

FIT AND PROPER PERSON REQUIREMENTS POLICY

Reference Number POL-HR/2139/16	Version: 1.2	Status Final	Author: Dr Neil Pease Job Title: Executive Director of Workforce and Organisational Development	
Version / Amendment History	Version	Date	Author	Reason
	1.0	Nov 2015	Estelle Carmichael	New Policy
	1.1	Jan 2019	Roger Smith	Minor amendments to reflect merger and DBS checks.
	1.2	May 2019	Bridget Ford	Minor changes to reflect the new Conflict of Interest Policy
	1.3	February 2020	Nigel Trowbridge, Acting Trust Secretary	Minor amendments to policy in line with review by the new Trust Chair
Intended Recipients: Executive Directors and Non-Executive Directors only				
Training and Dissemination: Initially provided in electronic copy to all recipients together with their contract of employment/ statement of engagement. Amended versions to be communicated electronically.				
To be read in conjunction with: Executive Director Contract of Employment/ Non- Executive Director Statement of Engagement				
Linked Policies: Trust Policy and Procedure for Disciplinary of Employees Recruitment and Selection Procedure Freedom to Speak Up - Trust Policy and Procedures for raising concerns at work Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 5 - Fit and Proper Persons – CQC				
In consultation with and Date: Trust Board – November 2015 and Director of Workforce and OD January 2019 and May 2019; Trust Board – February 2020				
EIRA Completed Yes				
Approving Body and Date Approved		<ul style="list-style-type: none"> • Version 1 approved by the Board . Version 1.1 approved by Director of Workforce and Organisational Development January 2019. • Reported to Trust Operational Group – January 2019 and Trust Board 15 January 2019 • Minor changes approved by the Executive Director of Workforce and Organisational Development • Trust Board – February 2020 		
Date of Issue		12 February 2020		
Review Date and Frequency		January 2021 Extension agreed due to COVID, April 2022		
Contact for Review		Executive Director of People and Organisational Development		

Executive Lead Signature	
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Fit and Proper Person Requirements Policy

1. Introduction

This policy forms an integral part of the terms and conditions of employment for Executive Directors and the statement of engagement for Non-Executive Directors at University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT). The policy is provided as a formal appendix to the above referenced documents and Executive and Non-Executive Directors need to familiarise themselves with the detail of this policy.

2. Background

In November 2014 the Care Quality Commission (CQC) published guidance on the Fit and Proper Person Requirements and Duty of Candour which came into force for all NHS providers from 27th November 2014. The Fit and Proper Person Requirements Regulation ('FPPR') for Directors of NHS bodies is a direct response to the leadership and corporate governance recommendations published in the 2014 Francis Report.

The purpose of the Fit and Proper Person Requirements is to ensure that the public can have confidence that the people leading local NHS services are open and honest individuals and can be trusted to lead safe, caring and effective organisations.

These regulations play a major part in ensuring the accountability of Directors¹ of NHS bodies and outline the requirements of providers to submit evidence to the CQC that they have robust recruitment and employment processes in place when making board level appointments. The Fit and Proper Person Requirements focus on assessing each director (whether applicant or incumbent) in relation to their honesty, integrity, suitability and fitness for the role.

The CQC has a role in monitoring and assessing how well NHS Bodies discharge their FPPR responsibility.

This policy describes how UHDBFT will meet its regulatory requirement to ensure that all Directors are 'fit and proper' individuals to carry out their roles, which includes compliance with the duty of candour and the Nolan principles of public service.

3. Scope

The FPPR applies to Directors of the Trust (Executive and Non-Executive) and includes:

- Permanent appointments and fixed term positions and
- Interim and acting up appointments.

4. Policy Objectives

The purpose of this policy is to ensure that UHDBFT has in place effective arrangements to:

- Assess Directors' FPPR compliance as part of the recruitment and selection process for the appointment of new Directors
- Conduct an annual process for monitoring and maintaining FPPR compliance of incumbent Directors
- Ensure standard documents such as employment contracts, job descriptions, appointment letters are regularly reviewed and comply with FPPR and this policy
- Conduct investigations where it is alleged that a Director may no longer meet the requirements.

