

Fit and Proper Person Test

Public Board

31 March 2022

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| Presented for: | Information and for Board members to re-confirm their compliance to the Fit and Proper Person Test (CQC) |
| Presented by: | Linda Pollard, Trust Chair |
| Author: | Jo Bray, Company Secretary |
| Previous Committees: | Annual report to Board (May 2021 – deferred from March) |

| Trust Goals | |
|--|---|
| The best for patient safety, quality and experience | ✓ |
| The best place to work | ✓ |
| A centre for excellence for research, education and innovation | ✓ |
| Seamless integrated care across organisational boundaries | ✓ |
| Financial sustainability | ✓ |

| Trust Risks (Type & Category) | | | | |
|--|---|---|-----------------------|-----------|
| Level 1 Risk | | Level 2 Risks | (Risk Appetite Scale) | Tolerance |
| Workforce Risk | | | | |
| Operational Risk | | | | |
| Clinical Risk | | | | |
| Financial Risk | | | | |
| External Risk | ✓ | Regulatory Risk We will comply with or exceed all regulations, retain its CQC registration and always operate within the law. | Averse | ↔ (same) |

| Key points | |
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| <ol style="list-style-type: none"> 1. For Directors of the Board to understand the requirements of the Care Quality Commission (CQC) Fit and Proper Person Test. 2. For Directors in attendance at the 31 March 2022 Trust Board meeting, to update their compliance to the Fit and Proper Person Test by a further self-declaration for a formal minute to update the register. Any Director with any information known to them, which would not support their compliance, should make this known to the Trust Chair prior to the meeting. 3. For the Trust Chair to confirm compliance to the Fit and Proper Person Test, in preparation for her own appraisal, for assurance to the public and to the CQC. | <p>Information</p> <p>Re-confirmation of self-declaration</p> <p>Information</p> |

1. Summary

The Care Quality Commission (CQC) introduced new requirements regarding the 'Fit and Proper Person Tests' for Directors in November 2014, which became law from 1 April 2015. This approach is to ensure that providers meet Government regulations about the quality and safety of care, to ensure an open, honest and transparent culture within the NHS to ensure accountability of Directors to NHS Bodies.

The Leeds Teaching Hospitals NHS Trust extended the definition of the requirement to include; all members of the Board (Directors) and senior staff in attendance at the Board and/or those with significant influence in reporting information to the Board for decision making.

The Company Secretary maintains the Trust's register to support compliance of the 'Fit and Proper Person Test'. As per Appendix A.

It is the responsibility of the Chair of the NHS body to discharge the requirements placed on the provider, to ensure that all Directors meet the fitness test and not meet any of the 'unfit' criteria and in turn it is the responsibility of the Chair of NHS Improvement (NHS I) to ensure that the Trust Chair fulfils the requirements of the Fit and Proper Persons Test.

2. Background

The Fit and Proper Person Test is a regulation to ensure that providers meet their obligations to only employ individuals who are fit for their role and to ensure that appropriate steps have been taken to ensure they are of good character, are physically and mentally fit, have the necessary qualifications, skills and experience for this role and can supply certain information (including a Disclosure and Barring Service (DBS) check and full employment history, if required). The regulations also extend to individuals who are prevented from holding the office (for example, under a Director's disqualification order) and significantly, excluding people who:

'Have 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'.

As part of the recruitment process (and compliance for the Fit and Proper Person Test) for the defined staff group appointed by LTHT, a number of checks have taken place;

- Checks on the individuals
 - Qualifications
 - Competence, skills required, relevant experience and ability
 - Good character
- Consideration to the physical and mental health in line with the role and good occupational health practice
- Ensure, as far as possible the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether lawful or not) in the course of carrying on a regulated service; this includes any allegations of such
- Only individuals 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 will be eligible for a check by the Disclosure and Barring Service (DBS) but checks will be made against other relevant barring lists

Through appraisal each year or through the Trust Policy on Supporting Performance, the individual will be continually monitored to ensure that they meet the requirements to hold office of their appointment, where they do not, action will be taken by the Chief Executive and / or Trust Chair or respective Director / defined senior staff (and where appropriate consultation with the Remuneration Committee).

At the time of establishing the LTHT Fit and Proper Persons Register, the Board defined that there would be an annual self-declaration against compliance.

The CQC stated they would use the 'well-led' Key Line of Enquiry (KLOE) to ensure that the provider has undertaken appropriate checks and is satisfied that, on appointment and subsequently, all new and existing Directors are of good character and are not unfit.

