

FIT & PROPER PERSONS REQUIREMENTS POLICY

POLICY

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	X		
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Sponsor (Position)	Chief People Officer		
Author (Position & Name)	Recruitment Manager (Rebecca Ford)		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Human Resources		
Position of Person able to provide Further Guidance/Information	Recruitment Manager/Associate Director of People (Resourcing)		
Associated Documents/ Information		Date Associated Documents/ Information was reviewed	
1. Fit & Proper Person Test process		Reviewed October 2026	

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1.0 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.

In 2019 Tom Kark carried out a review of the FPPR (the Kark Review) and NHS England has since developed a Fit and Proper Person Test framework in response to the recommendations made.

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 FPPT 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.

FPPT Overview

On the 2nd August 2023 NHS England issued its guidance on the new FPPT framework for Board Members to be implemented by 30th September 2023. The duty to take account of 'fit and proper person' test is pervasive, continuous and ongoing. However, for the purposes of the Framework, NHS England considers it appropriate for NHS organisations to be able to consistently demonstrate, on an annualised basis, that a formal assessment of fitness and properness for each board member has been undertaken. NHS organisations should consider carrying out the assessment alongside the annual appraisal.

2.0 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 Sherwood Forest Hospitals NHS Foundation Trust comply with the Fit and Proper Persons Test.

3.0 DEFINITIONS/ ABBREVIATIONS

CQC	Care Quality Commission
FPPR	Fit and Proper Person Requirement
FPPT	Fit and proper Person Test
SID	Senior Independent Director
NED	Non-Executive Director
ED	Executive Director

4.0 ROLES AND RESPONSIBILITIES

Recruitment Manager/Associate Director of People (Resourcing)

Is responsible for ensuring all employment checks are carried out in accordance with this policy and collating the evidence for insertion in personal files. The Recruitment Manager/Associate Director of People (Resourcing) will also review processes regularly and bring any changes in requirements to the attention of the Director of People.

Chair

Accountability for ensuring a new board member meets the FPPT assessment criteria will reside with the chair. In making such decisions the chair will be supported by existing processes and committees. Chairs should ensure that their NHS organisation can show evidence that appropriate systems and processes are in place to ensure that all new and existing board members are, and continue to be, fit and proper (that is, the board members meet the requirement of [Regulation 5](#)), and that no appointments breach any of the criteria set out in [Schedule 4](#) of the regulations.

Such systems and processes include (but are not limited to) recruitment, induction, training, development, performance appraisal, governance committees, disciplinary and dismissal processes.

Senior Independent Director

Chairs will be subject to the same FPPT requirements. Annually the senior independent director (SID) or deputy chair will review and ensure that the chair is meeting the requirements of the FPPT. If the SID and deputy chair are the same individual, another NED should be nominated to review the chair's FPPT on a rotational basis and sign this off within ESR.

Council of Governors

A summary of the outcome of the FPPT for the chair and other non-executive board members should be presented to the Council of Governors and it should also be informed of a satisfactory initial FPPT assessment for new chair and NED appointments.

CQC Inspection

The CQC will need to establish the extent to which the Trust understands Regulation 5 and Inspection teams will check the Trust has undertaken appropriate appointments of its board directors and has satisfied itself that at appointment, and subsequently, all directors are deemed to be of good character and are not unfit. This may involve checking:

- personnel files of recently appointed directors (including internal appointments of existing staff)
- information or records about appraisal rates for executive and non-executive directors
- that the trust is aware of the various guidelines on recruiting executives and that they have implemented procedures in line with this best practice.

The CQC will report findings relating to the FPPT within the trust-level well-led sections of the inspection report and evidence appendix.

See 7.0 for further clarification on roles and responsibilities.

5.0 APPROVAL

This Policy has been agreed by the JSSPF

6.0 DOCUMENT REQUIREMENTS

The Requirements

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, 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
- none of the grounds of unfitness specified in Part 1 of Schedule 4 of the regulations apply to the individual.

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.

See Appendix 1 for further information.

Who do the Regulations Apply?

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 Chairman 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 the recruitment checklist at Appendix 2.

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 3) and 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, 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 covering at least the last 6 years.

