

Anti-Fraud, Bribery and Corruption Policy

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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
0.1	Local Counter Fraud Specialist, Audit Yorkshire	Policy created		TBC
1.0	NHS North Yorkshire CCG	Policy approved by Audit Committee	Audit Committee February 2021	April 2021

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2.0 Introduction

2.1 General introduction

North Yorkshire Clinical Commissioning Group (“The 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.

Where fraud is proven, the CCG will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters, and will attempt to recover losses where possible.

2.2 Aims and Objectives

This document will set out the NHS North Yorkshire Clinical Commissioning Group’s policy for dealing with detected or suspected fraud, bribery or corruption. It will also provide guidance to staff on what fraud is, individual responsibilities of staff, and how to report suspicions of fraud, bribery and corruption.

2.3 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,
- Any staff on placement with the CCG,
- Students and trainees,
- Contracted third parties (including agency staff).

Any reference to staff or individuals applies to all the aforementioned parties.

2.4 General Data Protection Regulations (GDPR)

The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedures.

Where personal information is collected for a specific purpose, details of the type of information we hold and how the information is used is described in the CCG’s privacy notice, which is on our website.

3.0 Definitions / Explanation of Terms

3.1 NHS Counter Fraud Authority

The 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.

3.2 Fraud

Section 1 of the Fraud Act 2006 introduced the offence of fraud, which can be committed in several ways. The most common fraud offences are:

- **Fraud by false representation (Section 2)** – lying about something using any means. For example, a patient submitting false travel expense claims or a contractor submitting inflated invoices.
- **Fraud by failure to disclose (Section 3)** – not saying something when you have a legal obligation to do so. For example, not disclosing previous criminal convictions on a job application, or failing to inform Payroll if you are overpaid your salary.
- **Fraud by abuse of position (Section 4)** – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation. For example, bypassing procurement rules in order to award NHS contracts to a personal friend.

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, as long as the intention is there.

3.3 Bribery and Corruption

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

- **Offer a Bribe** - by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so, or
- **Accept a Bribe** - 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 via a third person. 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 follow the guidance contained within the Conflicts of Interest Policy and the Business Conduct Policy. These documents set out the expectations around the conduct of CCG staff in relation to various matters such as gifts, hospitality, and declaring personal/professional interests.

3.4 Information Management and Technology (IMT)

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 Local Counter Fraud Specialist (LCFS).

4.0 Reporting Concerns

4.1 Reporting Fraud, Bribery or Corruption

Suspected fraud can be discovered in a number of ways, but in all cases it is important that members of 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 Local Counter Fraud Specialist who is authorised to treat concerns raised in the strictest confidence and anonymously if so requested.

A referral form can be found in Appendix 2 of this policy. 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 use the contact details below:

Rosie Dickinson

Local Counter Fraud Specialist
rosie.dickinson1@nhs.net
07825 228 175

Steve Moss

Head of Anti-Crime Services
steven.moss@nhs.net
07717 356707

The LCFS will inform the Chief Finance Officer if the suspicion seems well founded and, if proportionate, will conduct a thorough investigation. Concerns may also be discussed with The Chief Finance Officer or the Chair of the Audit Committee.

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 suspected individual may face sanctions if the allegation is proven. However, being the subject of a fraud referral does not automatically imply guilt. The investigation will be conducted in line with legislation and with a view to achieving the most proportionate outcome.

4.2 Anonymous Reporting

All allegations of fraud, corruption or bribery will be handled sensitively. 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.

If staff prefer they may call the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or report online at <https://cfa.nhs.uk/reportfraud>. This would also be the suggested

contact method if there is a concern that the LCFS or the Chief Finance Officer themselves may be implicated in suspected fraud, bribery or corruption.

Any member of staff wishing to make an anonymous report is requested to provide as much detail as they possibly can. When an anonymous report is received, it may be difficult to progress an investigation if insufficient details have been provided. The LCFS will be unable to contact the original referrer in order to clarify any points or to seek further information, therefore the more information that can be provided, the better.

The guide included in the appendix (Appendix 3) 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.

