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**TITLE**

**Style = Title (centred in Arial Bold, Size 24)**

For Styles go to the Home tab, styles section, put your cursor in the paragraph, click on Title if you see it and the formatting will happen automatically, if not click on the down arrow to see more styles

**Date Policy approved**

**Style = Subtitle (Month and Year only centred in Arial Bold, Size 18**

Single line spacing

Each page must have a footer (included in this template) where each page of the document is numbered, and the name of the document will appear on each page in the footer

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| **Authorship:** | Job title, organisation |
| **Committee Approved:** | Insert  |
| **Approved date:** | Month/ year |
| **Equality Impact Assessment:** | Month/ year |
| **Target Audience:** | CB and its Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract |
| **Policy Number:** | Insert |
| **Version Number:** | 0.1 |

 **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.**

**AMENDMENTS**

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

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| **New Version Number** | **Issued by**  | **Nature of Amendment** | **Approving body** | **Approval date** | **Date published on website** |
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Whilst this is not an exhaustive list, and can be adapted to each individual document, the policy as a minimum must include all the sections detailed below:

(Below is a Table of Contents generated automatically from the style Heading 1 – to update the table, click in it, right click and select update entire table – if there are changes which just impact the page numbers you can select, update page numbers only – once you have done this if there are sections missing you need to make sure the headings are styled at Heading 1 – then update the table of contents and they will appear)

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# Introduction

(The style for the numbered heading is Heading 1 which will appear in the automatically generated table of contents. The style for the text underneath it is Body Text – where styles change, these are indicated below)

This section should give an overview of the policy document and its particular

context.

# Purpose

Outline the aims and objectives of the policy. Explain why the ICB needs this policy document.

Refer to any relevant legislation / guidance/ national policy. Ensure the policy does not duplicate work elsewhere.

# Definition/ Explanation of Terms

Add in any definitions or explanation of terms or language used in the context

of the procedural document if appropriate.

# Scope of the Policy

Who does this policy apply to? Usually, the text below will apply.

The policy applies to NHS Humber and North Yorkshire and all its employees and must be followed by all those who work for the organisation, including the Integrated Care Board, Integrated Care Partnership, those on temporary or honorary contracts, secondments, pool staff, contractors and students.

State the consequence of non‐compliance with the policy if appropriate.

# Duties/ Accountabilities and Responsibilities

## Duties within the organisation

(The style for any headings under any of the main Heading 1s, i.e. 5.1, 5.2 etc. is Heading 2 NB: this will not appear in the table of contents)

Set out the duties within NHS Humber and North Yorkshire for the responsibility for the development and management of each policy.

For example:

## Chief Executive

This is the person with overall accountability/ responsibility for this policy.

## Director or Head of Service

(Individual Person for the area the policy relates to).

This is the person responsible for the administrative co‐ordination of this policy.

Directors/ Heads of Service must ensure that members of staff are aware of this policy and processes to be followed.

## Responsibilities for approval

 Set out which groups / committees are responsible for the approval of this policy document.

# Policy Document Requirements

Describe the operational detail of the policy document. This would contain the main section of the policy and may take up a significant section of the document.

# Consultation

Describe how consultation will take place with internal and external stakeholders.

Once the consultation has been completed, the author is required to complete the ‘Stakeholders Consulted’ section of the policy. This will identify any individual or group that has been consulted.

# Training

Identify staff groups who may/will need training and how this training need will be met.

# Monitoring Compliance

Outline how the ICB will monitor compliance with the policy and the frequency of this. Be specific about the following:

* Responsibilities for conducting monitoring.
* Process for reviewing results of monitoring; identifying any learning and ensuring improvements in performance occur.
* Any key performance indicators which will assist the ICB monitoring compliance with the policy.

(The style for bullet points is Bullet 1)

# Arrangements for Review

State the frequency of review of the document (minimum every two years) and who / which group will be responsible. Ensure the review log is updated.

# Dissemination

Explain how the policy document will be circulated, including arrangements to record distribution, receipt (where required) and review of the document.

For revisions to previous documents, ensure outdated copies are removed and staff are aware and have access to the new document.

# Associated Documentation

Cross refer to any other related organisational policies, related procedural documents and state that the procedural document should be read in conjunction with these.

# References

Provide evidence base for the document with up-to-date references, citing these in full. Include any reference materials reviewed in the development of the procedural document.

# Appendices

List appendices (as required) for the policy, ensuring these are referred to appropriately in the document and list these on the contents page

Appendix 1 - Anti-Fraud, Bribery and Corruption

# Impact Assessments

## Equality

All policies should include the following statement:

NHS Humber and North Yorkshire ICB is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated. It aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It is required that a Quality and Equality Impact Assessment (QEIA) is carried out on a

new policy that is likely to impact on patients, carers, communities, or staff.

The QEIA toolkit can be found at (and insert link).

Potential adverse impact on any protected group identified through the QEIA will be monitored as part of the routine work to monitor compliance with the policy.

Once completed include a statement summarising the outcome of the Equality Impact Assessment.

## Sustainability

Where this is appropriate include a statement as below:

A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are displayed on the internet with this policy. [for no adverse impact only]

## Bribery Act 2010

Include the following statement:

Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document, further details can be found in appendix 1.

## General Data Protection Regulations (GDPR)

The UK General Data Protection Regulation (GDPR)/ Data Protection Act 2018 includes the requirement to complete a Data Protection Impact Assessment for any processing that is likely to result in a high risk to individuals. Consideration should be given to any impact the policy may have on individual privacy; please consult NHS Humber and North Yorkshire ICB Data Protection Impact Assessment Policy. If you are commissioning a project or undertaking work that requires the processing of personal data, you must complete a Data Protection Impact Assessment.

Include the following statement:

The ICB 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 Data Protection & Confidentiality Policy and related policies and procedures.

 **Appendix 1 - Anti-Fraud, Bribery and Corruption**

If fraud, bribery and corruption are particularly relevant include the following:

The ICB 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 ICB, 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.

To raise any suspicions of bribery and/or corruption please contact the Executive Director of Finance and Investment.  Staff may also contact the Local Counter Fraud Specialist (LCFS) at – Audit Yorkshire, email:  nikki.cooper1@nhs.net  or mobile 07872 988939.

The LCFS or Executive Director of Finance and Investment should be the contact for any suspicions of fraud. The LCFS will inform the Executive Director of Finance and Investment if the suspicion seems well founded and will conduct a thorough investigation.  Concerns may also be discussed with the Executive Director of Finance and Investment or the Audit Committee Chair.

If staff prefer, they may call the NHS Counter Fraud reporting line on 0800 028 40 60 between 8am-6pm Monday-Friday or report online at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk).  This would be the suggested contact if there is a concern that the LCFS or the Executive Director of Finance and Investment themselves may be implicated in suspected fraud, bribery or corruption.

**OR if not relevant:**

**BRIBERY ACT 2010**

The ICB follows good NHS business practice as outlined in the Business Conduct Policy and the Conflicts of Interest Policy and has robust controls in place to prevent fraud, bribery and corruption. 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).