

Document name:	Anti-Fraud, Bribery and Corruption Policy (571)
Document type:	Policy
What does this policy replace?	Replaces existing policy
Staff group to whom it applies:	All staff within the Trust
Distribution:	The whole of the Trust
How to access:	Intranet and internet
Issue date:	February 2024
Next review:	February 2025
Approved by:	Executive Management Team on 22 February 2024
Developed by:	Local Counter Fraud Specialist
Director lead(s):	Executive Director of Finance, Estates & Resources
Contact for advice:	Counter Fraud Specialist 07920 138354

Contents		Page
1	Introduction	3
2	Policy Principles	3
3	Definitions	5
4	Purpose	7
5	Response Plan	7
6	Intended Users	8
7	Duties	8
8	Government Functional Standard	10
9	Proactive Prevention and Detection	10
10	Effective Sanctions	11
11	Seeking Redress	11
12	Reporting Suspicions	11
13	Approval and Ratification process	12
14	Dissemination and Implementation of this Policy	12
15	Equality Impact Assessment	12
16	Monitoring Compliance with and Effectiveness of policies and procedures.	12
17	Review	12
18	Evidence Base	13
Appendix 1	Fraud Response Plan	14
Appendix 2	Common examples of fraud, bribery & corruption offences occurring in the NHS	20
Appendix 3	Do's and Don'ts	21
Appendix 4	Contacts	22
Appendix 5	Equality Impact Assessment Tool	23
Appendix 6	Checklist	34
Appendix 7	Version control sheet	36

1 Introduction

The aim of this policy is to set out South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) policy on suspected and detected fraud, bribery and corruption, and to help individuals who may identify suspected fraud. It provides a framework for responding to suspicions of fraud.

SWYPFT adheres strictly to one of the basic principles of public sector organisations which is the proper use of public funds. It is, therefore, important that all those who work for SWYPFT are aware of the risk of, and means of enforcing the arrangements against fraud, bribery and corruption.

Our policies, procedures and staff training reflect our commitment to acting ethically in all our business relationships, and to implementing effective systems and controls to protect public funds and mitigate the risk of fraud.

The NHS Counter Fraud Authority (NHSCFA) is accountable to the Department for Health Anti-Fraud Unit and works collaboratively with key stakeholders, including NHS England, and the Cabinet Office. It has responsibility for overseeing Counter Fraud Arrangements within the NHS and within those organisations funded to provide NHS care.

SWYPFT has appointed an accredited person, nominated to the NHSCFA, to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption, and reactive work to hold those who commit fraud, bribery or corruption to account.

2. Policy Principles

SWYPFT strategic approach is that we have a zero tolerance to fraud, bribery and corruption within the organisation. The aim is to eliminate fraud, bribery and corruption as far as possible as they ultimately lead to a reduction in the resources available for patient care. SWYPFT is required to always act honestly and with integrity to safeguard public resources it is responsible for. SWYPFT will not tolerate any acts of fraud, bribery or corruption perpetrated against it or involving its employees and will actively pursue all available criminal and civil actions, including the recovery of loss suffered as a result. The Board of Directors is committed to the elimination of fraud, bribery and corruption by ensuring that there is a strong anti-fraud, bribery and corruption culture, proactive prevention, detection and deterrence through widespread awareness, and by rigorously investigating any such cases, and where proven, to ensure wrong doers are appropriately dealt with, including taking steps to recover assets lost as a result of fraud, bribery and corruption.

The NHSCFA has released the Government Functional Standard 013 Counter Fraud ('the Functional Standard') as a suite of requirements to countering fraud across the NHS. The Functional Standard replaced the old standards used by the NHSCFA and became effective from 1 April 2021. To meet SWYPFT's objectives and to demonstrate its commitment to taking all necessary steps to counter fraud, bribery and corruption, the Functional Standard has been adopted by SWYPFT.

The purpose of the Functional Standard is to set the expectations for the management of fraud, bribery and corruption risk in government organisations and means that the whole counter fraud community in the public sector is working to a common counter fraud standard.

NHS funded services will be required to provide NHSCFA with details of their performance against the Functional Standard annually.

The term 'NHS funded services' above refers to any organisation with partial or full NHS funding. Currently this includes NHS Trusts, Foundation Trusts, Ambulance Trusts, Special Health Authorities, Integrated Care Boards, certain Independent Healthcare Providers, Health Boards, NHS England and Improvement (NHSE&I).

From April 2021, SWYPFT is expected to obtain organisational assurance against the Functional Standard. The Functional Standard provides guidance to organisations on the arrangements for undertaking assurance.

The Functional Standard removes the previous strategic areas of Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account and sets out a number of specific component requirements namely:

Component 1: Accountable individual

Have an accountable individual at board level who is responsible for counter fraud, bribery and corruption. For SWYPFT this will be the Executive Director of Finance, Estates & Resources.

Component 2: Counter fraud bribery and corruption strategy

Have a counter fraud, bribery and corruption strategy. This is set out in this policy under section 2 - Policy Principles.

Component 3: Fraud bribery and corruption risk assessment

Have a fraud, bribery and corruption risk assessment.

Component 4: Policy and response plan

Have a policy and response plan for dealing with potential instances of fraud, bribery and corruption. This is set out as at **Appendix 1** of this policy.

Component 5: Annual action plan

SWYPFT maintains an annual work plan that is informed by national and local fraud, bribery and corruption risk assessments identifying activities to improve capability and resilience. This includes (but is not limited to) defined objectives, milestones for the delivery of each activity and measurable areas for improvement in line with strategic aims and objectives. The plan is agreed, and progress monitored by the Audit Committee.

Component 6: Outcome-based metrics

SWYPFT has outcome-based metrics summarising what outcomes it is seeking to achieve that year.

Component 7: Reporting routes for staff, contractors and members of the public

SWYPFT will have well-established and documented reporting routes for staff, contractors and members of the public to report suspicions of fraud, bribery and corruption and a mechanism for recording these referrals and allegations.

Component 8: Report identified loss

SWYPFT will report identified loss from fraud, bribery, corruption and error and associated recoveries, in line with the agreed government definitions.

Component 9: Access to trained investigators

SWYPFT will have agreed access to trained investigators that meet the agreed public sector skill standard.

Component 10: Undertake detection activity

SWYPFT will undertake activity to try and detect fraud in high-risk areas where little or nothing is known of fraud, bribery and corruption levels, including loss measurement activity where suitable.

Component 11: Access to and completion of training

SWYPFT will ensure that all staff have access to and undertake fraud awareness, bribery and corruption training as appropriate to their role.

Component 12: Policies and registers for gifts and hospitality and Conflicts of Interest

SWYPFT will have policies and registers for gifts and hospitality and conflicts of interest.

All staff have a duty to protect the assets of SWYPFT and also to cooperate with any investigation. The Board recommends anyone having suspicions of fraud, bribery or corruption to report those suspicions. All reasonably held suspicions will be taken seriously.

For concerns which relate to fraud, bribery or corruption these should be reported through the provisions within this policy, rather than through the whistleblowing policy.

