

Job Description

1. Job Details

Job title:	Chief Executive (Single Accountable Officer for the BOB CCGs and Integrated Care System Lead)
Reports to:	The Clinical Chairs of the three BOB CCGs and ICS Independent Chair (System Lead Role)
Accountable to:	The Governing Bodies and NHS England
Band:	VSM – locally agreed rate
Location:	One of the three BOB CCG current sites

1. Background

- 1.1 Oxfordshire, Buckinghamshire and Berkshire West CCGs commission and provide health and care services for over 1.8 million people in Buckinghamshire, Oxfordshire and Berkshire (BOB) and have a combined budget of c. £2.5 billion. The population and budget broadly divide equally between the three CCGs. The combined total of GP member practices is 175 with 46 Primary Care Networks. Apart from the obvious increase in population and budget, the most significant changes to this role is the combined accountability for all strategic commissioning and contract management arrangements for the provider contracts which are currently shared between the two existing AO's. These contracts include:
- Oxford University Hospitals NHS Foundation Trust (OUH) which provides a wide range of clinical services, specialist services, medical education, training and research in 44 locations including four hospitals – the John Radcliffe, the Churchill Hospital, Nuffield Orthopaedic Centre and the Horton General Hospital. OUH is a world-renowned centre of clinical excellence and one of the largest teaching trusts in the UK;
 - Buckinghamshire Healthcare NHS Trust, which provides community and acute care in people's homes, from one of their local bases and from hospitals in Stoke Mandeville, Wycombe and Amersham;
 - Oxford Health, which provides physical, mental health and social care for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset;
 - Royal Berkshire NHS Foundation Trust, which provides acute medical and surgical services as well as specialist services such as cancer, dialysis and eye surgery;
 - Berkshire Healthcare NHS Foundation Trust, which provides a wide range of community and mental health services to people of all ages living in Berkshire
 - South Central Ambulance Service (SCAS) which provides emergency and non-urgent patient transport services;
- 1.2 For some time the BOB CCGs have been working together more closely, most notably joint commissioning services such as 999 and 111. Over the past six years the number of CCGs has changed from seven to three. More recently the three CCGs have been working on the design of joint committees which can take single joint decisions on behalf of the whole population. There is now an intention to formalise these working arrangements and potentially in the future merge into a single CCG, the first step of which is to appoint a single Chief Executive. This individual will also assume the role of the Executive Lead for the BOB Integrated Care System (BOB ICS) enabling a greater degree of statutory authority and accountability for the role.

- 1.3 The services that the BOB CCGs are accountable for need to continue to adapt and transform in order to ensure that they remain clinically and financially sustainable whilst taking into account an increasing number of pressures. These include continued growth in patient demand from an ageing and growing population, and a requirement to recover and maintain delivery against national access and quality standards, at a time of historically low levels of financial growth in the NHS and substantial pressures on social care funding.
- 1.4 The financial challenge facing the NHS nationally is well recognised, with little abatement for pressures on funding for the NHS for the foreseeable future. Locally, the requirement set against this national backdrop to make more rapid progress and move the provider sector back into financial surplus is going to be incredibly challenging.
- 1.5 The Chief Executive will need to be a prominent system leader across the health economy and will need to work in collaboration with 175-member practices to provide a strong clinical commissioning voice to the local authorities and local health care providers.
- 1.6 Politically, the local authority landscape is complex. BOB CCGs work with three County Councils (Oxfordshire, Buckinghamshire and West Berkshire), eight District Councils (West Oxfordshire, Cherwell, Vale of White Horse, South Oxfordshire, South Bucks, Aylesbury Vale, Chiltern and Wycombe), two Borough Councils (Reading and Wokingham) and one City Council (Oxford). The Chief Executive will be required to work collaboratively and effectively with all fourteen local authority partners.
- 1.7 The Chief Executive will be required to develop and lead a single management team to work across the BOB CCGs and develop a single culture whilst retaining three separate statutory organisations.
- 1.8 BOB has a strong focus on the role of Place and ICP development has largely been driven locally. There will be a need to discuss and focus on ICP priorities where this can lead to opportunities to support each other and where xxxx challenges may be better addressed by working together across BOB

