

Corporate	ICBP057 ICB Fit and Proper Person Policy
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Version Number	Date Issued	Review Date
1	July 2025	July 2028

Prepared By:	Corporate Governance Team People Team
Consultation Process:	Corporate Governance Team People Team
Formally Approved:	08/07/2025
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
24/06/2025	None identified

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact nencicb.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1	July 2025	NENC Corporate Governance Team	First Issue

Approval

Role	Name	Date
Approver	Executive Committee	08/07/2025

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1. Introduction

Ensuring high standards of leadership in the NHS is crucial. The Kark Review (2019) was commissioned by the government in July 2018 to review the scope, operation and purpose of the Fit and Proper Person Test (FPPT) as it applies under the current Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In August 2023, NHS England published [Fit and Proper Person Test \(FPPT\) Framework](#) in response to specific recommendations from the [Kark Review \(2019\)](#) to support NHS organisations' compliance with the regulations.

1.1 Purpose

- 1.1.1 The purpose of this policy is to outline how the North East and North Cumbria Integrated Care Board (hereafter referred to as the ICB) will apply the FPPT Framework to ensure it complies with the requirements.

1.2 Fit and Proper Person Test (FPPT) Framework

- 1.2.1 The aim of the FPPT Framework is to strengthen and reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS.
- 1.2.2 The FPPT Framework is designed to assess the appropriateness of an individual to effectively discharge their duties in the capacity of a board member. The FPPT requirement applies on an individual basis, rather than in relation to the Board as a whole.
- 1.2.3 The FPPT Framework is not retrospective and is effective from 30 September 2023 and should be implemented by all Boards going forward from this date. NHS organisations are not expected to collect historic information to populate the Electronic Staff Record (ESR) or local records, but to use the FPPT Framework for all new board level appointment or promotions and for annual assessments going forward.
- 1.2.4 The Framework sets out:
 - When the full FPPT assessment is needed, which includes self-attestations
 - New appointment considerations.
 - Additional considerations in specific situations such as joint appointments, shared roles and temporary absences / acting up arrangements.
 - The role of the chair in overseeing the FPPT.
 - The FPPT core elements to be considered in evaluating board members.
 - The circumstances in which there will be breaches to the core elements of the FPPT (regulation 5).
 - The requirements for a board member reference check.
 - The requirements for accurately maintaining FPPT information on each board member in the ESR record.
 - The record retention requirements.
 - Dispute resolution.
 - Quality assurance over the Framework.

1.3 Applicability

1.3.1 The Framework applies to the board members of NHS organisations and the term 'board member' is used to refer to:

- both Executive Directors and Non-Executive members (NEMs), irrespective of voting rights
- interim (all contractual forms) as well as permanent appointments
- those individuals who are called 'directors' within Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Those individuals who by virtue of their profession are members of other professional registers, such as the General Medical Council (GMC) or Nursing and Midwifery Council (NMC), should still be assessed against this Framework if they are a board member at an NHS organisation.

1.3.2 The Framework requirements apply on an individual basis, rather than in relation to the Board as a whole. The individual does not have to be an employee of the ICB to fall within the scope of this policy.

1.3.3 The ICB Chair will need to consider FPPT assessment on a member-by-member basis and take into account assurance received from other recruiting/appointing organisations, for example, in the case of partner members.

The NENC ICB currently applies the FPPT framework to:

- Executive directors
- Non-executive members
- Board partner members

1.3.4 Chairs will also be subject to the same FPPT requirements and will be required to complete an annual self-attestation to demonstrate continued adherence with the FPPT requirements. The Senior Independent Director (SID) or Deputy ICB Chair will carry out a FPPT assessment of the Chair.

1.4 Accountability and Responsibilities

Chair

The ICB Chair is accountable for taking all reasonable steps to ensure the FPPT process is effective. Their responsibilities include ensuring that:

- The NHS organisation has proper systems and processes in place so that it can make the robust assessments required by the FPPT.
- The results of the full FPPT, including self-attestations for each board member, are retained by the employing organisation.
- The FPPT data fields within the electronic staff record (ESR) system are accurately maintained in a timely manner.
- Board member references/pre-employment checks and a full FPPT are complete and adequate for each board member.

