



Public – to be published externally

Fit and Proper Persons Test (FPPT) Procedure

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Document type: Procedure

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1 Introduction

We need senior leaders who are of good character and have the necessary qualifications, competence, skills, experience and values to deliver Our Journey to Change.

The “fit and proper persons test” (FPPT) was introduced under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It aims to make sure those individuals who have authority in organisations that deliver care, are responsible for the overall quality and safety of that care and can be held accountable if standards do not meet legal requirements. As such it should give confidence to patients, carers, families, partners and regulators that our senior leaders meet the required standards to hold office.

Compliance with the Regulations is monitored and enforced by the Care Quality Commission (CQC) as part of its inspection regime.

This procedure complies with the framework published by NHS England in August 2023 (effective from 30th September 2023).

2 Purpose

Following this procedure will help the Trust to:

- Meet its general obligation to only employ individuals who are fit to perform their role.
- Have systems and processes in place to provide ongoing assurance that the specific duties contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the “Fit and Proper Person Test Framework for Board Members”, published by NHS England, are met.
- Prioritise patient safety and good leadership.
- Support the appointment of candidates whose values are aligned to those of the organisation.
- Support board members build a portfolio to support and provide assurance that they are fit and proper to hold office.
- Prevent demonstrably unfit persons from being a board member of this or any other NHS organisation.

The procedure is applied consistently and transparently. Decisions are evidence-based and supported by appropriate documentation.

- Reasonable adjustments are considered where required.
- Information is provided in accessible formats where necessary.

- Individuals are treated with dignity, respect and confidentiality throughout the process.
- Decisions are subject to oversight and monitoring

3 Who this procedure applies to

This Policy applies to all board members, including executive and non-executive directors and those leaders performing functions equivalent or similar to the functions of a board director.

It applies irrespective of whether the position is held on a permanent or interim (exceeding 6 weeks) basis or whether the position holds voting rights on the Board.

4 Related documents

This procedure should be read in conjunction with: -

- [Disclosure and Barring Service \(DBS\) Procedure](#)
- [Recruitment and Selection Procedure](#)
- [Freedom to Speak Up \(Whistleblowing\) Policy](#)
- [Disciplinary Procedure](#)
- Disciplinary [GUIDANCE](#)
- [Dealing with concerns affecting medical staff policy](#)
- [Fraud Bribery and Corruption Policy and Strategy](#)
- [Conflicts of Interest Policy](#)

5 Procedure



No Board Member should be appointed and commence in post until all FPPT checks have been completed and approved by the Chair.

FPPT checks shall be undertaken in the following circumstances:

- **Full Assessments** will be undertaken for all new appointments to board member roles. This includes:
 - Temporary appointments (including secondments) involving acting up into a board role on a non-permanent basis.

- Existing board members at one NHS organisation who move to another NHS organisation in the role of a board member.
- Individuals who join an NHS organisation in the role of board member for the first time from an organisation that is outside the NHS.
- When an individual board member changes role within their current NHS organisation (for instance, if an existing board member moves into a new board role that requires a different skillset).

These will be undertaken in conjunction with the Trust Recruitment Team and all other necessary pre-employment checks.

- **Annual Assessments** will be undertaken prior to the annual appraisals of board members.

The outcome of the FPPT assessment will be used as part of the appraisal meeting as this provides an opportunity for an ongoing and transparent dialogue between the Chair or Chief Executive and the board member being appraised about probity and values.

During the appraisal meeting individual board members should be asked to confirm whether there have been any changes to their FPPT status since the last annual review.

Details of the full and annual assessments are provided in **Appendix 3**.

The standard new starter/annual attestation form is provided as **Appendix 4**.

5.1 Roles and Responsibilities

Care Quality Commission (CQC)	Powers to assess whether board members are fit to carry out their role and whether NHS organisations have adequate and appropriate arrangements in place to ensure directors are fit and proper persons both at recruitment and whilst in post.
Chair of the Trust	Ultimate accountability for adhering to the FPPT Regulations and the NHSE Framework. It is the responsibility of the Chair to: ▪ Ensure the Trust has proper systems and processes in place to make robust assessments required by the FPPT. ▪ Ensure the results of the full FPPT, including annual self-attestations for each board member, are completed and retained.

