



Policy:

HR 047 Fit and Proper Person

Executive Director lead	Executive Director of Human Resources
Policy Owner	Executive Director of Human Resources
Policy Author	Recruitment Team Leader

Document type	Policy
Document version number	V1
Date of Ratification	10/06/2020
Ratified by	Board
Date of issue	22/06/2020
Date for review	31/05/2024 Review process to be scheduled for completion within 4 years of the previous ratification date.

Keywords	Fit and Proper Persons, Executive Director, Non-Executive Director, Trust Board, Chair, Chief Executive, CQC.
-----------------	---------------------------------------------------------------------------------------------------------------

Summary of policy

An outline of the procedure to ensure that appointments to Executive and Non-Executive Director posts are filled by individuals that meet the requirements of the Fit and Proper Persons Regulations (FPPR).

Subsequent changes made to this policy will be summarised in the amendment log.

Target audience	Chair, Chief Executive, Executive Directors, Non-Executive Directors and other Director Board appointments.
------------------------	-------------------------------------------------------------------------------------------------------------

Storage

This is version 1 and is stored and available on through the SHSC Intranet / Internet.

Contents

Section		Page
	Version Control and Amendment Log	
1	Introduction	1
2	Scope	1
3	Purpose	1
4	Definitions	1
5	Details of the policy	3
6	Duties	3
7	Procedure	4
	7.1 New Appointments	4
	7.2 Monitoring Compliance	6
	7.3 Concerns Regarding An Individual's Continued FPPR Compliance	6
	7.4 Board Assurance	7
8	Development, Consultation and Approval	7
9	Audit, Monitoring and Review	8
10	Implementation Plan	8
11	Dissemination, Storage and Archiving (Version Control)	9
12	Training and other resource implications	10
13	Links to other policies, standards, references, legislation and national guidance	10
14	Contact details	10
	APPENDICES	
	Appendix 1 Fit and Proper Person Declaration Form	11
	Appendix 2 Fit and Proper Person Regulation Checklist	14
	Appendix 3 - Fit and Proper Persons Regulation Annual Checklist	15
	Appendix 4 – Equality Impact Assessment	16

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	New draft policy created	May 2020	Requirement for new policy agreed by Policy Governance Group on 11 April 2020.
	Ratification and issue		Amendments made during consultation, prior to ratification are..... <ul style="list-style-type: none">• .• .• .

1. Introduction

Regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (referred to as the 2014 regulations) recommends that a statutory Fit and Proper Person's Requirement (FPPR) be imposed on health service bodies. This policy outlines the application of this test for new appointments and existing post holders. In addition, where the Trust engages an interim at a senior level equivalent to the posts in Section 2, the same process and FPPR test will apply if they are employed or registered as an external worker.

Where an interim is sourced by an agency the recruitment agency will be made aware of the FPPR process and must confirm that they have undertaken the necessary checks. Executive search companies will also be required to confirm compliance with the FPPR and provide relevant evidence for inspection by the Trust.

2. Scope

This policy and procedure applies to all board appointments i.e. Executive and Non-Executive Directors and those senior managers which are recognised as part of the Trust Board. This includes permanent, interim and associate positions.

The following posts are subject to the arrangements outlined in this policy:

- a) the Chair of the Trust;
- b) Non-Executive Directors appointed to the Board of Directors (including Associate Non-Executive Directors);
- i) the Chief Executive of the Trust,
- ii) Executive Directors who can vote at the Board of Directors,
- iii) non-voting Directors who attend the Board of Directors,
- iv) the Director of Corporate Affairs/Board Secretary;

3. Purpose

The purpose of this policy is to ensure the Trust complies with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement. This policy replaces the current Fit and Proper Persons Regulations Protocol in place within the Trust.

The regulations have been integrated into the Care Quality Commission's (CQC's) registration requirements, and falls within the remit of their regulatory inspection approach.

