University Hospitals of Leicester NHS
NHS Trust

Trust Board Paper L

Meeting title:	Trust Board					
Date of the meeting:	10 October 2024					
Title:	**Annual Organisational Audit and Board Report**					
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	Responsible Officer Advisory Group – August 2024 People and Culture Committee – 26 September 2024					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
This report was presented to the People and Culture Committee en route to Trust Board, for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.

Impact assessment
The paper impacts on the following areas: • Workforce • Equality, Diversity & Inclusion • Reputation/legal

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

Purpose of the Report

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

Recommendation

The Trust Board is asked to:

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

Summary

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

This report covers the period 1 April 2023 – 31 March 2024. The last report was submitted to Trust Board in September 2023 for the year 2022/23.

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

- This year's report template includes additional question and data requirements.
- There has been positive progress against the previous reports actions.
- The total number of doctors for whom UHL is the designated body for the purposes of revalidation is 1,438.
- During 1 April 2023 and 31 March 2024, 213 doctors were due for recommendations to be made to the GMC about the fitness to practise in accordance with the GMC requirements and responsible officer protocol.
    - 198 positive recommendations were made to the GMC.
    - 14 recommendations for deferral (requests for more time) were made to the GMC.
    - 1 referral was made for non-engagement
- All revalidation recommendations to the General Medical Council (GMC) between April 2023 and March 2024 were made on time.
- The total number of appraisals undertaken between 1 April 2023 and 31 March 2024 was 1,295 achieving a compliance rate of 90%. The 143 that were outstanding after 31/03/24 have all now been completed.
- The measures implemented in 2023/24 which introduced a follow-up system for the apparent non-engagement with medical appraisal, and established a Responsible Officer Advisory Group, are working well.
- Overall, there are no significant concerns regarding the appraisal and revalidation systems and processes within the Trust although work continues to address challenges with turnover impacting on the number of trained appraisers.

Appendix A – Annual Organisational Audit

Annex A

Illustrative Designated Body Annual Board Report and Statement of Compliance

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

The content of this template is updated periodically so it is important to review the current version online at NHS England » Quality assurance *before completing.*

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

Section 1 Qualitative/narrative

While some of the statements in this section lend themselves to yes/no answers, 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 use concise narrative responses in preference to replying yes/no.

1A – General

The board/executive management team of University Hospitals Leicester can confirm that:

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

Action from last year:	A review of this team will take place in view of increasing workload.
Comments:	Responsible Officer in place (Deputy Medical Director for Workforce) Review was undertaken and funding was successfully obtained for an additional part time (20hrs/wk) support post.
Action for next year:	No further changes.

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

Yes / No:	Yes
Action from last year:	No changes planned.
Comments:	SARD contract renewed, and all Physician Associates moved to SARD and their appraisers identified and enabled in this role with initial training.
Action for next year:	Once PA/ AA regulation comes into practice via GMC, any further training and support will be provided by the trust.

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

Action from last year:	Continue the communication pathways between UHL HR, Revalidation team and GMC notification system.
Comments:	A registered doctor has a duty to inform GMC of their designated body. For training grade doctors, RO process is via HEE (East Midlands). 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.
Action for next year:	No changes proposed

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

Action from last year:	Update to policy; changes to policy to be completed by December 2023
Comments:	The Appraisal and Revalidation Policy has been updated, agreed with LNC and published in July 2024. There is an introduction of non engagement pathway and form for application to deferral of appraisal if appropriate
Action for next year:	Audit these 2 pathways in a years time before submission of this report (July 2025)

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

Action from last year:	Include Appraisal and Revalidation in the 23/24 trust audit cycle. To agree a formal peer appraisal QA process with an external NHS trust to sit alongside and compliment the internal UHL QA process.
Comments:	A formal process for peer review has not been possible due to challenges with peer organisation engagement, as well as confidentiality and data sharing challenges. To support best practice and shared learning an East Midlands Lead Appraisers forum has been established by the UHL Associate Medical Director, Appraisal and Revalidation. The forum shares processes, guidelines, and good practice between Trusts. Any individual requests for peer review can be revisited.
Action for next year:	To revisit the contribution of this group to quality improvement processes within the Trusts

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.

