ANTI FRAUD, BRIBERY AND CORRUPTION POLICY
February 2018

Authorship:	Head of Anti-Crime Services, Audit Yorkshire			
Committee Approved:	Governing Body			
Approved date:	February 2018			
Review Date:	January 2020			
	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	No	Yes	No	No Issues Identified
Sustainability Impact Assessment	Yes		Yes	No Issues Identified
Privacy Impact Assessment	Yes	Yes	No	No Issues Identified
Bribery Checklist	*No*		*No*	*Not applicable*
Target Audience:	All CCG Staff			
Policy Reference No:	P406			
Version Number:	V2			
Publication/Distribution	Website		Email Staff	Others (i.e. SBC)
	Yes		Yes	Yes

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
V2		Revision and update of existing policy to reflect change from NHS Protect to NHS Counter Fraud Authority (NHSCFA) and provision of greater detail on sanctions and redress.		

Approval Record

Applicable Y/N	Committee / Group	Consultation / Ratification	Date taken to group	Date last Approved
	Governing Body	Ratification	Nov 2013	
	Council of Clinical Representatives	Ratification		
	SMT	Ratification		
	Remuneration Committee	Ratification		
	Audit and Governance Committee	Ratification	Feb 2018	
	Finance and Contracting Committee	Ratification		
	Business Committee	Ratification		
	Communications and Engagement Committee	Ratification		
	Other	Ratification		
	All Employees	Consultation		
	Public	Consultation		
	Yorkshire and Humber Social Partnership Forum	Consultation		

Contents

1   INTRODUCTION

1.1   General

Scarborough and Ryedale Clinical Commissioning Group (CCG) and its Governing Body is committed to maintaining an honest, open and well intentioned atmosphere so as best to fulfil the objectives of the organisation and of the NHS. It is therefore committed to keeping fraud, bribery and corruption to an absolute minimum and where fraud is proven will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and will attempt to recover losses where possible.

1.2   Policy purpose and aims

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to employees who may identify suspected illegality. It provides a framework for responding to suspicions of fraud, bribery and corruption; advice and information, and potential consequences arising from an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption. The overall aims of this policy are to:

- improve the knowledge and understanding of everyone in and associated with the CCG, irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and its unacceptability
- assist in promoting a climate of openness and an environment where people feel able to raise concerns sensibly and responsibly
- set out the CCG's responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery and corruption

1.3   Scope

This policy applies to all CCG employees, Council of Members, Members of the Governing Body, members of its committees and sub-committees, Lay Members, any staff seconded to the CCG and contract and agency staff. Any reference to staff or individuals applies to all the aforementioned.

2   ENGAGEMENT

Senior Management Team representatives have been involved in the development of the policy. Human Resources have reviewed the policy to reflect current HR employment practice.

3   IMPACT ANALYSES

3.1   Equality

In developing this policy, an Equality Impact Analysis (EIA) has been undertaken and the results are published with this policy on the CCG website. As a result of the initial screening, the policy does not appear to have adverse effects on people who share protected characteristics and no further actions are recommended at this stage.

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics

protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

3.2 Sustainability

The policy has been assessed against the CCG's sustainability themes using a sustainable impact assessment (SIA) and there is no anticipated detrimental impact. The results of the SIA are published with the policy on the CCG website.

4 DEFINITIONS

4.1 NHS Counter Fraud Authority

NHS Counter Fraud Authority is a special health authority charged with the identification, investigation and prevention of fraud, bribery and corruption within the NHS. Its service delivery model focuses upon standard setting, bench marking and assurance to enable local NHS organisations to take corrective action as appropriate.

4.2 Fraud

The Fraud Act 2006 came into force on 15th January 2007. The Act repealed and replaced the eight *deception* offences in the Theft Acts 1968-1996. It is no longer necessary to prove that the victim was deceived; the focus is now on the dishonest behaviour of the suspect and their intent to make a gain or cause a loss.

The offence of fraud can be committed in three ways:

1. Fraud by false representation (Section 2) – lying about something using any means, e.g. by words or actions
2. Fraud by failing to disclose (Section 3) – not saying something when you have a legal duty to do so
3. Fraud by abuse of a position of the Trust (Section 4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation.

It should be noted that all offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause a gain or loss. The gain or loss does not have to succeed, so long as the intent is there.

4.3 Bribery and corruption

Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial of other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so, and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper.

It is, therefore, extremely important that staff adhere to this and other related documentation when considering whether to offer or accept gifts and hospitality and/or other incentives.

