



Fit and Proper Person Policy and Process

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POL057 – Fit and Proper Person Policy

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The East of England Ambulance Service NHS Trust (EEAST) has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

All Trust policies can be provided in alternative formats.

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1. Introduction

This policy outlines EEAST's commitment to ensuring that all persons appointed as directors satisfy the requirements (set out in the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the Regulated Activity Regulations") and the NHS England Fit and Proper Person Test Framework 2023. The Trust has a responsibility to ensure these requirements are met and the Care Quality Commission's role is to monitor and assess how well this responsibility is discharged.

There is an expectation on senior leaders to set the tone and culture of the organisation, which leads to staff adopting a caring and compassionate attitude and adds weight to the importance of the objectives of the Fit and Proper Person's Regime (FPPR).

2. Purpose

Under the Requirements, the Trust must not appoint to a post under the scope of the Regulated Activity Regulations without first satisfying itself that the individual:

- Is of good character
- Has the necessary qualifications, competence, skills, and experience
- Has the appropriate level of physical and mental fitness
- Has not been party to any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity.
- Is not deemed unfit under the Regulated Activity Regulations' provisions.
- Can provide the personal information as set out in the Regulations which must be available to be supplied to the Care Quality Commission ("CQC") when required.

These requirements must be held at the point of commencing the role and on an ongoing basis.

No individual that is eligible for Fit and Proper Persons Test will commence in the post without all completed checks.

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

The Trust will use its discretion in reaching a decision regarding character. The Trust has no discretion in relation to the requirement that the individual is not deemed unfit under the Regulated Activities Regulations and such individual is automatically prevented from holding any of the positions listed under paragraph 2.

In the event that an individual ceases to be a fit and proper person, the individual may be summarily dismissed, and the Trust will notify the individual and the Trust's regulator.

Further information in relation to what constitutes a fit and proper person under the Regulated Activity Regulations can be found in **Appendix A**.

The self-declaration form which all directors and director-equivalents will be required to fill out is at **Appendix B**.

3. Duties

3.1 Trust Chair

- Ensure the Trust has proper systems and processes in place so it can make the robust assessments required by the FPPT.
- Ensure the results of the full FPPT, including the annual self-attestations for each board member, are retained.
- Ensure that the FPPT data fields within ESR are accurately maintained in a timely manner.
- Ensure that the board member references/pre-employment checks (where relevant) and full FPPT (including the annual self-attestation) are complete and adequate for each board member.
- Ensure an appropriate programme is in place to identify and monitor the development needs of board members.

- On appointment of a new board member, consider the specific competence, skills and knowledge of board members to carry out their activities, and how this fits with the overall board.
- Conclude whether the board member is fit and proper.
- Complete an annual self-attestation to confirm they are in continued adherence with the FPPT requirements.
- On an annual basis, chairs should confirm that all board members have completed their own FPPT self-attestation and that the FPPT is being effectively applied.
- Ensure that for any board member approved to commence work or continue in post despite there being concerns about a particular aspect of the FPPT, they document the reason(s) as to why there has been an issue about whether a board member might not be fit and proper and the measures taken to address this. A local record of this should be retained. A summary of this should also be included in the annual FPPT submission form (Appendix G) to the relevant NHS England regional director.

3.2 Those within the scope of FPPR

- To hold and maintain suitability for the role they are undertaking.
- To respond to any requests for evidence of their ongoing suitability.
- To disclose any issues which may call into question their suitability for the role they are undertaking.
- To complete a self-attestation on an annual basis (Appendix B)

3.3 Recruitment

- To undertake all recruitment checks (as outlined in **Appendix C**) for employees, and ensure the results are recorded and evidenced within an individual's file.
- To undertake the routine re-assessment under the DBS process for both Executive and Non-Executive Directors, in line with Trust policy.

3.4 Deputy Director of Corporate Affairs

- To undertake all appointment checks (as outlined in **Appendix C**) for Non-Executive Directors and ensure the results are recorded and evidenced within an individual's file.

- To undertake an annual refresh of suitability (as outlined in **Appendix C**) for all Non-Executive Directors and Executive Directors

3.5 Procurement

- To ensure all agencies/candidate providers understand their responsibilities and comply with the requirements of this policy. This should be evidenced through suitable contract documentation to ensure the position is clear.

3.6 Agency Providers

- To ensure the necessary checks have been outlined in this policy and make those checks available as and when required.

3.7 Roles within Scope

The Trust confirms that the following roles fall within the scope of the relevant provisions of the Regulated Activity Regulations:

- Trust Chair
- All Non-Executive and Associate Non-Executive Directors
- Chief Executive
- Deputy Chief Executive
- Director of Finance
- Chief People Officer
- Chief of Clinical Operations
- Medical Director
- Director of Strategy and Transformation
- Chief Paramedic (Allied Health Professional) & Director of Quality
- Any other board member (regardless of voting rights) not listed above.
- Any other person who performs the functions of, or functions equivalent or similar to, those of a director.

The individual falls under the requirements of the Regulated Activity Regulations regardless of whether they undertake the above role via a

temporary, secondment or interim basis. The individual does not have to be an employee of the Trust to fall within the scope of this policy.

4. Compliance at the Point of Recruitment

The Trust has in place robust processes with regard to the appointment of directors, these processes include the following:

- Confirming the status of specific qualifications as outlined within the relevant job descriptions / person specifications.
- Identity checks
- Qualification and registration checks
- Right to work checks
- Disclosure and Barring Service (DBS) checks
- References (covering at least three years of employment, one of which must be from the current/most recent employer) (Appendix D)
- Search of insolvency and bankruptcy register
- Review of full employment history seeking explanation of any gaps in employment
- Health questionnaire and Occupational Health clearance
- Values based recruitment – values tested through interview process.
- A search of the individual through internet search engines to note any information in the public domain which the Trust should be made aware of
- A self-attestation from the individual (see **Appendix B**)
- An explicit clause within the contract of employment/Service Level Agreement to ensure the individual accepts the requirements of the Regulated Activity Regulations at the point they commence with the Trust.

