

**Trust Board Paper N**

<b>Meeting title:</b>	Trust Board					
<b>Date of the meeting:</b>	9 October 2025					
<b>Title:</b>	Annual Organisational Audit and Board Report					
<b>Report presented by:</b>	Dan Barnes, Deputy Medical Director, and Responsible Officer					
<b>Report written by:</b>	Dan Barnes, Deputy Medical Director and Responsible Officer					
<b>Action – this paper is for:</b>	Decision/Approval	x	Assurance	x	Update	
<b>Where this report has been discussed previously</b>	ROAG September 2025 People and Culture Committee – September 2025					

**To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which**

This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.

**Impact assessment**

The paper impacts on the following areas:

- Workforce
- Equality, Diversity & Inclusion
- Reputation/legal

Acronyms used:  
Acronyms explained at the appropriate points in the paper

**Purpose of the Report**

This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.

**Recommendation**

The Trust Board is asked to:

- **Receive** this report, note the content and that it will be shared with the Tier 2 Responsible Officer at NHS England.
- **Note** the progress made against the previous report actions.
- **Note** the Statement of Compliance (Appendix A) confirms that the UHL, as a Designated Body, is compliant with the Responsible Officer regulations and that the Chief Executive will sign this on behalf of the UHL following the Trust Board meeting.

## Summary

This report is presented to provide assurance that the statutory functions of the Responsible Officer are being appropriately fulfilled; to report on performance in relation to those functions; to highlight current and future issues and to present action plans to mitigate potential risks.

This report covers the period 1 April 2024 – 31 March 2025. The last report was submitted to Trust Board in September 2024 for the year 2023/24.

Key points to bring to the board's attention are as follows;

- This year's report template includes several additional question and data requirements however the template changes are less extensive than last year.
- There has again been positive progress against the previous reports' actions.
- The total number of doctors for whom UHL is the designated body for the purposes of revalidation is 1,601 which is a year on year an increase from 1,438.
- During 1 April 2024 and 31 March 2025, 363 doctors were due for recommendations to be made to the GMC about the fitness to practise in accordance with the GMC requirements and responsible officer protocol.
  - 337 positive recommendations were made to the GMC.
  - 31 recommendations for deferral (requests for more time) were made to the GMC.
  - 1 referral was made for non-engagement
- All revalidation recommendations to the General Medical Council (GMC) between April 2024 and March 2025 were made on time.
- The total number of appraisals undertaken between 1 April 2024 and 31 March 2025 was 1,504 achieving a compliance rate of 94% which is an increase from 90%. There is one outstanding appraisal which is scheduled for September 2025.
- The partially automated standardised process for supportively managing colleagues who have not completed their appraisals on time has established well.
- The on-going principle challenge is providing sufficient appraiser capacity overall. There is a review of how this is managed currently as per the action plan.
- Overall, there are no significant concerns regarding the appraisal and revalidation systems and processes within the Trust although work continues to address challenges with turnover impacting on the number of trained appraisers.

## Appendix A – Annual Organisational Audit

## Annex A

### Illustrative Designated Body Annual Board Report and Statement of Compliance

This template sets out the information and metrics that a designated body is expected to report upwards, through their Higher Level Responsible Officer, to assure their compliance with the regulations and commitment to continual quality improvement in the delivery of professional standards.

Section 1 – Qualitative/narrative  
 Section 2 – Metrics  
 Section 3 - Summary and conclusion  
 Section 4 - Statement of compliance

#### Section 1 Qualitative/narrative

All statements in this section require yes/no answers, however the intent is to prompt a reflection of the state of the item in question, any actions by the organisation to improve it, and any further plans to move it forward. You are encouraged therefore to provide concise narrative responses.

