Equality & Health Impact Assessment for

Counter Fraud, Bribery and Corruption Policy, Response Plan and Procedure

Part 1
Please answer all questions:-

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Counter Fraud, Bribery and Corruption Policy Counter Fraud, Bribery and Corruption Response Plan and Procedure
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Operations and Finance Directorate Huw George, Deputy Chief Executive and Executive Director of Operations and Finance Email: Huw.George2@wales.nhs.uk Tel: 029 2010 4286
3	Objectives of strategy/ policy/ plan/ procedure/ service	 to ensure that all staff, including secondees, those with honorary contracts, Non-Executive Directors, and those working in bodies hosted by Public Health Wales practice the highest standards of conduct and behaviour to ensure that Public Health Wales is open, transparent and honest in the way it conducts its business. to ensure that Public Health Wales safeguards against conflict or potential conflict of interest between private interests and public duties of members of staff and our Non-Executive Directors. The policy is supported by a response plan and procedure that provides a detailed framework to ensure that conflict or potential

		conflict of private interests and public duties of staff and Non- Executive Directors does not occur. It outlines the standards of conduct expected of all Public Health Wales staff, including Non- Executive Directors, regarding private interests as they relate and interface with public service duties.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.	Comparisons with similar/equivalent policies in other NHS Health Boards or Trusts were made to inform the development of the Policy and the associated response plan procedure. All Health Boards and Trusts in Wales have similar policies in place. This Equality Impact Assessment found that, this policy had a very limited impact on groups, communities and individuals.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees.	The policy and procedure apply to all staff, including secondees, those with honorary contracts, Non-Executive Directors, and those working in or through engagement bodies hosted by Public Health Wales.

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
 6.1 Age For most purposes, the main categories are: under 18; between 18 and 65; and over 65 	The policy and procedure applies to all staff.	None required.	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	Positive – the policy and procedure applies to all staff. Whilst the contents of the policy and procedure do not have a negative impact on persons with a disability, as with all written control documents		

medical conditions such as diabetes	there may be a negative impact due to the format of the control document that is available. Documents are published on the intranet and internet in pdf format. Visual impairment – not all accessibility software accepts pdf format and therefore an alternative format may be required. Learning disability – The documents may also not be understood by those who have difficulty deciphering or reading the written word, for example, dyslexia. Therefore further explanation and support may be required.		
6.3 People of different genders:	Positive – the policy and procedure applies to all staff.	None required	
Consider men, women, people undergoing gender reassignment			
NB Gender-reassignment is anyone who proposes			

to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	Positive – the policy and procedure applies to all staff.	None required.	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	Positive – the policy and procedure applies to all staff.	None required.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Positive – the policy and procedure applies to all staff.	None required.	
6.7 People with a religion or belief or with no religion or belief.	Positive – the policy and procedure applies to all staff.	None required.	

The term 'religion' includes a religious or philosophical belief		
 6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	Positive – the policy and procedure applies to all staff.	None required.
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Positive – the policy and procedure applies to all staff.	None required.
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Positive – the policy and procedure applies to all staff.	None required.
6.11 Consider any other groups and risk factors relevant to this	None identified.	None required.

strategy, policy, plan,		T	
procedure and/or			
service			
6.12 Welsh Language			
There are 2 key conside	rations to be made during t	the development of a poli	cy, project, programme,
service to ensure there	are no adverse effects and,	or a positive or increase	d positive effect on:
(please note these will cor	tinue to be reviewed to ensure	Public Health Wales fulfils	their duties to comply with
one or more standards out	lined within the Welsh Langua	ge Standards (No 7) Regula	tions 2018)
Opportunities for	Positive – the policy and	This policy has been	
persons to use the	procedure applies to all	developed with due	
Welsh language	staff, however may be a	consideration of the Welsh	
	negative impact as written	Language Scheme, and will	
	in English and will need to	need to be translated.	
	be translated as part of		
	sign off process.		
Treating the Welsh		This policy has been	
language no less	The effects of the policy and	developed with due	
favourably than the	procedure under consideration	consideration of the Welsh	
English language	on the Welsh Language will	Language Scheme, and will	
	need to be considered on a case	need to be translated.	
	by case basis. Specifically: (i)		
	opportunities for persons to use		
	the Welsh language, and (ii)		
	treating the Welsh languages no		
	less favourably than the English		
	language.		

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
The policy and procedure are internal documents intended to provide guidance to staff. Therefore they do not have an impact on the health and wellbeing of the population groups or addressing inequalities in health.	

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

- 1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
- 2. Record any unintended consequences (negative impacts) and/or gaps identified
- 3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
- 4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
 7.2 Lifestyles Diet/nutrition/breastfeeding Physical activity Use of alcohol, cigarettes, e-cigarettes Use of substances, non-prescribed drugs, abuse of prescription medication Social media use Sexual activity Risk-taking activity i.e. gambling, addictive behaviour 	No impact	No gaps	See 7.1	
7.3 Social and community influences				
 on health Adverse childhood experiences Citizen power and influence Community cohesion, identity, local pride Community resilience Domestic violence Family relationships Language, cultural and spirituality Neighbourliness Social exclusion i.e. homelessness Parenting and infant attachment Peer pressure 	No impact	No gaps	See 7.1	

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•	Social isolation/loneliness				
•	Social capitol/support/networks				
•	Third sector & volunteering				
7	.4 Mental Wellbeing				
•	Does this proposal support sense of control?	No impact	No gaps	See 7.1	
•	Does it enable participation in				
	community and economic life?				
	Does it impact on emotional wellbeing				
	and resilience?				
7	.5 Living/ environmental conditions				
	ffecting health	No impact	No gaps	See 7.1	
•		past	l 110 gaps		
	of area, green and blue space, natural				
	space.				
	public/private space				
	environment				
•	Light/noise/odours, pollution				
•					
	(formal/informal)				
•					
•	144				
•	147				
7	.6 Economic conditions affecting				
۱	ealth	No impact	No gaps	See 7.1	
	Unemployment	past	110 8000		
	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
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'	permanent/temp, full/part time				
	permanent, temp, run, part time				

Workplace conditions i.e. environment culture, H&S				
 7.7 Access and quality of services Careers advice Education and training Information technology, internet access, digital services Leisure services Medical and health services Other caring services i.e. social care; Third Sector, youth services, child care Public amenities i.e. village halls, libraries, community hub Shops and commercial services Transport including parking, public transport, active travel 	No impact	No gaps	See 7.1	
7.8 Macro-economic, environmental			0 7.1	
 and sustainability factors Biodiversity Climate change/carbon reduction/flooding/heatwave Cost of living i.e. food, rent, transport and house prices Economic development including trade Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 	No impact	No gaps	See 7.1	

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead	

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).