

NHS Rotherham Clinical Commissioning Group

Governing Body – 7 December 2016

Review of Fraud, Bribery & Corruption Policy

Lead Executive:	Keely Firth
Lead Officer:	Wendy Allott
Lead GP:	Richard Cullen
Purpose:	
The Fraud, Bribery & Corruption policy has been reviewed and a number of revisions made to wording. This paper sets out the revisions for Governing Body to review.	
Analysis of key issues and of risks	
<p>A full copy of the revised policy document is attached for information. For ease, the sections which have been revised are listed below along with a brief description of the change in brackets.</p> <p>There is an issue with NHS Protect, we are aware changes are to be made but these are not yet in force. We felt it important to continue with this review with reference to NHS Protect as they currently stand and will review again once the changes to NHS Protect are in force.</p> <p>Blanket cosmetic change For consistency, the order of wording has been changed to 'fraud, bribery and corruption' throughout the document and wherever this string of words appears (changed from 'fraud, corruption and bribery' at times).</p> <p>Cover Sheet Author Claire Croft (changed from Matthew Curtis)</p> <p>3.4 Human Resources Additional sentence added at end signposting readers to the HR Working Together Protocol.</p> <p>3.5 Counter Fraud Specialist The CFS will conduct an annual risk assessment to inform a programme of work required in order to minimise the risk of fraud, bribery and corruption. (changed from 'The CFS will conduct an annual risk assessment in relation to the work undertaken to prevent fraud, bribery and corruption')</p> <p>3.7 Managers It is important that managers do not investigate any suspected financial crimes themselves, as this may jeopardise any criminal investigation. (added in 'as this may jeopardise any criminal investigation)</p> <p>3.8 All Employees If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the CFS and/or Chief Finance Officer or to NHS Protect. (changed from '.....they should ensure it is reported to the CFS and/or to NHS Protect')</p> <p>8. Professional investigation of detected fraud, bribery & corruption Additional sentence added at end signposting readers to the liaison protocol.</p> <p>12. Acting on your suspicions - DO's and DON'T's DO - Make an immediate note of your concerns – note all relevant details, such as what was said in telephone or other conversations, the date, time and the names of any parties involved. (Deleted an additional sentence which was at the end of this statement ' If appropriate these</p>	

may be discussed or passed onto your line manager for further action or decisions')

16. Whistleblowing

This is a new section, added to reference a link to the Whistleblowing Policy.

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

An equality impact assessment has been carried out.

Financial Implications:

N/A

Human Resource Implications:

N/A

Procurement:

N/A

Approval history:

AQUA 25 November 2016

Recommendations:

Governing Body is asked to approve the content of the policy.

Title:	Fraud, Bribery & Corruption Policy 2016-17
Reference No:	003/Finance
Owner:	Chief Finance Officer
Author	Claire Croft, 360 Assurance
First Issued On:	
Latest Issue Date:	
Operational Date:	December 2016
Review Date:	December 2017
Consultation Process	
Ratified and approved by:	AQuA – 25 November 2016 Governing Body – 7 December 2016
Distribution:	All staff and GP members of the CCG.
Compliance:	Mandatory for all permanent and temporary employees of Rotherham CCG.
Equality & Diversity Statement:	In applying this policy, the Organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

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1. POLICY STATEMENT

This document sets out the NHS Rotherham Clinical Commissioning Group (referred to as 'the CCG') policy for suspected and detected fraud, corruption and bribery.

One of the basic principles of public sector organisations is the proper use of public funds. It is, therefore, important that all those who work in the public sector are aware of the risk of, and means of enforcing the arrangements against, fraud, bribery, corruption, and other illegal acts involving dishonesty or damage to property.

The CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any acts of fraud bribery or corruption perpetrated against it or involving its employees and will actively pursue all available criminal and civil actions including the recovery of any loss suffered as a result.

STATEMENT OF THE CCG GOVERNING BODY:

The Governing Body is committed to the elimination of fraud, bribery and corruption by ensuring there is a strong anti-fraud, bribery and corruption culture, proactive prevention through widespread awareness and rigorously investigating any such cases, and where proven, to ensure wrong doers are appropriately dealt with, which includes taking steps to recover assets lost as a result of fraud, bribery or corruption.

