

MANAGING ALLEGATIONS AGAINST STAFF POLICY

April 2016

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Committee Approved :	Senior Management Team
Approved Date :	18 May 2016
Review Date :	May 2018
Equality Impact Assessment :	Completed –Full
Sustainability Impact Assessment :	Completed
Target Audience :	Council of Members, Governing Body and its Committees and Sub-Committees and CCG Staff
Policy Reference No. :	COR15
Version Number :	2

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 and Date	Date on Internet

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1 INTRODUCTION

- 1.1 NHS Vale of York Clinical Commissioning Group (hereafter referred to as the CCG) aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff, stakeholders and the use of public resources.
- 1.2 The CCG is required to fulfil its legal duties under the Children Act 1989, Section 11 of the Children Act 2004, Working Together to Safeguard Children (2015) and statutory guidance on Promoting the Health and Well-being of Looked After Children 2015).
- 1.3 The Care Act (2014) and accompanying guidance provides the Legal Framework for safeguarding and promoting the welfare of adults. This guidance has replaced previous guidance in the document 'No Secrets' (2000).
- 1.4 This policy is supported by a number of CCG policies and procedures which demonstrate the organisation's commitment to improving safeguarding.
- 1.5 This policy outlines how, as a commissioning organisation, the CCG will effectively fulfil its legal duties and statutory responsibilities with regard to managing allegations against staff.
- 1.6 This policy applies to all CCG staff, and anyone working on behalf of, or undertaking work or volunteering for the CCG.
- 1.7 It provides a framework to ensure appropriate actions are taken to manage allegations, regardless of whether they are made in connection to duties with the CCG or if they fall outside of this, such as in their private life or any other capacity.
- 1.8 This policy should be read in conjunction with the CCG:
 - Safeguarding Children Policy
 - Safeguarding Adults Policy

This CCG Policy should be used in conjunction with the relevant Local Safeguarding Children Board's (LSCB) safeguarding children procedures, and the Local Safeguarding Adult's Board (LSAB) safeguarding adult's procedures (see Appendix 1).

2 ENGAGEMENT

- 2.1 This policy was developed by the Designated Professionals for Safeguarding Children and Adults on behalf of the four North Yorkshire and York Clinical Commissioning Groups.

3 IMPACT ANALYSES

3.1 Equality

In line with the CCG's Equality and Diversity Policies, this policy aims to safeguard all children, young people and adults who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation. Approaches to safeguarding children must be child centred, upholding the welfare of the child as paramount. (Children Acts, 1989 and 2004). Approaches for safeguarding adults must consider the wishes of that adult and uphold the legal framework outlined in the Care Act 2014

3.1.1 All CCG staff must respect the child or adult alleged to be have been harmed and their family/carers' culture, religious beliefs, gender and sexuality. However this must not prevent action to safeguard children, young people and adults who are at risk of, or experiencing, abuse. Support in clarifying or understanding diversity issues can be sought from the Equality and Diversity Lead within the CCG.

3.1.2 All reasonable endeavours must be used to establish the child, young person, families/carers' or adults' preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to an interpretation service where people use languages (including signing) other than English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

3.2 Sustainability

3.2.1 A sustainability impact assessment has been completed. The impact of this policy is neutral.

3.3 Bribery Act 2010

3.3.1 Due consideration has been given to the Bribery Act 2010 in the development of this policy and no specific risks were identified.

4 SCOPE

4.1 This policy applies to all staff employed by the CCG, this includes; all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work related activity.

4.2 All CCG personnel have an individual responsibility for the protection and welfare of children and adults at risk, and must know what to do if concerned that a child or adult at risk is being abused or neglected or if they are concerned about the behaviour of a member of CCG staff or volunteer which may indicate that they pose a risk to children, young people or adults at risk.

5 POLICY PURPOSE AND AIMS

5.1 The purpose of this Policy is to provide a framework for managing cases where allegations are made about CCG staff which indicate that children, young people or adults at risk are believed to have suffered, or are likely to suffer, significant harm. Concern may also be raised if the staff member is behaving in a way which

demonstrates unsuitability for working with children, young people or adults at risk, in their present position, or in any capacity. The allegation or issue may arise either in the employee's/professional's work or private life. Examples include:

- Committing of a criminal offence against, or related to, children, young people or adults at risk;
- Behaving towards children, young people or adults at risk in a manner that indicates they are unsuitable to work with children, young people or adults at risk of harm or abuse;
- Where an allegation or concern arises about a member of staff, arising from their private life such as perpetration of domestic violence against a close family member, or where inadequate steps have been taken to protect vulnerable individuals from the impact of violence or abuse;
- Where an allegation of abuse is made against someone closely associated with a member of staff such as a partner, member of the family or other household member.