All of the above will be recorded and held on the individual's personal file and reported on ESR. In addition, compliance will be assessed by the employees' manager and assurance reported to NHSE (Appendix G)

4.1 General Data Protection Regulations

All Board members will be asked to complete the fit and proper persons privacy test notice (Appendix F) which confirms they accept the storage of their information in relation to fit and proper persons testing requirements.

Dispute Resolution

Where an individual identifies an issue with the data held about them in relation to fit and proper persons testing, they may request a review of this data.

Where this does not lead to a satisfactory resolution for the board member, the following options are available:

- For the Trust Chair, the matter should be escalated to the NHS England Appointments Team.
- For all other board members (including NHS England-appointed board Members) the options could include:
 - referring the matter to the ICO
 - (For executive director roles only*) taking the matter to an employment tribunal (ET)
 - instigating civil proceedings.

4.2 Outcome of FPPT assessment

Where a board member disagrees with the outcome of the FPPT assessment and they have been deemed ‘not fit and proper,’ the following options are available:

- For NHS England-appointed board member roles – the matter should be escalated to the NHS England Appointments Team for investigation in accordance with extant policy and procedure.
 - Where this results in a board member being terminated from their appointed role, an exit reference must be completed and retained by the local organisation in accordance with the Framework.
- For non-NHS England-appointed roles (executive and non-executive) – local policy and constitution arrangements should be followed first.
 - The Trust may take legal advice or seek advice from NHS England.

At any point, employees have the right to take the matter to an Employment Tribunal (ET)*.

* Chair and non-executive board members cannot take their organisation to ET unless in relation to discrimination, but they can instigate civil proceedings.

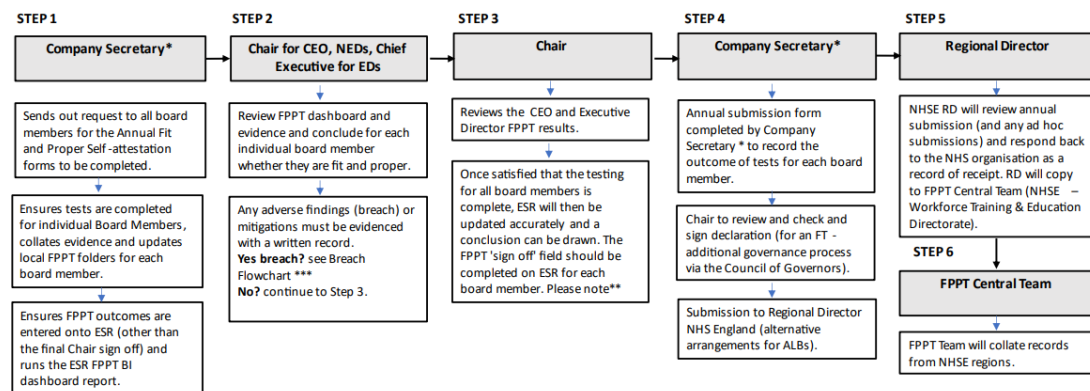
4.3 Joint Appointments

In the scenario of joint appointments, the full FPPT would need to be completed by the designated host/employing NHS organisation and in concluding their assessment they will need input from the chair of the other contracting NHS organisation to ensure that the board member is fit and proper to perform both roles. The host/employing NHS organisation will then provide a 'letter of confirmation' (Appendix 4) to the other contracting NHS organisation to confirm that the board member in question has met the requirements of the FPPT. The chair of the other contracting NHS organisation has the responsibility to keep the host/employing NHS organisation abreast of changes and any matters that may impact the FPPT assessment of the board member. Where there is a joint appointment, the host/employing NHS organisation responsible for the FPPT should also lead on conducting the joint appraisal and ensure adequate input from the other contracting NHS organisation. Where the joint appointment results in a new board member (for the NHS organisation in question), it will constitute a new appointment and as such, the host/employing NHS organisation should provide a 'letter of confirmation' to the other NHS organisation(s).

For the avoidance of doubt, where two or more organisations employ or appoint (in the case of a chair or NED) an individual for two or more separate roles at the same time, each organisation has a responsibility to complete the FPPT. If the FPPT assessment at one organisation finds an individual not to be FPP, the chair should update their counterpart of any other NHS organisation(s) where the individual has a board-level role and explain the reason. To note, the issue at one organisation may be one of role-specific competence, which may not necessarily mean the individual is not FPP at the other organisation.

4.4 Process

Fig1: flowchart outlining the responsibilities and processes for fit and proper persons checks.



*Or senior member of staff nominated by and on behalf of, the Chair, e.g., HRD

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

*** Please refer to the Chairs Guidance for the Breach Flowchart

SID = Senior Independent Director

ESR= Electronic Staff Record

5. Board Member Appointments and Leavers

All new Board member appointments will be required to comply with Fit and Proper Persons Testing upon appointment and on an annual basis. No new appointments will be made to the post of board member unless the appointee can demonstrate they have met the FPPT requirements.

For the initial appointment of the Trust Chair only, once the Trust has obtained board member references and completed the fit and proper person assessment, FPPT approval will be sought from the NHS England Appointments Team before they commence in post.

5.1 References

A standardised Board member reference has been introduced which will ensure greater transparency, robustness and consistency in approach across the NHS (appendix D).

The board member reference is based on the standard NHS reference and includes additional requests for information as follows (relevant to the FPPT):

- Information regarding any discontinued, outstanding, or upheld complaint(s) tantamount to gross misconduct or serious misconduct or mismanagement including grievances or complaint(s) under any of the

organisation's policies and procedures (for example, under the trust's equal opportunities policy).