As part of the CQC inspection for the Well-Led Review in September 2018, current evidence was requested to support LTHT Fit and Proper Persons Register, thus supplying supporting evidence from the Insolvency Register and Disqualification as a Director held on the register at Companies House during the inspection. This information is checked annually to support this report to the Board, and it can be confirmed that all names held on the LTHT Fit and Proper Persons Register are still valid against these external checks. All have current valid Disclosure and Barring Service (DBS) checks in place.

The Company Secretary is fully aware of the recommendations from the KARK Review 2019, and the acceptance by then Secretary of State for Health and Social Care of the first two of the recommendations; 1 - Standard of Compliance and 2 – A Central Database of Directors and 'awaiting consideration by NHSE of how these can be implemented'. This may be addressed within the current review of NHS Leadership and await the publication anticipated in Spring 2022.

3. Proposal

Directors in attendance at the 31 March 2022 Trust Board meeting, are asked to update their compliance to the Fit and Proper Person Test by a further self-declaration within the Board meeting, thus a formal record will be held in the Board minutes and the register will be updated. **Any Director with any information known to them which would not support their compliance should make this known to the Trust Chair prior to the meeting.**

Members of the defined senior group of staff not in attendance at the Board meeting have all updated their self-declarations – as indicated in the register.

Any Board Director not in attendance and the meeting will also be required to sign this declaration.

Re-confirmation of compliance will be an annual process.

Self-Certification

I declare that I am a Fit and Proper Person to carry out my role, I am of good character, I have the qualifications, competence, skills and experience which are necessary for me to carry out my duties, I am capable by reason of health of properly performing tasks which are intrinsic to the position, I am not prohibited from holding office (e.g. directors disqualification order), within the last 5 years I have not been convicted of a criminal offence and sentenced to imprisonment of 3 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 it, nor is on any 'barred' list.

The legislation states, for those required to hold a registration with a relevant professional body to carry out their role, they must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where the person no longer meets the requirement to hold the registration, and if they are a health care professional, social worker or other professional registered with a health care or social care regulator, they must inform the regulator in question. 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 of Leeds Teaching Hospitals NHS Trust.

4. Financial Implications and Risk

N/A

5. Risk

Added assurance is provided by the Internal Audit of compliance to the CQC criteria for Fit and Proper Persons Test which was reported as low risk to the Audit Committee in year.

Therefore the Trust continues to operate within the averse risk appetite with regard to regulatory risk set by the Board requiring the Trust “ We will comply with or exceed all regulations, retain it CQC registration and always operate in the law.”

6. Communication and Involvement

The register is maintained by the Company Secretary and is readily available for inspection.

7. Equality Analysis

There are no issues regarding equality.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

9. Recommendation

Board Directors are asked to re-confirm their self-declaration of compliance against the regulations for the Fit and Proper Persons Test, for formal minuting and to update to the register.

Jo Bray
Company Secretary
23 March 2022

Supporting information

- Appendix A - Fit and Proper Person Register for LTHT
- Appendix B - LTHT application of DBS Requirements (NHS Employment Checks Standards)
- Appendix C - Fit and Proper Person Test - CQC Regulations - LTHT Self-Declaration
- Appendix D - Criteria for Fit and Proper Persons Test - updated January 2018 by CQC

Appendix A

DBS and Professional Registration Numbers have been removed for release in the public domain

Register for Fit and Proper Person Test – last update (23 March 2022)

Reported to Trust Board (31 March 2022 BoD meeting – agenda item 14.1)

**all Board members will be asked to reconfirm self cert, to be minutes and to update the register below*

| Chair and NEDs Name, title/role | Recruitment Checks Completed – (evidence HR file) - date | DBS Check If applicable | Registering Professional Body | Date of annual appraisal | Personal Annual Declaration Date Signed *To be updated following self cert at 31 March 2022 Board meeting | Comments | Disqualification as Director reg at Companies House | Insolvency register |
|---|--|----------------------------------|--|--|---|---|--|------------------------|
| Linda Pollard, Chair | Processed by TDA | LTHT 23.11.2015 [REDACTED] | | Carried out by SID and reported to public Board 29 July 2022 - item 14.2 | Reconfirmed at 26 May 2022 Board meeting | Commenced in role 1 Feb 2013 Re appointments NHSI | Clean – 21.3.2022 | Clean – 21.3.2022 |
| Chris Schofield, NED (Senior Independent Director) | App processed by NHSI | DBS No: [REDACTED] | Solicitors Regulatory Authority (SRA) | 5.5.2021 MYR 27.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commence in role 1 April 2018 - NHSI | Clean – 21.3. 2022 | Clean – 21.3.2022 |
| (Robert) Bob Simpson, NED | App processed by NHSI | DBS No: [REDACTED] | | 6.5.2021 MYR 29.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in role 1 Feb 2018 - NHS I | Clean – 21.3. 2022 | Clean – 21.3.2022 |
| (Jasmet) Jas Narang | App processed by NHSI | DBS No: [REDACTED] | | 12.5.2021 MYR – 27.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in role as Ass NED -1 Feb 2018 - LTHT appt with NHS I. | Clean – 21.3. 2022 | Clean – 21.3.22 |

