

**TRUST-WIDE POLICY DOCUMENT**

**FIT AND PROPER PERSONS  
 POLICY**

**(BOARD OF DIRECTORS, EXECUTIVE TEAM  
 AND THEIR DIRECT REPORTS)**

<b>Policy Number:</b>	<b>F07</b>
<b>Scope of this Document:</b>	<b>Board of Directors, the Executive Team and their Direct Reports</b>
<b>Recommending Committee:</b>	<b>Strategic Workforce Group</b>
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**TRUST-WIDE POLICY DOCUMENT**

**Version 3**

*Striving for perfect care  
 and a just culture*

## TRUST-WIDE POLICY DOCUMENT

# FIT AND PROPER PERSONS POLICY

### Further information about this document:

Document name	<b>Fit and Proper Persons Policy (F07)</b>
Document summary	<b>This policy outlines the process within Mersey Care to administer and review the Fit and Proper Persons Test for members of the Board of Directors, the Executive Team and their Direct Reports who are required to demonstrate they are a Fit and Proper Person under Regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b>
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To be read in conjunction with	<b>Constitution (F01)</b> <b>Standards of Business Conduct (F04)</b> <b>Recruitment and Selection Policy (HR21) and supporting Procedures</b> <b>Verification of Statutory Registration of Temporary &amp; Permanent Colleagues Policy (HR08)</b> <b>Policy &amp; Procedure for Disclosure &amp; Barring Service Checks (HR16)</b> <b>Occupation Health Policy (HR29)</b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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Version 1	Approved - Board of Directors on 28 November 2018 (Item G2)	28 November 2018
Version 2	Approved - Board of Directors on 22 May 2019 (Item G2)	22 May 2019
Version 3	Approved – Board of Directors on 25 March 2020 (Item G1)	25 March 2020

### Use of Terminology:

Within this *Fit and Proper Persons Policy* the following terminology is used:

- **2014 Regulations** – refers to *The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*
- **Executive Team** – refers to the Chief Executive, Executive Directors, non-voting Directors who regularly attend the Board and the Trust Secretary
- **Direct Reports** – those senior managers within the Trust who are directly line managed by a member of the Executive Team
- **DBS** – Disclosure and Barring Service checks

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## SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

## 1. PURPOSE AND RATIONALE

- 1.1. The purpose of this policy is to outline the arrangements Mersey Care NHS Foundation Trust (*Mersey Care* or *the Trust*) has in place to ensure that members of the Board of Directors, together with other Trust employees identified by the Board of Directors, have been subject to the **Fit and Proper Persons Test** which is:
- a) outlined in Regulation 5 of *The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*; and
  - b) supported by guidance issued from time to time by the Care Quality Commission and other appropriately designated bodies.

## 2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1. The aim of the process outlined in this document is that all members of the Board of Directors, the Executive Team and their Direct Reports have been subject to relevant the Fit and Proper Persons Test on an annual basis.
- 2.2. The objective of this process is to ensure:
- a) members of the Board of Directors and relevant staff are Fit and Proper Persons to undertake their roles on behalf of the Trust;
  - b) at least annually, the outcome of Fit and Proper Persons Test will be reported to the Board of Directors and, in respect the of the Chair and Non-Executive Directors, to the Council of Governors (together with information about new starters, investigations, non-compliance or breaches in the process).

## 3. SCOPE

- 3.1. The following people are subject to the arrangements outlined in this policy:
- a) the Chair of the Trust;
  - b) Non Executive Directors appointed to the Board of Directors;
  - c) members of the Executive Team, comprising:
    - i) the Chief Executive of the Trust,
    - ii) Executive Directors who can vote at the Board of Directors,
    - iii) non-voting Directors who attend the Board of Directors,
    - iv) the Trust Secretary; and
  - d) 'Direct Reports', i.e., those senior managers who are line managed by a member of the Executive Team.

