



Policy:

Fit and Proper Persons Policy

Executive Director Lead	Executive Director of People
Policy Owner	HR Business Partnering Team
Policy Author	HR Advisor

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Summary of policy

This policy outlines the procedure to follow when appointment to a position (Board appointments, Non-Executive/Executive Directors) requires a Fit and Proper Persons Test (FPPT).

Target audience	Chair, Chief Executive, Executive Directors, Non-Executive Directors, Board appointments
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Keywords	Fit, Proper, Persons, Framework, CQC, Executive, Directors, FPPT
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Storage & Version Control

Version 2 of this policy is stored and available through the SHSC intranet/internet.

This version of the policy supersedes the previous version (V1 June 2020). Any copies of the previous policy held separately should be destroyed and replaced with this version.

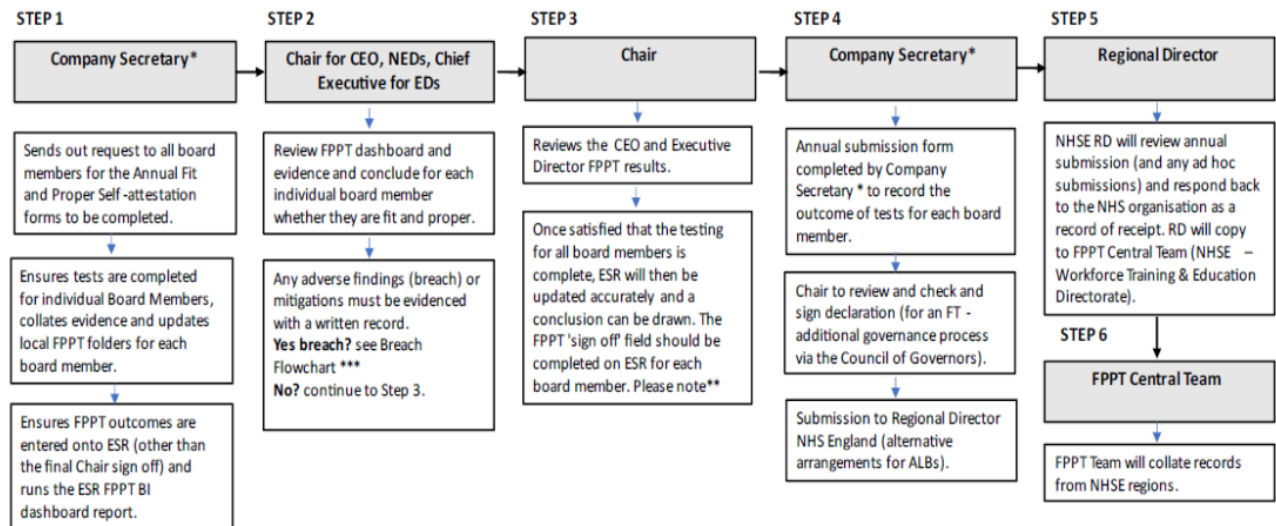
Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1	New draft policy created, approved and issued	May 2020	Requirement for new policy agreed by Policy Governance Group on 11 April 2020.
2.0	Review	March 2025	<p>Amendments have been made to ensure this policy reflects the Fit and Proper Person Test (FPPT) Framework for Board members published by NHS England (NHSE).</p> <p>Position titles have been updated.</p> <p>All Board Members to have enhanced DBS checks.</p> <p>Use of plain English and formatting for accessibility.</p> <p>Replaced appendices with latest NHS England versions.</p>

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Flowchart



* Trust equivalent, or a nominated member of staff/ team. For example: Recruitment/ Governance Team Member

** SID/Deputy Chair to carry out FPPT on the chair and 'sign off'

*** Please refer to the Chairs Guidance for the Breach Flowchart (NHS England)

SID = Senior Independent Director

ESR Electronic Staff Record

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 Test (FPPT) 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 FPPT 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 FPPT process and must confirm that they have undertaken the necessary checks. Executive search companies will also be required to confirm compliance with the FPPT and provide relevant evidence for inspection by the Trust.

This policy aligns with the detailed [Fit and Proper Person Test \(FPPT\) Framework for Board members](#) published in August 2023 by NHS England (NHSE). The policy should be read in conjunction with the FPPT Framework which was introduced to strengthen compliance with current legislation in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review).