5.2 The procedures also apply where there are concerns relating to inappropriate relationships between those who work with children or young people and adults as outlined in the *Sexual Offences Act 2003*, namely:

- Having a sexual relationship with a child under 18 if the adult is in a position of trust in respect of that child, even if the relationship is said to be consensual (Sections 16-19, Sexual Offences Act 2003);
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (Section 15 Sexual Offences Act 2003);
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text/e-mail messages or images, gifts, socialising, use of social media etc.);
- Possession of indecent images of children or use of the internet to access indecent images of children.
- For care workers for people with a mental disorder: sexual activity with a person with mental disorder and related offences (Sections 38-44, Sexual Offences Act 2003)"

5.3 If an allegation relating to a child is made about a person who works with vulnerable adults or vice versa, consideration will be given by the Senior Named Officer (SNO) and the CCG Safeguarding Lead Officer regarding alerting the employee's line manager. This consideration should be given regardless of whether the allegation relates to occurrences inside or outside of the work place or working hours.

6. DEFINITIONS

6.1 This policy is focused on management of risk, based on assessment of harm and abuse.

6.2 Definitions of harm to children are detailed in the Children Acts 1989 and 2004 and in accompanying statutory guidance (DfE,2015). Four clear categories of harm / abuse are described :

- Neglect
- Sexual Abuse (including Child Sexual Exploitation)
- Physical Abuse
- Emotional Abuse

Further details of each category can be found in the CCG Safeguarding Children Policy (accessed via CCG intranet sites) and multi-agency safeguarding children procedures (accessed via the Local Safeguarding Children Boards).

6.3 The Care Act (2014) identifies ten categories of abuse for adults :

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory
- Organisational
- Neglect and acts of omission
- Self-neglect

Further details of each category can be found in the CCG Safeguarding Adults Policy and multi-agency safeguarding adults' procedures (accessed via the Local Safeguarding Adults Boards).

7. RESPONDING TO CONCERNS/ALLEGATIONS AGAINST MEMBERS OF CCG STAFF OR VOLUNTEERS

7.1 Sources of concerns/allegations

There are a number of sources from which a complaint, concern or direct allegation may arise, including:

- A child, young person or adult with care and support needs
- Parent or other adult
- Member of the public
- Professional colleague internally or from a partner organisation
- You may notice it yourself
- Via a disciplinary investigation

- Via a safeguarding children/adult investigation (including referrals made under PREVENT)
- Via a police investigation
- Via a complaint received by the CCG (or NHS England)

7.2 Initial action by person receiving allegation / identifying concern

7.2.1 The person to whom the allegation is first reported or who first identifies a concern should treat the matter seriously and keep an open mind.

7.2.2 The safety of the child, young person or an adult at risk is of paramount importance. Urgent action may be required to secure the immediate safety of any children, young people or adults at risk, in which case a report to the police should be made via the 999 system.

7.2.3 The person receiving the allegation/identifying a concern should:

- Record the information (where possible using the child's/adult's own words), including the time, date and place of incident, persons present and any actions taken.
- Immediately report the matter to the CCG Senior Named Officer for Allegations Against Staff (SNO); or the Senior Manager on call if out of normal working hours.
- If the SNO is unavailable or if the SNO themselves or their deputy is the subject of the allegation report to the Chief Officer.
- Consider if the child/adult has suffered, or is at risk of suffering, significant harm and if this is the case make an immediate referral under the appropriate Safeguarding Children or Safeguarding Adults Multi Agency procedures.
- If the allegation may be a criminal offence the matter should be reported to the police. In such cases the police have primacy for any investigations and evidence must be preserved. Interviews or de-briefs with staff members should not be instigated, and any potential crime scene or evidence should remain undisturbed until advised by the police.
- Seek advice from the Designated Professionals if unsure regarding which action to take.
- The person who is the subject of the allegation should not be informed until advice has been sought from the SNO. This is important in terms of future investigations (see 7.4 below).

