

REPORT TO BOARD OF DIRECTORS (BoD)

Report title: Chief Medical Officer's (CMO's) Report: Medical Appraisal and Revalidation

Meeting date: 2 April 2026

Board sponsor: Helen Mackie, Acting Chief Medical Officer (CMO)

Paper Author: Tynita Patterson, Senior Business and Operations Manager to the CMO

Appendices:

Appendix 1: Statement of Compliance

Executive summary:

Action required:	Information
Purpose of the Report:	This paper provides an update to the BoD on progress made in implementing the outstanding actions arising from the <b>2022 Higher-Level Responsible Officer (HLRO) visit</b> , following the action agreed at the October 2025 Board meeting.
Summary of key issues:	<ul style="list-style-type: none"> <li>Improving appraisal engagement for some staff groups, particularly General Dental Council (GDC)-registered practitioners.</li> <li>Further development of appraisal quality assurance following implementation of the L2P system.</li> <li>Exploring benchmarking of appraisal arrangements with other NHS organisations.</li> <li>Ongoing refinement of processes supporting appraisal and revalidation oversight.</li> </ul>
Key recommendations:	The Board of Directors is asked to <b>NOTE</b> this report and agree the closure of Action B/27/25.

Implications:

Links to Strategic Theme:	<ul style="list-style-type: none"> <li>Quality and Safety</li> <li>Patients</li> <li>People</li> </ul>
Link to the Trust Risk Register:	CRR 123 - Patient outcome, experience and safety may be compromised as a consequence of not having the appropriate medical staffing levels and skill mix to meet patients' needs.
Resource:	N



<b>Legal and regulatory:</b>	Y: Impacts our functions regulated by the Higher-Level Responsible Officer (NHS England).
<b>Subsidiary:</b>	N

**Assurance route:**

Previously considered by: The contents of this paper have been subject to ongoing review and monitoring by the Responsible Officers Advisory Group (ROAG).



## Medical Appraisal and Revalidation

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### 1. Purpose of the report

- 1.1 This paper provides an update to the BoD on progress made in implementing the outstanding actions arising from the 2022 HLRO visit, following the action agreed at the October 2025 Board meeting.

### 2. Background

- 2.1 Revalidation and appraisal are undertaken across the NHS to ensure doctors remain licensed to practise and are supported to develop so that patient care continues to improve.
- 2.2 This report summarises the Trust's position in respect of its responsibilities as a Designated Body, and provides an update on progress made in implementing the actions arising from the 2022 HLRO visit.

### 3. Progress Update

- 3.1 A review of the actions arising from the 2022 HLRO visit has been undertaken, with progress updated as of February 2026. The majority of actions have now been completed and embedded within routine governance and operational processes supporting appraisal and revalidation across the Trust.

#### 3.2 Governance and oversight

The ROAG was established in February 2023 and now meets routinely to support oversight of appraisal and revalidation activity. Reviews take place ahead of revalidation recommendations to ensure any outstanding requirements can be addressed. Governance and reporting arrangements supporting the Responsible Officer function have also been strengthened.

#### 3.3 Policies and guidance

Key policies supporting appraisal and revalidation have been reviewed and updated. This includes the Appraisal and Revalidation Policy (updated July 2025) and the Honorary Contracts Policy. A process is now in place to ensure policies relevant to Responsible Officer duties are reviewed on a regular basis.

#### 3.4 Appraiser support and appraisal quality

Refresher training for appraisers was delivered in 2023/24, and expectations for the appraiser role have been clarified. The updated policy includes dedicated Supporting Professional Activities (SPA) time for appraisers undertaking appraisal activity. Quality assurance processes have also been strengthened, including the use of ROAG to review appraisal outputs.



### 3.5 Systems and operational processes

The Trust implemented the L2P appraisal system in 2024, supporting improved management of appraisal activity. Operational processes have also been strengthened, including regular checks of General Medical Council (GMC) connections and improved co-ordination with HR regarding workforce matters and appraisal engagement.