4. Definitions

Regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (referred to as the 2014 Regulations) places a duty on NHS providers not to appoint a person, or allow a person to continue to be, an Executive Director or equivalent or a Non-Executive Director under given circumstances. This means Executive/Non-Executives should not be appointed/continue to hold office unless they:

- a) are of good character

- b) hold the required qualifications and have the competence, skills and experience required for the relevant office for which they are employed
- c) are, by reason of their physical and mental health, after any reasonable adjustments if required, capable of properly performing their work
- d) can supply relevant information as required by schedule 3 of the act, i.e. documentation to support the FPPR
- e) have not been responsible for or privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out regulated activity (or providing a service elsewhere which if provided in England would be a regulated activity).

4.1 Good Character

When assessing a person being 'of good character' NHS providers are required to take account of Schedule 4 of the 2014 Regulations, namely:

- a) whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and
- b) whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.

The CQC's definition of good character is not the objective test of having no criminal convictions but instead rests upon a judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances.

The CQC names the following as features 'normally associated' with good character that should be taken into account when applying FPPR to an individual, in addition to those specified in part 2 of schedule 4:

- Honesty
- Trustworthiness
- Integrity
- Openness
- Ability to comply with the law
- A person in whom the public can have confidence in prior employment history, including reason for leaving
- If the individual has been subject to any investigations or proceedings by a professional or regulation body
- Any breaches of the Nolan principles of public life
- Any breaches of the duties imposed on directors under the Companies Act
- The extent to which the director has been open and honest with the Trust
- Any other information which may be relevant, such as disciplinary action taken by an employer.

4.2 Unfit

Under Schedule 4 part 1 of the regulations, Executive/Non-Executive Directors are deemed 'unfit' and prevented from holding the office and for whom there is no discretion if:

- a) the person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged
- b) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland
- c) the person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40)
- d) the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it
- e) the person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006
- f) the person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

4.3 In January 2018 the CQC issued revised guidance for providers and CQC inspectors in respect of Regulation 5 of the 2014 Regulations. Specifically, the CQC made a minor change to its guidance to make it explicit that they expect providers to undertake an "enhanced Disclosure and Barring Service (DBS) check for directors to check that they are not on the children's and / or safeguarding barred list where they meet the eligibility criteria". However, Executive/Non-Executive Directors are only eligible for such an enhanced DBS check if the role that they take falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006.

Only those Board members who are required to undertake regulated activities will be required to have an Enhanced DBS check. Where a role does not undertake regulated activity, a standard DBS check will be required. However, all Board members will be required to make a declaration annually that they meet the FPPR.

5 Detail of The Policy

The broad overview of this policy is as described in the Introduction.

6. Duties

6.1 It is the responsibility of the **Chair** to discharge the requirement placed on the Trust, to ensure that all directors satisfy the Fit and Proper Person Requirements, both on appointment and on an ongoing basis, and to provide an annual declaration to the Board.

6.2 The Executive Director of Human Resources is responsible for:

- a) ensuring consistent application of the policy during the appointment process and ensuring that all appropriate documentation is completed, retained and available to the Care Quality Commission for inspection on request
- b) maintaining the records of completed Fit and Proper Person checks and managing the annual process to ensure assurance of the ongoing fitness of relevant post holders
- c) ensuring all Board members complete an annual Fit and Proper Person declaration
- d) undertaking an annual review of compliance on behalf of the Chair.

6.3 Individuals covered by the scope of this policy are responsible for:

- a) signing the Fit and Proper Person Declaration (Appendix 1) to confirm that they are a fit a proper person, both on appointment and on an annual basis
- b) providing evidence of their qualifications, experience and identity documents on appointment or on request to confirm the competencies relevant to their position
- c) identifying any issues which may affect their ability to meet the statutory requirements on appointment and bringing these issues on an ongoing basis and without delay to the Executive Director of HR, Chief Executive or the Chair.

7. Procedure

7.1 New Appointments

Where a post is subject to FPPR, candidates will be notified as part of the Trust's recruitment processes. It is important when making appointments that consideration is given to the values of the organisation and the extent to which the candidate fits with these values. It is therefore expected that the interview process will incorporate values-based questions.