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:

- The Chair of the Trust
- Non-Executive Directors appointed to the Board of Directors (including Associate Non-Executive Directors)
- The Chief Executive of the Trust
- Executive Directors who can vote at the Board of Directors

The Framework applies to the board members of NHS organisations. Within this guidance, the term 'Board Member' is used to refer to:

- Both executive directors and non-executive directors (NEDs), irrespective of voting rights
- Interim (all contractual forms) as well as permanent appointments
- Those individuals who are called 'directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Those individuals who by virtue of their profession are members of other professional registers, such as the General Medical Council (GMC) or Nursing and Midwifery Council (NMC), should still be assessed against this Framework if they are a board member at an NHS organisation

3 Purpose

The purpose of this policy is to ensure that the Trust complies with the Fit and Proper Person Test (FPPT) Framework for Board members published in August 2023 by NHS England (NHSE) and the Seven Principles of Public Life (also known as the [Nolan Principles](#)), this applies to anyone who works as a public office-holder. In addition, the

policy maintains the compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5: Fit and Proper Persons Requirement.

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:

- Are of good character
- Hold the required qualifications and have the competence, skills and experience required for the relevant office for which they are employed
- Are, by reason of their physical and mental health, after any reasonable adjustments if required, capable of properly performing their work
- None of the grounds of unfitness specified in [Part 1 of Schedule 4](#) apply to the individual
- 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)

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:

- 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;
- 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 FPPT 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

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:

- 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
- 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
- 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)
- The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it
- 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
- 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

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".

All Board members will be required to undertake an enhanced DBS check and be required to make a declaration annually that they meet the FPPT.

5 Detail of the policy

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

6 Duties

It is the overall responsibility of the Chair to discharge the requirement placed on the Trust, to ensure that all Directors satisfy the Fit and Proper Person Test, both on appointment and on an ongoing basis, and to provide an annual declaration to the Board. The flowchart above outlines a summary of the process.

The Executive Director of People is responsible for:

- 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

- 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
- Ensuring all Board members complete an annual Fit and Proper Person declaration
- Undertaking an annual review of compliance on behalf of the Chair

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

- 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
- Providing evidence of their qualifications, experience and identity documents on appointment or on request to confirm the competencies relevant to their position
- 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 People, Chief Executive or the Chair

7 Procedure

For new appointments, where a post is subject to FPPT, 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, in addition to the standard checks, board appointments are subject to:

- Enhanced Disclosure and Barring Service (DBS) check
- A check of employment history and two references. 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"
- A review of any settlement agreement which the candidate has been party to, to ensure they still meet the requirements defined as good character by the CQC
- A board level reference (Appendix 6)

In addition, the following registers will be checked:

- Disqualified directors
- Bankruptcy and insolvency
- Removed Charity Trustees
- A web search of the individual including Google, social media and news searches

The Chair will be responsible for ensuring compliance supported by Associate Director of Communication and Corporate Governance and Executive Director of People. A detailed checklist will be completed at appointment and will be retained on the post holder's personal file for the purposes of audit.

The FPPT requires new employees to complete a Fit and Proper Person's Declaration form (Appendix 5). 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 FPPT 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.

8 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 Leadership Competency Framework will help inform the 'fitness' assessment in FPPT. This is in line with the Kark Review's (2019) recommendations on professional standards. The Leadership Competency Framework references six competency domains which should be incorporated into all senior leader job descriptions and recruitment processes. It will also form the core of board appraisal frameworks, alongside appraisal of delivery against personal and corporate objectives.

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 FPPT 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 out in line with the checklist 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 People will be responsible for ensuring the Trust is compliant with these checks and assure the Chair of the "fitness" of all relevant office holders.

9 Concerns Regarding An Individual's Continued FPPT 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 Executive Director of People 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.

10 Board Assurance

The Council of Governors' Nomination and Remuneration Committee (NRC) or the depending on type of appointment, will receive reports regarding new appointments (Chair and Non-Executive Directors) and the annual FPPT assurance process. The Remuneration and Nomination Committee will receive reports regarding new appointments (CEO and Executive Directors) and annual updates concerning the Fit and Proper Persons Framework.

The Chair is the responsible officer for ensuring compliance for new starters, as outlined above. 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.

11 Development, Consultation and Approval

This policy and procedure has been developed in collaboration with HR Business Partnering Team, Governance Team, Staff Network Groups and Staff Side.

12 Audit, Monitoring and Review

This section should describe how the implementation and impact of the policy will be monitored and audited. It should include timescales and frequency of audits.

If the policy is required to meet a particular standard, it must say how and when compliance with the standard will be audited.