### 3.6 Engagement and support for doctors

Induction sessions for new doctors now include guidance on appraisal and revalidation, and information on Welcome to UK Practice resources is provided to international recruits. Additional communications and support are provided to doctors ahead of appraisal deadlines.

## 4. Conclusion

Overall, the actions arising from the HLRO visit have strengthened the Trust's arrangements for appraisal and revalidation and provide improved assurance regarding compliance with Responsible Officer requirements.



**REPORT TO BOARD OF DIRECTORS (BoD)**

**Report title:** Care Quality Commission (CQC) Maternity Survey 2025 report

**Meeting date:** 2 April 2026

**Board sponsor:** Sarah Hayes, Chief Nursing and Midwifery Officer (CNMO)

**Paper Author:** Karen Edmunds, Associate Director of Patient Experience

**Appendices:**

**Appendix 1:** CQC Maternity Survey 2025 report

**Appendix 2:** CQC Maternity Survey 2025 comparison between William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) scores

**Executive summary:**

<b>Action required:</b>	<b>Assurance</b>
<b>Purpose of the Report:</b>	<p>The purpose of this report is to share the outcome from the 2025 CQC Maternity Survey.</p> <p>Information drawn from this survey is used by the CQC to help inform assessments of NHS Trusts, to build an understanding of the risk and quality of services and those who organise care across an area.</p>
<b>Summary of key issues:</b>	<p>The Maternity Survey results are based on the responses received from 132 people of the 421 invited, who gave birth in February 2025. This is a response rate of 31.4%, lower than the previous year's survey which had a response rate of 36.4%.</p> <ul style="list-style-type: none"> <li>• 80.3% of respondents were White and 12.1% were Black, Asian or of another ethnicity and 7.6% were of unknown ethnicity. 23% of respondents said that English is not their first language.</li> <li>• Of the respondents, 35.6% were aged 36+, 30.3% were aged 30 to 35, 25% were 25 to 29 years of age, and 9.1% were age 16 to 24.</li> </ul> <p>From the feedback received there has been a definite improvement in people's experiences of antenatal care. There are, however, some aspects of the experience of labour and birth that require improvement, including being left alone during labour and birth when worried about themselves or their baby, and being able to ask questions immediately after the birth. Also, only 80% of respondents felt the doctors and midwives were aware of their medical history during labour and birth. This could present additional risks for women with a previous history of complications during labour and birth. Another area needing improvement is whilst in hospital, getting help when needed as this remains a lower scoring area.</p>



There are a number of areas where the experiences of antenatal care, labour and birth and postnatal care differ between QEQM and WHH, with QEQM generally scoring higher than WHH. Appendix 2 shows the questions where this is of particular note.

The results show there remain some areas that need to be focused on, as well as ensuring that improvements made to date are sustained.

**During labour and birth their concerns were listened to, taken seriously and addressed:** 81% of people said this.

**Staff made sure that pain was well managed during labour and birth:** 77% of people said yes.

**Not left alone during labour and birth:** 78% of people said they were not left alone, but this still leaves 22% of people who were. This needs to improve.

**Discharged without delay:** 62% said they were discharged without delay in 2025, which leaves 38% of people who were not. This score has improved since 2024 when it was 48%.

### Conclusion

The results of the 2025 Maternity survey show a much improved picture compared to 2024. This is the result of the hard work of Maternity colleagues at all levels. The CQC gave Maternity Services an overall rating of 'Good', which is testament to the transformation of maternity care at East Kent Hospitals over the last two years.

Whilst care at WHH has seen improvement in scores related to antenatal care, QEQM continues to have higher score than WHH related to labour and birth.

The Trust scores well in terms of antenatal care – an area that in previous years did not score well.

There remains areas during labour and birth where women / birthing people score lower than we would like, including their concerns being taken seriously, their pain managed, not being left alone during labour or birth, and being discharged in a timely way. These are all areas that require staff to respect what their patients are saying, act when someone is in pain, not leave them feeling vulnerable by leaving them alone, and understanding that delayed discharge adds to people's anxiety and can impact on their travel arrangements and wider family. These areas require midwives and doctors to work together, take responsibility for ensuring patients feel safe and to show compassion and take timely action when patients are in pain or worried.



