



Fit & Proper Persons Policy

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Ratifying committee or executive director	Board of Directors	
Date ratified	December 2022	
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Executive director	Executive Director of Strategy, People & Partnerships	
Policy lead	Associate Director of Corporate Governance	
Policy author (if different from above)	As Above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

The intention of the Fit & Proper Persons Policy is to adhere to regulations to ensure that people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

Policy requirement (see Section 2)

The aim of this policy document is to ensure a clear process is in place to provide assurance that individuals within Director Positions at Birmingham & Solihull Mental Health NHS Foundation Trust comply with the Fit and Proper Persons requirements.

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1. INTRODUCTION

The Fit and Proper Person Requirement (FPPR) for directors of NHS bodies is a direct response to the Francis Report. The FPPR came into force in 2014, brought into being by Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The intention of this regulation is to ensure that people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards are fit and proper to carry out this important role.

The Care Quality Commission (CQC) issued its own guidance on FPPR. The guidance makes it clear that it is a matter for NHS Bodies to ensure that the FPPR is met. CQC's role is to monitor and assess how well NHS Bodies discharge their responsibility.

The Fit and Proper Person Requirements focus on assessing the applicant's honesty, integrity, suitability and fitness, for example that they have the right level of qualifications, skills and experience, and that, with all reasonable adjustments, is able to undertake the roles and responsibilities of the position being offered

The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.'

2. POLICY STATEMENT

The aim of this policy document is to ensure a clear process is in place to provide assurance that individuals within Director Positions at Birmingham & Solihull Mental Health NHS Foundation Trust comply with the Fit and Proper Persons requirements. All Directors, upon appointment will be subject to additional employment checks regarding ensuring they are a Fit & Proper Person, in line with CQC Regulations, to discharge their duties as a Board Member. This includes the posts of Chief Executive, Executive Directors, Chair and Non-Executive Directors. Fit and Proper Person checks will also be undertaken on an annual basis and the results reported through to the Council of Governors and Board of Directors.

3. THE PROCEDURE

The Care Quality Commission states that unless an individual satisfies all the requirements set out in Regulation 5, a service provider must not appoint or have in place an individual as a director of the service provider, or performing the functions of, or functions equivalent or similar to the functions of a director.

The requirements that are referred to are that:

- the individual is of good character

- 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,
- 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,
- the individual has 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, and

Where an individual who holds a relevant position but no longer meets the requirements, the Trust must:

- take such action as is necessary and proportionate to ensure that the position in question is held by an individual who meets such requirements, and
- if the individual is a health care professional, social worker or other professional registered with a health care or social care regulator, inform the regulator in question.

Who do the Regulations apply to?

The CQC guidance describes “directors” as executive and non-executive directors and any other person performing the functions of, or equivalent or similar functions to, a director. It applies to executive and non-executive directors, permanent, interim and associate positions, irrespective of voting rights. It does not apply to governors.

The Trust will ensure that the FPPR is applied to all board members (voting and non-voting). Due consideration will be given to the application of FPPR for individuals that are covering board member positions in the absence of Director colleagues. This will be undertaken by the Chief Executive and Chair and decisions will be fully documented.

Process for Assessing FPPR Compliance

The FPPR must be applied to an individual before appointment. There is then a requirement to ensure FPPR is complied with during the course of the employment relationship.

a) Pre- Employment Checks

The Trust will undertake all relevant employment checks prior to appointment of the identified ‘directors’ following the standard checks as outlined within the NHS Employment Check Standards – see checklist at Appendix 3.

Employment contracts and appointment letters for directors will include a statement that a condition of continuing employment is that the individual remains a fit and proper person as required under the Regulations, the CQC guidance and under NHS Provider licence (including future amendments) as well as the consequences of non-compliance with the Regulations.

Good Character - A self-declaration will be undertaken (as shown at Appendix 4) and a criminal records check as appropriate.

Competence – evidence of qualifications and references will be obtained. On-going assessment will be undertaken via regular appraisal and the development of personal development plans, ensuring training and development needs are met.

Health - All directors will be required to complete an Occupational Health self-declaration. Clearance as ‘fit’ for the position applied for will be gained.

Misconduct or Mismanagement - This is the most difficult area of assessment within the Regulations and refers to individuals *not being responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement....* This test is clearly wide ranging. Past employment history will be checked in detail through gaining a complete employment history and detailed references.

