



<b>POLICY INFORMATION (Policy no OP019)</b>	
<b>Subject</b>	<b>Fit and Proper Persons Policy</b> <i>(This policy is non-contractual and is subject to periodic review and will be amended according to service development needs).</i>
<b>Applicable to</b>	All staff of Nottinghamshire Hospice
<b>Target Audience</b>	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
<b>Date issued</b>	30 Jan 2024
<b>Next review date</b>	30 Jan 2025
<b>Lead responsible for Policy</b>	Chief Executive Officer
<b>Policy written by</b>	Governance Lead
<b>Notified to (when)</b>	Senior Leadership Team (Jan 2024)
<b>Authorised by (when)</b>	Strategic and Corporate Governance Committee (30 Jan 2024)
<b>CQC Standard if applicable</b>	Regulation 5: Fit and proper persons: Directors Regulation 7: Fit and proper persons: Registered Managers Regulation 19: Fit and proper persons employed
<b>Links to other Hospice Policies</b>	<a href="#">Recruitment and Selection Policy HR025</a> <a href="#">Nurse Revalidation Policy CS029</a> <a href="#">Equality and Diversity Policy HR021</a> <a href="#">Safeguarding Adults at Risk Policy and Procedures CS003</a> , <a href="#">Freedom to Speak Up Policy</a> <a href="#">Whistleblowing Policy and Procedure OP008</a> <a href="#">Management of Performance Policy and Procedure HR028</a> <a href="#">Sickness Absence Policy HR003</a> <a href="#">Learning, Training &amp; Development Policy HR006</a> ) <a href="#">Clinical Supervision Policy and Procedure CS011</a>
<b>Links to external policies</b>	Health and Social Care Act 2008 (Regulated Activities) Regs 2014
<b>Summary</b>	This policy outlines how Nottinghamshire Hospice ensures that all of its Trustees and staff meet the CQC Fit and Proper Persons Regulations (FPPR).
<b>This policy replaces</b>	N/A

### **IMPORTANT NOTICE**

Staff should refer to the Hospice website for the most up to date Policy. If the review date has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead/ manager.

<b>VERSION CONTROL</b>		
<b>Status</b>	<b>Date</b>	<b>Review date</b>
Original policy written by Governance Lead	Jan 2024	
Policy reviewed by Senior Leadership Team	Jan 2024	
Policy notified to Senior Leadership Team	Jan 2024	
Policy authorised by Strategic and Corporate Governance Committee	30 Jan 2024	30 Jan 2025
Updated control sheet and published on website	Feb 2024	

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<p><b>1.</b></p>	<p><b>Introduction</b></p> <p>The Care Quality Commission (CQC) has, as laid out in the <i>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</i>, regulations under which the Hospice operates. These include 3 specific regulations regarding fit and proper persons:</p> <ul style="list-style-type: none"> <li>• Regulation 5: Fit and proper persons: Directors (updated May 2022) (1)</li> <li>• Regulation 7: Fit and proper persons: Requirements Related to Registered Managers (2)</li> <li>• Regulation 19: Fit and proper persons employed (updated August 2023) (3)</li> </ul>
<p><b>2.</b></p>	<p><b>Policy Statement</b></p> <p>This policy outlines Nottinghamshire Hospice’s procedures to ensure that all of its Trustees and staff meet the Fit and proper persons regulation.</p>
<p><b>3.</b></p>	<p><b>Scope</b></p> <p>This policy is for all Hospice staff and any agency or contracted staff.</p>
<p><b>4.</b></p>	<p><b>Responsibilities</b></p> <p><b>Trustees</b></p> <ul style="list-style-type: none"> <li>• It is the responsibility of the Board Chair to ensure that all Trustees and the Chief Executive Officer satisfy the Fit and Proper Person Requirements (FPPR), both on appointment and on an ongoing basis, and to provide an annual declaration to the Board.</li> <li>• Trustees must inform the Chair of any relevant changes that impact on their ability to meet the requirements outlined in Section 5.</li> </ul> <p><b>Chief Executive Officer</b></p> <ul style="list-style-type: none"> <li>• Ensures that policy and procedures are in place to ensure that all staff are employed in line with the FPPR.</li> <li>• Receives regular updates on the Hospice compliance with the FPPR for employed staff.</li> </ul>

### **Director People Services**

- Ensures a consistent application of the policy during the appointment process and ensuring that all appropriate documentation is completed, retained and available to the Care Quality Commission for inspection on request
- Maintains the records of completed Fit and Proper Person checks
- Ensures all Board members complete an annual Fit and Proper Person declaration

### **Registered Manager (Director of Care)**

- Must provide evidence of their qualifications, experience and identity documents on appointment or on request to confirm the competencies relevant to their position
- Identify and report any issues which may affect their ability to meet the FPPR
- Provide all relevant documentation to CQC on request.

### **Senior Leadership Team/Leadership Team**

- Conduct regular 1:1s, PDR and if appropriate Clinical Supervision with their staff.
- Maintain a record of Nurse Revalidation dates and support progress towards revalidation within the timescales
- Identify and report to their manager and HR any issues which may affect a staff members' ability to meet the FPPR.