Any apparent fraud, bribery, corruption, or financial irregularity will be rigorously investigated and all available sanctions (including criminal prosecution, disciplinary action and reference to any relevant professional organisation) will be pursued. Cases will be referred to an accredited NHS Counter Fraud Specialist (CFS) appointed by the CCG, for formal investigation wherever there is prima facie evidence of a criminal offence.

The seeking of financial redress and recovery of losses will always be considered in cases of fraud, bribery or corruption and recovery of the loss caused by the perpetrator will always be sought.

Redress allows resources that are lost through dishonest acts to be returned to the NHS for use as intended for the provision of high quality patient care and services.

All staff have a duty to protect the assets of the CCG, to comply with its policies and also to co-operate with any investigation and the Governing Body wishes to encourage anyone having suspicions of fraud, bribery or corruption to report them. All members of staff can, therefore, be confident that their reasonably held suspicions will be taken seriously.

2. SCOPE OF THE POLICY

This policy is mandatory and applies to all staff whether permanent or temporary and whether employed directly or indirectly within any part of the CCG. For the avoidance of doubt this includes anybody employed via an agency, all bank staff, self-employed contractors and those employed on fixed term contracts.

For concerns which relate to fraud, bribery or corruption these should be reported through the provisions of this policy and not under the provisions of the Whistleblowing Policy.

3. ROLES AND RESPONSIBILITIES

3.1 Chief Officer

The Chief Officer has the overall responsibility for funds entrusted to it. This includes instances of fraud, bribery and corruption. The Chief Officer must ensure adequate policies and procedures are in place to protect the organisation and the public funds it receives.

3.2 Chief Finance Officer

The Chief Finance Officer (CFO) has powers to approve financial transactions initiated by directorates across the CCG.

It is the responsibility of the CFO to prepare, document and maintain detailed financial procedures and systems and to apply the principles of separation of duties and internal checks to supplement those procedures and systems.

The CFO will report annually to the Governing Body and, where applicable, the Council of Governors on the adequacy of internal financial controls and risk management as part of the Board's overall responsibility to prepare a statement of internal control for inclusion in the CCG's annual report.

The CFO will, depending on the outcome of initial investigations, inform appropriate senior management of suspected cases of fraud, bribery and corruption, especially in cases where the loss may be above an agreed limit or where the incident may lead to adverse publicity.

3.3 Internal and external audit

The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. The CCG has a duty to pass on any suspicions of fraud, bribery or corruption to the Counter Fraud Specialist (CFS).

3.4 Human resources

It is the responsibility of human resources (HR) to liaise with the CFO in relation to suspected cases of fraud, bribery and corruption, including regular contact with the CFS in the conduct of any investigation. A specific Counter Fraud / Human Resources Working Together Protocol is in place and should be referred to in the event of any concerns relating to fraud, bribery or corruption.

A copy of the Working Together protocol is available at the finance policies section on the CCG's website.

3.5 Counter Fraud Specialist (CFS)

The CFS is responsible for taking forward all anti-fraud work locally in accordance with national standards and reports directly to the CFO.

Adherence to NHS Protect standards is important in ensuring that the CCG has appropriate anti-fraud, bribery and corruption arrangements in place and that the CFS will look to achieve the highest standards possible in their work.

The CFS will work with key colleagues and stakeholders to promote anti-fraud work apply effective preventative measures and investigate allegations of fraud, bribery and corruption.

The CFS will conduct an annual risk assessment to inform a programme of work required in order to minimise the risk of fraud, bribery and corruption.

It is the role of the CFS to investigate any allegations of fraud, bribery and corruption in line with NHS Protect standards. The CFS is professionally trained and accredited to conduct counter fraud, bribery and corruption work. All criminal investigations undertaken by the CFS are conducted in accordance with relevant legislation.

3.6 Area Anti Fraud Specialists

Area Anti Fraud Specialists (AAFSs) are the frontline face of NHS Protect for all health bodies within their region.

The AAFS is responsible for the management and vetting of all local investigation case papers and evidence and witness statements submitted for the consideration of prosecutions.

It is the role of the AAFS to ensure that local investigations are conducted within operational and legislative guidelines to the highest standards for all allegations of fraud in the NHS. The AAFS provides help, support, advice and guidance to CFOs, CFSs, Audit Committees and other key stakeholders in their region.