2. Job Purpose

- 2.1 To work collaboratively and across organisational boundaries at the highest level across the BOB health economy ensuring that the approach to integrated commissioning, leading at scale transformation workstreams, develops in line with the ambitions of the BOB health economy in the coming years.
- 2.2 To provide effective leadership and inspiring vision to enable innovation in developing future organisational form and all associated management of change processes in the implementation of the strategic commissioning function.
- 2.3 To draw on their OD experience to enhance and build on the BOB CCGs cultures by building a shared vision of the aims, values and culture which will include a commitment to developing talent to ensure the long-term success of the BOB CCGs.
- 2.4 To provide executive leadership to each of the BOB CCGs Boards across the full range of the CCGs' roles and functions and is the Accountable Officer of each CCG and a member of each Governing Body. The Chief Executive is responsible for leading and managing the executive management team and all that that entails.
- 2.5 To be responsible for ensuring that the BOB CCGs act with good governance and in accordance with the terms of their constitutions as agreed by their members and to exercise their duties to deliver their functions effectively, efficiently and economically.

- 2.6 To lead the engagement with external commissioning support and collaborative/joint commissioning arrangements to ensure that effective capacity, capability and management systems are in place.
- 2.7 To ensure the voice of all member practices are heard and the interests of patients and the community remain at the heart of discussions and decisions.
- 2.8 To work alongside and influence multiple key stakeholders, including but not limited to, the local authorities, the Health and Well Being Boards and local provider Chief Executives.
- 2.9 To lead the BOB CCGs as a single commissioning voice and Integrated Care System to work in collaboration with system leaders to bring about change. This will involve influencing and shaping any future development of integrated care systems including primary care networks.

3. Core Duties

- 3.1 The Chief Executive will be jointly accountable to the three CCG Governing Bodies and the ICS Independent Chair and NHS England for the performance of the BOB CCGs. In addition, they will be accountable to the Chief Executive of NHS England for organisational performance and will be responsible for ensuring that the BOB CCGs meet all the statutory and service obligations.
- 3.2 The Chief Executive of the BOB CCGs is charged in accordance with their constitutions with ensuring that they:
 - comply with their:
 - duty to exercise their functions effectively, efficiently and economically;
 - duty to deliver the BOB CCGs constitutional targets and other performance targets and take appropriate remedial action;
 - duty to exercise their functions with a view to securing continuous improvement in the quality of services provided to individuals for, or in connection with, the prevention, diagnosis or treatment of illness;
 - financial obligations, including information requests;
 - obligations relating to accounting and auditing; and
 - duty to provide information to NHS England, following requests from the Secretary of State.
 - performs their functions in a way which provides good value for money.
- 3.3 The Chief Executive will at all times, ensure that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the Audit Commission and the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems.
- 3.4 The Chief Executive will be responsible for delivering Quality, Innovation, Productivity and Prevention (QIPP) programmes including ensuring that any decisions to decommission services.
- 3.5 The Chief Executive working closely with the Chairs of the Governing Bodies will ensure that proper constitutional, governance and development arrangements are in place to assure the member GP practices of the organisations ongoing capability and capacity to meet their duties and responsibilities. This will include arrangements for the ongoing development of their members and staff and overseeing and minimising any potential conflicts of interest.