- Confirmation of any discontinued, outstanding or upheld disciplinary actions under the trust's disciplinary procedures including the issue of a formal written warning, disciplinary suspension, or dismissal tantamount to gross or serious misconduct.
- Any further information and concerns about the applicant's fitness and propriety, not previously covered, relevant to the FPPT to fulfil the role as a director, be it executive or non-executive. Discontinued investigations are included in the reference request to identify issues around serious misconduct and mismanagement and to deliberately separate them from issues around qualifications, competence, skills, and experience (which it is believed can be remedied) and health (which it is believed can improve), unless such competence and/or health issues could potentially lead to an individual not meeting the requirements of the FPPT. Investigations (irrespective of reason for discontinuance) should be limited to those which are applicable and potentially relevant to the FPPT, and examples are as follows (this is not an exhaustive list and consideration will be needed on a case-by-case basis):
 - Relating to serious misconduct, behaviour and not being of good character (as described in the FPPT Framework).
 - Reckless mismanagement which endangers patients.
 - Deliberate or reckless behaviour (rather than inadvertent behaviour).
 - Dishonesty.
 - Suppression of the ability of people to speak up about serious issues in the NHS, eg whether by allowing bullying or victimisation of those who speak up or blow the whistle, or any harassment of individuals.
 - Any behaviour contrary to the professional Duty of Candour which applies to health and care professionals, eg falsification of records or relevant information. The reason for discontinuing (including not commencing) an investigation should be recorded, including whether an investigation was not started or stopped because a compromise, confidentiality or settlement agreement was then put in place (recognising that such an agreement is not necessarily a conclusion that someone is not fit and proper for the purposes of the FPPT). It will be necessary as a matter of fairness for the employee to

have had an opportunity to comment on information that is likely to be disclosed as part of any reference request i.e., as part of any disciplinary procedures/action.

5.2 Obtaining References

The Trust will obtain a minimum of two board member references (using the board member reference template) where the individual is from outside the NHS, or from within the NHS but moving into the board role for the first time.

– These two references should come from different employers, where possible.

For an individual who moves from one NHS board role to another NHS board role, across NHS organisations: – Where possible one reference from a separate organisation in addition to the board member reference for the current board role will suffice. – This is because their board member reference template should be completed in line with the requirements of the framework so that NHS organisations can maintain accurate references when a board member departs.

For a person joining from another NHS organisation: – The Trust should take reasonable steps to obtain the appropriate references from the person's current employer as well as previous employer(s) within the past six years. – These references should establish the primary facts as per the board member reference template.

Where an employee is entering the NHS for the first time or coming from a post which was not at board member level, the Trust will make every practical effort to obtain a reference which fulfils the board member reference requirements. It is acknowledged that where the previous employer is not an NHS organisation, there may be greater difficulty in obtaining a standardised NHS board member reference. Nonetheless, for new appointments from outside of the NHS, the Trust should seek the necessary references to validate a period of six consecutive years of continuous employment (or provide an explanation for any gaps), or training immediately prior to the application being made.

In such cases where references from previous employers are unattainable for the previous six years, additional character or personal references should be sought. Character and personal references should be sought from personal

acquaintances who are not related to the applicant, and who do not hold any financial arrangements with that individual.

References should never be used as the sole grounds for assessing an applicant's suitability for a post. Where negative issues are included in a reference, information should be carefully considered and weighed up against the wider range of evidence gathered as part of the recruitment process.

The Trust should aim to investigate negative information by sensitively raising it with the individual concerned, giving them the opportunity to explain the situation in more detail and/or, where appropriate, give them a chance to outline any learning from past mistakes or experiences to obtain the necessary assurances about their suitability for a role.

If a reference reveals something which is incompatible with the requirements of Regulation 5 of the Regulations, the individual should not be appointed to the role.

An NHS organisation should obtain references before the start of the board member's appointment. The Trust should make it clear that this is being requested in relation to a person being appointed to the role of board member, or for other purposes linked to the board member's current employment. The obligation to obtain a reference for a potential candidate for employment/ appointment in the role of board member applies irrespective of how the previous employment ended, for instance, resignation, redundancy, dismissal or fixed term work or temporary work coming to an end.

Where a potential candidate for employment/appointment in the role of board member has a gap between different employments, all reasonable efforts should be made to ensure that references covering those periods/gaps are obtained.

From time to time the information provided in a reference may contradict the information provided by board members. There may be a reasonable explanation for apparent discrepancies which should be managed sensitively to seek the necessary assurances directly with the board member. In exceptional circumstances where there is serious misdirection, it may be appropriate to report concerns to the NHS Counter Fraud Authority.

Where the Trust is unable to fully evidence that the incoming board member is fit and proper because of gaps in the board member reference, they may continue to hire the individual but should clearly document within ESR the gaps in relation to the board member reference and the reasons/mitigations for being comfortable with employing/appointing the board member. In this scenario, the employing NHS organisation also should be able to demonstrate that they have exercised all reasonable attempts to obtain the missing information.

5.3 Providing References

Where possible, Board member references will be provided to the requesting organisation within a 14-day period.

Where a board member leaves the organisation for any reason, a standardised board member reference form (Appendix D) will be completed by the Trust and signed off by the Chair to hold on the individual's file.