Reporting period 1 April 2024 – 31 March 2025

#### 1A – General

The board/executive management team of:  
 can confirm that:

1A(i) An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

Y/N	Yes
Action from last year:	No action required
Comments	RO remains in post
Action for next year:	No action required

1A(ii) Our organisation provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Once PA/ AA regulation comes into practice via GMC, any further training and support will be provided by the trust.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>All PA's and PAA's are being transferred to our medical appraisal system SARD. The PA's were given access in 2022 to allow familiarisation with system in readiness for regulation.</li> <li>The PA appraisers have had training with the lead appraiser. Their appraisals were agreed with respective heads of services.</li> <li>The PAA's are now being added to this process having previously been appraised by a named medical lead.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To consolidate this process and provide this group with any support they may need for appraisal processes, both appraisers and appraisees.</li> </ul>

1A(iii) An accurate record of all licensed medical practitioners with a prescribed connection to our responsible officer is always maintained.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue the communication pathways between UHL, Peoples Services, Revalidation team and GMC notification system.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>A registered doctor has a duty to inform the GMC of their designated body. For training grade doctors, RO processes are via NHSE (East Midlands).</li> <li>For other grades, if a doctor modifies the GMC record of their designated body to UHL, the Revalidation team set up on a UHL SARD account and notify appraisee and appraiser.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue the communication pathways between UHL, Peoples Services, Revalidation team and GMC notification system.</li> </ul>

1A(iv) All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Audit these 2 pathways in a year's time before submission of this report (July 2025).</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>As part of the trusts corporate audit program an external audit will commence in September 2025.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To review and appropriately respond to recommendations from the audit.</li> </ul>

1A(v) A peer review has been undertaken (where possible) of our organisation's appraisal and revalidation processes.

Y/N	No
Action from last year:	<ul style="list-style-type: none"> <li>To revisit the contribution of this group to quality improvement processes within the Trusts.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>Due to the external audit already occurring in 2025 we have deferred any other peer review activity.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To engage the University Hospitals of Northamptonshire to co-design a peer review process between our organisations.</li> </ul>

1A(vi) A process is in place to ensure locum or short-term placement doctors working in our organisation, including those with a prescribed connection to another organisation, are supported in their induction, continuing professional development, appraisal, revalidation, and governance.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>To update the existing videos for appraisal as GMP 2024 comes into use for appraisals in April 2025.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>An updated video from the teaching session for locally employed doctors for appraisal and revalidation had been uploaded on the UHL Connect internet page.</li> <li>A study day was attended by nearly 100 doctors with good feedback.</li> <li>Drop-in sessions monthly continue to support this group of doctors and addresses any queries about the processes in UHL. The drop in sessions content is improvement based on</li> </ul>

	feedback.
Action for next year:	<ul style="list-style-type: none"> <li>To continue with the drop-in sessions and keep all supportive information including the video up to date in line with local and national changes in standards.</li> </ul>

## 1B – Appraisal

1B(i) Doctors in our organisation have an [annual appraisal](#) that covers a doctor's whole practice for which they require a GMC licence to practise, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>No change. Re-iterate at all appraisal sessions and appraiser training.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>All above pieces of evidence are a part of the evidence expected at appraisal. Full scope of practice is requested and CPD mapped against it.</li> <li>Reflection is expected for all complaints and SI's along with robust action plans as required which may form a part of PDP.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To continue with support and good practice.</li> </ul>

1B(ii) Where in Question 1B(i) this does not occur, there is full understanding of the reasons why and suitable action is taken.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Audit non-compliance figures in a year's time July 2025.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>The updated Trust approved guidelines for appraisal and revalidation have a clear pathway for appraisal non-compliance and the associated actions of escalation.</li> <li>The Responsible Officers Advisory Group (ROAG) monitors this process, and actions as required.</li> <li>Assumed to be covered in the external audit on the whole appraisal revalidation process</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To continue with these processes.</li> </ul>

1B(iii) There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Next review in 3 years July 2027.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>The policy is up to date and in keeping with National Guidance.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>No current action needed.</li> </ul>