## 4. DEFINITIONS

- 4.1. Regulation 5 of *The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014* (referred to as the 2014 Regulations) places a duty on NHS providers not to appoint a person, or allow a person to continue to be, an Executive Director or equivalent or a Non-Executive Director under given circumstances. This means 'directors' should not be appointed / continue to hold office unless they are:
- a) of good character;

- b) have the necessary qualifications, skills and experience;
  - c) able to perform the work that they are employed for after reasonable adjustments are made;
  - d) able to supply information as set out in Schedule 3 of the 2014 Regulations when requested by the Care Quality Committee (see **Appendix A**).
- 4.2. When assessing a person being 'of good character' NHS providers are required to take account of Schedule 4 of the 2014 Regulations, namely:
- a) whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence, and
  - b) whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of health care or social work professionals.
- 4.3. The CQC's definition of good character is not the objective test of having no criminal convictions but instead rests upon a judgement as to whether the person's character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for Boards in reaching a decision and allows for the fact that people can and do change over time.
- 4.4. The regulations list categories of persons who are prevented from holding the office and for whom there is no discretion:
- a) the person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged;
  - b) the person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
  - c) the person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40);
  - d) the person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
  - e) the person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
  - f) the person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment;
  - g) the person has been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.

- 4.5. In January 2018 the CQC issued revised guidance for providers and CQC inspectors in respect of Regulation 5 of the 2014 Regulations. Specifically the CQC has made a minor change to its guidance to make it explicit that they expect providers to undertake an “enhanced DBS check for directors to check that they are not on the children’s and / or safeguarding barred list where they meet the eligibility criteria”. Directors are eligible for such an enhanced DBS check if the role that they take falls within the definition of a “regulated activity” as defined by the Safeguarding Vulnerable Groups Act 2006.
- 4.6. Mersey Care has interpreted this as follows:
- a) the Chair and the Vice Chair will require an enhanced DBS check, in line with the requirements of the Trust’s *Policy and Procedure for Disclosure and Barring Service Checks (HR16)*, as they have line management responsibility for the Chief Executive, who is directly responsible for carrying out a regulated activity;
  - b) all Executive Directors will require an enhanced DBS check, in line with the requirements of the Trust’s *Policy and Procedure for Disclosure and Barring Service Checks (HR16)*, if they are either:
    - i) a registered healthcare professional, or
    - ii) *directly responsible* for managing individuals who are carrying out a regulated activity;
  - c) only those Non-Executive Directors who hold a recognised clinical qualification will require an enhanced DBS check in line with the requirements of the Trust’s *Policy and Procedure for Disclosure and Barring Service Checks (HR16)*; and
  - d) all other employees subject to a Fit and Proper Persons Test (see paragraph 3.1 above) will be subject to a standard DBS check, unless they are required to have an enhanced DBS because:
    - i) they carry out a ‘regulated activity’, or
    - ii) they hold healthcare professional registration as part of their duties (in line with the requirements of the Trust’s *Policy and Procedure for Disclosure and Barring Service Checks (HR16)*), or
    - iii) they are expected to draw keys at Ashworth Hospital as part of their role;

on the basis that other non-clinical Non Executives / staff will not be placed in positions by the Trust where they would be required to interact unescorted with patients, carers or members of the public.

- 4.7. **Note** – guidance provided to Mersey Care by NHS Employers in 2018 is that unless individuals are in a regulated activity themselves (as defined by the Protection of Freedoms Act 2013) - i.e., they are a registered healthcare professional or they are *directly responsible* for managing individuals who are carrying out a regulated activity or they draw keys at Ashworth Hospital then there is no legal standing to obtain an enhanced DBS check.

## 5. DUTIES

### 5.1. **Chair** – has responsibility for:

- a) overseeing the outcome of Fit and Proper Person Tests where the individual is a Non Executive Director<sup>1</sup> or a member of the Executive Team (i.e., the Chief Executive, Executive Directors, non-voting Directors who attend the Board and the Trust Secretary);
- b) with the support of the Trust Secretary and independent legal counsel, undertaking investigations into any concerns raised about one of the above individuals, including where the individual has notified the Chair they may no longer comply with Fit and Proper Persons requirements.

### 5.2. **Senior Independent Director** (a Non Executive Director) - has responsibility for

- a) overseeing the outcome of Fit and Proper Person Test for the Chair<sup>2</sup>;
- b) with the support of the Trust Secretary and independent legal counsel, undertaking investigations into any concerns raised about the Chair, including where the Chair has notified the Senior Independent Director they may no longer comply with Fit and Proper Persons requirements.

