Confidentiality Audit Policy

Authorship:	Information Governance
Committee Approved:	Integrated Audit & Governance Committee
Approved date:	03/03/2021
Review Date:	2 years from approval
Equality Impact Assessment	**Screening**
Sustainability Impact Assessment	**Completed**
Data Protection Impact Assessment	**Not Required**
Target Audience:	**All Staff**
Policy Reference No:	N/A
Version Number:	2.0

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

POLICY AMENDMENTS

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

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1	Barry Jackson	First draft for comments	NR	
1.0	Barry Jackson	Approved version		
1.1	Mark Culling	Amendments to reflect the Data Protection Act 1998 (expected to be superseded by a Data Protection Act 2017 incorporating the requirements of the General Data Protection Regulation).		
2.0	Hayley Gillingwater	Removal of eMBED Bribery Act GDPR Data Protection Officer Training Guidance	IAGC 03.03.21	

Contents

1   INTRODUCTION AND APPLICABILITY

1.1. It is essential that North Lincolnshire Clinical Commissioning Group (The CCG) implement appropriate systems to ensure that personal confidential information and commercially sensitive information is held and processed in a confidential and secure manner. In order to ensure that appropriate controls are maintained the CCG must implement a system of reviews to assess controls in place and compliance to these controls.

.

2   ENGAGEMENT

This policy has been developed based on the knowledge and experience of the Information Governance team. It is derived from a number of national codes and policies which are considered as best practice and have been used across many public sector organisations.

3   IMPACT ANALYSES

3.1 Equality

An equality impact screening analysis has been carried out on this policy and is attached at Appendix 1.

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.

3.2 Sustainability

A sustainability assessment has been completed and is attached at Appendix 2. The assessment does not identify and benefits or negative effects of implementing this document.

3.3 General Data Protection Regulation (GDPR)

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

a project or undertaking work that requires the processing of personal data you must complete a Data Protection Impact Assessment. Please see the CCG's Data Protection Impact Assessment Procedure and Data Protection by Design & Default procedure available on the website for guidance.

3.4 Bribery Act 2010

The Bribery Act is particularly relevant to this policy. The CCG has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under the Bribery Act 2010 there are four criminal offences:

• Bribing or offering to bribe another person (Section 1)

• Requesting, agreeing to receive or accepting a bribe (Section 2);

• Bribing, or offering to bribe, a foreign public official (Section 6);

• Failing to prevent bribery (Section 7).

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

It should be noted that there need not be any actual giving and receiving for financial or other advantage to be gained, to commit an offence.

All individuals should be aware that in committing an act of bribery they may be subject to a penalty of up to 10 years imprisonment, an unlimited fine, or both. They may also expose the organisation to a conviction punishable with an unlimited fine because the organisation may be liable where a person associated with it commits an act of bribery.

Individuals should also be aware that a breach of this Act renders them liable to disciplinary action by the CCG, whether or not the breach leads to prosecution. Where a material breach is found to have occurred, the likely sanction will be loss of employment and pension rights.

It is the duty of every member of staff to speak up about any genuine concerns in relation to criminal activity, breach of a legal obligation, miscarriage of justice, danger to health and safety or the environment and the suspected cover up of any of these in the workplace. To raise any suspicions of bribery and/or corruption please contact the Chief Finance Officer. Staff may also contact the Local Counter Fraud Specialist (LCFS) at – Audit Yorkshire on 07872 988939/ email nikki.cooper1@nhs.net or Head of Anti-Crime Services on 07717 356707 / email steven.moss@nhs.net.

The LCFS or Chief Finance Officer should be the contact for any suspicions of fraud. The LCFS will inform the Chief Finance Officer if the suspicion seems well founded and will conduct a thorough investigation. Concerns may also

be discussed with the Chief Finance Officer or the Audit & Integrated Governance Committee Chair.

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

4 SCOPE

This policy requires that the CCG reviews both general controls in place within their departments to protect Personal Confidential Data (PCD) being processed, including within specific information systems, and map and review data flows on a regular basis. The responsibilities in respect of information confidentiality audits are as follows:

Caldicott Guardian

The Caldicott Guardian is responsible for monitoring incidents and complaints in relation to confidentiality breaches within the CCG. The Caldicott Guardian will receive reports of potential or actual incidents identified during the audits undertaken in order to monitor investigations as appropriate and ensure appropriate corrective action is taken.