¹ Executive and Non-Executive Directors

5. Duties and Responsibilities

5.1 Chair

The Chair has overall responsibility for ensuring compliance with the FPPR and will be required to confirm to the CQC in writing:

- The fitness of all newly appointed directors has been assessed and meets the Trust's standards in accordance with this policy and in line with the regulations; and
- On an annual basis, that the Board is satisfied that individuals within scope of FPPR are and continue to be fit and proper individuals for their respective roles.

5.2 Trust Board

- Approve and periodically review this policy to ensure it is fit for purpose
- Receive an annual report on the application of FPPR to ensure on-going compliance
- The Nominations and Remuneration Committee may be required by the Chair to commission an investigation under FPPR relating to an Executive Director and consider any disciplinary action including termination of an executive's contract of employment.

5.3 Council of Governors

- Receive an annual report on the application of FPPR to all members of the Trust Board, The Council of Governors may be required by the Chair to commission an investigation under FPPR relating to a Non-Executive Director
- The Council of Governors may be required to hold a vote under the Trust's constitution to consider the termination of a Non-Executive Director's term of engagement.

5.4 Executive Director of Workforce and Organisational Development

The Executive Director of Workforce and Organisational Development is responsible for:

- Administration of the policy
- Providing professional HR advice to the Chair and the Board
- Providing professional HR advice to the Board's Nominations and Remuneration Committee and the Council of Governors as required in relation to any duty they may have on FPPR matters.

The Executive Director of Workforce and Organisational Development will support the Chair in:

- Ensuring Trust compliance with relevant obligations described within the Regulations and any changes to the requirements
- Recommending appropriate amendments to FPPR Policy to the Trust Board and Council of Governors
- Ensuring that all appropriate documentation is completed, stored and available to the CQC² or any other regulator for inspection upon request.

If the Executive Director of Workforce and Organisational Development is the subject of the investigation then the Trust Secretary will provide support to the Chair.

5.5 Staff

Trust Staff are responsible for raising any issues of concern about the Directors via the appropriate Trust policies and procedures, for example through the Freedom to Speak Up – Raising Concerns (Whistleblowing) Policy.

² Care Quality Commission

6. Process for Assessing Directors FPPR Compliance

6.1 New Appointments

The Fit and Proper Person Requirements will form part of the recruitment process for all Directors. All offers of employment will be made subject to satisfactory checks, which will include references, FPPR, health clearance, and Disclosure and Barring Service checks (DBS checks).

Where the Trust engages recruitment consultants to assist with appointments, it may ask the consultants to carry out all or some of the process, and will require documentary evidence that the checks have been satisfactorily completed.

The following documents and checks will apply to all Director and Non-Executive appointment processes and Appendix 2 provides a summary of these checks in the form of a Personal File Checklist.

a. Job Description

An outline of the Fit and Proper Person Requirements will be included within the Job Description and Recruitment Information Pack, together with any specific FPPR checks required for individual roles.

b. Employment Checks

The Trust will undertake all relevant employment checks prior to appointment of the identified 'Directors', which includes the following:

- References which will, wherever possible, be obtained prior to interview
- Standard level DBS Checks for all Directors, or enhanced for a Director who will be acting in a role that falls within the definition of 'regulated activity' as defined by the Safeguarding Vulnerable Groups Act 2006 (as amended).
- Proof of Identity and Right to Work documentation
- Any other checks as outlined within the NHS Employment Check Standards

All Directors will be required to complete and sign:-

- Self-Declaration Form
- Declaration of Interests
- Model Declaration A or B as appropriate
- New Terms and Conditions of Employment which includes FPPR

c. Good Character

The assessment of '*good character*' will include the following:-

- Review of References
- Full Employment History; explanations must be given for any gaps in employment.
- Disclosure and Barring Service Checks will be undertaken for all Directors and where a Director will be carrying out regulated activities (see 6.1b above), an Enhanced DBS check will be carried out and will include checks against the children's and/or safeguarding barred lists. Directors will also be asked to sign up to the DBS Update service which will enable them to provide an annual DBS statement to the Trust as part of on-going checks.

d. Competence

The assessment of '*competence*' will include the following:-

- Proof of Qualifications
- Proof of Professional Registration/Membership
- Assessment usually by an appropriately qualified external assessor

- Review of References
- Review of Curriculum Vitae and/or Application Form
- Assessment activities as appropriate to the role and as part of the recruitment selection processes

e. Health

The successful candidate will be required to complete an occupational health questionnaire; if appropriate any health related issues can be identified and reasonable adjustments can be explored by an occupational health specialist with relevant physician advice.

