

CLAIMS MANAGEMENT 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
1	Steve Mason	Removal of duplication on policy letters	Governing Body 11 Jun 15	

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1 INTRODUCTION

NHS North Lincolnshire CCG is committed to effective and timely investigation and response to any claim that includes allegations of clinical negligence or personal injury. NHS North Lincolnshire CCG will follow the requirements of the NHSLA (National Health Service Litigation Authority) in the management of claims. Every member of staff within any NHS organisation is expected to co-operate fully as required, in the assessment and management of each claim. NHS North Lincolnshire CCG also aims to ensure that its policies will be compliant with the Human Rights Act 1998.

This policy is based on current guidance from the NHSLA. Any future changes in guidance will be followed, and may supersede the procedures laid down in this policy.

The NHSLA is, in effect, an insurer to NHS bodies. The CCG undergoes an assessment of risk by the NHSLA and a contribution or premium for membership of the scheme is then calculated.

2 ENGAGEMENT

This policy has been drafted by Steve Mason, Legal and Governance Lead and Nick Kurth, Legal and Governance Assistant of Yorkshire and Humber Commissioning Support. The Legal Services Team are responsible for maintaining files in relation to the claims made against the CCG and for assisting the NHS Litigation Authority in the management of these claims.

3 IMPACT ANALYSES

3.1 Equality

North Lincolnshire CCG recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The CCG recognises that equality impacts on all aspects of its day to day operations and has produced an Equality and Human Rights Strategy and Equal Opportunities Policy to reflect this. All strategies, policies and procedures are assessed in accordance with the Equality & Diversity Assessment Toolkit, the results for which are monitored centrally.

This policy has been assessed in accordance with the Equality & Diversity Assessment Toolkit and complies with its requirements in full.

3.2 Sustainability

Anyone developing a policy or procedural document is required to complete a Sustainability Impact Assessment. The purpose is to record any positive or negative impacts that the policy is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment form is attached at Appendix 3 of the Policy Framework Guidance Document, together with instructions to help with completion. Include the conclusions in this section of the policy document.

Completed paperwork on all assessments should be submitted with the policy for approval and must be published on the internet with the approved policy.

3.3 Bribery Act

The CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified.

4 SCOPE

The policy covers all incidents which have been given, or may give rise to, a claim by an employee, patient or a third party. It applies to all staff but not to independent contractors.

5 POLICY PURPOSE & AIMS

The purpose of this policy is to ensure that all CCG employees are aware of and able to comply with the procedure for dealing with claims made against North Lincolnshire CCG. Compliance with this policy will mean that employees will promptly report any claims to the Commissioning Support Unit in order that they can be dealt with effectively by the Legal Services Team and the NHTSA and that all legislative and court imposed deadlines can be adhered to. CCG employees will also be aware of the need to forward all documentation in relation to a claim to the Commissioning Support Unit immediately on receipt.

6 DEFINITIONS

6.1 Definition of a claim

A claim can be defined as: a demand for compensation made following an incident resulting in damage to property, death or personal injury.

There are 6 main types of claims that could be made against the CCG. These are:-

- **Clinical Negligence** An injury to a patient as the result of treatment
- **Employer's Liability** Personal Injury to a staff member at work
- **Public Liability/Occupiers Liability** Injury to a patient or member of the public although not as a result of treatment or damage/loss of property
- **Employment Matters** Claims for wrongful dismissal, discrimination, harassment etc.

- **Vehicle Accidents**
- **Miscellaneous** Including challenges to the lawfulness of decisions by way of Judicial Review.

6.2 Who may make a claim

Claims originate from a wide variety of sources. They may be from contractors, patients, employees and other members of the public. A person can bring a claim if they can establish that they have suffered a loss as a result of a breach of a duty of care owed to them by the CCG or its staff.

It may be, for example, that the CCG has failed in its duty of care, which has caused a loss for the claimant, which does not have to be of a monetary nature, that they are entitled to compensation.

6.3 Triggers

The trigger for claims is when the CCG is issued with a Letter of Claim or Letter Before Action. There may be correspondence preceding a formal letter of claim in an attempt to settle the matter. These are required by the Civil Procedure Rules and Protocols. In some cases they are warnings that further action will be taken. In others these are formal notification that action is going to be taken. The notifications may not be addressed to the CSU Legal and Governance Lead. It is important that the Legal and Governance Lead is notified immediately when one is received as failure to do this may prejudice dealing with the claim due to time constraints or other protocol requirements.

The Pre-Action Protocols and Civil Procedure Rules often contain strict time limits for the next steps to be taken. Failure to take the necessary steps within the time limits, which on occasion can be as short as 24 hours, can result in severe prejudice to the conduct of the matter which can be fatal to the defence of any claim.

6.4 Signing of Documents.

The Accountable Officer is the only officer authorised to sign any document at any step in legal proceedings; although, the Legal Services and Governance Lead has delegated authority to act on their behalf.

6.5 Timescales and procedures

It is imperative that all correspondence including Court documentation should be forwarded to the Commissioning Support immediately. A failure to do so is likely to have major consequences for the CCG both financial and otherwise.

The Civil Procedure Rules 1999 provide tight deadlines, which the CCG are bound by and the Court will often impose sanctions for a failure to meet these deadlines.

The sanctions available to the court include ordering the CCG to pay the legal costs incurred by the other party in going to Court to get an order which would not have been required had the CCG acted properly..