7.3 Initial Action by the SNO

7.3.1 When informed of a concern or allegation the SNO should not investigate the matter or interview the member of staff or any potential witnesses. They should:

- Ensure (if appropriate) that safeguarding children/adults referral/alert is made (or has been made) in accordance with multi agency procedures – this should be within one working day.
- Report the allegation to the relevant Local Authority Designated Officer (LADO), again, within one working day using the LADO referral form. (See

Appendix) Completed LADO referral forms should be emailed using secure email (i.e. nhs.net to gcsx.net).

- If the SNO is unsure whether a case meets the criteria for a LADO referral, this case should then be discussed with the Designated Safeguarding Children/Adults Professionals and/or the LADO.

7.3.2 The report to the LADO should include :

- Written details of the concern/allegation;
- Any information relating to times, dates, location of the incident, and names of any potential witnesses;
- All discussions, any decisions made and rationale for these and any actions taken so far

7.3.3 If the allegation/concern is received outside normal working hours and requires immediate action, the SNO should consult with the Out of Hours Emergency Duty Team or Police, and inform the LADO on the next working day.

7.3.4 Consideration should be given to informing CQC and NHS England.

7.3.5 The SNO should inform the CCG Chief Officer and a Serious Incident report of the allegation against a healthcare or non-healthcare professional should be reported on the Strategic Executive Information System (STEIS).

7.3.6 Where the allegation/concerns relates to CCG directly-employed staff, the SNO, **in consultation with the LADO and Designated Safeguarding Children/Adults Professionals** should contact the HR department for advice regarding the action to be taken in relation to the employee. In conjunction with HR and the staff member's line manager and the Police where there is a criminal investigation, the SNO will decide whether suspension is appropriate during the period of investigation. HR will advise on the authority levels and process requirements for this action. HR will also advise whether the CCG disciplinary procedure is to be followed and whether referral is needed to the Disclosure and Barring Service.

7.3.7 In conjunction with HR, if the staff member is a registered professional consideration must be given to notifying any relevant regulatory body.

7.3.8 Any action taken by the CCG to manage an allegation must not jeopardise any external investigations, such as a criminal investigation.

7.4 Informing the referred person

7.4.1 Following advice from the LADO/Designated Professionals and, where relevant, the Police, the Line Manager/SNO should inform the referred person as soon as possible about the nature of the allegation, how enquiries will be conducted and the possible outcome. The referred person should:

- Be treated fairly and helped to understand the allegations;
- Be reminded of their right to have support from a colleague or representative;

- Be kept informed of the progress and outcome of the investigation and implications for any disciplinary action;
- If suspended, be kept up to date about events in the workplace.

7.5 Next steps in management of allegations

7.5.1 There are three strands in consideration of an allegation:

- Enquiries and assessment by Children's Social Care or Adult's Safeguarding Officers about whether a child/young person/ adult at risk of harm or abuse, is in need of protection or in need of services.
- A police investigation of a possible criminal offence.
- Consideration of an investigation under disciplinary procedures (including possible suspension from duties).

7.5.2 Once a LADO referral has been received, the LADO will consult, as appropriate, with Children's Social Care or Adult's Safeguarding Officers and/or the Police. Consideration needs to be given to the following:

- If Children's Social Care or a police response may be appropriate and if a Strategy Meeting and/or an Evaluation Meeting needs to be held.
- If the allegation should be managed solely by the employer (with the proviso that, if further information comes to light suggesting a child protection response or criminal response may be necessary, then a further consultation will take place).

7.6 Outcomes of a LADO referral

7.6.1 Outcomes of a LADO referral may include no further action; disciplinary and/or internal investigation; Safeguarding Children/Adults Strategy Meeting and Evaluation Meeting.

7.6.2 In **all** cases, the LADO, Designated Safeguarding Professionals, the SNO and the CCGs' HR representative should discuss whether an investigation under disciplinary procedures is necessary. The discussion should consider any potential misconduct or gross misconduct on the part of the member of staff and take into account:

- Information provided by the Police, Health Professionals or Children's or Adult's Social Care Services;
- The result of any investigation;
- The different standard of proof in disciplinary and criminal proceedings.

7.6.3 The decision to instigate disciplinary proceedings lies with the employer, who will comply with NHS policy and the CCGs internal HR policies and procedures.