3. Definitions

The following definitions apply for the purposes of this policy and the corresponding Fraud Response Plan attached at **Appendix 1**.

3.1 Fraud

The *Fraud Act 2006* came into force on the 15 January 2007 and introduced the general offence of fraud. It is no longer necessary to prove that a person has been deceived. The focus is now on **dishonest behaviour** and any **intent** to make **gain** or

cause loss to another party. Put simply, fraud is a dishonest act intended for gain or to cause loss to another.

There are three main ways in which the offence of fraud can be committed:

- Fraud by False Representation (lying about something using any means, for instance words or actions).
- Fraud by Failure to Disclose (not saying something when you have the legal duty to do so).
- Fraud by Abuse of Position (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 gain or loss. The gain or loss does not have to succeed so long as the intent is there.

3.2 Bribery

The Bribery Act 2010 came into force on 1 July 2011 and created three general offences of bribery:

- Offering, promising or giving a bribe to induce someone to behave improperly, or to reward someone for having already done so.
- Requesting, agreeing or accepting a bribe either in exchange for acting improperly or where the request or acceptance is itself improper.
- Bribery of a foreign public official.

A new corporate offence was also introduced:

- Failure by a company to prevent
 - a bribe being paid, or
 - a business advantage.

Bribing anyone is absolutely prohibited. Employees will not pay a bribe to anybody. This means you will not offer or promise reward in any way, or give financial or other advantage to any person, in order to induce that person to perform activities improperly. It does not matter whether the other person is a UK or foreign official, political candidate, party official, private individual, public sector employee or any other person.

Bribery does not have to involve cash or an actual payment exchanging. It can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.

3.3 Corruption

Bribery is a form of corruption but corruption also includes many other dishonest practices such as fraud, nepotism, collusion and abuse of power/position. Corruption does not always result in a loss and the corrupt person may not always benefit directly

from their deeds, however they may be unreasonably using their position to give some advantage to another.

4. Purpose

The purpose of this document is to set out SWYPFT policy on suspected and detected fraud, bribery and corruption, and to help individuals who may identify suspected fraud. It provides a framework for responding to suspicions of fraud. Further guidance if you suspect fraud may be obtained by contacting our Counter Fraud Specialist (CFS) or the Executive Director of Finance, Estates & Resources, contact details can be found in **Appendix 4**).

5. Response Plan

The organisation's Fraud Response Plan is attached at **Appendix 1**.

Furthermore, in accordance with the Functional Standard guidance, SWYPFT has undertaken a risk assessment to determine the extent to which bribery and corruption may affect the organisation. Proportionate procedures in place to mitigate the identified risk include the following requirements (the list is not exhaustive):

- The Standard Financial Instructions (SFIs for short), which outline the decisions which SWYPFT Board retains for itself and which it will delegate.
- The Scheme of Delegation (SoD for short) outlines the minimum level allowed to make certain decisions. These include High Value, Mid Value and Low Value.
- Management controls such as for the approval of overtime and expenses.
- Acting with propriety in the use of SWYPFT resources, including making accurate and honest expense claims and claims for sickness absence.
- Conducting oneself with integrity, accountability, openness and honesty.
- All staff must disclose their business interests, prior to commencement of employment with SWYPFT.
- All staff must declare hospitality (other than modest hospitality) received by or offered to them as SWYPFT employees.
- All hospitality (other than extremely minor hospitality) provided by SWYPFT staff to third parties must be declared.
- Staff must not solicit personal gifts and must declare all gifts received (in excess of a minimum value set).

6. Intended Users

This policy applies to all SWYPFT employees and contractors who are working for the organisation.

7. Duties

7.1 Chief Executive

As SWYPFT Accountable Officer, the Chief Executive has overall responsibility for funds entrusted to SWYPFT. The Chief Executive must ensure that adequate policies and procedures are in place to protect the organisation and the funds it receives from fraud, bribery and corruption.

7.2 Executive Director of Finance, Estates & Resources

The Executive Director of Finance, Estates & Resources, accepts overall responsibility for all matters relating to fraud, bribery and corruption within SWYPFT.

7.3 The Audit Committee

The Audit Committee should satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption to comply with the Functional Standard.

7.4 Human Resources Staff

Human Resources staff provide advice, guidance and support to SWYPFT managers and officers investigating disciplinary matters. All disciplinary matters which involve suspected fraud, bribery or corruption offences will also be subject to parallel criminal investigation by the organisation's CFS. A liaison protocol is in place which details arrangements for the conduct of parallel disciplinary and criminal investigations. Close liaison between the CFS and HR is essential to ensure that any parallel sanctions (for instance criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.

7.5 Counter Fraud Specialist

The CFS is responsible for conducting all anti-fraud work locally and ensuring that the organisation has appropriate anti-fraud, bribery and corruption arrangements in place.

The local counter fraud service will:

- Ensure that the Executive Director of Finance, Estates & Resources, is informed about referrals/cases.

- Be responsible for the day to day local implementation of the Functional Standard and NHSCFA strategy.
- Investigate cases of fraud.
- In consultation with the Executive Director of Finance, Estates & Resources, report any cases to the police or NHSCFA in accordance with NHSCFA guidance.
- Adhere to the fraud response plan.

7.6 Fraud Champion

The role of a Fraud Champion is to support and challenge the organisation in relation to its commitment to fraud work. The Champion will help promote a zero-tolerance approach to fraud within our own organisation. The role and duties of the Fraud Champion includes:

- promoting awareness of fraud, bribery and corruption within your organisation
- understanding the threat posed by fraud, bribery and corruption; and
- understanding best practice on counter fraud.

7.7 Managers

Managers are responsible for implementing and maintaining the policy in their area of management, including ensuring that procedures are in place, individuals are adequately trained and controls are being complied with. The following examples (this list is not exhaustive) provide some areas of responsibility that managers have in the prevention of fraud, bribery and corruption:

- Understanding financial decision making such as authorisation limits for purchases, ordering of stock or goods and the authorising of expenses and time sheets.
- Understanding responsibilities in relation to fraud awareness.
- Understanding the need to inform HR of any transactional changes to be made to electronic staff records. Managers are responsible for submitting these for any changes required; these include base changes, manager changes, incremental stage, change of working hours and many more. Incorrect or delayed submission of transactional changes could lead to financial implications for staff such as overpayments.
- Timesheet and expense claim checking to ensure that the details are accurate before submission to payroll.

7.8 Employees

All employees are expected to ensure that they are familiar with, and act in accordance with, this policy and attend all fraud training as required.

All employees are required to comply with SWYPFT policies and procedures and apply best practice in order to prevent fraud, bribery and corruption. All employees have a duty to ensure that public funds are safeguarded and where they have a suspicion that fraud exists they should report it to the Counter Fraud Specialist or Executive Director of Finance, Estates & Resources, (contact details in **Appendix 4**). Alternatively, you can report to the NHS Fraud and Corruption Reporting Line (0800 028 40 60), or through the online NHS Fraud Reporting Tool found at <https://cfa.nhs.uk/reportfraud>.