Miscellaneous - There are also a number of grounds of unfitness relating to for example, bankruptcy, which will also need to be assessed. These checks will be completed online through the Insolvency Register and Disqualified Directors Register

Information Requirements - The CQC regulations requires key information to be maintained on personal files, the checklist has been developed to ensure all required information is maintained.

b) Requirement for Assessment of continued Fitness

In order to ensure the on-going assessment of continued fitness it is proposed that a combination of the following activities is used:

- On-going duty to report as included in contracts of employment and offer letters
- Annual self-declaration
- Annual checks for bankruptcy and registration
- Regular health checks where required
- Completion of robust appraisals

The checklist at Appendix 5 will be completed to demonstrate continued fitness.

4 ROLES AND RESPONSIBILITIES

Post(s)	Responsibilities
Head of Recruitment	Is responsible for ensuring all employment checks are carried out in accordance with this policy and collating the evidence for insertion in personal files.
Policy Lead	The Associate Director of Governance will approve and sign off all FPPR checks carried out and will provide annual compliance reports.
Executive Director	In the event that a Director is at the point of commencing employment or is found whilst employed to be unable to evidence all requirements, the

Post(s)	Responsibilities
	Executive Director of Strategy, People & Partnerships will bring this to the attention of the Chair and Chief Executive.
Chair and Chief Executive	In the absence of evidence to support appointment, will jointly undertake a risk assessment and consider any potential and proportionate restrictions in working practice that should be placed on the individual prior to evidence becoming available to facilitate commencement or continuation of employment

5: DEVELOPMENT AND CONSULTATION PROCESS consisting of:

Consultation summary		
Date policy issued for consultation	28 th March 2022	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Director of Strategy, People & Partnerships	31 st March 2022	
Deputy Director of Human Resources	31 st March 2022	
Where received	Summary of feedback	Actions / Response

(*Add rows as necessary)

6. REFERENCE DOCUMENTS

The Care Act 2014

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Health and Social Care Act 2008 (Regulated Activities) (Amendment Regulations 2015

Companies Act 2006

NHS Employment Check Standards (NHS Employers)

Standards of conduct, performance and ethics (Health and Care Professions Council)

The seven principals of public life (Committee on standards for public life)

[CQC Guidance - Fit and proper persons: directors](#)

Related BSMHFT Documents:

- Recruitment Policy
- DBS Policy

7. BIBLIOGRAPHY

Care Quality Commission: Guidance for Providers: Fit and Proper Persons: Directors

8. GLOSSARY consisting of:

CQC: Care Quality Commission

8. AUDIT AND ASSURANCE consisting of:

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Provision of assurance that all Non Executive Directors have met FPPR	Associate Director of Corporate Governance	Report	Annual	Nomination & Remuneration Committee to Council of Governors
Provision of assurance that all Directors have met FPPR	Associate Director of Corporate Governance	Report	Annual	Private Board of Directors Meeting

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Fit & Proper Persons Policy		
Person Completing this proposal	Company Secretary	Role or title	
Division	Corporate	Service Area	Not applicable
Date Started	4 th March 2022	Date completed	6 th April 2022
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
To adhere to regulations which require members of the Board of Directors to undergo specific checks in relation to their ongoing suitability for the role			
Who will benefit from the proposal?			
The Trust by ensuring Board Members are fit for their roles			
Impacts on different Personal Protected Characteristics – Helpful Questions:			
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>	
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>	
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>	
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>	
		<i>Protect and promote human rights?</i>	
Please click in the relevant impact box or leave blank if you feel there is no particular impact.			

Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	X			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	X			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	X			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	X			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				

Religion or Belief	X			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	X			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No X		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				X

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

How will any impact or planned actions be monitored and reviewed?

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Full Equality Analysis Form

Title of Proposal	Fit and Proper Persons Policy		
Person Completing this proposal	Sharan Madeley	Role or title	Company Secretary
Division/Department	Corporate	Service Area	Corporate
Date Started	2nd February 2022	Date completed	12 th February 2022
Looking back at the screening tool, in what areas are there concerns that the proposal treats groups differently, unfairly or disproportionately as a result of their personal protected characteristics?			
The regulation for Fit & Proper Persons governed by the CQC is clear that all members of the Board of Directors are treated fairly in ensuring upon appointment and on an ongoing basis, all Board Members remain fit for their role and are therefore not unfairly or disproportionately treated as a result of their personal protected characteristics			
Summarise the likely negative impacts		Summarise the likely positive impact	
No negative impacts		Board Members adhering to the regulations remain fit for their role as a Board Member	
What previous or planned consultation or research on this proposal has taken place with groups from different sections of the community?			
		Please provide list of groups consulted.	Summary of consultation / research carried out or planned. If already carried out, what does it tell you about the negative impact?
Group(s) (Community, service user, stakeholders or carers)			
Staff Group(s)			
What up-to-date information or data is available about the different groups the proposal may have a negative impact on?			