- An appropriate programme is in place to identify and monitor board member development needs.
- On appointment of a new board member, consider the specific competence, skills and knowledge of board members to carry out their activities, and how these fits with the overall board.
- Review FPPT evidence and conclude for each individual board member whether they are fit and proper.
- Complete an annual self-attestation that they themselves are in continued adherence with the FPPT requirements.
- Confirm, on an annual basis, that all board members have completed their own FPPT self-attestation and that the FPPT is being effectively applied in the ICB.
- Ensure that for any board member approved to commence work or continue in post despite there being concerns about a particular aspect of the FPPT, they document the reason(s) as to why there has been an issue.
- Complete a board member reference for all non-executive members who leave.

Chief Executive

The responsibilities of the Chief Executive include ensuring that:

- Executive Director references/pre-employment checks (where relevant) and full FPPT (including the annual self-attestation) are complete and adequate for each individual.
- An appropriate programme is in place to identify and monitor the development needs of Executive Directors.
- On appointment of a new Executive Director, consider the specific competence, skills and knowledge required to carry out their activities and, where appropriate, how these fits with the board.
- Conclude whether the executive director is fit and proper and provide “sign off” for the annual submission.
- An annual self-attestation is completed that they themselves are in continued adherence with the FPPT requirements.
- For any Executive Director approved to commence work or continue in post despite there being concerns about a particular aspect of the FPPT, they document the reason(s) as to why there has been an issue.
- Complete a board member reference for all executive members who leave.

Chief People Officer

The responsibilities of the Chief People Officer include ensuring that:

- Ensure that there are robust HR policies, systems and processes in place that align to the FPP Framework, where appropriate.
- Support the Chief Executive with ensuring compliance with the policy during recruitment and selection of Executive Directors and other direct reports, and taking appropriate action should any compliance issues arise.

Senior Independent Director (SID)

The responsibilities of the Senior Independent Director include ensuring that:

- An annual self-attestation is completed evidencing that they themselves are in continued adherence with the FPPT requirements.
- Confirmation, on an annual basis, that the Chair has completed their own FPPT self-attestation is obtained.
- Conclude whether the Chair is fit and proper and provide “sign off” for the annual submission.

Corporate Governance Team

The responsibilities of the Corporate Governance Team include ensuring that:

- Support the Chair in discharging their duties in relation to the FPPR.
- Ensure the full FPPT assessment is completed before board members are appointed in conjunction with the People Team/TRAC.
- Co-ordinate and undertake all annual FPPT checks, in conjunction with the People Team, for all Executive Directors and Non-Executive members.
- Seek the necessary assurance received from other employer organisations in the case of partner members.
- Send out requests and ensure all board members have returned a signed self-attestation form annually. Complete the annual submission form to record outcome of tests for each board member and submit to NHS England in adherence with timescales once reviewed and signed off by Chair.
- Prepare assurance reports for Remuneration Committee, Audit Committee and the Board.
- Support with CQC inspection and provide evidence where required in relation to FPPT.
- Support internal FPPT audits including preparation and presentation of evidence and development and implementation of any recommendations.
- Maintain the FPPT Policy.
- Co-ordinate leaver references where required.

People Team and Recruitment Team

- Ensure the full FPPT assessment has been completed at recruitment before Executive Directors and Non-Executive members are appointed.
- Ensure copies of all recruitment documents and evidence of checks is received from any external recruitment agencies used and saved on ESR and local files as required.
- Enter the outcome of FPPT tests on ESR at recruitment and annually.
- Support the Corporate Governance Team with the annual FPPT checks for all Executive Directors and Non-Executive members, and record the results ESR and any supporting documentation is saved on the relevant personnel file.
- Provide technical support and guidance to the ICB where required.
- Provide information and reports in relation to the FPPT as required.
- Support the ICB with ongoing validation of FPPT information within ESR.

- Support internal FPPT audits including preparation and presentation of evidence and development and implementation of any recommendations.
- Support CQC with their inspection and provide evidence where required.

Individuals in Scope of the Policy

- Provide all required information to satisfy the Fit and Proper Person Test, including completion of the annual self-attestation form, and respond promptly to requests for information or evidence of their ongoing suitability.
- Declare any information to the Chair which may call into question their continued fitness to undertake their role as soon as reasonably possible.