The AAFS allocates, supervises and monitors fraud referrals and notifications to the CFS. The AAFS provides support as to the direction of ensuing investigations as required and oversees the CFS's performance.

The AAFS ensures that all information and intelligence gained from local investigative work is reported and escalated as appropriate at both local and national level so that fraud trends can be mapped and used to fraud-proof future policies and procedures.

3.7 Managers

All CCG managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review.

It is the responsibility of managers to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures.

Managers should report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the CFS immediately. It is important that managers do not investigate any suspected financial crimes themselves, as this may jeopardise any criminal investigation.

Other CCG manager responsibility includes the conducting of risk assessments and mitigating any identified risks, to include the application of controls wherever a risk becomes apparent.

3.8 All employees

All employees are required to comply with the organisation's policies and procedures and apply best practice in order to prevent fraud, bribery and corruption, for example in the areas of procurement, personal expenses and ethical business behaviour. Staff should be made aware of their own responsibilities in protecting the organisation from these crimes.

Employees who are involved in or manage internal control systems should receive adequate training and support in order to carry out their responsibilities.

If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the CFS and/or Chief Finance Officer or to NHS Protect.

3.9 Information management and technology

The Computer Misuse Act 1990 makes it a criminal offence to access any part of a computer system, programs and/or data that a user is not entitled to access. The CCG will issue an individual user id and password which will only be known by the individual they relate to and must not be divulged/misused by other staff. This is to protect the employee from the likelihood of their inadvertently contravening this Act.

The CCG will adhere to the requirements of the Computer Misuse Act 1990 by ensuring staff are made aware of their responsibilities regarding the misuse of computers for personal gain or other fraudulent activities. Any member of staff found to have contravened this Act will be considered to have committed a disciplinary offence which will be reported by the CCG's governance lead to the CFS.

4. STANDARDS FOR COMMISSIONERS

NHS England requires CCGs to ensure appropriate anti-fraud, bribery and corruption arrangements are in place within their organisations, as specified within NHS Protect Standards for Commissioners.

It is the responsibility of the CCG as a whole to ensure it meets the required standards. In order to demonstrate compliance, NHS Protect quality inspectors require CCGs to submit an annual self-review of anti-fraud, bribery and corruption activity undertaken within their organisations- this is achieved via the Self-Assessment Review Toolkit (SRT). Upon completion, the SRT provides a red, amber or green (RAG) rating for the organisation.

The NHS Protect Quality & Compliance Team (QCT) uses the completed SRT as a basis for selecting organisations for detailed assessment.

5. DEFINITIONS

5.1 Fraud

The Fraud Act 2006 came into force on 15 January 2007 and introduced the general offence of fraud. This is broken into three key sections:

- Fraud by false representation;
- Fraud by failing to disclose information;
- Fraud by abuse of position.

The Fraud Act also created new offences of:

- Possession of, making or supplying articles for use in fraud;
- Fraudulent trading (sole traders);
- Obtaining services dishonestly.

5.2 Corruption/Bribery

The Bribery Act 2010 replaced the Prevention of Corruption Acts 1889-1916 and created two general offences of bribery:

- Offering or giving a bribe to induce someone to behave, or to reward someone for behaving, improperly;
- Requesting or accepting a bribe either in exchange for acting improperly, or where the request or acceptance is itself improper.

A new corporate offence was also introduced:

- Negligently failing by a company or limited liability partnership to prevent bribery being given or offered by an employee or agent on behalf of that organisation.

6. CREATING A STRONG COUNTER FRAUD, BRIBERY & CORRUPTION CULTURE

We all have a responsibility to protect our organisation and its resources. Everyone, including the public, the CCG's staff, professionals, managers and policy makers (the honest majority), must work together to raise awareness of the CCG's zero tolerance approach to fraud, bribery and corruption, to report concerns and enforce the message to the dishonest minority that such matters are not acceptable within the NHS and will be dealt with accordingly.

The most effective deterrent will come from those of us within the NHS who value the service provided and disapprove of those who abuse the system through fraud, bribery, corruption and other dishonest acts. In addition, publicity surrounding counter fraud, bribery and corruption work will deter some who perpetrate or consider perpetrating related offences. The CCG will publicise successful investigation outcomes both internally and externally as appropriate in order to aid the deterrent effect.