### 5.3. **Chief Executive** - has responsibility for:

- a) overseeing the outcome of Fit and Proper Person Tests where the individual is a Direct Report (see paragraph 3.1(d) above);
- b) with the support of the Trust Secretary, undertaking investigations into any concerns raised about one of the above individuals, including where the individual has notified the Chief Executive they may no longer comply with Fit and Proper Persons requirements.

### 5.4. **Executive Director of Workforce** - as the Lead Executive Director, they have responsibility for:

- a) advising the Chair and Board of Directors on the process necessary to ensure the Trust has robust systems in place which comply with Regulation 5 of the 2014 Regulations (together with any guidance issued by the CQC);
- b) ensuring that any Fit and Proper Persons Tests undertaken comply with the process detailed in this policy, bringing non compliance to the attention of the Chair, Senior Independent Director or Chief Executive (as relevant) as well as the Trust Secretary and the individual's line manager;
- c) designating members of the Workforce Team to undertake the Fit and Proper Persons Tests upon appointment and as part of the annual review process;
- d) in respect of prospective Non Executive Directors / employees offered a position subject to the successful competition of the Fit and Proper Person Tests upon

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<sup>1</sup> If the outcome is the removal of a Non Executive Director, this will need to be referred to the Council of Governors.

<sup>2</sup> If the outcome is the removal of the Chair, this will need to be referred to the Council of Governors.



appointment, being the final arbitrator as to whether that individual meets the requirements of the Fit and Proper Persons Test<sup>3</sup>.

5.5. **Trust Secretary** – responsible for:

- a) providing advice and support to the Board of Directors and Council of Governors in respect of the administration of and compliance with the Fit and Proper Persons Test;
- b) where an investigation is required<sup>4</sup>, acting as the secretary to the chair of the investigation panel (i.e., the Chair, Senior Independent Director or Chief Executive as mandated in paragraphs 5.1 to 5.3 above) and appointing / liaising with legal advisors in respect of the advice for the chair of the panel, the arrangements for the panel to meet, the collation of any evidence requested and liaison with the individual under investigation).

5.6. **Board of Directors / Trust Secretary / Direct Reports** – are responsible for:

- a) continuing to meet the requirements of being a Fit and Proper Person;
- b) immediately bringing to the attention of the relevant person (see below) any circumstances where they may not continue to meet the requirements of being a Fit and Proper Person:
  - i) if a Non Executive Director or a member of the Executive Team – to the Chair of the Trust,
  - ii) if the Chair – to the Senior Independent Director and the Chief Executive,
  - iii) if a Direct Report – to the Chief Executive and their line manager;
- c) for maintaining their DBS checks and providing all information necessary to complete the Fit and Proper Persons Test, the annual check or to assist the Trust in undertaking an investigation (if required) in a timely manner.

5.7. **Independent Legal Counsel** – are responsible, once appointed by the Trust Secretary on behalf of the Trust, for:

- a) advising the Trust as to whether the individual needs to be suspended or placed on restricted duties;
- b) to advise the Trust Secretary on the procedural steps necessary to investigate any Fit and Proper Person concerns raised and the evidence that will need to be collated for consideration;
- c) at the meeting convened for the Chair, Senior Independent Director or Chief Executive (as appropriate) to consider if the concern raised affects whether an individual can continue to be regarded as a Fit and Proper Person, to advise the chair of the meeting as appropriate.

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<sup>3</sup> Or another suitable qualified HR professional designated by the Chief Executive where the appointment relates to the Executive Director of Workforce.

<sup>4</sup> Should the person under investigation be the Trust Secretary, the Chair shall seek advice from the Chief Executive and / or the Executive Director of Workforce as to whom shall undertake the Trust Secretary's role.

## 6. PROCESS

### 6.1. Upon Appointment

6.1.1. Where a post is subject to the Fit and Proper Persons Test (as listed in paragraph 3.1 above) candidates will be notified as part of the Trust's normal recruitment processes. In addition to the other requirements of the NHS Safer Employment Check Standards and the Trust's Recruitment and Selection Policy and Procedure, candidates will be required to complete the [Fit and Proper Persons Self Declaration Form](#) (see **Appendix B**).