The Trust's comprehensive pre-employment checking processes are determined by the NHS employment standards and include the following:

1. Proof of identity
2. Evidence of the right to work in the UK
3. Disclosure and Barring Service (DBS) check (where appropriate to the role)
4. Occupational Health Clearance as relevant to the role
5. Evidence of a values based interview process
6. A check of employment history and two references one of which must be the most recent employer. Specifically, this includes validating a minimum of three

years continuous employment including details of any gaps in service. Additionally, references must question whether the candidate has "been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or providing a service elsewhere which, if provided in England, would be a regulated activity"

7. Proof of qualifications/professional registration applicable to role

In addition, the following registers will be checked:

- a) Disqualified directors
- b) Bankruptcy and insolvency
- c) Removed Charity Trustees
- d) A web search of the individual including Google, social media and news searches.

The Chair will be responsible for ensuring compliance supported by Human Resources. A detailed checklist will be completed at appointment and will be retained on the post holder's personal file for the purposes of audit (Appendix 2).

The FPPR requires new employees to complete a Fit and Proper Person's Declaration form (Appendix 1). This form and summary guidance will be included with the application pack and form part of the application process for the position.

Where specific qualifications are deemed by the Trust as necessary for a role, the Trust will make this clear and will only appoint those individuals that meet the required specification; including any requirements to be registered with a professional body.

Where the Trust considers that an individual can be appointed to a role based on their qualification, skills and experience but there is an expectation that they will be required to develop specific competencies to undertake the role within a specified timescale, any such discussions or recommendations will be recorded in minutes of either the Nominations & Remuneration Committee for Non-Executive Director appointments or the Remuneration and Nomination Committee for other Board appointments where confirmation of appointment is discussed.

If the candidate has a physical or mental health disability, wherever possible, reasonable adjustments will be made to enable the individual to carry out the role that they have been appointed to. Any discussion or decision as to whether a candidate is appointable on grounds of health will be recorded in the minutes of either the Nomination & Remuneration Committee (NRC) or Remuneration and Nomination Committee (RNC).

The Council of Governors is responsible for the appointment and removal of the Chair and the Non-Executive Directors, drawing on the recommendations of the Council of Governors NRC. In respect of Executive Directors, this responsibility will be discharged by the Board of Directors RNC which is responsible for the appointment and removal of the Executive Directors.

The FPPR applies to individuals who are formally appointed to substantive, interim or acting positions as agreed by the RNC and does not apply to individuals deputising for Directors or providing cover, for example for sick/annual leave.

Any Executive or Non-Executive appointment will take into account the Trust's obligations under the Regulations. Where the Trust deems that the individual who is to be appointed is suitable, despite not meeting the characteristics outlined in Schedule 4, Part 2 of the Regulations (Good Character), the reasons will be recorded by the panel chair and presented to either NRC or RNC as appropriate for a final decision. The Committee's decision will be recorded. Approval should be sought from NHS Improvement/NHS England, where appropriate.

7.2 Monitoring Compliance

The annual appraisal process will provide an opportunity to discuss continued "fitness", competence and how the post holder displays the Trust values and behaviour standards including the leadership behaviour expected.

The Chief Executive will be responsible for appraising the Executive Directors, and the Chair will be responsible for appraising the Non-Executive Directors. The Chief Executive will be appraised by the Chair. The Chair's appraisal will be coordinated by the Senior Independent Director working with the Lead Governor through the agreed 360° appraisal process that includes feedback from Governors, Non-Executive Directors and Executive Directors.

On an annual basis, all relevant post holders will be asked to complete the FPPR Declaration form (Appendix 1).

Individuals are required to make the Trust aware as soon as practicable of any incident or circumstances which may mean they are no longer to be regarded as a 'fit and proper person', and provide details of the issue, so that this can be considered by the Trust.