2. Fit and Proper Person Test Process

2.1 New appointments

- 2.1.1 The Board appointments process is detailed within the ICB Constitution.
- 2.1.2 A full fit and proper person assessment will be carried out on all new appointments of the roles in scope via the People Team/TRAC, and an appointment should not be made until a full FPPT assessment has been completed. FPPT checks are undertaken in addition to the standard pre-employment checks outlined within the ICB Recruitment Policy for all roles in scope of this policy.
- 2.1.3 For the initial appointment of the ICB Chair, once the NHS organisation has obtained board member references and completed the fit and proper person assessment, FPPT approval should be sought from the NHS England Appointments Team before they commence their role.
- 2.1.4 Additional considerations are needed where there are joint appointments, and a full fit and proper person assessment would need to be completed by the designated host/employing NHS organisation and in concluding their assessment they will need input from the Chair of the other contracting NHS organisation to ensure that the board member is fit and proper to perform both roles.
- 2.1.5 Where two individuals share responsibility for the same board member role (e.g. a job share), both individuals should be assessed against the FPPT requirements.
- 2.1.6 The full Fit and Proper Test assessment will cover all points below:

	Tested at initial recruitment via TRAC	Annual check coordinated by the Corporate Governance Team
First name	✓	
Second name/surname	✓	
Organisation	✓	
Staff group	✓	
Job title	✓	
Occupation code	✓	

	Tested at initial recruitment via TRAC	Annual check coordinated by the Corporate Governance Team
Position title	✓	
Employment history	✓	
Training and development	✓	✓
References	✓	
Last appraisal and date	✓	✓
Disciplinary findings	✓	✓
Grievance (upheld) against the board member	✓	✓
Whistleblowing	✓	✓
Behaviour – actions or investigations relating to any ongoing or discontinued matters relevant to FPPT	✓	✓
Type of DBS disclosed	✓	✓
Date DBS received	✓	✓ (in line with section 3.3)
Date of medical clearance	✓	N/A unless change
Date of professional register check	✓	✓
Insolvency check	✓	✓
Disqualified directors register check	✓	✓
Disqualification from being a charity trustee check	✓	✓
Employment tribunal judgement check	✓	✓
County Court Judgement	✓	✓
Social media checks	✓	✓
Signed self-attestation form	✓	✓
Board Member Reference	✓	
Letter of appointment (joint appointments only)	✓	
Settlement agreement	✓	
National insurance number	✓	N/A unless change
Sign-off by Chair/CEO	✓	✓

2.1.7 A documented full FPPT assessment by the employing NHS organisation will be needed in the following circumstances:

- New appointments in board member roles, whether permanent or temporary, where greater than six weeks;
 - New appointments that have been promoted within an NHS organisation.
 - Temporary appointments (including secondments) involving acting up into a board role on a non-permanent basis.
 - Existing board members at one NHS organisation who move to another NHS organisation in the role of a board member.
 - Individuals who join an NHS organisation in the role of a board member for the first time for an organisation that is outside the NHS.
- When an individual board member changes roles within their current NHS organisation (for instance, if an existing board member moves into a new board role that requires a different skillset, e.g. chief finance officer).

- Annually, that is, within a 12-month period of the date of the previous FPPT to review for any changes in the previous 12 months.

2.1.8 The full fit and proper person assessment will be carried out using the [FPPT Checklist](#).

2.1.9 The Chair or Chief Executive will review and conclude the individual's FPPT assessment;

- If satisfactory, the final confirmation will be sent and the appointment completed.
- If unsatisfactory, further information may be requested and reviewed or the offer withdrawn.

2.1.10 There may be exceptional cases where a Board member is deemed unfit (that is, they failed the FPPT) for a particular reason (other than qualifications) but the NHS organisation appoints them or allows them to continue their current employment as a Board member. In such circumstances there should be a documented explanation as to why the Board member is unfit and the mitigations taken, which is approved by the Chair and submitted to NHS England for review.

2.1.11 Partner Members will be required to have a confirmation reference from their substantive organisation signed by their Chair, Chief Executive or Executive Director of Workforce or equivalent to satisfy the necessary 'good character' elements of the Fit and Proper Person Checklist.

2.2 Re-appointment

2.2.1 The annual fit and proper person assessment and appraisal will inform the re-appointment process.

2.3 Self-attestation

2.3.1 Every board member will need to complete a self-attestation form on appointment and on an annual basis to confirm that they are in adherence with the FPPT requirements. A copy of the form can be found in Appendix 1.

2.4 Appraisal

2.4.1 Board member appraisals will be conducted in line with the NHS England Board Appraisal Framework which includes the appraiser requesting multi-source feedback in advance of the appraisal meeting.

2.4.2 The framework incorporates the 6 domains of the [Leadership Competency Framework](#) (LCF) into a single approach for all executive and non-executive roles and aligns with the fit and proper person test (FPPT) framework.