7.6.4 If formal disciplinary action is not required, the employer should institute any agreed actions arising from the LADO discussions/meetings.

7.6.5 **No further action** - where the LADO agrees that no further action is to be taken regarding the individual facing the allegation, the decision and justification should be recorded by both the SNO and the LADO. The SNO with the LADO should:

- Agree what information should be put in writing to the individual concerned by the SNO;
- Identify any action in respect of those who made the initial allegation where there is evidence that an allegation was made maliciously and;
- Consider what information should be shared with the child and their parents / carers, or the adult and/or carers, and by whom

Where the allegation does not require a formal process, appropriate action should be initiated **within three working days**.

7.6.6 **Disciplinary/internal investigations** - where an investigation by the police or Children's Social Care is unnecessary, or has been completed, the SNO will need to determine if any further disciplinary / internal investigation is needed.

7.6.7 **Safeguarding Children Strategy Meetings** - if there is cause to suspect that a child is suffering or is likely to suffer significant harm; the LADO will immediately ask Children's Social Care for a strategy meeting to be convened in accordance with agreed multi-agency safeguarding children procedures.

7.6.9 **Safeguarding Children Evaluation Meetings** – following a safeguarding children strategy meeting or in cases where a formal strategy discussion is not considered appropriate because the threshold of 'significant harm' is not reached, but a police investigation might be needed, the LADO should nevertheless conduct a similar discussion with the police, the employer, and any other relevant agencies to evaluate the allegation and decide how it should be dealt with.

7.6.10 The formal evaluation meeting will determine whether the allegation is substantiated, false, malicious, unfounded or unsubstantiated, and agree actions accordingly.

- **Substantiated** - there is sufficient identifiable evidence to prove the allegation;
- **False** - there is sufficient evidence to disprove the allegation;
- **Malicious** - there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false;
- **Unfounded** - there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the allegation or was mistaken about what they saw. Alternatively they may not have been aware of the circumstances;
- **Unsubstantiated** - this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.

7.6.11 **Safeguarding Adults Cases** - Where the case involves a safeguarding adults concern, the LADO does not have statutory responsibility. Hence, agreed multi-agency safeguarding adults procedures should be followed.

7.6.12 **Safeguarding Adults Case Conference** - In a case involving the Adult Safeguarding procedure an enquiry will follow the strategy meeting or discussion if the concern meets the criteria. The outcomes of any enquiries will be discussed at strategy review meetings and the case will be concluded at the case

conference stage. In serious cases or where there has been a death, a Safeguarding Adults Review may take place.

7.6.13 Under the Care Act (2014) for Adult Safeguarding, the focus is on the outcomes for the person alleged to have been harmed. Substantiating the abuse is not the primary focus in all but the most serious, criminal or complex cases, in which cases substantiation may be essential for lessons to be learned or for disciplinary or legal remedies to be implemented.

7.6.14 An adult who has been harmed or put at risk of harm may choose not to be involved with a safeguarding investigation. However, where the concern is raised about the actions of an employee an enquiry will proceed without the adult at risk's consent as the CCG has a duty of care to safeguard children and other adults who may be at risk.

7.6.15 For all allegations a clear and comprehensive summary of the allegation, details of how the allegation was followed up and resolved, a note of any action taken and the decisions reached should be kept on the confidential personnel file of the individual concerned and a copy of this should be provided to the individual.

8. ACTIONS ON CONCLUSION OF A CASE

8.1 If the allegation is substantiated and the person is dismissed, the employer ceases to use the person's services, or the person resigns, the LADO should discuss with the employer/SNO whether a referral should be made to the Disclosure and Barring Service and/or to a regulatory body. If a referral is made, it should be submitted within 1 month of the allegation being substantiated.

8.2 As well as supporting the member of staff throughout the investigation, consideration must be paid to supporting the member of staff through integration back into the workplace should this be appropriate post investigation. On-going support for the member of staff may be offered through Occupational Health. Support may also be needed for colleagues/other staff members involved.

8.3 The employer/SNO and the LADO together with the CCG Safeguarding Leads should review the circumstances of each case to determine whether there are any improvements to be made to the CCG's procedures or practise. Any recommendations from the review will be implemented and information disseminated to the appropriate people within the CCG and local safeguarding forums.

9. CONFIDENTIALITY

9.1 Every effort should be made to maintain confidentiality and guard against publicity whilst an allegation is being investigated or considered. Information should be restricted to those who have a need to know in order to protect children/ adults, facilitate enquiries and manage disciplinary processes.