4.4 Information management and technology

The Computer Misuse Act 1990 legislates against the unauthorised access and modification of computer data for fraudulent purposes. Any suspicion of the use of the CCG's IMT for fraudulent purposes should be reported to the LCFS.

5   ROLES, RESPONSIBILITES AND DUTIES

5.1 Chief Officer

The Chief Officer has overall responsibility for funds entrusted to the organisation as the accountable officer. This includes instances of fraud, bribery and corruption. The Chief Officer must ensure adequate policies and procedures are in place to protect the organisation.

5.2 Chief Finance Officer

This role of Chief Finance Officer has been summarised in the NHS Commissioning Board guidance *Clinical commissioning group governing body members: Role outlines, attributes and skills* (October 2012) as:

a) Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of Expenditure is fully discharged;

b) Making appropriate arrangements to support and monitor the Group's finances;

c) Overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;

d) being able to advise the Governing Body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties; and

e) Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board

The Chief Finance Officer prepares documents and maintains detailed financial procedures and systems and that they incorporate the principles of separation of duties and internal checks to supplement those procedures and systems.

The Chief Finance Officer will, depending on the outcome of initial investigations, inform appropriate senior management of suspected cases of fraud, bribery and corruption, especially in cases where the loss may be above an agreed limit or where the incident may lead to adverse publicity.

The Chief Finance Officer will ensure the Local Counter Fraud Specialist (LCFS), or the specialist investigators, are given access to staff and records where required/necessary.

The Chief Finance Officer will present the views of the organisation on the conduct of the investigation and any possible sanctions against any employee, if required to do so by NHS Counter Fraud Authority.

The Chief Finance Officer will, where considered necessary, pursue sanctions against any employee found to be guilty of fraud or corruption where the advice of NHS Counter Fraud Authority is that a criminal prosecution will not be pursued by them.

5.3 Internal and external audit

Internal and external audit work regularly includes reviewing controls and systems and ensuring compliance with financial instructions. Internal and external audit have the duty to pass on any suspicions of fraud, bribery or corruption to the LCFS.

5.4 Workforce

When Workforce staff (part of the EMBED Human Resources) are advised of suspected cases of fraud, bribery or corruption, they undertake to advise the LCFS as soon as possible. Workforce staff and the LCFS will liaise during the conduct of any investigation to ensure information is shared, duplication avoided and the actions of neither party compromises each others work in accordance with the Protocol for LCFS and Workforce co-operation which is in place.

5.5 Local Counter Fraud Specialist

The LCFS is responsible for taking forward all anti-fraud work locally in accordance with national standards and reports directly to the Chief Finance Officer.

The LCFS will work with key colleagues and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud and corruption.

The LCFS will investigate allegations of fraud and corruption in accordance with the instructions of the NHS Counter Fraud Authority.

The LCFS will provide regular updates on current investigations to the Chief Finance Officer and the Audit Committee and is responsible for all external reporting requirements.

The LCFS will play an active part in raising fraud awareness and enforcing the message that fraud within the CCG is not acceptable and will not be tolerated.

5.6 Managers

All managers are responsible for ensuring that policies, procedures and processes are adhered to and those within their local area kept under constant review.

Managers have a responsibility to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for any staff who does not comply with policies and procedures.

If any instances of actual or suspected fraud, bribery or corruption are brought to the attention of a manager, they must report the matter immediately to the LCFS taking note of anything they hear or see relating to the suspicion including dates, times, descriptions, etc. It is important that managers do not investigate any suspected financial crimes themselves as a case can be jeopardised if evidence is not collected in the proper manner. Evidence also includes witness statements. In view of the complexity and importance of complying with all the conditions of the Police and Criminal Evidence Act 1984 (PACE), Line Managers or other staff **must not** carry out any investigations or interviews.

Managers must co-operate fully with the LCFS and provide any evidence required during the course of the enquiries, including statements.

Managers are also responsible for conducting risk assessments and mitigating identified risks.

5.7 All staff

All staff are required to comply with the organisation's policies and procedures and apply best practice in order to prevent fraud, bribery and corruption (for example in the areas of procurement, personal expenses and ethical business behaviour).

All staff have a duty to protect the assets of the organisation and encourage anyone having suspicions of fraud and corruption to report them. All members of staff can, therefore, be confident that their reasonably held suspicions will be taken seriously and that no member of staff will suffer in any way as a result of reporting suspicion of fraud, bribery or corruption.

Front line staff are often in the best position to identify areas for concern and must, therefore, take responsibility to ensure that any real concerns are passed on to the LCFS and provide a statement if required.