- 3.6 The Chief Executive will ensure that the BOB CCGs commission the highest quality services through effective contract management with the providers to secure the best possible outcomes for their patients within appropriate resource allocation whilst maintaining a consistent focus on quality, integration and innovation.
- 3.7 In addition as system leader for BOB, working with Independent Chair, the Accountable Officer will:
 - 3.71 Undertake a System Leadership Role in developing BOB ICS
 - 3.72 Be accountable for system wide strategic planning performance, oversight, oversight and resilience
 - 3.73 Lead system improvement programme
 - 3.74 Undertake a lead role with regulators to the ICS role in Assurance more generally

4. Specific responsibilities

- 4.1 Help develop the vision and strategy for the improvement and delivery of health care which reduces health inequalities for the population of BOB, in consultation with patients, the public, health and wellbeing boards and other key local stakeholders, and communicate this across the local healthcare system.
- 4.2 Deliver the strategic vision through strategic plans that place patient care at the heart of commissioning and seek to reduce health inequalities, minimising unwarranted clinical variation and social exclusion of the local population.
- 4.3 Provide strategic leadership across the BOB CCGs to develop, lead and manage a single cohesive executive management team enabling it to work corporately to deliver its strategic priorities.
- 4.4 Set the direction and act in a manner consistent with each of the BOB CCGs values.
- 4.5 Work within the scheme of delegation from each of the BOB CCGs governing bodies and effectively plan and manage resources, people and performance to deliver all aspects of commissioning.
- 4.6 Secure the full range of management expertise, through their senior team, joint arrangements and commissioning support, to ensure that the day to day management of all aspects of the CCG's business and ICS role can be discharged.
- 4.7 Work closely with the clinical members of the Governing Bodies to ensure clinical engagement and accountability/delivery in line with the agreed working arrangements.
- 4.8 Play an active leadership role in the wider system/BOB health and social care economy.
- 4.9 Ensure representation of the BOB CCGs on the Health and Wellbeing Boards , and ensure alignment with strategic direction and planning.
- 4.10 Actively promote research, innovation and new ways of working both clinically and managerially.
- 4.11 Engage visibly and effectively with a wide range of stakeholders and partners, as well as ensuring effective two-way communication with all member practices.
- 4.12 Champion patient and public involvement and local community engagement, and ensure that the patient experience is central to commissioning activities.
- 4.13 Ensure the BOB CCGs meet their responsibilities in safeguarding children and vulnerable adults, which will predominantly be discharged through the 3 Places

- 4.14 Work closely with the local authorities to ensure integrated commissioning of health and social care, through a Place based approach
- 4.15 Demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in his/her leadership role and the culture of the BOB CCGs.
- 4.16 Be committed to upholding the proposed *Standards for members of NHS Boards and Governing Bodies in England* as currently being developed by the Council for Healthcare Regulatory Excellence.
- 4.17 Have shared responsibility with the Board for the legal duties and obligations of the BOB CCGs for example with regard to HASAW, Equality Act 2010 etc.

5. Communications and Working Relationships

- 5.1 Chief Executive will build and maintain effective working relationships with key stakeholders across a range of sectors and organisational levels:

Internal

- BOB CCG Chairs and members of Governing Bodies (clinical, managerial and lay)
- Senior management team
- All employees
- Clinical leads
- Primary Care Networks
- Member GP practices

Across Berkshire West, Oxford and Buckinghamshire

- Federations. Patient and Carer representatives, including Health Watch
- Health & Wellbeing Boards
- Elected councillor and officers of relevant County Council, City Council and Borough/District Councils
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- Providers (NHS, independent and voluntary sector)
- Relevant professional bodies and staff organisations, particularly the Local Medical Committee
- Local media
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- Members of Parliament

Regional/national

- NHS South Central and West Commissioning Support Unit
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- NHSE/I - Regional and National teams as appropriate
- Other regional service/condition networks e.g. HEE
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- Neighbouring CCGs
- Neighbouring STPs / ICSs

6. General Terms and Conditions

6.1 Mobility

Employees may be required to work at any site within BOB which is deemed to be an appropriate work location by the organisation subject to consultation. The organisation is in a period of rapid change which may lead to modification of structures and job descriptions. The post holder will be

expected to co-operate with changes subject to consultation, at any time throughout the duration of their contract.