In addition, the court might make an order debarring the CCG in default from relying on some part of its case- for example if the statement of a witness is not exchanged on time, the court may refuse to hear that witness and refuse to permit the CCG.

In cases of failure to meet deadlines, the court can give judgment for the claimant in default, without there being a trial. There are only limited grounds on which the CCG would be able to apply to have such a judgment "set aside".

On receipt of a Letter of Claim it should be forwarded to the Commissioning Support immediately and the Legal Services and Governance Lead will acknowledge the letter upon receipt and ensure a copy is forwarded to the NHS LA in appropriate cases. The Litigation Authority does not conduct all claims on behalf of the CCG, which is dependent on the nature of the claim.

6.6 Confidentiality

Medical confidentiality must be protected so patient information may only be disclosed with their consent or by other lawful authority. If there is any doubt in this respect, advice should be sought. Any document approved for the purpose of dealing

with the claim or advice given by the Legal and Governance Lead may be protected by legal professional privilege.

6.7 Support mechanisms for staff

Any member of staff required to give evidence in any proceedings may request support either from their line manager or the Legal and Governance Lead.

6.8 Clinical Negligence Scheme for Trust (CNST)

The CNST is a scheme covering liabilities for alleged clinical negligence where the original incident occurred on or after 1st April 1999.

The CCG shall deal with all claims falling under the CNST in-line with the NHSLA's Clinical Reporting Guidelines.

6.9 The Risk Pooling Scheme for Trusts (RPST):

Two separate schemes covering non-clinical risks, the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES), are known collectively as the Risk Pooling Schemes for Trusts (RPST).

6.10 Employers' & Public Liability Scheme

The Employers' and Public Liability Schemes are separate schemes that fall under the Liabilities to Third Parties Scheme (LTPS) of the NHSLA.

The schemes are for any claims brought against the CCG that are from third parties where the incident occurred on or after 1st April 1999.

The CCG is required to report all new claims that fall under the LTPS with the following information via the NHSLA's online claims reporting system:

- Letter of Claim
- All documents relating to the type of claim being reported. Sample lists taken from the *Pre-Action Protocol for Personal Injury Claims* are enclosed in the form of the 'NHSLA Disclosure List'.

If the above documentation is not completed and supplied when the claim is reported the NHSLA may not accept the claim under the Scheme thus causing delays and possible failure to adhere to protocol.

The collation of the documentation required may be a time consuming task. It is ESSENTIAL that it is dealt with in a timely fashion and it is the responsibility of the manager concerned.

6.11 Property Expenses Scheme (PES)

The PES relates to any expenses incurred from any loss or damage to property where the original loss occurred on or after 1st April 1999.

These should be reported promptly using the NHSLA's Property Expenses Scheme Report form.

7 ROLES / RESPONSIBILITIES / DUTIES

7.1 Governing Body

The Governing Body is responsible for oversight of the work of the CCG and may exceptionally be required to authorise settlement of claims.

7.2 Accountable Officer

The Accountable Officer is responsible for ensuring an appropriate assurance framework is in place.

The Accountable Officer is the only officer authorised to sign any document at any step in legal proceedings; although, the Legal and Governance Lead has delegated authority to act on their behalf.

7.3 Senior Management

The Legal and Governance Lead is responsible for the conduct, control and documentation of all claims and potential claims where it is not yet clear whether a claim will be pursued. They will be responsible for:

- Ensuring that the Pre-action Protocol for the Resolution of Clinical Disputes is followed, including responding to letters of claim and forwarding them to the NHSLA, within the timescales laid down.
- Ensuring the disclosure of medical records, within the timescales laid down in the Data Protection Act 1998 or the Access to Medical Records Act 1990, as applicable.
- Receiving, acknowledging and processing all new potential claims forwarded from the CCG.
- Ensuring that certain initial investigations have been made and a preliminary analysis has been done, if required.
- Reporting potential claims to the NHSLA in accordance with their reporting guidelines.
- Establishing and, as necessary, maintaining contact with relevant staff and former staff.
- Obtaining expert and clinical advice as necessary.
- Any admission of liability or agreement to settle any claim may only be made by the Legal and Governance Lead or the nominated member of the CCG.

The Legal and Governance Lead will provide performance indicators to the CCG Governing Body upon request.

7.4 Investigating Manager

The Legal and Governance Lead will carry out such preliminary action, investigations and analysis of reportable claims as is required by the NHSLA by the NHSLA, and will liaise with the NHSLA as necessary over the conduct of such claims.

The Investigation Manager is the manager who is closely involved in the incident, and is therefore responsible for collating such documentation as is required in order to deal with a claim and for investigating the circumstances of any incident and preparing a report on that incident.

It is essential that it is understood that the CSU can only act on the instructions of the CCG. Once the CSU has been instructed to deal with a

claim, the CCG will retain responsibility for the provision of information to enable the claim to be dealt with and for providing instructions at key stages during the claim.

7.5 Role of clinicians/specialist advisers

All managers and staff of all NHS organisations must co-operate fully with the Legal and Governance Lead and the NHSLA in the investigation and handling of claims and potential claims.

As many claims have set timescales for response, it is important that managers and staff respond quickly to all requests for information, statements and copies of records.

7.6 Liason with Third Parties

7.6.1 NHS Litigation Authority

It is the Legal and Governance Lead's role to prepare reports and other submissions as required for the NHSLA.

It is a requirement that the CCG must obtain legal advice for all claims involving potential expenditure above the standard delegated limit for *ex-gratia* payments. This advice may be provided internally or obtained from external advisors.

