%)	41 (54.7%)	144 (57.6%)
Restricted scope*	2 (2%)	-	-	2 (0.8%)

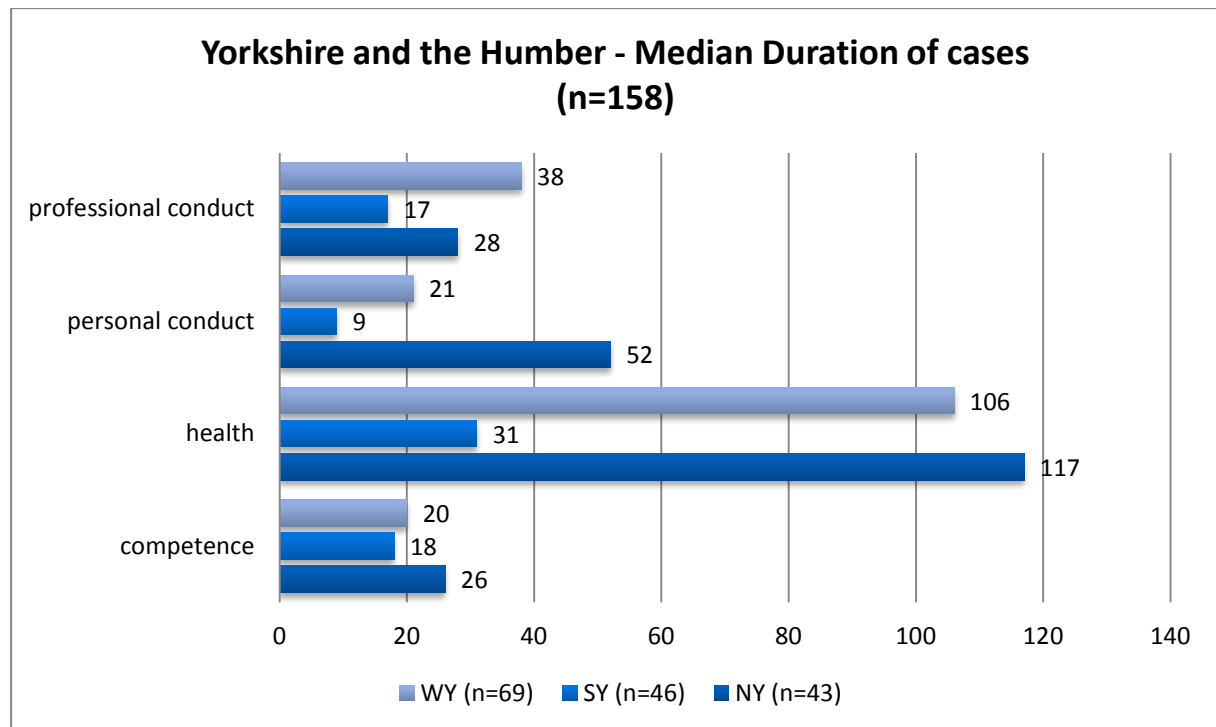
*These are GPs who are working in a specialised environment and do not provide any other role as a doctor, i.e. within the substance misuse setting.

All core PAG members have undertaken training in equality and diversity and have been recruited to their position as a PAG member based on their ability to meet a set of core competencies outlined in the NHS England framework for managing concerns.

The structure and remit of the PAGs is identified in the NHS England framework for managing performer concerns, available at: <https://www.england.nhs.uk/wp-content/uploads/2016/02/framework-managing-performer-concerns-feb16.pdf>. This document outlines the scope of the framework, the roles and responsibilities of the decision making groups and the governing principles for managing concerns. The framework is supported by the toolkit which facilitates the consistent implementation of the Framework and Performer List Regulations across NHS England as one

organisation <https://www.england.nhs.uk/wp-content/uploads/2016/02/toolkit-managing-performance-concerns-pc-feb16.pdf>.

As explained previously, the concerns which are raised about a performer are categorised according to whether that concern relates to professional conduct, personal conduct, health concerns or professional competence, the median length of time these cases were open at the Performance Advisory Group is demonstrated below, these data are extracted on the basis that they were closed at the PAG within the 2015/16 reporting period:



N.B. The SY health median duration is comparatively low as 4 health cases were still open at the time of this report.