10. RECORD KEEPING

10.1 The SNO has the responsibility for ensuring the following records are kept:

- The nature of the allegation/concern;
 - Who was spoken to as part of the process and what statements/notes were taken and when;
 - Any records that were seen and reviewed;
 - What actions were considered and justification for specific decisions, including suspension and any actions taken under the CCG Disciplinary Procedure;
 - Minutes and actions of all meetings that take place;
 - Details of how the allegation was followed up and decisions reached.
- 10.2 The above information should be retained on file in accordance with the CCG record keeping policy and/or any national directives (e.g. guidance from the Goddard Inquiry into historical child sexual abuse).
- 10.3 Records should also be retained for staff who subsequently leave the CCG. The purpose of the record is to enable accurate information to be given in response to any future request for a reference and will provide clarification in cases where a future DBS disclosure reveals information from the police that an allegation was made, "no further action" was taken or did not result in a prosecution or conviction. It will also prevent unnecessary re-investigation if, as sometimes happens, allegations resurface after a period of time.
- 10.4 All records should be saved in a secure area and not on personal drives and the folder should be restricted to relevant personnel on the shared drive.
- 10.5 Emails can form part of records or can be seen as individual records, so if they are also a critical part of the investigation, they should also be securely stored in the relevant file.

11 IMPLEMENTATION

- 11.1 Staff will be advised of the policy through staff briefings. The Allegations Against Staff Policy will be available via the CCG website and intranet.
- 11.2 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.

12 TRAINING AND AWARENESS

- 12.1 All CCG staff must be trained and competent to be alert to potential indicators of abuse and neglect in children and adults, know how to act on their concerns and fulfil their responsibilities in line with LSCB/LSAB procedures.
- 12.2 All CCG staff will complete the level of training commensurate with their role and responsibilities.
- 12.3 The CCG will keep a training database detailing the uptake of all staff training so that Line Managers can be alerted to unmet training needs.

12.4 Staff will be made aware of this policy through briefing within the staff newsletter.

13 MONITORING AND AUDIT

13.1 Audit of awareness of safeguarding children/adult processes will be undertaken via agreed personnel appraisal processes.

13.2 Breaches to this policy will be exception reported to CCG quality structures.

14 POLICY REVIEW

14.1 This policy will be reviewed two years from the date of issue. 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.

15 REFERENCES / SUPPORTING DOCUMENTS

Children Act 1989 <http://www.legislation.gov.uk/ukpga/1989/41/contents>

Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

The Sexual Offences Act (2003) <http://www.legislation.gov.uk/ukpga/2003/42/contents>

The Care Act (2014) <http://www.legislation.gov.uk/ukpga/2014/23/contents>

The Care Act (2014) Statutory Guidance for Implementation
<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

Department for Education (2015) *Working Together to Safeguard Children*
www.workingtogetheronline.co.uk/index.html

NHS Commissioning Board (2013) *Safeguarding Vulnerable People in a reformed NHS: Accountability and Assurance Framework*. (Published in electronic format only)
<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

DH (2015) *Promoting the Health and Wellbeing of Looked After Children*
<https://www.gov.uk/government/publications/promoting-the-health>

NYSCB (2015) *Managing Allegations Against Staff Practice Guidance*
<http://www.safeguardingchildren.co.uk/admin/uploads/practice-guidance/managing-allegations-against-staff-practice-guidance.pdf>

NYASB
<http://www.nypartnerships.org.uk/CHttpHandler.ashx?id=1228&p=0>

PROCEDURES

16 ASSOCIATED DOCUMENTS

- Recruitment and Selection Policy
- Disciplinary Policy
- Whistle Blowing Policy
- Training and Development Policy
- Allegations Against Staff Policy
- Safeguarding Children Policy
- Safeguarding Adults Policy