When providing the reference the Trust will ensure that:

- The process captures accurate, complete, open, honest and fair information about the board member concerned. – As such, references should not conceal facts from the NHS organisation offering employment.
- References give established facts that are part of the history of the person. – It is unfair to give partial facts if those result in the offer being withdrawn, for example where this causes the recipient NHS organisation to assume the information is missing because it is negative, so the offer is withdrawn.
- The reference is fair, the employee concerned has the right to note a challenge to the fairness of the mandatory reference and provide such explanation as they wish to in writing. – This does not mean that the board member can comment on the reference itself; rather, that the NHS organisation (which the board member is leaving) has provided those board members with a reasonable opportunity to respond to allegations or judgements upon which the reference is based.
- Where the reference provides information about an applicant's health or disability this must be in line with the provisions outlined in the Equality Act 2010 and be relevant, necessary, and up to date, for the purposes of data protection law.

5.4 Process for Board Member References

Fig 2: Flowchart on the process for obtaining a Board Member reference.

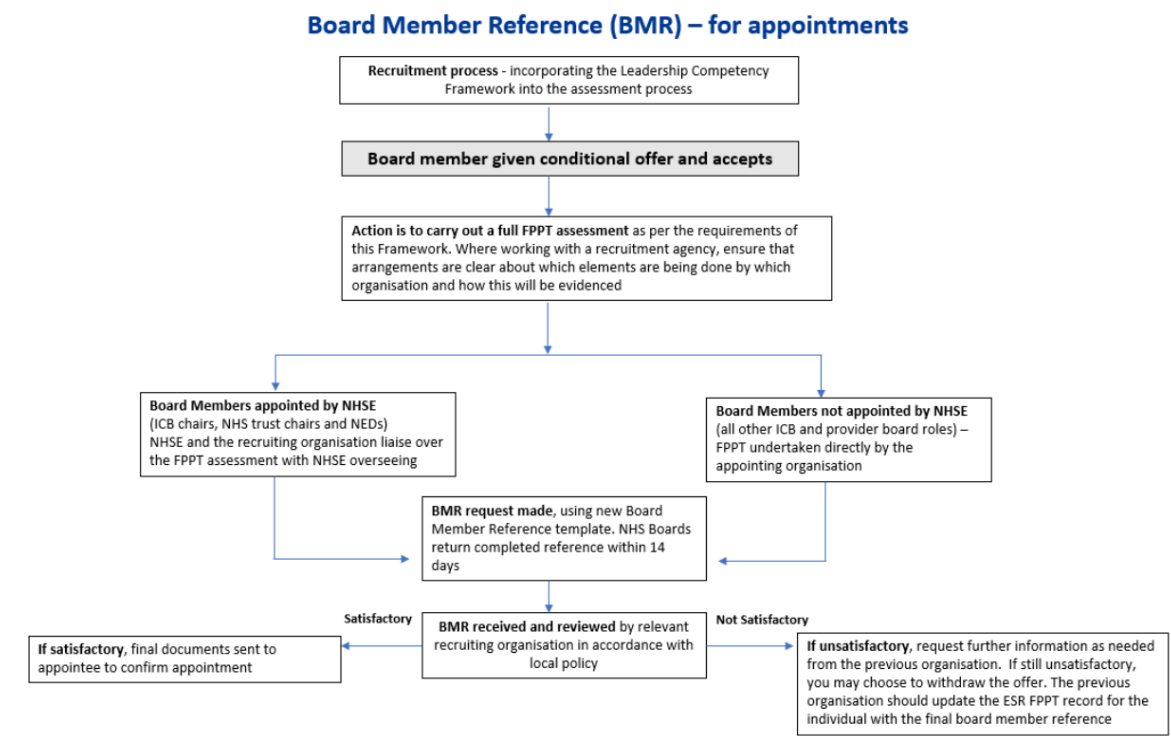
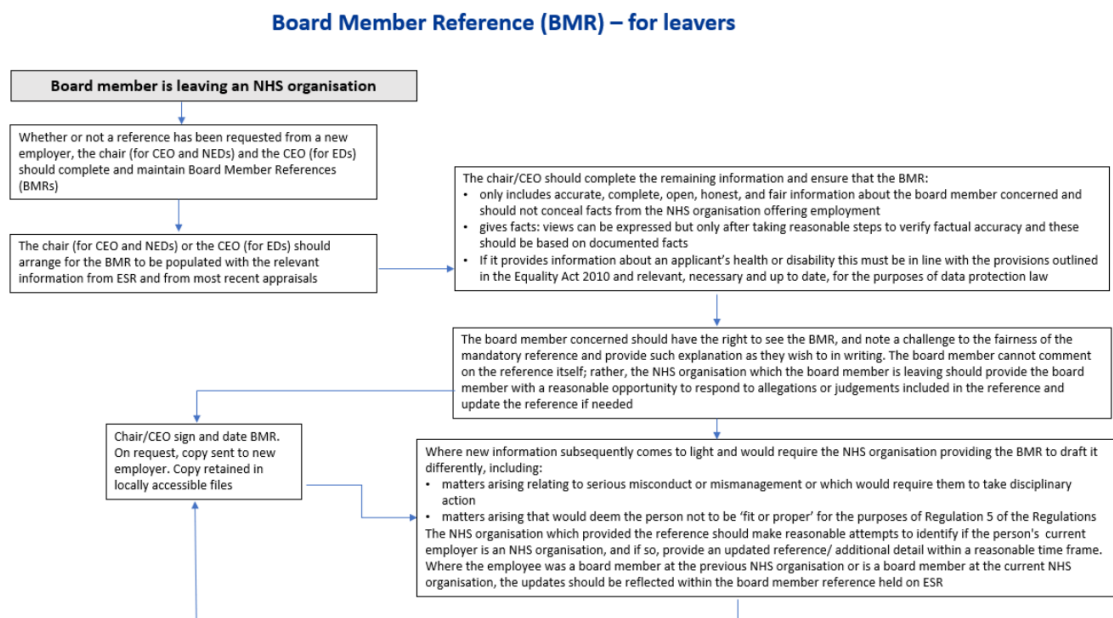


Fig 3: Flowchart on the process for completing a Board Member reference for a leaver.