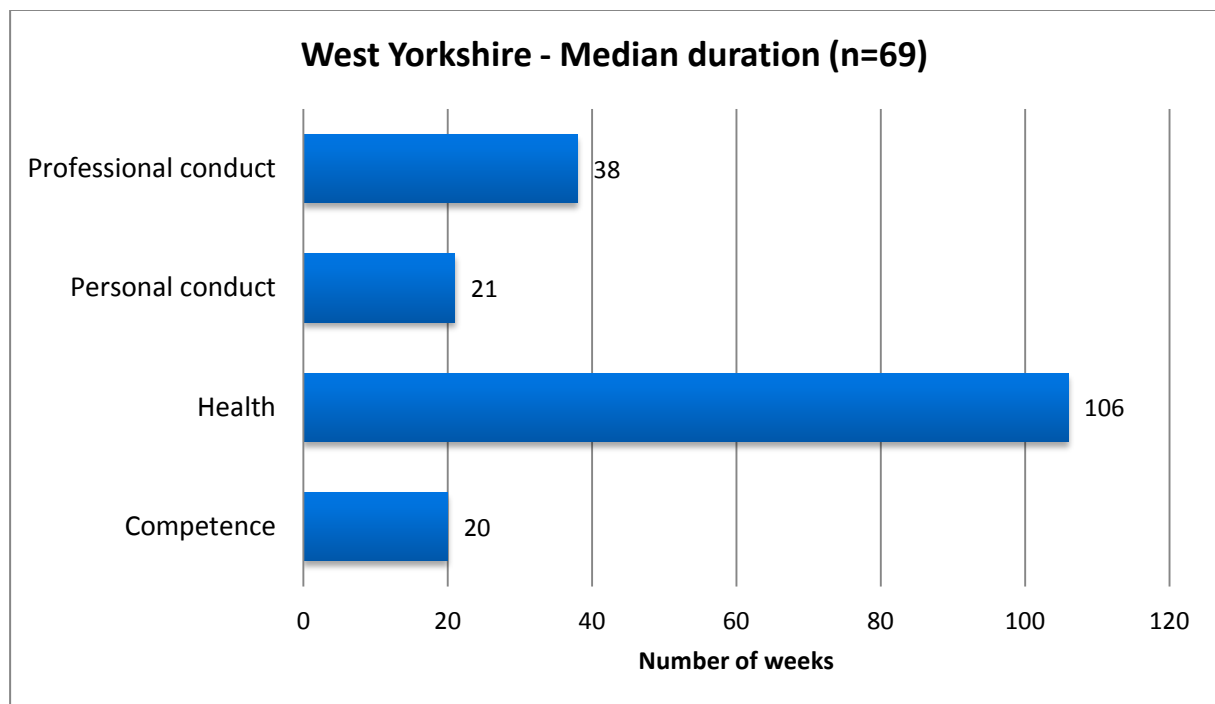
8.1.1 West Yorkshire Local Office

	WY
GPs on Performers List	2291
2015/16 total number of cases	99 (4.3%)
2015/16 number of new cases (from April 2015)	56
2015/16 number of cases closed	69

West Yorkshire has 2291 GPs on the Performers List. In the last year the local office has overseen 99 GP performance cases in total; 56 of these cases were cases opened after 1 April 2015. Some of the cases which are currently monitored through the PAG have been ongoing since the formation of NHS England in April 2013. There are 13 such cases, 3 of which are still open at the time of this report.

Concern type	Total (n=99)
Professional Conduct	18 (18%)
Personal Conduct	7 (7%)
Health	12 (12%)
Professional Competence	60 (61%)
Restricted Scope of Practise	2 (2%)

The majority of the category of cases which were dealt with at PAG in 2015/16 were practitioners with whom Professional Competence Concerns had been raised at 61% of the total number of cases.



Oversight and management by the PAG ranged from 1 week to 159 weeks. Removing the extreme outliers the overall median duration of a case was 20 weeks and the mean was 36 weeks.

When analysing median duration by category there was a clear distinction, with health cases taking more than 5 times the duration of the shortest category, which was Professional competence. This analysis is supported through our own experience of managing such cases, as clinical competence can be assessed more objectively and actions agreed and implemented in line with those findings immediately in most cases.

