

## Trust Board Paper M

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|-------------------------------------------------|--------------------------------------------------------------|---|-----------|---|--------|--|
| Meeting title:                                  | Trust Board                                                  |   |           |   |        |  |
| Date of the meeting:                            | 8 <sup>th</sup> October 2026                                 |   |           |   |        |  |
| Title:                                          | Annual Organisational Audit and Board Report 2025/26         |   |           |   |        |  |
| Report presented by:                            | Dan Barnes, Deputy Medical Director, and Responsible Officer |   |           |   |        |  |
| Report written by:                              | Dan Barnes, Deputy Medical Director and Responsible Officer  |   |           |   |        |  |
| Action – this paper is for:                     | Decision/Approval                                            | x | Assurance | x | Update |  |
| Where this report has been discussed previously | ROAG September 2026<br>PCC September 2026                    |   |           |   |        |  |

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

### Board Assurance Framework alignment

This report provides assurance primarily against **BAF Risk 09 – People: Workforce Culture, Capability and Sustainability**. The appraisal, revalidation and professional standards arrangements described in this report support the Trust's ability to maintain a capable, engaged and professionally regulated medical workforce through effective appraisal systems, professional standards governance, leadership development, organisational learning and workforce support. The report also provides evidence of ongoing work to strengthen organisational culture through Freedom to Speak Up, Restorative Just and Learning Culture approaches, equality monitoring and the fair management of concerns.

The report additionally provides supporting assurance against:

**BAF Risk 01 – Quality 1: Safe Care Environment and Learning Safety Culture**, through the management of fitness to practise concerns, clinical governance and professional standards oversight.  
**BAF Risk 01 – Quality 3: Consistently High-Quality Care**, through appraisal, revalidation and assurance of doctors' professional competence.  
**BAF Risk 01 – Quality 4: Health Inequalities**, through monitoring fairness, protected characteristics and potential discrimination within professional standards processes.

### 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, prior to submission to the Tier 2 Responsible Officer.

## Recommendation

The Trust Board is asked to:

- **Receive** the report, note its contents and endorse its onward submission to the Tier 2 Responsible Officer at NHS England.
- **Note** the progress made against the actions identified in the previous year's report.
- **Note** the Statement of Compliance (Appendix A), confirming that University Hospitals of Leicester NHS Trust remains compliant with the Responsible Officer Regulations and that the Chief Executive will sign the declaration on behalf of the Trust.

## Summary

This report provides assurance that the statutory functions of the Responsible Officer continue to be delivered effectively and that arrangements for appraisal, revalidation and professional standards remain compliant with national requirements. It covers performance during the period 1 April 2025 to 31 March 2026 and identifies key achievements, current challenges and priorities for improvement.

## Key points for the Board

- The number of doctors connected to the Trust for revalidation purposes increased to 1,656, compared with 1,601 in 2024/25 and 1,438 in 2023/24.
- During 2025/26, 97 doctors were due a revalidation recommendation to the GMC, in accordance with GMC requirements and the Responsible Officer protocol.
  - 77 positive recommendations were made to the GMC.
  - 20 deferral recommendations, requesting additional time, were made to the GMC.
  - No referrals were made for non-engagement.
  - No recommendations were made late.
- A total of 1,531 appraisals were completed between 1 April 2025 and 31 March 2026, representing an appraisal compliance rate of 93%, compared with 94% in 2024/25. The Trust continues to support timely completion through established governance arrangements and targeted support for appraisees and appraisers. All appraisals identified as requiring completion have now been completed.

## Progress against previous actions

### Completed

- Completion of the external appraisal and revalidation process audit with resulting 'reasonable' assurance given. There were 4 required actions which are tracked through the trusts audit committee, 2 low and 1 medium priority which have been completed with evidence submitted. Further medium priority action which is included in next action plan
- Support arrangements for Physician Associates (PAs) and Anaesthesia Associates (AAs) have been consolidated within the Trust appraisal system in preparation for GMC regulation.
- Appraiser capacity has been strengthened following agreement with Clinical Directors on revised supporting professional activity arrangements.
- Appraisal guidance, educational resources and support for locally employed doctors have continued to be enhanced.

### Outstanding

- Completion of a formal peer-to-peer appraisal and revalidation review with another NHS organisation.
- Complete remaining audit related action.