	<p>There are some aspects of care where people should always have a positive experience, and these include being treated with kindness and compassion, being treated with dignity and respect and being fully involved in all decisions related to their care, throughout their pregnancy, labour and birth.</p> <p>The Trust needs to agree areas for improvement during 2025/26, and these are suggested in section 10 of the report at Appendix 1.</p>
<b>Key recommendations:</b>	The Board of Directors are asked to <b>NOTE</b> the CQC Maternity Survey 2025 report.

**Implications:**

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Quality and Safety</li> <li>• Patients</li> </ul>
<b>Link to the Trust Risk Register:</b>	<b>CRR 1579:</b> Detriment to patients with a disability as we are non-compliant with the statutory Accessible Information Standard (AIS).
<b>Resource:</b>	No
<b>Legal and regulatory:</b>	Yes: CQC regulations. MBRRACE-UK: Mothers and Babies: Reducing risk through Audits and Confidential Enquiries across the UK Equality Act 2010 public sector equality duties.
<b>Subsidiary:</b>	No

**Assurance route:**

Previously considered by: Maternity and Neonatal Assurance Board (MNAB)



**Appendix 1**

**CARE QUALITY COMMISSION (CQC) Maternity Survey 2025 report**

**1. Introduction**

The Maternity Survey results are based on the responses received from 132 people of the 421 invited, who gave birth in February 2025. This is a response rate of 31.4% (5% lower than the previous year) and lower than the 38% response rate for similar organisations.

**2. Demographics of respondents**

- 80.3% of respondents were White and 12.1% were Black, Asian or of another ethnicity and 7.6% were of unknown ethnicity. 23% of respondents said that English is not their first language.
- Of the respondents, 35.6% were aged 36+, 30.3% were aged 30 to 35, 25% were 25 to 29 years of age, and 9.1% were age 16 to 24.
- 91% of respondents said they are straight / heterosexual. 6% said they were LGBTQIA+ and 3% preferred not to say.
- 30% of respondents said they have a long-term health condition. 4% of respondents had communication needs related to a disability.
- 62% of respondents said they had no religion, 29% were Christian, 3% were Muslim, 1.5% were Hindu and 4% preferred not to say. 1% said they had another religion or belief.
- 51.5% of respondents said this was the first time they had given birth. 48.5% of respondents had previously given birth, so this was not their first baby. 17% of respondents said their baby was given neonatal care.

**High scoring questions and historical and average comparisons:**

96%	D6. Found partner was able to stay with them as long as they wanted (in hospital after birth)		
91%	G12. Told who to contact for advice about mental health after having baby		
95%	B15. Concern during your antenatal care taken seriously		

### 3. Top 5 scores in 2025

Top 5 scores	Trust 2025	Trust 2024
B6. During antenatal checkups they were listened to by the midwife	93%	86%
D6. Found partner was able to stay with them as long as they wanted (in hospital after birth)	96%	94%
C7. Were not sent home during labour when worried about the baby or themselves	94%	94%
C9. Partner or birth partner able to be involved as much as they wanted to be during labour and birth	95%	90%
G10. Midwife asked about their mental health	95%	94%

We scored consistently high in a number of questions, with improvements in being listened to by the midwife during antenatal checkups.

### 3. Areas of improvement against previous years

Most improved scores	Trust 2025	Trust 2024
B8. Were given enough support for mental health during your pregnancy	94%	80%
B15. Concerns raised during your antenatal care were taken seriously	95%	77%
C15. Spoken to in a way they could understand during labour and birth	94%	84%
D2. Discharge was not delayed on the day	62%	48%
G12. Told who to contact if needed advice about any changes they might experience to their mental health after the birth	91%	85%
G19. Did not consider making a complaint about the care received	70%	56%

These significant improvements should be celebrated, and efforts will be needed to continue to make improvements related to discharge delays in particular.