17 APPENDIX 1 – CONTACT INFORMATION

Safeguarding Children Boards	
North Yorkshire	www.safeguardingchildren.co.uk
City of York	www.saferchildrenyork.org.uk
East Riding	www.erscb.org.uk
Safeguarding Adults Boards	
North Yorkshire	www.nypartnerships.org.uk
City of York	www.safeguardingadultsyork.org.uk
East Riding	www.ersab.eastriding.gov.uk
Safeguarding Children Referrals	
North Yorkshire	Phone: 01609 780780 Out of hours: 01609 780780 Email: social.care@northyorks.gov.uk
City of York	Phone: 01904 551900 Out of hours: 01609 780780 Email: childrensfrontdoor@york.gov.uk
East Riding	Phone: 01482 395500 Out of hours: 01377) 241273 Email: childrens.socialcare@eastriding.gcsx.gov.uk
Safeguarding Adults Referrals	
North Yorkshire	Phone: 01609 534527 Out of hours: 0845 0349417 Email: social.care@northyorks.gov.uk
City of York	Phone: 01904 555111 Out of hours: 0845 0349417 Email: adult.socialsupport@york.gov.uk
East Riding	Phone: : 01482 396940 Out of hours: 01377 241273

	Email: safeguardingadultsteam@eastriding.gcsx.gov.uk
LADO Referrals	
North Yorkshire and City of York	Phone: 01609 532477 (office hours) Email: social.custodian@northyorks.gcsx.gov.uk Referral form:  LADORefForm.doc
East Riding	Phone: 01482 396559

18 Appendix 2 – Equality Impact Analysis

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			This policy does not negatively impact on BME people, however there are issues associated with race and culture that need to be considered so that the service provided is accessible and appropriate. These are addressed in LSCB and Safeguarding Adult Board (SAB) guidelines. For example staff are aware that interpreters may be needed where there are language barriers.
Disability (Mental and Physical)	x			This policy does not negatively impact on disabled people, however adjustments may need to be made to ensure the service is accessible. These are addressed in LSCB and SAB guidelines. For example; ensuring that people who are blind or partially sighted or have a learning difficulty receive information in an accessible format.
Religion or Belief	x			Although the policy does not negatively impact on people on the grounds of religion or belief, there may be issues associated with religion or belief that need to be considered. These are addressed in LSCB and SAB guidelines.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	x			As above.
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

Transgender	x			As above
Pregnancy and Maternity	x			
Marital Status	x			
Age	x			

NB All CCG commissioned services will have Safeguarding Children and Adults Local Quality Requirements which require the service to be delivered in accordance with and adhere to statutory guidance, Local Safeguarding Board Procedures, Safeguarding Adult Board Procedures and associated practice guidance (see appendix 1). As such it is implicit that commissioned services will not discriminate against children, young people and adults in respect of the above protected characteristics.

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 *The Equality Act 2010*?

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>			

3. Equality Impact Analysis

Policy / Project / Function:	Managing Allegations Against Staff Policy												
Date of Analysis:	25.4.16												
This Equality Impact Analysis was completed by: (Name and Department)	Elaine Wyllie and Karen Hedgley Designated Nurses for Safeguarding Children Steve Wilcox and Christine Pearson Designated Leads for Safeguarding Adults Jacqui Hourigan Nurse Consultant for Safeguarding in Primary Care												
What are the aims and intended effects of this policy, project or function?	This policy describes how the CCG will fulfil statutory duties in respect of safeguarding adults and children.												
Please list any other policies that are related to or referred to as part of this analysis?	Recruitment and Selection Policy Disciplinary Policy Whistle Blowing Policy Training and Development Policy Safeguarding Children Policy Safeguarding Adults Policy												
Who does the policy, project or function affect? Please Tick ✓	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Employees</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Service Users</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Members of the Public</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Other (List Below)</td> </tr> <tr> <td colspan="2">Provider organisations</td> </tr> <tr> <td colspan="2">Yorkshire and the Humber CSU</td> </tr> </table>	Employees	<input checked="" type="checkbox"/>	Service Users	<input type="checkbox"/>	Members of the Public	<input type="checkbox"/>	Other (List Below)		Provider organisations		Yorkshire and the Humber CSU	
Employees	<input checked="" type="checkbox"/>												
Service Users	<input type="checkbox"/>												
Members of the Public	<input type="checkbox"/>												
Other (List Below)													
Provider organisations													
Yorkshire and the Humber CSU													

