## A blue and white logo Description automatically generatedAppendix 5: Annual NHS FPPT submission reporting template

|  |  |  |
| --- | --- | --- |
| **NAME OF ORGANISATION** | **NAME OF CHAIR** | **FIT AND PROPER PERSON TEST PERIOD / DATE OF AD HOC TEST:** |
|  |  |  |

## Part 1: FPPT outcome for board members including starters and leavers in period

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Role** | **Number Count** | **Confirmed as fit and proper?** | | | **Leavers only** | |
| **Yes** | **No** | **How many Boad Members in the ‘Yes’ column have mitigations in place relating to identified breaches? \*** | **Number of leavers** | **Number of Board Member References completed and retained** |
| Chair/NED board members |  |  |  |  |  |  |
| Executive board members |  |  |  |  |  |  |
| Partner members (ICBs) |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

***\* See 3.8 ‘Breaches to core elements of the FPPT (Regulation 5)’ in the Framework.***

|  |  |  |
| --- | --- | --- |
| **Have you used the Leadership Competency Framework as part of your FPPT assessments for individual board members?** | Yes | No |

## Part 2: FPPT reviews / inspections

Use this section to record any reviews or inspections of the FPPT process, including CQC, internal audit, board effectiveness reviews, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reviewer / inspector** | **Date** | **Outcome** | **Outline of key actions required** | **Date actions completed** |
| CQC |  |  |  |  |
| Other, e.g., internal audit, review board, etc. |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Add additional lines as needed***

## Part 3: Declarations

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DECLARATION FOR [name of organisation] [year]** | | | | | | | |
| **For the SID/deputy chair to complete:** | | | | | | | |
| FPPT for the chair (as board member) | | Completed by (role) | | | Name | Date | Fit and proper?  Yes/No |
|  | | |  |  |  |
| **For the chair to complete:** | | | | | | | |
| Have all board members been tested and concluded as being fit and proper? | | | Yes/No | If ‘no’, provide detail: | | | |
|  |  | | | |
| Are any issues arising from the FPPT being managed for any board member who is considered fit and proper? | | | Yes/No | If ‘yes’, provide detail: | | | |
|  |  | | | |
| *As Chair of [organisation], I declare that the FPPT submission is complete, and the conclusion drawn is based on testing as detailed in the FPPT framework.* | | | | | | | |
| Chair signature: |  | | | | | | |
| Date signed: |  | | | | | | |
| **For the regional director to complete:** | | | | | | | |
| Name: |  | | | | | | |
| Signature: |  | | | | | | |
| Date: |  | | | | | | |