



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Policy: Fraud Policy	
Lead Manager: Mary Coyle	Title: Senior Accountant
Directorate: Finance	Department: Financial Accounting
Contact details: Address: Admin Offices, Gransha Park, L'derry Tel: 028 71 865272 Ext 218253 Email: mary.coyle@westerntrust.hscni.net	
Short Description of Policy The policy is for all Trust staff to make them aware of the risk of fraud, what constitutes a fraud and the procedures for reporting fraud to the Counter Fraud Services (CFS).	
Final Recommendations: (please tick as appropriate)	
1.	GREEN: No equality issues/impact: no further action <input checked="" type="checkbox"/>
2.	AMBER: Minor equality issues/impact: actions identified <input type="checkbox"/>
3.	RED: Major equality issues/impact: full EQIA recommended <input type="checkbox"/>
Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.	
Final Approval Date:	

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

Western Health and Social Care Trust Fraud Policy

1.2 Description of policy or proposal

Fraud is an ever-present threat, has many forms, is always damaging, can remove valuable resources that could be used elsewhere and therefore must be a concern for all those with an interest in health and social care. The purpose of this document is to set out the Trust's position on fraud and thereby set the context for the ongoing efforts to reduce fraud to the lowest possible level.

This policy is for the attention of all staff within the organization, particularly line managers, who need to be aware of their responsibilities in, not only minimising fraud, but also ensuring that all incidents of suspected or actual fraud is reported to the Fraud Liaison Officer (FLO) within the Trust, for onward reporting to Business Services Organisation Counter Fraud Services (CFS).

Fraud is not only illegal but it also creates a very real threat to the resources available to the Trust. Fraud may occur internally or externally and may be perpetrated by staff, external consultants, suppliers, contractors, service users or their family members/friends, and strategic partners, individually or in collusion with others.

The Trust has a mandatory responsibility to report all cases of suspected or actual fraud against the Trust to CFS. Cases involving a suspicion of financial abuse against persons receiving services, including residential or other accommodation, provided or secured by the Trust, will be treated as fraud and will also be reported. CFS, on behalf of DoH, maintain a database of all reported cases and undertake a monitoring function to develop and analyse emerging trends in fraudulent activity and share lessons learned, to encourage good practice across the HSC.

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

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1.4 Other policies or decisions with a bearing on this policy or proposal

- Western Health and Social Care Trust Standing Financial Instructions
- WHSCT Fraud Response Plan June 2023
- WHSCT Bribery Response Plan October 2018
- WHSCT Your Right to Raise a Concern (Whistleblowing) Policy
- HSC(F) 03-2023 – Conduct of Preliminary Enquiries in Respect of Allegations of Potential Fraudulent Activity

- HSC(F) 15-2023 - Counter Fraud Responsibilities of All HSC & NIFRS Employees
- HSC(F) 33-2022 Departmental Counter Fraud Strategy 2022/23
- Departmental Counter Fraud Strategy 2022/23
- WHSCT Fraud Policy 2018

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Review of the S.75 groupings and assessment of the potential for impact on any of these.

Previous equality screening completed within the Department. Workforce Planning information is provided in section 2.2

Census 2011 information for Western Trust area.

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

The policy was discussed within the regional Fraud Liason Officer group, with other HSC Trust Colleagues, with Counter Fraud Unit and Finance senior management Team in June 2023.

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

SECTION 75 GROUP	Service Users, etc. Census Information 2011 Western Health and Social Care Trust Population:	STAFF Workforce Planning Information, WHSCT as 23/08/2023
GENDER	Male: 146,051 Female: 148,366	Female: 11351 Male: 2900
RELIGION	Catholic: 182,996 (32.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) Religion not stated: 19,128 (6.50%)	Protestant: 3048 Roman Catholic: 7736 Not Determined/Not Known: 3467

POLITICAL OPINION	Political Opinion - Based on first choice votes held by electoral office. Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	Broadly Unionist 824 Broadly Nationalist 1747 Other 1362 Do not wish to answer/not known 10318
AGE	0-4: 20,445 5-7: 11,322 8 – 9: 7,668 10 – 14: 21,186 15: 4,467 16 – 17: 9,266 18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+: 1,333	16-24 :852 25-34: 3040 35-44: 3639 45-54: 3456 55-64: 2694 65+: 570
MARITAL STATUS	Marital Status: All usual residents aged 16 and over (229,329) Single: 87,557 Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063 Widowed or surviving partner from a same-sex civil partnership: 14,487	Married :7682 Single : 5184 Other: 1385
DEPENDANT STATUS	All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204 Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924	Yes: 2794 No : 3344 Not Known: 8113
DISABILITY	Persons with: Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078	Yes: 326 No: 7667 Not Known: 6258