The CCG may obtain legal advice for clinical negligence and RPST claims from the NHSLA. The CCG may instruct the NHSLA to act on its behalf on receipt of a request for medical records and should instruct the NHSLA on receipt of a letter of claim or claim form.

The final decision to pursue or settle a claim is the CCG's although it may be the case that if advice on the conduct of any particular claim is not followed, the NHSLA will refuse to further indemnify the CCG.

The CCG will co-operate with the CSU and NHSLA solicitors at all times, and the Legal and Governance Lead, who is responsible for handling litigation claims will respond to requests for further information, and will ensure that the NHSLA solicitors are in a position to meet the Court's timetable for conduct of a claim.

The NHSLA should provide quarterly updates on the progress of all claims.

7.6.2 Solicitors

In the case of all reportable claims, defence solicitors may be instructed directly by the NHSLA and not by the CCG. However, where appropriate, the Legal and Governance Lead may instruct solicitors or counsel to provide advice or representation where it appears in the interests of the CCG. Any additional costs to the CCG will be discussed prior to instruction.

7.6.3 Coroners

During any Inquest the Legal and Governance Lead will decide whether to represent the CCG or to instruct others to do so. It is essential that any member of staff requested to produce documents or attend any Inquest liaise with the Legal Services and Governance Lead at the earliest opportunity.

7.7 Investigation and root cause analysis

7.7.1 Root cause analysis

The Investigating Manager will adopt a root cause analysis approach to all investigations, which might lead to claims. The purpose of conducting a root cause analysis of potential claims is to identify the real causes of the incident and to establish legal causation. Root cause analysis can also reveal underlying system failures and other contributory factors that may have had an impact on the incident.

In-line with national requirements the CCG is applying a root cause analysis approach to investigations into incidents, complaints and claims. Staff should have undertaken training prior to conducting root cause analysis.

Reference should be made to the Serious Incident Policy when planning any root cause analysis. This document provides an explanation of the varying ratings of incident: red, amber and green, and the depth of investigation that is attached to an incident with a particular rating.

All incidents classed as red will have a full root cause analysis.

Information on Risk Management issues arising and improvements undertaken will be reported to the relevant CCG body as determined by the Accountable Officer.

7.7.2 Claims Management Procedure

The CCG recognises and at all times will adhere to the pre-action protocols for the resolution of clinical disputes and personal injury claims, in the interests of:

- Encouraging a climate of openness when something has “gone wrong” with a patient’s treatment or the patient is dissatisfied with that treatment and/or outcome
- Encouraging the adoption of a constructive approach to complaints and claims, and accepting that concerned patients are entitled to an explanation and an apology if warranted, and to appropriate redress in the event of negligence
- Building on and increasing the benefits of early but well informed settlement which genuinely satisfies both parties to the dispute.

It should be noted that care must be exercised in issuing apologies as it may be that an apology is taken to be an admission of liability.

7.8 Pre-action Protocol for clinical negligence claims

7.8.1 Obtaining Health Records

The patient and/or their legal advisor will request copies of the patient’s clinical records (which includes any x-rays, CT scans, test results etc.). The request should be made in writing to the CCG. These requests should adhere to the Department of Health Guidelines and should, when properly completed, constitute satisfactory evidence for the CCG’s purposes of the patient’s consent for the release of their records to their legal, and other expert, advisers.

The CCG must provide records within **40 days** of this request. In the rare circumstances that the CCG is unable to comply with a request within 40 days, the problem should be explained to the patient quickly, and details of what is being done to resolve it. A fee is usually payable.

If the records are not provided to the patient within 40 days, the patient can apply to the court for an order for pre-action disclosure. This will have adverse cost consequences for the CCG.

A copy of the records should be forwarded to the CSU upon request.

7.8.2 Freedom of Information Act 2000

Staff should be aware that claimants or their representatives may make requests for access to information under the Freedom of Information Act but that a class of information is legally privileged and not liable to be disclosed. This covers most information which is prepared or gathered in contemplation of legal proceedings and all information and advice given to the CCG or CSU by legal advisors or advice by the CSU to the CCG.

7.8.3 Letter of Claim

If the patient decides that there are grounds for a claim, they or their solicitor will send a **letter of claim** to the CCG.

The letter of claim should contain a clear summary of the facts on which the claim is based, including the alleged adverse outcome, and the main allegations of negligence. It should describe the patient's injuries, the present condition and prognosis, and the estimated financial loss incurred by the Claimant. In more complex cases a chronology of the relevant events should be provided. Sufficient information should be given to enable the CCG to commence investigations if it has not already done so and for the NHSLA to put an initial valuation on the claim.

The letter of claim should be dealt with by the CCG immediately by forwarding the correspondence to the CSU to ensure this is passed to the NHSLA swiftly, as they will have to make an initial response within **14 days of receipt**.

Under the protocol, the Claimant should not issue proceedings until after **3 months** from the date of the letter of claim, unless there is a limitation issue and/or the patient's position needs to be protected therefore requiring protective proceedings to be issued. All claims are subject to a time limit in which they can be brought which is referred to as the limitation period. For most cases founded on negligence, the period is three years, although that may exceptionally be extended. The limitation period is different according to the nature of the claim. For example, Judicial Review proceedings must be brought within three months of the decision complained about

7.8.4 Letter of response

The NHSLA should investigate the claim and within **3 months** of the letter of claim and provide a reasoned answer to it in the form of a **letter of response**. The NHSLA in consultation with the CSU will specify which issues of breach of duty and/or causation are admitted and which are denied and why. Documents must be enclosed which are material to the issues in dispute and which would be likely to be ordered to be disclosed by the court during proceedings.