Health concerns are often relapsing/remitting health conditions and carry a greater risk when deciding on the most appropriate course of action and support required. In measuring the median length of case, only those cases which were closed in the timeframe of this report were included. The 2 cases of restricted scope of practice were omitted as this was a choice by the practitioners to only work in a particular setting, rather than a performance concern. This type of case is no longer managed through the PAG.

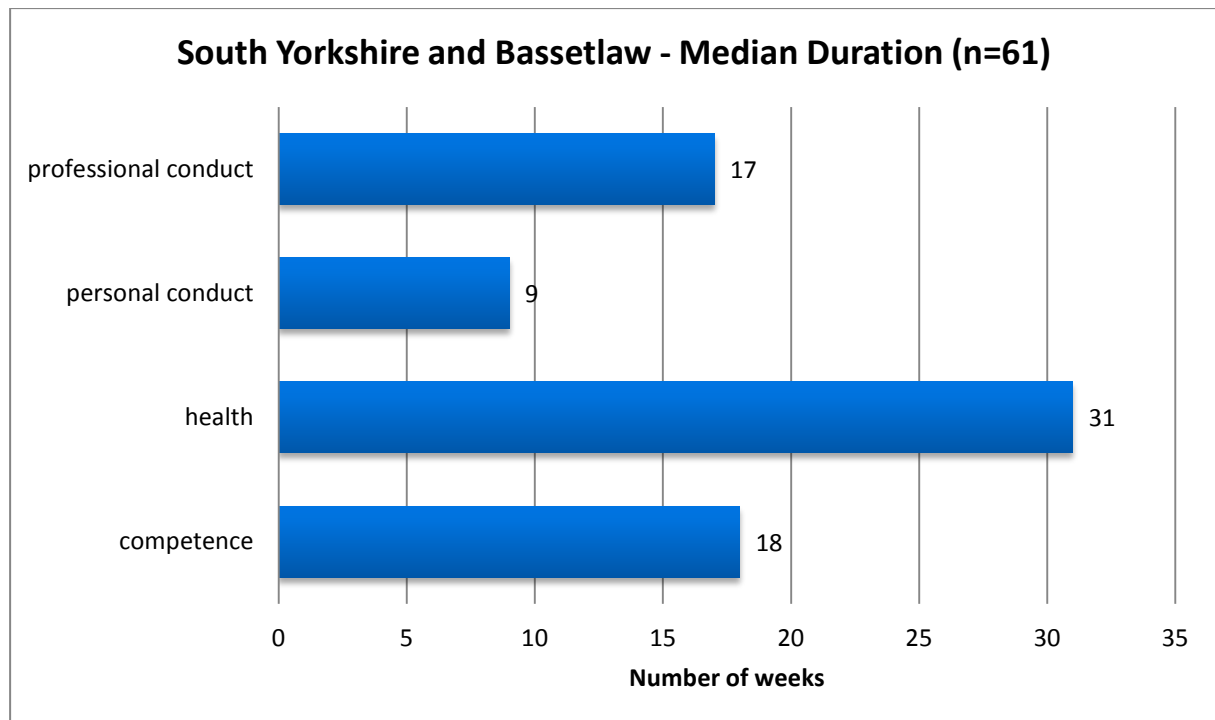
8.1.2 South Yorkshire and Bassetlaw Local Office

	Total
GPs on Performers List	1417
2015/16 total number of cases	76 (5.3%)
2015/16 number of new cases (from April 2015)	63
2015/16 number of cases closed	46

South Yorkshire and has 1417 GPs on the Performers List. In 2015/16 the SY PAG and local office managed 76 GP performance cases this is 5.3 % of the total number of GP's in SYB on the Medical Performer List, 63 of these cases were new cases opened from 1 April 2015. SY PAG closed 46 cases within the year.

Concern types	Total (n=76)
Professional Conduct	17 (22%)
Personal Conduct	9 (12%)
Health	7 (9%)
Professional Competence	43 (57%)
Restricted Scope of Practise	-

Some of the cases being managed through the SY PAG are legacy cases inherited from the South Yorkshire & Bassetlaw Primary Care Trusts when NHS England formed in April 2013. These legacy cases account for 6 cases, 4 of which are still open at the time of this report. Of these cases 3 performers have long-standing health issues. Due to the nature of their health issues the management of the cases have involved the regulatory body and a high degree of supervision and support. The duration of these cases reflects the complex nature of these cases.