It is NOT recommended that staff report any concerns to their line manager in the first instance – the LCFS/Chief Finance Officer should always be regarded as the first point of contact ideally.

The CCG also discourages anybody who has reasonably held suspicions from doing nothing, trying to investigate the matter themselves, talking to others about their suspicions or approaching or accusing any individual. Any of these actions could result in the continual perpetration of any fraud offences being committed against the CCG, or compromise or jeopardise a successful outcome of a counter fraud investigation.

Staff who are involved in or manage internal control systems should receive adequate training and support in order to carry out their responsibilities.

6 The response plan

6.1 Bribery and Corruption

In response to the Bribery Act 2010 the CCG has put in place what it considers to be proportionate and adequate procedures to address the level of risk it may face.

The CCG's Business Conduct Policy and Conflicts of Interest Policy provide guidance and details on staff responsibilities relating to conduct, particularly in relation to commercial sponsorship (including posts), gifts, honoraria and conflicts of interest and how to declare them. These policies and other relevant policies such as the Procurement Policy are available to staff on the CCG's website.

6.2 Reporting fraud, bribery or corruption

Suspected fraud can be discovered in a number of ways, but in all cases it is important that staff are able to report their concerns and are aware of the means by which they are able to do so.

All staff should report their suspicions to the LCFS who is authorised to treat concerns raised in the strictest confidence and anonymously if so requested. A referral form can be found below (Appendix 2) and on the CCG's website. The LCFS will undertake to acknowledge receipt of this referral within 5 working days unless otherwise requested.

To report any suspicions of fraud and/or corruption please contact either Steven Moss, Head of Anti-Crime Services, Glyn Thomas, LCFS or Jamie Darnton, LCFS via the following:

E-mail: steven.moss@nhs.net glyn.thomas1@nhs.net or Jamie.darnton@nhs.net

Post: Steven Moss / Glyn Thomas / Jamie Darnton, Internal Audit, Park House, Bridge Lane, Wigginton Road, York, YO31 8ZZ.

Phone: 01904 725145 / 725166 / 725190

The LCFS will inform the Chief Finance Officer if the suspicion seems well founded and will conduct a thorough investigation.

Concerns may also be discussed with The Chief Finance Officer or the Chair of the Audit Committee.

If staff prefer they may call the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 between 8am and 6pm Monday to Friday or report online at www.cfa.nhs.uk/reportfraud . This would also be the suggested contact if there is a concern that the LCFS or the Chief Finance Officer themselves may be implicated in suspected fraud, bribery or corruption.

Where it is the wish of the individual to report suspicions anonymously this will be respected. However, the Governing Body will always encourage individuals to give their name as this allows suspicions to be acted upon with greater effectiveness and efficiency.

Once fraud or corruption is reported, any allegation will be investigated by the LCFS in a professional manner aimed at ensuring that the current and future interests of the CCG and the suspected individual(s) are protected. The latter is equally important as a suspicion should not be seen as guilt to be proven.

The guide included in the appendix (Appendix 1) provides a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and/or corruption, is

discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards.

6.3 Sanctions and redress

6.3.1 Sanctions

Where a staff member is suspected of fraud, bribery or corruption or any other illegal act the CCG will determine on the appropriate disciplinary action, in accordance with its Disciplinary Policy and Procedure.

It should be noted that the duty to follow disciplinary procedures will not preclude consideration of the application of other available sanctions. The full range of sanctions are:

Criminal – whereby proceedings may be brought against alleged offenders and the case heard in Court with the view to obtaining a criminal conviction, an appropriate fine, imprisonment, confiscation, compensation order and award of costs.

Civil – whereby proceedings are undertaken to recover money or assets fraudulently obtained including interest and costs.

Disciplinary – whereby the employee will be dealt with internally via Human Resources and, where the individual is a professional, it may also be necessary to notify their professional body for the matter to be dealt with externally.

It should be recognised that whist each sanction stands-alone potentially all three could be pursued. The decision on the sanctions to be pursued will be determined by the Chief Finance Officer in conjunction with the NHS Counter Fraud Authority and the Crown Prosecution Service as appropriate.

6.3.2 Redress

The seeking of financial redress or recovery of losses will always be considered in cases of fraud, bribery and corruption that are investigated by the LCFS or the NHS Counter Fraud Authority where a loss is identified. As a general rule, recovery of the loss caused by the perpetrator will always be sought. The decision will be made in the light of the particular circumstances of each case by the Chief Finance Officer in conjunction with the NHS Counter Fraud Authority and the Crown Prosecution Service as appropriate.