Are there any gaps in your previous or planned consultations, research or information? If so are there any other experts, groups that could be contacted to get further views or evidence?			
Yes		No	x
If yes please list below			
As a result of this Full Equality Analysis and consultation, what changes need to be made to the proposal? (You may wish to put this information into an action plan and attach to the proposal)			
None. This is a policy based on national regulations governing NHS Trusts			
Will any negative impact now be:			
Low:		Legal:	Justifiable:
Will the changes made ensure that any negative impact is lawful or justifiable?			
Have you established a monitoring system and review process to assess the successful implementation of the proposal? Please explain how this will be done below.			
Regular annual checks will be undertaken on all Board Members to ensure they comply with the regulations			
Action Planning: How could you minimise or remove any negative impact identified even if this is of low significance?			

How will any impact or planned actions be monitored and reviewed?
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic?

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

CQC GUIDANCE ON REGULATION 5

Component of the regulation	Providers must have regard to the following guidance
<p>5(1) This regulation applies where a service provider is a body other than a partnership</p>	<ul style="list-style-type: none"> • This regulation applies to all providers that are not individuals or partnerships.
<p>5(2) Unless the individual satisfies all the requirements set out in paragraph (3), a service provider must not appoint or have in place an individual—</p> <p>(a) as a director of the service provider, or</p> <p>(b) performing the functions of, or functions equivalent or similar to the functions of a director.</p> <p>(c)</p>	<ul style="list-style-type: none"> • For NHS bodies it applies to executive and non-executive, permanent, interim and associate positions, irrespective of their voting rights. The requirement will also apply to equivalent director posts in other providers, including trustees of charitable bodies and members of the governing bodies of unincorporated associations. • Where a local authority is a provider, the regulations will not apply to elected members as they are accountable through a different route.
<p>5(3)(a) the individual is of good character</p>	<ul style="list-style-type: none"> • When assessing whether a person is of good character, providers must follow robust processes to make sure that they gather all available information to confirm that the person is of good character, and they must have regard to the matters outlined in Schedule 4, Part 2 of the regulations. It is not possible to outline every character trait that a person should have, but we would expect to see that the processes followed take account of a person's honesty, trustworthiness, reliability and respectfulness. • If a provider discovers information that suggests a person is not of good character after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter. • Where a provider considers the individual to be suitable, despite existence of information relevant to issues identified in Schedule 4, Part 2, the provider's reasons should be recorded for future reference and made available.

Component of the regulation	Providers must have regard to the following guidance
<p>5(3)(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,</p>	<ul style="list-style-type: none"> • Where providers consider that a role requires specific qualifications, they must make this clear and should only appoint those candidates who meet the required specification, including any requirements to be registered with a professional regulator. • Providers must have appropriate processes for assessing and checking that the candidate holds the required qualifications and has the competence, skills and experience required, (which may included appropriate communication and leadership skills and a caring and compassionate nature) to undertake the role. These must be followed in all cases and relevant records kept. • We expect all providers to be aware of, and follow, the various guidelines that cover value-based recruitment, appraisal and development, and disciplinary action, including dismissal for chief executives, chairs and directors, and to have implemented procedures in line with the best practice. This includes the seven principles of public life (Nolan principles).
<p>5(3)(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,</p>	<ul style="list-style-type: none"> • This aspect of the regulation relates to a person's ability to carry out their role. This does not mean that people who have a long-term condition, a disability or mental illness cannot be appointed. When appointing a person to a role, providers must have processes for considering their physical and mental health in line with the requirements of the role. • All reasonable steps must be made to make adjustments for people to enable them to carry out their role. These must be in line with requirements to make reasonable adjustments for employees under the Equality Act 2010.

Component of the regulation	Providers must have regard to the following guidance
<p>5(3)(d) the individual has 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, and</p>	<ul style="list-style-type: none"> • Providers must have processes in place to assure themselves that a person has not been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement in the carrying on of a regulated activity. This includes investigating any allegation of such and making independent enquiries. • Providers must not appoint any person who has been responsible for, privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not) in the carrying on of a regulated activity. • A director may be implicated in a breach of a health and safety requirement or another statutory duty or contractual responsibility because of how the entire management team organised and managed its organisation's activities. In this case, providers must establish what role the director played in the breach so that they can judge whether it means they are unfit. If the evidence shows that the breach is attributable to the director's conduct, CQC would expect the provider to find that they are unfit. • Although providers have information on when convictions, bankruptcies or similar matters are to be considered 'spent' there is no time limit for considering serious misconduct or responsibility for failure in a previous role.
<p>5(3)(e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.</p>	<ul style="list-style-type: none"> • A person who will be acting in a role that falls within the definition of a "regulated activity" as defined by the Safeguarding Vulnerable Groups Act 2006 must be subject to a check by the Disclosure and Barring Service (DBS). • Providers must seek all available information to assure themselves that directors do not meet any of the elements of the unfit person test set out in Schedule 4 Part 1. Robust systems should be in place to assess directors in relation to bankruptcy, sequestration, insolvency and arrangements with creditors. In addition, where a director meets the eligibility criteria, providers should establish whether the person is on the children's and/or adults safeguarding barred list and whether they are prohibited from holding the office in question under other laws such as the Companies Act or Charities Act. • If a provider discovers information that suggests an individual is unfit after they have been appointed to a role, the provider must take appropriate and timely action to investigate and rectify the matter.