6.2 Health and Safety at Work Act 1974

It is the duty of all employees of the organisation to ensure that safe working environment and safe working practices are maintained at all times. It is also the responsibility of management to do so. To carry out the duties placed on employees by the Health and Safety at Work Act 1974 i.e.

- To take reasonable care for the health and safety of themselves and of other persons who may be affected by their acts or omissions at work.
- To co-operate with their employer as far as is necessary to meet the requirements of the legislation.
- Not to intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare in the pursuance of any relevant statutory provisions.
- To complete all mandatory training.

6.3 Data Protection Responsibilities

In line with national legislation, and organisation policy, all data will be processed in a fair and lawful way, for the specific registered purpose and not disclosed in any way incompatible with such purpose or to any unauthorised persons or organisations. Users must make their nominated officer aware of any changes to their Computerised system, Software utilised and personal data that is processed/disclosed. The post holder must abide by all conditions laid down within the most recent NHS Information Governance Tool Kit and comply with the General Data Protection Regulations.

6.4 Equality and Diversity

The BOB CCGs are committed to promoting equal opportunities and to recognising and valuing people's differences. The post holder is required to comply with and actively promote equal opportunities and diversity within the BOB CCGs in accordance with their policies.

6.5 Smoking at Work

All employees must comply with each BOB CCG no smoking policies which prohibits smoking during working time, when representing the organisation and generally throughout their premises, including buildings and grounds.

6.6 Flexible Working

The BOB CCGs are committed to offering flexible, modern employment practices, which recognise that all staff need to strike a sensible balance between home and work life. All requests to work flexibly will be considered.

6.7 Infection Control

To support the BOB CCGs in achieving a reduction in health care associated infections, i.e.

- To carry out duties placed on employees by the Health Act 2006;
- To be familiar with, and comply with BOB CCG Policies / guidelines on infection control; and
- To complete mandatory training in relation to infection control.

6.8 Rehabilitation of Offenders Act

Due to the nature of the work related to the post, it is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are “spent” under the provision of the Act, and, in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order applies.

6.9 Safeguarding responsibilities

The BOB CCGs take the issues of Safeguarding Children, Adults and addressing domestic violence very seriously. All employees have a responsibility to support the organisations in their duties by:

- Completing mandatory training on Safeguarding children and adults;
- Making sure they are familiar with their and the BOB CCGs requirements under relevant legislation;
- Adhering to all relevant national and local policies, procedures, practice guidance (e.g. LSCBs Child Protection Procedures and Practice Guidance) and professional codes;
- Reporting any concerns to the appropriate authority.

6.10 Policies and Procedure

All employees, at all times are subject to all policies and procedures.

6.11 Research Governance

The BOB CCGs manage all research in accordance with the requirements of Research Governance Framework. The post holder must comply with all reporting requirements, systems, duties and actions put in place by the BOB CCGs to deliver research governance.

6.12 Professional/ Managerial Codes of Practice

The post holder is expected to abide by the relevant codes of practice of the registering body for healthcare professionals, and the NHS Code of Conduct for managers.

6.13 Effort and Environment

Due to changing workload priorities and competing demands, the post holder is expected to appropriately re-evaluate tasks and requirements for themselves and the team to ensure that all targets and deadlines are met.

6.14 Freedom to Speak Up

Any member of staff should be able to raise their concerns in a responsible way without fear of victimisation. A ‘whistle blowing’ policy is in place in each BOB CCG to help staff to raise concerns.

6.15 Confidentiality

The BOB CCGs attaches the greatest importance to patient confidentiality and to the confidentiality of personal health data, personal data and other data held and processed by the BOB CCGs. All data should be treated as confidential and should only be disclosed on a need to know basis.