2.4.3 The six LCF domains are:

1	Setting strategy and delivering long term transformation
2	Leading for equality
3	Driving high quality, sustainable outcomes

4	Providing robust governance and assurance
5	Creating a compassionate and inclusive culture
6	Building trusted relationships with partners and communities

2.4.4 The appraisal meeting should include:

- a review of performance against the NHS Leadership Competency Framework
- a review of delivery against objectives from the previous year
- discussion and agreement of objectives for the forthcoming year
- discussion and agreement of the personal development plan
- assessment and declaration under the NHS England FPPT Framework.

2.4.5 Line managers are required to capture stakeholder feedback as part of the appraisal process and summarise competence against each of the six competency domains.

2.4.6 FPPT compliance should be assessed as part of their appraisal and individuals should confirm whether there have been any changes to their FPPT status since the last annual review.

2.4.7 The preparation for and conduct of the Chair's appraisal should be facilitated by the Senior Independent Director (SID) or Deputy Chair in line with the [Leadership Competency Framework](#). The outcome from the appraisal discussion will be recorded and shared with the Senior Appointments and Assessment Team (SAAT) at NHS England to facilitate regional director review.

2.5 Annual FPPT Review of Board Members

2.5.1 The ICB Corporate Governance Team will coordinate the annual FPPT checks in conjunction with the People Team which will include;

- Appraisal date and any training and development
- Disciplinary findings
- Grievance
- Whistleblowing
- Behaviour
- DBS check
- Professional Registration
- Insolvency
- Disqualified Directors Register
- Disqualification from being a Charity Trustee
- Employment Tribunal Judgement
- CCJ
- Social Media
- Signed Self Attestation.

2.5.2 Disclosure and Barring Service (DBS) checks will be completed;

- Every three years for the Chair, Chief Executive and Executive Directors and Non-Executive Members.

- On a case-by-case basis for partner members, as these should be carried out by their employing organisation.
- 2.5.3 Enhanced DBS checks will be completed for the Chief Medical Officer and Chief Nurse and AHP Officer.
- 2.5.4 Basic DBS checks will be completed for all other Board members.
- 2.5.5 The ICB Corporate Governance Team will complete a checklist for each individual which will have all evidence embedded. The checklist will be signed by the Chair and/or Chief Executive Officer and submitted to the People Team to retain and upload onto ESR.
- 2.5.6 The ICB Governance Team will record the outcome of each self-attestation form on the [NHS England annual submission template](#) and the Chair will review and sign before submission to NHS England in accordance with timescales.

2.6 Leavers

- 2.6.1 When a Board member leaves an NHS organisation a [Board member reference](#) (BMR) must be completed and retained on ESR.
- 2.6.2 A reference will be completed when a Board member leaves the ICB irrespective of whether a reference has been requested by a future employer and including the circumstances of retirement.
- 2.6.3 The BMR can be completed as part of the exit interview and the individual has the right to have sight of any reference that has been written for them.
- 2.6.4 Annual appraisals from the last three years will be used to inform the BMR completion.
- 2.6.5 The competency domains in the [Leadership Competency Framework](#) should be taken into account when the BMR is written.
- 2.6.6 The Corporate Governance Team will prompt for completion as required, seeking HR advice if necessary.

2.7 Personal Data

- 2.7.1 Personal data relating to the FPPT assessment will be retained in local record systems (TRAC and HR personnel files) and specific data fields in the NHS Electronic Staff Record (ESR).
- 2.7.2 The information contained in these records will not routinely be accessible beyond an individual's own organisation.
- 2.7.3 On appointment, the Corporate Governance Team will write to new board members and Executive Directors explaining what information is collected, how it will be stored and who will have access to it. By doing this, individuals will be afforded the opportunity to raise any concerns/objections regarding the proposed use of their data so that a review can be arranged.

2.7.4 The [ICB's Privacy Notice](#) provides further information on how the ICB processes personal information.

2.7.5 Personal data is exempt from the Freedom of Information Act (FOIA).

Electronic Staff Record (ESR)

2.7.6 New data fields in ESR will hold individual FPPT information for all Board members operating in the NHS and will be used to support recruitment referencing and ongoing development of board members.

2.7.7 There should be limited access to ESR in accordance with local policy and in compliance with data protection law. It is reasonably expected that the following individuals have access to the FPPT fields in ESR:

- Chair
- Chief Executive
- Senior Independent Director (SID)
- Board Secretary
- Deputy Chief / Chief People Officer.

2.7.8 ESR will be updated:

- For all new and existing Board members (executive and non-executive).
- Whenever there has been a change to relevant FPPT information held on ESR
- For annual completion of the FPPT checks.
- For annual completion of FPPT confirmed by the Chair.