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"/>	No	<input type="checkbox"/>	No	
Age	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	This policy explicitly pertains to how CCG staff should respond when there is an allegation against a member of CCG staff
Sexual Orientation	<input type="checkbox"/>	No	<input type="checkbox"/>	No	
Disabled People	<input type="checkbox"/>	No	<input type="checkbox"/>	No	
Gender	<input type="checkbox"/>	No	<input type="checkbox"/>	No	
Transgender People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	
Pregnancy and Maternity	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	This policy explicitly pertains to how CCG staff should respond when there is an allegation against a member of CCG staff
Marital Status	<input type="checkbox"/>	No	<input type="checkbox"/>	No	
Religion and Belief	<input type="checkbox"/>	No	<input type="checkbox"/>	No	
Reasoning	As Above				

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	<p>All Children, young people and adults in North Yorkshire and York</p> <p>Data sources: http://www.northyorks.gov.uk/media/16645/North-Yorkshire-equality-profile/pdf/Equality_Profile_of_North_Yorkshire.pdf , https://www.york.gov.uk/info/20037/statistics_and_information/79/census, https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=0CCwQFjAC&url=http%3A%2F%2Fwww.apho.org.uk%2Fresource%2Fview.aspx%3FRID%3D171682&ei=7auKVf7CC4KU7AbhoRQ&usg=AFQjCNHD__-KVdFaE2uq-oumABxd-XEWtw&sig2=jUM07lpqv4mfg1FVX3yYyw</p>	
Age	<p>Policy beneficiary group are all persons ac North Yorkshire and York</p> <ul style="list-style-type: none"> For York, the 2011 census indicates that here has been a large increase in the 0-4 population, especially children aged 2 and under 	
Race	<p>North Yorkshire</p> <ul style="list-style-type: none"> 94.4% of the population is white British (2011 Census). 94.1% of the population were born in the UK (2011 Census) 97.3% of the population is white, 2.7% BME (2011 Census). 1930 new migrant workers arrived in 2011. • No asylum seekers are housed through Home Office dispersal system. 2802 pupils don't have English as their first language (2.1% of primary and 1.3% of secondary school pupils.) October 2014 school census 	<p>York</p> <ul style="list-style-type: none"> (86%) residents in England and Wales identified themselves as "White", however this is a 5% point decrease since 2001 In York the "White British" population was 90.2% The highest BME group in York was Chinese, at 1.2% of the population 90.8% of York's population were born within the UK, with 2.7% born in other EU countries and 5.5% born outside the EU 3,678 arrived in York between 2010 and 2011 which is the highest proportion in the region 3,678 arrived in York between 2010 and 2011 which is the highest proportion in the region.
Sex	<p>2011 Census</p> <ul style="list-style-type: none"> 304,266, 50.8% female. 295110, 49.2% male. <p>(Total population)</p>	<p>Under 15 = 51% male, 49% female 16-24 = 50 / 50</p>
Gender reassignment	<p>Someone who proposes to, starts to follow a process (transition), or has completed the process, to change his or her gender is protected under this characteristic. The person does not have to be under medical supervision to be protected.</p> <p>The Gender Identity Research and Education Society (GIRES) suggests that across the UK:</p> <ul style="list-style-type: none"> 1% of employees and service users may be experiencing some degree of gender variance. 	

	<ul style="list-style-type: none"> • At some point, about 0.2% may undergo transition (i.e. gender reassignment). • Around 0.025% have so far sought medical help and about 0.015% have probably undergone transition. In any year 0.003% may start transition. 																			
Disability	<ul style="list-style-type: none"> • The day to day activities of 17.5% of North Yorkshire residents are limited by disability or a long term health problem (Census 2011). • 15.7% of under 65s on Disability Living Allowance were aged under 16 in May 2014 	The 2011 Census shows that 31 619 children (0-15) have a long term health problem or disability and 26 596 within the 16 – 24 age group.																		
Sexual Orientation	The government estimates that 5 – 7% of the population are gay, lesbian or bisexual. We have no evidence to suggest that this is not the case in North Yorkshire																			
Religion, faith and belief	<table border="1"> <tr><td>Christianity</td><td>69.4%</td></tr> <tr><td>None</td><td>22.2 %</td></tr> <tr><td>Not stated</td><td>7.1%</td></tr> <tr><td>Muslim</td><td>0.4%</td></tr> <tr><td>Buddhist</td><td>0.3%</td></tr> <tr><td>Hindu</td><td>0.5%</td></tr> <tr><td>Jewish</td><td>0.2%</td></tr> <tr><td>Pagan</td><td>0.1%</td></tr> <tr><td>Other</td><td>0.3%</td></tr> </table>	Christianity	69.4%	None	22.2 %	Not stated	7.1%	Muslim	0.4%	Buddhist	0.3%	Hindu	0.5%	Jewish	0.2%	Pagan	0.1%	Other	0.3%	Christian: 64.3% Buddhist: 0.4% Hindu: 0.3% Jewish: 0.1% Muslim: 0.7% Sikh: 0.1% Other Religion: 0.3% No Religion: 26.4 Religion Not Stated: 7.4%
Christianity	69.4%																			
None	22.2 %																			
Not stated	7.1%																			
Muslim	0.4%																			
Buddhist	0.3%																			
Hindu	0.5%																			
Jewish	0.2%																			
Pagan	0.1%																			
Other	0.3%																			
Marriage and civil partnership	N/A																			
Pregnancy and maternity	Conception rate per 1000 for 15 – 17 year olds was 13.8 at Quarter 3 2013. This is below the rate for England (22.2) and Yorkshire and Humberside (24.2).	Conception rate per 1000 for 15 – 17 year olds was at 21.6 (Health Profile 2015)																		