### Current Issues and Risks

The Trust continues to face challenges associated with sustaining sufficient appraiser capacity while accommodating increasing numbers of doctors within the designated body population. Whilst capacity has stabilised during the year, ongoing monitoring remains necessary.

Priorities for 2026/27 include:

- Recruiting to vacant Senior Appraiser posts.
- Strengthening appraisal quality assurance through more timely feedback to appraisers.
- Supporting implementation of GMC regulation for PAs and AAs.
- Increasing appraisal support for locally employed doctors.
- Reviewing appraisal scheduling across the year to improve completion rates.

Overall, there are no significant concerns regarding the Trust's appraisal and revalidation systems and processes. Work continues to mitigate the impact of appraiser turnover and maintain sufficient trained appraiser capacity.

## 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 2025 – 31 March 2026

#### 1A – General

The board/executive management team of: University Hospitals of Leicester NHS Trust 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>To consolidate support PA/PAA need for appraisal processes, both appraisers and appraisees</li> </ul> |
| Comments:              | <ul style="list-style-type: none"> <li>Support in place for PA/PAA appraisal process for both appraisers and appraisees</li> </ul>           |

|                       |                                                                                                                                                                                                                                                                                      |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | <ul style="list-style-type: none"> <li>• All PA/ PAA appraisals are being delivered using our medical appraisal system SARD</li> </ul>                                                                                                                                               |
| Action for next year: | <ul style="list-style-type: none"> <li>• To support PA/ PAA colleagues to be registered with GMC by December 2026 in line with regulatory requirements</li> <li>• To continue to work with PA/ PAA colleagues to comply with any new GMC regulatory guidance as it arises</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>• To review and appropriately respond to recommendations from the trust commissioned external audit of the appraisal and revalidation system</li> </ul> |
| Comments:              | <ul style="list-style-type: none"> <li>• Audit completed and findings disseminated within the appraisal-revalidation team</li> <li>• No policy changes required</li> </ul>                     |
| Action for next year   | <ul style="list-style-type: none"> <li>• To review and update policies as required</li> </ul>                                                                                                  |

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

|     |    |
|-----|----|
| Y/N | No |
|-----|----|

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|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last 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>                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Comments:              | <ul style="list-style-type: none"> <li>The UHL external audit of our appraisal – revalidation gives ‘reasonable’ assurance regarding our internal processes. There were 4 required actions, 2 low and 1 medium priority which have been completed with evidence submitted. Further medium priority action which is included in next action plan.</li> <li>The peer review with University Hospitals of Northamptonshire did not occur</li> <li>Approached by University Hospitals of Derby and Burton NHS Trust to carry out a peer-peer review which is being co-designed</li> </ul> |
| Action for next year:  | <ul style="list-style-type: none"> <li>Complete peer -peer review</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.

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|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Action from last year: | <ul style="list-style-type: none"> <li>To continue with the LED focused appraisal, support 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>                                                                                                                                                                                                                                                                                                                         |
| Comments:              | <ul style="list-style-type: none"> <li>The LED focused drop - in sessions have continued with positive feedback. They have currently reduced in frequency temporarily due to capacity to deliver</li> <li>Continue to sign-post colleagues to the UHL Connect appraisal-revalidation page which has supportive educational content and is regularly up-dated. This includes the updated video.</li> <li>Updated appraisal – revalidation education session included in UHL Clinical Fellowship Program induction with companion on the day support provided</li> </ul> |
| Action for next year   | <ul style="list-style-type: none"> <li>To increase frequency of the LED focused appraisal, support drop-in sessions</li> <li>To maintain support material in line with changes in local and national guidance</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><li>• Missed appraisals are due to maternity leave/sickness absence/sabbaticals or they have been completed after the 31st March. All appraisals that were outstanding after the 31st March have been completed.</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>• To maintain our internal governance processes for appraisal non-compliance in line with policy</li><li>• Respond to any specific actions relating to this topic arising from the external audit</li></ul>                                                                                                                                                     |
| Comments:              | <ul style="list-style-type: none"><li>• Trust approved guidelines for appraisal and revalidation have a clear pathway for appraisal non-compliance and the associated actions of escalation</li><li>• Audit action regarding improved documentation of escalation actions completed</li><li>• The Responsible Officers Advisory Group (ROAG) monitors this process, and actions as required</li></ul> |
| Action for next year:  | <ul style="list-style-type: none"><li>• To continue to comply with signed off 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>• Nothing specific required</li> </ul>        |
| Comments:              | <ul style="list-style-type: none"> <li>• Next review in 3 years July 2027</li> </ul> |
| Action for next year:  | <ul style="list-style-type: none"> <li>• No current action required</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 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>                                                                                                                                                                                                                                                               |
| Comments:              | <ul style="list-style-type: none"> <li>• Agreed revised PA allocation for appraisals following benchmarking exercise which was carried in collaboration with the Clinical Directors</li> <li>• Agreement that each CMG provides their own appraiser capacity wherever possible</li> <li>• Role of appraiser continues to be classed as the top priority for 'Additional roles' in job planning</li> <li>• Continued reporting of appraiser capacity by both CMG and speciality to support CMGs providing appropriate capacity</li> </ul> |
| Action for next year:  | <ul style="list-style-type: none"> <li>• Corporate appraisal team to continue to work with CMGs to provide required appraiser capacity</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>• To respond to learning and feedback from the 2025 Appraisers Conference</li> </ul>                                                                                                                                                                                                           |
| Comments:              | <ul style="list-style-type: none"> <li>• UHL facilitates required appraiser regular 'top up' training</li> <li>• Focus on the embedding of latest GMP guidance in appraisals, dealing with 'challenging' appraisals with concerns and supporting LEDs</li> <li>• Talks made available online for those who couldn't attend</li> </ul> |