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| | | | | | | NED on 1 Feb 2019 | | |
| Suzanne Clark | App processed by NHSI | DBS Type - Enhanced Only DBS Reference - [REDACTED] Cleared - 31/10/2018 Joined update Service - 07/11/2018 | ICAEW [REDACTED] | 11.5.2021 MYR 14.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in role 13 Oct 2018 | Clean – 21.3.2022 | Clean – 21.3.22 |
| Gillian Taylor | App processed by NHSE/I | DBS Cleared - 29/11/2018 Reference - [REDACTED] Type - Enhanced Only | ACMA - Associate of Chartered Institute of Management Accountant (CIMA), and also CGMA - Chartered Global Management Accountant (professional body)ref [REDACTED] | 28.4.2021 MYR – 18.11.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in role 1 Dec 2018 | Clean – 21.3.2022 | Clean – 21.3.2022 |
| Tom Keeney | App processed by NHSE/I | [REDACTED] Enhanced Only Cleared 09/01/2019 Joined update service | | 29.4.2021 MYR 28.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in role 1 Dec 2018 | Clean 21.3.2022 | Clean 21.3.2022 |

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| Rachel Woodman (Associate NED) [REDACTED] | App processed by NHSE/I | DBS [REDACTED] | | 19.5.2021 MYR – 17.11.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in post 1 Dec 2020 Processed by NHSI | Clean 21.3.2022 | Clean 21.3.2022 Cross checked DOB |
| Prof Laura Stroud UoL - nominated NED | Checks by LTHT HR | DBS [REDACTED] | | 13.5.2021 MYR17.11.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in post 1 Dec 2020 | Clean 21.3.2022 | Clean 21.3.2022 |
| Georgina Mitchell (Summers) Ass NED [REDACTED] | App processed by NHSE/I | DBS reference [REDACTED] | | MYR 18.11.2021 | Checks carried out by NHSE/I as recruitment process Reconfirmed at 26 May 2022 Board meeting | Commenced in post 1 July 2021 | Clean - NHSE/I as recruitment process Clean 21.3.2022 | Clean - NHSE/I as recruitment process Clean 21.3.2022 Cross checked DOB |
| Philomena Corrigan Ass NED | App process by NHSE/I | DBS reference [REDACTED] | NMC reg No restrictions in place | MYR 27.10.2021 | Checks carried out by NHSE/I as recruitment process Reconfirmed at 26 May 2022 Board meeting | Commenced in post 1 Aug 2021 | Clean - NHSE/I as recruitment process 21.3.2022 | Clean - NHSE/I as recruitment process Clean 21.3.2022 |
| Executives Name, title/role | Recruitment Checks Completed – (evidence HR file) - date | DBS Check If applicable | Registering Professional Body | Date of annual appraisal | Personal Annual Declaration Date Signed | Comments | Disqualification as Director reg at Companies House | Insolvency register |
| Julian Hartley, CE | HR Checklist Confirmed – file held by Trust Chair | 1.8.2013 Ref - [REDACTED] | | 31.3.2021 MYR 16.11.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in role 14 October 2013 | Clean – 21.3. 2022 | Clean – 21.3.2022 |
| Simon Worthington, Director of Finance | HR Checklist completed - held in HR file 01.06.2017 | DBS ref [REDACTED] issue | Prof reg CIPFA [REDACTED] | 15.4.2021 MYR 14.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commended in role 3 July 2017 | Clean – 21.3.2022 | Clean – 21.3.2022 |

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| Lisa Grant, Chief Nurse | | DBS – update service [REDACTED] | NMC [REDACTED] | 8.4.2021 MYR 6.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commence 1 April 2019 | Clean 21.3.2022 | Clean.21.3.2022 |
| Phil Wood CMO (from 1 May 2020) | Start date in the Trust 14.1.2002 GMC [REDACTED] DBS - [REDACTED] Nov 2013 | | | Julian Hartley 9.4.2021 Clinical appraisal 25.1.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in post 1 May 2020 | Clean – 21.3. 2022 | Clean – 21.3.2022 |
| Jennifer Lewis, Director of HR & OD [REDACTED] | Interviewed 25 May 2018 HR Checks completed - held in file DBS ref [REDACTED] | | | 27.4.2021 MYR 26.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commence in post - 20 Aug 2018 | Clean – 21.3. 2022 | Clean – 21.3.2022 Cross checked with DoB |
| Clare (Louise) Smith Director of Operations | Jan 2014 HR check list | Dec 2018 DBS ref [REDACTED] | N/A | 22.4.2021 MYR 11.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in post 23 May 2019 | Clean – 21.3. 2022 | Clean – 21.3.2022 |
| Craige Richardson Director of Estates & Facilities | Start Date March 1996 Prof Reg - [REDACTED] (Chartered Membership) DBS - [REDACTED] | | | 29.4.2021 MYR 29.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced in new role 1 Aug 2019 | Clean – 21.3. 2022 | Clean – 21.3.2022 |
| Dr Paul Jones [REDACTED] | DBS Certificate Number [REDACTED] | | | 20.4.2021 MYR 19.10.2021 | Reconfirmed at 26 May 2022 Board meeting | Commenced 18 Nov 2019 | Clean 21.3.2022 | Clean 21.3.2022 Cross checked with DoB |