7. PROACTIVE PREVENTION & DETECTION

The CCG will ensure (through 'fraud proofing') that its systems, policies and processes are sufficiently robust so that the risk of fraud, bribery and corruption is reduced to a minimum. Checks will be conducted in areas identified to be most at risk to fraud, bribery or corruption in order to proactively detect instances that might otherwise be unreported.

All staff must be aware of and comply with the CCG Prime Financial Policies, the Policy for conflicts and declarations of interest (incorporating gifts, hospitality and commercial sponsorship) and the associated requirement to declare other interests.

8. PROFESSIONAL INVESTIGATION OF DETECTED FRAUD, BRIBERY & CORRUPTION

Criminal offences of fraud, bribery or corruption will be investigated in a professional, objective and timely manner by an accredited NHS Counter Fraud Specialist appointed by the CCG. Internal investigations may also be carried out by Human Resources (HR) staff and/or CCG managers as part of disciplinary procedures. Parallel criminal and disciplinary investigations may be undertaken in accordance with the agreed liaison protocol.

A copy of the liaison protocol is available at the finance policies section on the CCG's website.

9. EFFECTIVE SANCTIONS

Where fraud, bribery or corruption offences are committed, criminal sanctions (including prosecution) will be pursued. Employees of the CCG found to have committed such offences will also be dealt

with in accordance with internal disciplinary procedures and referred to professional bodies where appropriate.

10. SEEKING REDRESS

The CCG will consider initiating civil recovery action if this is cost-effective and desirable for deterrence purposes. This could involve a number of options such as making an application to the Small Claims Court and/or recovery through debt collection agencies. Each case will be discussed with the Chief Finance Officer in order to determine the most appropriate action.

11. REPORTING SUSPICIONS

All concerns or suspicions relating to fraud, bribery or corruption must be reported to the CCG's Counter Fraud Specialist using the contact details found on the CCG's intranet <http://intranet.rotherhamccg.nhs.uk/fraud-awareness.htm> or using the referral form attached at Appendix 1 to this policy. Concerns may also be brought to the attention of the Chief Finance Officer, or reported via the NHS Protect Fraud and Corruption Line, 0800 028 40 60.

12. ACTING ON YOUR SUSPICIONS – DOs & DON'Ts

If you suspect fraud, bribery or corruption within the workplace, there are a few simple guidelines that should be followed:

DO

- Make an immediate note of your concerns – note all relevant details, such as what was said in telephone or other conversations, the date, time and the names of any parties involved
- Report your suspicions immediately and directly to the CCG Counter Fraud Specialist, or Chief Finance Officer.
- Deal with the matter promptly, if you feel your concerns are warranted – any delay may cause the CCG to suffer further financial loss.

DON'T

- Do nothing.
- Be afraid of raising your concerns – you will not suffer any recrimination from the CCG as a result of voicing a reasonably held suspicion. The CCG will treat any matter you raise sensitively and confidentially.
- Approach or accuse any individuals directly.
- Try to investigate the matter yourself – there are special rules surrounding the gathering of evidence for use in criminal cases. Any attempt to gather evidence by people who are unfamiliar with these rules may destroy the case. The CCG appointed CFS is trained in handling investigations in accordance with the NHS Protect Anti-Fraud Manual.
- Convey your suspicions to anyone other than the CFS, Chief Finance Officer or NHS Protect.

13. TRAINING REQUIREMENTS

The CFS will promote fraud, bribery and corruption awareness through the delivery of face to face presentations, the provision of eLearning modules and/or the distribution of newsletters and other materials. Should staff require any other assistance, or advice, they should contact the CFS (details above).

14. COUNTER FRAUD REVIEW OF CCG POLICIES

All CCG policies which are produced, revised or reviewed should be provided to the CFS prior to implementation to allow for 'fraud proofing' of the policy. It is for the CFS to judge whether 'fraud proofing' is required in respect of any given policy and recommendations made by the CFS should be used to ensure all policies minimise the risk of fraud, corruption or bribery.

15. MONITORING / AUDITING ARRANGEMENTS

The effectiveness and accuracy of this policy will be reviewed on an annual basis by the Chief Finance Officer and the CCG appointed CFS.

Examples of frauds which are prevalent in the NHS are provided at Appendix 2. These examples are provided in order to give an insight into the breadth of risk of fraud to the organisation.