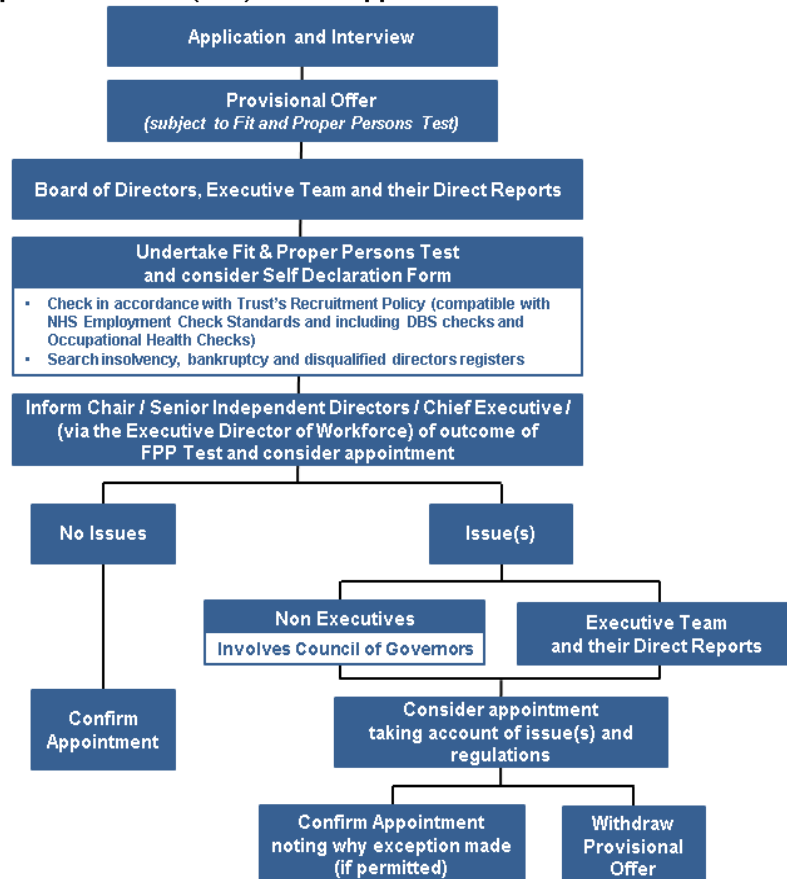
6.1.2. The Fit and Proper Persons Test for a new starter upon appointment will comprise of the following (including checking their Self-Assessment Form against the information reviewed below):

Test Element	Process Defined in
Good Character	Pre-Employment checks – see Recruitment & Selection Policy and supporting procedures (e.g., references, identity checks, right to work, qualification checked)
Physically and mental fit	Occupational health screening process - see Occupational Health Policy
Necessary qualifications	Certificates and professional registration checks - see Recruitment & Selection Policy and supporting procedures and Verification of Statutory Registration of Temporary & Permanent Colleagues Policy Self-declaration – see Appendix B
Skills and experience	Interview / assessment centre - see Recruitment & Selection Policy and supporting procedures Self-declaration – see Appendix B
Criminal convictions	Disclosure and Barring Service - see Policy & Procedure for Disclosure & Barring Service Checks Self-declaration – see Appendix B
Full employment history	Application form / CV - see Recruitment & Selection Policy and supporting procedures
Bankruptcy / insolvency	HR searches of relevant insolvency and bankruptcy register - see Recruitment & Selection Policy and supporting procedures Self-declaration – see Appendix B
Investigations / struck off / Barring Lists	HR searches of relevant professional registers and Companies House - see Recruitment & Selection Policy and supporting procedures Self-declaration – see Appendix B
Fitness to practice (including safeguarding / misconduct / mismanagement)	General - see Recruitment & Selection Policy and supporting procedures Professional registration - see Verification of Statutory Registration of Temporary & Permanent Colleagues Policy Self-declaration – see Appendix B

Test Element	Process Defined in
Eligibility to hold office	HR searches of disqualified director register -; Verification of Statutory Registration of Temporary & Permanent Colleagues Policy and Policy & Procedure for Disclosure & Barring Service Checks Self-declaration – see Appendix B

6.1.3. Subject to the findings from completing the Fit and Proper Person Test, **Figure 1** outlines the process that will be followed upon appointment

**Figure 1: Fit and Proper Persons Test (FFP) for New Appointments**



6.1.4. 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 Person Tests, please refer to section 6.3 below.