Oversight and management of cases by the PAG ranged from 4 weeks to 163 weeks. Removing the extreme outliers the overall median duration of a case was 17 weeks.

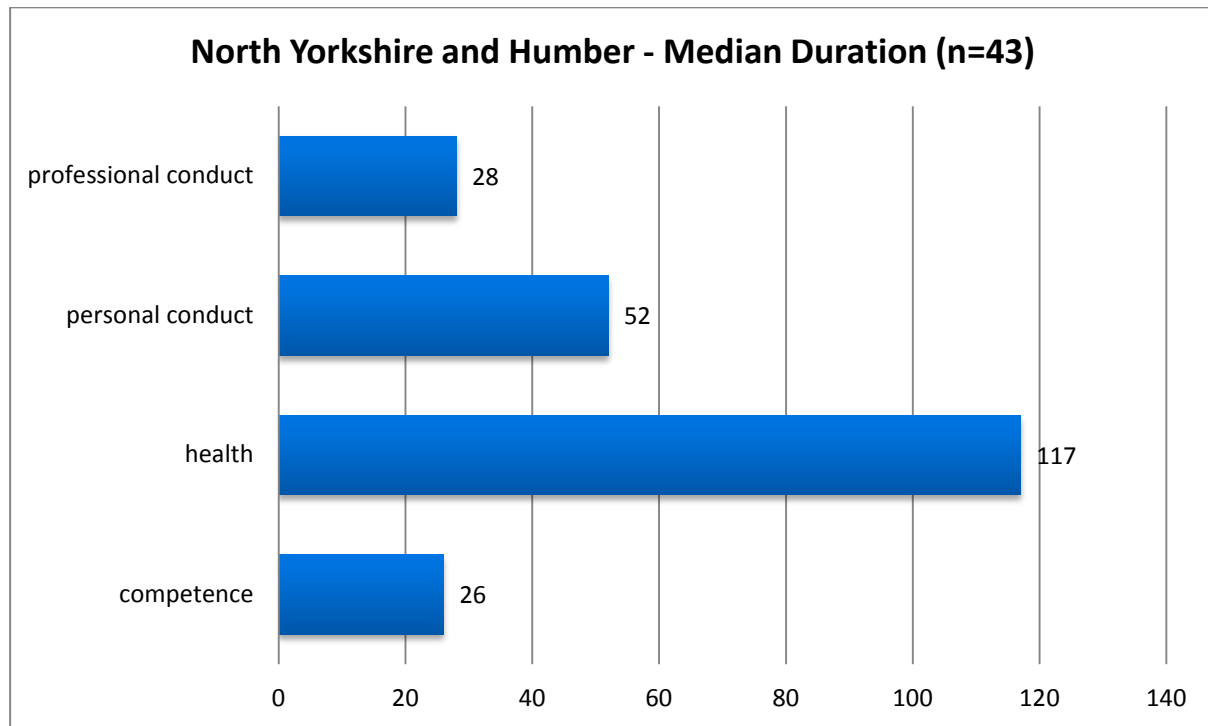
8.1.3 North Yorkshire and Humber local Office

	Total
GPs on Performers List	1550
2015/16 total number of cases	75 (4.8%)
2015/16 number of new cases (from April 2015)	37
2015/16 number of cases closed	43

North Yorkshire and Humber local office has 1550 GPs on the Performers List. In 2015/16 the North Yorkshire and Humber local office managed 75 GP performance cases this is 4.8% of the total number of GPs in North Yorkshire and Humber on the Medical Performer List, 37 of these cases were new cases opened from 1 April 2015. SY PAG closed 43 cases within the year.

Concern type	Total (n=75)
Professional Conduct	25 (33.3%)
Personal Conduct	3 (4.0%)
Health	6 (8.0%)
Professional Competence	41 (54.7%)
Restricted Scope of Practise	-

The majority of the category of cases which were dealt with at the North Yorkshire and Humber PAG in 2015/16 were practitioners with whom Professional Competence Concerns had been raised at 54.7% of the total number of cases.