All offers of appointment will be subject to satisfactory health clearance.

f. Misconduct or Mismanagement

The Regulations refer to individuals;

“not being responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement....”

This is broad ranging requirement and there is no stated limit on how far back an employer needs to look when considering allegations of, or actual serious misconduct or mismanagement, wherever it may have occurred.

The principles set out in the NHS Employer’s [Employment history and reference check](#) Standards (published in July 2013) will be used as a guide in checking the employment history of Directors. In addition, the Model Declaration Form A or B (referenced in section 6.1b above) will require new appointments to self-declare any criminal convictions and/or cautions, disciplinary investigations and/or sanctions, counter fraud investigations etc., and will provide further information in relation to applicants’ previous conduct.

g. Miscellaneous

Other grounds of unfitness include bankruptcy or disqualification from office and will need to be checked. The Appointment checklist in Appendix 4 includes these grounds.

Employment contracts and appointment letters have been amended to include the statement that a condition of continuing employment is that the Director remains a fit and proper person as required under the Regulations, the CQC guidance and under NHS Improvement’s licence (including future amendments).

If a person meets the Fit and Proper Persons Test then, along with the satisfactory completion of the other required pre-employment checks, an offer of employment may be confirmed. If it is unlikely the person will meet the Fit and Proper Persons Test then please refer to Section 7, below.

6.2 On-going Assurance for Incumbent Directors

Early in 2015 all existing Directors were asked to complete the declarations and provide the required documentation outlined in this policy to ensure they met the above requirements. This was confirmed in a declaration by the Chair and agreed by the Board on the 31st March 2015. The following process will be undertaken annually to provide on-going assurance that all Directors continue to meet the requirements set out in this section of the policy:

- i. **Self-Declaration Form** - All Directors will be asked to sign a Trust self-declaration (Appendix 1), which is based on the requirements of the regulations.

- ii. **Directors' Personnel Records 'paper'** - Using a Trust internal personnel file checklist (Appendix 2) an annual audit will be undertaken to ensure all Directors' personnel records contain all the necessary information to fulfil the Fit and Proper Person requirements including up to date ID documentation. This will form part of the Annual Declaration by the Chairman to the Board.
- iii. **Insolvency and Bankruptcy Checks** - All Directors will be checked against the Individual Insolvency Register (www.insolvencydirect.bis.gov.uk) and Disqualified Directors (www.gov.uk/search-the-register-of-disqualified-company-directors). This will form part of the Chairman's annual declaration to the Board.
- iv. **Competence and FPPR** - On-going assessment will be undertaken through annual appraisal, and personal development plans, and ensuring training and development needs are met.
- v. **Review of DBS Checks** –a review of the enhanced DBS checks will be undertaken to ensure that all Director(s) have a DBS check. Following the first check, Directors will also be asked to sign up to the DBS Update service which keeps the DBS check up to date for an annual fee. Each Director will then provide the annual update as part of the on-going checks.
- vi. **Health** - Where there are any concerns regarding a Directors' fitness due to health, a management referral to Occupational Health may be made by the Trust at any reasonable time. This should not await the annual FPPR review.
- vii. **Electronic Media** - All Directors will be checked on their activity social media platforms such as but not limited to LinkedIn, Facebook, Twitter etc, as well as a general internet search.

Where there are any changes to the requirements, an addendum to Job Description and Terms and Conditions of Employment/ Statement of Engagement will be issued to all Directors.

7. Managing an Unfit Outcome – Failure to confirm the Appointment

If during the pre-employment screening it emerges that the individual appears unlikely to meet the requirements of the Fit and Proper Person Test, consideration should be given to requesting further information from the individual as necessary to ensure that a full informed decision can be made.

If the individual fails to meet the Fit and Proper Persons Test requirements, the offer for appointment/employment should be withdrawn.