7.9 Fraud Response Plan

SWYPFT has developed a fraud response plan (**Appendix 1**) which should be used as a checklist of actions and a guide to follow in the event that fraud is suspected. It covers:

- Notification of suspected fraud
- The investigation process
- Sanctions and redress
- Recovery action
- Roles and responsibilities
- Monitoring and review.

8. Government Functional Standard

NHSCFA requires SWYPFT to ensure appropriate anti-fraud, bribery and corruption arrangements are in place as set out in the NHS Standard Contract and as specified within the new Government Functional Standard 013 for Counter Fraud.

It is the responsibility of the organisation to ensure that it complies with the Functional Standard. In order to demonstrate compliance, NHSCFA quality inspectors require the organisation to submit an annual return detailing compliance and anti-fraud, bribery and corruption activity undertaken within the organisation. Upon completion, the return provides a **red**, **amber**, or **green** (RAG) rating for the organisation. The RAG system is a management method of rating for issues or status reports, based on levels of compliance with the standards. As such, the colours are used in a traffic light rating system with **red** being non-compliant, **amber** being partially compliant and **green** being fully compliant.

The NHSCFA Quality and Compliance Team (QCT) use the annual return as a basis for selecting organisations for detailed assessment and engagement.

9. Proactive Prevention and Detection

SWYPFT will ensure that its systems, policies and processes are sufficiently robust so that the risk of fraud, bribery and corruption is reduced to a minimum. Checks will

be conducted in areas identified to be most at risk to fraud, corruption or bribery in order to proactively detect instances that might otherwise be unreported.

The CFS will review new and existing key policies and procedures to ensure that appropriate counter fraud measures are included. This includes (but is not limited to) policies and procedures in human resources, procurement, standing orders, standing financial instructions and other finance and operational policies.

SWYPFT will carry out comprehensive local risk assessments to identify fraud, bribery and corruption risks. Risk analysis is undertaken and is recorded and managed in line with SWYPFT risk management policy and included on the appropriate risk registers. Measures to mitigate identified risks are included in SWYPFT annual work plan to counter fraud, bribery and corruption, progress is monitored at a senior level within the organisation and results are fed back to the Audit committee.

Additional preventative activities may also be conducted. These activities will be targeted at those areas of the organisation considered to be at a higher risk of fraud, bribery or corruption. The purpose of these activities is to identify gaps in the organisation's governance framework which could allow fraud to be perpetrated. These activities will be conducted in line with guidance issued by the NHSCFA where appropriate.

10. Effective Sanctions

Where fraud, bribery or corruption offences are committed, criminal sanctions (including prosecution) will be considered and pursued where appropriate. Employees of SWYPFT found to have committed such offences will also be dealt with in accordance with internal disciplinary procedures and referred to professional bodies where appropriate.

11. Seeking Redress

SWYPFT will consider initiating civil recovery action if this is cost-effective and desirable for deterrence purposes.

12. Reporting Suspicions

All concerns or suspicions relating to fraud, bribery or corruption must be reported to SWYPFT's Counter Fraud Specialist or Executive Director of Finance, Estates & Resources, (contact details in **Appendix 4**). Alternatively, fraud can be reported to NHSCFA via the NHS Fraud and Corruption Reporting Line (0800 028 40 60) or its online reporting tool found at <https://cfa.nhs.uk/reportfraud>.

13. Approval and Ratification Process

This policy will be approved by the Audit Committee and ratified by the Board of Directors.

14. Dissemination and Implementation of this Policy

This policy will be included on the intranet with other corporate governance documents.

15. Equality Impact Assessment

We welcome feedback on this policy and the way it operates. We are interested to know of any possible or actual adverse impact that this policy may have on any groups in respect of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The person responsible for equality impact assessment of this policy is the Trust's Head of Corporate Governance.

This policy has been screened to determine equality relevance for the following equality groups: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The policy is considered to be equality relevant for none of the groups. A full impact assessment has been conducted and the report is attached to this policy. (**Appendix 5**)

16. Monitoring Compliance with and Effectiveness of Policies and Procedures

Measurables	Lead Officer	Frequency	Reporting to	Action Plan/ Monitoring
Delivery of Counter Fraud, Bribery and Corruption Plan	CFS	Quarterly	Audit Committee	Audit Committee
Progress Report detailing outcomes of planned work and investigations	CFS	Annually	Audit Committee	Audit Committee

17. Review

The policy will be reviewed annually and updated as necessary.

18. Evidence Base

- [Criminal Procedure and Investigations Act 1996](#);
- [NHS Counter Fraud Authority Guidance](#);
- [NHS Counter Fraud Authority Strategy 2023 -26 \(https://cfa.nhs.uk/about-nhscfa/latest-news/2023-26-strategy-launches\)](https://cfa.nhs.uk/about-nhscfa/latest-news/2023-26-strategy-launches)
- [Government Functional Standard 013 NHS requirements](#)
- [The Bribery Act 2010](#);
- [The Fraud Act 2006](#);
- [The Police and Criminal Evidence Act 1984](#);
- [The Proceeds of Crime Act 2002](#)
- [The Public Interest Disclosure Act 1998](#).

APPENDIX 1 - Fraud Response Plan

1.0 Introduction

This fraud response plan provides a checklist of actions and a guide to follow in the event that fraud is suspected. Its purpose is to define authority levels, responsibilities for action and reporting lines in the event of suspected fraud, theft or other irregularity, it covers:

- Notification of suspected fraud
- The investigation process
- Sanctions and redress
- Recovery action
- Roles and responsibilities
- Monitoring and review.

2.0 Notifying Suspected Fraud

2.1 It is important that all staff are able to report their concerns without fear of reprisal or victimisation and are aware of the means to do so. The *Public Interest Disclosure Act (1998)* commonly referred to as the “whistle-blowers act”, provides appropriate protection for those who voice genuine and legitimate concerns through the proper channels.

2.2 If an employee has any concerns or suspicions of fraud they must inform the nominated Counter Fraud Specialist (CFS). Alternatively, you can contact the organisation’s Executive Director of Finance, Estates & Resources.

2.3 If the Executive Director of Finance, Estates & Resources, CFS or Chief Executive Officer (CEO) are implicated, then concerns should be reported to the NHS Counter Fraud Authority through their online reporting form or through their 24-hour reporting line on 0800 028 40 60.

2.4 **Appendix 3** of the Fraud, Bribery and Corruption Policy, provides a reminder and checklist of the key actions if fraud, corruption or bribery are suspected. Staff are encouraged to familiarise themselves with this document.

3.0 The Investigation Process

3.1 The CFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

3.2 SWYPFT wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. In accordance with the provisions of the ‘whistle-blowers act’, the organisation has implemented a Raising Concerns/Freedom to Speak Up (Whistleblowing) Policy and Freedom to Speak Up Guardian who can provide an independent and impartial source of advice to staff at any stage of raising a concern, details can be found at; [Freedom to speak up guardians \(sharepoint.com\)](https://sharepoint.com)

3.3 A CFS investigation may identify conduct or performance that may be of concern to the organisation or to the employees Professional Body, whether related to fraud or otherwise. Where appropriate, relevant organisational policies and procedures, including disciplinary procedures, will be followed where such concerns arise. This may result in disciplinary action and/or notification to the relevant professional body where appropriate.