5.5 Identification of a Breach

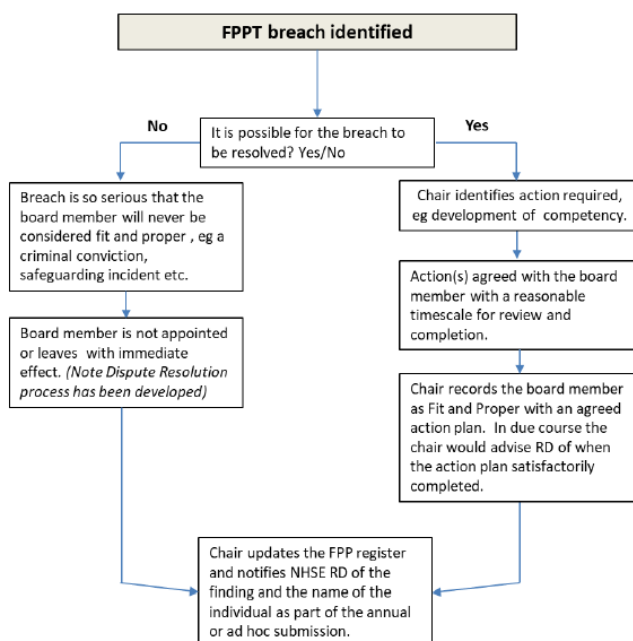
Where a breach is identified during the initial fit and proper person assessment or annual review process, this will be raised with the Chair and an action plan developed to address the finding where this is possible.

The Remuneration Committee is responsible for reviewing the action plan and monitoring implementation to ensure the concern is closed.

Where the breach is sufficiently serious that the individual cannot be considered fit and proper, the individual will be considered unsuitable for appointment and will not commence in post. If the breach occurs after the individual has commenced, for instance as part of the annual review process the individual should leave with immediate effect.

The Chair is responsible for raising this with NHS England.

Fig 4: Flowchart on the process for breaches



6. Fit and Proper Persons Recording on ESR

New data fields in ESR will hold individual FPPT information for all board members operating in the NHS and will be used to support recruitment referencing and ongoing development of board members. The FPPT

information within ESR is only accessible within the board member's own organisation and there is no public register.

The ESR FPPT data fields need to be maintained to ensure information about the serving board member is current. This will mean that ESR is specifically updated for:

- all board members within an NHS organisation
- new board members who have been appointed within an NHS organisation
- whenever there has been a relevant change to one of the fields of FPPT information held in ESR
- updates for annual completion of the full FPPT
- annual completion of FPPT confirmed by chairs.

The ESR FPPT Data field will retain records of completed tests to support the FPPT assessment. All supporting records in relation to FPPT will be held locally by the Trust in accordance with its Policy to comply with GDPR and the NHS Records Management Code of Practice.

6.1 Fields Captured

The FPPT reporting on ESR will include:

- First name
- Second name/surname
- Current employer
- Staff group
- Job title
- Occupation code
- Position title
- Employment history: – This would include detail of all job titles, organisation departments, dates, and role descriptions. – Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, would not need to be explained.
- Training and development
- References: – Available references from previous employers, board member references, including resignations or early retirement.

- Last appraisal and date
- Disciplinary findings – any upheld disciplinary related to employee behaviour such as misconduct or mismanagement, including upheld grievances, whistleblowing claims and employee behaviour upheld finding.
- Any ongoing and discontinued investigations relating to Disciplinary/ Grievance/Whistleblowing/Employee behaviour
- Type of DBS disclosed
- Date DBS received
- Disqualified directors register check
- Date of medical clearance
- Date of professional register check (eg membership of professional bodies)
- Insolvency check
- Self-attestation form signed
- Social media check
- Employment tribunal judgement check
- Disqualification from being a charity trustee check
- Board member references
- Sign-off by chair/CEO.

7. Governance Arrangements

7.1 Reporting Arrangements

Assessment of all those within scope will be undertaken on an annual basis. Subject to review and sign off by the Trust Chair, a summary of outcomes will be reported to;

- The Chair will provide the overall summary of the FPPT outcome to the Public meeting of the Trust Board.
- The Remuneration Committee will receive a report on the outcome and final NHSE submission, including the action plan required to address breaches where applicable.

- The Remuneration Committee is responsible for ongoing scrutiny of the action plan to ensure completion.
- The NHS England regional director will receive the final submission.

7.2 Regulatory Oversight

This framework incorporates the requirements of the CQC Fit and Proper Person Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

NHS England maintains oversight of the Trusts fit and proper person compliance and action plan via the annual submission to the NHS England regional director.

7.3 Internal Audit

A review will be commissioned to assess compliance with the fit and proper persons framework by internal audit on a regular (minimum three yearly) basis.

8. Assessment of Continued Compliance

The Trust is responsible for ensuring the continued compliance of those persons to whom the Regulated Activities Regulations apply. The Trust is required to comply with the NHSE fit and proper persons test framework, and to report Board member compliance on an annual basis and upon appointment.

Where a Board member holds a joint role, the leading organisation will be responsible for completing all annual fit and proper persons testing, and reporting this assurance to the secondary organisation. (Appendix E)

9. Policy Review

This policy will be reviewed on a three-yearly basis or more frequently if changes are made to the Fit and Proper person requirements.

APPENDIX A

FIT AND PROPER PERSON

1. Fitness to carry out the role of Director (or Director-equivalent post) in the East of England Ambulance Service NHS Trust (the Trust) is determined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“**the Regulated Activities Regulations**”).
2. By signing the declaration in **Appendix B**, 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.
3. It is a condition of employment that those holding Director (or equivalent) posts in the Trust 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.
4. Chairs and Non-Executive Directors are also required to meet the fit and proper persons test for Directors.
5. The Trust shall not appoint, or permit to continue as a Director, any person who is an unfit person.
6. The Trust will ensure that its contracts of employment with its directors contain a provision permitting summary termination in the event of a director being, or becoming, an unfit person. The Trust will enforce that provision promptly upon discovering any Director to be an unfit person.

