

Dr Mike Bewick
Deputy Medical Director
NHS England
5W24
Quarry House
Quarry Hill
Leeds
LS2 7UE

PA Contact Details:
Sally.chapman7@nhs.net
Tel: 0113 825 5067

Our Ref: MB/HR/3099/AOA/4417

25 July 2014

By email:

Dr Rosalind Given-Wilson
Responsible Officer
St George's Healthcare NHS Trust

Dear Dr Given-Wilson

**Medical Revalidation Annual Organisational Audit (AOA) Comparator Report for:
4417 – St George's Healthcare NHS Trust**

Thank you for submitting a response to the NHS England Annual Organisational Audit (AOA) exercise in April/May 2014. The AOA is one element of the Framework of Quality Assurance launched this year.

I enclose a report, which provides your response to AOA as per your submission, in terms of the systems that your organisation has in place for revalidation. It compares your organisation's submission with that of other designated bodies across England, both in a similar sector and nationwide.

The AOA exercise is designed to help designated bodies assure themselves and their boards or management bodies that the 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 effectively. Similarly it provides a mechanism for assuring NHS England, as the Senior Responsible Owner for implementation of the Responsible Officer Regulations in England, that systems are functioning, effective and consistent.

On 6 June 2014, the GMC; Care Quality Commission (CQC); Monitor and the NHS Trust Development Authority (NHS TDA) wrote to the chairs, chief executives and responsible officers of NHS secondary care organisations in England to draw their attention to their Board's statutory responsibilities to ensure all doctors are keeping up to date and remain fit to practise. It is clear from the AOA results that substantial progress has been made in these areas but more remains to be done to ensure that these principles are wholly implemented and embedded in all designated bodies.

On reviewing the results presented below, designated bodies should produce an action plan to address any development needs that are identified. Should you need support in improving any element of your system in relation to revalidation, your local regional office (contact details below) can provide assistance.

Board-level accountability for the quality and effectiveness of these systems is important and this report, along with the resulting action plan, should be presented to the board, or an equivalent governance or executive group, and could be included in an NHS organisation's quality account.

Your region	NHS England (London region)
Your regional revalidation lead	Ray Field
Your regional revalidation lead contact details	ENGLAND.revalidation-london@nhs.net

This letter has been sent to the responsible officer as recorded in the AOA return as of 31 March 2014. If you are no longer the responsible officer, please pass this report on to the new responsible officer immediately, or to the chief executive of the organisation. If there are any changes to notify, or you have any queries, please contact your regional revalidation team.

Please note that for transparency and openness, your submitted AOA return will be shared with your higher level responsible officer and some elements of the return will be shared with the appropriate regulatory bodies. A full report with anonymised results of all organisations involved in this AOA exercise will be published in the autumn.

Further information on revalidation can be found at www.england.nhs.uk/revalidation

Yours sincerely



Dr Mike Bewick
 NHS Deputy Medical Director
 GMC 2649069

cc: Andy Mitchell
 cc: Ray Field

YOUR ANNUAL ORGANISATION AUDIT

Analysis is based on the total of 645 returns from designated bodies (DBs) to the 2013/14 Annual Organisation Audit (AOA) exercise for the year ending 31 March 2014 which had been received by NHS England by 20 June 2014.

The following information is presented as per your own AOA submission.

Name of designated body:	St George's Healthcare NHS Trust
Name of responsible officer:	Dr Rosalind Given-Wilson
Sector:	Acute hospital/secondary care non-foundation trust
Prescribed connection to:	NHS England (London region)

Please note:

- a) Fields regarding trainees have been removed from this report as they were not reported on via AOA, Health Education England carried out their own analysis.
- b) In some instances, data was not suitable for comparative reporting. In these cases your own response may be reported, but comparative data is not. An explanation is given for this within the report. If you require further information on these areas, please contact your regional revalidation lead: Ray Field at ENGLAND.revalidation-london@nhs.net
- c) Only the questions asked are presented below. Please refer to AOA 2013/14 for the full indicator definitions if required.
- d) Appraisal rates have been calculated using the following information:
 - The total number of prescribed connections to the designated body (question 1.4.8)
 - The total number of those prescribed connections who have had an appraisal (question 2.2.8)
 - The total number of those prescribed connections who had an unapproved missed/incomplete appraisal (question 2.3.1)

From this information we have been able to deduce how many doctors had an approved missed/incomplete appraisal. We are aware that this may be an assumed figure in some cases. Future audits will request this figure as a separate response.

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care non-foundation trust</i> DBs in sector: 58	All sectors: Total DBs: 645
SECTION 1: The Designated Body and the Responsible Officer				
		No. of doctors (in organisation)	Total no. of doctors (in SAME sector)	Total no. of doctors (across ALL sectors)
1.4	Number of doctors with whom the designated body has a prescribed connection as at 31 March 2014			
1.4.1	Consultants	431	15,071	44,598
1.4.2	Staff grade, associate specialist, speciality doctor	19	3,444	10,927
1.4.3	Doctors on Performers Lists	0	13	44,719
1.4.5	Doctors with practising privileges	0	1	1,623
1.4.6	Temporary or short-term contract holders	135	2,700	9,713
1.4.7	Other doctors with a prescribed connection	0	240	5,811
1.4.8	Total number of doctors with a prescribed connection	585	21,469	117,391