## 6.2. Annual and Ongoing Review

6.2.1. The Trust is responsible for ensuring the continued 'fitness' of those persons Fit and Proper Persons Test (as listed in paragraph 3.1 above). The Trust shall discharge this responsibility through an annual review process comprising of the following:

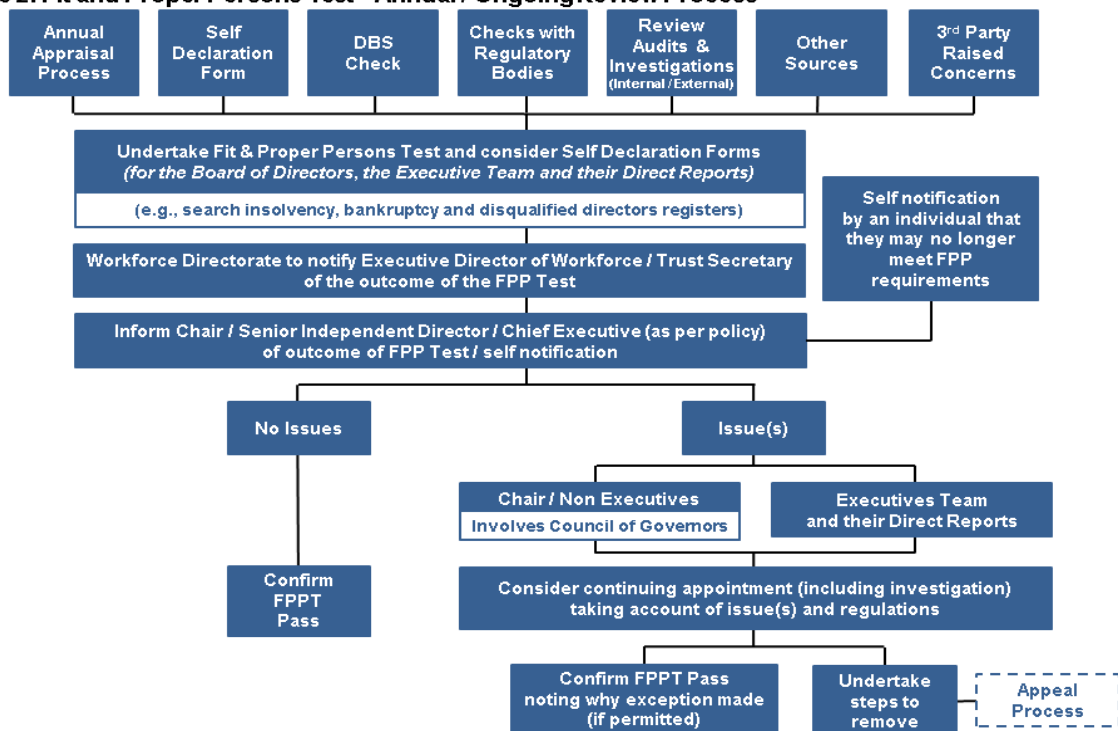
- a) completion of the Fit and Proper Persons Self Declaration Form annually by the persons covered by this policy (see **Appendix B**). This Self Declaration Form should also be reviewed and signed off for the appropriate staff by either the Chair or the Chief Executive (as outlined in paragraphs 5.1(b) and 5.3(b));

- b) the Workforce Team undertaking annual checks against the relevant insolvency, bankruptcy and disqualified directors registers by the end of March each year;
- c) checking the person's registration with the appropriate DBS status (this will include taking account of any notifications from the DBS Update Service, usually every 60-days, which will be managed in accordance with this policy);
- d) the formal appraisal process by the relevant line manager.