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<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.

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|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | <ul style="list-style-type: none"> <li>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>In the context of a new AMD for Revalidation-Appraisal being in post to review how the trust provides its in house CPD for appraisers</li> <li>New process for ASPAT forms to ensure more timely feedback to appraisers being rolled out following recruitment of additional CMG-based senior appraisers. All new appraisers to have ASPAT within first year of taking on the role. This addresses the only outstanding external audit action.</li> </ul> |

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.

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|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                         |
| Action from last year: | <ul style="list-style-type: none"> <li>To continue with signed off processes</li> </ul>                                                                                                                                                                                                                                                     |
| Comments:              | <ul style="list-style-type: none"> <li>ROAG and Supporting Doctors to Provide Safe Healthcare Assurance Group continue to meet regularly, reports provided on appraisal and revalidation. Follow up actions are monitored.</li> <li>Processes subject to external audit since last report with required agreed actions completed</li> </ul> |
| Action for next year:  | <ul style="list-style-type: none"> <li>To continue with signed off process and improve as required</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 practice</li> </ul>                                                                                              |
| Comments:              | <ul style="list-style-type: none"> <li>Compliant, and where required there is regular communication between the RO and GMC (both ELA and formal revalidation team)</li> </ul> |
| Action for next year:  | <ul style="list-style-type: none"> <li>Continue with current practice</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>No significant change</li> <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 support doctors completing their appraisal on time the corporate team are reviewing when in the year appraisals could be delivered in the context of competing challenges such as times of the year of maximal clinical pressure and those who have dates very near the end of the appraisal cycle</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: | Continue with current arrangements.                                                                                                                                                                                                                                                                                                                                         |
| Comments:              | <ul style="list-style-type: none"> <li>ROAG meetings continue to be held regularly. Increase in referrals seen this year as medical managers are more familiar with ROAG and its purpose.</li> <li>The Trust has in place a “Disciplinary and Management of Performance Policy and Procedure for Medical and Dental Staff”, which is followed in all MHPS cases.</li> </ul> |
| Action for next year:  | Continue with current arrangements                                                                                                                                                                                                                                                                                                                                          |

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</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.</li> </ul> |

|                       |                                                                                        |
|-----------------------|----------------------------------------------------------------------------------------|
|                       | The RO and Trust Revalidation and Appraisal lead are members of the respective groups. |
| 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>Nothing specific</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 current 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.

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|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Action from last year: | Continue with current processes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 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> </ul> |

|                       |                                                                                                                                                                                                                |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | <ul style="list-style-type: none"> <li>Handling of relevant cases is supported by risk assessment processes and safeguarding team, and there is collaboration with external partners as appropriate</li> </ul> |
| Action for next year: | Continue with current processes                                                                                                                                                                                |

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.