<p>ETHNICITY</p>	<p>White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)</p>	<p>Bangladeshi: 3 Black African: 14 Black Caribbean: 2 Black Other: 1 Chinese: 6 Filipino: 37 Indian: 116 Irish Traveller: 3 Mixed Ethnic Group: 15 Not assigned: 4343 Other: 64 Pakistani: 21 White: 9626</p>
<p>SEXUAL ORIENTATION</p>	<p>Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.</p>	<p>Attracted to: Opposite sex: 7040 Same sex: 136 Same and Opposite sex: 38 Do not wish to answer/not known: 7037</p>

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	No issues identified	No issues identified
Age	No issues identified	No issues identified
Religion	No issues identified	No issues identified
Political Opinion	No issues identified	No issues identified
Marital Status	No issues identified	The policy also covers staff family members
Dependent Status	No issues identified	No issues identified
Disability	The procedures and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc	The procedures and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc
Ethnicity	The procedure will be available in alternative formats for service users where ethnicity is a barrier e.g written translation etc. Sign language interpreters will be provided in line with WHSCT policy	The procedure will be available in alternative formats for service users where ethnicity is a barrier e.g written translation etc.
Sexual Orientation	No issues identified	No issues identified
Other Issues: e.g. Rurality	No issues identified	No issues identified

2.4 Multiple Identities: When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

N/A

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Marital Status	The policy also covers staff family members
Disability (Staff and Service users)	The procedures will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc. Sign language interpreters will be provided in line with WHSCT policy. The procedure will be available in alternative formats for service users where ethnicity is a barrier e.g written translation etc. Sign language interpreters will be provided in line with WHSCT policy.
Ethnicity (Staff and service users)	The procedure will be available in alternative formats for service users where ethnicity is a barrier e.g written translation etc. Sign language interpreters will be provided in line with WHSCT policy.

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	N/A

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

N/A

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.**

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.			√
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 st protocol Article 2 – Right of access to education			√

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?* Yes/No
	N/A		

**It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

N/A

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (Refer to Guidance Notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

GREEN: No impact	<input checked="" type="checkbox"/>
AMBER: Minor impact	<input type="checkbox"/>
RED: Major impact	<input type="checkbox"/>

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

The purpose of this document is to set out the Trust’s policy regarding Fraud, the policy outlines steps which should be taken in reporting fraud.

Western Trust staff are committed to improving people’s health and social care and to make sure that people can understand the information they are given about their health and care. The procedures will be provided in different formats, to help to communicate the content. The procedures will be provided in large print, braille, easy read, in another language or by email if required. Service users, their family or carers may need a sign language interpreter or foreign language interpreter and this will be provided as appropriate.

In line with Trust guidelines and policies staff should ensure that communication support needs are met when using these procedures.

This policy is for the attention of all staff within the organization, particularly line managers, who need to be aware of their responsibilities in, not only minimising fraud, but also ensuring that all incidents of suspected or actual fraud is reported to the Fraud Liaison Officer (FLO) within the Trust, for onward reporting to Business Services Organisation Counter Fraud Services (CFS).

When a fraud is suspected, whether involving an employee or an external party, the Fraud Liaison Officer will report the matter to the CFS who will liaise with PSNI with a view to pursuing a criminal prosecution. The Trust will also seek to recover all losses resulting from the fraud, if necessary through civil court proceedings.

The policy will be sent to staff via a Trust communication and will be available on the Intranet.

➤ **NOTE: Equality and Human Rights Statement:**

➤ The policy/proposal that this screening relates to **MUST** include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust’s Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

The Trust maintains a register of all fraud cases reported and will continually monitor this to evaluate the effect on any of the equality groups.

CFS, on behalf of DoH, maintain a database of all reported cases and undertake a monitoring function to develop and analyse emerging trends in fraudulent activity and share lessons learned, to encourage good practice across the HSC.

Approved Lead Officer: Mary Coyle

Position: Senior Financial Accountant

Policy/Proposal Screened By: Mary Coyle

Date: 11th July 2023

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.