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care non-foundation trust</i> DBs in sector: 58	All sectors: Total DBs: 645
SECTION 1 (cont): The Designated Body and the Responsible Officer		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
1.5	A responsible officer has been nominated/appointed in compliance with the regulations	Yes	58 (100.0%)	641 (99.4%)
1.6	An alternative responsible officer has been nominated/appointed where a conflict of interest or appearance of bias has been agreed with the higher level responsible officer	Yes	This question is not applicable to many DBs	
1.7	The designated body provides the responsible officer with sufficient funds, capacity and other resources to enable the responsible officer to carry out the responsibilities of the role	Yes	49 (84.5%)	620 (96.1%)
1.8	The responsible officer is appropriately trained and remains up to date and fit to practise in the role of responsible officer	Yes	57 (98.3%)	624 (96.7%)
1.9	The responsible officer ensures that accurate records are kept of all relevant information, actions and decisions relating to the responsible officer role	Yes	58 (100.0%)	639 (99.1%)
1.10	The responsible officer ensures that the designated body's medical revalidation policies and procedures are in accordance with equality and diversity legislation	Yes	56 (96.6%)	619 (96%)
1.11	The responsible officer makes timely recommendations to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and the GMC Responsible Officer Protocol	Yes	57 (98.3%)	634 (98.3%)
1.12	The governance systems (including clinical governance where appropriate) are subject to external or independent review	Yes	58 (100.0%)	609 (94.4%)

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care non-foundation trust</i>	All sectors:
SECTION 1 (cont): The Designated Body and the Responsible Officer			DBs in sector: 58	Total DBs: 645
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to 'The designated body and the responsible officer'	No	Comparison data not applicable. This information was gathered to assist higher level ROs in establishing areas of best practice.	
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to 'Appraisal'	No		
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to Monitoring performance and responding to concerns	No		
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to 'Recruitment and engagement'	No		
1.13	The designated body has areas of practice that are considered to be good or excellent in relation to 'Has the designated body commissioned an external QA review?'	No	13 (22.4%)	159 (24.7%)

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care non-foundation trust</i> DBs in sector: 58	All sectors: Total DBs: 645
SECTION 2: Appraisal		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
2.1	There is a medical appraisal policy, with core content which is compliant with national guidance, that has been ratified by the designated body's board (or an equivalent governance or executive group)	Yes	55 (94.8%)	590 (91.5%)
2.2	Number of doctors with whom the designated body has a prescribed connection on 31 March 2014 who had a completed annual appraisal between 1 April 2013 - 31 March 2014	Your organisation's response and (%) calculated appraisal rate	Same sector appraisal rate	ALL sectors appraisal rate
2.2.1	Consultants	364 (84.5%)	87.2%	86.3%
2.2.2	Staff grade, associate specialist, speciality doctor	14 (73.7%)	74.9%	78.6%
2.2.3	Doctors on Performers Lists	0 (0%)	30.8%	91.6%
2.2.5	Doctors with practising privileges	0 (0%)	0.0%	74.2%
2.2.6	Temporary or short-term contract holders	59 (43.7%)	58.7%	53.9%
2.2.7	Other doctors with a prescribed connection	0 (0%)	52.9%	67.0%
2.2.8	Total number of doctors who had a completed annual appraisal	437 (74.7%)	81.2%	83.8%

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care non-foundation trust</i>	All sectors:
SECTION 2 (cont): Appraisal			DBs in sector: 58	Total DBs: 645
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
2.3	Every doctor with a prescribed connection to the designated body with a missed or incomplete medical appraisal has an explanation recorded	Yes	44 (75.9%)	548 (85%)
		Your organisation's response	Missed appraisal rate for same sector	Missed appraisal rate for ALL sectors
2.3.1	Number of doctors with a missed or incomplete appraisal for whom a postponement of appraisal was not approved in advance by the responsible officer	0	2,254 (10.5%)	6,851 (5.8%)
		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
2.4	There is a mechanism for quality assuring an appropriate sample of the inputs and outputs of the medical appraisal process to ensure that they comply with GMC requirements and other national guidance, and the outcomes are recorded in the annual report template	Yes	55 (94.8%)	603 (93.5%)
2.5	There is a process in place for the responsible officer to ensure that key items of information (such as specific complaints, significant events and outlying clinical outcomes) are included in the appraisal portfolio and discussed at the appraisal meeting, so that development needs are identified	Yes	51 (87.9%)	587 (91%)
2.6	The number of trained medical appraisers is sufficient for the needs of the designated body	Yes	56 (96.6%)	627 (97.2%)
2.7	Medical appraisers are supported in their role to calibrate and quality assure their appraisal practice	Yes	52 (89.7%)	591 (91.6%)

2013/14 AOA indicator		Your organisation's response	Same sector: <i>Acute hospital/secondary care non-foundation trust</i> DBs in sector: 58	All sectors: Total DBs: 645
SECTION 3: Monitoring Performance and Responding to Concerns SECTION 4: Recruitment and Engagement		Your organisation's response	No. of DBs in same sector and (%) that said 'Yes'	No. of DBs in ALL sectors and (%) that said 'Yes'
3.1	There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection	Yes	58 (100%)	631 (97.8%)
3.2	There is a responding to concerns policy in place, with core content which is compliant with national guidance, which is ratified by the designated body's board (or an equivalent governance or executive group)	Yes	56 (96.6%)	591 (91.6%)
3.3	The board (or an equivalent governance or executive group) receives an annual report detailing the number and type of concerns and their outcome.	Yes	50 (86.2%)	578 (89.6%)
3.4	The designated body has arrangements in place to access sufficient trained case investigators and case managers	Yes	48 (82.8%)	552 (85.6%)
4.1	There is a process in place for obtaining relevant information when the designated body enters into a contract of employment or for the provision of services with doctors	Yes	58 (100%)	631 (97.8%)