4.3 Sanctions

The full range of sanctions includes:

- **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. Where the individual is a registered professional, it may also be necessary to notify their professional body (e.g. GMC/NMC) for the matter to be dealt with externally.

It should be recognised that whilst 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 (CPS) as appropriate.

If the allegation relates to an individual or group which is external to the CCG, the LCFS will consider both criminal and civil routes for progressing the investigation. Depending on the circumstances, it may be necessary to inform the police.

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. The LCFS will work closely with HR representatives where disciplinary action is necessary.

It should be noted that the duty to follow disciplinary procedures for CCG staff will not preclude consideration of the other available sanctions.

4.4 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 NHSCFA. 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 NHSCFA and CPS as appropriate.

4.5 Responding to 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 that 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.

5.0 Roles and Responsibilities

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

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 Local Counter Fraud Specialist (LCFS)

The LCFS is responsible for taking forward all anti-fraud work locally in accordance with national standards. The LCFS 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.

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. The LCFS 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.

5.4 Fraud Champion

All NHS bodies are expected to appoint a Fraud Champion. The role of the Fraud Champion is as follows:

1. To promote awareness of fraud, bribery and corruption
2. To understand the threat posed by fraud, bribery and corruption
3. To understand best practice on counter fraud

The Fraud Champion is not expected to take referrals if a member of staff has concerns. If a member of staff contacts the Fraud Champion to make a report, they will be signposted to the available reporting routes (via the LCFS, Chief Finance Officer, or NHSCFA Reporting Line).

The LCFS and the Fraud Champion will work closely together to ensure that there is no duplication of effort. The Fraud Champion for the CCG is:

Jane Baxter

jane.baxter1@nhs.net

5.5 Workforce

When Human Resources Staff are advised of suspected cases of fraud, bribery or corruption, they undertake to advise the LCFS as soon as possible. HR staff and the LCFS will liaise during the conduct of any investigation to ensure information is shared and the duplication of effort is avoided. It is also vital to ensure that the LCFS and HR representatives do not inadvertently compromise each other's work. The HR and LCFS working relationship is set out in the LCFS and HR Working Protocol which is regularly reviewed.

5.6 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.

5.7 Managers

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

Managers have a responsibility to ensure that their staff members 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 CCG 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 criminal offences 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 providing witness statements relating to their own experience/involvement/understanding of the situation.

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

5.8 All staff

All members of staff are required to comply with the CCG'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 members of staff have a duty to protect the assets of the organisation and the wider NHS. Therefore, all staff are encouraged to report any suspicions of fraud and corruption they may hold.

Front line staff are often in the best position to identify areas for concern and must, therefore, take responsibility to ensure that any fraud, bribery or corruption concerns are passed on to the LCFS. Staff reporting concerns are expected to provide a witness statement if required.

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

It is important that staff:

- Do not ignore or fail to report suspicions of fraud
- Do not try to investigate the matter themselves
- Do not confront the person they suspect of committing fraud
- Do not tell others about their concerns (please tell the LCFS or NHSCFA only)

Any of these actions could result in the continual perpetration of any fraud offences being committed against the CCG. In addition, they could compromise the 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. If any staff would like to

access fraud training, they are invited to contact the LCFS who will be happy to discuss their requirements.

6.0 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.

Failure to comply with this policy would be considered to be a breach of the terms and conditions of employment and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

7.0 Training

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

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

Teams who wish to arrange a counter fraud presentation which has been specifically tailored for their roles and responsibilities may do so by contacting the LCFS directly. The LCFS is able to offer a range of different refresher training and subject specific training and awareness packages. Staff members are encouraged to discuss their requirements or topics of interest with the LCFS to ensure staff access training which is appropriate and helpful in the completion of their duties.

Should delivery via a face-to-face presentation or over video conferencing software not meet the needs of individual staff, there is a Fraud Awareness E-Learning module available. Staff can access this by contacting the LCFS.

8.0 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.

9.0 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.

