

Organisational Readiness Action Plan									Green	N/A
2012 - 2013 Action Plan - TEMPLATE									Amber	
		Name of Trust/Designated Body	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST						Red	
									N/A	
Section Number	Indicator	Action required	Name of person responsible for action	Target Date for Completion	Actual Date of Completion	Board Aware (Y/N)	Board Owner (Initials)	RAG		
Section 1: Details of Designated Body										
1.1	Name of designated body	South Tees Hospitals NHS Foundation Trust	Professor R G Wilson							
1.2	Type/sector of designated body	Middlesbrough								
1.3	Location of designated body									
1.4	Number of doctors with whom the Designated Body has a prescribed connection as at 31st March 2012 IMPORTANT: Only doctors with whom the designated body has a prescribed connection should be included in this section. Each doctor should be included in only ONE category	532						N/A		
1.4.1	Consultant (including honorary contract holders)	389						N/A		
1.4.2	Staff Grade, Associate Specialist, Specialty Doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	73						N/A		
1.4.3	G.Ps (for primary care trusts only; doctors on a medical performers list)	0						N/A		
1.4.4	Trainee: doctor on national postgraduate training scheme (for Deaneries only, doctors on national training programmes)	0						N/A		
1.4.5	Doctors with practising privileges (for Independent Healthcare Providers only all doctors with practising privileges who have a prescribed connection should be included in this section, irrespective of their grade)	0						N/A		
1.4.6	Temporary or short-term contract holders (including trust doctors, locums for service, locums for training, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	16						N/A		
1.4.7	Other (including some management / leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc)	54						N/A		
Section 2: Responsible Officer										
2.1	A responsible officer has been nominated / appointed in compliance with the regulations [regulations, 5 and 7]				Jun-11	Y	RGW	Green		
2.2	A second responsible officer is nominated / appointed where a conflict of interest or appearance of bias has been agreed with the level 2 responsible officer [regulations, 6]				13-Mar-12	Y	RGW	Green		
2.3	Appropriate Responsible Officer training is undertaken (Guidance, 4.48, 4.49)				Nov-11	Y	RGW	Green		

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2.4	Local/regional support is available to the Responsible Officer					Y		Green			
2.5	Provision of funding and resource from the Designated Body is sufficient to undertake the responsibilities of the role (Regulations, 14, 19)	A business case for resources to meet the requirements for the RO to fulfil his duties to ensure all doctors are revalidated needs to be completed and submitted for approval. This will include resources for Deputy RO; ongoing administration; remediation requirements across the organisation; appraisal training; appraisal support and quality control	R G WILSON	Dec-12				Red	Please provide detailed actions under 'Action required' of the process in place to achieve a Green RAG rating by Dec 2012		
Section 3: Appraisal System											
3.1	A medical appraisal policy with core content is in place	COMPLETED			Jun-12	Y	RGW	Green			
3.2	Numbers of doctors with whom the Designated Body has a prescribed connection who have a completed appraisal between 1st April 2011 and 31st March 2012 (Guidance, 3.10) IMPORTANT: Only doctors with whom the designated body has a prescribed connection should be included in this section. Each doctor should be included in only ONE category	291						N/A			
3.2.1	Consultant (including honorary contract holders)	269						N/A			
3.2.2	Staff Grade, Associate Specialist, Specialty Doctor (including hospital practitioners, clinical assistants who do not have a prescribed connection elsewhere)	22						N/A			
3.2.3	G.Ps (for primary care trusts only; doctors on a medical performers list)							N/A			
3.2.4	Trainee: doctor on national postgraduate training scheme (for Deaneries only, doctors on national training programmes)							N/A			
3.2.5	Doctors with practising privileges (for Independent Healthcare Providers only)							N/A			
3.2.6	Temporary or short-term contract holders (including trust doctors, locums for service, locums for training, clinical research fellows, trainees not on national training schemes, doctors with fixed-term employment contracts)	0						N/A			
3.2.7	Other (including some management / leadership roles, research, civil service, other employed or contracted doctors, doctors in wholly independent practice, etc)	0						N/A			
3.3	An audit has been performed to determine reasons for all missed or incomplete appraisals [guidance, 3.10]	COMPLETED				Y	RGW	Green			
3.4	The number of trained medical appraisers is sufficient for the needs of the designated body (Guidance, 3.9, 3.10)					Y	RGW	Green			

Section Number	Indicator	Action required	Name of person responsible for action	Target Date for Completion	Actual Date of Completion	Board Aware (Y/N)	Board Owner (Initials)	RAG			
3.4.1	Number of active medical appraisers at 31st March 2012 (Guidance, 3.9)	58						Green			
3.4.2	Number of active medical appraisers at 31 March 2012 who have attended an appraiser training course at any time [guidance, 3.10]	56						Green			
3.5	Medical appraisers are supported in the role through access to leadership and peer support	COMPLETED				Y	RGW	Green			
3.6	Medical appraisers receive feedback on their performance in the role which includes feedback from doctors or feedback on the quality of outputs from appraisal (such as personal development plans and appraisal summaries)	COMPLETED			Jun-12	Y	RGW	Green			
Section 4: Organisational Governance											
4.1	A governance structure or strategy is in place (including clinical governance where appropriate)	COMPLETED				Y	RGW	Green			
4.2	The governance systems (including clinical governance where appropriate) are subject to external or independent review	COMPLETED				Y	RGW	Green			
4.3	There is a system for monitoring the fitness to practise of doctors with whom the designated body has a prescribed connection [regulations 16(3)(a)]	COMPLETED				Y	RGW	Green			
4.4	All doctors with whom the designated body has a prescribed connection are able to obtain structured feedback from patients and colleagues in compliance with GMC criteria [guidance, 3.5, 5.18]	COMPLETED			Aug-11	Y	RGW	Green			
4.5	The designated body's clinical audit activity is in line with national guidance (including contributions to clinical registers and databases and confidential enquiries)	COMPLETED				Y	RGW	Green			
4.6	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 [regulations 11(3)]	COMPLETED				Y	RGW	Green			
4.7	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 [regulations, 16(2)]	COMPLETED			Jun-12	Y	RGW	Green			
4.8	There is a process in place to ensure fitness to practise evaluations and appraisals take account of all available information relating to the doctor's fitness to practise, from the work carried out for the designated body and for any other organisation. [regulations 11(1)(3)]	COMPLETED				Y	RGW	Green			