1B(iv) Our organisation has the necessary number of trained appraisers<sup>1</sup> to carry out timely annual medical appraisals for all its licensed medical practitioners.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>To review appraiser numbers every 6 months.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>There is a regular review of appraiser numbers monthly at the revalidation team business meetings and 3-6 monthly updates to ROAG and the senior medical leadership team.</li> <li>There is constant flux in the numbers of appraisers due to retirement/ job plan changes.</li> <li>It is a consistent challenge to meet the required appraisers in the context of another year-on-year increase of doctors having UHL as their designated body.</li> <li>The RO and AMD for appraisal/ revalidation work with the Clinical Directors to provide the appropriate numbers of appraisers.</li> <li>The role of appraisers is classed as the most important 'Additional Role' in the trusts job planning process.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To review how the trust provides the appropriate number of appraisers to include the numbers of appraisals performed by each appraiser and the job planned time to do this. Aim to standardise this across UHL and UHN.</li> </ul>

1B(v) Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements ([Quality Assurance of Medical Appraisers](#) or equivalent).

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Review feedback from this conference in October 2024 and plan to make this a yearly event to replace top up training.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>UHL facilitates required appraiser regular 'top up' training.</li> <li>UHLs inaugural Medical Appraisers Conference was held on in October 2024 with national speakers from the GMC and NHSE which has supported shared learning and improvement.</li> <li>The 2025 conference will be held on the 26 September 2025 and will focus on local processes, and performance review management.</li> <li>Also, continuous review of ASPAT forms takes place between the trusts Lead appraiser and Senior Appraisers.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To respond to learning and feedback from the 2025 Appraisers Conference.</li> </ul>

<sup>1</sup> While there is no regulatory stipulation on appraiser/doctor ratios, a useful working benchmark is that an appraiser will undertake between 5 and 20 appraisals per year. This strikes a sensible balance between doing sufficient to maintain proficiency and not doing so many as to unbalance the appraiser's scope of work.

1B(vi) The appraisal system in place for the doctors in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue with current arrangements.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>ROAG and Supporting Doctors to Provide Safe Healthcare Assurance Group are meeting regularly, reports provided on appraisal and revalidation. Follow up actions are monitored.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To continue with these processes.</li> </ul>

## 1C – Recommendations to the GMC

1C(i) Recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to our responsible officer, in accordance with the GMC requirements and responsible officer protocol, within the expected timescales, or where this does not occur, the reasons are recorded and understood.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue with current process.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>Compliant, and where required there is regular communication between the RO and GMC.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue with current process.</li> </ul>

1C(ii) Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted, or where this does not happen, the reasons are recorded and understood.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>To continue with the current process</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>Timely revalidation checks by the Revalidation team identify any potential issues.</li> <li>Doctors are contacted in advance if any issues are identified to allow them time to rectify them such as formal patient and colleague feedback or if a deferral is thought to be necessary.</li> <li>The Appraisal Lead or RO contacts any doctor considered for deferral.</li> <li>Any doctor being considered for non-engagement would be discussed with the GMC by the RO.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To continue with the current process.</li> </ul>

## 1D – Medical governance

1D(i) Our organisation creates an environment which delivers effective clinical governance for doctors.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Revised Policy to be implemented once agreed.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>ROAG meetings held regularly from September 2023.</li> <li>The Trust's "Conduct, Capability, Ill Health and Appeals Policy for Medical Practitioners" has been reviewed, approved and implemented and has been re-named in 2025 as "Disciplinary and Management of Performance Policy and Procedure for Medical and Dental Staff".</li> <li>PPA training in MHPS for Case Managers and Case Investigators was undertaken in June and July 2024. Board member training in MHPS was undertaken in October 2024.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue with current arrangements.</li> </ul>

1D(ii) Effective [systems](#) are in place for monitoring the conduct and performance of all doctors working in our organisation.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue with current arrangements, no changes proposed</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>These are governed through the local Responsible Officer Advisory Group, Supporting Doctors to Provide Safer Healthcare assurance group and Trust Board. The RO and Trust Revalidation and Appraisal lead are members of the respective groups.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue with current arrangements</li> </ul>