2.7.9 The People Team and NHCT will maintain the ESR FPPT records and update for all Board members (executive and non-executive).

2.7.10 As a minimum the Corporate Governance Team will conduct an annual review to verify that ESR is appropriately maintained.

2.7.11 Further information on data recorded on ESR can be found in section 3.10 of the Framework and in the [FPPT for Board members: Guidance on electronic staff record](#).

2.8 Breaches, Investigations and Dispute resolution

Breaches

2.1.1 The Regulation will be breached if a Board member:

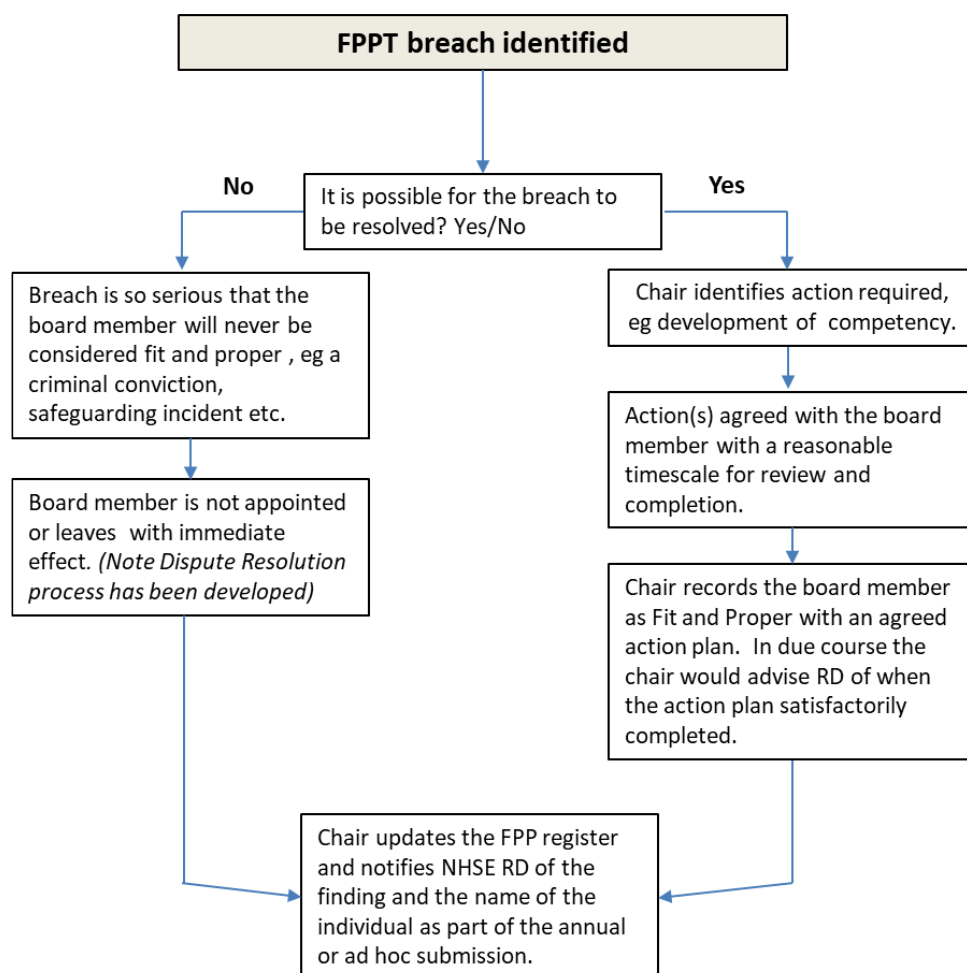
- Is unfit on the grounds of character, such as:
 - an undischarged conviction.
 - being erased, removed or struck-off a register of professionals maintained by a regulator of healthcare, social work professionals or other professional bodies across different industries.
 - being prohibited from holding a relevant office or position.

- Is also unfit on the grounds of character if they have been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether lawful or not) in the course of carrying out a regulated activity.
- Is unfit should they fail to meet the relevant qualifications or fail to have the relevant competence, skills and experience as deemed required for their role.
- A board member is unfit on grounds of financial soundness, such as a relevant undischarged bankruptcy or being placed under a debt relief order.
- An NHS organisation does not have a proper process in place to make the robust assessments required by the Regulations.
- On receipt of information about a board member's fitness, a decision is reached on the board member that is not in the range of decisions a reasonable person would be expected to reach.