The letter of response will ordinarily be drafted by the NHSLA who deal with all Clinical Negligence cases under the CNST.

It should be noted that admissions of liability made in a letter of response are binding.

7.8.5 Investigation of Claims

The receipt of any of the following may trigger an investigation by the CSU or NHSLA:

- A request for records pursuant to the pre-action protocol for clinical negligence disputes which intimates a claim against the CSU; or

- A letter of claim; or
- A completed and sealed court claim form

Internal investigations **must** be commenced immediately upon receipt of a letter of claim or claim form. Occasionally, it may be considered appropriate to commence investigations upon receipt of a request for records. This is likely to be the case for very serious claims which are likely to proceed against the CCG and which will have a significant financial impact upon the CCG. The decision to commence investigations at this stage will be made by the Legal and Governance Lead, in consultation with the NHSLA and the appropriate member of the CCG.

The Legal and Governance Lead should always be notified immediately of any incident or complaint that could result in a claim. Very serious claims are likely to have been the subject of an incident report in accordance with the CCG's Incident Reporting and/or Complaints Policies.

7.8.6 Principal aims of all investigations

The principle aims of any investigation by the CSU or NHSLA will always be as follows:

- To identify the full names and titles of all staff involved, and the identity of doctors' defence organisations and membership numbers of professional bodies, if applicable.
- To establish an account of the original incident
- To identify or maintain all written records
- To establish and maintain contact with the staff involved and to obtain an in-house expert opinion

The Legal and Governance Lead may then pursue further investigations on behalf of the NHSLA depending on whether the claim is for clinical negligence or personal injury.

7.8.7 Investigation of a Clinical Negligence Claim

The NHSLA Claims investigator, the Legal and Governance Lead and the responsible member of the CCG may arrange a meeting with any staff involved. The objectives of the meeting will be to gain appropriate information by:

- Obtaining comments from all potential witnesses;
- Obtain authority to release the medical records to the claimant (if they have not already been released to the NHSLA pursuant to a proper earlier request);
- Obtain details of any similar incidents;
- Identify any risk management issues;
- Identify the steps required to avoid repeat incident and agree a plan for any corrective action;
- Identify a timescale for the implementation for any corrective action.

7.8.8 Corrective Action

On receipt of a claim the NHSLA may advise the CSU of the possible outcome and may ask for evidence of corrective action taken by the CCG, if this has not already occurred as a result of an incident report or complaint.

The NHSLA will report on the progress of claims where corrective action has been showed to be necessary.

8 IMPLEMENTATION

This policy will be available on the North Lincolnshire CCG intranet for the attention of all employees. It will be communicated to employees via team briefings. NOTE: The CCG should input here details of when this will take place and who is going to be responsible for the dissemination of this policy

9 TRAINING & AWARENESS

This policy will be available via the CCG and CSU intranet.

10 MONITORING & AUDIT

The Legal Services and Governance Lead is required to report to the CCG on a six-monthly basis and must include all new and settled claims in that report.

11 POLICY REVIEW

This policy will be reviewed in 2 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy'.

12 REFERENCES

Ministry of Justice, [Pre-action Protocols for the Resolution of Clinical Disputes Forum](#) [online]. London: The Stationery Office. Available from: www.justice.gov.uk

Ministry of Justice. Pre-Action Protocol for Personal Injury Claims [online]. London: The Stationery Office. Available from www.justice.gov.uk

The National Health Service Litigation Authority Framework Document. Available from www.nhsla.com (Publications - Claims publications)

Clinical negligence reporting guidelines fifth edition – October 2008. Available from www.nhsla.com (Publications - Claims publications)

Non-clinical claims reporting guidelines Available from www.nhsla.com (Publications - Claims publications)

NHSLA Disclosure List. Available from www.nhsla.com (Publications - Claims publications)

13 ASSOCIATED DOCUMENTATION

Below is a list of documents that are to be considered in conjunction with this policy:

- Serious Incident Policy
- Complaints Policy
- Policy for the Investigation of Incidents, Claims and Complaints
- Communications Policy
- Incident Reporting Policy

This policy is also to be used in conjunction with any relevant human resources policies, particularly in terms of disciplinary and grievance procedures.

APPENDICES

List numbered Appendices with clear headings and cross reference within the policy document. Start each Appendix on a new page. Equality and Sustainability Impact Assessment(s) paperwork should be appended as standard practice.

Add, as required:

- Any protocols, procedures and technical guidance to be followed which will ensure the policy is implemented appropriately, including any specific responsibilities.
- A summary of supporting information and/or guidance to assist staff in implementation.

Appendix 2

Equality Impact Analysis: Guidance

September 2012

Equality Impact Analysis: Brief Guide

1. THE EQUALITY ACT 2010

The Equality Act came into force on 1 October 2010. The Act brings together over 116 separate pieces of legislation into one single Act. Combined, they provide a legal framework to protect the rights of individuals and advance equality of opportunity for all.

The Equality Act covers 9 protected characteristics:

- Age
- Gender
- Pregnancy and Maternity
- Religion and Belief
- Marriage and Civil Partnership
(generally only applies to workplace practices)
- Disability
- Gender Reassignment
- Race
- Sexual Orientation

The Law applies to all employers and service providers. In addition, under the Equality Act 2010 all public organisations have a general duty to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity for people with protected characteristics.
- Foster good relations between people who share a protected characteristic and those who do not.