Checks of the Insolvency Register, Disqualified Directors and Charitable Trustees register and a web search will be completed annually. The Trust will review other checks carried out on appointment every three years, or annually, as appropriate and as outlined on the checklist.

Annual checks will be carried at in line with the checklist is detailed in Appendix 3 which includes records of the Disclosure Form and evidence of the Insolvency, Disqualified Directors Register and Charitable Trustee checks. This will be kept on the post holder's personal file for audit purposes. The Executive Director of Human Resources will be responsible for ensuring the Trust is compliant with these checks and assure the Chair of the "fitness" of all relevant office holders.

7.3 Concerns Regarding An Individual's Continued FPPR Compliance

If, either at the time of appointment or later, it becomes apparent that circumstances exist or have arisen whereby an Executive Director may not be considered to meet all the requirements of a 'fit and proper person', the Director of Human Resources shall inform the Chair.

The Chair will lead on addressing these concerns on a case by case basis and will need to consider whether an investigation is necessary or appropriate given the allegation.

Where it is necessary to investigate or take action, the Trust's current processes will apply using the Trust's capability process (managing performance or sickness absence), Trust's Disciplinary procedure or afforded a similar process to this if the potential discontinuation could be due to 'some other substantial reason'. There may be occasions where the Trust would contact NHS Improvement for advice or to discuss a case directly.

The Trust reserves the right to suspend a Director or restrict them from duties on full pay to allow the Trust to investigate the matters of concern. Suspension or restriction from duties will be for no longer than necessary to protect the interests of service users or the Trust and/or where there is a risk that the Director's presence would impede the gathering of evidence in the investigation.

Should the Chair consider the individual to be suitable, despite existence of information relevant to issues identified in Schedule 4, Part 2, the Chair's reasons should be recorded for future reference and made available.

Should there be sufficient evidence to support the allegation(s), then the Trust may terminate the appointment of the Director with immediate effect, in line with the Trust's Disciplinary policy. Where an individual who is registered with a professional regulator (General Medical Council (GMC), Nursing & Midwifery Council (NMC) etc.) no longer meets the fit and proper person's requirement the Trust must inform the regulator, and take action to ensure the position is held by a person meeting the requirements.

The criteria and process around the removal of Non-Executive Directors, including the Chair, is outlined in paragraph 26 of the Trust's Constitution.

7.4 Board Assurance

The Council of Governor's NRC or the Board of Director's RNC, depending on type of appointment, will receive reports regarding new appointments and the annual FPPR assurance process.

The Chair is the responsible officer for ensuring compliance for new starters. The Chair will be required to make an annual declaration to the Board of Directors regarding ongoing compliance with the Regulations of all Board members. A summary of compliance will appear in the Trust's annual report.

8. Development, Consultation and Approval

This policy and procedure has been developed in collaboration with Recruitment Team Leader, Deputy Board Secretary and Interim Director of Corporate Governance and further consulted with Chief Executive and Board Members [pending]. Staff Side have reviewed the policy and no comments were received.

9. Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Describe which aspect this is monitoring	At annual appraisal for Board members to confirm no issues arising relating to FPPR. Annual review by HR to confirm all evidence up to date.	Assurance of NED compliance at Nominations and Remuneration Committee (governors) and Board declaration annually by Chair (all Board members)	Annual		Director of HR and HR named lead (Recruitment Team Leader) to lead on policy implementation.	Director of HR

The policy review date is May 2024

10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
<i>Upload new policy onto intranet</i>	Executive Director of Human Resources	June 2020	
<i>Make members of Trust Board aware of the policy</i>	Executive Director of Human Resources	June 2020	

11. Dissemination, Storage and Archiving (Version Control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
1	June 2020	Not required	Circulation to Board members affected by the policy

This is Version 1 and is stored and available through the SHSC Intranet/Internet.

All versions of HR policies are stored on the HR Shared Drive by the policy author and the PA to the Director of Human Resources.

Word copies of final versions of policies can be obtained from Policy Governance via the PA to the Director of Human Resources.