Miscellaneous - There are also a number of grounds of unfitness relating to bankruptcy, Insolvency Register and Disqualified Directors Register, employment tribunal register, register of removed Trustees (charities) as well as checking all publicly accessible social media accounts and the checking of google to ensure no untoward information relating to the individual.

Information Requirements - The CQC regulations requires key information to be maintained on personal files and ESR, the checklists within Appendix 2 and Appendix 4 have been developed to ensure all required information is maintained annually.

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-attestation as shown at Appendix 3
- Annual checks for bankruptcy and registration
- Regular health checks where required
- Completion of robust appraisals

The Personal file checklist at Appendix 4 will be completed to demonstrate continued fitness.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Provision of assurance that all Directors & Non-Executive Directors have met FPPR as new starters and annually.	Director of Corporate Affairs	Collates evidence and updates local FPPT folders for each member. Outcomes entered into ESR. Runs the final ESR FPPT BI dashboard report.	Annual	Chair (for CEO and NEDs) and Chief Executive (for EDs) will review the dashboard and conclude whether they are fit and proper. Once satisfied that the testing for all board members is complete the Chair will do the final sign off within ESR. Any adverse findings (breach) or mitigations must be evidenced with a written report
Annual submission form completed to record the outcome of tests for each board member	Director of Corporate Affairs	Annual submission form	Annual	Chair to review, check and sign declaration (with additional governance reporting process via the Council of Governors) Chair to submit to the NHSE Regional Director.
NHSE Regional Director will review annual submission (and any ad hoc submissions) and respond back to the Trust as a record of receipt.	NHSE Regional Director	NHSE Regional Director will copy to FPPT Central Team (NHSE – Workforce Training and Education Directorate).	Annually or any ad hoc submissions	FPPT Central Team will collate records from NHSE regions.
Board Member Reference (BMR) - for leavers	Chair (for CEO/NEDs) and CEO (for EDs)	Arrange for the BMR to be populated with the relevant information from ESR ensuring it includes accurate, complete, open, honest and fair information about the board member concerned and not conceal facts.	When a board member is leaving the Trust for whatever reason	Chair/CEO will sign and date the reference and retain copy in locally accessible files. On request, copy to be sent to new employer and record on ESR.

8.0 TRAINING AND IMPLEMENTATION

A notification of any policy revisions will be provided via the Trust Intranet to promote awareness of the policy and procedure.

This policy and procedure will be regularly monitored and reviewed and will be assessed annually with the intention of improving its effectiveness.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see Appendix 6
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- 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 Provider Licence May 2014
- NHS Employment Check Standards (NHS Employers)
- Standards of conduct, performance and ethics (Health and Care Professions Council)
- The seven principles of public life (The Nolan Committee on standards for public life)
- [CQC Frequently asked questions: Enhanced Disclosure and Barring Service \(DBS\) checks and fit and proper person requirement \(FPPR\)](#)
- [CQC Guidance - Fit and proper persons: directors](#)

Related SFHFT Documents:

- Recruitment Policy
- DBS Policy

11.0 APPENDICES

Appendix 1 - CQC Guidance on Regulation 5

Component of the regulation	Providers must have regard to the following guidance
5(1) This regulation applies where a service provider is a body other than a partnership	<ul style="list-style-type: none"> This regulation applies to all providers that are not individuals or partnerships.
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— (a) as a director of the service provider, or (b) performing the functions of, or functions equivalent or similar to the functions of a director.	<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.
5(3)(a) the individual is of good character	<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.
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,	<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 include

	<p>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.</p> <ul style="list-style-type: none"> 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).
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,	<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.
5(3)(d) the individual has not been responsible for, contributed to or facilitated, any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and	<ul style="list-style-type: none"> Providers must have processes in place to assure themselves that a person has not been responsible for, 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, 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.
5(3)(e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.	<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

	<p>subject to a check by the Disclosure and Barring Service (DBS).</p> <ul style="list-style-type: none"> 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.
<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.