The reasons for withdrawing the offer in line with the Fit and Proper Persons Test should be fully recorded on the Appointment Checklist (Appendix 4) including what factors were taken into account, who was involved in the decision making, the weight attached to each factor and a clearly recorded conclusion.

8. Process to be followed where a concern is raised relating to an Executive Director

Please see Appendix 5 for an overview of the process to be followed when a concern is identified.

a. Concern Identified

If a concern is raised regarding an Executive Director it should immediately be referred to the Trust Chair for his/her consideration on whether the Trust's Standard Disciplinary Procedure or FPPR process should be followed. This process includes a concern raised, either by a self-declaration or an internal or external source, at any stage of a Directors employment including following the On-going Assurance process outlined at 6.2.

The Chair will consult with the Senior Independent Director and seek advice from the Executive Director of Workforce and Organisational Development to determine:-

- the appropriate process to be followed
- If any immediate action needs to be taken; for example, interim measures may be required in the interest of the Director or where the Trust needs to minimise any risk to service users, including temporary variation of duties, supervision, or suspension.

If the concern is about the Executive Director of Workforce and Organisational Development, advice should be sought from a suitably experienced external HR Director.

The Chair will adopt the following principles when deciding which process to follow:

- Concerns related to minor misconduct may be considered using the Trust's Standard Disciplinary Procedure.
- Concerns specific to the FPPR regulation or related to serious and/or gross misconduct should be dealt with under the Fit & Proper Person Process; the latter are likely to require consideration under the regulations. Concerns dealt with under this process potentially may lead to dismissal.
- Concerns related to criminal proceedings should be dealt with through the Fit & Proper Person Process and should not necessarily be delayed by external procedures.

The decision regarding which process to follow should be documented by the Chair including factors taken into account, what weight has been attached to each factor and justification for the decision taken.

The Chair will also consult the CEO unless the CEO is a subject of concern.

All those conducting investigations or participating in hearings under the Disciplinary or FPPR processes will have access to professional support from the Executive Director of Workforce, their deputy or an external senior HR practitioner. There will also be provision to seek other advice deemed necessary.

If it is decided to instigate a Fit and Proper Person investigation, the Trust Chair will refer the matter to the Board's Nominations and Remuneration Committee, made up entirely of Non-Executive Directors, to commission any investigation.

The Investigation must not merely look at the concern in isolation but must conduct an investigation against all aspects of the Fit and Proper Person Regulations. The outcome of the investigation must be documented clearly including the factors taken into account on each limb of the Fit and Proper Person Regulation, the weight attached to each factor and a justification of how the decision has been reached. A copy must be kept with the personnel file of the Director in question.

Following investigation, if it were concluded that there was a case to answer, the Committee would identify an appropriate panel for a Fit and Proper Person Hearing. The Executive Director

has the right to give written and oral evidence to the hearing.

The Executive Director has a right of appeal against any disciplinary decision of a Fit and Proper Person Hearing Panel. This would be to a mutually acceptable external independent Executive or Non-Executive Director. The appeal must be submitted in writing within ten days of receipt of notification.

An appeal panel would normally consist of a minimum of two suitably experienced qualified members, dependent upon the circumstances of the case.

9. Process to be followed where a concern is raised relating to a Non- Executive Director or Chair

If a concern is raised relating to a Non-Executive Director, it should be immediately referred to the Chair, or the Senior Independent Director if it concerns the Chair.

If the concern raised was considered to fall within the requirements of the Fit and Proper Persons Requirements Regulations, the Chair (or SID) will advise the Council of Governors and instruct the Trust Secretary to investigate the situation. If there proves to be a case to answer, they will appoint a Hearing Panel which would normally comprise a minimum of two suitably qualified and experienced members.

If the Panel Recommendation were the termination of the Non-Executive Director's engagement, the case must be presented to the Council of Governors to consider the appropriate disciplinary action.

Termination of a Non-Executive Director's engagement needs a 75% majority of all Governors voting on the council. There would be no appeal against termination.

10. Support for the Individual

The Trust is committed to supporting all staff including Directors to maintain their health and wellbeing, particularly at times of increased pressure or stress which might arise during disciplinary procedures.