Exceptions

- If a board member or Executive Director is deemed competent but does not hold the relevant qualifications there should be a documented explanation, approved by the Chair, as to why the individual in question is deemed fit to be appointed, or fit to continue in role if they are an existing board member or executive director. This should be recorded in the annual return to the NHS England Regional Director.
- Where an individual is deemed unfit (that is, they failed the FPPT) for a particular reason (other than qualifications) but the ICB appoints them or allows them to continue their current employment there should be a documented explanation as to why the individual is unfit and the mitigations taken, which is approved by the Chair. This should be submitted to the relevant NHS England regional director for review, either as part of the annual FPPT submission for the NHS organisation, or on an ad hoc basis as a case arises.

In the event of a breach, the following process will be followed:



Investigations

Investigations will be undertaken in line with the ICB's Managing Conduct and Concerns (Disciplinary) Policy and Procedure.

Dispute resolution

Where a Board member identifies an issue with data held about them in relation to the FPPT, they should email nencicb-sun.icbcorporateoffice@nhs.net to request a review.

Where this does not lead to a satisfactory resolution, the following options are available:

- For NHS England-appointed board member roles (Chair) – the matter should be escalated to the NHS England Appointments team for investigation in accordance with extant policy and procedure. – Where this results in a board member being terminated from their appointed role, a BMR** must be completed and retained by the local organisation in accordance with the Framework.
- For all other board members and executive directors (including NHS England-appointed board members where the above processes have not led to a satisfactory conclusion), the options could include:

- referring the matter to the ICO
- (for executive director roles only*) taking the matter to an employment tribunal.
- instigating civil proceedings.

Chair and Non-Executive board members cannot take their organisation to employment tribunal unless in relation to discrimination, although they can choose to instigate civil proceedings.

**** Exit BMR to be drafted by the Chair for Non-Executive members (with support from the NHS England Appointments team as needed), and by the NHS England Appointments team for Chairs.**

For NHS England-appointed Chairs, a copy of the exit BMR will also be retained by the NHS England Appointments team.

3. Quality assurance and governance

3.1 CQC quality assurance

- 3.1.1 The CQC's role is to ensure NHS organisations have robust processes in place to adequately perform the FPPT assessments, and to adhere to the requirements of Regulation 5 of the Regulations.
- 3.1.2 In doing so the CQC will have regard to the evidence that exists as to whether the board members meet the FPPT. For example, this includes, but is not limited to, checking the following forms of evidence:
- That the NHS organisation in question is aware of the various guidelines on recruiting board members and that they have implemented procedures in line with this best practice.
 - Personnel files of recently appointed board members (including internal appointments of existing staff).
 - Information or records relating to appraisals for board members.
 - References and personal development plans.

3.2 NHS England quality assurance

- 3.2.1 NHS England will have oversight through receipt and review of the annual FPPT submissions to the relevant NHS England regional director.

3.3 Internal audit/external review

- 3.3.1 Every three years an internal audit will be carried out to assess the processes, controls and compliance supporting the FPPT assessments. The internal audit will include sample testing of FPPT assessment and associated documentation with a report shared at the Audit Committee.

3.4 Governance

- 3.4.1 The Corporate Governance Team will prepare reports to;

- Provide an update to a meeting of the Board in public to confirm that the requirements for FPPT assessment have been satisfied at least annually.
- Provide an update to the Audit Committee for consideration where there is a related internal or external audit review including in the audit programme.
- Provide assurance to the Remuneration Committee and Audit Committee on the ICB's compliance with Fit and Proper Person regulations.

4. Documentation

4.1 This policy should be read in conjunction with the following:

- [NHS Constitution](#)
- [NENC ICB Constitution](#)
- [NHS England Fit and Proper Person Framework](#)
- [NHS Leadership Competency Framework](#)
- [NHS England Board member appraisal guidance](#)
- [NHS People Plan](#)
- [People Promise](#)
- [DBS eligibility tool | NHS Employers](#)
- NENC ICB Recruitment Policy
- NENC ICB Managing Conduct and Concerns (Disciplinary) Policy and Procedure
- NENC ICB Grievance and Resolution Policy
- NENC ICB Professional Registration Policy
- NENC ICB Confidentiality and Data Protection Policy

5. Monitoring, Review and Archiving

5.1 Monitoring

- 5.1.1 The Director of Corporate Governance and Board Secretary is the responsible Director for ensuring the Fit and Proper Person Policy is developed, implemented, reviewed, and monitored in a timely manner.
- 5.1.2 The Chair, ICB Corporate Governance Team and ICB People Team are responsible for implementing the Fit and Proper Person Framework.
- 5.1.3 An annual update will be provided to Audit Committee, Remuneration Committee and the Board reporting the outcome of the NHS England annual submission.

