

## Annex A

### Illustrative Designated Body Annual Board Report and Statement of Compliance: [Arthur Rank Hospice](#)

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

Section 1 – Qualitative/narrative

Section 2 – Metrics

Section 3 - Summary and conclusion

Section 4 - Statement of compliance

#### Section 1 Qualitative/narrative

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

Reporting period 1 April 2024 – 31 March 2025

#### 1A – General

The board/executive management team of: Arthur Rank Hospice

can confirm that:

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

Y/N	Y
Action from last year:	Dr Caroline Kavanagh (GMC 3555125) became the Responsible Officer (RO) on 01.09.2024. She is the Chief Medical Officer at Cambridgeshire Community Services Trust (CCS).
Comments:	N/A

Action for next year:	

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	N/A
Action from last year:	N/A
Comments:	The responsibility for this sits within Dr Kavanagh's RO function at CCS.
Action for next year:	N/A

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:	N/A
Comments:	N/A
Action for next year:	N/A

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

Y/N	Y
Action from last year:	Shared Medical Appraisal policy with CCS. The policy is not due for an update until 2027, but as CCS will merge with Norfolk Community Health and Care Trust (NCHC) on 1 <sup>st</sup> April 2026, we are looking to have one combined policy across the newly merged organisation that will also encompass Arthur Rank Hospice.

Comments:	
Action for next year	Circulate the new policy when ready.

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

Y/N	This took place via an inspection in July 2024.
Action from last year:	N/A
Comments:	CCS had another peer review in September 2025.
Action for next year:	To remain engaged with the peer review process.

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

Y/N	Y
Action from last year:	N/A
Comments:	All doctors working for ARHC are given a structured induction and are kept up to date with the governance process of the organisation.
Action for next year	

## 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.

Y/N	Yes
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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	N/A
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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	Y
Action from last year:	N/A

Comments:	Shared Medical Appraisal policy with CCS. The policy is not due for an update until 2027, but as CCS will merge with NCHC on 1 <sup>st</sup> April 2026, we are looking to have one combined policy across the newly merged Trust that will also encompass Arthur Rank Hospice.
Action for next year:	To circulate the new policy to Arthur Rank Hospice when it has been completed.

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	Y
Action from last year:	N/A
Comments:	CCS has enough appraisers to provide appraisals at Arthur Rank Hospice.
Action for next year:	N/A

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	Y
Action from last year:	N/A
Comments:	All of the appraisers have regular updates with the CCS Clinical Appraisal Lead.

<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.

Action for next year:	N/A

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

Y/N	Y
Action from last year:	N/A
Comments:	The Appraisal Summary and PDP Audit Tool (ASPAT) tool is used annually by the Clinical Appraisal Lead.
Action for next year:	N/A

### 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	Y
Action from last year:	N/A
Comments:	No recommendations made in the last 12 months.
Action for next year:	N/A

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	Y
Action from last year:	N/A
Comments:	There is a process in place to inform doctors. Any deferrals or non-engagement recommendations are discussed with doctors in advance of the recommendation and an action plan is made to facilitate the new revalidation due date.
Action for next year:	N/A

## 1D – Medical governance

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

Y/N	Y
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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

Y/N	Y
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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

Y/N	Y
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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

Y/N	N/A
Action from last year:	N/A
Comments:	N/A

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

Y/N	Y
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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

Y/N	Y
Action from last year:	N/A
Comments:	Via Healthcare Professional Alert Notice (HPAN) and Medical Practice Information Transfer (MPIT) and Statement of no concerns.
Action for next year:	N/A

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

Y/N	Y
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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

Y/N	Y
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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
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Comments:	All documentation around appraisal, revalidation and maintaining high professional standards is up to date. As CCS and NCH&C merge, policies will be combined.
Action for next year:	N/A

## 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	N/A
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

## 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	N/A
Action from last year:	N/A
Comments:	ARHC is a training hospice with a culture of support, learning and development. The doctors are actively involved

	in clinical governance. It has a defined induction process for trainees.
Action for next year:	N/A

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	Y
Action from last year:	N/A
Comments:	This is embedded in the culture and practice at the Hospice.
Action for next year:	N/A

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	Y
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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).

Y/N	Y
Action from last year:	N/A
Comments:	N/A
Action for next year:	N/A

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	Y
Action from last year:	N/A
Comments:	Dr Kavanagh and the HR team are aware of the Fairness and Proportionality Framework and will ensure this is considered with all cases.
Action for next year:	Create a ROAG. The People NED has already agreed to join this group.  Incorporate the Fairness and Proportionality Framework from NHS Resolution

## 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	Y
Action from last year:	N/A
Comments:	The Appraisal Lead and RO attend the regional network days and are engaged with the peer review process.
Action for next year:	N/A

## Section 2 – metrics

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

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

The number of doctors with a prescribed connection to the designated body on the last day of the year under review	5
Total number of appraisals completed	5
Total number of appraisals approved missed	0
Total number of unapproved missed	0
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	0
Total number of late recommendations	0
Total number of positive recommendations	0
Total number of deferrals made	0
Total number of non-engagement referrals	0
Total number of doctors who did not revalidate	0
Total number of trained case investigators	0
Total number of trained case managers	0
Total number of concerns received by the Responsible Officer <sup>2</sup>	0
Total number of concerns processes completed	0
Longest duration of concerns process of those open on 31 March (working days)	0
Median duration of concerns processes closed (working days) <sup>3</sup>	0
Total number of doctors excluded/suspended during the period	0
Total number of doctors referred to GMC	0

<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.

Total number of appeals against the designated body's professional standards processes made by doctors	0
Total number of these appeals that were upheld	0
Total number of new doctors joining the organisation	0
Total number of new employment checks completed before commencement of employment	0
Total number claims made to employment tribunals by doctors	0
Total number of these claims that were not upheld <sup>4</sup>	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
All doctors have an online appraisal with a trained appraiser. There have been no revalidation recommendations required this year, given the small number of doctors attached.
Actions still outstanding
None.
Current issues
None.
Actions for next year (replicate list of 'Actions for next year' identified in Section 1):
The newly merged CCS and NCH&C organisation will share the new Medical Appraisal Policy when combined. The Medical Appraisal Policy is currently up to date.

<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".

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

ARHC is committed to maintaining our high standards and level of engagement in the appraisal process. We will work with CCS to implement the harmonised appraisal process when the time comes.


## 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:	Arthur Rank Hospice Charity
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Name:	Sharon Allen
Role:	CEO
Signed:	
Date:	29/10/2025

Name of the person completing this form:	Dr Caroline Kavanagh,  <b>Responsible Officer, Chief Medical Officer at Cambridgeshire Community Services Trust and Norfolk Community Health and Care Trust</b>
Email address:	<a href="mailto:Caroline.kavanagh10@nhs.net">Caroline.kavanagh10@nhs.net</a>