7 IMPLEMENTATION

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

The policy will also be circulated to the Practice Managers of all member practices for information.

8 TRAINING AND AWARENESS

All new starters will receive details of the counter fraud arrangements in the staff induction package

The LCFS has devised a counter fraud training module that will be available on the Trust's Intranet site, which details how to report suspicions of fraud, what a fraud is and who can investigate frauds.

The LCFS will undertake a counter fraud presentation to CCG employees on an annual basis.

9 MONITORING AND AUDIT

The Audit Committee is responsible for monitoring the effectiveness of this policy to provide assurance to the Governing Body that the business of the CCG is being conducted in line with this policy, the associated policy documents, relevant legislation and other statutory requirements.

Continuous monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Arrangements might include reviewing system controls on an ongoing basis and identifying weaknesses in processes.

Where deficiencies are identified as a result of monitoring, the CCG should explain how appropriate recommendations and action plans are developed and how any recommendations made should be implemented.

10 POLICY REVIEW

The policy and procedure will be reviewed at least every two years by the CCG in conjunction with managers, and Trade Union representatives if appropriate, with changes made as required and the outcome published. Where review is necessary due to legislative change, this will happen immediately.

Audit and Governance Committee has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

11 REFERENCES AND ASSOCIATED DOCUMENTATION

- The Computer Misuse Act (1990)
- The Fraud Act 2006
- The Bribery Act 2010

12 APPENDICES

Appendix 1   Guide – NHS fraud, bribery and corruption: dos and don'ts

Appendix 2   Fraud referral form

Appendix 3   Equality Impact Assessment

Appendix 4   Sustainability Impact

APPENDIX ONE – NHS FRAUD, BRIBERY AND CORRUPTION: DOS AND DON'TS.

FRAUD **is the intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position.**

BRIBERY & CORRUPTION **is the deliberate use of payment or benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another.**

DO

- **Note your concerns**
Record details such as the nature of your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.

- **Retain evidence**
Retain any evidence that may be destroyed, or make a note and advise your Local Counter Fraud Specialist (LCFS).

- **Report your suspicions**
Confidentiality will be respected – delays may lead to further financial loss.

- **Refer to the Local anti fraud, bribery and corruption policy on the CCG intranet**

DO NOT

- **Confront the suspect or convey concerns to anyone other than those authorised, as listed below**
Never attempt to question a suspect yourself; this could alert a fraudster or lead to an innocent person being unjustly accused.

- **Try to investigate, or contact the police directly**
Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must be done in line with legal requirements in order for it to be useful. Your LCFS can conduct an investigation in accordance with legislation.

- **Be afraid of raising your concerns**
The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

- **Do nothing!**

If you suspect that fraud against the NHS has taken place, you must report it immediately, by:
- **directly contacting the Local Counter Fraud Specialist (LCFS) or Head of Anti-Crime or**
- **telephoning the freephone NHS Fraud and Corruption Reporting Line, or reporting online or**
- **contacting the Chief Finance Officer.**

Do you have concerns about a fraud taking place in the NHS?

NHS Fraud, Bribery and Corruption Reporting Line: 0800 028 40 60
calls will be treated in confidence and investigated by professionally trained staff.
Online: www.cfa.nhs.uk/reportfraud

Your Local Counter Fraud Specialists are Steven Moss, Glyn Thomas or Jamie Darnton
who can be contacted by telephoning (01904) 725145, 725166 or 725190 or emailing steven.moss@nhs.net or glyn.thomas1@nhs.net or Jamie.darnton@nhs.net
If you would like further information about NHS Counter Fraud Authority please visit https://cfa.nhs.uk/

APPENDIX TWO – REFERRAL FORM

Name	
Organisation/Profession	
Address	
Tel.No	

This Alleged Fraud Relates To:

Name	
Address	
Date Of Birth	

Referrals should only be made when you can substantiate your suspicions with one reliable piece of information

Suspicion

Please provide details

Possible useful contacts

Please attach any available additional information.

Signed……………………………………… **Date**……………………………….

Please return to Steven Moss, Glyn Thomas or Jamie Darnton via:

Email: steven.moss@nhs.net or glyn.thomas1@nhs.net or jamie.darnton@nhs.net

Post: Steven Moss / Glyn Thomas / Jamie Darnton, Park House, Bridge Lane, Wigginton Road, York, YO31 8ZZ Any queries please contact Steve, Glyn or Jamie on 01904 725145 / 725166 / 725190

The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 5 working days unless otherwise requested.