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> 	<p style="text-align: center; font-size: 2em;">No</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>
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<p>3. Service usage and withdrawal of services by <i>Equality Groups</i></p> <p>4. Grievances or decisions upheld and dismissed by <i>Equality Groups</i></p> <p>5. <i>Previous EIAs</i></p>	
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>N/A</p>
<p>Promoting Inclusivity How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation</p>	<p>This policy supports the welfare and protection of vulnerable children and adults, regardless of race, culture, gender, ethnicity, disability, etc.</p>

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 *The Equality Act 2010*?

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)	No			.
Race (All Racial Groups)	No			
Disability (Mental and Physical)	No			
Religion or Belief	No			
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	No			

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 <i>Genuine Determining Reason</i> exists
Pregnancy and Maternity		Yes		CCGs are required to have an Allegations Against Staff Policy. When appropriately applied this Policy will support effective safeguarding children and adult responses, therefore protecting children from abuse or neglect (for the purpose of this policy children should be taken to mean all those who have not reached their 18 th Birthday and Unborn Babies)
Transgender	No			
Marital Status	No			
Age		Yes		As above

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:
N/A				

9. Equality Impact Analysis Findings

Analysis Rating:	<input type="checkbox"/> Red	<input type="checkbox"/> Red/Amber	<input type="checkbox"/> Amber	<input type="checkbox"/> <u>Green</u>
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		Actions	Wording for Policy / Project / Function
<p>Red</p> <p>Stop and remove the policy</p>	<p>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.</p>	<p>Remove the policy</p> <p>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.</p>	<p>No wording needed as policy is being removed</p>
<p>Red Amber</p> <p>Continue the policy</p>	<p>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.</p>	<p>The policy can be published with the EIA</p> <p>List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE).</p> <p>Consider if there are any potential actions which would reduce the risk of discrimination.</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 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.</p> <p><i>[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]</i></p>

Equality Impact Findings (continued):

		Actions	Wording for Policy / Project / Function
<p>Amber</p> <p>Adjust the Policy</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>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><i>[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]</i></p>
<p>Green</p> <p>No major change</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>	<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	
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Approved By		
Job Title:	Name:	Date:

19 Appendix 3 – 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 CCG's key priorities and the CCG has made a corporate commitment to address the environmental effects of activities across CCG 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 CCG'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			N/A	
New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.			N/A	
Reduce the risk of pollution and avoid any breaches in legislation.			N/A	
Goods and services are procured more sustainability.			N/A	
Reduce carbon emissions from road vehicles.			N/A	
Reduce water consumption by 25% by 2020.			N/A	
Ensure legal compliance with waste legislation.			N/A	
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020			N/A	
Increase the amount of waste being recycled to 40%.			N/A	
Sustainability training and communications for employees.			N/A	
Partnership working with local groups and organisations to support sustainable development.			N/A	
Financial aspects of sustainable development are considered in line with policy requirements and commitments.			N/A	

20 Appendix 4 – Bribery Act 2010 Guidance

Introduction

In 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. 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>	
4. Declaration of Interests/Hospitality	<p>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.</p>	

Areas for action	Expected Action	Evidence of Compliance/Assurance
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.	
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.	

Areas for action	Expected Action	Evidence of Compliance/Assurance
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.	
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>	