Regulated Activities Regulations

7. “Regulated activities” covers the provision of:
 - a. Personal Care
 - b. Accommodation for persons who require nursing or personal care.
 - c. Accommodation for persons who require treatment for substance misuse.
 - d. Treatment of disease, disorder, or injury

- e. Assessment or medical treatment for persons detained under the Mental Health 1983 Act
 - f. Surgical procedures
 - g. Diagnostic and screening procedures
 - h. Management of supply of blood and blood derived products etc
 - i. Transport services, triage and medical advice provided remotely.
 - j. Maternity and midwifery services
 - k. Termination of pregnancies
 - l. Services in slimming clinics
 - m. Nursing care
 - n. Family planning services
8. 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. The CQC document 'Regulation 5: Fit and Proper Persons: directors – Information for NHS Bodies, March 2015' as amended from time to time provides further guidance on the requirement.
9. 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.

“Serious misconduct” includes assault, fraud, and theft.

“Mismanagement” includes mismanaging funds and/or not adhering to recognised practice, guidance, or processes regarding care quality.

“Privy to” means evidence that could lead the Trust to conclude that the individual was aware of some serious misconduct or mismanagement but did not take appropriate action to address it.

10. 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.

11. In assessing good character, the matters to be considered must include those listed in Part 2 of Schedule 4 to the Regulated Activities Regulations which are:
- 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.
 - 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.

APPENDIX B

Fit and Proper Person Test annual/new starter self-attestation East of England Ambulance Service

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) within the last five years:

I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more

been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged nor is 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.

The legislation states: if you are required to hold a registration with a relevant professional body to carry out your role, you must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where you no longer meet the requirement to hold the registration, and if you are a healthcare professional, social worker or other professional registered with a healthcare or social care regulator, you must 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.

POL057 – Fit and Proper Person Policy

Name and job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Signature:	
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:	

Appendix C

FPPT checklist

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
First name	✓	✓	✓	x – unless change	✓	✓	Application and recruitment process.	<p>Recruitment team to populate ESR.</p> <p>For NHS-to-NHS moves via ESR / Inter-Authority Transfer/ NHS Jobs.</p> <p>For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.</p>
Second name/surname	✓	✓	✓	x – unless change	✓	✓		
Organisation (ie current employer)	✓	x	✓	N/A	✓	✓		
Staff group	✓	x	✓	x – unless change	✓	✓		
Job title Current Job Description	✓	✓	✓	x – unless change	✓	✓		
Occupation code	✓	x	✓	x – unless change	✓	✓		
Position title	✓	x	✓	x – unless change	✓	✓		

POL057 – Fit and Proper Person Policy

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Employment history Including: <ul style="list-style-type: none"> • job titles • organisations/ departments • dates and role descriptions • gaps in employment 	✓	x	✓	x	✓	✓	Application and recruitment process, CV, etc.	<p>Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained.</p> <p>The period for which information should be recorded is for local determination, taking into account relevance to the person and the role.</p> <p>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.</p>

POL057 – Fit and Proper Person Policy

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</p>
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POL057 – Fit and Proper Person Policy

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
								<p>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.

POL057 – Fit and Proper Person Policy

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	✓	✓	✓	✓	✓	✓	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	✓	✓	✓	✓	✓	✓		
Whistleblowing claim(s) against the board member	✓	✓	✓	✓	✓	✓		

POL057 – Fit and Proper Person Policy

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Behaviour not in accordance with organisational values and behaviours or related local policies	✓	✓	✓	✓	✓	✓		
Type of DBS disclosed	✓	✓	✓	✓	✓	✓	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	✓	✓	✓	✓	✓	✓	ESR	

POL057 – Fit and Proper Person Policy

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Date of medical clearance* (including confirmation of OHA)	✓	x	✓	x – unless change	✓	✓	Local arrangements	
Date of professional register check (eg membership of professional bodies)	✓	x	✓	✓	✓	x	Eg NMC, GMC, accountancy bodies.	
Insolvency check	✓	✓	✓	✓	✓	✓	Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.
Disqualified Directors Register check	✓	✓	✓	✓	✓	✓	Companies House	
Disqualification from being a charity trustee check	✓	✓	✓	✓	✓	✓	Charities Commission	

POL057 – Fit and Proper Person Policy

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Employment Tribunal Judgement check	✓	✓	✓	✓	✓	✓	Employment Tribunal Decisions	
Social media check	✓	✓	✓	✓	✓	✓	Various – Google, Facebook, Instagram, etc.	
Self-attestation form signed	✓	✓	✓	✓	✓	✓	Template self-attestation form	Appendix 3 in Framework
Sign-off by Chair/CEO	✓	x	✓	✓	✓	✓	ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.
Other templates to be completed								

POL057 – Fit and Proper Person Policy

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Board Member Reference	✓	✓	x	x	✓	✓	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	✓	✓	✓	✓	✓	Template	For joint appointments only - Appendix 4 in Framework.
Annual Submission Form	x	✓	✓	✓	✓	✓	Template	Annual summary to Regional Director - Appendix 5 in Framework.
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.

POL057 – Fit and Proper Person Policy

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Settlement Agreements	x	✓	✓	✓	✓	✓	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.