SIRO

The SIRO is responsible for monitoring risks in relation to information security and should receive reports of audit results to monitor weaknesses identified and ensure corrective action is implemented.

Data Protection Officer (DPO)

The CCG's Data Protection Officer will co-ordinate with the Information Governance Delivery Manager to ensure a system of CCG departmental audits on an annual basis. These audits may involve some or all of the audit mechanisms detailed in section 5.2.   The role of Data Protection Officer is to facilitate the CCG's compliance with GDPR, the DPO will:

- Monitor CCG compliance with the GDPR
- Provide advice and assistance with regards to the completion of Data Protection Impact Assessments
- Act as a contact point for the Information Commissioners Office (ICO), members of the public and CCG staff on matters relating to GDPR and the protection of personal information
- Assist in implementing essential elements of the GDPR such as the principles of data processing, data subjects' rights, privacy impact assessments, records of processing activities, security of processing and notification and communication of data breaches

IG Lead

The CCG Information Governance Lead will co-ordinate with the Data Protection Officer to ensure a system of CCG departmental audits on an annual basis. These audits may involve some or all of the audit mechanisms detailed in section 5.2.

Head of Departments/ Team Leaders

Heads of Departments and Team Leaders will be responsible for ensuring that their staff are aware of their responsibilities with regard to confidentiality and information security. They must also staff understand how to report actual or potential confidentiality breaches. All staff should report incidents at the earliest opportunity via the CCG's Incident Reporting App.

Additionally Heads of Department and Team Leaders are responsible for ensuring that staff have completed their statutory and mandatory training and any additional training modules as appropriate to the staff members job role identified during staff appraisals. All staff must complete Data Security & Awareness Training on an annual basis via the Electronic Staff Record (SER): https://my.esr.nhs.uk It is important to keep this training up to date in order for the CCG to achieve compliance with the standards mandated by the Data Security & Protection Toolkit. If you are unsure of which additional training may apply to your role please see the Training Needs Analysis.

Managers will be responsible for completing confidentiality audits as required and implementing recommended corrective actions identified within agreed timescales.

Information Asset Owners

Information Asset Owners (IAO's) are responsible for ensuring that access to PCD is secure and strictly controlled within their area.

Access to PCD must be allocated on a strict need to know basis, by those who require that access in order to perform their duties, appropriate documented authorisation must be obtained to demonstrate the need to know prior to access being given.

Access to information assets must be monitored in particular where access is attempted where it has previously been denied.

IT Services

The CCG's IT provider will be responsible for ensuring that confidentiality audits relating to central IT systems are conducted and corrective actions are identified and implemented within agreed timescales.

All Staff

Staff should ensure that they comply with the access rights allocated to them and not attempt to exceed these rights.

Staff should also be aware that it is their duty to report potential weaknesses in information security and potential or actual breaches to confidentiality.

Staff will be responsible for complying with confidentiality audits conducted within their area and complying with agreed recommendations resultant from the audits

5 POLICY PURPOSE & AIMS

5.1 Purpose

Information Asset Owners, Departmental Heads and Team Leaders should monitor information security within their areas on a continual basis, in order that irregularities are identified and corrective action implemented.

All potential and actual breaches should be reported immediately via the corporate incident reporting system, and to the organisations Caldicott Guardian.

Additionally regular audits must be undertaken to review information security controls in place and compliance to these controls.

5.2. Mechanisms for Auditing Information Security Controls

The Information Governance Team will develop an audit plan to co-ordinate work as appropriate to ensure the following are undertaken as necessary.

a. **General Information Security/ safe Haven Procedures**
It is essential that all departments have appropriate information security controls in place to protect PCD at all times. The security and transmission of confidential information/ safe haven standard includes an audit checklist to enable IAO's and department heads to record the assessment of controls in place.

b. **Review of Information Asset Register and associated Data Flow Maps**
Information asset owners must on a regular basis review their information asset register to ensure that all information assets are recorded and the associated information flow maps have been documented and risk assessed.

c. **Review of Network Folders and individual systems access.**
Access of staff to network folders should be reviewed on a regular basis, to ensure that leavers have been removed and access allocated is appropriate to the job role. This will require reports of access levels to be produced via the CCG's IT provider and

departmental managers/team levels to review access levels set. You can request an access report for specific folders by logging a job with IT and providing the file pathway.