Action from last year:	To continue developing channels and resources focussed on supporting non training grade doctors in having successful Appraisals. This will include videos targeted at our IMG Colleagues.
Comments:	Access provided to UHL mandatory training platform, local educational opportunities, e.g. Trust talks and departmental M&M's and the national self-help programme. Support provided by the Revalidation manager and support assistant, and CMG's Senior Appraisers who give guidance about processes and opportunities. Associate Medical Director for Workforce, SAS Advocate and SAS Tutor

	disseminate information about Appraisal and Revalidation amongst new doctors, especially those who have obtained their primary medical qualification from outside the UK and are less familiar with GMC regulation and processes. The Trust Chief Registrars lead an educational programme and includes Appraisal in his talks. Associate Medical Director Appraisal and Revalidation has developed monthly drop in session to support those new to the appraisal process and to encourage engagement and answer queries.
Action for next year	To update the existing videos for appraisal as GMP 2024 comes into use for appraisals in April 25

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.

Action from last year:	To continue in line with national guidance and good practice
Comments:	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. Reflection is expected for all complaints and SI's along with robust action plans as required which may form a part of PDP.
Action for next year:	No change. Re-iterate at all appraisal sessions and appraiser training

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

Action from last year	To introduce a new escalation process for doctors who are not complying with the appraisal process timelines. This will include standardised template escalation letters and oversight by the newly created ROAG (Responsible Officers Advisory Group)
Comments:	The updated Guidelines for appraisal and revalidation have a clear pathway for non compliance and the actions that would trigger. The ROAG monitors and actions as required.
Action for next year:	Audit non compliance figures in a year's time July 25

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).

Action from last year:	Review of Policy, completion by December 2023
Comments:	Policy has been reviewed and updated.
Action for next year:	Next review in 3 years July 2027

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

[1] 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.

Action from last year:	To continue active recruitment of Appraisers to support this trust Appraisal and Revalidation requirement
Comments:	There is still an on-going challenge to provide sufficient appraiser capacity We have now refined speciality level appraiser capacity requirements and work directly with CDs to address when adverse to requirement position Appraiser provision has now been included as a core requirement for services in trust job planning framework policy
Action for next year:	To review appraiser numbers every 6 months

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).

Action from last year:	The Senior Appraisers and Associate MD will be reviewing the current cohort of appraisers to achieve >= 50% compliance by end of the year. This will continue into next year with aim of achieving over 80% compliance with ASPAT form by end of Appraisal year March 2024
Comments:	UHL facilitates required appraiser regular 'top up' training. UHLs inaugural Medical Appraisers Conference is being held with national speakers from GMC and NHSE which will drive shared learning and improvement. Continuous review of ASPAT forms takes place between Lead appraiser and Senior Appraisers.
Action for next year:	Review feedback from this conference in October 24 and plan to make this a yearly event to replace top up training

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.

Action from last year:	New governance structure established which replaces the previous Medical Conduct Committee. The Responsible Officer Advisory Group (ROAG) will have oversight of the appraisal and revalidation processes. The ROAG will report into and have oversight from the new 'Supporting Doctors to Provide Safe Healthcare Assurance Group' which has executive membership. Further oversight is provided by the sub board People and Culture Committee who will receive regular reports to feed into the Trust Board.
Comments:	ROAG and Supporting Doctors to Provide Safe Healthcare Assurance Group are meeting regularly, reports provided on appraisal and revalidation. Follow up actions are monitored.
Action for next year:	Continue with current arrangements.

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.

Action from last year:	To continue with the current process
Comments:	Compliant, and where required there is regular communication between the RO and GMC.
Action for next year:	Continue with current process

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.