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

10.0 References and Associated Documentation

- The Fraud Act 2006
- The Computer Misuse Act 1990
- The Bribery Act 2010
- Business Conduct Policy
- Whistleblowing Policy
- CCG Constitution

11.0 Appendices

- Appendix 1 – Quick Reference Guide: Reporting Fraud, Bribery and Corruption
- Appendix 2 – Fraud Referral Form
- Appendix 3 – Equality Impact Analysis

12.0 APPENDIX 1 – Quick Reference Guide to Reporting Fraud, Bribery and Corruption

Fraud is when someone intends to make a gain for themselves (or someone else), or cause a loss to someone else by using dishonest means. Examples of fraud include:

- Lying about having qualifications or experience in order to gain a job
- Failing to notify your employer of your criminal record
- Putting fake entries into the expenses system or onto timesheets

More examples of the types of fraud which are committed against the NHS can be found here: <https://cfa.nhs.uk/fraud-prevention/reference-guide>

Bribery and Corruption refers to someone being paid or offered some kind of benefit in exchange for them abusing their position. Some examples of this would be:

- A recruiting manager being offered money to make sure a particular job applicant secures the role
- A procurement manager bypassing internal rules to award contracts to a personal friend

If you have a concern about fraud, bribery or corruption taking place within the CCG, please report your concerns immediately, following the guidelines below:

Please Do:

Report your concerns

Retain any evidence you may hold (e.g. emails/documents)

Keep records of your concerns (e.g. dates/times of conversations, other possible witnesses etc.)

Please Do Not:

Ignore your concerns

Try to investigate the matter yourself

Talk to other members of staff about your concerns (the fewer people who know, the lower the risk of the suspect finding out and destroying evidence)

You can report your concerns via:

- Contacting your Local Counter Fraud Specialist (contact details below)
- Contacting the NHS Counter Fraud Authority via their reporting line (0800 028 40 60)
- Contacting the Chief Finance Officer

Rosie Dickinson

Rosie.dickinson1@nhs.net

07825 228 175

Steve Moss

Steven.moss@nhs.net

07717 356 707

Please remember that all concerns reported to the Local Counter Fraud Specialist, NHS Counter Fraud Authority, or Chief Finance Officer will be treated in strictest confidence.

It is possible to make a referral anonymously, via the NHS Counter Fraud Authority reporting line or by using their web reporting tool (<https://cfa.nhs.uk/reportfraud>).

If you make an anonymous referral, please be sure to give as much detail as you can so that we are able to investigate fully as we will be unable to contact you to clarify anything.

13.0 APPENDIX 2 – Fraud Referral Form

About You – *Please bear in mind that if you do not provide us with your contact details, we will not be able to ask for more information or clarify any points you raise. Therefore, if you prefer to remain anonymous, please provide as much information as possible in the next two sections.*

Your name:

Your place of work:

Your job title:

Your telephone number/email address:

About the Other Person/People – please let us know who you suspect is involved in wrongdoing, giving as much detail as possible. Try to include full names, job roles, places of work etc.

Your concerns – please provide as much detail as possible about what you suspect may have happened. If you can provide dates, times, where evidence could be located, who else may be able to assist with our enquiries, please do so. Please continue on a separate sheet if required.

Once complete, this form should be returned to Rosie Dickinson (rosie.dickinson1@nhs.net) or Steve Moss (steven.moss@nhs.net). If you would prefer to speak to us over the phone or if you have any questions about how to fill in this form you can call us on: 07825 228 175 (Rosie) or 07717 356707 (Steve).