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|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                             |
| Action from last year: | Continue with current reporting                                                                                                                                                                                 |
| Comments:              | 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. |
| Action for next year:  | Continue with current reporting                                                                                                                                                                                 |

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.

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|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Action from last year: | To continue with these processes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 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> </ul> <p>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 Workforce Manager and RO.</p> |
| Action for next year:  | Continue with these processes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

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](#)).

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|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                                                                                 |
| Action from last year: | Current arrangements to continue                                                                                                                                                                                                                                                                                                                                                    |
| 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) considers referrals on an anonymised basis to eliminate bias. The composition of this group includes appropriate diversity.</li> </ul> |
| Action for next year:  | Discussions planned to consider any learning from external organisations on eliminating racial bias, e.g. other Trusts, police service.                                                                                                                                                                                                                                             |

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.)

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|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Y/N                    | Yes                                                                                                                                                                                                                                                                                                                      |
| Action from last year: | Continue to monitor national and wider system updates and review policies accordingly                                                                                                                                                                                                                                    |
| 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> </ul> |
| Action for next year:  | Continue to monitor national and wider system updates and review policies accordingly. E.g. any learning from proposed PPA Sexual Safety training due in 2026/27 to be incorporated.                                                                                                                                     |

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](#)).

|                        |                                                                                                                                                                                                                                                                                                                                        |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last year: | To continue with these processes                                                                                                                                                                                                                                                                                                       |
| 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's values and behaviours framework is embedded throughout the employee lifecycle for our all our staff.</li> </ul> |
| Action for next year:  | Continue with these processes                                                                                                                                                                                                                                                                                                          |

## 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                    | Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action from last 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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 Medical Workforce team for doctors conducts the recruitment of all resident doctor including Doctors in training, locally employed doctors and bank locum doctors in line with these standards, using an end-to-end recruitment system called 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> <li>• Linking to Section 2 – metrics. The doctors who did not have pre-employment checks in UHL are resident doctors who have the checks completed by their lead employer outside of our trust</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>• 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>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>                                                                                                                                                                                                                                      |
| Comments:              | <ul style="list-style-type: none"><li>Our current electronic appraisal platform provider does not provide any additional behavioural related modules. To be potentially included as a specification for next round of software procurement</li><li>The trust has increased its leadership training offering which has input from the corporate medical team and supports the trusts ambition of embedding a just, restorative and learning culture</li></ul> |
| Action for next year:  | <ul style="list-style-type: none"><li>To align with and support the trusts cultural strategy</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: | None specific                                                                                                                                                                                                                                                                                                                                                                        |
| 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 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 is embedded in the management of medical conduct concerns and has been recognised positively by the BMA</li> </ul> |
| Action for next year: | <ul style="list-style-type: none"> <li>• Continue to promote FTSU and support 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: | Continue with current arrangements                                                                                                                                                                                                                                                                                                                                                    |
| 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:  | Continue with current arrangements                                                                                                                                                                                                                                                                                                                                                    |

## 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: | Continue current arrangements                                                                                                                                                                                                                                                                       |
| 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>• In process of collaborating on peer-to-peer appraisal – revalidation process review with UHDB</li> </ul> |
| Action for next year:  | <ul style="list-style-type: none"> <li>• Complete peer to peer review process</li> </ul>                                                                                                                                                                                                            |

## Section 2 – metrics

Year covered by this report and statement: 1 April 2025 – 31 March 2026 .