12. Training and Other Resource Implications

Board members will be informed of the ongoing requirements for compliance and the importance to declare any material issues arising that may affect their FPP status.

13. Links To Other Policies, Standards, References, Legislation (Associated Documents) and National Guidance

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Available at: <http://www.legislation.gov.uk/ukxi/2014/2936/schedule/4/made>

Care Quality Commission Regulation 5: Fit and proper persons: directors,
Guidance for providers and CQC inspectors.
Available at: https://www.cqc.org.uk/sites/default/files/20180119_FPPR_guidance.pdf

NHS Employers Employment Check Standard

NHS Employers Fit and Proper Person Requirement for Directors

14. Contact details

Job Title	Name	Phone	Email
Recruitment Team Leader	Georgina Hanson		Georgina.hanson@shsc.nhs.uk
Deputy Board Secretary	Samantha Stoddart		Samantha.stoddart@shsc.nhs.uk



Appendix 1 Fit and Proper Person Declaration Form

Annual declaration for director and director-equivalent posts

SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST (“the Trust”) “FIT AND PROPER PERSON” DECLARATION

1. It is a condition of employment that those holding director and director-equivalent posts provide confirmation in writing, on appointment and thereafter on demand, of their fitness to hold such posts. Your post has been designated as being such a post. Fitness to hold such a post is determined in a number of ways, including (but not exclusively) by the Trust’s provider licence, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2008 (“the Regulated Activities Regulations”) and the Trust’s constitution.
2. By signing the declaration below, you are confirming that you do not fall within the definition of an “unfit person” or any other criteria set out below, and that you are not aware of any pending proceedings or matters which may call such a declaration into question.

Provider licence

3. Condition G4(2) of Sheffield Health & Social Care NHS Foundation Trust’s Provider Licence (“the Licence”) provides that the Licensee shall not appoint as a director any person who is an unfit person, except with the approval in writing of Monitor.
4. Licence Condition G4(3) requires the Licensee to ensure that its contracts of service with its directors contain a provision permitting summary termination in the event of a director being or becoming an unfit person. The Licence also requires the Licensee to enforce that provision promptly upon discovering any director to be an unfit person, except with the approval in writing of Monitor.
5. An “unfit person” is defined at condition G4(5) of the Licence as:
 - (a) an individual:
 - (i) who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged; or
 - (ii) who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it; or
 - (iii) who within the preceding five years has been convicted in the British Islands of any offence and a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him; or
 - (iv) who is subject to an unexpired disqualification order made under the Company Directors’ Disqualification Act 1986; or
 - (b) a body corporate, or a body corporate with a parent body corporate:

- (i) where one or more of the Directors of the body corporate or of its parent body corporate is an unfit person under the provisions of sub-paragraph (a) of this paragraph, or
- (ii) in relation to which a voluntary arrangement is proposed under section 1 of the Insolvency Act 1986, or
- (iii) which has a receiver (including an administrative receiver within the meaning of section 29(2) of the 1986 Act) appointed for the whole or any material part of its assets or undertaking, or
- (iv) which has an administrator appointed to manage its affairs, business and property in accordance with Schedule B1 to the 1986 Act, or
- (v) which passes any resolution for winding up, or
- (vi) which becomes subject to an order of a Court for winding up.

Regulated Activities Regulations

6. Regulation 5 of the Regulated Activities Regulations states that the Trust must not appoint or have in place an individual as a director, or performing the functions of or equivalent or similar to the functions of, such a director, if they do not satisfy all the requirements set out in paragraph 3 of that Regulation.
7. The requirements of paragraph 3 of Regulation 5 of the Regulated Activities Regulations are that:
 - (a) the individual is of good character;
 - (b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
 - (c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
 - (d) the individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and
 - (e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.
8. The grounds of unfitness specified in Part 1 of Schedule 4 to the Regulated Activities Regulations are:
 - (a) the person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;
 - (b) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
 - (c) the person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;
 - (d) the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

- (e) the person is included in the children’s barred list or the adults’ barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
- (f) the person is prohibited from holding the relevant office or position, or in the case of an individual for carrying on the regulated activity, by or under any enactment.