Action from last year:	Continue to carry out revalidation checks using the revalidation check list.
Comments:	Timely revalidation checks by the Revalidation team identify any potential issues. 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. Any doctor being considered for a deferral is contacted directly by the Appraisal Lead and then by the RO. RO discusses the case with the Trust's ELA.
Action for next year:	To continue with the current process

1D – Medical governance

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

Action from last year:	A Responsible Officers Advisory Group (ROAG) will commence from August 2023. The Trust's The Conduct, Capability, Ill Health and Appeals Policy for Medical Practitioners", is under review, with input from solicitors to ensure that it covers the national MHPS guidance, and a focus on just and restorative learning/culture and identifying and addressing issues at an early stage. Options for MHPS training has been explored for Case Managers and Case Investigators and the plan is for PPA training to take place in Autumn 2023
Comments:	ROAG meetings held regularly from September 2023. The review of the Trust's "Conduct, Capability, Ill Health and Appeals Policy for Medical Practitioners is ongoing, having incorporated legal advice. PPA training in MHPS for Case Managers and Case Investigators has been undertaken in June and July 2024.
Action for next year:	Revised Policy to be implemented once agreed

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

Action from last year:	These are governed through the local Responsible Officer Advisory Group, Supporting Doctors to Provide Safer Healthcare assurance group and Trust Board. The RO and Trust Revalidation and Appraisal lead are members of the respective groups.
Comments:	Monitoring continues through the above groups

Action for next year:	Continue with current arrangements, no changes proposed

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

Action from last year:	n/a
Comments:	The collection of evidence for appraisal is considered to be doctors own responsibility. 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.The electronic appraisal system SARD enables collating and reflecting on the evidence in preparation for the appraisal.
Action for next year:	No ongoing action

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.

Action from last year:	From August 2023 the newly formed ROAG manages medical conduct and capability concerns including appraisal and revalidation.
Comments:	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 "Conduct, Capability, Ill Health and Appeals Policy for Medical Practitioners", which is based on MHPS. 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. For cases involving trainees. the RO liaises with the Post Graduate Dean (RO for doctors in training). A Remediation Policy is in place, based on the Practitioner Performance Advice Service "Back on Track" guidance. Handling of relevant cases is supported by risk assessment processes and safeguarding team, and there is collaborate with external partners as appropriate e.g. Local Authority Designated Officer (LADO).
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.

Action from last year:	n/a
Comments:	Yes. A regular report broken down by protected characteristics, and including country of primary qualification is taken through the Trust governance process.
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.

Action from last year:	Continue with current process and monitoring to ensure it is working effectively and to explore strengthening the reporting processes already in place through extracting data from Trac.
Comments:	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. Medical Practitioner Information Transfer (MPIT) forms are completed when doctors move from UHL to another designated body, on request from the new DB. Recruitment process includes request for information from previous organisations when doctors join UHL. Delayed responses are escalated to the Medical Staffing Manager and RO.
Action for next year:	Continue with current arrangements

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).

Action from last year:	As described below
Comments:	Medical case work is undertaken in line with the National Framework document, 'Maintaining High Professional standards in the NHS' (MHPS). The ROAG (Responsible Officer Advisory Group) has been in place from September 2023. The composition of this group includes appropriate diversity.
Action for next year:	Current arrangements to continue.

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.)

Action from last year:	n/a
Comments:	Regular updates and bulletins received from DH, NHS England, NHS Employers and solicitors detailing developments at national level and changes in legislation. Requirement and developments incorporated into policies and procedures via policy reviews. Appropriate training provided to embed into Trust culture. E.g. UHL was an early signatory to the NHS England Sexual Safety Charter launched in September 2023, and in the ensuing months has developed a policy, awareness campaign and associated training which is being rolled out to staff.
Action for next year:	Continue to monitor national and wider system updates and review policies accordingly.

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:	N/A

Comments:	There are robust governance processes in place to ensure the delivery and oversight of the Messenger review recommendations for our medical workforce. The Trust launched its new values and behaviours framework in 2024 and this is embedded throughout the employee lifecycle for our all our staff.
Action for next year:	Compassionate and inclusive leadership offerings including bespoke medical leadership programme

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.