### 4. Areas requiring further improvement

Five lower scoring questions	Trust 2025	Trust 2024
B2. Given enough information about where to have baby	70%	61%
C8. Healthcare professionals did everything they could to help manage their pain during labour and birth	77%	64%
C11. Healthcare professionals did not leave them alone during labour or birth at a time they were worried	78%	71%

C19. After the baby was born, they had the opportunity to ask questions about their labour and the birth	70%	53%
G14. Received help and advice about feeding their baby (first four weeks after birth)	70%	66%

## 5. The national picture 2025

The CQC provide an overview of the maternity survey results nationally. Key areas for improvement are:

### Labour and birth:

- Nationally, of the respondents whose labour was induced, 14% said that they were not given information about all the options available to them, including alternatives to induction. For the Trust this figure was 18%.
- Nationally, 7% of all the respondents said that they were sent home once when they were worried about themselves or their baby. For the Trust the percentage was 6%.
- Nationally, one in 10 respondents said that they were left alone at a time when it worried them 'during the later stages of labour' or 'during the birth'. For the Trust it was just over 2 in 10.

### Triage:

- Nationally, of the respondents who went through triage to have their symptoms assessed during their pregnancy or postnatal care, nearly three-quarters (72%) said that they 'definitely' got the advice that they needed the last time they contacted the telephone triage line. Of the respondents who contacted triage at any point during their pregnancy or postnatal care, most (78%) said that their midwife or doctor 'definitely' listened to them the last time they attended triage face-to-face. For the Trust the percentages are 89% each, which is to be celebrated.

## 6. Section scores

The survey questions are divided into three overall sections, enabling an overall score for each section. The Trust's overall section scores are below.

- Labour and birth - 8.7 / 10 (87%)
- Staff caring for you - 8.5 / 10 (85%)
- Care in hospital after the birth – 8.1 / 10 (81%)

From the feedback received there has been a definite improvement in people's experiences of antenatal care. There are, however, some aspects of the experience of labour and birth that require improvement, including being left alone during labour and birth when worried about themselves or their baby, and being able to ask questions immediately after the birth. Also, only 80% of respondents felt the doctors and midwives were aware of their medical history during labour and birth. This could present additional risks for women with a previous history of complications during labour and birth. Another area needing improvement is whilst in hospital, getting help when needed as this remains a lower scoring area.

## 7. Areas where our scores have not improved sufficiently

- Given enough information about where to have baby – 70% said yes, but nearly a third did not feel they were given enough information.
- Not left alone when worried (during labour and birth) – 78% were not, but 22% were.

- Felt midwives gave enough support and advice about feeding the baby – 76% said yes.
- Felt midwives aware of medical history after the birth (postnatal) – 81% said yes.
- Healthcare professionals helping to manage pain during labour and birth remains lower than nationally, with a score of 77% saying yes, meaning more than 1 in 5 women did not get their pain managed well.

#### 8. Comparisons between Queen Elizabeth the Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH)

There are a number of areas where the experiences of antenatal care, labour and birth and postnatal care differ between QEQM and WHH, with QEQM generally scoring higher than WHH. Appendix 2 shows the questions where this is of particular note.

#### 9. Progress on priority areas for improvement and action, based on 2024 scores:

##### Antenatal care:

Areas where we wanted to see improvements in 2025 compared to 2024:

- During pregnancy provided with relevant information about feeding their baby (antenatal) – increased to **75%** compared to **71%** in 2021 – **achieved**.
- During antenatal check-ups, the midwives and doctors are aware of the person's medical history. **76%** compared to **61%** in 2024 – **achieved**.
- Getting the help needed when contacted the midwifery team during pregnancy. **88%** compared to **74%** in 2024 – **achieved**.
- Ensure that when women or birthing people have concerns during their antenatal care, these are taken seriously and addressed. **95%** compared to **77%** in 2024 – **achieved**.
- Had information about feeding their baby provided before the birth – **75%** compared to **60%** in 2024 – **achieved**.
- Given enough support for mental health during pregnancy – **94%** compared to **80%** in 2024 – **achieved**.
- Being given enough time to ask questions during antenatal check-ups. **90%** compared to **83%** in 2024 – **achieved**.

