

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 **Leicestershire Partnership NHS Trust** can confirm that:

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

Action from last year:	To appoint a Substantive Medical Director
Comments:	Dr Bhanu Chadalavada has been appointed as the Medical Director, has taken up the role of Medical Director from 1 st November 2023
Action for next year:	None

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:	None
Comments:	Operational Management is provided by the Medical Staffing & Revalidation Support Manager and Revalidation Support Officers. This is overseen by the medical directorate's business manager
Action for next year:	None

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:	None
Comments:	The Medical Staffing & Revalidation Support Manager and Officers ensures the list of prescribed connections is updated monthly
Action for next year:	None

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

Action from last year:	Appraisal and Revalidation Policy is currently under review and due to be ratified in Spring 2024
Comments:	Appraisal and Revalidation Policy has been reviewed and was ratified on 25.3.2024
Action for next year:	none

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

Action from last year:	To complete Peer Review
Comments:	Neighbouring Trust has been contacted and having some ongoing conversations.
Action for next year:	To work towards completion of Peer Review

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:	None
Comments:	<p>NHS locums are employees of LPT and as such are connected to LPT as the Designated Body, they are supported with an induction process, are provided with the same appraisal/revalidation process as for substantive doctors and can join CPD activities and meetings within the Trust.</p> <p>Medical Agency Locums are connected to their Agency RO for appraisal and revalidation. Medical Agency Locums working within the organisation are supported with a local induction. We undertake a yearly audit of all Medical Agency locums to ensure they continue to be connected to their agency RO, are compliant with the mandatory training, are in date for appraisal and revalidation.</p>
Action for next year	None

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 practise (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	None
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Comments:	Information about the whole scope of practice is recorded in the e-appraisal system (SARD) and appraised by the appraiser. Information from external agencies is invited where required.
Action for next year:	None

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	None
Comments:	N/A
Action for next year:	None

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	The Trust Appraisal & Revalidation policy expires in March 2024; the policy is currently out for consultation and due to be approved by March
Comments:	The Trust Medical Appraisal & Revalidation policy has been duly ratified, consulted and approved within the set timelines.
Action for next year:	None

1B(iv) Our organisation has the necessary number of trained appraisers¹ to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year:	To continue with recruitment of new appraisers
Comments:	Every 6 months there is an invite to recruit new appraisers. There is a new appraiser training planned in October 24, this will be for 4 new appraisers.

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 for next year:	Continue with the recruitment of new appraisers
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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:	Arrange training sessions for appraisers as required.
Comments:	<p>Training and development sessions are provided for appraisers twice a year, the most recent held in May 2024, with the next one planned in November 2024.</p> <p>External speaker was arranged along with an internal speaker for the training held in May 2024</p>
Action for next year:	Arrange training sessions as required.

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:	None
Action for next year:	<p>There is a quality assurance lead for appraisals that reviews a selection of appraisals each month using the ASPAT tool (Appraisal Summary and PDP Audit Tool)</p> <p>The Annual Report on Appraisal and Revalidation was submitted to Trust Board sub committee in June 2024</p>

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:	
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	None
Comments:	All recommendations within the last 12 months have been submitted on time. There has been 25 positive recommendations and 3 deferrals over the last financial year.
Action for next year:	None

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:	None
Comments:	All doctors are advised of the recommendation prior to the submission on GMC Connect. Deferral recommendations would be discussed with the doctor beforehand.
Action for next year:	None

1D – Medical governance

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

Action from last year:	None
Comments:	Medical Director has an overall responsibility for governance of doctors. Associate Medical Director- medical governance assists MD in that and his responsibilities include appraisal and revalidation, and management of concerns about doctors.
Action for next year:	None

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

Action from last year:	None
Comments:	There is a good system in place, whereby reports on complaints, compliments and Sis are provided to all doctors for recording on their appraisal record.
Action for next year:	To continue to improve the system and delivery of information.