Equality Impact Assessment Strategy Policies

General Information		
Policy:	Anti Fraud, Bribery and Corruption Policy	
Date of Analysis:	October 2013	
Policy Lead: (Name, job title and department)	Counter Fraud Manager	
What are the aims and intended effects of this policy?	Fraud awareness	
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	None	
Please list any other policies that are related to or referred to as part of this analysis		
Who is likely to be affected by this policy?	General Public	X
	Service Users	X
	Staff	X
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	None	
Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives	The policy is applicable to everyone.	

Equality Data

	Data provided below is from Census 2011
Age	

Age Range	Number	%
0-14	17,672	14.9
15-44	39,530	33.2
45-64	15,427	13.0
65-74	9,083	7.6
85+	3,820	3.2

Gender

JSNA 2016

	%
Male Residents	49.6
Female Residents	50.4

Race / Nationality

BME – 2011 Census Data

	%
White	97.5
Mixed	0.8
Asian	1.2
Black	0.2
Other	0.2

Languages – 2011 Census Data

	%
English	97.5
Polish	0.8
Other EU Language	0.6
Other	1.86

Gypsy and Travellers – 2011 Census Data

Scarborough	37
Ryedale	81

	Disability

2011 Census Data

	%
Long Term Health Problem/Disability	21.3
Limiting Long Term Illness	20.4

Projecting Adult Needs and Service Information (PANSI)-2017 Estimates

	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469
Learning Disability – Autistic Spectrum Disorders and Down's Syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	69,328	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems	4,331	2,096

Sexual Orientation	In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5%

18

	of the population are lesbian, gay or bisexual communities.
Gender Reassignment	There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Religion / Belief

2011 - Census Data

	%
Christian	67
Buddhist	0.3
Hindu	H0.1
Jewish	0.1
Muslim	0.5
Sikh	0.1
Other Religion	0.4
No Religion	24.3
Religion not stated	7.4

Pregnancy and Maternity

	Live Births (ONS 2016)	Still Births (ONS 2016)
Scarborough	1,034	4
Ryedale	439	2

Marriage and civil partnership

Data provided below is from Census 2011

	Number	%
Single	32,890	28.2
Married	57,934	49.7
In registered same sex civil partnership	259	0.2
Separated (incl civil partnership)	2,866	2.5
Divorced (incl civil partnership)	12,043	103
Widowed	10,486	9

This protected characteristic generally only applies in the workplace.

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?

(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason[1]* exists (see footnote below – seek further advice in this case)
Gender	X			
Age	X			
Race / ethnicity / nationality	X			
Disability	X			
Religion or Belief	X			
Sexual Orientation	X			
Pregnancy and Maternity	X			
Transgender / Gender reassignment	X			
Marriage or civil partnership	X			

What measures have been put in place to mitigate any potential impact?

1. [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

Sign-off

All EIAs must be signed off by a member of SMT
I agree with this assessment / action plan
Signed off by (Name/Job Title)
Signed: Sally Brown
Date: October 2013

SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? Will it pay for services based on health outcomes rather than activity for example through personal budgets? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx	n/a		
Travel	Will it reduce 'care miles' (telecare, care closer) to home? Will it reduce repeat appointments? Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx	n/a		

Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx	n/a		
Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx	n/a		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx	n/a		
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx	n/a		

Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx	n/a		
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx	n/a		

APPENDIX FIVE – PRIVACY IMPACT ASSESSMENT
Privacy Impact Assessment (PIA)

Screening Questions

The below screening questions should be used inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

Project title	Policy review – Anti-Fraud, Bribery and Corruption Policy
Brief description	Periodic revision and update of policy to capture and reflect any changes

Screening completed by

Name	Glyn Thomas
Title	Local Counter Fraud Specialist
Department	Audit Yorkshire - Internal Audit
Telephone	01904 725166
Email	Glyn.thomas1@nhs.net
Review date	08/02/2018

Marking any of these questions is an indication that a PIA is required:

	Screening Questions	Tick
1	Will the project involve the collection of identifiable or potentially identifiable information about individuals?	☐
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	☐
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	☐
4	Are you using information about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development.	☐
5	Where information about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people would consider to be sensitive and private.	☐
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	☐
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives.	☐
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making.	☐

Please retain a copy of this questionnaire within your project documentation.

If you have ticked any of the questions above – please complete a full Privacy Impact Assessment – The most up to date version of the form is available on the CCG website at:

http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/