The type and level of support for Directors will vary depending upon individual circumstances, the nature of the investigation being carried out and the needs of the Trust.

Directors should from the outset know how they will be communicated with during the investigation and what support they can be offered; this may include, but is not limited to:

- Regular meetings to discuss the progress of the investigation but not the substance of the investigation
- Counselling/ Coaching or Mentoring during the course of the investigation,
- Supported time off to seek external advice about the investigation e.g. to meet with professional bodies etc.

Investigation processes vary and the Trust will work jointly with the Director to tailor the support offered to meet their needs.

11. Confidentiality

All information provided by a person in pursuance of this Policy will be kept confidential in accordance with the terms of the Trust's confidentiality and privacy policies. However, a person seeking to demonstrate that they are a 'fit and proper person' in accordance with this policy

consents to the Trust disclosing to Regulators, to the extent necessary, any personal information (as per Data Protection Act 1988 as amended and General Data Protection Regulations 2018) and confidential information for the purpose of undertaking the checks required by this policy and for the related purposes of this policy.

12. Fit and Proper Persons Requirements

It is the statutory responsibility of the Chair to discharge the FPPR obligations placed upon the Trust and in particular to ensure that arrangements are in place to ensure that Directors satisfy the fitness requirements.

It is also the responsibility of individual Directors to ensure their conduct complies with the FPPR Regulations.

The Trust will monitor any future developments and published guidance to ensure our continuing compliance with the Regulations for Fit and Proper Person Requirements.

13. Appendices:

1. Director's Self-Declaration Form
2. Director's Personnel File Checklist
3. Addendum to Contract Letter
4. Appointment Checklist
5. Policy Flow-Chart: When a Concern is identified

**Regulation 5: Fit and Proper Person Requirements
Directors and Non-Executive Directors - Annual Self-Declaration form**

On 20th November 2014 the Care Quality Commission (CQC) published guidance on the fit and proper person requirements and duty of candour which came into force for all NHS providers from 27th November 2014. This was revised in 2018 with recommendations following the Kark Review. These regulations play a major part in ensuring the accountability of directors of NHS bodies and outline the requirements for robust recruitment and employment process board level appointments. As part of the assurance against the Fit and Proper Person requirements for existing board members, you are required to answer the following questions, sign, date and return.

Have you got the qualifications, competency, skills and experience which are necessary for your current position at UHDBFT (Executive Director/Non-Executive Director)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able by reason of health (after reasonable adjustments are made) of properly performing tasks which are intrinsic to the office or position for which you are employed at UHDBFT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any mental health issues that may that may impact on the delivery of your duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether lawful 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been subject of any of the following: <ul style="list-style-type: none"> • undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged. • Subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland. • A moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986. • A composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it. • 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. • Prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been found not to be a fit and proper person for the purposes of Regulation 5 (<i>future appointments</i>)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

As a Director, it is also recommended that you also familiarise yourself with the Trust's Constitution, its Licence and also the NHS Foundation Trust Code of Governance, as these are the Trust's core governance documents with which the Board of Directors and Council of Governors are expected to comply. Copies are available on NHSI's website and the Corporate Governance office will also offer support and advice as appropriate

I hereby agree that the above is accurate

Name		Position	
Signed		Date	

Please return to the Trust Secretary, Trust HQ, 5th Floor, Royal Derby Hospital

Regulation 5: Fit and Proper Person Requirements
Executive Directors, Chair and Non-Executive Directors – Information Requirements: Personal File
Checklist

	Name	
	Position	
	Date	

Area	Evidence within Personnel File		Evidence
FPPR Self Declaration form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Proof of Identity including a recent photograph (2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where relevant, DBS check and/or barring information under the Safeguarding Vulnerable Groups Act 2006	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care, or children of vulnerable adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable, of the reason why that person's employment in that position ended	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Obtain, satisfactory documentary evidence of any qualification relevant to the duties for which the person is employed or appointed to perform	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A full employment history, together with a satisfactory written explanation of any gaps in employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Satisfactory information about any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made, to properly perform tasks which are intrinsic to their employment or appointment for the purposes of the regulated activity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Such other information as is required to be kept by the service provider under any enactment which is relevant to that individual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other Supporting Information			
Model Declaration A or B	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Declaration of Interest submitted via electronic system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Appraisal Documentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Membership Body and Number	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NED Job Offer and Letter of Appointment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NED job outline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Checks			
Search of insolvency and bankruptcy register completed	Date		
Search of disqualified directors register completed	Date		
General Internet/Social Media Search			