	▪ Ensure an appropriate programme is in place to identify and monitor the development needs of board members. ▪ Conclude whether board members are fit and proper.
Senior Independent Director (SID)	Oversees the application of the FPPT in relation to the Chair. Annually, the SID will review and ensure that the Chair is meeting the requirements of the FPPT.
Company Secretary	Provides assurance to the Chair and the SID through reviewing evidence maintained on the personal files and ESR records of Board Members. Provides administrative support for the Chair and SID in undertaking the annual assessments and drafting standard references. Supports the SID in undertaking investigations into any concerns raised about the Chair, including where the Chair has notified the SID they may no longer comply with FPPT requirements.
Director of People and Culture	Responsible for the collation of evidence of compliance with the FPPT during the recruitment of Board Members Ensures that Directors are not appointed or commence their roles with the Trust until the FPPT checks are complete. Ensures evidence of compliance is maintained on the ESR system and personal files.
Board Members	Non-Executive Directors & Executive Directors and other board level posts within the scope of this policy must ensure they comply with, and continue to comply with, the requirements of the FPPT and the NHSE Framework. Responsible for notifying the Company Secretary of any changes to their circumstances which might impact on their compliance with the FPPT

5.2 References

The NHSE Framework introduced a standardised board member reference to ensure greater transparency, robustness and consistency of approach when appointing board members within the NHS. The template can be found at **Appendix 5**.

When recruiting into a board role, at least one reference should be obtained on the standardised reference form wherever possible. This applies to permanent and temporary appointments and internal appointments (unless the candidate is moving from one director position to another). It also applies where a board member from another organisation joins the Trust in a non-board level role.

References should cover a minimum of 6 years. Where this is not possible, additional character or personal references should be sought.

References are not required for Non-Executive Director reappointments, i.e. where the Trust has agreed an extension for a further term of office, however the Trust will carry out the required online FPP checks, and obtain a new signed self-attestation form prior to confirming reappointment.

When a board member leaves the Trust, or a reference request is received for an existing board member, a reference will be produced on the standardised reference form. This process will be led by the Company Secretary with input from the Director of People and Culture. The draft reference will be shared with the Chair for approval before being issued (or the SID if the reference is for the Chair). The completed reference will then be stored in the personal file for future use.

5.3 Issues and Concerns

If information becomes available that suggests an individual director does not meet the 'Fit and Proper Persons' criteria, the matter shall be referred immediately to the Chair (or the Senior Independent Director, if the concern relates to the Chair).

The Chair/SID shall take appropriate and timely action to investigate and respond to the matter, taking expert advice as necessary and ensuring any issues are dealt with in accordance with the Trust's HR Policies and the NHSE Framework.

There may be occasions where the Chair/SID will contact NHS England for advice or to discuss a case directly.

Interim arrangements may be put in place, if required, during any period of investigation, suspension or restriction from duties.

At every stage of an investigation, the Chair/SID should normally consider whether:

- The formal procedure should continue
- The issue can be resolved informally instead (where appropriate)

Where there is considered to be sufficient evidence of a breach of the FPPT requirements, the Chair/SID shall determine whether it can be resolved.

If the breach is considered so serious that the individual can never be regarded as fit and proper (e.g. criminal conviction, safeguarding incident) they shall either be not appointed or their appointment shall be terminated with immediate effect.

Where the Chair/SID considers that the breach can be remedied (e.g. by further training or development) an action plan shall be agreed with the Board Member for completion in a reasonable time period. The Board Member should be recorded as fit and proper with an agreed action plan. Completion of the action plan should be evidenced via appraisal.

The Chair must ensure that the outcome is recorded in the board member's personnel file and notify the Regional Director of NHSE as part of the Annual Submission (see below).

The Chair/SID should also consider whether, where appropriate, the findings in relation to an individual's fitness should be referred to the relevant professional / regulatory body/bodies.

If, for any reason, an investigation is not commenced or is discontinued it should be recorded and retained, including whether this was due to a compromise, confidentiality or settlement agreement being 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).