1D(iii) All relevant information is provided for doctors in a convenient format to include at their appraisal.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>Doctors are responsible for collecting evidence for appraisal.</li> <li>Any information they need from the Trust is readily available electronically e.g. Mandatory training, trust educational events or via Trust teams e.g. risk management team for complaints /SI's etc.</li> <li>The electronic appraisal system SARD enables collating and reflecting on the evidence in preparation for the appraisal.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To continue with these processes.</li> </ul>



1D(iv) There is a process established for responding to concerns about a medical practitioner's fitness to practise, which is supported by an approved responding to concerns [policy](#) that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue with current processes.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>All medical cases relating to conduct, capability and health are managed in line with the national Maintaining High Professional Standards (MHPS) document. The Trust has the "Disciplinary and Management of Performance Policy and Procedure for Medical and Dental Staff", which is based on MHPS.</li> <li>Quarterly meetings held between Responsible Officer and GMC employment liaison advisor to discuss and review cases as appropriate. This is supplemented by ad hoc discussions as necessary.</li> <li>For cases involving resident doctors the RO liaises with the Post Graduate Dean (RO for resident doctors).</li> <li>A Remediation Policy is in place, based on the Practitioner Performance Advice Service "Back on Track" guidance.</li> <li>Handling of relevant cases is supported by risk assessment processes and safeguarding team, and there is collaborate with external partners as appropriate e.g. Local Authority Designated Officer (LADO).</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue with current processes.</li> </ul>

1D(v) The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors and country of primary medical qualification.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue with current reporting.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>Yes. A regular report broken down by protected characteristics and including country of primary qualification is taken through the Trust governance process. Annual review report produced at end of financial year.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue with current reporting.</li> </ul>

1D(vi) There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with [appropriate governance responsibility](#)) about a) doctors connected to our organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue with current arrangements.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>RO responds to requests from other organisations for information about doctors and also to GMC enquiries into doctors who have previously been employed in or had worked in, UHL.</li> <li>Medical Practitioner Information Transfer (MPIT) forms are completed when doctors move from UHL to another designated body, on request from the new DB. Recruitment process includes request for information from previous organisations when doctors join UHL. Delayed responses are escalated to the Medical Staffing Manager and RO.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To continue with these processes.</li> </ul>

1D(vii) Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref [GMC governance handbook](#)).

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Current arrangements to continue.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>Medical case work is undertaken in line with the National Framework document, 'Maintaining High Professional standards in the NHS' (MHPS).</li> <li>The ROAG (Responsible Officer Advisory Group) has been in place from September 2023. The composition of this group includes appropriate diversity.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Current arrangements to continue.</li> </ul>

1D(viii) Systems are in place to capture development requirements and opportunities in relation to governance from the wider system, e.g. from national reviews, reports and enquiries, and integrate these into the organisation's policies, procedures and culture. (Give example(s) where possible.)

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue to monitor national and wider system updates and review policies accordingly.</li> </ul>
Comments	<ul style="list-style-type: none"> <li>Regular updates and bulletins received from DH, NHS England, NHS Employers and solicitors detailing developments at national level and changes in legislation.</li> <li>Requirement and developments incorporated into policies and procedures via policy reviews.</li> <li>Appropriate training provided to embed into Trust culture. E.g. NHS Resolution "Being Fair" guidance issued in May 2025 has been embedded into Trust processes by agreement with LNC.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue to monitor national and wider system updates and review policies accordingly.</li> </ul>

1D(ix) Systems are in place to review professional standards arrangements for [all healthcare professionals](#) with actions to make these as consistent as possible (Ref [Messenger review](#)).