This process also needs to be undertaken for specific systems, to ensure that access is allocated to staff on a need to know basis and that all live users are current employees.

d. Failed Log-ins

Periodically and upon the suspicion of attempted unauthorised access to network folders or an individual system, checks should be made to assess whether unauthorised access has been attempted or obtained. The CCG's IT provider would need to assist in the production of reports enable these assessments to be undertaken.

e. Monitoring Incidents

All Information Security and Confidentiality incidents reported must be monitored and investigated by the Information Governance Team this includes potential and actual incidents identified as a result of any audit work undertaken.

5.3 Audit Reporting and Follow-up

A formal report will be produced detailing the outcome of the audit, recommendations, corrective action and completion timescales agreed.
These reports must be provided to both the Caldicott Guardian and the SIRO for monitoring purposes.

Arrangements should be made to follow-up corrective action agreed to ensure appropriate implementation and that where necessary system documentation and procedures are amended accordingly.

All risks identified must be reported as appropriate on the corporate risk register until such a time as appropriate corrective action is complete. All residual risks must remain on the corporate risk register for management consideration.

5.4 Audit Closure

Once the corrective action has been implemented and checked the audit can be formally closed.

6   IMPLEMENTATION

The policy will be disseminated by being made available electronically and highlighted to staff through newsletters, team briefings and by managers.

'Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure'.

7   TRAINING & AWARENESS

Staff will be made aware of the policy via the website and briefings. There is further guidance available for Information Asset Owner's & Administrators in the form of a Handbook published on the CCG's policy page.

8   MONITORING & AUDIT

Adherence to this policy will be monitored on an on-going basis and breaches may result in disciplinary procedures.

9   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.

Appendix 1 – Integrated Impact Assessment

INTEGRATED IMPACT ASSESSMENT		
Policy/project/function/service	Confidentiality Audit Policy	
Date of analysis:	29/01/2021	
Type of analysis completed	Quality	X
	Equality	X
	Sustainability	X
What are the aims and intended effects of this policy/project or function?	This document sets out the need and the process for reviewing access to confidential data that the CCG holds.	
Please list any other policies that are related to or referred to as part of this analysis	Safe Haven Policy Information Asset Owners Handbook Information Governance Handbook	
Who does the policy, project, function or service affect?	Employees	X
	Service users	
	Members of the public	
	Other (please list)	

QUALITY IMPACT							
	Please 'X' ONE for each			**Brief description of potential impact**	**Mitigation strategy and monitoring arrangements**	**Risk 5 x 5 risk matrix)**	
	Chance of Impact on Indicator						
	Positive Impact **X**	**No Impact** **X**	**Negative Impact** **X**			Likelihood	Consequence
PATIENT SAFTEY							
Patient safety /adverse events		x					
Mortality position		x					
Infection control MRSA/CDIFF		x					
CQC status		x					
NHSLA / CNST		x					

Mandatory/statutory training		x					
Workforce (vacancy turnover absence)		x					
Safe environment	**X**						
Standard & suitability of equipment		x					
CLINICAL EFFECTIVENESS							
NICE Guidance and National Quality Standards, eg VTE, Stroke, Dementia		x					
Patient related outcome measures		x					
External accreditation e.g. professional bodies ie RCN		x					
CQUIN achievement		x					
PATIENT EXPERIENCE							
Will there be an impact on patient experience if so how		x					
Will it impact on carers if so how		x					

INEQUALITIES OF CARE							
Will it create / reduce variation in care provision?		x					
STAFF EXPERIENCE							
What is the impact on workforce capability care and skills?		x					
Will there be a change in working practice, if so, how?		x					
Will there be an impact on training	x			Additional training may be required to ensure all staff understand the policy and their requiremen t to align with it.			
TARGETS / PERFORMANCE							
Will it have an impact on performance, if so, how?		x					
Could it impact on the achievment of local, regional, national targets, if so, how?		x					