In order to demonstrate implementation of these duties public bodies are required to undertake and publish outcomes of Equality Impact Analysis.

2. WHAT IS AN EQUALITY IMPACT ANALYSIS?

An Equality Impact Analysis is a way of estimating the likely equality implications of either:

- The introduction of a new policy, project, or function or,
- The implementation of an existing policy, project, or function within the organisation.

Once equality implications have been identified, steps can be taken to amend the proposed policy, project or function or amend the way in which it is currently implemented to ensure it is inclusive and does not discriminate (either deliberately or accidentally).

3. WHAT NEEDS TO BE ANALYSED FOR ITS IMPACT?

All functions, policies and strategies should be impact analysed as they are created and as part of the review process. Equality issues should also be considered in any procurement process as the legal liability in relation to equality issues usually remains with the public body who commissions the service.

4. GATHERING VIEWS AND FEEDBACK

Thinking about equalities implications should be integral to the development and review process for policies/strategies. As part of your development/ review process, you should include questions about equalities when you ask for views or collate feedback from staff/ patients/ carers/ community groups regarding their needs, particularly relating to disability, race, religion/belief and also age, gender, sexual orientation, human rights.

5. COMPLETING THE EQUALITY IMPACT ANALYSIS

- *Start thinking early about incorporating equalities into your document*
Thinking about equalities implications should be an integral part of your policy or strategy development/review process. Consider existing views and feedback or whether you need to gather new information.
- *Don't complete the impact assessment on your own*
Once you have the feedback and evidence you need, if you possibly can, gather a few people who are familiar with the policy/ strategy/ service area and work through the impact analysis process together.
- *What is meant by a Negative Impact*
This means that at least one of the different protected characteristics (Race, Gender, Disability, etc) has less favourable access, experience or outcome to the policy or function compared to the others.
- *What is meant by a Positive Impact*
This means that a policy, project service or function has a positive impact on one or more of the equality groups without having any consequential negative impact on any other equality group.

6. WHAT TO DO WHEN YOU HAVE COMPLETED YOUR IMPACT ANALYSIS

- *Reflecting outcome of impact analysis within the policy/strategy*
Consider if any of your impact analysis findings and actions need to be reflected within the content of the policy/strategy and alter the wording appropriately. A simple example of this is to ensure you have inserted the information about alternative languages/formats. A brief summary of actions identified should also be included.
- *Action planning*
Build actions identified in the documentation into your team's action planning processes.
- *Action monitoring and progression*
Ensure that your team progresses any actions you have identified through the impact analysis to completion.
- *Sorting out the paperwork*
The completed paperwork should be submitted with the policy for approval and published on the internet site.

Equality Impact Analysis: Completing The Form

Below is a step by step guide to completing the Equality Impact Analysis Form (EIA)

1. EQUALITY IMPACT ANALYSIS

This section is a summary of your policy, project or function, the aims of it and who it will affect

2. EQUALITY IMPACT ANALYSIS: SCREENING

This is a summary analysis to identify if the policy, project or function has any potential equality impact (negative or positive) on Equality Groups.

The Screening is a brief process and designed to avoid spending unnecessary time and resources performing a full EIA when it is clear there is likely to be no potential equality implications.

The Screening is designed to make you consider if the policy, project or function will have a positive or negative impact on each of the nine protected characteristics.

Remember that Equality Groups can be internal people (e.g. employees, Volunteers etc.) and external people (e.g. Patients and other customers). External people include those who apply, for example, to the Trust for services, treatment and employment.

If the policy, project or function does have a positive or negative impact on one of the nine protected characteristics a full impact analysis will be required.

If there is a negative impact the impact analysis will allow the user to evidence what the impact is and what changes can be made to reduce or eliminate the impact.

An example of a negative impact:

A policy of providing a guide to Trust services in English only will have a Negative Impact on all Patients who do not read English.

This policy is therefore likely to have an Adverse impact on people of a different Race and people who have certain Disabilities.

Action:

Consult with groups of different races and people with disabilities including the blind and partially sighted, deaf and hearing impaired those with learning difficulties to find out the best way for them to access the information.

Amend the policy to offer the guide in alternative languages and formats on request or proactively produce the document in a popular format.

If there is a positive impact the impact analysis will allow the user to evidence what the impact is and any engagement which took place to this was best practice for that group:

An example of a positive impact:

A Translation and Interpretation Policy is being developed to provide advice on how to access translation and interpretation services for patients and service users.

This policy is likely to have a positive impact on people of a different Race and people who have certain Disabilities.

Action:

Consult with groups of different races and people with disabilities including the blind and partially sighted, deaf and hearing impaired those with learning difficulties to find out the best way for them to access the information.

Evidence the outcomes of the engagement in the Impact Analysis and ensure that the policy reflects the results.

In some cases evidence of this positive or negative impact may already exist from previous engagement with the affected protected group. If evidence is available it may not be necessary to go out and engage again but ensure that it is included in the Equality Impact Analysis.

Include the reasoning on the screening form as to why the policy, project or function has a positive or negative impact on one of the nine protected characteristics.