In accordance with the Trust's Counter Fraud, Bribery and Corruption Policy and Strategy (Ref: FIN-0003-v8), all suspected cases of fraud, bribery and corruption should be reported immediately to the Trust's Counter Fraud Specialist or to the Director of Finance. Your Counter Fraud Specialist can be contacted on the AuditOne fraud hotline (0191 441 5936) or via the AuditOne fraud email addresses (counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net)

5.4 Reporting

An annual submission on the outcome of the FPPT for the organisation, in the prescribed form, shall be made to the Regional Director of NHS England. This annual submission should be made at the same time as the submission of the Chair's annual appraisal.

Alongside this process, the SID (with support from the Company Secretary) shall present the findings of the Chair's appraisal and FPPT review to the Council of Governors with a recommendation for approval.

Ad hoc submissions may also be made to the Regional Director of NHS England and/or the Council of Governors by the Chair or SID if they consider appropriate.

6 Definitions

6.1 Terms and definitions

Term	Definition
Care Quality Commission	An executive non-departmental public body which regulates health and social care in England
Chair	The Chair of the Trust as required under paragraph 16(1)(b) of Schedule 7 of the National Health Service Act 2006 and appointed under paragraph 25.1 of the Constitution.
Senior Independent Director	An independent Non-Executive Director of the Trust appointed under paragraph 27.1 of the Constitution.
Executive Director of People and Culture	An Executive Director of the Board with responsibility for workforce matters
Company Secretary	The principal adviser to the Board on governance, compliance, law and regulation.
Board member	- A person appointed as an Executive or Non-Executive Director, either substantively or as an interim (including as an associate Non-Executive Director) under the provisions of sections 25 and 28 of the Constitution - For the purposes of this procedure “board member” also includes a person performing functions equivalent or similar to the functions of a board director for example: - The Company Secretary - The Director of Estates and Facilities Management - The Chief Information Officer
Fit and Proper Persons Test (FPPT)	The requirements relating to the fitness for holding office as a board member of an NHS organisation under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fit and Proper Persons Framework	The framework for the implementation of the Fit and Proper Persons Test, published by NHS England, which reflects the adopted recommendations of the Kark Review (Department of Health, 2019).
Data Protection Officer	The senior manager responsible for information governance.
Internal Audit	A key source of independent internal assurance to Boards and Chief Executives (as Accounting Officers) of individual NHS bodies. Internal Audit services are provided for the Trust by the AuditOne consortium.
Council of Governors	- A body established under para. 7 of schedule 7 of the NHS Action 2006 with general duties: - to hold the non-executive directors individually and collectively to account for the performance of the board of directors; and - to represent the interests of the members of the corporation as a whole and the interests of the public.
Regional Director of NHS England	A Director of NHS England responsible for the quality, financial and operational performance of all NHS organisations in the North East and Yorkshire region.
CQC	Care Quality Commission
ESR	Electronic Staff Record. ESR is a national, integrated workforce management system. Staff information is not shared between Trusts and is only viewable within the individual organisation that the staff member works.
SID	Senior Independent Director (SID) – see section 5.1 Roles and responsibilities
CEO	Chief Executive Officer

7 How this procedure will be implemented

- This procedure will be published on the Trust's website.
- All board members to be informed of the areas that will be considered under the FPPT assessment, what details will be stored and where, who will have access and the purpose of reaching a conclusion about whether a board member is fit and proper. Any objections raised will be considered Data Protection Officer.
- All applicants for positions requiring a FPPT assessment will be informed of the requirements during the recruitment process.
- Briefing provided to Board Members via the Chief Executive Officer (CEO) report to a Board meeting.
- Briefing provided to the Recruitment Team by the Associate Director of Operations, Wellbeing and Resourcing.
- All recruitment agencies commissioned to support appointment to a board member role will be informed of the FPPT requirements.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Recruitment Team	Briefing	1 hour	Every three years or earlier if requirements change

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Individual compliance with FPPT requirements	On appointment – testing on compliance with the FPPT/Evidence Check/Company Secretary Annually – testing evidence of compliance via the annual assessments	Action plans to be completed where breaches are identified. Assurance on completion to be provided to the Chair, SID and/or Chief Executive