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

Action from last year:	None
Comments:	Doctors with upcoming appraisal are provided with all relevant information for their appraisal
Action for next year:	To continue to provide this information

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:	None
Comments:	Managing concerns about medical staff policy was adopted in 25.3.2024; all concerns are managed according to the process set out in the policy.
Action for next year:	None

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:	None
Comments:	All concerns are reported to People and Culture Committee (PCC) as part of HR report
Action for next year:	None

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:	None
Comments:	The Trust uses the MPIT (Medical Practice Information transfer) form for this purpose
Action for next year:	None

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:	None
Comments:	There is a Trust policy on managing concerns about medical staff. The policy is intended to protect employees from unfair treatment regardless of their backgrounds.
Action for next year:	None

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:	None
Comments:	National reviews, enquiries and reports are discussed in appropriate forums/committees of the trust and learning is incorporated in policies/practice
Action for next year:	None

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:	None
Comments:	<p>The Trust has a:</p> <ul style="list-style-type: none"> • 'Leadership and values programme' embedded within the organisation. • it utilises the 'Our Future Our Way' strategy for taking forward key organisational development strategies each year. • There is a monthly Senior Leadership Forum for all leaders (medical and non-medical). • Regular leadership masterclasses including those with an EDI focus for all leaders. <p>The Medical workforce are encouraged to participate</p>
Action for next year:	Within the Medical workforce we are developing a leadership and organisational development programme tailored for grades/roles. The programme will also include training in key skills e.g. case investigators, corporate governance.

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:	None
Comments:	<p>For permanent staff employed by LPT NHS locum workers, we follow the NHS Employers standards, namely: https://www.nhsemployers.org/recruitment/employment-standards-and-regulation.</p> <p>Medical Agency locums – pre-employment background checks are undertaken in line with the NHS Employers standards.</p>

Action for next year:	None
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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:	None
Comments:	<p>The Trust has various systems and processes in place to ensure that clinical care is enhanced by professional standards e.g.:</p> <p>Professional-Registration-Policy-Exp-Nov-26.pdf (leicspart.nhs.uk) states that staff undertaking work which requires professional registration are responsible for ensuring that they are registered and that they comply with any codes of conduct applicable to that profession.</p> <p>It also states that all staff should act in accordance with the Trust leadership behaviours for all and be able to evidence adherence in situations that involve professional registration. A fundamental approach to developing these Leadership behaviours for all is our ability to both give and receive feedback in a positive and insightful way. The feedback method is based on context, understanding, behaviour and effect (CUBE).</p> <p>Valuing high Standards Accreditation is a process where teams can self-assess against the standards within the Trust Step up to Great Strategy and CQC standards,.</p> <p>Encouraging staff to undertake research and quality improvement activities. This improves patients care and enhance an environment where excellence in clinical care can flourish.</p>
Action for next year:	To continue with process of review and improvement

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:	None
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Comments:	<p>Compassion is central to Trust ethos and is demonstrated by the Trust vision 'Creating high quality, compassionate care and wellbeing for all'.</p> <p>The Trust has an ambition to be free from discrimination, where all staff are able to reach their potential. To that end the Trust has its EDI strategy https://www.leicspart.nhs.uk/wp-content/uploads/2022/06/EDI-strategy-2021-to-2025.pdf as well as policies Equality-Diversity-and-Inclusion-Policy.pdf (leicspart.nhs.uk) and a range staff support networks.</p>
Action for next year:	To continue with process of review and improvement

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:	None
Comments:	<p>The Trust has a well-established and publicised 'Values and Leadership Behaviours for All' where all staff continually strive to live by the values of trust, respect, and integrity, where everyone is expected to take personal responsibility and to be always learning and improving.</p> <p>The Trust encourages people to speak up and this is complemented by a Freedom to Speak Up Guardian, to that end there is a Freedom to Speak Up Policy that also supports those who raise a concern. Staff are aware of these principles.</p>
Action for next year:	None

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).