Information Requirements completed by:

Name		Position	
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Fit and Proper Person Regulation Compliance Confirmed to the Trust Board by:

Name		Position	
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To be retained at the front of the personal file

Dear

Re: Addendum to Job Description and Terms and Conditions of Employment

You will be aware from discussions at Trust Board and Management Executive, that Care Quality Commission (CQC) published guidance on the fit and proper person requirements and duty of candour which came into force for all NHS providers from 27th November 2014. In order to comply with this requirement this letter is to confirm that with immediate effect your Job Description is varied to include the following wording:-

Regulation 5: Fit and Proper Persons: Directors and Regulation 20 Duty of Candour (CQC Guidance for NHS Bodies)

- As a Director of the University Hospitals of Derby and Burton NHS Foundation Trust, you are responsible for the quality and safety of the care provided and for making sure that care meets the existing regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- As a Director of University Hospitals of Derby and Burton NHS Foundation Trust, you must remain a fit and proper person as required under Regulation 5: Fit and Proper Persons: Directors and Regulation 20 Duty of Candour (CQC Guidance for NHS Bodies).
- You need to ensure that you are familiar with the Trust Fit and Proper Person Requirement Guidelines as well as the above regulations. The FPPR includes:-

<p>(a) Good Character</p> <ul style="list-style-type: none"> ▪ not been convicted in the UK or elsewhere of any offence which, if committed in the UK would constitute an offence ▪ Not be erased, removed or struck of a register maintained by a regulator of healthcare or social work professionals. <p>(b) Competence</p> <ul style="list-style-type: none"> ▪ Have the necessary qualifications, competence, skills and experience for the relevant office or position or the work for which you are appointed and employed <p>(c) Health</p> <ul style="list-style-type: none"> ▪ Able be reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which you are appointed or to the work for which you are employed <p>(d) Misconduct or mismanagement</p> <ul style="list-style-type: none"> • Not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided, in England would be a regulated activity <p>(e) Grounds of Unfitness</p> <ul style="list-style-type: none"> • None of the groups of unfitness specified in part 1 of schedule 4 of the regulations

As a Director of the Trust you must provide the necessary documentation and information as required to provide the necessary assurance of your compliance against these regulations.

Your compliance against these requirements will form part of your annual appraisal discussion.

Kathy McLean
Trust Chair

**Regulation 5: Fit and Proper Person Requirements
Directors and Non-Executive Directors – Appointment Checklist**

Post Title	
Preferred Candidate:	

			Evidence/ Comments
Recruitment Source			
Job Description includes reference to FPPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recruitment information pack includes reference to FPPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are we doing the FPPR checks internally or via another agency? If via another agency full documentation must be returned to the Trust for file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Documents checked confirming right to work in the UK	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Documents checked confirming identity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Recent photograph checked and kept on file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Detailed review of full employment history has been undertaken, which includes: - <ul style="list-style-type: none"> • Reasons for leaving • Evidence of disciplinary matters in the employment history • Any gaps of employment history explained Comments on any information/issues identified:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Two detailed references have been received (one from most recent employer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Original documentation relating to Qualifications and Professional Registration checked	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Occupational Health Review undertaken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Satisfactory Disclosure and Barring Service (DBS) check completed (where appropriate Enhanced DBS check)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Satisfactory search of insolvency and bankruptcy register	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Satisfactory Search of disqualified directors register completed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Satisfactory General Internet/Social Media Search	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional Comments

(To be read in conjunction with the NHS Employment Check Standards)

Recruitment Checks Completed by: Name		Position	
Signed		Date	

Fit and Proper Person Regulation Compliance Confirmed:

Name		Position	
Signed		Date	

To be retained at the front of the personal file

**Regulation 5: Fit and Proper Person Requirements Policy Flow-chart
– Concerns Identified Executive Directors**