If there is no positive or negative impact go to Section 7 of the form

Equality Impact Analysis: Full Assessment

Where an Initial Screening process has identified some likely affect or impact on Equality groups, a full EIA is required. This is performed using the accompanying Equality Impact Analysis documentation. The EIA document and process has four aims:

- a) To assess the activity to identify if any impact or effect on Equality Groups exists (this will have already been identified as part of the Initial Screening process and the information is simply copied from the Initial Screening documentation).
- b) To assess, record and rate the impact the activity has on Equality Groups.
- c) To detail the actions required to remove, reduce or justify the impact or effect of the activity.
- d) To detail how the actions proposed will be monitored or evaluated.

3. EQUALITY IMPACT ANALYSIS: LOCAL PROFILE DATA

Where it has been identified that a protected characteristic will be impacted on by the policy, project or function it is important that you understand the profile of that group of people and the percentage of the population that it will affect.

In this section you need to gather data regarding the group affected. This data can be found from a variety of sources including:

The Office of National Statistics

<http://www.ons.gov.uk/ons/index.html>

Projecting Adult Needs and Service Information

<http://www.pansi.org.uk/>

Projecting Older People Population Information

<http://www.poppi.org.uk/>

Yorkshire and Humber Public Health Authority

<http://www.ypho.org.uk/default.aspx>

Health Profiles

<http://www.localhealth.org.uk/>

4. EQUALITY IMPACT ANALYSIS: EQUALITY DATA AVAILABLE

Include in this section details of any data which is already available from the nine protected characteristics, service users or staff via previous engagement or consultation as well as evidence from previous complaints or the usage rates of services for specific groups (are they disproportionately high or low for that group?).

5. EQUALITY IMPACT ANALYSIS: ASSESSMENT TEST

This section is to evidence the actual impact (positive or negative) the implementation of this policy, project or function has on employees, service users or other people who share characteristics protected by The Equality Act 2010.

In some circumstances there is a *genuine determining reason* why it may be justifiable to discriminate.

An example of justifiable discrimination
An individual Funding Request Policy advises that the criteria for fertility treatment includes women aged 23-39. This will have a negative impact on women who are aged 22 and under and 40 and over.
Nice guidelines advise that the older a woman is the less likely she is to get pregnant. Specifically:
<ul style="list-style-type: none">• For every 100 women who are 23-35 years old more than 20 will get pregnant after one cycle of IVF• For every 100 women who are 36-38 around 15 will get pregnant• For every 100 women aged 39 around 10 will get pregnant• For every 100 women aged 40+ around 6 will get pregnant
You therefore have the best chance of success with IVF if you are between 23 and 39 years old.
The discrimination is justified as there is clinical evidence that shows that a treatment is less effective within a certain age band.

See Appendix A for an example of completed EIA Assessment Tests.

6. ACTION PLANNING

Where the EIA has revealed that there is risk of an unjustifiable negative impact on one of the nine protected characteristics it is necessary to propose actions which reduce these risks.

This section should include any actions which have been set and the timescale for completion as well as an identified lead who is responsible for ensuring their completion.

The section should include any actions which have been identified and completed during the development process and which have already initiated a change to the policy.

You must ensure that all recommended changes to policy, identified throughout the EIA process, are included in the policy document (ie the policy is amended to reflect the results of the EIA).

7. EQUALITY IMPACT ANALYSIS FINDINGS

As a result of completing the EIA you should be in a position to agree an analysis rating:

Red Stop and remove the policy	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended
---	--

	until further work or analysis is performed.
Red Amber Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.
Amber Adjust the Policy	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the Action Planning section of this document.
Green No major change	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

It is important that any of the findings from the EIA are evidenced within the policy which should include a specific section on Equality and Diversity.

A suggested set of wording is included in the EIA form, however, you will need to include any positive and negative impacts you identified as a result of the EIA and any actions which have been or are being carried out.

8. SENIOR APPROVAL

The last section is for you to provide any additional comments and to document senior manager approval.

Once the EIA is completed it should be published on the Internet alongside the approved Policy.

APPENDIX A

A POLICY OF PROVIDING A GUIDE TO TRUST SERVICES IN ENGLISH ONLY

1. Equality Impact Analysis: Assessment Test				
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> ?				
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			
Race (All Racial Groups)			x	People who cannot read English will not be able to have access to this information
Disability (Mental and Physical)			x	People who are blind or partially sighted or have a learning difficulty may not be able to have access to this information
Religion or Belief	x			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			
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> ?				
Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	x			
Transgender	x			
Marital Status	x			
Age	x			

2. 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:
People who cannot read English will not be able to have access to this information	<p>Speak with people who already work with different racial groups to find out how they think the information could be made accessible to them.</p> <p>Proactively produce information in a specific language where there is a specific need.</p>			
People who are blind or partially sighted or have a learning difficulty may not be able to have access to this information	<p>Engage with local communities from different disabilities to find out how they in what way they would like to access this information.</p> <p>Speak with people who already work with different disabilities to find out how they think the information could be made accessible to them.</p> <p>Proactively produce information in a specific format as recommended by groups (look at font size, coloured paper)</p>			

Appendix 2A

Equality Impact Analysis: Form

September 2012

For support with completion of this documentation, please see the accompanying guidance and/or contact the Equality Lead in the North Yorkshire and Humber Commissioning Support Unit