6.2.2. If at any time the Chair, Non Executive Director, a member of the Executive Team or their Direct Reports fails to declare any information which could call into question them continuing to be regarded as a Fit and Proper Person, then consideration will need to be given to their suspension and potential disqualification from office and / or dismissal in line with the Trust's Disciplinary Procedure.

6.2.3. Subject to the findings from completing the Fit and Proper Person Test, **Figure 2** outlines the process that will be followed. Please also refer to sections 6.4 and 6.5 below.

**Figure 2: Fit and Proper Persons Test – Annual / Ongoing Review Process**



### 6.3. Managing an Unfit Outcome - Failure to Confirm the Appointment

6.3.1. If during pre-employment screening it emerges that the individual appears unlikely to meet the requirements of the Fit and Proper Person Test, then consideration should be given to withdrawing the appointment / offer of employment. The Executive Director of Workforce, with the support of their team and in line with the legislation, CQC guidance and Trust policy, may consider if requests from the individual for further information may be necessary so as to make a fully informed decision. However if the individual fails to meet the Fit and Proper Persons Test requirements, the offer for appointment / employment should be withdrawn.

#### **6.4. Managing an Unfit Outcome – Annual Review Process**

- 6.4.1. If during the annual review process aspects of the annual review process have not been completed or it has been found that the Trust had not complied with this policy, then in light of the Trust's just and learning culture, consideration should be given – based upon a risk assessment – as to whether or not the individual should be suspended and / or subject to any form of disciplinary action. For example, delays may occur in processing a DBS check which are beyond their control or paperwork has not been received by the Workforce Team in the requested timescales to triangulate aspects of the checks undertaken.
- 6.4.2. In these circumstances, the Executive Director of Workforce will bring this matter to the attention of the Chair, Senior Independent Director or Chief Executive (as relevant) and the Trust Secretary. The Executive Director of Workforce will then agree the necessary actions with the Chair, Senior Independent Director or Chief Executive (as relevant), which will then be communicated to the individual concerned and the Trust Secretary. In addition such information must be communicated with the staff member's line manager, so they are aware of any actions or mitigations that have been put in place. The matter and outcome should also be reported to the Audit Committee by the Executive Director of Workforce and will also need to be reported as part of the annual report to the Board of Directors and / or the Council of Governors.

#### **6.5. Managing and Unfit Outcome - Upon Investigation of a Concern**

- 6.5.1. Circumstances may arise that concerns are raised about the Fit and Proper Person status of an individual as a result of:
- a) a self-declaration,
  - b) concerns raised via internal escalation processes (including the annual / ongoing review); or
  - c) concerns raised externally to the Trust by an individual, an organisation or a regulator.
- 6.5.2. When a concern is brought to the attention of the Trust, the following initial actions will need to be undertaken:
- a) depending on which individual a concern(s) is raised about, that the appropriate members of the Trust are informed as outlined in section 5 above;
  - b) consideration as to whether or not the nature of the concern(s) raised will require the individual to be suspended or placed on restricted duties. As all such concern(s) will be notified to the Trust Secretary, he / she will seek appropriate and independent legal advice on this issue to inform the actions of the Trust;
  - c) confirmation of the investigation officer and the process and timescale to be used for the investigation (Executive Director of Workforce and Trust Secretary to advise the Chair, Senior Independent Director or Chief Executive as appropriate, taking account of the independent legal advice obtaining by the Trust Secretary);

- d) Trust Secretary to liaise with the Trust's CQC Nominated Individual so that the Care Quality Commission may be advised of the concern raised and the process being adopted by the Trust to investigate this matter.

## **7. CONSULTATION**

- 7.1. In developing this policy, the Trust has taken account of the 2014 Regulations, guidance issued by the CQC, legal advice obtained by the Trust and discussions / correspondence with professional bodies, including NHS Employers.

## **8. MONITORING**

- 8.1. As can be seen from section 6 above, the Fit and Proper Persons status of the Board of Directors, the Executive Team and their Direct Reports is subject to review on appointment and on an annual and ongoing basis. The outcome of these reviews will be subject to:
  - a) in respect of the Chair and the Non Executive Directors, an annual report to the Council of Governors;
  - b) in respect of the Board of Directors, the Executive Team and their Direct Reports, an annual report to the Board of Directors; and
  - c) where issues of concern are raised, an ad hoc report to either the Council of Governors or the Board of Directors (as appropriate) on the outcome of the review into the concern that had been raised.
- 8.2. Where necessary, reports on non-compliance with this policy will be taken to next Audit Committee.