2	Systems supporting compliance with FPPT requirements	Every three years (or prior to CQC inspection)	Chair and Audit and Risk Committee
3	Review of compliance with FPPT requirements	Three-yearly/Inspection/CQC	Actions incorporated in the Integrated Oversight Plan and reported to the Quality and Assurance Committee

9 References

- [Regulation 5: Fit and Proper Persons: Directors – Care Quality Commission](#)
- Regulation 5: Fit and Proper Persons: Directors Guidance for Providers and CQC Inspectors [CQC January 2018]).
- [NHS Employers - Employment Standards and Regulation](#)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	21 July 2026
Next review date	21 July 2029
This document replaces	Title: Trust Procedure for the Fit & Proper Persons Test, ref: HR-0048-v2
This document was approved by	People and Culture Policy Working Group
This document was approved	02 July 2026
This document was approved by	Joint Consultative Committee
This document was approved	21 July 2026
An equality analysis was completed on this policy on	20 July 2026
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
3	21 Jul 2026	Updated titles of Disciplinary Procedure and Guidance at section 4 In accordance with the Trust's Counter Fraud, Bribery and Corruption Policy and Strategy (Ref: FIN-0003-v8), all suspected cases of fraud, bribery and corruption should be reported immediately to the Trust's Counter Fraud Specialist or to the Director of Finance. Your Counter Fraud Specialist can be contacted on the AuditOne fraud hotline (0191 441 5936) or via the AuditOne fraud email addresses (counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net)	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Company Secretary's Department
Title	Fit and Proper Persons Test Procedure
Type	Procedure
Geographical area covered	Whole Trust
Aims and objectives	Compliance with Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Fit and Proper Persons Framework published by NHS England
Start date of Equality Analysis Screening	20/07/2026
End date of Equality Analysis Screening	20/07/2026

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Service users, carers, the public, partners and regulators
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO

	• Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	No significant negative impact has been identified. However, there is a potential risk that individuals with protected characteristics may experience disadvantage if the procedure is not applied consistently, if information is not accessible, or if relevant individual circumstances are not appropriately considered. There is also a potential risk that some aspects of the assessment process, including the consideration of health, disability, conduct or historical information, may disproportionately affect certain groups if not managed lawfully, objectively and proportionately
Describe any positive impacts	Compliance with the procedure should provide assurance that Board Members are appropriately qualified, experienced and are of good character and have the necessary competence and skills, and values to deliver Our Journey to Change. ‘The Fit and Proper Persons Test (FPPT) Procedure is expected to have a positive impact by promoting transparency, accountability and public confidence in the appointment and ongoing employment of Board members and other individuals subject to the requirements of the procedure.

	The procedure provides a consistent and objective framework for assessing an individual's suitability for appointment and continued service, helping to ensure decisions are based on evidence, conduct, competence and statutory requirements rather than personal characteristics. The procedure supports equality of opportunity by applying the same standards and assessment criteria to all individuals within its scope and by ensuring that decisions are made fairly, proportionately and in accordance with employment and equality legislation'.
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Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Fit and Proper Persons Framework by NHS England (which implemented the accepted recommendations of the Kark Review)
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	No plans as this procedure relates to the implementation of statutory regulations and national guidance

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	Yes

Describe any training needs for Trust staff	The recruitment team will need to be aware of the requirements of the FPPT when recruiting for Executive Director positions
Describe any training needs for patients	-
Describe any training needs for contractors or other outside agencies	It would be expected that recruitment agencies will be aware of the requirements of the FPPT but this will be tested as during procurement.

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	PWG and JCC
	Have any related documents or documents that are impacted by this change been identified and updated?	Not applicable	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	

Appendix 3 – FPP Assessment

FPPT Area	Record in ESR	Personnel File	Recruitment Assessment	Annual Assessment	Executive Director	NED	Source	Notes	Responsibility for sourcing assurances
First name	✓	✓	✓	x – unless change	✓	✓	Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / Inter-Authority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.	Director of People and Culture
Second name/surname	✓	✓	✓	x – unless change	✓	✓			Director of People and Culture
Organisation (ie current employer)	✓	x	✓	N/A	✓	✓			Director of People and Culture
Staff group	✓	x	✓	x – unless change	✓	✓			Director of People and Culture
Job title Current Job Description	✓	✓	✓	x – unless change	✓	✓			Director of People and Culture
Occupation code	✓	x	✓	x – unless change	✓	✓			Director of People and Culture
Position title	✓	x	✓	x – unless change	✓	✓			Director of People and Culture