Oversight and management of cases by the PAG ranged from 6 weeks to 143 weeks. Removing the extreme outliers the overall median duration of a case was 39 weeks.

8.2 Responding to concerns and remediation

This is undertaken in a non-punitive and formative way which is generally well received by the performer. A range of methodologies are used and range from undertaking a record card audit, case-based discussions, reflection, mentorship and supervisor support, occupational health advisor input to direct observation of practise. When a practitioner is referred to PAG they are encouraged to liaise with their indemnifier or seek support through their Local Representative Committee and are advised to bring representation to meetings with NHS England representatives to ensure a constructive, open and transparent approach.

If through implementing these methods and after a full audit cycle has been undertaken, improvement and remediation cannot be achieved then there is the opportunity to refer a performer to the National Clinical Assessment Service. This is however rarely used as any high risk case normally meets the threshold for regulatory involvement and we would then work closely with the regulator, sharing information and monitoring compliance with the regulatory action they have implemented.

High risk cases that PAG decide cannot be managed without regulatory action, or where there is identified non-engagement with the remediation process are referred to a Performers List Decision Panel (PLDP).

The conversion rates of cases from 2015/16 which were referred from PAG to PLDP are shown below:

	WY	SY	NYH
PLDP conversion rate	10 (10%)	5 (6.4%)	3 (4%)

8.2.1. West Yorkshire locality office

Following a review of the way cases such as health concerns and restricted scope of practise are managed, analysis of new cases (opened after April 2016) are managed shows the conversion rate for GPs has reduced to 3.5%. Additionally, a proportion of performers being managed through PAG will also have restrictions imposed by their regulator. For GPs in this locality this accounts for around 16% of cases.

8.2.2. South Yorkshire and Bassetlaw locality office

Only a small number of cases where remediation has failed or the performance is such that it severely compromises patient safety result in the referral to the Performers List Decision panel (PLDP) for consideration of regulatory action. The conversion rate for cases being referred to a Performers List Decision panel (PLDP) was 6.4%.

Each of the 5 cases resulted in regulatory action. None of the cases were referred for appeal to the First-tier Tribunal (Primary Health Lists). This demonstrates that each case was procedurally robust and the regulatory decision taken by the PLDP was well founded and proportionate.

8.2.3. North Yorkshire and Humber Locality Office

In NY&H local remediation continued to be successful throughout 2015/16 in addressing concerns and issues that were raised in relation to performers. It was necessary for only 3 cases (4% of the total cases managed during 2015/16) to be referred for consideration to the PLDP. One referral related to a complex legacy case where the PLDP was asked to vary existing conditions attached to the practitioner's inclusion on the Medical Performers List to facilitate a return to practice. The PLDP decision in this case has been appealed by the practitioner and is currently scheduled for a hearing by the First Tier Tribunal in September 2016. In the second case the PLDP agreed to the removal of conditions following ongoing remediation by the practitioner concerned. In the final case the PLDP agreed to revoke the suspension of a practitioner and rescind action to consider his removal from the Performers List in order to facilitate his immediate voluntary removal from the List.

8.3. Risks and issues

The 3 local offices are working hard to streamline processes and ways of working but the main risk remains non-calibration as this makes us vulnerable to challenge from performers and medicolegal advisors if we do not implement the framework consistently.

Work is ongoing to address this and one way of achieving it may be to have a single PAG for specific category groups or PAGs based on the level of risk the concern presents.

Matrix working across the 3 local offices is in progress and will continue in order to support any unexpected absences amongst the team. A recent national project has shown us how quickly the team can be called on to take on another project so strengthening the team skills is a key requirement to ensure that performance concerns can be managed safely and timely.

2015/16 has been a year of transition and during that time Yorkshire and the Humber has;

- Established a single PLDP to ensure appropriate regulatory action is taken in relation to the underperformance or misconduct of primary care performers or contractors.
- For Dental and Optometry performance concerns a single PAG has been established for each discipline providing advice on the management of each case.
- A medical PAG situated in each of the 3 local offices for medical cases.
- Maximised formative focus for performers considered within the framework for concerns

In February 2016 the framework for managing performer concerns was amended. The 3 local offices have worked to implement the framework on a consistent basis, however there is still some work to be done to ensure that the processes that underpin the framework are consistent across the 3 locality offices.