QUALITY IMPACT

Analysis Rating (see completion notes)	Red		Red/Amber		Amber		Green	X

Approved by:	Commissioner Lead:		GP lead for E&D:	
	Date		Date	

Local Profile Data

General	North Lincolnshire is predominantly a rural area and neighbours; North East Lincolnshire, West Lindsey, South Yorkshire, Nottinghamshire and the East Riding of Yorkshire. North Lincolnshire is geographically large, although the population is small in comparison with some neighbouring unitary authorities. The latest midyear population estimates for North Lincolnshire estimate that 172,292 people live in the local area (ONS, 2019). This represents more than a 3.5% growth in the resident population since 2010 and an annual growth of about 640 more residents a year. The GP registered population as at April 2020 is 181,658. Nearly half of North Lincolnshire's residents, 48%, live in rural market towns and villages, where much of the recent growth in its older population has occurred. North Lincolnshire is serviced by a medium sized Foundation Trust, NLaG, which operates from 3 sites, Grimsby, Scunthorpe and Goole. Scunthorpe General Hospital services the majority of the population providing a seven day scanning/diagnostic service and a busy emergency centre with around 60,000 attendances every year.
Gender	North Lincolnshire has 50.6% female and 49.4% male population (North Lincolnshire Strategic Needs Assessment 2018, Fingertips Public Health Data).
Race	92.3% of the resident population of North Lincolnshire are "White British" and a further 3.2% are of other White origin (not including Irish and Gypsy Travellers). The proportion of ethnic minorities in North Lincolnshire (4.5%) is significantly lower than that seen in the Yorkshire and Humber region (14.2%) and in England as a whole (20.2%) The area has a relatively small Black and Black African population making up less than 1% of residents More than 53% of the BME communities live in the northern part of Scunthorpe. The largest concentration of BME children is in Scunthorpe North, where they represent more than a fifth of the primary school age population. In North Lincolnshire, unemployment amongst the BME community is more than twice that for the White UK population – 14.5% compared with 5.9% (Annual Population Census, 2012). In 2011, more than 8.1% of all school aged children were from Black and Asian communities, with at least half as many more BME children in reception classes as in Year 11. Adding 'other, (Non UK) White', to the BME total, (including White European) the proportion increases to more than 12%. 95.5% of households all residents had English as their main language, compared to 93.4% in Yorkshire and the Humber and 90.9% nationally. More than 60 identifiable different languages are spoken across North Lincolnshire, the most common being Polish, Lithuanian, Bengali and Portuguese. Based on the latest ONS (2018) predictions, net migration in North Lincolnshire is thought to have been around 590 in 2010 and 712 in 2019. Net migration within

	North Lincolnshire was expected to increase gradually, averaging around 750 people per year over the next 24 years but may be affected substantially by the UK exit from Europe.
Disability	In the last census (2011) 19% of residents identified as having day to day activities being limited either a little or lot (due to impairment or health condition); with approximately 6% of residents being blue badge holders. The Life Opportunities Survey (2011), identified that nearly one third of adults aged 16 and over had at least one impairment and 26% of adults aged 16 and over in Great Britain would be covered by the rights under the provision of the Equality Act. • 23.8% of the working population are EA core or registered as having a work-limiting disability (24,700). This is significantly higher than Yorkshire and the Humber (21.4%) and England (19.4%). • 26.7% of all households in North Lincolnshire have at least one person with a long-term health problem or disability (18,899). • 9.2% of the resident population (an estimated 15,333 residents) stated that their daily activities were significantly limited due to a health condition or disability. • 19.3% of the population had some form of day-today activity limiting disability, compared with 18.9% and 17.6% for Yorkshire and Humber and England respectively. • More women have a disability (24.7%) than men (23.0%). This is broadly significantly higher than national values and higher than Yorkshire and Humber comparator groups. • Figures for August 2017 show 5910 people claiming ESA or IB equivalent equates to 3.46% of the total population, which is lower than Yorkshire and Humber figures (3.65%), and higher than the national rate (3.22%). • In 2017, 3485 (14.3%) of school pupils were identified as having Special Education Needs - this was below the national average (14.4) and higher than Yorkshire and Humber (14.0%). Of the 3485 children receiving SEN support 755 had EHC or SEN plans.6 • According to the Census 2011, the number of residents of North Lincolnshire who stated that their 'Day-to-Day Activities were Limited a Lot' was 14,207, 8.6% of all household residents. This compares to 8.7% regionally and 7.9% nationally. However there is significant difference across the age bands, the older people become the higher the percentage of residents whose activities are limited.
Religion or Belief	• The 2011 census stated that 69% of North Lincolnshire residents identified as having a belief. 66% Christian, 2.6% Muslim and 1.8% other (Sikh, Hindu, Buddhist, Jewish or other). For Christianity, this is higher than the national average but lower for other religions. • 7.1.% of residents do not state their religion and 24% state they are of no religion
Sexual Orientation	There are limited accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population in North Lincolnshire, the region, or indeed, across England as a whole. Sexuality as a whole has historically not been included in censes or most other official statistics. However, this continues to change and become integrated within demographic studies. The 2011 census estimated 185 persons in a registered same-sex civil partnership. In the Yorkshire and Humber region 94.4% of survey respondents aged 16 or over identified themselves as heterosexual/ straight. Percentages of people identifying as sexualities other than heterosexual/ straight are broadly similar for the Yorkshire and Humber and all England geographical regions with gay/lesbian being the highest percentage at 1%