### **Staff must**

- Provide evidence of their qualifications, experience and identity documents on appointment or on request to confirm the competencies relevant to their position

	<ul style="list-style-type: none"> <li>Identify and report any issues which may affect their ability to meet the FPPR.</li> </ul>
<p><b>5.</b></p>	<p><b>The Board</b></p> <p>Regulations (5) recognises that individuals who have authority in organisations that deliver care are responsible for the overall quality and safety of that care. This means board directors (Trustees), board members and individuals who perform the functions equivalent to the functions of a board director and member. This regulation is about ensuring that registered providers have individuals who are fit and proper to carry out the important role of director.</p> <p>The Board and its members are the decision-making body of Nottinghamshire Hospice. They ensure the quality and safety of care provided and that the Hospice is meeting the fundamental standards</p> <p>In line with the Regulation (5) procedures are in place to ensure that all appointees are fit to serve. The Hospice does this by ensuring via the <a href="#">Recruitment and Selection Policy HR025</a>:</p> <ul style="list-style-type: none"> <li>Trustees are of good character through and carrying out DBS, previous employment and reference checks</li> <li>A Trustee has the qualifications, competence, skills and experience which are necessary to carry out the role (Nottinghamshire Hospice has Trustees with clinical expertise and financial expertise)</li> <li>A Trustee 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</li> </ul> <p>The fit and proper persons requirement (FPPR) for Trustees would be breached if:</p> <ul style="list-style-type: none"> <li>A Trustee is unfit on a 'mandatory' ground, such as a relevant undischarged conviction or bankruptcy. The Hospice will determine this.</li> <li>The Hospice did not have a proper process in place to enable it to make the robust assessments required by the FPPR.</li> </ul>

	<ul style="list-style-type: none"> <li>• On receipt of information about a Trustee’s fitness, a decision is reached on their fitness that is not in the range of decisions that a reasonable person would make.</li> <li>• A Trustee 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 providing a service elsewhere, which if provided in England, would be a regulated activity.</li> </ul> <p>The fitness of Trustees is reviewed regularly through an annual declaration and DBS checks every three years. Any concerns about a Trustees fitness is acted upon as a matter of urgency.</p>
<p><b>6.</b></p>	<p><b>Registered Manager</b></p> <p>In line with Regulation 7: Fit and proper persons: Requirements Related to Registered Managers, the Hospice’s Registered Manager:</p> <ul style="list-style-type: none"> <li>• Is of good character as ascertained via the recruitment and selection process (<a href="#">Recruitment and Selection Policy and Procedures HR025</a>), references and a DBS check</li> <li>• Is able to properly perform tasks that are intrinsic to their role – the Hospice Registered Manager is a Registered Nurse (<a href="#">Nurse Revalidation Policy CS029</a>) and the Director of Care</li> <li>• Has the necessary qualifications, competence, skills and experience to manage the regulated activity.</li> <li>• Has supplied them with documents that confirm their suitability – the Director of Care has been confirmed as the Registered Manager via CQC</li> </ul>
<p><b>7.</b></p>	<p><b>Employed Staff</b></p> <p>Persons employed must be:</p> <ul style="list-style-type: none"> <li>• Of good character</li> <li>• have the qualifications, competence, skills and experience which are</li> </ul>

necessary for the work to be performed by them

- be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.

In order to ensure this the Hospice has robust recruitment and selection procedures as laid out in the [Recruitment and Selection Policy HR025](#). This includes:

- interviewing each candidate is in order to ensure that they meet the requirements of the person specification and job description
- checking the successful candidate has the qualifications and experience outlined in their application and via references
- Completing DBS checks as appropriate to the post
- Checking that staff are registered with their professional regulatory body and that this remains current and appropriate for their role ([Nurse Revalidation Policy CS029](#)).

In order to ensure that staff continue to meet the initial requirements of the role and that action is taken if this is not the case, there is in place:

- 1:1s ([Learning, Training & Development Policy HR006](#)) and clinical supervision ([Clinical Supervision Policy and Procedure CS011](#)) to ensure that they are performing as required
- Annual Appraisal ([Learning, Training & Development Policy HR006](#)) to support staff and review their annual performance and ongoing role
- [Nurse Revalidation Policy CS029](#)
- [Management of Performance Policy and Procedure HR028](#)
- [Sickness Absence Policy HR003](#)

The Hospice ensures that it carries out all of the above in line with the Hospice



	<p><a href="#">Equality and Diversity Policy HR021</a>, <a href="#">Safeguarding Adults at Risk Policy and Procedures CS003</a>, <a href="#">Freedom to Speak Up Policy</a> and <a href="#">Whistleblowing Policy and Procedure OP008</a>.</p>
8.	<p><b>Monitoring and Audit</b></p> <p>The Hospice ensures that it is in line with the regulations for Fit and proper persons via:</p> <ul style="list-style-type: none"> <li>• 1:1s</li> <li>• Nurse Revalidation checks by line managers</li> <li>• Board and Quality and Safety Committee overview</li> </ul>
9.	<p><b>Equality Impact Assessment (EIA)</b></p> <p>A full EIA has been completed.</p>
10.	<p><b>Legislation</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</a></li> <li>2. <a href="#">Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015</a></li> </ol>
11.	<p><b>References</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Regulation 5: Fit and proper persons: Directors</a> (updated May 2022)</li> <li>2. <a href="#">Regulation 7: Fit and proper persons: Requirements Related to Registered Managers</a> (updated August 2023)</li> <li>3. <a href="#">Regulation 19: Fit and proper persons employed</a> (updated August 2023)</li> </ol>