##### Labour and post-natal care:

Areas where we wanted to see improvements in 2025 compared to 2024:

- Found decisions as to how to feed their baby were respected by midwives. **95%** compared to **85%** in 2024 – **achieved**.
- Being involved in decisions about their care as much as they want to be during labour and birth. **89%** compared to **78%** in 2024 – **achieved**.
- Felt that the midwives and / or doctors looking after them worked well together during labour and birth. **86%** compared to **74%** in 2024 – **achieved**.
- Able to get help when needed after the birth. **76%** compared to **67%** in 2024 – **achieved**.
- During labour or birth, getting help from a member of staff when needed. **85%** compared to **77%** in 2024 – **achieved**.
- Given enough information (in hospital after birth). **80%** compared to **70%** in 2024 – **achieved**.
- During labour and birth, midwives and doctors were aware of their medical history. **80%** compared to **70%** in 2024 – **achieved**.

- Were able to ask questions afterwards about labour and birth. **70%** compared to **53%** in 2024 – **achieved**.
- Staff ensured that pain was well managed during labour and birth. **77%** compared to **64%** in 2024 – **achieved**.
- During labour and birth felt that any concerns were listened to and taken seriously and addressed. **81%** compared to **75%** in 2024 – **achieved**.
- Given information / advice on risks of induced labour. **82%** compared to **75%** in 2024 – **achieved**.
- Not left alone during labour and birth. **78%** compared to **71%** in 2024 – **achieved**.
- At the start of labour appropriate advice and support was given and was understood. **88%** compared to **79%** in 2024 – **achieved**.
- Discharged without delay. **62%** compared to **48%** in 2024 – **achieved**.
- Felt midwives gave enough support and advice about feeding the baby. **76%** compared to **66%** in 2024 – **achieved**.

**After the 2024 survey we agreed a number of ‘always events’, with a target of 100% score:**

These areas all showed improvement but did not achieve 100%.

- Every person is spoken to in a way they can understand during their labour and the birth. **94%** compared to **84%** in 2024 – **improved but not achieved**.
- All women and birthing people are treated with kindness and compassion during labour and birth. **91%** compared to **86%** in 2024 – **improved but not achieved**.
- All staff to introduce themselves (during labour and birth). **90%** compared to **86%** in 2024 – **improved but not achieved**.
- All women and birthing people are treated with respect and dignity during labour and after birth. **93%** compared to **87%** in 2024 – **improved but not achieved**.

**Feeding and care at home:**

Areas where improvement was needed:

- In the four weeks after the birth, they get the advice and support they need from the midwives about their baby’s health and progress. **70%** compared to **66%** in 2024 - **slightly improved**.
- If needed, there is support and advice about feeding their baby during evenings and weekends. **73%** compared to **58%** in 2024 – **improved**.
- Midwives to ensure that women and birthing people get timely and clear advice about feeding the baby. **76%** compared to **66%** in 2024 – **improved**.

**10. Areas for action in 2025/26**

The results show there remain some areas that need to be focused on, as well as ensuring that improvements made to date are sustained.

**During labour and birth their concerns were listened to, taken seriously and addressed:** 81% of people said this.

**Staff made sure that pain was well managed during labour and birth:** 77% of people said yes.

**Not left alone during labour and birth:** 78% of people said they were not left alone, but this still leaves 22% of people who were. This needs to improve.

**Discharged without delay:** 62% said they were discharged without delay in 2025, which leaves 38% of people who were not. This score has improved since 2024 when it was 48%.

## 11. Conclusion

The results of the 2025 Maternity survey show a much improved picture compared to 2024. This is the result of the hard work of Maternity colleagues at all levels. The CQC gave Maternity Services an overall rating of 'Good', which is testament to the transformation of maternity care at East Kent Hospitals over the last two years.

Whilst care at WHH has seen improvement in scores related to antenatal care, QEQM continues to have higher score than WHH related to labour and birth.

The Trust scores well in terms of antenatal care – an area that in previous years did not score well.