Pregnancy and Maternity	Locally, according to the ONS in 2018 there were 1,673 live births registered within North Lincolnshire with 2 registered still births. On a National level, there were 657,076 live births recorded in 2018 compared with 679,106 in 2017. In 2018 339,267 of births were registered born within marriage and 317,809 were registered outside of marriage. Since 2009, there has been a National increase in the number of live births registered within a same sex couples. In 2017 1,137 live registered births were recorded within a same sex marriage, whilst 450 were registered outside of marriage.
Gender Reassignment	No local data available. The Home Office 'Report of the interdepartmental working group on transsexual people' based on research from the Netherlands and Scotland, estimates that there are between 1,300 and 2,000 male to female and between 250 and 400 female to male transsexual people in the UK. However, Press for Change estimate the figures at around 5,000 post-operative transsexual people. Further, GIRES (2008) claims there are 6,200 people who have transitioned to a new gender role via medical intervention and approximately 2,335 full Gender Recognition Certificates have been issued to February 2009.
Marital Status	No local data available. There were 239,020 marriages between opposite-sex couples in 2015, a decrease of 3.4% from 2014 when there 247,372 marriages, and 0.8% lower than in 2013. Marriage rates for opposite-sex couples in 2015 were the lowest on record, with 21.7 marriages per thousand unmarried men and 19.8 marriages per thousand unmarried women. Compared with 2005, marriage rates for opposite-sex couples marrying in 2015 were lower at all ages, except for men aged 65 and over and women aged 55 and over where marriage rates increased. In 2015 there were 6,493 marriages between same-sex couples, 56% were between female couples; a further 9,156 same-sex couples converted their civil partnership into a marriage. In 2015, civil ceremonies among opposite-sex couples decreased by 1.6%, while religious ceremonies decreased by 8.0% compared with 2014. Same-sex couples mostly solemnised their marriages in civil ceremonies; there were only 44 religious ceremonies accounting for 0.7% of all marriages of same-sex couples. In 2015, of all individuals marrying a same-sex partner, 85% were forming their first legally recognised partnership compared with 76% for opposite-sex couples.
Age	Based on 2019 estimates, North Lincolnshire's proportion of older people (pensionable age) represents a higher percentage of the total population (21.3%) than seen in Yorkshire and Humber (18.8%) and England (18.4%). The working age population is less (60.2%) than that estimated in the Yorkshire and Humber region (62.1%) or over England as a whole (62.4%). North Lincolnshire's proportion of children represents a lower percentage of the total population (18.5%) than seen in Yorkshire and Humber (19.1%) and England (19.2%). In 2016, the median age of North Lincolnshire residents was 43.8 years, compared with 40 years nationally. North Lincolnshire already has a larger than average population of people aged 65+, and between 2019 and 2043 the 65+ population is projected to grow by a further 37%. Overall, the latest (2018) projections indicate a rise of 3.3% over the next 24 years, from an estimated 172,607 in mid-2019 to 178,336 in mid-2043. The projected

	increase in population in North Lincolnshire is not consistent across the age bands: the population aged 0-14 is projected to decrease by 12.1% from 30,101 in 2019 to 26,456 in 2043; the working age population is projected to decrease by 4% from 105,855 to 101,786; the 65+ population is expected to increase by 37% from 36,651 to 50,095. This age profile, combined with outward migration of working age adults and rising life expectancy, means that the number of people aged 80+ who are most vulnerable to frailty in older age is increasing faster in North Lincolnshire than nationally.

Equality Data

Is any equality data available relating to the use or implementation of this policy, project or function?	N/A
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.	
Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?	Equal rights and access for all

Equality Impact Risk 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 *The Equality Act 2010*?

Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a *Genuine Determining Reason* exists
Gender (Men and Women)	X			
Race (All Racial Groups)	X			
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	X			
Religion or Belief	X			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			

Pregnancy and Maternity	X			
Transgender	X			
Marital Status	X			
Age	X			

Action Planning

As a result of performing this Equality Impact 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 Action:	Responsible Lead	Completion Date	Review Date

SUSTAINABILITY IMPACT

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.

	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 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	