3.4 In accordance with the NHS Counter Fraud Authority requirements the Executive Director of Finance, Estates & Resources, in conjunction with the CFS, will decide whether or not a case should be referred to the police. Any referral to the police will not prohibit action being taken under any local disciplinary procedures of SWYPFT unless expressly stipulated by the police.

3.5 The CFS, in consultation with the Executive Director of Finance, Estates & Resources, will investigate allegations in accordance with procedures and documents referenced in the NHSCFA standards.

3.6 SWYPFT will follow their disciplinary procedure if there is evidence that an employee has committed any act of fraud, bribery or corruption. The CFS must be aware that staff under investigation which could lead to disciplinary action, have the right to procedural fairness and the CFS must seek advice from the organisation's HR department during the investigation process where appropriate.

3.7 The CFS will take control of any physical evidence and record this in accordance with the procedures outlined in the NHSCFA Anti-Fraud Manual. For reasons of confidentiality access to this manual is restricted.

3.8 Interviews under caution will only be carried out by the CFS or, if appropriate, the police in accordance with the Police and Criminal Evidence Act (1984). The CFS will also take written statements where necessary.

3.9 If fraud, bribery or corruption is found to have occurred, the CFS will prepare a report for the Executive Director of Finance, Estates & Resources, setting out the following:

- The circumstances
- The investigation process
- The estimated or actual loss
- The steps taken to prevent recurrence
- The steps taken to recover loss
- System control weaknesses that require correction.

3.10 Any recommendations as a result of an investigation will be reported in progress reports to the Audit Committee to consider any necessary improvements to controls.

4.0 Sanctions and Redress

4.1 The seeking of financial redress or recovery of losses will always be considered in cases of fraud, bribery and corruption that are investigated by either the CFS or NHSCFA where a loss is identified.

4.2 Recovery of losses may involve action under the Proceeds of Crime Act (2002) but each decision will be taken in light of the particular circumstances of each case.

4.3 Redress allows for resources that are lost to fraud, bribery or corruption to be returned to the NHS for use as intended and for the provision of patient care and services.

4.4 The NHSCFA Anti-Fraud Manual provides in depth detail of how sanctions can be applied and redress sought. Local action can also be taken to recover money using the administrative procedures of the organisation or civil law.

4.5 In cases of serious fraud, bribery and corruption, parallel sanctions can be applied, for example:

- Disciplinary action
- Use of civil law to recover lost funds
- Use of criminal law to apply an appropriate criminal penalty, possible referral of information and evidence to a professional body if appropriate.

4.6 The NHSCFA can also apply to the courts to make a restraining order or confiscation order under the Proceeds of Crime Act (2002). This means that a person's money can be taken away from them if it is believed that the person benefited from the crime. This can also include restraining assets during an investigation.

4.7 The range of available sanctions which may be pursued by the relevant decision makers includes:

- **No further action.** In some cases it may be that the organisation, under guidance from the CFS and with the approval of the Executive Director of Finance, Estates & Resources, decides that no further action is taken.
- **Criminal Investigation.** Following an investigation it may be necessary to bring the matter to the attention of the criminal courts such as Magistrates or Crown Court.
- **Civil Recovery.** The civil recovery route is available to the organisation if this is cost effective and desirable. This could involve a number of options such as applying through the small claims court. Each case will be discussed with the Executive Director of Finance, Estates & Resources, to determine the most appropriate action.
- **Disciplinary Action.** The appropriate person, in conjunction with the HR department, will be responsible for initiating any disciplinary action.
- **Confiscation under the Proceeds of Crime Act.** Depending upon the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under the Proceeds of Crime Act.

- **Recovery from On-Going Salary Payment.** Arrangements can be made to recover losses via payroll if the subject is still employed by the organisation.
- **Professional Body Disciplinary.** During an investigation, if clear evidence exists of a healthcare professional's involvement in fraud, bribery or corruption, the appropriate regulatory body will be informed so they can consider whether fitness to practice procedures should be invoked. Regulatory bodies have statutory powers to place conditions on, suspend or remove the registration of professionals whose fitness to practice has been impaired.

5.0 Roles and Responsibilities

5.1 The codes of conduct for NHS Boards and NHS Managers set out the key public service values which SWYPFT adhere to. They state that high standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. All staff should be aware of and act in accordance with, these values. The values can be summarised as:

- Accountability
- Probity
- Openness.

5.2 SWYPFT will take all necessary steps to counter fraud, bribery and corruption in accordance with its Fraud, Bribery and Corruption Policy and the Government Functional Standard 013: Counter Fraud (the Functional Standard).

5.3 SWYPFT will appoint a CFS to undertake work as set out by the NHSCFA under the Functional Standard. SWYPFT is committed to taking all steps necessary to counter fraud, bribery and corruption. To meet its objectives, SWYPFT has adopted the specific component principles of the Functional Standard.

5.4 All employees are required to comply with SWYPFT policies and procedures in order to prevent fraud, bribery and corruption.

5.5 All those who work within SWYPFT or are otherwise engaged with the SWYPFT should be aware of and act in accordance with the public service values and the Nolan Principles for Standards in Public Life.

5.6 Employees are expected to act in accordance with the standards laid down by their professional institutes where applicable.

5.7 All employees have a responsibility to comply with all applicable laws and regulations relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality.

5.8 The CFS will:

- Ensure that the Executive Director of Finance, Estates & Resources, is informed about all referrals and cases.
- Be responsible for the day to day implementation of the key standards of counter fraud, bribery and corruption activity as set out by the Functional Standard.
- Investigate cases of fraud.
- In consultation with the Executive Director of Finance, Estates & Resources, report any case to the police or NHSCFA as agreed and in accordance with the NHS Government Functional Standard.
- Report any case and the outcome of the investigation through the NHSCFA national case management system.
- Ensure that other relevant parties are informed where necessary, for instance HR.
- Ensure that the appropriate organisation incident and losses reporting systems are followed.
- Ensure that any system weaknesses identified as part of any investigation are followed up with management and reported to internal audit.
- Ensure that cases are managed appropriately, taking into account appropriate legislation and regulation and the needs of procedural fairness in the employment relationship.

5.9 NHSCFA will:

- Provide leadership and expertise in counter fraud as a valued NHS partner.
- Collaborate nationally and locally with the NHS to understand threats, vulnerabilities and enablers.
- Deliver intelligence-led counter fraud services to find, respond to and to prevent fraud.
- Reduce the impact of fraud.
- Work in partnership to deliver financial savings that can be reinvested in patient care.

6.0 Monitoring and Review

6.1 The CFS will report regularly to the Executive Director of Finance, Estates & Resources. The CFS will provide regular reports to the Audit Committee and provide an annual report containing details of reported and investigated cases of fraud. The NHSCFA monitors the work of the CFS.