Appendix 2 – 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)

Documents checked confirming right to work in the UK	☐ Yes	☐ No
Documents checked confirming identity	☐ Yes	☐ No
Recent photograph checked and kept on file	☐ Yes	☐ No
Detailed review of full employment history has been undertaken to include review of external information as necessary Comments on any information/issues identified:	☐ Yes	☐ No
Two detailed references have been received (one from most recent employer) covering at least the last 6 years	☐ Yes	☐ No
Original documentation relating to Qualifications and Professional Registration checked	☐ Yes	☐ No
Occupational Health Review undertaken (if required)	☐ Yes	☐ No
Disclosure and Barring Service (DBS) check completed (where appropriate)	☐ Yes	☐ No
Search of insolvency and bankruptcy register, disqualified directors register and social media completed.	☐ Yes	☐ No
Fit and Proper Person Test new starter self-attestation.	☐ Yes	☐ No
Signed privacy notice	☐ Yes	☐ No

Recruitment Checks Completed by:

Name

Position

Signed

Date

Fit and Proper Person Regulation Compliance Confirmed:

Name

Position

Signed

Date

Appendix 3 - Self Declaration Form

Fit and Proper Person Test new starter/annual NHS FPPT self-attestation*	
I declare that I am a fit and proper person to carry out my role. I:	
<ul style="list-style-type: none"> • am of good character • have the qualifications, competence, skills and experience which are necessary for me to carry out my duties • where applicable, have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals • am capable by reason of health of properly performing tasks which are intrinsic to the position • am not prohibited from holding office (eg directors disqualification order) • within the last five years: <ul style="list-style-type: none"> – I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more – been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged – nor is on any 'barred' list. • have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity. 	
<p>The legislation states: if you are required to hold a registration with a relevant professional body to carry out your role, you must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where you no longer meet the requirement to hold the registration, any if you are a healthcare professional, social worker or other professional registered with a healthcare or social care regulator, you must inform the regulator in question.</p> <p>Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform the chair.</p>	
Name and job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Signature:	
Date of last appraisal, by whom:	
Signature of board member:	
Date of signature of board member:	
For chair to complete	
Signature of chair to confirm receipt:	
Date of signature of chair:	

Appendix 4: Personal File Checklist for on-going fitness

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

Post Title:

Appointment:

Signed Annual FPPT self-attestation	☐ Yes	☐ No
Signed Privacy Notice	☐ 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	☐ Yes	☐ No
Annual Insolvency, Bankruptcy and social media checks completed	☐ Yes	☐ No
Entered FPPT checks into ESR	☐ Yes	☐ No
Have checks been signed off by the Chair/SID within ESR	☐ Yes	☐ No

Information Requirements completed by:

Name

Position

Signed

Date

Fit and Proper Person Regulation Compliance Confirmed:

Name

Position

Signed

Date

Appendix 5: Board Member Fit and Proper Person Test (“FPPT”) Privacy Notice

Sherwood Forest Hospitals NHS Foundation Trust is required to provide you with details on the type of personal information which we collect and process. In addition to any other privacy notice which we may have provided to you, this notice relates to the information collected and processed in relation to the FPPT.

Information the Trust is required to collect in order to comply with its requirements under the FPPT is held in the Electronic Staff Record (“ESR”) that is commissioned by NHS England.

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

1. Name, position, title
2. Employment history –including detail of all job titles, organisation, departments, dates, and role descriptions.
3. References.
4. Job descriptions and person specifications from previous roles.
5. Date of medical clearance.
6. Qualifications.
7. Record of training and development in application/CV.
8. Training and development in the last year.
9. Appraisal information incorporating the new leadership competency framework, when published by NHS England.
10. Records of any upheld, ongoing or discontinued disciplinary, complaint, grievance, adverse employee behaviour or whistleblowing related findings.
11. DBS status.
12. Registration/revalidation status, where required.
13. Insolvency check.

14. Companies House register search to ensure that no board member is disqualified as a director.
15. A search of the Charity Commission's register of removed trustees.
16. A check with the CQC, NHS England and relevant professional bodies, where appropriate.
17. Social media check.
18. Employment Tribunal judgement check.
19. Exit reference completed (where applicable).
20. Annual self-attestation signed, including confirmation (as appropriate) that there have been no changes.