There remains areas during labour and birth where women / birthing people score lower than we would like, including their concerns being taken seriously, their pain managed, not being left alone during labour or birth, and being discharged in a timely way. These are all areas that require staff to respect what their patients are saying, act when someone is in pain, not leave them feeling vulnerable by leaving them alone, and understanding that delayed discharge adds to people's anxiety and can impact on their travel arrangements and wider family. These areas require midwives and doctors to work together, take responsibility for ensuring patients feel safe and to show compassion and take timely action when patients are in pain or worried.

There are some aspects of care where people should always have a positive experience, and these include being treated with kindness and compassion, being treated with dignity and respect and being fully involved in all decisions related to their care, throughout their pregnancy, labour and birth.

The Trust needs to agree areas for improvement during 2025/26, and these are suggested in section 10 of the report.

## 12. Recommendations

The Board of Directors are asked **NOTE** this report.

**Appendix 2 – CARE QUALITY COMMISSION (CQC) Maternity Survey 2025 - comparison scores between William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM)**

Question number	Question	Number of respondents 2025	Score 2025	Band 2025	Change from 2024	Trust Score 2024	WHH 2025	QEQM 2025
C6	At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?	85	8.8	About the same	No change	7.9	8.6	9
C7	During your labour, were you ever sent home when you were worried about yourself or your baby?	97	9.4	About the same	No change	9.4	9.3	9.5
C8	Do you think your healthcare professionals did everything they could to help manage your pain during labour and birth?	96	7.7	About the same	↑	6.4	7.4	8
C9	If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted?	127	9.5	About the same	No change	9	9.5	9.5
C10	Did the staff treating and examining you introduce themselves?	125	9	About the same	No change	8.6	8.8	9.3
C11	Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you? Please cross X in all the boxes that apply to you.	127	7.8	About the same	No change	7.1	7.4	8.3
C12	If you raised a concern during labour and birth, did you feel that it was taken seriously?	88	8.1	About the same	No change	7.5	8.1	8.2

Question number	Question	Number of respondents 2025	Score 2025	Band 2025	Change from 2024	Trust Score 2024	WHH 2025	QEQM 2025
C13	During labour and birth, were you able to get a member of staff to help you when you needed it?	128	8.5	About the same	↑	7.7	8.4	8.7
C14	Thinking about your care during labour and birth, did you feel that the midwives and / or doctors looking after you worked well together?	129	8.6	About the same	↑	7.4	8.4	8.8
C15	Thinking about your care during labour and birth, were you spoken to in a way you could understand?	130	9.4	About the same	↑	8.4	9.4	9.3
C16	Thinking about your care during labour and birth, were you involved in decisions about your care?	127	8.9	About the same	↑	7.8	9.2	8.6
C17	Thinking about your care during labour and birth, were you treated with respect and dignity?	130	9.3	About the same	↑	8.7	9.6	9.3
C18	Did you have confidence and trust in the staff caring for you during your labour and birth?	128	8.8	About the same	No change	8.1	8.8	8.8
C19	After your baby was born, did you have the opportunity to ask questions about your labour and the birth?	113	7	About the same	↑	5.3	6.5	7.7
C20	During your labour and birth, did your midwives or doctor appear to be aware of your medical history?	115	8	About the same	↑	7	7.7	8.5

Question number	Question	Number of respondents 2025	Score 2025	Band 2025	Change from 2024	Trust Score 2024	WHH 2025	QEQM 2025
C21	Thinking about your care during labour and birth, were you treated with kindness and compassion?	130	9.1	About the same	No change	8.6	9	9.4
D2	On the day you left hospital, was your discharge delayed for any reason?	130	6.2	About the same	↑	4.8	5.7	6.7
D3	If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?	128	7.6	About the same	↑	6.7	7.2	8
D4	Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?	128	8	About the same	↑	7	7.5	8.5
D5	Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?	130	8.9	Somewhat better	↑	7.9	8.7	9.2
D6	Thinking about your stay in hospital, if your partner or someone else close to you was involved in your care, were they able to stay with you as much as you wanted? Please cross X in all the boxes that apply to you.	121	9.6	Somewhat better	No change	9.4	9.7	9.4

D7	Do you think your healthcare professionals did everything they could to help manage your pain in hospital after the birth?	122	8.4	About the same	No change	7.8	7.7	9.2
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