6.2 The organisation is required to complete the Government Counter Fraud Functional Standard Return and submit these annually to the NHSCFA. The organisation must mark themselves against each standard as either Compliant (Green), Partially Compliant (Amber) or Non-Compliant (Red). A work plan is required to address all non-compliant standards which will be monitored by the Audit Committee.

6.3 An assessment process may be conducted by the NHSCFA. This is a means of evaluating the effectiveness of the organisation in dealing with the fraud, bribery and corruption risks it faces through one of four types of assessment: full, focussed, thematic or triggered.

6.4 The CFS raises fraud awareness by a number of means such as arranging road shows, giving presentations to staff teams and new starters on induction.

APPENDIX 2 – Prevalent Frauds in the NHS

Common examples of fraud, bribery and corruption offences occurring within the provision of healthcare services to the NHS

(This is not an exhaustive list; for other types of fraud, bribery or corruption offences please contact the CFS for advice).

Employment: Presenting forged certificates of qualification to obtain employment; claiming for overtime or shifts not worked; taking sick leave and undertaking unauthorised work for another organisation whilst in receipt of sick pay; claiming expenses (such as travel) when it has not been incurred; falsification of references for a job application; claiming time for college/training but not actually attending; knowingly failing to report and retaining salary or other payments not entitled to; non-declaration of criminal convictions.

Patients' Monies: Falsifying patients' monies records to obtain cash and property.

Pharmaceuticals: Presentation of forged prescriptions; falsely presenting oneself as another to receive prescription items; receiving free prescriptions through fraudulently claiming entitlement to exemptions from a charge; Pharmacists substituting an expensive drug with a cheaper alternative and making claims for the more expensive one; writing prescriptions for own use.

Procurement: Price fixing or price hiking by suppliers; invoicing for products not supplied; over invoicing; supplying unsolicited goods or products; falsification of contractual Key Performance Indicators to obtain payment.

Equipment: Obtaining or misuse of equipment or goods for private purposes, including theft or misuse of data, whether held electrically or in paper based form.

Bribery: Financial or other reward to staff responsible for procurement if they purchase from a particular supplier. Patients making informal payments to healthcare practitioners in order to receive treatment more quickly.

Health Tourism: A foreign national travelling to the UK with the intention of receiving free healthcare treatment to which they know they are not entitled.

APPENDIX 3 – Do's and Don'ts

✓ Do...

- Make an immediate note of your concerns – note all relevant details such as what was said in telephone or other conversations, the date, time and the names of any parties involved. If appropriate, these may be discussed or passed onto your line manager for further action or decisions.
- Report your suspicions immediately and directly to the organisations appointed [CFS](#), Executive Director of Finance, Estates & Resources or the NHS Counter Fraud Authority
- Deal with the matter promptly, if you feel your concerns are warranted – any delay may cause the organisation to suffer further financial loss.

✗ Don't...

- Do nothing.
- Be afraid of raising your concerns – you will not suffer any recrimination from the organisation as a result of voicing a reasonably held suspicion. The organisation will treat any matter you raise sensitively and confidentially.
- Approach or accuse any individuals directly.
- Try to investigate the matter yourself – there are special rules surrounding the gathering of evidence for use in criminal cases. Any attempt to gather evidence by people who are unfamiliar with these rules may destroy the case. The organisation appointed CFS is trained in handling investigations in accordance with the NHSCFA Anti-Fraud Manual.
- Convey your suspicions to anyone other than the CFS, Executive Director of Finance, Estates & Resources, or NHSCFA.

Appendix 4 - Contacts

Counter Fraud Specialist: Claire Croft 07920 138354, or email claire.croft1@nhs.net

SWYPFT Executive Director of Finance, Estates & Resources: Adrian Snarr
adrian.snarr@swyt.nhs.uk

SWYPFT Counter Fraud Champion: Andrew Lister andrew.lister@swyt.nhs.uk

[NHS Counter Fraud Authority](#): NHS Fraud and Corruption Reporting Line (0800 028 40 60) or its online reporting tool found at <https://cfa.nhs.uk/reportfraud>.

Appendix 5

Equality Impact Assessment (EIA) Anti-Fraud Corruption and Bribery Policy

Date of EIA: March 2024

Review Date: March 2027

Completed By: Andrew Lister and Asma Sacha

	QUESTIONS	ANSWERS AND ACTIONS
1	<p>What is being assessed?</p> <p>Prompt: what is the function of this document (new or revised)</p>	<p>This document is a revision of the EIA for the Anti-Fraud Corruption and Bribery Policy which was approved by the executive management team in February 2023.</p>
2	<p>Description of the document</p> <p>Prompt: What is the aim of this document</p>	<p>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 the implications of 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:</p> <ul style="list-style-type: none"> improve the knowledge and understanding of everyone in and associated with South West Yorkshire Partnership NHS Foundation Trust, 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 Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery and corruption we recognise that our service users' and carers may also be affected by fraudulent activities undertaken by staff. This element of fraud links to the Trust safeguarding policy
3	<p>Lead contact person for the Equality Impact Assessment</p>	<p>Andrew Lister Head of Corporate Governance (company secretary)</p>
4	<p>Who else is involved in undertaking this Equality Impact Assessment</p>	<p>Claire Croft Asma Sacha Counter Fraud Specialist Corporate Governance Manager</p>
5	<p>Sources of information used to identify barriers etc</p> <p>Prompts: service delivery equality data – refer to equality dashboards (BI Reporting - Home (sharepoint.com)), satisfaction surveys, complaints, local demographics, national or local research & statistics,</p>	<p>March 2023 Workforce Monitoring Report.</p> <p>The Policy is a requirement of national directions from the Government and the NHS Counter Fraud Authority and is based on prescribed Counter Fraud Authority templates and standards.</p>

	<p>anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight</p> <p>What does your research tell you about the impact your proposal will have on the following equality groups?</p>	<p>The Trust currently employs 4,530 staff delivering a range of services including mental health, learning disability, forensic, some physical health and an extensive range of community services.</p> <p>Freedom To Speak up Guardian (FTSU) FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about risk, malpractice or wrongdoing if staff think it is harming the service we deliver. Guardians don't get involved in investigations or complaints but help to facilitate the process of raising concerns where needed, ensuring organisational policies are followed correctly. The Guardian will liaise directly with the Trust's nominated Local Counter Fraud Specialist</p> <p>Reporting An employee can contact any governing body member of the Trust to discuss their concerns if they feel unable, for any reason, to report the matter to the LCFS or Executive Director of Finance, Estates & Resources. Suspected fraud, bribery and corruption can also be reported using the NHS Fraud and Corruption Reporting Line on freephone 0800 028 40 60 or by filling in an online form at www.reportnhsfraud.nhs.uk, as an alternative to internal reporting procedures and if staff wish to remain anonymous.</p>
5a	<p>Disability Groups:</p> <p>Prompt: Learning Disabilities or Difficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard</p>	<ul style="list-style-type: none"> • Potential barrier with access to the policy (use of technology) • The area reporting high numbers of staff with disabilities is CAMHS BDU. • The data shows that 8.8%% of our staff consider themselves to have a disability, which is an increase from 2021 (6.4%). The total number of disabled staff has increased from 292 (2021) to 414 (2022) Staff survey data shows that disabled staff generally report a worse experience of violence, bullying and harassment at work than non-disabled colleagues however, improvements have been seen across most areas (except regarding from patients, relatives or the public where there is no significant difference from the previous year). • Staff can access the policy using the accessibility mode where the policy can be read out. • Staff can request using an interpreting service for deaf and hearing-impaired staff • We will use the service EIA to ensure we fully understand the nature of the disability so we can adjust and adapt our services according to need, remaining person centred throughout.