5.2 Review

- 5.2.1 The ICB Governance Team and People Team will ensure that this policy is reviewed on a three yearly basis or more frequently if changes are made in legislation or NHS England requirements.

- 5.2.2 Staff who become aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives that affect, or could potentially affect policy should advise the sponsoring director as soon as possible, via line management arrangements. The sponsoring director will then consider the need to review the policy outside of the agreed timescale for revision.

5.3 Archive

- 5.3.1 The ICB Corporate Governance Team will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice.

APPENDIX 1 – FIT AND PROPER PERSON FRAMEWORK

[Fit-and-proper-person-test-framework-2-aug-2023.pdf](#)

[Appendix 1: Recommendations from the Kark Review \(2019\)](#)

[Appendix 2: Board member reference template](#)

[Appendix 3: FPPT self-attestation](#)

[Appendix 4: Letter of confirmation](#)

[Appendix 5: Annual NHS FPPT submission reporting template](#)

[Appendix 6: Privacy notice](#)

[Appendix 7: FPPT checklist](#)

[Appendix 8: Future considerations for the Fit and Proper Person Test Framework](#)

APPENDIX 2 – EQUALITY QUALITY IMPACT ASSESSMENT

Title					
ICB053: ICB Fit and Proper Person Policy					
Directorate					
Corporate Governance					
Brief Description of the proposed change					
New policy to outline how the North East and North Cumbria Integrated Care Board will apply the Fit and Proper Person Test Framework to ensure it complies with the requirements.					
Who will the project/service/policy/decision impact?					
Staff	<input checked="" type="checkbox"/>				
Service User / Patients	<input type="checkbox"/>				
Carers	<input type="checkbox"/>				
Other Public Sector Organisations	<input type="checkbox"/>				
Voluntary / Community groups / Trade Unions	<input type="checkbox"/>				
Others, please specify below:	<input type="checkbox"/>				
Integrated Impact Assessment Review Panel					
Members of the panel:	Quality and Safety Team				
Date:	30/06/2025				
Equalities Impact					
For each protected characteristics group, consider whether the proposed change has: No Impact: N , Negative Impact: N , Neutral Impact: Ne , Positive Impact: P , Unknown: U					
Impact	No Impact	Negative	Neutral	Positive	Unknown
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender Re-assignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage/Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Race and ethnicity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (see appendix 6 and provide detail)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summarise the overall impact:

The NHS Fit and Proper Person Policy aims to ensure that individuals in key positions within the NHS meet specific standards of competence, conduct, and integrity.

The Fit and Proper Person Policy:

- **Promotes Fairness:** The policy helps to promote fairness by ensuring that all individuals, regardless of their background, are assessed against the same criteria. This reduces the risk of discrimination and bias in the appointment process.
- **Enhances Diversity:** By setting clear standards for competence and conduct, the policy encourages the appointment of a diverse range of individuals who meet the required criteria. This can lead to a more inclusive and representative workforce.
- **Supports Equal Opportunities:** The policy supports equal opportunities by providing a transparent and consistent framework for assessing candidates. This ensures that all individuals have an equal chance to be considered for key positions.

The policy establishes a clear and consistent framework for assessing candidates to support equal opportunities. This approach aims to ensure that all individuals, regardless of their background, are given the same chance to be considered for key positions. Promoting equal opportunities through the policy contributes to creating a more diverse and inclusive workforce, which can better address health inequalities.

The North East and North Cumbria Integrated Care Board (NENC ICB) has established people policies that prioritise both equality and quality.

- Reviews are put in place to ensure policies remain up to date with current legislation, NHS guidance and best practice including Equality Act 2010 and Health and Care Act 2008.
- Equality Impact Assessments have been undertaken to identify potential impact to those with protected characteristics and are scheduled to be reviewed.
- Where there are any future legislative updates that impact the policies in operation within the ICB, these will be reviewed as a priority in advance of expiry dates.
- These policies were presented to the ICB's Partnership Forum and both Management side and Trade Union colleagues have considered each and agreed progression to Executive Committee for ratification.

The Fit and Proper Person Test Policy serves to complement the existing people policies which include;

- HR01: Equality, Diversity and Inclusion Policy
- HR07: Recruitment Policy
- HR10: Induction and Probation Policy
- HR12: Secondment Policy
- HR15: Conducts and Concerns Policy

- HR17: Managing Work Performance (Capability)
- HR20: Professional Registration Policy

The HR07: Recruitment Policy incorporates the various elements of the recruitment process. The TRAC system used for recruitment has built in capability to carry out Fit and Proper Person testing throughout the recruitment process for executive and non-executive members and is aligned to the NHS Employment Check Standards.