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

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

How we get the personal information and why we have it

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

The Trust may also receive personal information indirectly, from the following sources in the following scenarios:

- References, when we have made a conditional offer to you.
- Publicly accessible registers and websites for our FPPT.
- Professional bodies for FPPT to test registration and or any other 'fitness' matters shared between organisations.
- Regulatory bodies, eg CQC and NHS England.

The Trust will use the information that you have given it to:

- conclude whether or not you are fit and proper to carry out the role of board director
- inform the regulators of our assessment outcome.

The Trust may share this information with NHS England, CQC, future employers (particularly where they themselves are subjected to the FPPT requirements), and professional bodies.

Under the UK General Data Protection Regulation (UK GDPR), the lawful basis upon which the Trust relies on for processing this information is that it needs to perform a public task.

How we store your personal information

Your information is securely stored. The Trust will keep the ESR FPPT information, including the board member reference, for the prescribed career long period. We will then dispose of your information in accordance with the Trust's policies and procedures.

Your data protection rights

Under data protection law, you have rights including:

- Your right of access – You have the right to ask us for copies of your personal information.
- Your right to rectification – You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete.
- Your right to erasure – You have the right to ask us to erase your personal information in certain circumstances.
- Your right to restriction of processing – You have the right to ask us to restrict the processing of your personal information in certain circumstances.
- Your right to object to processing – You have the right to object to the processing of your personal information in certain circumstances.
- Your right to data portability – You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.
- You are not required to pay any charge for exercising your rights. If you make a request, we have one month to respond to you.

Please contact sfh-tr.sar@nhs.net if you wish to make a request.

If you have any enquiries about the FPPT and/or this Privacy Notice, please contact the Director of Corporate Affairs sally.brookshanahan@nhs.net

How to complain

If you have any concerns about our use of your personal information, you can make a complaint to us at jacque.widdowson@nhs.net. You can also complain to the ICO if you are unhappy with how we have used your data.

The ICO's contact details are

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

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

Contact: SIRO - Sally Brook Shanahan

Address: Sherwood Forest Hospitals NHS Foundation Trust
Kings Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4JL

Phone Number: 01623 622515

Email: sallybrookshanahan@nhs.net

To acknowledge receipt please print and sign your name below.

Date

EIA Form Stage One:

Name EIA Assessor: Rebecca Ford		Date of EIA completion: 15th October 2026
Department: People Directorate		Division: Corporate
Name of service/policy/procedure being reviewed or created: Fit and Proper Person Policy		
Name of person responsible for service/policy/procedure: Rebecca Ford		
Brief summary of policy, procedure or service being assessed: Fit and proper Person processes		
Please state who this policy will affect: Service Users		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Provide a brief summary of what data or supporting information was considered to complete this assessment?
Race and Ethnicity	None	The Fit and Proper Person Test (FPPT) applies consistently to all Directors, Deputy Directors and Non-Executive Directors without exception, in accordance with NHS England requirements.
Sex	None	
Age	None	
Religion and Belief	None	
Disability	None	
Sexuality	None	
Pregnancy and Maternity	None	
Gender Reassignment	None	
Marriage and Civil Partnership	None	

Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	None	
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If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out? N/A

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? N/A

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative			
High	Medium	Low	Nil	Low	Medium	High
<p>If you identified positive impact, please outline the details here: Adding reasonable adjustments for individuals with Neurodivergent and other disabilities. In addition to the policy the recruitment interview pack that is provided to all recruiting managers ensures consistent and fair process for all candidates.</p> <p>FPP checks are applicable to all Executives, Deputy Executives and Non Executives.</p>						

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity	N/A	N/A	None
Gender	N/A	N/A	None
Age	N/A	N/A	None
Religion	N/A	N/A	None
Disability	N/A	N/A	None
Sexuality	N/A	N/A	None
Pregnancy and Maternity	N/A	N/A	None
Gender Reassignment	N/A	N/A	None
Marriage and Civil Partnership	N/A	N/A	None
Socio-Economic Factors (i.e. living in a poorer neighbour hood	N/A	N/A	None

/ social deprivation)			
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<p>Signature:</p> 
<p>*I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form*</p>
<p>Date: 15/10/2026</p>

**Please send the complete EIA form to the People EDI Team for review.
Please send the form to: sfh-tr.edisupport@nhs.net**