Disability (March 2023)

Area	Yes	No or Unknown	Grand Total
Adult and Older People MH	156 9.8%	1,428 90.2%	1,584
Barnsley Integrated Services	105 8.8%	1,089 91.2%	1,194
CAMHS and Children	32 8.9%	326 91.1%	358
Forensic Services	44 10.1%	392 89.9%	436
Learning Disabilities and Adult ASD and ADHD	23 12.2%	166 87.8%	189
Support Services	44 5.6%	739 94%	783
Sub-total	404 8.9%	4,140 91.1%	4,544
Medical Staff	10 5.9%	159 94.1%	169
Grand Total	414 8.8%	4,299 91.2%	4,713

QUESTIONS

ANSWERS AND ACTIONS

5b

Gender:

Prompt: Female & Male issues should be considered.

This policy applies equally to all members of staff

- Gender split of staff is 21% male 79% female – this is indicative of all NHS bodies.
- No barrier identified by gender in accessing the policy

Staff in post by gender and area (March 2023)

Area/Gender	Female	Male	Grand Total
Adult and Older People MH	1,278 80.7%	306 19.3%	1,584
Barnsley Integrated Services	1,031 86.3%	163 13.7%	1,194
CAMHS and Children	324 90.5%	34 9.5%	358
Forensic Services	312 71.6%	124 28.4%	436
Learning Disabilities and Adult ASD and ADHD	152 80.4%	37 19.6%	189
Support Services	569 72.7%	214 27.3%	783

		Sub-total	3,666 80.7%	878 19.3%	4,544
		Medical Staff	70 41.4%	99 58.6%	169
		Grand Total	3,736 79.3%	977 20.7%	4,713

5c	Age: Prompt: Older people & Young People issues should be considered	This policy applies equally to all members of staff <ul style="list-style-type: none"> • Potential barrier with access to the policy (use of technology) • The data shows that 27.4% of staff are aged 50 or over. The Trust is mindful that staff are choosing to work longer, and an older workforce may require consideration from a health and wellbeing perspective regarding initiatives and support to maintain them in employment.
-----------	--	--

Age by area (March 2023)

Area	19 & under	20-29	30-39	40-49	50-59	60-69	70+	Grand Total
Adult and Older People MH	3 0.2%	241 15.2%	406 25.6%	348 22.0%	420 26.5%	158 10.0%	8 0.5%	1,584
Barnsley Integrated Services		126 10.6%	282 23.6%	300 25.1%	335 28.1%	140 11.7%	11 0.9%	1,194
CAMHS and Children		70 19.6%	104 29.1%	88 24.6%	76 21.2%	20 5.6%		358
Forensic Services		101 23.2%	111 25.5%	97 22.2%	93 21.3%	30 6.9%	4 0.9%	436
Learning Disabilities & Adult ASD & ADHD		39 20.6%	61 32.3%	37 19.6%	46 24.3%	6 3.2%		189
Support Services		56 7.2%	140 17.9%	194 24.8%	269 34.4%	123 15.7%	1 0.1%	783
Sub-total	3 0.1%	633 13.9%	1,104 24.3%	1,064 23.4%	1,239 27.3%	477 10.5%	24 0.5%	4,544
Medical Staff		9 5.3%	35 20.7%	58 34.3%	52 30.8%	14 8.3%	1 0.6%	169
Grand Total	3 0.1%	642 13.6%	1,139 24.2%	1,122 23.8%	1,291 27.4%	491 10.4%	25 0.5%	4,713

5d	Sexual Orientation: Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category	This policy applies equally to all members of staff
-----------	---	---

Sexual Orientation (March 2021)						
Area	Heterosexual	Gay or Lesbian	Bisexual	Unknown	Grand Total	
Adult and Older People MH	1,315 83.0%	48 3.0%	25 1.6%	196 12.4%	1,584	
Barnsley Integrated Services	1,029 86.2%	26 2.2%	11 0.9%	128 10.7%	1,194	
CAMHS and Children	325 90.8%	9 2.5%	10 2.8%	14 3.9%	358	
Forensic Services	362 83.0%	19 4.4%	8 1.8%	47 10.8%	436	
Learning Disabilities and Adult ASD and ADHD	158 83.6%	6 3.2%	8 4.2%	17 9.0%	189	
Support Services	626 79.9%	14 1.8%	4 0.5%	139 17.8%	783	
Sub-total	2,786 84.0%	96 2.7%	55 1.5%	413 11.9%	3,350	
Medical Staff	140 82.8%	4 2.4%	1 0.6%	24 14.2%	169	
Grand Total	3,955 83.9%	126 2.7%	67 1.4%	565 12.0%	4,713	
5e	Religion & Belief:		This policy applies equally to all members of staff			
	Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered					
Religious belief (March 2023)						
Area	Atheism	Christianity	Islam	Other*	Unknown	Grand Total
Adult and Older People MH	339 21.4%	690 43.6%	87 5.5%	177 11.2%	291 18.4%	1,584
Barnsley Integrated Services	209 17.5%	647 54.2%	10 0.8%	119 10.0%	209 17.5%	1,194
CAMHS and Children	120 33.5%	154 43.0%	2 0.6%	46 12.8%	36 10.1%	358
Forensic Services	106 24.3%	199 45.6%	10 2.3%	45 10.3%	76 17.4%	436
Learning Disabilities and Adult ASD and ADHD	59 31.2%	75 39.7%	12 6.3%	19 10.1%	24 12.7%	189
Support Services	135 17.2%	369 47.1%	27 3.4%	86 11.0%	166 21.2%	783