**Schedule 3 of the 2014 Regulations**

1. The CQC has the right to require the provision of information set out in Schedule 3 of the 2014 Regulations and such other information as is kept by the organisation that is relevant to the individual as follows:
  - a) proof of identity including a recent photograph;
  - b) where required for the purposes of an exempted question in accordance with section 113A(2)(b) of the Police Act 1997(38), a copy of a criminal record certificate issued under section 113A of that Act together with, after the appointed day and where applicable, the information mentioned in section 30A(3) of the Safeguarding Vulnerable Groups Act 2006 (provision of barring information on request)(39);
  - c) where required for the purposes of an exempted question asked for a prescribed purpose under section 113B(2)(b) of the Police Act 1997, a copy of an enhanced criminal record certificate issued under section 113B of that Act together with, where applicable, suitability information relating to children or vulnerable adults;
  - d) satisfactory evidence of conduct in previous employment concerned with the provision of services relating to:
    - health or social care, or,
    - children or vulnerable adults;
  - e) where a person (P) 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 P's employment in that position ended;
  - f) 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;
  - g) a full employment history, together with a satisfactory written explanation of any gaps in employment;
  - h) 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;
  - i) for the purposes of this Schedule:
    - 'the appointed day' means the day on which section 30A of the Safeguarding Vulnerable Groups Act 2006 comes into force,
    - 'satisfactory' means satisfactory in the opinion of the CQC,
    - 'suitability information relating to children or vulnerable adults' means the information specified in sections 113BA and 113BB respectively of the Police Act 1997.

## Fit and Proper Persons Test Self-Declaration Form

In line with the requirements of (i) Regulation 5 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and (ii) Mersey Care NHS Foundation Trust's Fit and Proper Persons Policy. I hereby declare:

Declaration	Agree with statement (yes/no)
I am of good character by virtue of the following:	
<ul style="list-style-type: none"> <li>I have not 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 or charged with an offence that has not yet been disposed of?</li> </ul>	
<ul style="list-style-type: none"> <li>I have not been erased, removed or struck-off a register of professionals maintained by a regulator of health or social care.</li> </ul>	
<ul style="list-style-type: none"> <li>I have not been sentenced to imprisonment for three months or more within the last five years</li> </ul>	
<ul style="list-style-type: none"> <li>I am not an undischarged bankrupt</li> </ul>	
<ul style="list-style-type: none"> <li>I am not the subject of a bankruptcy order or an interim bankruptcy order</li> </ul>	
<ul style="list-style-type: none"> <li>I do not have an undischarged arrangement with creditors</li> </ul>	
<ul style="list-style-type: none"> <li>I am not included on any barring list preventing me from working with children or vulnerable adults</li> </ul>	
<ul style="list-style-type: none"> <li>I do not know of any current NHS Counter Fraud and Security Management Service investigation following allegations made against me?</li> </ul>	
<ul style="list-style-type: none"> <li>I have not been investigated by the Police, or any other investigatory body resulting in my dismissal from employment?</li> </ul>	
<ul style="list-style-type: none"> <li>I am not currently the subject of any investigation or fitness to practice proceedings by any licensing or regulatory body in the UK or any other country?</li> </ul>	
I have the qualifications, skills and experience necessary for the position I hold on the Board	
I am capable of undertaking the relevant position, after any reasonable adjustments under the Equality Act 2010	
I have not been responsible for any misconduct or mismanagement in the course of any employment with a CQC registered provider	
I am not prohibited from holding the relevant position under any other law, e.g. under the Companies Act or the Charities Act.	

Name:		Signed:	
Position (or post offered):		Date:	
Chair / Chief Executive Confirmation of Review (as appropriate)		Date	

Please return this form to: **Recruitment Manager, Mersey Care NHS Foundation Trust,**  
**V7 Building, Kings Business Park, Prescot, Merseyside, L34 1PJ.**