Some data may be especially sensitive and is the subject of a specific organisation policy, including information relating to the diagnosis, treatment and/or care of patients, individual staff records and details of contract prices and terms. Under no circumstances should any data be divulged or passed on to any third party who is not specifically authorised to receive such data. Due to the importance that the organisation attaches to confidentiality disciplinary action will be taken for any breach of confidentiality. All members of staff are expected to comply with national legislation and local policy in respect of confidentiality and data protection.

All employees should be mindful of the six-information management Caldicott principles when dealing with organisational data and person identifiable information:

- i. Justify the purposes of using confidential information
- ii. Only use it when absolutely necessary
- iii. Use the minimum that is required
- iv. Access should be on a strict need to know basis
- v. Everyone must understand his or her responsibilities
- vi. Understand and comply with the law

If there is any doubt whether or not someone has legitimate access to information, always check before you disclose.

This job description is not a definitive or exhaustive list of responsibilities, but identifies the key responsibilities and tasks of the post holder. Other duties may be determined from time to time by the Clinical Chairs, working with a lead chair as identified, concomitant with the role and general responsibilities of this post. The duties of this post may be changed subject to discussion and consultation where necessary with the post holder.

The above responsibilities will be subject to objective setting and personal development planning.

BOB CCGs are seeking to promote the employment of people with disabilities and will make any adjustments considered reasonable to the above duties under the terms of the Equality Act 2010 to accommodate a suitable candidate with a disability.

Person Specification

Job Title: Chief Executive (Single Accountable Officer for the BOB CCGs)

Band: VSM

Location: One of the three BOB CCG current sites

Selection Criteria	Weighting 3 - Essential 1 - Desirable	Measured at
<p>Appointment to Governing Body Roles – disqualification criteria</p> <ul style="list-style-type: none"> The post holder must not be disqualified from holding the post – see Appendix 1 	3	Application
<p>Qualifications</p> <ul style="list-style-type: none"> Degree level education or equivalent managerial experience gained in a relevant field Masters level qualification or equivalent specialist managerial experience gained in a relevant field Evidence of relevant continuing professional development (e.g. NHS Top Leaders Programme) Relevant postgraduate management/leadership qualification 	<p>3</p> <p>3</p> <p>3</p> <p>1</p>	<p>Application</p> <p>Application</p> <p>Application</p> <p>Application</p>

<p>Experience</p> <ul style="list-style-type: none"> • Substantial proven experience of leading complex organisations operating at Board level • Experience of leading and delivering transformational change in an open and inclusive way, with a natural ability to communicate with patients, communities and staff as well as managing complex political environments to achieve tangible and lasting improvements to services. • Experience of organisational development and design and of leading complex organisational change and influencing multiple stakeholders. • Experience of working in an organisation that commissioned multi-million-pound contracts across multiple providers • Experience of leading the contract negotiation and performance management of substantial provider contracts • Experience of successfully working with clinicians and other providers to secure improvements to health care services • Experience of effective joint working with other statutory, voluntary or private sector organisations • Experience of working in a number of different parts of the health system (Health regulators, commissioners or providers) • Experience of working with local government • Experience of successfully leading organisations meeting financial and statutory obligations. 	<p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>1</p> <p>1</p> <p>3</p>	<p>Application</p> <p>Application/ Interview</p> <p>Application/ Interview</p> <p>Application/ Interview</p> <p>Application</p> <p>Application/ Interview</p> <p>Application</p> <p>Application</p> <p>Application</p> <p>Application/ Interview</p>
<p>Attributes</p> <ul style="list-style-type: none"> • Demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer • Demonstrate commitment to clinical commissioning, the BOB CCGs and to the wider interests of the health services • Demonstrate commitment to ensuring that the governing body remains informed and engaged with its member practices • Demonstrate a commitment to upholding, the NHS principles and values as set out in the NHS Constitution • Demonstrate a commitment to upholding 'The Nolan Principles of Public Life' along with an ability to reflect them in their leadership role and the culture of the BOB CCGs • Demonstrate a commitment to upholding the <i>Standards for members of NHS Boards and Governing Bodies in England</i>. • Demonstrate a commitment to ensuring that the 	<p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p> <p>3</p>	<p>Application/ Interview</p>