Appendix D

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

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)	
<u>Job Title:</u> <u>From:</u> <u>To:</u> Job Title <u>From:</u> <u>To:</u> Job Title: <u>From:</u> <u>To:</u> Job Title: <u>From:</u> <u>To:</u> Job Title: <u>From:</u> <u>To:</u>	

<p>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)</p>		
<p>5. Please confirm Applicant remuneration in current role <i>(this question only applies to Executive Director board positions applied for)</i></p>	<p><u>Starting:</u></p>	<p><u>Current:</u></p>

6. Please confirm all Learning and Development undertaken during employment: (this question only applies to Executive Director board positions applied for)		
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? <u>(only applicable if being requested after a conditional offer of employment)</u>	<u>Days Absent:</u>	<u>Absence Episodes:</u>
8. Confirmation of reason for leaving:		

9. Please provide details of when you last completed a check with the Disclosure and Barring Service (DBS) (This question is for Executive Director appointments and non-Executive Director appointments where they are already a current member of an NHS Board)		
Date DBS check was last completed. Please indicate the level of DBS check undertaken (basic/standard/enhanced without barred list/or enhanced with barred list) If an enhanced with barred list check was undertaken, please indicate which barred list this applies to	Date Level Adults <input type="checkbox"/> Children <input type="checkbox"/> Both <input type="checkbox"/>	
10. Did the check return any information that required further investigation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes, please provide a summary of any follow up actions that need to/are still being actioned:

11. Please confirm if all annual appraisals have been undertaken and completed

(This question is for Executive Director appointments and non-Executive Director appointments where they are already a current member of an NHS Board)

Yes ☐

No ☐

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

Yes ☐

No ☐

<p>grievances or complaint(s) under any of the Trust's policies and procedures (for example under the Trust's Equal Opportunities Policy)?</p> <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>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:</p> <ul style="list-style-type: none"> • Criminal convictions for offences leading to a sentence of imprisonment or incompatible with service in the NHS • Dishonesty • Bullying 	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

<ul style="list-style-type: none"> • 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 (cqc.org.uk)</u></p> <p><u>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (legislation.gov.uk)</u></p>		

<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.</p> <p>Referee name (please print): Signature:</p> <p>Referee Position Held:</p> <p>Email address: Telephone number:</p> <p>Date:</p>	
<p><u>Data Protection:</u></p> <p>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.</p>	

Appendix E

Sample lead organisation letter to secondary organisation confirming fit and proper person status

The following wording is given as an example. It may not be applicable in every case and may consequently need addition or amendment. For example, a confirmation at the time of initial appointment may be different to the annual core testing

[LEAD EMPLOYING ORGANISATION¹ LETTER HEAD]

Date.....

Dear **[CHAIR NAME²]**

Fit and Proper Person Test

This confirmation letter is provided in connection with **[name of board member, job title of board member, organisations that the joint board member post covers]** for **[year of test, eg 2023/2024]** as at **[date of conclusion of annual³ FPPT for the individual]** for the purpose of the Fit and Proper Person Test.

As Chair of **[lead employer]** I confirm that I have carried out the Fit and Proper Person Test for **[name of board member]**.

The process and the evidence used by me in carrying out the FPPT and in being able to reach a conclusion as to whether **[name of board member]** is fit and proper, is appropriate to reach that conclusion in the context of the Fit and Proper Person Framework.

In accordance with the Fit and Proper Person Test Framework requirements and in reaching my conclusion that **[name of board member]** is fit and proper as at **[date of conclusion of test]**, I have assumed that you know no reason that this is not an appropriate conclusion to reach.

Please would you sign and return this letter as confirmation of receipt and that there are no further matters which should be taken into consideration.

Yours sincerely

.....(Signature)

.....(Chair of lead employer organisation)

Date.....

I confirm that I have received the outcome for the FPPT for **[name of board member]** and that I have provided any necessary information for you to reach this conclusion

.....(Signature)

.....(Chair of non-lead employer organisation)

Date.....

¹ This is the organisation which holds the contract/employs the board member who works jointly across more than one organisation

² This is the name of the Chair of the other organisation that the joint board appointment is made with

³ It should be noted that whilst there will be an annual assessment of being fit and proper, it is a pervasive and ongoing process at all times. Any relevant matter related to the board member being fit and proper should be reported as soon as it arises

Appendix F

Board Member FPPT Privacy Notice

[organisation name] is required to provide you with details on the type of personal information which we collect and process. In addition to any other privacy notice which we may have provided to you, this notice relates to the information collected and processed in relation to the FPPT. The FPPT in ESR is commissioned by NHS England.

Contact: [name in organisation who leads on this, eg SIRO]

Address: [for the person or team above]

Phone Number [for the person or team above]

Email: [for the person or team above]

The type of personal information we collect is in relation to the FPPT for board members and is described below, much of which is already collected and processed for other purposes than the FPPT:

1. Name, position title (unless this changes).
2. Employment history – this includes details of all job titles, organisations, departments, dates, and role descriptions.
3. References.
4. Job description and person specification in their previous role.
5. Date of medical clearance.
6. Qualifications.
7. Record of training and development in application/CV.
8. Training and development in the last year.
9. Appraisal incorporating the leadership competency framework has been completed.

10. Record of any upheld, ongoing or discontinued disciplinary, complaint, grievance, adverse employee behaviour or whistle-blow findings.
11. DBS status.
12. Registration/revalidation status where required.
13. Insolvency check.
14. A search of the Companies House register to ensure that no board member is disqualified as a director.
15. A search of the Charity Commission's register of removed trustees.
16. A check with the CQC, NHS England and relevant professional bodies where appropriate.
17. Social media check.
18. Employment tribunal judgement check.
19. Exit reference completed (where applicable).
20. Annual self-attestation signed, including confirmation (as appropriate) that there have been no changes.

Processing of this data is necessary on the lawful basis set out in Article 6(1)(e) UK GDPR as the foundation for the database. This is because it relates to the processing of personal data which is necessary for the performance of the fit and proper person test which is carried out in the public interest and/or in the exercise of official authority vested in the controller.