3. Equality Impact Analysis

Policy / Project / Function:	Claims Management North Lincolnshire CCG
Date of Analysis:	21/05/14
This Equality Impact Analysis was completed by: (Name and Department)	Steve Mason, Legal Services
What are the aims and intended effects of this policy, project or function ?	To provide CCG employees with an overview of the procedure and requirements for managing claims made against the CCG
Please list any other policies that are related to or referred to as part of this analysis?	None
Who does the policy, project or function affect ? Please Tick ✓	Employees x <input type="checkbox"/> Service Users x <input type="checkbox"/> Members of the Public x <input type="checkbox"/> Other (List Below) <input type="checkbox"/>

4. Equality Impact Analysis: 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"/>	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disabled People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Transgender People	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marital Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Reasoning					

If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7

5. Equality Impact Analysis: Local Profile Data

Local Profile/Demography of the Groups affected (population figures)

General	
Age	
Race	
Sex	
Gender reassignment	
Disability	
Sexual Orientation	
Religion, faith and belief	
Marriage and civil partnership	
Pregnancy and maternity	

6. 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 to 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 <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 EIAs 	<p>Yes <input type="checkbox"/></p> <p>No <input checked="" type="checkbox"/>x</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>	None
<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>	N/A

7. Equality Impact Analysis: Assessment Test

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> ?				
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			
Race (All Racial Groups)	x			
Disability (Mental and Physical)	x			
Religion or Belief	x			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			
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> ?				
Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity	x			
Transgender	x			
Marital Status	x			
Age	x			

8. 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 *The Equality Act 2010* ?

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

9. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input type="checkbox"/> Green
Red Stop and remove the policy	Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . It is recommended that the use of the policy be suspended until further work or analysis is performed.	Remove the policy Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.		No wording needed as policy is being removed
Red Amber Continue the policy	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	The policy can be published with the EIA List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i> . However, a genuine determining reason exists which justifies the use of this policy and further professional advice. [Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]	

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
Amber Adjust the Policy	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p>	<p>The policy can be published with the EIA</p> <p>The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination.</p> <p>Any changes identified and made to the service/policy/ strategy etc. should be included in the policy.</p> <p>Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.</p>	<p>As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</p>
Green No major change	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>	<p>The policy can be published with the EIA</p> <p>Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date</p>	<p>As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>

Brief Summary/Further comments**Approved By**

Job Title:	Name:	Date:
Legal and Governance Lead	Steve Mason	May 2014

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

Policy / Report / Service Plan / Project Title:				
Theme (Potential impacts of the activity)	Positive Impact	Negative Impact	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020			x	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			X	
Reduce the risk of pollution and avoid any breaches in legislation.			X	
Goods and services are procured more sustainability.			X	
Reduce carbon emissions from road vehicles.			X	
Reduce water consumption by 25% by 2020.			X	
Ensure legal compliance with waste legislation.			X	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			X	
Increase the amount of waste being recycled to 40%.			X	
Sustainability training and communications for employees.			X	
Partnership working with local groups and organisations to support sustainable development.			X	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			X	

INSTRUCTIONS FOR COMPLETING THE SUSTAINABILITY IMPACT ASSESSMENT

Sustainability is one of the Trust's key Strategies and consequently the Trust has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the Trust's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed. When identifying potential impacts, consideration must be made in respect to all relevant stakeholders, for example HYMS/training implications.

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

Using the Sustainability Impact Assessment template

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

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

Bribery Act 2010 Guidance**Introduction**

On July 2011 the Bribery Act 2010 came into force, making it a criminal offence to give, promise, or offer a bribe and to request, agree or receive a bribe. It increased the maximum penalty for bribery to 10 years' imprisonment, with an unlimited fine. Furthermore the act introduces a 'corporate offence' of failing to prevent bribery by the organisation not having adequate preventative procedures in place. An organisation may avoid conviction if it can show that it had such procedures and protocols in place to prevent bribery.

The Ministry of Justice in its consultation and guidance set out six broad management principles whereby an organisation can demonstrate an effective defence by showing that it had effective bribery prevention measures in place.

Risk Assessment – this is about knowing and keeping up to date with the bribery risks you face in your sector and market;

Top level commitment – this concerns establishing a culture across the organisation in which bribery is unacceptable. If your business is small or medium sized this may not require much sophistication but the theme is making the message clear, unambiguous and regularly made to all staff and business partners;

Due diligence – this is about knowing who you do business with; knowing why, when and to whom you are releasing funds and seeking reciprocal anti-bribery agreements ; and being in a position to feel confident that business relationships are transparent and ethical;

Clear, Practical and Accessible Policies and Procedures – this concerns applying them to everyone you employ and business partners under your effective control and covering all relevant risks such as political and charitable contributions, gifts and hospitality, promotional expenses, and responding to demands for facilitation demands or when an allegation of bribery comes to light.

Effective implementation – this is about going beyond 'paper compliance' to embedding anti-bribery in your organisation's internal controls, recruitment and remuneration policies, operations, communications and training on practical business issues.

Monitoring and review – this relates to auditing and financial controls that are sensitive to bribery and are transparent, considering how regularly you need to review your policies and procedures, and whether external verification would help.

Relevance to the NHS

NHS organisations are included in the Bribery Act's definition of a "relevant commercial organisation". Any senior manager or executive who consents to or connives in any active or passive bribery offence will, together with the organisation, be liable for the corporate offence under the act.

Appendix 4

Any individual associated with an organisation who commits acts or omissions forming part of a bribery offence may be liable for a primary bribery offence under the act or for conspiracy to commit the offence with others – including, for example, their employer.