<p>explanations supplied by others, who may be experts in their field</p> <ul style="list-style-type: none"> • The ability to influence and persuade others articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill • The ability to take an objective view, seeing issues from all perspectives and especially external and user perspectives • Capability to work across organisational boundaries 	<p>3</p> <p>3</p> <p>3</p>	<p>Interview</p> <p>Application/ Interview</p> <p>Application/ Interview</p> <p>Application/ Interview</p>
<p>Understanding</p> <ul style="list-style-type: none"> • Detailed understanding of government policy, national priorities and local issues in relation to health and social care • In-depth understanding of health and social care, including the broad social, political and economic trends influencing them • Sound understanding of good corporate governance, the difference between governance and management, and the specific responsibility of the Accountable Officer role in ensuring these are discharged to a high standard • Good understanding of the role of effective communications and engagement with patients, public, workforce and stakeholders in achieving/delivering the BOB CCGs objectives and maintaining the reputation of the NHS and CCGs • An understanding of the role of the Chief Executive in setting and developing the culture of the BOB CCGs and leading the wider organisational development in the context of engagement with staff and other key stakeholders • An understanding of the NHS financial regime, the principles or value for money and the requirements of effective financial governance and probity • An understanding of the BOB CCGs risk environment and the approaches that can be adopted to manage the risks inherent in any transformation strategies • An in depth understanding of the national health and social care system and an appreciation of how this impacts locally. • Sufficient understanding of NHS finance and other key organisational issues, such as HR employment law and practices to discharge the overall responsibilities of the Chief Executive • A sound understanding of current legal requirements and good practice in engagement, equality and discrimination • Understanding of the possible internal conflicts of interest that may arise in the exercise of the BOB CCGs business and knowledge of approaches to 	<p>3</p>	<p>Application/ Interview</p>

appropriately identify and manage these	3	Application/ Interview
Leadership		
<ul style="list-style-type: none"> • Set the direction and contribute to the strategy and aspirations of the organisations and act in a manner consistent with their values 	3	Application/ Interview
<ul style="list-style-type: none"> • Create a compelling vision for the future and communicate this within and across organisations 	3	Application/ Interview
<ul style="list-style-type: none"> • Work with others in teams and networks and engage, listen and involve patients and communities to commission continually improving services 	3	Application/ Interview
<ul style="list-style-type: none"> • Think conceptually and plan flexibly for the longer term and continually seek ways to improve 	3	Application/ Interview
<ul style="list-style-type: none"> • Demonstrate resilience, independence of thought, emotional intelligence, the ability to work through conflict and ambiguity and the ability to demonstrate a range of leadership styles to secure results. 	3	Application/ Interview
<ul style="list-style-type: none"> • A level of political astuteness with highly developed skills in engaging, influencing and security shared ownership to enable commissioning intentions to be delivered. 	3	Application/ Interview
<ul style="list-style-type: none"> • Demonstrate presence and engage people by the way they communicate, behave and interact with others. 	3	Application/ Interview

Appendix 1

Appointment to Governing Body Roles – Disqualification Criteria

Regulations will provide that some individuals will not be eligible to be appointed to CCG governing bodies. Full details are included in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012.

The regulations state that the following are disqualified from membership of CCG governing bodies:

- MPs, MEPs, members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland);
- members including shareholders of, or partners in, or employees of commissioning support organisations; - A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted
 - in the United Kingdom of any offence,
 - outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and
 - in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
- a person subject to a bankruptcy restrictions order or interim order;

- a person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the Board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special health and social care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority;
- a healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practising the profession in question or imposing conditions, where these have not been superseded or lifted;
- a person disqualified from being a company director; a person who has been removed from the office of charity trustee, or removed or suspended from the charity, on the grounds of misconduct or mismanagement.