Component of the regulation	Providers must have regard to the following guidance
<p>5(6) Where an individual who holds an office or position referred to in paragraph (2)(a) or (b) no longer meets the requirements in paragraph (3), the service provider must—</p> <p>(a) take such action as is necessary and proportionate to ensure that the office or position in question is held by an individual who meets such requirements, and</p> <p>(b) if the individual is a health care professional, social worker or other professional registered with a health care or social care regulator, inform the regulator in question.</p>	<ul style="list-style-type: none"> • Providers must assess and regularly review the fitness of directors to ensure that they remain fit for the role they are in. Providers must determine how often to review fitness based on the assessed risk to business delivery and/or to the people using the service posed by the individual and/or role. • Providers must have arrangements in place to respond to concerns about a person's fitness in relation to Regulation 5(3) and (4) after they have been appointed to a role, which either they or others have identified, and providers must adhere to these arrangements. • Providers must investigate, in a timely manner, any concerns about a person's fitness or ability to carry out their duties, and where concerns are substantiated, they must take proportionate, timely action. Where a person's fitness to carry out their role is being investigated, appropriate interim measures may be required to minimise any risk to people who use the service.

TRUST RECRUITMENT CHECKLIST
REGULATION 5: FIT AND PROPER PERSON
REQUIREMENTS
DIRECTORS AND NON-EXECUTIVE DIRECTORS –
RECRUITMENT CHECKLIST

Post Title:

Preferred Candidate:

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

	Yes	No
Documents Checked confirming right to work in the UK		
Documents checked confirming identity		
Recent photograph checked and kept on file		
Detailed review of full employment history has been undertaken to include review of external information as necessary Comment on any information/issues identified		
Two detailed referenced have been received (one from most recent employer)		
Original documentation relating to Qualifications and Professional Registration Checked		
Occupational Health Review undertaken (if required)		
Disclosure and Barring Service check completed		
Search of insolvency and bankruptcy register, and disqualified directors register completed		

Recruitment Checks completed by:

NAME:

POSITION

SIGNED

Fit and Proper Person Regulation Compliance confirmed

NAME:

POSITION:

SIGNED:

DATE:

**Regulation 5: Fit and Proper Person Requirements
Directors and Non-Executive Directors - 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. These regulations play a major part in ensuring the accountability of directors (executive, non-executive, permanent, interim and associate positions, irrespective of voting rights) of NHS bodies and outline the requirements for robust recruitment and employment processes for board level appointments. As part of the assurance against the new Fit and Proper Person requirements for new and existing board members, you are required to answer the following questions, sign, date and return.

STATEMENT	YES	NO
Have you got the qualifications, competency, skills and experience which are necessary for your current position at BSMHFT?		
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 SFHFT		
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		
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. 		
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?		
Have you been erased, removed or struck-off a register of professionals maintained by a regulator of health care or social work professionals?		
Have you ever been found not to be a fit and proper person for the purposes of Regulation 5		

**As a Director, it is also recommended that you also familiarise yourself with the Trust's Constitution 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. Corporate Services office will also offer support and advice as appropriate.
I hereby agree that the above is accurate**

Name

Position

Signed

Date

Personal File Checklist for on-going fitness
Regulation 5: Fit and Proper Person Requirements
Directors and Non-Executive Directors – Information Requirements:

Annual Checklist

POST:

Signed Annual Declaration provided	Yes	No
Proof of Identity including a recent photograph	Yes	No
Where relevant, DBS check and/or barring information under the Safeguarding Vulnerable Groups Act 2006	Yes	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	Yes	No
In so far as it is reasonably practicable to obtain, satisfactory documentary evidence of any qualification relevant to the duties for which the person is employed or appointed to perform	Yes	No
A full employment history, together with a satisfactory written explanation of any gaps in employment	Yes	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	No
Annual Checks completed including Disqualified Directors Registers, disqualified Trustees Charities Commission and web search checks using the words "theft, fraud, arrest".	Yes	No

Information Requirements completed by:

Name	Position
Signed	Date

Fit and Proper Person Regulation Compliance Confirmed:

Name	Position
Signed	Date