16. WHISTLBLOWING

Anyone uncomfortable reporting their suspicions via the routes set out in this policy is encouraged to refer to the CCG's Whistleblowing Policy, at the link below

<http://www.rotherhamccg.nhs.uk/Downloads/Policies%20and%20Procedures/Corporate%20Policies/019-CB%20Whistleblowing%20policy%20May%202016.pdf>

APPENDIX 1 FRAUD/ /BRIBERY/CORRUPTION REFERRAL FORM

REFERRAL FROM: (Note: This referral may be made anonymously , however, it is helpful if you can provide at least a telephone contact number so that contact might be made to clarify details if necessary. This number will not be used to attempt to identify you).

NAME

ORGANISATION/PROFESSION

ADDRESS

TEL.NO

THE ALLEGED FRAUD, BRIBERY OR CORRUPTION RELATES TO:

NAME

ADDRESS

DATE OF BIRTH

Suspicion

Details

Possible useful contacts

Please attach any available evidence or additional information.

Signed.....

Date.....

The CCG's Counter Fraud Specialist will undertake to acknowledge receipt of this referral directly to you within 5 working days, unless anonymous, or requested otherwise.

Please return this form, marked private and confidential to:

360 Assurance Counter Fraud Service, Oak House, Moorhead Way, Bramley, Rotherham S66 1YY

Common examples of Fraud, Bribery and Corruption offences occurring within the NHS

(This is not an exhaustive list. For other types of fraud, bribery or corruption offences please contact the CFS for advice).

Employment: Presenting forged certificates of qualification to obtain employment; claiming for overtime or shifts not worked; taking sick leave and undertaking unauthorised work for another organisation whilst in receipt of sick pay; claiming expenses (such as travel) when it has not been incurred; falsification of references for a job application; claiming time for college/training but not actually attending; knowingly failing to report and retaining salary or other payments not entitled to; non-declaration of criminal convictions.

Patients' Monies: Falsifying patients' monies records to obtain cash and property.

Pharmaceuticals: Presentation of forged prescriptions; falsely presenting oneself as another person to receive prescription items; receiving free prescriptions through fraudulently claiming entitlement to exemptions from a charge; pharmacists substituting an expensive drug with a cheaper alternative and making claims for the more expensive one; writing prescriptions for own use.

Procurement: Price fixing or price hiking by suppliers; invoicing for products not supplied; over invoicing; supplying unsolicited goods or products.

NHS Equipment: Obtaining, or misuse of NHS equipment or goods for private purposes.

Bribery: Kickbacks to staff responsible for procurement if they purchase from a particular supplier; patients making informal payments to healthcare practitioners in order to receive treatment more quickly.

Health Tourism: A foreign national travelling to the UK with the intention of receiving free healthcare treatment to which they know they are not entitled.

Equality Impact Assessment

Title of policy or service:	Fraud Bribery and Corruption Policy	
Name and role of officer/s completing the assessment:	Wendy Allott Deputy Chief Finance Officer	
Date of assessment:	28-11-16	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	(select one option - see page 4 for guidance)

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>The policy document sets out the NHS Rotherham Clinical Commissioning Group (referred to as 'the CCG') policy for suspected and detected fraud, corruption and bribery.</p> <p>One of the basic principles of public sector organisations is the proper use of public funds. It is, therefore, important that all those who work in the public sector are aware of the risk of, and means of enforcing the arrangements against, fraud, bribery, corruption, and other illegal acts involving dishonesty or damage to property.</p> <p>The CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The CCG will not tolerate any acts of fraud bribery or corruption perpetrated against it or involving its employees and will actively pursue all available criminal and civil actions including the recovery of any loss suffered as a result.</p>

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;

- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

(Please complete each area)	What key impact have you identified?			For impact identified (either positive and or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Part or Fixed term staff					
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IMPORTANT NOTE: If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	Actions required	How will you measure impact/progress	Timescale	Officer responsible
No actions required.				

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	Lead / Reviewing Officer:	Wendy Allott	Date of next Review:	December 2017

Once completed, this form **must** be emailed to Elaine Barnes, Equality & Diversity Manager for sign off:

elaine.barnes3@nhs.net.

Elaine Barnes signature:	Elaine Barnes, Equality & Diversity Manager, 29th November 2016
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