14.0 APPENDIX 3 – Equality Impact Assessment

1. Equality Impact Assessment									
Policy/Project/Function:	Anti-Fraud, Bribery and Corruption Policy								
Date of Analysis:	October 2020								
This Equality Impact Assessment was completed by: (Name and Department)	Rosie Dickinson, Local Counter Fraud Specialist								
What are the aims and intended effects of this policy, project or function?	This policy sets out the CCGs approach to tackling Fraud, Bribery and Corruption within the NHS. The document provides information on the national and local counter fraud strategy and how employees can report their concerns. All NHS employees share a responsibility for the safeguarding of NHS resources. This policy is designed to empower CCG staff to raise concerns.								
Please list any other policies that are related to or referred to as part of this analysis?	<ul style="list-style-type: none"> • Business Conduct Policy • Conflicts of Interest Policy • Procurement Policy • Whistleblowing Policy 								
Who does the policy, project or function affect?	<table border="0"> <tr> <td>Employees</td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Service Users</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Other (List Below)</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)	<input type="checkbox"/>
Employees	<input checked="" type="checkbox"/>								
Service Users	<input type="checkbox"/>								
Members of the Public	<input type="checkbox"/>								
Other (List Below)	<input type="checkbox"/>								
Please tick ✓									

2. Equality Impact Assessment: Screening					
	Could this policy have a positive impact on _____		Could this policy have a negative impact on _____		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Considered – Neutral Impact

Reasoning	
If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7 Equality Impact Analysis Findings	

3. Equality Impact Analysis: Local Profile Data	
Local profile/demography of the groups affected as at June 2020	
General	Total number of employees in the CCG is 167
Age	Staff aged under 30 7.8% Staff aged 30-55 62.9% Staff aged over 55 29.3%
Race	% of staff employed in the CCG declared themselves as: White 87.4% Black 0.6% Asian 0.6% Mixed Race 1.2% Not stated/undefined 10.2%
Sex	% of staff employed in the CCG declared themselves as: Female 63.5% Male 36.5%
Gender reassignment	No information available
Disability	% of staff employed in the CCG have declared themselves as: Having no disability 78.4% Having a disability 1.2% Not stated/undefined 20.4%
Sexual orientation	% of staff employed in the CCG have declared themselves as: Heterosexual 66.5% LGBTQ+ 0.6% Not stated/defined 32.9%
Religion, faith and belief	% of staff employed in the CCG have declared themselves as: Christian 43.7% Other faith or beliefs 27.6% Not stated/undefined 28.7%
Marriage and civil partnership	% of staff employed in the CCG have declared themselves as: Married/Civil Partnership 67.1% Single/Divorced/Widowed 27.5% Not stated/undefined 5.4%
Pregnancy and maternity	No information yet as the CCG has not been established long enough to build meaningful data

4. Equality Impact Analysis: Equality Data Available

<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1. Application success rates of <i>Equality Groups</i> 2. Complaints by <i>Equality Groups</i> 3. Service usage and withdrawal of services by <i>Equality Groups</i> 4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i> 5. Previous <i>Equality Impact Assessments</i> 	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document).</p>
<p>List any consultation e.g. with employees, service users, Unions, or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>This policy has been developed in consultation with the Chief Finance Officer, the Head of Internal Audit, Internal Audit Managers, the Senior Governance Manager, and the Fraud Champion for the CCG.</p> <p>The policy has been presented to the Audit Committee for consideration prior to being submitted to the Governing Body for approval.</p>
<p>Promoting inclusivity – how does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This policy does not directly promote inclusivity but it is designed to empower all employees to raise concerns through the appropriate channels if they suspect wrongdoing may be taking place.</p>

5. Equality Impact Analysis: Assessment Test

<p>What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i>?</p>				
Protected Characteristic	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	x			Considered – No Impact
Race (All Racial Groups)	x			Considered – No Impact

Disability (Mental and Physical)	x			Considered – No Impact
Religion or Belief	x			Considered – No Impact
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			Considered – No Impact
Pregnancy and Maternity	x			Considered – No Impact
Transgender	x			Considered – No Impact
Marital Status	x			Considered – No Impact
Age	x			Considered – No Impact

6. Action Planning				
As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by <i>The Equality Act 2010</i> ?				
Identified Risk	Recommended Actions	Responsible Lead	Completion Date	Review Date
None Identified				

7. Equality Impact Analysis Findings			
Analysis Rating: Green <input checked="" type="checkbox"/>			
		Actions	Wording for Policy/Project/Funding
Green No Major Change	As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share protected characteristics and no further actions are recommended at this stage.	The policy can be published with the EIA. Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date.	As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share protected characteristics and no further actions are recommended at this stage.