Risks in breaching the Bribery Act

There are a number of risks entailed in breaching the Bribery Act. These include:

- Criminal sanctions against directors, board members and other senior staff as a corporate offence – Section 7 of the Act.
- Convictions of bribery or corruption may also lead to the organisation being precluded from future public sector procurement contracts.
- Damage to the organisation's reputation and negative impact on patient/stakeholder perceptions.
- Potential diversion and/or loss of resources.

What do NHS organisation's need to do?

There are a number of steps NHS organisations can take:

- The Board needs to understand its responsibility in respect of the act.
- Be clear that, as NHS organisations, you are covered by corporate liability for bribery on the part of their employees, contractors and agents.
- Take steps to make your employees, contractors and agents aware of the standards of behaviour that are expected of them: this may include training for employees who might be affected – for example, employees with responsibility for procurement.
- Review existing governance, procedures, decisions-making processes and financial controls, introduce them if not already in place and, where necessary, provide appropriate training for staff.
- Record the fact that these steps have been taken, as they provide the defence against corporate liability under the act.

Areas for Action

- Once risks have been assessed the organisation must put in place procedures that are *proportionate* to bribery risks that are identified.
- The checklist below provides details of areas for actions to assist in ensuring proportionate steps to ensure prevention and defence against corporate liability under the act. The checklist is based on best practice guidance documents issued by NHS Protect in May 2011, Ministry of Justice and other anti-bribery and corruption NGOs.
- Internal Audit and Counter Fraud Teams will provide support to the organisation to help ensure that assurance can be given against the points in the following checklist during 2012/13.

Bribery Act 2010 Guidance and Bribery Prevention Checklist

Areas for action	Expected Action	Evidence of Compliance/Assurance
1. Governance and Top Level Commitment	<p>The Chief Executive should make a statement in support of the anti-bribery initiative and this should be published on the organisation's website.</p> <p>The board of directors should take overall responsibility for the effective design, implementation and operation of the anti-bribery initiatives. The Board should ensure that senior management is aware of and accepts the initiatives and that it is embedded in the corporate culture.</p>	
2. Due Diligence	<p>This is a key element of good corporate governance and involves making an assessment of new business partners prior to engaging them in business. Due diligence procedures are in themselves a form of bribery risk assessment and also a means of mitigating that risk. It is recommended that at the outset of any business dealings, all new business partners should be made aware in writing of the organisation's anti-corruption and bribery policies and code of conduct.</p>	
3. Code of conduct	<p>The organisation should either have an anti-bribery code of conduct or a general code of conduct for staff with an anti-bribery and corruption element.</p> <p>The organisation should revise the Standards of Business Conduct Policy (or equivalent) and Declaration of Interests guidance (see point 4 below) to reflect the introduction of the Bribery Act.</p>	

Areas for action	Expected Action	Evidence of Compliance/Assurance
4. Declaration of Interests/Hospitality	The organisation should have in place a declaration of business interests/gifts and hospitality policy which clearly sets out acceptable limits and also a mechanism to monitor implementation.	
5. Employee employment procedures	Employees should go through the appropriate propriety checks e.g. CRB (Criminal Records Bureau) and/or a combination of other checks before they are employed to ascertain, as far as is reasonable, that they are likely to comply with the organisation's anti-bribery policies.	
6. Detection procedures	The organisation should ensure Internal Audit/Counter Fraud check projects, contracts, procurement processes and any other appropriate systems where there is a risk that acts of bribery could potentially occur.	
7. Internal reporting procedures	The organisation should have internal procedures for staff to report suspicious activities including bribery.	
8. Investigation of Bribery allegations	The organisation should have procedures for staff to report suspicions of bribery to NHS Protect (previously NHS Counter Fraud and Security Management Service) and the organisation's Local Counter Fraud Specialist for investigation/referral to the appropriate authorities.	
9. Risk assessment	MoJ (Ministry of Justice) guidance states "...organisations should adopt a risk-based approach to managing bribery risks...[and] an initial assessment of risk across the organisation is therefore a necessary first step". The organisation should, on a regular basis, assess the risk of bribery and corruption in its business and assess whether its procedures and controls are adequate to minimise those risks.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
10. Record keeping	The organisation should keep reasonably detailed records of its anti-fraud and corruption initiatives, including training given, hospitality given and received and other relevant information.	
11. Internal review	The organisation should carry out an annual internal review of the anti-bribery and corruption programme.	
12. Independent assessment and certification	Proportionate to risks identified, the organisation should commission, at least every three years, an independent assessment and certification of its anti-bribery programme.	
13. Internal and External communications	<p>The organisation should publicise the NHS Fraud and Corruption Reporting Line (FCRL) and on-line fraud reporting facility.</p> <p>The organisation should publicise the Security Management role (theft and general security issues) and reporting arrangements.</p> <p>The organisation should work with its stakeholders in the public and private sector to help reduce bribery and corruption in the health industry.</p>	
14. Awareness and training	The organisation should provide appropriate anti-bribery and corruption awareness sessions and training on a regular basis to all relevant employees.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
15. Monitoring: <ul style="list-style-type: none">• Overall Responsibility• Financial/Commercial Controls	<p>A senior manager should be made responsible for ensuring that the organisation has a proportionate and adequate programme of anti-fraud, corruption and bribery initiatives.</p> <p>The organisation should ensure that its financial controls minimise the risk of the organisation committing a corrupt act.</p> <p>The organisation should ensure that its commercial controls minimise the risk of the organisation committing a corrupt act. These controls would include appropriate procurement and supply chain management, and the monitoring of contract execution.</p>	