	<table border="1"> <thead> <tr> <th>Sub-total</th> <td>968</td> <td>2,134</td> <td>148</td> <td>492</td> <td>802</td> <td>4,544</td> </tr> <tr> <td></td> <td>21.3%</td> <td>47.0%</td> <td>3.3%</td> <td>10.8%</td> <td>17.6%</td> <td></td> </tr> </thead> <tbody> <tr> <td>Medical Staff</td> <td>18</td> <td>44</td> <td>37</td> <td>48</td> <td>22</td> <td>169</td> </tr> <tr> <td></td> <td>10.7%</td> <td>26.0%</td> <td>21.9%</td> <td>28.4%</td> <td>13.0%</td> <td></td> </tr> <tr> <td>Grand Total</td> <td>986</td> <td>2,178</td> <td>185</td> <td>540</td> <td>824</td> <td>4,713</td> </tr> <tr> <td></td> <td>20.9%</td> <td>46.2%</td> <td>3.9%</td> <td>11.5%</td> <td>17.5%</td> <td></td> </tr> </tbody> </table>	Sub-total	968	2,134	148	492	802	4,544		21.3%	47.0%	3.3%	10.8%	17.6%		Medical Staff	18	44	37	48	22	169		10.7%	26.0%	21.9%	28.4%	13.0%		Grand Total	986	2,178	185	540	824	4,713		20.9%	46.2%	3.9%	11.5%	17.5%																																								
Sub-total	968	2,134	148	492	802	4,544																																																																												
	21.3%	47.0%	3.3%	10.8%	17.6%																																																																													
Medical Staff	18	44	37	48	22	169																																																																												
	10.7%	26.0%	21.9%	28.4%	13.0%																																																																													
Grand Total	986	2,178	185	540	824	4,713																																																																												
	20.9%	46.2%	3.9%	11.5%	17.5%																																																																													
5f	<p>Marriage and Civil Partnership</p> <p>Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category</p>	This policy applies equally to all members of staff																																																																																
	Marital Status (March 2023)																																																																																	
	<table border="1"> <thead> <tr> <th>Area</th> <th>Civil Partnership</th> <th>Divorced /Legally Separated</th> <th>Married</th> <th>Single</th> <th>Widowed</th> <th>Unknown</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>Adult and Older People MH</td> <td>27 1.7%</td> <td>157 9.9%</td> <td>722 45.6%</td> <td>644 40.7%</td> <td>18 1.1%</td> <td>16 1.0%</td> <td>1,584</td> </tr> <tr> <td>Barnsley Integrated Services</td> <td>17 1.4%</td> <td>139 11.6%</td> <td>639 53.5%</td> <td>376 31.5%</td> <td>15 1.3%</td> <td>8 0.7%</td> <td>1,194</td> </tr> <tr> <td>CAMHS and Children</td> <td>2 0.6%</td> <td>35 9.8%</td> <td>165 46.1%</td> <td>152 42.5%</td> <td>1 0.3%</td> <td>3 0.8%</td> <td>358</td> </tr> <tr> <td>Forensic Services</td> <td>9 2.1%</td> <td>29 6.7%</td> <td>182 41.7%</td> <td>210 48.2%</td> <td></td> <td>6 1.4%</td> <td>436</td> </tr> <tr> <td>Learning Disabilities and Adult ASD and ADHD</td> <td>1 0.5%</td> <td>14 7.4%</td> <td>71 37.6%</td> <td>100 52.9%</td> <td>3 1.6%</td> <td></td> <td>189</td> </tr> <tr> <td>Support Services</td> <td>9 1.1%</td> <td>77 9.8%</td> <td>428 54.7%</td> <td>255 32.6%</td> <td>9 1.1%</td> <td>5 0.6%</td> <td>783</td> </tr> <tr> <td>Sub-total</td> <td>65 1.4%</td> <td>451 9.9%</td> <td>2,207 48.6%</td> <td>1,737 38.2%</td> <td>46 1.0%</td> <td>38 0.8%</td> <td>4,544</td> </tr> <tr> <td>Medical Staff</td> <td>2 1.2%</td> <td>3 1.8%</td> <td>132 78.1%</td> <td>30 17.8%</td> <td>1 0.6%</td> <td>1 0.6%</td> <td>169</td> </tr> <tr> <td>Grand Total</td> <td>67 1.4%</td> <td>454 9.6%</td> <td>2,339 49.6%</td> <td>1,767 37.5%</td> <td>47 1.0%</td> <td>39 0.8%</td> <td>4,713</td> </tr> </tbody> </table>	Area	Civil Partnership	Divorced /Legally Separated	Married	Single	Widowed	Unknown	Grand Total	Adult and Older People MH	27 1.7%	157 9.9%	722 45.6%	644 40.7%	18 1.1%	16 1.0%	1,584	Barnsley Integrated Services	17 1.4%	139 11.6%	639 53.5%	376 31.5%	15 1.3%	8 0.7%	1,194	CAMHS and Children	2 0.6%	35 9.8%	165 46.1%	152 42.5%	1 0.3%	3 0.8%	358	Forensic Services	9 2.1%	29 6.7%	182 41.7%	210 48.2%		6 1.4%	436	Learning Disabilities and Adult ASD and ADHD	1 0.5%	14 7.4%	71 37.6%	100 52.9%	3 1.6%		189	Support Services	9 1.1%	77 9.8%	428 54.7%	255 32.6%	9 1.1%	5 0.6%	783	Sub-total	65 1.4%	451 9.9%	2,207 48.6%	1,737 38.2%	46 1.0%	38 0.8%	4,544	Medical Staff	2 1.2%	3 1.8%	132 78.1%	30 17.8%	1 0.6%	1 0.6%	169	Grand Total	67 1.4%	454 9.6%	2,339 49.6%	1,767 37.5%	47 1.0%	39 0.8%	4,713	
Area	Civil Partnership	Divorced /Legally Separated	Married	Single	Widowed	Unknown	Grand Total																																																																											
Adult and Older People MH	27 1.7%	157 9.9%	722 45.6%	644 40.7%	18 1.1%	16 1.0%	1,584																																																																											
Barnsley Integrated Services	17 1.4%	139 11.6%	639 53.5%	376 31.5%	15 1.3%	8 0.7%	1,194																																																																											
CAMHS and Children	2 0.6%	35 9.8%	165 46.1%	152 42.5%	1 0.3%	3 0.8%	358																																																																											
Forensic Services	9 2.1%	29 6.7%	182 41.7%	210 48.2%		6 1.4%	436																																																																											
Learning Disabilities and Adult ASD and ADHD	1 0.5%	14 7.4%	71 37.6%	100 52.9%	3 1.6%		189																																																																											
Support Services	9 1.1%	77 9.8%	428 54.7%	255 32.6%	9 1.1%	5 0.6%	783																																																																											
Sub-total	65 1.4%	451 9.9%	2,207 48.6%	1,737 38.2%	46 1.0%	38 0.8%	4,544																																																																											
Medical Staff	2 1.2%	3 1.8%	132 78.1%	30 17.8%	1 0.6%	1 0.6%	169																																																																											
Grand Total	67 1.4%	454 9.6%	2,339 49.6%	1,767 37.5%	47 1.0%	39 0.8%	4,713																																																																											
5g	<p>Pregnancy and Maternity</p> <p>Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered</p>	This policy applies equally to all members of staff																																																																																
5h	<p>Gender Re-assignment</p> <p>Prompt: Transgender issues should be considered</p>	This policy applies equally to all members of staff																																																																																
5i	<p>Carers</p>	This policy applies equally to all members of staff																																																																																

	Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered	
5j	<p>Race</p> <p>Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.)</p>	<ul style="list-style-type: none"> • The Trusts staff profile has a comparable White British representation to the local demographic of the people that it serves collectively. • 87.7% of staff consider themselves as white in 2022, which is a 1% decrease from 2021. • Of the remaining 12.3%, the largest group (5.3%) consider themselves of Asian origin. • • Percentage of Black staff has increased from 3.5% in 2021 to 4.2%. This is an increase of 0.7%. Staff can request the policy is interpreted into a different language • •