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 FPPT. 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 People and HR named lead (HR Business Partner) to lead on policy implementation.	Director of People

Policy review date: March 2028

13 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Executive Director of People	April 2025	After ratification of this policy (April 2025)
Make members of relevant teams aware of the policy (Recruitment/Governance) and provide	Executive Director of People	April 2025	Standard Operating Procedure already in place and Recruitment

appropriate training on process/procedure if required			Team already enacting annual checks in line with Framework.
Make members of Trust Board aware of the policy	Executive Director of People	April 2025	After ratification of this policy (April 2025)

14 Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	June 2020	June 2020	Not required	Circulation to Board members affected by the policy
2.0	April 2025	April 2025	Not required	Circulation to Board members affected by the policy

15 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.

16 Links to Other Policies, Standards (Associated Documents)

Social Media Policy
Recruitment and Selection Policy
NHSE Fit and Proper Person Test (FPPT) Framework
Health and Social Care Act 2008 Regulations 2014: Regulation 5
Recommendations from the Kark Review (2019)

17 Contact Details

Title	Phone	Email
HR Advisors	0114 226 3301	hradvisors@shsc.nhs.uk
Governance Team	0114 271 1358	policy.governance@shsc.nhs.uk
Recruitment Team	0114 226 3301	recruitment.team@shsc.nhs.uk

Appendix 2

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.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
 Shawn Sweet - March 2025

**YES, Go
to Stage 2**

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: - Policy Amended / Action Identified
(see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Shawn Sweet - March 2025

Appendix 3

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Yes
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	Yes
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Yes
	Template Compliance	
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
	Policy Content	
12.	Is the purpose of the policy clear?	Yes
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Yes
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Yes
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix 1)?	Yes
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to i. review ii. audit compliance with the document?	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes

Appendix 3: New starter/annual NHS FPPT self-attestation

Every board member should complete the template (over the page) annually and this attestation should be submitted to [complete as applicable, eg the company secretary] on behalf of the chair.

This self-attestation form is important for organisations to demonstrate that they have fulfilled their duty to ensure that board members meet the requirements of [CQC Regulation 5 Fit and Proper Persons](#). The form ensures that organisations can consistently demonstrate that a formal process of fit and proper assessment has taken place for all new board members and ongoing board members, either on an annual basis, or sooner if something new and relevant to FPPT comes to light. By signing this form, you are attesting that you meet the fundamental standards set out by CQC in relation to Regulation 5 and that you are fit and proper to carry out the role of being a board member in the NHS in accordance with the [NHS England Fit and Proper Person Framework](#).

Fit and Proper Person Test annual/new starter¹ self-attestation

[NAME OF NHS ORGANISATION]

I declare that I am a fit and proper person to carry out my role. I:

- am of good character
- have the qualifications, competence, skills and experience which are necessary for me to carry out my duties
- (where applicable) have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals
- am capable by reason of health of properly performing tasks which are intrinsic to the position
- am not prohibited from holding office (eg directors disqualification order)
- have not been convicted of a criminal offence
- am not an un-discharged bankrupt nor have I been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors that have not been discharged
- do not appear on any 'barred' list
- have not been responsible for, 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.
- hold any registration with a relevant professional body necessary to carry out my role, I have the entitlement to use any professional titles associated with this registration. If I no longer meet the requirement to hold the registration, I will inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair.

Name and job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Date of last appraisal, by whom:	
Signature of board member:	
Date of signature of board member:	
For chair to complete	
Signature of chair to confirm receipt:	
Date of signature of chair:	

¹ Delete as appropriate

Appendix 2: The board member reference template

Board Member Reference

STANDARD REQUEST: To be used only AFTER a conditional offer of appointment has been made.

[Date]

Human resources officer/name of referee

Recruitment officer

External/NHS organisation receiving request

HR department initiating request

Dear [HR officer's/referee's name]

Re: [applicant's name] - [ref. number] – [Board Member position]

The above-named person has been offered the board member position of [post title] at the [name of the NHS organisation initiating request]. This is a high-profile and public facing role which carries a high level of responsibility. The purpose of NHS boards is to govern effectively, and in so doing build patient, staff, public and stakeholder confidence that the public's health and the provision of healthcare are in safe hands.

Taking this into account, I would be grateful if you could complete the attached confirmation of employment request as comprehensively as possible and return it to me as soon as practically possible to ensure timely recruitment.

Please note that under data protection laws and other access regimes, applicants may be entitled to information that is held on them.

Thank you in advance for your assistance in this matter.

Yours sincerely

[Recruitment officer's name]

Board Member Reference request for NHS Applicants:

To be used only AFTER a conditional offer of appointment has been made.

Information provided in this reference reflects the most up to date information available at the time the request was fulfilled.