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Compassionate and inclusive leadership offerings including bespoke medical leadership programme.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>There are robust governance processes in place to ensure the delivery and oversight of the Messenger review recommendations for our medical workforce.</li> <li>The Trust launched its new values and behaviours framework in 2024 and this is embedded throughout the employee lifecycle for our all our staff.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To continue with these processes</li> </ul>

## 1E – Employment Checks

1E(i) A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Review the unpaid placements policy.</li> <li>Join the Digital Staff Passport pilot scheme for Doctors in Training and Honorary contracts along with NHS Trusts in our region</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>Centralised recruitment team conducts the recruitment of all posts, ensuring full compliance with NHS Employers 'Employment Check Standards' prior to applicants commencing in post. A dedicated team for doctors conducts the recruitment of all trainees, non-trainee and bank locum doctors in line with these standards, using recruitment system Trac. All offers of employment are conditional on all pre-employment checks being completed satisfactorily</li> <li>National alert checking is completed direct via the Healthcare Professional Advisory Notice (HPAN) system.</li> <li>MPIT form is sent to the previous Designated Body as per the Responsible Officer process to ensure any information that should be shared with UHL is known.</li> <li>Monthly spot checks carried out to ensure consistency and robustness of checking. A quarterly spot check overview is completed and is reported through the People Services governance report.</li> <li>Employment checks also cover medical practitioners with honorary contracts and unpaid placements with UHL.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue with current arrangements in line with Recruitment and Selection Policy and Unpaid Placement policy.</li> <li>Digital staff passport has been deprioritised and will be closed over the coming months.</li> <li>Continue with workforce share agreements for EMAP NHS Trusts.</li> </ul>

## 1F – Organisational Culture

1F(i) A system is in place to ensure that professional standards activities support an appropriate organisational culture, generating an environment in which excellence in clinical care will flourish, and be continually enhanced.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Compassionate and inclusive leadership offerings including bespoke medical leadership programme.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>As part of the Trust's ambition to ensuring Just, restorative and learning culture, we have embedded a just a learning approach to managing medical professional matters, to support a compassionate and supportive approach and one in which medical colleagues flourish and feel psychologically safe in the workplace.</li> <li>Reviewed in 2025 in the light of NHS Resolution "Being Fair" guidance.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>To consider how the trust can facilitate additional 360-degree feedback relating specifically to behaviours within the limitations of our electronic appraisal platform.</li> </ul>

1F(ii) A system is in place to ensure compassion, fairness, respect, diversity and inclusivity are proactively promoted within the organisation at all levels.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Compassionate and inclusive leadership offerings including bespoke medical leadership programme.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>The Trust's values and behaviour framework sets the tone and expectations of all colleagues. In the development of the underpinning behavioural framework, this was cross referenced against the GMP and CQC domains.</li> <li>We have robust systems to receive oversight and assurance that this is embedded within the organisation.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue with current arrangements.</li> </ul>

1F(iii) A system is in place to ensure that the values and behaviours around openness, transparency, freedom to speak up (including safeguarding of whistleblowers) and a learning culture exist and are continually enhanced within the organisation at all levels.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue to promote FTSU service and embed RJLC.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>Independent Freedom to Speak Up Guardian service available 24/7 and is regularly promoted, e.g. included in CEO's weekly update to all staff.</li> <li>Restorative Just and Learning Culture approach is being implemented and embedded within patient safety and HR processes.</li> <li>The organisation is the lead East Midlands organisational for sexual safety in healthcare.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue to promote FTSU and embed RJLC.</li> </ul>

1F(iv) Mechanisms exist that support feedback about the organisation's professional standards processes by its connected doctors (including the existence of a formal complaints procedure).

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue to drive improvement based on feedback.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>There are multiple mechanisms for feedback to be provided to the organisations. This includes mandatory annual requirement thought appraisal, through the just and restorative learning framework, there are escalation routes through the medical workforce infrastructure, there are also provisions within local policies.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue to drive improvement based on feedback.</li> </ul>

1F(v) Our organisation assesses the level of parity between doctors involved in concerns and disciplinary processes in terms of country of primary medical qualification and protected characteristics as defined by the [Equality Act](#).