FPPT Area	Record in ESR	Personnel File	Recruitment Assessment	Annual Assessment	Executive Director	NED	Source	Notes	Responsibility for sourcing assurances
Employment history Including: • job titles • organisations/ 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.	Director of People and Culture

Training and development	✓	✓	✓	✓	✓	*	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. Annually updated records of training and development completed/ongoing progress.	* 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. At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role. 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.	Director of People and Culture
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FPPT Area	Record in ESR	Personnel File	Recruitment Assessment	Annual Assessment	Executive Director	NED	Source	Notes	Responsibility for sourcing assurances
								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. 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.	
References Available references from previous employers	✓	✓	✓	x	✓	✓	Recruitment process	Including references where the individual resigned or retired from a previous role	Director of People and Culture

FPPT Area	Record in ESR	Personnel File	Recruitment Assessment	Annual Assessment	Executive Director	NED	Source	Notes	Responsibility for sourcing assurances
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.	Director of People and Culture
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).	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	Director of People and Culture
Grievance against the board member	✓	✓	✓	✓	✓	✓	ESR record (high level)/ local case management system as appropriate.		Director of People and Culture
Whistleblowing claim(s) against the board member	✓	✓	✓	✓	✓	✓			Director of People and Culture

FPPT Area	Record in ESR	Personnel File	Recruitment Assessment	Annual Assessment	Executive Director	NED	Source	Notes	Responsibility for sourcing assurances
Behaviour not in accordance with organisational values and behaviours or related local policies	✓	✓	✓	✓	✓	✓		investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.	Director of People and Culture
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.	Director of People and Culture

FPPT Area	Record in ESR	Personnel File	Recruitment Assessment	Annual Assessment	Executive Director	NED	Source	Notes	Responsibility for sourcing assurances
Date DBS received	✓	✓	✓	✓	✓	✓	ESR		Director of People and Culture
Date of medical clearance* (including confirmation of OHA)	✓	X	✓	x – unless change	✓	✓	Local arrangements		Director of People and Culture
Date of professional register check (eg membership of professional bodies)	✓	X	✓	✓	✓	X	Eg NMC, GMC, accountancy bodies.		Director of People and Culture
Insolvency check	✓	✓	✓	✓	✓	✓	Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.	Company Secretary
Disqualified Directors Register check	✓	✓	✓	✓	✓	✓	Companies House		Company Secretary
Disqualification from being a charity trustee check	✓	✓	✓	✓	✓	✓	Charities Commission		Company Secretary
Employment Tribunal Judgement check	✓	✓	✓	✓	✓	✓	Employment Tribunal Decisions		Company Secretary
Social media check	✓	✓	✓	✓	✓	✓	Various – Google, Facebook, Instagram, etc.		Director of Corporate Affairs and Involvement

FPPT Area	Record in ESR	Personnel File	Recruitment Assessment	Annual Assessment	Executive Director	NED	Source	Notes	Responsibility for sourcing assurances
Self-attestation form signed	✓	✓	✓	✓	✓	✓	Template self-attestation form	Appendix 3 in Framework	Company Secretary
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.	-

Appendix 4 – Annual/New Starter Attestation Form

Fit and Proper Person Test annual/new starter 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)
- 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.

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 5 – Standard Reference Template

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): <i>(This is for Executive Director board positions only, for a Non-Executive Director, please just confirm current job title)</i>		
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</u> <u>Absent:</u>	<u>Absence</u> <u>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 ☐ Children ☐ Both ☐	
10. Did the check return any information that required further investigation?	Yes ☐	No ☐
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 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 ☐

• Dishonesty • Bullying • Discrimination, harassment, or victimisation • Sexual harassment • Suppression of speaking up • Accumulative misconduct (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)		
If yes, please provide a summary of the position and (where relevant) any findings and any remedial actions and resolution of those actions:		
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) <u>Regulation 5: Fit and proper persons: directors - Care Quality Commission (cqc.org.uk)</u> <u>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (legislation.gov.uk)</u>		

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.