# Framework of Quality Assurance for Responsible Officers and Revalidation

# Annex F – Higher Level Responsible Officer (HLRO) Quality Review

## NHS England INFORMATION READER BOX

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| **Medical** | Operations | Patients and Information |
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| **Author** | NHS England, Medical Revalidation Programme |
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| **Target Audience** | All Responsible Officers in England |
| **Additional Circulation List** | Foundation Trust CEs , NHS England Regional Directors, Medical Appraisal Leads, CEs of Designated Bodies in England, NHS England Area Directors, NHS Trust Board Chairs, Directors of HR, NHS Trust CEs, All NHS England Employees |
| **Description** | The Framework of Quality Assurance (FQA) provides an overview of the elements defined in the Responsible Officer Regulations, along with a series of processes to support Responsible Officers and their Designated Bodies in providing the required assurance that they are discharging their respective statutory responsibilities. |
| **Cross Reference** | The Medical Profession (Responsible Officers) Regulations, 2010 (as amended 2013) and the GMC (Licence to Practise and Revalidation) Regulations 2012 |
| **Superseded Docs** (if applicable) | Replaces the Revalidation Support Team (RST) Organisational Readiness Self-Assessment (ORSA) process |
| **Action Required** | Designated Bodies to receive annual board reports on the implementation of revalidation and submit an annual statement of compliance to their higher level responsible officers. |
| **Timings / Deadline** | December 2016 |
| **Contact Details for further information** | england.revalidation-pmo@nhs.net<br>http:// www.england.nhs.net/revalidation/ |

## Document Status

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# Annex F – Higher Level Responsible Officer (HLRO) Quality Review (formally Independent Verification)

**Purpose of the Quality Review:**

The purpose of the higher level responsible officer (HLRO) quality review is to:

1. establish that there are robust systems in place to underpin the statutory responsibilities of the responsible officer,

2. provide designated bodies with support and guidance as and where appropriate, and

3. enable discussions to take place between the key members of a designated body (responsible officer plus others) and the regional team representing the higher level responsible officer to consider:

    - compliance with the Responsible Officer Regulations (2010 & 2013)
    - any examples of good practice that have developed in the designated body that could be shared more widely
    - any areas of challenge
    - ways in which the designated body can be supported to develop further

**Process of the Quality Review:**

There are three phases to the quality review process.

**Phase 1:**

Primarily this is based on an annual desk top review following submission of the Annual Organisational Audit (AOA) by designated bodies. The desk top review is undertaken by the regional revalidation team on behalf of the HLRO.

The key themes considered in the desk top review include the following:

- NHS England data, including AOA returns
- Adherence to the Framework of Quality Assurance (FQA)
- Governance of designated body
- GMC data
- CQC reports

Where the information from a desk top review provides assurance that responsible officers and their designated bodies are meeting the core standards set out in the FQA, this may be accepted by the HLRO as a satisfactory level of evidence.

**Phase 2**

As and when required, Phase 1 may be followed by an email or telephone discussion, or a face to face quality review meeting with the designated bodies responsible officer and appropriate members of their team to gain further clarification of the systems and processes in place in the organisation. In circumstances where a specific issue needs clarifying, a telephone conversation with the RO may suffice.

Phase 2 also helps to identify good practice and is a process for providing support to the designated body to maintain and improve standards of quality and performance.

Where specific issues, experienced by a number of DBs with similar challenges, are identified, the HLRO may consider bringing the designated bodies together to enable networking and collaboration to support effective action.

Similarly, the HLRO may consider it beneficial to arrange 1to1 meetings, which could take place for example between the designated bodies RO and the HLRO, or the regional Medical Appraisal lead, whichever is appropriate.

This phase of the process is also prioritised based on the knowledge and information available to the HLRO for that designated body.

**Phase 3**

The outcome of the quality review discussion, whether that is by a face to face meeting or by a telephone call, will result in an agreed summary outlining examples of good practice (which may be considered for wider sharing through the networks) and areas for further development. An agreed action plan outlining priorities for development and their timescales may also be required. Any further follow up action will be agreed between the designated body and the quality review team.

**HLRO Quality Review visiting team:**

The structure of the visiting team is at the discretion of the HLRO, but to give the visit credibility and authority, the team should include two people, as a minimum, who are of an appropriate level of seniority and experience.

The HLRO may also consider including a clinician in the visiting team as well as a lay representative.