Action from last year:	None
Comments:	<p>The Trust is a learning organisation and one of its leadership behaviours is 'always learning and improving' and there are various mechanisms for learning and improving within the organisation:</p> <p>Concerns-and-Complaints-Policy-v18-Exp-April-26.pdf (leicspart.nhs.uk) has feedback and lessons learnt built into its processes.</p>

	<p>Doctors participate in the Multi Source Feedback as part of their revalidation process that seeks feedback from patients and colleagues.</p> <p>The Trust utilises 'Friends and Family Test' to seek feedback on patient experience and this is fed back through service lines.</p> <p>In the past year the Trust has begun a transition from 'Serious Incident Investigations' as part of their response to patient safety, to the Patient Safety Incident Response Framework inline with other NHS care providers. Within this process are opportunities for learning & reflection for those involved and for the wider organisation.</p>
Action for next year:	To continue with process of review and improvement

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:	None
Comments:	<p>All Trust policies include a 'Due Regard Screening Template' that considers the impact of the policy against all protected Characteristics. Within the Equality-Diversity-and-Inclusion-Policy.pdf (leicspart.nhs.uk), this can be found on page 20.</p> <p>Managing Concerns about Medical Staff policy is always adhered to while managing concerns about medical staff.</p> <p>All concerns are discussed with the GMC Employer Liaison Advisor.</p>
Action for next year:	None

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:	None
Comments:	RO/ AMD attend regular network events and cascade information and learning from those meetings
Action for next year:	None

Section 2 – metrics

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

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	145
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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	139
Total number of appraisals approved missed	5
Total number of unapproved missed	1

2C – Recommendations

Number of recommendations and deferrals in the reporting period.

Total number of recommendations made	28
Total number of late recommendations	N/A
Total number of positive recommendations	25
Total number of deferrals made	3

Total number of non-engagement referrals	N/A
Total number of doctors who did not revalidate	N/A

2D – Governance

Total number of trained case investigators Training has previously been provided for case investigators and case managers. There have been new appointments to Medical Leadership who will be offered CI and CM training	9
Total number of trained case managers MD acts as case manager. Can be delegated to a senior manager	3
Total number of new concerns registered	3
Total number of concerns processes completed	3
Longest duration of concerns process of those open on 31 March	One month
Median duration of concerns processes closed	19.5 days
Total number of doctors excluded/suspended	0
Total number of doctors referred to GMC	0

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	20
Number of new employment checks completed before commencement of employment	100%

2F Organisational culture

Total number claims made to employment tribunals by doctors	2
Number of these claims upheld	Ongoing
Total number of appeals against the designated body's professional standards processes made by doctors	0

Number of these appeals upheld	N/A
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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
<p>Progress has been made on all actions identified in the last board report. All policies are in date.</p> <p>National guidance and developments have been incorporated in the system and quality assurance process has been strengthened.</p>
Actions still outstanding
<p>For external review of the appraisal and revalidation system we have started conversation with neighbouring trust and intend to progress it in the next few months.</p>
Current issues
<p>Case investigator training for new cohort of medical managers</p> <p>Strengthen the culture of learning from incidents.</p>
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
External review of appraisal and revalidation system
Overall concluding comments (consider setting these out in the context of the organisation's achievements, challenges and aspirations for the coming year):

Medical appraisal and revalidation systems are well established in Leicestershire partnership NHS trust. We have the support of number of very experienced appraisers who have been involved in appraisal process for some time. They provide support and guidance to the new appraisers. We have already inducted four new appraisers this year and another three are expected to join by the end of the year. We provide regular training sessions to our appraisers and have a well embedded Quality Assurance Process.

Medical appraisal is focused on well-being and practitioners' development and is well received. We receive very positive feedback from our doctors about appraisal process. We are continuously looking to improve our processes and encourage more doctors to become medical appraisers.

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:	Leicestershire Partnership NHS Trust
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Name:	
Role:	
Signed:	
Date:	