| Senior Team Name, title/role | Recruitment Checks Completed – (evidence HR file) - date | DBS Check If applicable | Registering Professional Body | Date of annual appraisal | Personal Annual Declaration Date Signed | Comments | Disqualification as Director reg at Companies House | Insolvency register |
|--|--|--------------------------------------|----------------------------------|-----------------------------|---|----------|--|------------------------|
| David (Craig) Brigg, Director of Quality | HR checklist not available, start date Jan 1982 | DBS 21.1.2015 Ref - [REDACTED] | NMC [REDACTED] | Lisa Grant June 2021 | Confirmed self- declaration 16 Feb 2022 | | Clean – 21.3. 2022 | Clean 21.4.2022 |

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| (Joanna) Jo Regan Director of Nursing (Operations) | Commenced employment in the trust April 1985 | Oct 2020 DBS [REDACTED] | NMC [REDACTED] | Lisa Grant June 2021 | Confirmed self Cert 18 Feb 2022 | | Clean 21.3.2022 | Clean 21.3.2022 |
| Helen Christodoulides Deputy Chief Nurse | HR checklist not available start date July 1988 | 16.01.2022 [REDACTED] (update service) DBS Ref [REDACTED] | NMC [REDACTED] | Lisa Grant May 2021 | Confirmed self- declaration 14 Feb 2022 | | Clean – 21.3. 2022 | Clean 21.3.2022 |
| Breeda Columb, Director of Nursing (Operations) | Commenced employment in the trust 6.10.2008 | DBS renewal system [REDACTED] 001550443160 - 04/01/2022 | NMC - [REDACTED] | 23.6.2021 Lisa Grant | Confirmed self Cert 18 Feb 2022 | | Clean 21.3.2022 | Clean 21.3.2022 |
| Katie Louise Robinson Associate Director of Nursing | Commenced employment on the trust November 2018 | DBS ref Aug 2021 [REDACTED] | NMC [REDACTED] | June 2021 Helen Christodoulides | Confirmed self cert 18 Feb 2022 | | Clean 21.3.2022 | Clean 21.3.2022 |
| Lorna Johnson Director of Nursing (Corporate) | Commenced in trust March 1997 | [REDACTED] 2019 | NMC [REDACTED] | Breeda Columb, Director of Nursing (Operations) June 2021 | Confirmed self cert 1 March 2022 | | Clean 21.3.2022 | Clean 21.3.2022 |
| Susan (Sue) Gibson Director of Midwifery [REDACTED] | DBS [REDACTED] Aug 2020 | NMC RM / RN [REDACTED] | | 26/05/2021 Lisa Grant / Dr Kelly Cohen | Confirmed self cert 14 Feb 2022 | | Clean 21.3.2022 | Clean 21.3.2022 Cross checked DoB |
| Mike Harvey Director of Operations | 29 June 2015 | 15/10/2022 (update service) | | 2 July 2021 Clare Smith COO | Confirmation self- declaration 14 Feb 2022 | | Clean – 21.3. 2022 | Clean 21.3.2022 |

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| | | DBS Ref [REDACTED] | | | | | | Cross checked DoB |
| Tim Hiles Director of Operations | Commenced employment Aug 2013 | 10 March 2020 [REDACTED] | | 28 June 2021 Clare Smith | Confirmation self-declaration 8.3.2022 | | Clean 21.3.2022 | Clean 21.3.2022 |
| Jo Wood Assistant Director of Operations [REDACTED] | Commenced employed Jan 1988 | DBS Update checked 14 Jan 2021 DBS number [REDACTED] Re-apply to DBS as expired waiting for the ref number to come thro | | Clare Smith 30 June 2021 | Confirmed self cert 3.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Ruby Ali Associate Director of Operations, Corporate Operations | Commenced 10 Jan 2022 – 10 month secondment – ends 10 Nov 2022 | 25 November 2021 / [REDACTED] | | New in post | Confirmed self cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Keely Townend Corporate General Manager | Start 11 Oct 2021 – 18 month secondment End 10 April 2023 | Secondment from YAS | | New in post | Confirmed self cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Leigh Hawkins Corporate General Manager | Commenced 28 Aug 2021 | DBS e-reference number [REDACTED] | NMC [REDACTED] | New in post | Confirmed self cert 15 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Rob Armstrong Associate Director of Operations | Commenced employment Feb 2012 | DBS 25 Aug 2021 001499559275 | | 30.06.21 Clare Smith | Self Cert 8 March 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |

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| Lee Parker Corporate General Manager [REDACTED] | Commenced in Trust 1 Sept 2014 | DBS check/re- check (ref no) 21 st April 2021 - [REDACTED] Certificate: 001731905151 | | Joanne Wood 20 Aug 2021 | Self Cert 21 March 2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Ashley Cowton Corporate General Manager | Commenced in Trust 29 April 2019 | re-check(ref no) 03/02/22 001646369086 | | Rob Armstrong 21 May 2021 | Self Cert 4 March 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Dawn Marshall ARCS, Associate Director of Nursing | HR checklist not available Start date March 1980 | 21.10.21 [REDACTED] | NMC [REDACTED] | Sept 2021 Clare Smith | Self cert – 16 Feb 2022 | | Clean – 22.3. 2022 | Clean 22.3.2022 |
| Owen Hayward Resilience Manager [REDACTED] | Commenced employment 18 May 2020 | re-check(ref no) 5/3/22, [REDACTED] | | 30 June 2021 by Clare Smith | Self cert 10 March 2022 | | Clean 2.3.2022 | Clean 22.3.2022 |
| Jane Westmoreland, Ass Director of Communications | 04 March 2022 and the certificate number is [REDACTED] Jane Elizabeth Dembry/Westmoreland Commenced employment in trust Sept 2014 | | | 29.6.2021 Julian Hartley MYR 9.11.2021 | Confirmed self- declaration 4.3.2022 | | Clean 22.3.202 | Clean 22.3.2022 |
| Sarah (Jo) Bray, Company Secretary | HR Checklist completed – held in HR file Commence in trust Jan 2013 DBS [REDACTED] | | | Linda Pollard & Julian Hartley 26.5.2021 MYR 9.11.2021 | Confirmed self- declaration 22.3.2022 | | Clean – 22.3.2022 | Clean 22.3.2022 |
| Rob Newton Ass Director of Policy & Partnerships [REDACTED] | [REDACTED] | | | 11.5.2021 Julian Hartley MYR 4.11.2021 | Self cert 8.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Lucy Cole WYAAT Director | Commenced in trust 22.7.2019 DBS update service – [REDACTED] | | | 15.5.2021 Matt Graham | Self Cert 2.11.2021 | | Clean 22.3.2022 | Clean 22.3.2022 |

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| Jonathan Frank Gamble Ass Director Finance | Started 1 Oct 2018 DBS - ██████████ MBA certificate ACCA - ██████████ | Simon Worthington 21.4.2021 | Confirmed self-declaration 1.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Martin Campbell Smith | DBS 20 Jan 2021 - ██████████ Institute of Chartered Accountants of Scotland ██████████ Chartered Institute of Internal Auditors ██████████ | Commenced in role 8 Feb 2021 | Self Cert 22 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| David Gregory Head of Internal Audit ██████████ | HR check list - not available Start date in the Trust - 1.7.2005 No DBS Check required for the role Fellow of the Association of Chartered Certified Accountants (FCCA) - ██████████ | 26.5.2021 Martin Campbell Smith | Confirmed self-declaration 7.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Paul Ralston Director of Commercial and Procurement | CIPS registration ██████████ DBS - 15th March 2021 ██████████ Commenced role in Trust 21st June 2021 | 13th July 2021 Chris Slater | Confirmed self cert 18 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Mike Bacon Programme Director ██████████ | Commenced employment in the trust 7 Oct 2019 DBS Check 19 Aug 2021 ██████████ | Simon Worthington 29 April 2021 | Confirmed self cert 10.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked with DoB |
| James Goodyear Director of Strategy (1 Aug 2019) | Was Ass Director of Policy & Partnerships - Commenced employment in trust 31 Oct 2016 DBS Ref - ██████████ | Simon Worthington 21.4.2021 | Confirmed self-declaration 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Robert Hakin Ass Director Corporate Planning & Business Development | Start date in the Trust 1.8.2015 Prof Reg N/A DBS N/A | 4 May 2021 James Goodyear | Confirmed self-declaration 25 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |

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| Chris Carvey Deputy Director of HR | Start Date 4 Oct 2010 Member Chartered Institute of Personnel Development (No [REDACTED]) DBS -31 March 2015 - [REDACTED] - update service | 4 Aug 2021 Jenny Lewis | Confirmed self- declaration 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Joanne (Jo) Buck Deputy Director | MCIPD 6.12.2015 commenced employment in the trust 14/03/22 – Ref No [REDACTED] | Jenny Lewis 1 July 2021 | Confirmed self- declaration 15.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Hamish McLure Medical Director for Professional Standards and Workforce Development 1 Sept 2020 | DBCS 13 Jan 2014 [REDACTED] MB ChB FRCA [REDACTED] Commenced employment in the Trust 2 nd January 2002 | September 2021 with Dr Simon Frazer (Regional RO Medical Appraiser) | Self Cert 14.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| John Adams Medical Director for Governance and Risk 1 Sept 2020 [REDACTED] | GMC [REDACTED] DBS 17.10.19 [REDACTED] Commenced employment at LTHT June 2003 | Appraisal Stuart Murdoch 28 Jan 2022 | Self cert 23 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Steve Bush Medical Director Operations (Unplanned Care), 1 Oct 2020 | GMC Number [REDACTED] 1 Oct 2013 [REDACTED] 1 September 2002 | 5 July 2021 Dr Phil Wood & Clare Smith | Self cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Mark Liddington Medical Director Operations (Planned Care) | DBS subscription [REDACTED] GMC [REDACTED] Commenced employment in the Trust 02/11/1999 | 31/01/2022 Mr Ian Eardley | Self cert 15 March 2021 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Dr Ai Lyn Tan Director of R&I | GMC - [REDACTED] DBS check 13-2-2015 (enhanced with adult and child barred list) 13-9-2019 (Basic) Ref [REDACTED] | 8-9-21, Dr Jane Freeston & Prof Philip Conaghan | Self Cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |

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| | Employment in the Trust - 17-1-2011 | | | | | |
| Chris Herbert Director for Operations R&I [REDACTED] | DBS re check May 2017 Commenced employment 1 July 2017 | Ai Lyn Tan Nov 2021 | Self Cert 16 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Gerard Kelly Associate Medical Director [REDACTED] | GMC [REDACTED] DBS 16 Dec 2020 [REDACTED] Commenced employment in the Trust – 4th Dec 2001 | Justin Murphy 24 Sept 2021 | Self Cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Lucy Jackson Consultant in Public Health | Main employee Community Trust Honorary contract with LTHT from 15 th November 2021 | 14 th December 2021 / Ruth Burnett | Self Cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Mike Richards Associate Medical Director (Children's Services) | DBS, 8th Jan 2014 certificate [REDACTED] Involvement in the Children's hospital development MA BM BCH DM MRCP FRCPATH | 26/1/22 Dr Lawrence Maill | Self Cert 16 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Andy Williams Digital Director / Advisor [REDACTED] | Contracted member of staff DBS N/A Contract started September 2018 | Paul Jones 28/02/2022 | Confirmed self cert 4.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Steve Graham Ass Director of Digital Informatics [REDACTED] | 02/01/2020 DBS N/A Prof qualifications N/A | Contractor - Appraisal N/A | Confirmed self cert 15 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DoB |
| Alexandra Lambert, General Manager | Start date in trust April 2002 No DBS – N/A | 01/06/2021 Paul Jones | Self Cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Johnny Chagger (Jagjivan) - Head of Information Governance | DBS check/re-check: N/A Commenced employment in the Trust 3 March 2011 | 21/05/21 Paul Jones | Self cert 15 March 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Martin Waugh | Commenced employment in trust April 2001 DBS check 14.11.2014 [REDACTED] | Paul Jones June 2021 | Self cert 23 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |

| | | | | | | |
|--|--|-----------------------------------|------------------------------|--|--------------------|---|
| Associate Director of Digital (EHR Development) ██████████ | | | | | | Cross checked DoB |
| Guy Dickie Associate Director of Digital Dob: ██████████ | Commenced employment 9 March 2020 No DBS check required on commencing employment | Paul Jones 17 June 2021 | Self Cert 17 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Andy Weissenborne Head of DIT Financial Management | DBS re check Feb 2020 DBS number is ██████████ Commenced in Trust 17 Nov 2008 | Paul Jones 6 May 2021 | Self Cert 7 March 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Peter Aldridge General Manager Estates | Start date in Trust October 1999 DBS ██████████ 21st October 2021 Security Industry License | April 2021 Craig Richardson | Self-cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Chris Ayres Facilities General Manager ██████████ | Start date in Trust 2009 DBS re-check ██████████ – 14.3.2022 | 26 June 2021 Craig Richardson | Self cert 15 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Amanda Gomersall General Manager Corporate Services and Real Estate | HR Checklist not available, commenced with the Trust 1993 Commenced latest role Aug 2019 Prof Reg - N/A DBS - ██████████ - renewal service 10 July 2021 | 29 June 2022 Craig Richardson | Self Cert 14 Feb 2022 | | Clean 22.3.2022 | Clean 22.3.2022 |
| Richard Noble Head of Estates - Capital ██████████ | Architect's Registration Board (ARB) ref: ██████████ DBS check 3.3.2020 ref no ██████████ And start date 6.6.2016 | 14.5.2022 Craig Richardson | Self cert confirmed 7.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 Cross checked DOB |
| Chris Kelly, Head of Estates (Risk & Compliance) ██████████ | 30th September 2020 (cert number ██████████) renewal service (number ██████████) Employment in the Trust - 4th January 2021 | 13th May 2021 Craig Richardson | Self cert confirmed 7.3.2022 | | Clean 22.3.2022 | Clean 22.3.2022 |

Fit and Proper Person Test - CQC Regulations - LTHT Self-Declaration

Under the requirements by the Care Quality Commission (CQC), which became law from 1st April 2015, the Chair of Leeds Teaching Hospitals NHS Trust (LTHT) is required to ensure that the Trust Board meet the requirements of the 'Fit and Proper Person Test'.

Staff required to complete this self-declaration are;

- Members of the Trust Board and senior staff who either author information for the Board or can be in attendance, who have significant influence in reporting information for decision making (*LTHT has defined these as members of the Executive Team and key named staff within the Fit and Proper Person Register*)

As part of the recruitment process for the defined staff group appointed by LTHT a number of checks will take place;

- Checks on the individuals
 - Qualifications
 - Competence, skills required, relevant experience and ability
 - Good character
 - Disqualification to be a director (via Company's House register)
 - Insolvency register
- Consider physical and mental health in line with the role and good occupational health practice
- Ensure, as far as possible the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether lawful or not) in the course of carrying on a regulated a service; this includes any allegations of such
- Only individuals 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 will be eligible for a check by the Disclosure and Barring Service (DBS) but checks will be made against other relevant barring lists

Through appraisal each year or through the Trust Policy on Supporting Performance, the individual will be continually monitored to ensure that they meet the requirements to hold office of their appointment, where they do not, action will be taken by the Chief Executive and / or Trust Chair or respective Executive Director (and where appropriate consultation with the Remuneration Committee).

It will be the responsibility of the Chair of NHS Improvement to ensure that the Trust Chair of LTHT fulfils the requirements of the Fit and Proper Persons Test, and ensures processes are in place to underpin this. In preparation of the Trust Chairs Appraisal, she will report compliance against the Fit and Proper Persons Test annually to a public Board meeting. (*Those present at the meeting will be asked to re-confirm their self-certification, which will be recorded in the minutes of the meeting, those not present will be followed up to re-confirm self-certification by the Trust Board secretary*).

The Fit and Proper Person Register for LTHT will be maintained by the Trust Board Secretary and will be made available to the CQC during inspections, who may request evidence of the information held within the register. The Trust Board Secretary will make annual checks against records at Company's House and the Insolvency Register against those listed on the register.

Self-Certification Fit and Proper Persons Test

New starters /or annually to support the Chair of LTHT (in preparation for her appraisal) - to reconfirm that members of the Board of LTHT and the authors of information reported to the Board are Fit and Proper

I declare that I am a Fit and Proper Person to carry out my role, I am of good character, I have the qualifications, competence, skills and experience which are necessary for me to carry out my duties, I am capable by reason of health of properly performing tasks which are intrinsic to the position, I am not prohibited from holding office (e.g. directors disqualification order), within the last 5 years I have not been convicted of a criminal offence and sentenced to imprisonment of 3 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 it, nor is on any 'barred' list.

The legislation states, for those required to hold a registration with a relevant professional body to carry out their role, they must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where the person no longer meets the requirement to hold the registration, and if they are a health care professional, social worker or other professional registered with a health care or social care regulator, they must inform the regulator in question.

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 of Leeds Teaching Hospitals NHS Trust.

Name and job title/role.....

Professional registrations held (ref no).....

Date of DBS check/re-check (ref no).....

SignatureDate.....

Date of last appraisal, by whom.....

Date commenced employment in the Trust.....