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue with current arrangements.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>A regular report broken down by protected characteristics and including country of primary medical qualification is taken through the Trust governance process.</li> <li>The Trust also routinely undertakes WRES and WDES reporting, which includes levels of parity around those entering into formal disciplinary processes.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue with current arrangements.</li> </ul>

## 1G – Calibration and networking

1G(i) The designated body takes steps to ensure its professional standards processes are consistent with other organisations through means such as, but not restricted to, attending network meetings, engaging with higher-level responsible officer quality review processes, engaging with peer review programmes.

Y/N	Yes
Action from last year:	<ul style="list-style-type: none"> <li>Continue as above.</li> </ul>
Comments:	<ul style="list-style-type: none"> <li>The RO and Appraisal Lead attend the RO networking events and GMC RO engagement events, enabling sharing of national guidance and data.</li> <li>The Lead Appraiser has also established an East Midlands Lead Appraisers network, which has been very well received and will serve the purpose of sharing good practice and contributing to peer review programmes.</li> </ul>
Action for next year:	<ul style="list-style-type: none"> <li>Continue current arrangements</li> </ul>

## Section 2 – metrics

Year covered by this report and statement: 1 April 2024 – 31 March 2025 .

All data points are in reference to this period unless stated otherwise.

The number of doctors with a prescribed connection to the designated body on the last day of the year under review	1601
Total number of appraisals completed	1504
Total number of appraisals approved missed	52
Total number of unapproved missed	45
The total number of revalidation recommendations submitted to the GMC (including decisions to revalidate, defer and deny revalidation) made since the start of the current appraisal cycle	368
Total number of late recommendations	0
Total number of positive recommendations	337
Total number of deferrals made	31
Total number of non-engagement referrals	1
Total number of doctors who did not revalidate	0
Total number of trained case investigators	17
Total number of trained case managers	12
Total number of concerns received by the Responsible Officer <sup>2</sup>	6
Total number of concerns processes completed	2
Longest duration of concerns process of those open on 31 March (working days)	6 months
Median duration of concerns processes closed (working days) <sup>3</sup>	8 months
Total number of doctors excluded/suspended during the period	0
Total number of doctors referred to GMC	5
Total number of appeals against the designated body's professional standards processes made by doctors	0
Total number of these appeals that were upheld	N/A
Total number of new doctors joining the organisation	1284
Total number of new employment checks completed before commencement of employment	1170
Total number claims made to employment tribunals by doctors	2
Total number of these claims that were not upheld <sup>4</sup>	1 (note: 1 pending)

<sup>2</sup> Designated bodies' own policies should define a concern. It may be helpful to observe <https://www.england.nhs.uk/publication/a-practical-guide-for-responding-to-concerns-about-medical-practice/>, which states: *Where the behaviour of a doctor causes, or has the potential to cause, harm to a patient or other member of the public, staff or the organisation; or where the doctor develops a pattern of repeating mistakes, or appears to behave persistently in a manner inconsistent with the standards described in Good Medical Practice.*

<sup>3</sup> Arrange data points from lowest to highest. If the number of data points is odd, the median is the middle number. If the number of data points is even, take an average of the two middle points.

<sup>4</sup> Please note that this is a change from last year's FQAI question, from number of claims upheld to number of claims not upheld".

### Section 3 – Summary and overall commentary

This comments box can be used to provide detail on the headings listed and/or any other detail not included elsewhere in this report.

General review of actions since last Board Report
The majority of the actions have been completed the required actions and where not there is a clear action against it
Actions still outstanding
Audit of the Appraisal process being commenced September 2025
Current issues
In the context of another year-on-year increase in the number of doctors with UHL as their Designated Body the challenge of providing the required appraiser capacity continues to be a challenge. We have plans in place currently to meet this need working closely with the CMGs.
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
As per Section 1

## Section 4 – Statement of Compliance

The Board/executive management team have reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief Executive or Chairman (or Executive if no Board exists)]

Official name of the designated body:	University Hospitals of Leicester NHS Trust
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Name:	Richard Mitchell
Role:	Chief Executive Officer
Signed:	
Date:	

Name of the person completing this form:	Dan Barnes, Deputy Medical Director and Responsible Officer
Email address:	daniel.barnes12@nhs.net