Trust’s Constitution

9. The Trust’s constitution places a number of restrictions on an individual’s ability to become or continue as a director. A person may not become or continue as a director of the Trust if:

- (a) they are a director of an NHS body or another NHS foundation trust;
- (b) they are the spouse, partner, parent or child of a member of the board of directors of the Trust;
- (c) they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;
- (d) they have made a composition or arrangement with, or granted a Trust deed for, their creditors and have not been discharged in respect of it;
- (e) they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed;
- (f) they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
- (g) in the case of a non-executive director, they are no longer a member of the public constituency;
- (h) they are a person whose tenure of office as a Chair or as a member or director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- (i) they have had their name removed, other than by reason of resignation, from any list prepared under sections 91, 106, 123 and 146 of the 2006 Act and have not subsequently had their name included on such a list;
- (j) they have within the preceding two years been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;
- (k) in the case of a non-executive director they have refused to fulfil any training requirement established by the Board of Directors; or

I acknowledge the extracts from the provider licence, Regulated Activities Regulations and the Trust’s constitution above. I confirm that I do not fit within the definition of an “unfit person” as listed above and that there are no other grounds under which I would be ineligible to continue in post. I undertake to notify the Trust immediately if I no longer satisfy the criteria to be a “fit and proper person” or other grounds under which I would be ineligible to continue in post come to my attention.

Name:	
Position:	
Signed:	Date:

Appendix 2 – Fit and Proper Persons Regulation Checklist on appointment

Fit and Proper Persons Regulation Checklist - HR Checklist for new applicants

Name:	
Position:	
Start Date:	

Description	Evidence attached	Date	Comments
Identity Check			
Right to work in the UK			
Qualifications – all qualifications stated on CV/application form MUST be seen & copies taken			
CV (Comprehensive employment history with any gaps in employment explained in writing)			
References x 2 (Must use the specific reference questionnaires)			
Professional Registration (where applicable)			
Minutes from NRC/RNC (where applicable)			
DBS Check (date & certificate no)			
Occupational Health Clearance			
Fit and Proper Persons Self Declaration			
Declaration of Interest, Gifts, Hospitality & Sponsorship			
Disqualified Directors Search (screen grab from Internet search to be included)			
Insolvency Register Search (screen grab from Internet search to be included)			
Removed Charity Trustee (screen grab from Internet search to be included)			
Web Search (including Google, Social Media and News searches)			
Independence Declaration (NEDs only)			
Job Description & Person Specification			
Evidence of values-based interview process			
Terms and Conditions or Contract			
Confidentiality Agreement			

Appendix 3 – Fit and Proper Persons Regulation Annual Checklist

Name:	Position:
Year:	Start Date:

Description	Date Confirmed	COMMENTS
Identity Check to be completed at the point that the original documents have expired		
CV (Comprehensive employment history with any gaps in employment explained in writing)		
DBS (update required every 3 years) date and certificate number		
Professional Registration/pending cases (where applicable)		
Fit and Proper Persons Self Declaration		
Declarations of Interest Form		
Disqualified Directors Search (screen grab to be included)		
Insolvency Register Search (screen grab to be included)		
Removed Charity Trustees (screen grab to be included)		
Google search		
Appraisal		
Evidence of CPD		
Mandatory Training Compliance		

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

I confirm that this policy does not impact on staff, patients or the public.

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	N/A	N/A
Disability	No	N/A	N/A
Gender Reassignment	No	N/A	N/A
Pregnancy and Maternity	No	N/A	N/A

Race	No	N/A	N/A
Religion or Belief	No	N/A	N/A
Sex	No	N/A	N/A
Sexual Orientation	No	N/A	N/A
Marriage or Civil Partnership	No		

Please delete as appropriate: - no changes made.

Impact Assessment Completed by: Georgina Hanson
Name /Date: 07/05/20

