

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 and Response Plan
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Operations and Finance Directorate Angela Williams, Interim Executive Director of Operations and Finance Email: Angela.Williams40@wales.nhs.uk Tel: 029 2010 4387
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> • 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. <p>The policy is supported by a response plan that provides a detailed framework to ensure that conflict or potential conflict of private</p>

		<p>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.</p>
<p>4.</p>	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • 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 <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>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 NHS organisations in Wales have similar policies in place.</p> <p>This assessment found that, this policy had a limited impact on groups, communities and individuals.</p>
<p>5.</p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>The policy applies 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.</p>

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: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The policy and response plan apply 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	The policy and response plan apply to all staff. Whilst the contents of the policy do not have a negative impact on persons with a disability, as with all written control		

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medical conditions such as diabetes	<p>documents 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.</p> <p>Visual impairment – not all accessibility software accepts pdf format and therefore an alternative format may be required.</p> <p>Learning disability - The documents may also not be understood by those who have difficulty deciphering or reading the written word. Therefore,</p>		

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	further explanation and support may be required.		
6.3 People of different genders: 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	The policy and response plan applies to all staff.	None required	
6.4 People who are married or who have a civil partner.	The policy and response plan applies to all staff.	None required.	

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6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	The policy and response plan 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	The policy and response plan applies to all staff.	None required.	
6.7 People with a religion or belief or with no religion or belief.	The policy and response plan applies to all staff.	None required.	

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The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	The policy and response plan 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	The policy and response plan applies to all staff.	None required.	
6.10 People according to where they live:	The policy and response plan applies to all staff.	None required.	

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Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities			
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None identified.	None required.	
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	The policy may be a negative impact as written in English and will need to be translated as part of sign off process.	This policy has been developed with due consideration of the Welsh Language Scheme	

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		and will need to be translated.	
Treating the Welsh language no less favourably than the English language	The effects of the policy under consideration on the Welsh Language will need to be considered on a case 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.	This policy has been developed with due consideration of the Welsh Language Scheme and will need to be translated.	

Part 3 – Health

7. Identification of specific population groups

7.1 Groups identified	Rational/explanation
None identified	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 <ul style="list-style-type: none"> • 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	

<p>7.3 Social and community influences on health</p> <ul style="list-style-type: none"> • 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 • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	No impact	No gaps	See 7.1	
<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	No impact	No gaps	See 7.1	
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) 	No impact	No gaps	See 7.1	

<ul style="list-style-type: none"> • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 				
7.6 Economic conditions affecting health <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S 	No impact	No gaps	See 7.1	
7.7 Access and quality of services <ul style="list-style-type: none"> • 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 and sustainability factors <ul style="list-style-type: none"> • 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; 	No impact	No gaps	See 7.1	

collaboration; involvement; long term thinking; and prevention) <ul style="list-style-type: none"> • Gross Domestic Product • Regeneration 				
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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).