Please return to Jo Bray, Trust Board Secretary, Trust HQ, Leeds Teaching Hospitals NHS Trust, St James's University Hospital, Beckett Street, Leeds, LS9 7TF Jo.bray@nhs.net tel (0113) 2065956 or 0797 6853720

LTHT application of DBS Requirements

NHS Employment Checks Standards, DBS requirements are:

1. Enhanced Checks (with barred list) - if **undertaking regulated activity** either with children or adults, it is a legal requirement to undertake a check against the appropriate barred list.
2. Enhanced Checks (without barred list) for work with adults undertaking regular activity which is defined as:
 - a. Care or supervision,
 - b. Treatment or therapy
 - c. Teaching, training instruction, assistance, advice or guidance on emotional, physical or educational well-being - wholly or mainly for children or adults in receipt of health care

The management of people engaging in any of the above activities on a day to day basis

Atlantic Data who administer our DBS checks and they also support that Directors should only be check at the Enhanced Level and against barred list *where they meet the criteria of being involved in regulated activity, or the management of those people engaging in in regulated activities or have direct involvement with Safeguarding activity.*

Concluding from NHS Employers advice that the standards we have applied to checks for Fit and Proper person are in line with the guidance provided by NHS employers, in that LTHT only check at the Enhanced Levels and against the barred lists where it is appropriate to do so (**where a director meets the eligibility criteria**) , which for our Trust would mainly by the Executive Directors on the basis that they meet the criteria outlined in the NHS Employers guidance.

Criteria for Fit and Proper Persons Test - updated January 2018 by CQC

<http://www.cqc.org.uk/guidance-providers/regulations-enforcement/fit-proper-persons-directors>

Introduction

We refer to Regulation 5 as the fit and proper persons requirement for directors or 'FPPR'. It relates to registered providers, which we refer to as 'providers'. The related regulations and legislation are available in our guidance on the [Regulations for service providers and managers](#).

What the regulation says

Regulation 5 recognises that individuals who have authority in organisations that deliver care are responsible for the overall quality and safety of that care. For the purpose of this regulation, these individuals are board directors, 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 to make sure that providers meet the existing requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Who the regulation applies to

The regulation applies to all registered providers, but **not** if they are an individual or a partnership (other than limited liability partnerships). Individuals and partnerships are governed by the existing [Regulation 4](#). For example, adult social care providers run as small enterprises by individuals who are not limited companies, or GP practices run by traditional GP partnerships will not be covered by FPPR.

It applies to a provider's board directors, board members and equivalents (referred to in this guidance as 'directors'), who are responsible and accountable for delivering care, including associate directors and any other individuals who are members of the board, irrespective of their voting rights. Directors are the group of people constituted (formally or informally) as the decision-making body of the organisation. The regulation applies to interim positions as well as permanent appointments. It also includes trustees of charitable bodies and members of the governing bodies of unincorporated associations.

To ensure that providers comply with the regulation, they must not have an unfit director in position. Ultimately, a provider should determine which individuals fall within the scope of the regulation, and CQC will take a view on whether they have done this effectively.

If a provider is a local authority, CQC will not expect it to apply the requirement to elected members, as they are accountable through a different route. But it will apply to the relevant local authority officers at management level who are responsible for controlling and supervising the service.

The regulation does not apply to governors of a foundation trust.

Although FPPR does not apply to individual providers or to partners in a partnership, Regulation 4 of the Health and Social Care Act expects that these providers must be of good character, possess the right competencies and skills and be physically and mentally fit to do the job in line with the [Equality Act 2010](#). They must be able to supply CQC with documents that confirm their suitability. Following these same principles, we will continue to review the suitability of nominated individuals (Regulation 6) and registered managers (Regulation 7).

Providers are now delivering different types of care services across traditional boundaries, with some emerging new models of providing care, which can be in any organisational form. CQC refers to these as 'complex providers'. FPPR applies to the directors of whatever that organisational form happens to be. Some new models comprise multiple providers working together without a single legal entity (for example, multiple NHS trusts working together or multiple primary care providers). In these cases, FPPR applies to the directors of each legal entity (provider) that make up the network.

What constitutes a breach?

The regulation is breached if a provider has in place someone who does not satisfy the FPPR. Evidence of this could be if:

- A director is unfit on a 'mandatory' ground, such as a relevant undischarged conviction or bankruptcy. The provider will determine this.
- A provider does not have a proper process in place to enable it to make the robust assessments required by the FPPR.
- On receipt of information about a director's fitness, a decision is reached on the fitness of the director that is not in the range of decisions that a reasonable person would make.
- A director 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.

Last updated:
25 January 2018

The regulation applies to directors of regulated providers.

The updated guidance says that, unless there are exceptional circumstances, "bullying [and] victimisation of staff who raise legitimate concerns...are examples of misconduct and mismanagement that providers would be expected to conclude amounted to serious misconduct or mismanagement".

It said that if a director breaches the FPP regulation, which includes being found to have been "responsible" for such behaviour, even if not a direct participant, a "director must be relieved of his or her directorial