1. Name of the applicant (1)

2. National Insurance number or date of birth

3. Please confirm employment start and termination dates in each previous role

A: (if you are completing this reference for pre-employment request for someone currently employed outside the NHS, you may not have this information, please state if this is the case and provide relevant dates of all roles within your organisation)

B: (As part of exit reference and all relevant information held in ESR under Employment History to be entered)

Job Title:

From:

To:

Job Title

From:

To:

Job Title:

From:

To:

Job Title:

From:

To:

Job Title:

From:

To:

4. Please confirm the applicant's current/most recent job title and essential job functions (if possible, please attach the Job Description or Person Specification as Appendix A):

(This is for Executive Director board positions only, for a Non-Executive Director, please just confirm current job title)

5. Please confirm Applicant remuneration in current role <i>(this question only applies to Executive Director board positions applied for)</i>	<u>Starting:</u>	<u>Current:</u>
6. Please confirm all Learning and Development undertaken during employment: <i>(this question only applies to Executive Director board positions applied for)</i>		
7. How many days absence (other than annual leave) has the applicant had over the last two years of their employment, and in how many episodes? <i>(only applicable if being requested after a conditional offer of employment)</i>	<u>Days Absent:</u>	<u>Absence Episodes:</u>
8. Confirmation of reason for leaving:		

Please provide a summary of the outcome and actions to be undertaken for the last 3 appraisals:

12. Is there any relevant information regarding any outstanding, upheld or discontinued complaint(s) or other matters tantamount to gross misconduct or serious misconduct or mismanagement including grievances or complaint(s) under any of the Trust's policies and procedures (for example under the Trust's Equal Opportunities Policy)?

(For applicants from outside the NHS please complete as far as possible considering the arrangements and policy within the applicant's current organisation and position)

Yes ☐

No ☐

If yes, please provide a summary of the position and **(where relevant)** any findings and any remedial actions and resolution of those actions:

13. Is there any outstanding, upheld or discontinued disciplinary action under the Trust's Disciplinary Procedures including the issue of a formal written warning, disciplinary suspension, or dismissal tantamount to gross or serious misconduct that can include but not be limited to:

- **Criminal convictions for offences leading to a sentence of imprisonment or incompatible with service in the NHS**

Yes ☐

No ☐

<ul style="list-style-type: none"> • Dishonesty • Bullying • Discrimination, harassment, or victimisation • Sexual harassment • Suppression of speaking up • Accumulative misconduct <p>(For applicants from outside the NHS please complete as far as possible considering the arrangements and policy within the applicant's current organisation and position)</p>		
<p>If yes, please provide a summary of the position and (where relevant) any findings and any remedial actions and resolution of those actions:</p>		
<p>14. Please provide any further information and concerns about the applicant's fitness and propriety, not previously covered, relevant to the Fit and Proper Person Test to fulfil the role as a director, be it executive or non-executive. Alternatively state Not Applicable. (Please visit links below for the CQC definition of good characteristics as a reference point) (7)(12)</p> <p><u>Regulation 5: Fit and proper persons: directors - Care Quality Commission</u> <u>(cqc.org.uk)</u></p> <p><u>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</u> <u>(legislation.gov.uk)</u></p>		

15. The facts and dates referred to in the answers above have been provided in good faith and are correct and true to the best of our knowledge and belief.

Referee name (please print): Signature:

Referee Position Held:

Email address:

Telephone number:

Date:

Data Protection:

This form contains personal data as defined by the Data Protection Act 2018 and UK implementation of the General Data Protection Regulation). This data has been requested by the Human Resources/ Workforce Department for the purpose of recruitment and compliance with the Fit and Proper Person requirements applicable to healthcare bodies. It must not be used for any incompatible purposes. The Human Resources/Workforce Department must protect any information disclosed within this form and ensure that it is not passed to anyone who is not authorised to have this information.

Appendix 7: FPPT checklist

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
First Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>	Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / InterAuthority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Second Name/Surname	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		
Organisation (ie current employer)	<input type="checkbox"/>	x	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>		
Staff Group	<input type="checkbox"/>	x	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		
Job Title Current Job Description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		
Occupation Code	<input type="checkbox"/>	x	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		
Position Title	<input type="checkbox"/>	x	<input type="checkbox"/>	x – unless change	<input type="checkbox"/>	<input type="checkbox"/>		

Employment History Including: <ul style="list-style-type: none"> • job titles • organisation/ departments • dates and role descriptions • gaps in employment 		x		x			Application and recruitment process, CV, etc.	Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained. The period for which information should be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly.
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FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
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Training and Development						*	<p>Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification.</p> <p>Annually updated records of training and development completed/ongoing progress.</p>	<p>* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration.</p> <p>At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role.</p> <p>For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role.</p> <p>It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be.</p> <p>Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.</p>
References Available references from previous employers				x			Recruitment process	Including references where the individual resigned or retired from a previous role
Last Appraisal and Date						*	Recruitment process and annual update following appraisal	* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.