Action from last year:	N/A
Comments:	Centralised recruitment team conducts the recruitment of all posts, ensuring full compliance with NHS Employers 'Employment Check Standards' prior to applicants commencing in post. A dedicated team for doctors conducts the recruitment of all trainee, non-trainee and bank locum doctors in line with these standards, using recruitment system Trac. All offers of employment are conditional on all pre-employment checks being completed satisfactorily. National alert checking is completed direct via the Healthcare Professional Advisory Notice (HPAN) system. 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. Monthly spot checks carried out to ensure consistency and robustness of checking. A quarterly spot check overview is completed and is reported through the governance report. Employment checks also cover medical practitioners with honorary contracts and unpaid placements with UHL.
Action for next year:	Review the unpaid placements policy. Join the Digital Staff Passport pilot scheme for Doctors in Training and Honorary contracts along with NHS Trusts in our region.

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.

Action from last year:	N/A
Comments:	As part of the Trust's ambition to ensuring Just, restorative and learning culture. We have embedded a just a learning approach to managing medical professional matters. To support a compassionate and supportive approach and one which medical colleagues flourish and feel psychologically safe in the workplace.
Action for next year:	Compassionate and inclusive leadership offerings including bespoke medical leadership programme

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

Action from last year:	N/A
Comments:	This year the Trust launched its values and behaviour framework, which ser the tone and expectations of all colleagues. In the development of the underpinning behavioural framework, this was cross referenced against the new GMP and CQC domains. We have robust systems to receive oversight and assurance that this is embedded within the organisation.
Action for next year:	Compassionate and inclusive leadership offerings including bespoke medical leadership programme

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.

Action from last year:	n/a
Comments:	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. Restorative Just and Learning Culture approach is being implemented and embedded within patient safety and HR processes. The organisation is the lead East Midlands organisational for sexual safety in healthcare.
Action for next year:	Continue to promote FTSU service and embed RJLC

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

Action from last year:	N/A
Comments:	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.
Action for next year:	Continue to drive improvement based on feedback

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.

Action from last year:	n/a
Comments:	A regular report broken down by protected characteristics is taken through the Trust governance process. The Trust also routinely undertakes WRES and WDES reporting, which includes levels of parity around those entering into formal disciplinary processes.
Action for next year:	A regular report identifying country of primary medical qualification has started to be produced from ESR, and monitoring and analysis on this

	element is additionally being undertaken, and reported through the Trust governance process.

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.

Action from last year:	n/a
Comments:	The RO and Appraisal Lead attend the RO networking events, enabling sharing of national guidance and data. The Lead Appraiser has also established a East Midlands Lead Appraisers network, which has been very well received and will serve the purpose of sharing good practice and contributing to peer review programmes.
Action for next year:	Continue as above

Section 2 – metrics

Year covered by this report and statement: 1 April 2023 - 31March 2024 .

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

2A General

The number of doctors with a prescribed connection to the designated body on the last day of the year under review. This figure provides the denominator for the subsequent data points in this report.

Total number of doctors with a prescribed connection on 31 March	1438

2B – Appraisal

The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions is as recorded in the table below.

Total number of appraisals completed	1295
Total number of appraisals approved missed	75
Total number of unapproved missed	68

To note: The appraisals that were still outstanding after 31st March have now all been completed.

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	213
Total number of late recommendations	0
Total number of positive recommendations	198
Total number of deferrals made	14
Total number of non-engagement referrals	1
Total number of doctors who did not revalidate	0

2D – Governance

Total number of trained case investigators	17
Total number of trained case managers	12
Total number of new concerns registered	7
Total number of concerns processes completed	7
Longest duration of concerns process of those open on 31 March	7 months
Median duration of concerns processes closed	19 months
Total number of doctors excluded/suspended	1
Total number of doctors referred to GMC	13

2E – Employment checks

Number of new doctors employed by the organisation and the number whose employment checks are completed before commencement of employment.

Total number of new doctors joining the organisation	1320
Number of new employment checks completed before commencement of employment	1320

2F Organisational culture

Total number claims made to employment tribunals by doctors	4
Number of these claims upheld	0 (note: 2 withdrawn, 2 pending)
Total number of appeals against the designated body's professional standards processes made by doctors	1
Number of these appeals upheld	0

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
Actions still outstanding
Current issues

Actions for next year (replicate list of ‘Actions for next year’ identified in Section 1):
Overall concluding comments (consider setting these out in the context of the organisation’s achievements, challenges and aspirations for the coming year):

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:	

Name:	
Role:	

Signed:	
Date:	