Race (March 2023)							
Area	Asian	Black	Chinese or Other	Mixed	White	Unknown	Grand Total
Adult and Older People MH	92 5.8%	94 5.9%	9 0.6%	31 2.0%	1,355 85.5%	3 0.2%	1,584
Barnsley Integrated Services	11 0.9%	13 1.1%	9 0.8%	9 0.8%	1,151 96.4%	1 0.1%	1,194
CAMHS and Children	5 1.4%	12 3.4%	3 0.8%	4 1.1%	334 93.3%		358
Forensic Services	10 2.3%	54 12.4%	4 0.9%	4 0.9%	363 83.3%	1 0.2%	436
Learning Disabilities & Adult ASD & ADHD	15 7.9%	5 2.6%	2 1.1%	3 1.6%	163 86.2%	1 0.5%	189
Support Services	34 4.3%	13 1.7%	16 2.0%	8 1.0%	708 90.4%	4 0.5%	783
Sub-total	167 3.7%	191 4.2%	43 0.9%	59 1.3%	4,074 89.7%	10 0.2%	4,544
Medical Staff	81 47.9%	9 5.3%	15 8.9%	5 3.0%	57 33.7%	2 1.2%	169
Grand Total	248 5.3%	200 4.2%	58 1.2%	64 1.4%	4,131 87.7%	12 0.3%	4,713

6. Action Plan

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

- **Under-developed** – red – **No data. No strands** of equality
- **Developing** – amber – **Some census data plus workforce. Two strands** of equality addressed
- **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
- **Excelling** – purple – **All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

Action 1

Who will benefit from this action? (tick all that apply)		Action 1: This is what we are going to do	Lead/s	By when	Update - outcome	RAG
Age	x	1. The Trust will ensure that staff of all backgrounds, identities and ages in their present circumstance will receive information to provide direction and help to identify suspected illegality.	Counter Fraud Specialist/ Corporate Governance Lead	March 2027 (every 3 years)	To involve the staff networks (LGBT, REACH (formerly BAME), carers network and Disability) and Equity Guardians if there is an impact to a particular strand.	Developing
Disability	x					
Gender reassignment	x					
Marriage and civil partnership	x					
Race	x					
Religion or belief	x					
Sex	x					
Sexual Orientation	x					
Pregnancy maternity	x					
Carers						

Action 2

Who will benefit from this action? (tick all that apply)		Action 2: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	<input checked="" type="checkbox"/>	2. To update the EIA with new workforce data when this becomes available.	Counter Fraud Specialist	March 2027 (3 year review)	To ensure the most up to date data is available for our Trust workforce data.	Developing
Disability	<input checked="" type="checkbox"/>					
Gender reassignment	<input checked="" type="checkbox"/>					
Marriage and civil partnership	<input checked="" type="checkbox"/>					
Race	<input checked="" type="checkbox"/>					
Religion or belief	<input checked="" type="checkbox"/>					
Sex	<input checked="" type="checkbox"/>					
Sexual Orientation	<input checked="" type="checkbox"/>					
Pregnancy maternity	<input checked="" type="checkbox"/>					
Carers	<input type="checkbox"/>					

Action 3

Who will benefit from this action? (tick all that apply)		Action 3: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	<input checked="" type="checkbox"/>	3. At this time there isn't enough comparable data to establish whether this policy affects staff members from different equality strands disproportionately.	Counter Fraud Specialist and Head of Corporate Governance	March 2027	Data to be obtained whether this be local, regional or national in order to draw sufficient comparison to establish if the policy affects equality strands disproportionately.	Developing
Disability	<input checked="" type="checkbox"/>					
Gender reassignment	<input type="checkbox"/>					
Marriage and civil partnership	<input type="checkbox"/>					
Race	<input checked="" type="checkbox"/>					
Religion or belief	<input checked="" type="checkbox"/>					
Sex	<input checked="" type="checkbox"/>					
Sexual Orientation	<input type="checkbox"/>					
Pregnancy maternity	<input checked="" type="checkbox"/>					
Carers	<input type="checkbox"/>					

Action 4

Who will benefit from this action? (tick all that apply)		Action 4: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age		4. The Trust needs to collate data to show the ethnicity of those affected by the policy and its use.	Counter Fraud Specialist and Head of Corporate Governance	March 2027	Data is to be obtained where counter fraud investigations take place in line with the policy to show the ethnicity of those affected by its use.	Developing
Disability						
Gender reassignment						
Marriage and civil partnership						
Race	x					
Religion or belief						
Sex						
Sexual Orientation						
Pregnancy maternity						
Carers						

7. Involvement & Insight: New or Previous (please include any evidence of activity undertaken in the box below)

An integral element of the Anti-Fraud Corruption, Bribery Policy and Equality Impact Assessment is to involve the various groups and support networks. If the author identifies an impact on a particular strand then this will be communicated with the relevant staff network group

8. Publishing the Equality Impact Assessment

This is available on the Trust intranet, via the Trust website and via Freedom of Information request.

The Equality Impact Assessment has been published as an integral part of the Anti-Fraud Corruption and Bribery Policy.

9. Methods of Monitoring progress on Actions

The policy has been reviewed by the Corporate Policy, Procedure and Risk Group (Chair, Head of Corporate Governance/ Company Secretary) on 12 December 2023.

10. Signing off Equality Impact Assessment:

Adrian Snarr, Executive director of finance, estates and resources – 16.02.2024

Lindsay Jensen, Interim Chief People Officer – Peer review – 19.02.2024

Asma Sacha, Corporate Governance Manager – 19.02.2024

Andrew Lister, Head of Corporate Governance/ Company Secretary – 20.02.2024

Zahida Mallard Equality, Diversity and Inclusion Lead –(Developing) – 19.02.2024

Once approved, you must forward a copy of this Assessment/Action Plan by email to:

InvolvingPeople@swyt.nhs.uk

Appendix 6 - Checklist for the Review and Approval of Procedural Document
To be completed and attached to any policy document when submitted to EMT for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	No	
	Is there a plan to review or audit compliance with the document?	Yes	Sign off through the Executive Director of Finance, Estates & Resources
10.	Review Date		
	Is the review date identified?	Yes	2023
	Is the frequency of review identified? If so is it acceptable?	Yes	Annual
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible implementation and review of the document?	Yes	

Appendix 7 - Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
1	26.06.20	Shaun Fleming	Final	Two yearly review
2	21.03.22	Shaun Fleming	Final	Two yearly review
3	24.06.22	Claire Croft	Final	Introduction of new policy to meet requirements to meet the Functional Standard. This policy should be subject to annual review. Annual review
4	24.10.23 22.02.24	Claire Croft Andrew Lister Asma Sacha	Final	Changes to reflect latest NHSCFA Strategy 2023-26. Updated the EIA with the 2023 workforce data. Approved by Executive Management Team on 22.02.2024 (will require annual review).