In terms of future opportunities a feedback form is currently being developed with the intention of giving the performer the opportunity to provide any feedback or comments on their experience of the process. It is planned that this will be rolled out across Yorkshire and the Humber to help identify areas where improvements can be made to the management of performance cases and the way in which concerns are handled by the locality offices.

9 Future Developments

NHS England Yorkshire and The Humber – Appraisal and Revalidation Objectives 2015/16			
Objective	Agreed Action	Date achieved by	Demonstration of delivery of the objective
Integrated system for medical appraisal and revalidation across NHS Yorkshire and The Humber	Calibration and alignment across 3 locality teams	Ongoing	<ul style="list-style-type: none"> • 100% recommendations submitted on time • Y&H wide deferral rate <6% • >50% of doctors completing 360 feedback during year 3 or 4 of revalidation cycle
Appraiser engagement	Establish consistent programme of locality appraiser networks; develop relationships with lead and local office	On going	<ul style="list-style-type: none"> • Develop and utilise consistent slide set • Support development of peer to peer support and appraiser self-assessment/reflection • All appraisers to receive an annual reflective statement of work note • 1:1 meetings to be undertaken as required utilising the shared template
Compliance to national standards	Ensure consistency across 3 locality teams in terms of national standards	Ongoing	<ul style="list-style-type: none"> • 99.9% prescribed connection completed appraisal by 31st March 2017 • 98% appraisals undertaken from April 16 to Feb 17 • <2% of appraisals to be conducted in March 17 and only with explicit approval • 0% appraisals to be undertaken post 31st March 2017 or if so Doctor managed through the framework for performers concerns • <3% doctors exempted
Improving quality	Undertake quality assurance programme of all medical appraisal	Ongoing	<ul style="list-style-type: none"> • 95% appraisals to be returned within 28 days • Appraisers to receive 6 monthly doctor feedback reports and real time quality assurance scores in

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	documentation in line with Yorkshire and the Humber Quality Assurance strategy		<p>addition to support from locality office and clinical appraisal lead</p> <ul style="list-style-type: none"> • Appraiser reflective note to be received for 95% of appraisals completed outside of 28 day window. • A minimum of 2 outputs per appraiser to be included within QA • 50% response rate for doctor feedback
Scope of work	Ensure consistency in the provision supporting information across the full scope of work	31.3.2017	<ul style="list-style-type: none"> • Delivery of the action plan, including demonstration of; Where doctors with extended roles do not provide an appropriate Scope of Work note and provision as they feel appropriate relevant supporting information, an additional PDP Objective will be included to ensure provision of this information for their next medical appraisal (17/18)
Integrated system for managing performance concerns	Calibration and alignment across 3 locality teams	Ongoing	<ul style="list-style-type: none"> • Shared Clinical Advisor resource • Integration of PAGs
Stakeholder engagement	Improving standards	Ongoing	<ul style="list-style-type: none"> • Rollout stakeholder/performer feedback • 50% response rate
Consistent delivery with the focus on quality of the Framework for managing performer concerns	Appropriate and timely assessment of the concern(s) set in the context of patient safety and the performer by the RO and team, informed by risk assessment.	Ongoing focus, but actions by 31.3.17	<ul style="list-style-type: none"> • To explore benefits of convergence to a single Medical PAG with the team. Progress if agreed appropriate. • Appropriate referrals to PLDP by PAG. Indicative ratio conversion rate <10%, exceptions to prompt a reflective template.

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	Appropriate use of PAG and PLDP. Explore convergence of 3 Medical PAG's to 1.		<ul style="list-style-type: none">• Incorporate GMC ethos of initial enquiry following receipt of concern (see attached flowchart).
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10 Recommendations

The Senior Management Team board are asked to:

- Note final end of year position (Yorkshire and The Humber) and provide comments.
- If agreeable, support and sign the Designated Body Statement of Compliance (to be submitted to the Regional Team, Higher Responsible Officer). Attached as appendix A.

The content of this report will contribute to the report to NHS England's Senior Management team in September 2016

Appendix A: Statement of Compliance (SofC)



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Appendix B: Annual Organisational Audit (AOA) data for Yorkshire and the Humber



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