For CQC-registered providers, ensuring directors are fit and proper is a legal requirement for the purposes of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and organisations are required to make information available connected with compliance to the CQC.

How we get the personal information and why we have it

Most of the personal information we process is provided to us directly by you as part of your application form and recruitment to satisfy recruitment checks and the FPPT requirements.

[If applicable] We may also receive personal information indirectly, from the following sources in the following scenarios:

References when we have made a conditional offer to you.

Publicly accessible registers and websites for our FPPT.

Professional bodies for FPPT to test registration and or any other 'fitness' matters shared between organisations.

Regulatory bodies, eg CQC and NHS England.

We use the information that you have given us to:

conclude whether or not you are fit and proper to carry out the role of board director

inform the regulators of our assessment outcome.

We may share this information with NHS England, CQC, future employers (particularly where they themselves are subject to the FPP requirements), and professional bodies.

Under the UK General Data Protection Regulation (UK GDPR), the lawful bases we rely on for processing this information are:

We need it to perform a public task.

How we store your personal information

Your information is securely stored. We keep the ESR FPPT information including the board member reference, for a career long period. We will then dispose of your information in accordance with our policies and procedures [insert].

Your data protection rights

Under data protection law, you have rights including:

Your right of access – You have the right to ask us for copies of your personal information.

Your right to rectification – You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.

Your right to erasure – You have the right to ask us to erase your personal information in certain circumstances.

Your right to restriction of processing – You have the right to ask us to restrict the processing of your personal information in certain circumstances.

Your right to object to processing – You have the right to object to the processing of your personal information in certain circumstances.

Your right to data portability – You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.

You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

Please contact us at [insert email address, phone number and or postal address] if you wish to make a request.

How to complain

If you have any concerns about our use of your personal information, you can make a complaint to us at [Insert your organisation's contact details for data protection queries]. You can also complain to the ICO if you are unhappy with how we have used your data.

The ICO's address

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Helpline number: 0303 123 1113 ICO website: <https://www.ico.org.uk>

Appendix G

Annual NHS FPPT submission reporting template

NAME OF ORGANISATION	NAME OF CHAIR	FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST:

Part 1: FPPT outcome for board members including starters and leavers in period

Name	Date of	Position	Confirmed as fit and proper?		Leavers only	
			Yes/No	Add 'Yes' only if issues have been identified and an action plan and timescale to complete it has been agreed	Date of leaving and reason	Board member reference completed and retained? Yes/No

POL057 – Fit and Proper Person Policy

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Add additional lines as needed

Part 2: FPPT reviews / inspections

Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

Reviewer / inspector	Date	Outcome	Outline of key actions required	actions
CQC				
Other, eg internal audit, review board, etc.				

Add additional lines as needed

Part 3: Declarations

For the SID/deputy chair to complete:				
FPPT for the chair (as board member)	Completed by (role)	Name	Date	Fit and proper? Yes/No
For the chair to complete:				
Have all board members been tested and concluded as being fit and proper?	Yes/No	If 'no', provide detail:		
Are any issues arising from the FPPT being managed for any board member who is considered fit and proper?	Yes/No	If 'yes', provide detail:		
As Chair of [organisation], I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.				
Chair signature: 				

POL057 – Fit and Proper Person Policy

Date signed:	
For the regional director to complete:	
Name:	
Signature:	
Date:	

Appendix H

Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Policy to be monitored against: NHSE FPP Test framework CQC requirements	Deputy Director of Corporate Affairs/ HR	The Deputy Director of Corporate Affairs is responsible for undertaking FPP assessments at Director and NED level. HR is responsible for all other staff. This will be monitored via audit	Upon appointment and yearly for each employee	Completed paperwork, DBS references, checks of required registers	Report annually to Remcom	Deputy Director of Corporate Affairs	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

APPENDIX I

Equality Impact Assessment

EIA Cover Sheet		
Name of process/policy	Fit and Proper Person Policy	
Is the process new or existing? If existing, state policy reference number	Existing (POL057)	
Person responsible for process/policy	Deputy Director of Corporate Affairs	
Directorate and department/section	Governance	
Name of assessment lead or EIA assessment team members	Deputy Head of Corporate Governance	
Has consultation taken place? Was consultation internal or external? (Please state below):	Internal consultation This policy was written in partnership with management and staff side.	
The assessment is being made on:	Guidelines	
	Written policy involving staff and patients	X
	Strategy	
	Changes in practice.	
	Department changes	
	Project plan	
	Action plan	
	Other (please state) Training programme	

EQUALITY ANALYSIS					
What is the aim of the policy/procedure/practice/event? This policy outlines EEAST's commitment to ensuring that all persons appointed as directors satisfy the requirements (set out in the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the Regulated Activity Regulations").					
Who does the policy/procedure/practice/event impact on?					
Race		Religion/belief		Marriage/Civil Partnership	
Gender		Disability		Sexual orientation	
Age		Gender re-assignment		Pregnancy/maternity	
Who is responsible for monitoring the policy/procedure/practice/event? Deputy Director of Corporate Affairs					
What information is currently available on the impact of this policy/procedure/practice/event? This policy does not adversely impact any of the protected characteristics. The application of the policy is equal across all directors.					
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No					
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? No, if yes please provide evidence/examples:					
Race		Religion/belief		Marriage/Civil Partnership	
Gender		Disability		Sexual orientation	
Age		Gender re-assignment		Pregnancy/maternity	
Please provide evidence:					
Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so, please provide evidence/examples: No					

Race		Religion/belief		Marriage/Civil Partnership	
Gender		Disability		Sexual orientation	
Age		Gender re-assignment		Pregnancy/maternity	
Please provide evidence:					
Action Plan/Plans - SMART Specific Measurable Achievable Relevant Time Limited					
Evaluation Monitoring Plan/how will this be monitored? Who How By Reported to					