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                                                                         | 1656                                               |
| Total number of appraisals completed                                                                                                                                                       | 1531                                               |
| Total number of appraisals approved missed                                                                                                                                                 | 55                                                 |
| Total number of unapproved missed                                                                                                                                                          | 70                                                 |
| 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 | 97                                                 |
| Total number of late recommendations                                                                                                                                                       | 0                                                  |
| Total number of positive recommendations                                                                                                                                                   | 77                                                 |
| Total number of deferrals made                                                                                                                                                             | 20                                                 |
| Total number of non-engagement referrals                                                                                                                                                   | 0                                                  |
| Total number of doctors who did not revalidate                                                                                                                                             | 0                                                  |
| Total number of trained case investigators                                                                                                                                                 | 25                                                 |
| Total number of trained case managers                                                                                                                                                      | 24                                                 |
| Total number of concerns received by the Responsible Officer <sup>2</sup>                                                                                                                  | 16                                                 |
| Total number of concerns processes completed                                                                                                                                               | 5                                                  |
| Longest duration of concerns process of those open on 31 March (working days)                                                                                                              | 8 months                                           |
| Median duration of concerns processes closed (working days) <sup>3</sup>                                                                                                                   | 5 months                                           |
| Total number of doctors excluded/suspended during the period                                                                                                                               | 1                                                  |
| Total number of doctors referred to GMC                                                                                                                                                    |                                                    |
| Total number of appeals against the designated body's professional standards processes made by doctors                                                                                     | 2                                                  |
| Total number of these appeals that were upheld                                                                                                                                             | 0                                                  |
| Total number of new doctors joining the organisation                                                                                                                                       | 1302                                               |
| Total number of new employment checks completed before commencement of employment                                                                                                          | 1204                                               |
| Total number claims made to employment tribunals by doctors                                                                                                                                | 2 (both pending)                                   |
| Total number of these claims that were not upheld <sup>4</sup>                                                                                                                             | 1 claim is listed for 2028, 1 is yet to be listed. |

<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                                                                                                                                                                                                                                                                                                                                                                                         |
| Overall positive progress against last years actions including completion of external audit of our processes and polices and stabilising the appraiser capacity challenge                                                                                                                                                                                                                                                                 |
| Actions still outstanding                                                                                                                                                                                                                                                                                                                                                                                                                 |
| To complete a peer-to-peer appraisal review                                                                                                                                                                                                                                                                                                                                                                                               |
| Current issues                                                                                                                                                                                                                                                                                                                                                                                                                            |
| To recruit to vacant senior appraiser positions<br><br>To improve the appraiser quality review process focusing on improved timely feedback to appraisers                                                                                                                                                                                                                                                                                 |
| Actions for next year (replicate list of 'Actions for next year' identified in Section 1):                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"><li>• Support PA/PAA colleagues to register with the GMC by December 2026 and comply with new GMC regulatory guidance as it arises.</li><li>• Review and update policies as required.</li><li>• Complete the peer-to-peer review.</li><li>• Increase the frequency of LED-focused appraisal support drop-in sessions and maintain support materials in line with local and national guidance.</li></ul> |

- Corporate Appraisal Team to continue working with CMGs to provide the required appraiser capacity.
- Review in-house CPD provision for appraisers under the new AMD for Revalidation and Appraisal; roll out the revised ASPAT process for timely feedback, with all new appraisers receiving an ASPAT within their first year.
- Review the timing of appraisals across the year to support timely completion, taking account of periods of maximum clinical pressure and appraisal dates near the end of the cycle.
- Consider learning from external organisations on eliminating racial bias, including other NHS trusts and the police service.
- Incorporate learning from the proposed PPA Sexual Safety training due in 2026/27 into relevant policies.
- Align professional standards activity with and support the Trust's cultural strategy.

Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

During 2025/26, the Trust has maintained effective arrangements for medical appraisal, revalidation and professional standards, supported by established governance and assurance processes. Key achievements include completion of the external audit and associated actions, improved stability in appraiser capacity, continued timely revalidation recommendations, and sustained support for doctors through appraisal, induction and professional standards processes.

The Trust recognises that further improvement is required in several areas. Priorities for 2026/27 include completing the peer-to-peer review, strengthening the appraiser quality assurance and feedback process, supporting PA/PAA colleagues through forthcoming GMC regulation, increasing appraisal support for locally employed doctors, and reviewing the timing of appraisals to improve completion rates. Work will also continue to ensure that professional standards processes are fair, evidence-based and aligned with the Trust's cultural strategy, including learning from external organisations and national guidance.

Overall, the Trust considers that its systems remain robust and compliant, with clear governance oversight and a defined programme of continuous improvement for the coming year.

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## 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 |
|---------------------------------------|---------------------------------------------|

|         |                  |
|---------|------------------|
| Name:   | Richard Mitchell |
| Role:   | Chief Executive  |
| Signed: |                  |
| Date:   |                  |

|                                          |                                                                      |
|------------------------------------------|----------------------------------------------------------------------|
| Name of the person completing this form: | Dr Dan Barnes, Deputy Medical Director and Responsible Officer       |
| Email address:                           | <a href="mailto:Daniel.barnes12@nhs.net">Daniel.barnes12@nhs.net</a> |