Summarise the evidence used to make the judgement:

- NHSE Fit and Proper Person Framework
- Internal Audit on FPPT process.
- "*Promoting equality and inclusion and reducing health and workforce inequalities*" – competency incorporated into Leadership Competency Framework / Board member appraisal framework.
- ICB People Team engaged throughout the development of this policy.
- The Leadership Competency Framework (LCF) supports the appointment of diverse, skilled and proficient leaders
- The Fit and Proper Person Test (FPPT) criteria focuses on competence rather than protected characteristics. For Executive roles, this is in addition to ICB recruitment processes which incorporates fair recruitment practices and promotes equality.
- Reasonable adjustments and occupational health assessments are embedded where applicable, including within recruitment process.
- The Equality, Diversity and Inclusion form is incorporated into the Board recruitment process.

If there are negative impacts; how might these be mitigated:

Health Inequalities Impact

For each listed group at risk of health inequalities, consider whether the proposed change has:

No Impact: **N**, Negative Impact: **N**, Neutral Impact: **Ne**, Positive Impact: **P**, Unknown: **U**

Impact	No Impact	Negative	Neutral	Positive	Unknown
CORE 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CORE 20 PLUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Inclusion Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combined Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Summarise the overall impact:

The NHS Fit and Proper Person Policy has a positive impact on health inequalities by promoting fairness, enhancing accountability, improving quality of care, reducing risks, and supporting equal opportunities. This helps to create a more equitable and effective healthcare system that can better address the diverse needs of the population.

Board considers population health risks as well as organisational and system risks, working in partnership with other organisations across the system to improve population health and reduce health inequalities.					
Summarise the evidence used to make the judgement:					
Leadership Competency Framework includes 6 competency domains, one with a specific focus on health inequalities.					
Objectives incorporated into board member appraisal framework and recruitment documentation.					
If there are negative impacts; how might these be mitigated:					
Quality Impact Assessment					
For each domain of quality, consider whether the proposal has:					
No Impact: N , Negative Impact: N , Neutral Impact: Ne , Positive Impact: P , Unknown: U					
Impact	No Impact	Negative	Neutral	Positive	Unknown
Patient Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clinical Effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Patient Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System/ Operational Impacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combined Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Summarise the overall impact:					
The policy mitigates risks of appointing unsuitable candidates to key positions, ensuring they meet fit and proper criteria, thus preventing misconduct and poor performance. This leads to safer and more effective patient care.					
It promotes continuous improvement through regular assessment and evaluation, providing ongoing monitoring and feedback to identify and implement enhancements in care quality.					
NHS leaders set the tone for their organisation's culture and performance, enhancing patient safety through improved leadership and accountability.					
The policy establishes clear expectations, boosting accountability and transparency for individuals in leadership roles. By ensuring competence and integrity in key positions, it improves decision-making, management, and patient care standards.					
NHS board members shape the vision, strategy, and culture, supporting high-quality, personalised, and equitable care. The Board member appraisal framework standardises appraisals, ensuring consistent high standards.					
Competent leadership supports effective service delivery and increases public trust in the NHS through transparent selection processes.					

Summarise the evidence used to make the judgement:					
<p>Implementation of LCF and core competencies. Evidence of unitary Board. Regular Board Development sessions, with focus topics on quality impact. Ongoing monitoring and audit to maintain policy standards.</p>					
If there are negative impacts; how might these be mitigated:					
Overall Conclusion					
Summarise the overall outcome of the screening tool, any key potential impacts identified, and any key mitigations, and tick the relevant score under each domain below.					
Impact	No Impact	Negative	Neutral	Positive	Unknown
Equality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Inequality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Combined Overall					
Any negative impact outcomes will need a full impact assessment.					
Recommendation		Tick Applicable			
Proceed		<input checked="" type="checkbox"/>			
More information needed		<input type="checkbox"/>			
Full Impact Assessment required		<input type="checkbox"/>			
Stop		<input type="checkbox"/>			
Any other key issues to record					
Completion					
Name and Job Title of the person completing the screening tool:					
Kate Sutherland, Corporate Governance Manager					
Date:	24 June 2025				
Authorisation					
Name and Job Title of the Accountable Lead:					
Deb Cornell, Director of Corporate Governance and Board Secretary					
Date:	27 June 2025				