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FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Disciplinary Findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reference request (question on the new Board Member Reference). ESR record (high level)/ local case management system as appropriate.	The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.
Grievance against the board member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Whistleblowing claim(s) against the board member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Behaviour not in accordance with organisational values and behaviours or related local policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Type of DBS Disclosed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESR and DBS response.	Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.
Date DBS Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESR	
Date of Medical Clearance* (including confirmation of OHA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> – unless change	<input type="checkbox"/>	<input type="checkbox"/>	Local arrangements	
Date of Professional Register Check (eg membership of professional bodies)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eg NMC, GMC, accountancy bodies.	
Settlement Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board member reference at recruitment and any other information that comes to light on an ongoing basis.	Chair guidance describes this in more detail. It is acknowledged that details may not be known/disclosed where there are confidentiality clauses.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Insolvency Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.

Disqualified Directors Register Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Companies House	
Disqualification from being a Charity Trustee Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charities Commission	
Employment Tribunal Judgement Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employment Tribunal Decisions	
Social Media Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Various – Google, Facebook, Instagram, etc.	
Self-Attestation Form Signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Template self-attestation form	Appendix 3 in Framework
Sign-off by Chair/CEO	<input type="checkbox"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.
Other Templates to be Completed								
Board Member Reference	<input type="checkbox"/>	<input type="checkbox"/>	x	x	<input type="checkbox"/>	<input type="checkbox"/>	Template BMR	To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday whichever latest. Appendix 2 in Framework.
Letter of Confirmation	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Template	For joint appointments only - Appendix 4 in Framework.

Annual Submission Form	X						Template	Annual summary to Regional Director - Appendix 5 in Framework.
FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Privacy Notice	X		X	X			Template	Board members should be made aware of the proposed use of their data for FPPT – Example in Appendix 6.

Fit and Proper Persons Regulation Checklist

Name:	Position:
Year:	Start Date:

Annual checklist (FILE ONLY)-

SEE SEPARATE DOCUMENT FOR ESR ANNUAL CHECKLIST.

Description	Source / notes	Date Confirmed	Comments
Training and Development	<i>Annually updated records of training and development completed/ongoing progress</i>		
Last appraisal and date	<i>* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.</i>		
Disciplinary findings	<i>That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement</i>		
Grievance	<i>against the board member</i>		
Whistleblowing	<i>claim(s) against the board member</i>		
Behaviour	<i>not in accordance with organisational values and behaviours or related local policies</i>		
Type of DBS disclosed and date received	<i>Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.</i>		
Insolvency check	<i>Bankruptcy and Insolvency register</i>		
Disqualified Directors Register check	<i>Companies House</i>		
Disqualification from being a charity trustee check	<i>Charities Commission</i>		

Employment Tribunal Judgement check	<i>Employment Tribunal Decisions</i>		
Social media check	<i>Various – Google, Facebook, Instagram, etc.</i>		
Settlement Agreements	<i>Board member reference at recruitment and any other information that comes to light on an ongoing basis.</i> <i>Chair guidance describes this in more detail. It is acknowledged that details may not be known/disclosed where there are confidentiality clauses.</i>		
Self-attestation form signed (new form July 2023)	<i>Template self-attestation form</i>		
Declaration of Interest Form			
Other templates to be completed			
Letter of Confirmation	<i>For joint appointments only - Appendix 4 in Framework.</i>		
Annual Submission Form	<i>Annual summary to Regional Director - Appendix 5 in Framework.</i>		

Areas that should be in file but do not need to be included in the annual test:

Description	Source / notes	Date Confirmed	Comments
Employment history Including: <ul style="list-style-type: none"> • job titles • organisations/ departments • dates and role descriptions • gaps in employment 	Application and recruitment process, CV, etc. Gaps in CV should be defined <i>Period is locally defined. 6 years and 2 roles suggested as minimum. Extended where there are gaps</i> Only required on ESR – but is something we keep on file.		Please see part 2 of personal file.
Training and Development	<i>Relevant training and development from the application and recruitment process; that is, evidence</i>		Please see part 2 of personal file.

	<i>of training (and development) to meet the requirements of the role as set out in the person specification.</i>		
References			Please see part 2 of personal file.
Board Member Reference	To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday, whichever latest. Appendix 2 in Framework.		