

## **EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE**

## THIS IS A PUBLIC DOCUMENT

Title of Policy: Bribery Policy						
Lead Manager: Carmel Devlin/Mary Coyle  Title: Senior Accounts						
Dir	Directorate: Finance Department: Financial Accounting					
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Short Description of Policy The policy is advise all Trust staff of the Trust's position on bribery and set the context for ensuring that all Trust activities are carried out in an honest and ethical environment.						
Fin	al Recommendations: (please tick as	appropriate)				
1.	GREEN: No equality issues/impact:	no further action	V			
2.	AMBER: Minor equality issues/imp	act: actions identified				
3.	3. RED: Major equality issues/impact: full EQIA recommended					
Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.						
Fin	Final Approval Date:					

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### (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

## 1.1 Title of policy or proposal

Western Health and Social Care Trust Bribery Policy

## 1.2 Description of policy or proposal

The Bribery Act 2010 came into effect on 1 July 2011 and introduced a new, clearer regime for tackling bribery. The legislation imposes extensive obligations on individuals and all commercial organisations based in or operating in the UK, including those in the healthcare sector. To comply with the legislation, organisations are obliged to have adequate procedures in place to prevent bribery from occurring within their organization.

This policy is for the attention of all staff within the organization, particularly line managers, who need to be aware of their responsibilities in adhering to the current legislation regarding bribery in the UK.

The policy defines bribery, offences which can be committed in the regard and the potential consequences of breaching the legislation.

The policy explains the Trust position on bribery and directs staff towards the Bribery Response Plan to be followed in cases of suspected or alleged bribery.

### 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).

All Trust staff including line managers

Fraud Liaison Officer (FLO)

Business Services Organisation Counter Fraud Services (CFS).

External consultants

Suppliers

Contractors

Service users, family members/friends

Strategic partners

Police Service of Northern Ireland (PSNI)

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

- Trust Standing Financial Instructions
- WHSCT Fraud Policy
- WHSCT Bribery Response Plan
- WHSCT Your Right to Raise a Concern (Whistleblowing) Policy
   DAO (DoF) 04/17 Guide to Managing the Risk of Bribery and Corruption
- NIAO A Good Practice Guide for the Northern Ireland Public Sector Managing the Risk of

Bribery and Corruption (Nov. 2017)

- The Bribery Act 2010
- WHSCT Gifts and Hospitality Policy
- WHSCT Bribery Policy Oct 2015

WHSCT Bribery Policy Oct 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.

Previous Bribery Policies, versions dated October 2015 and October 2018.

Workforce Planning Information

Census 2011

### 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 Liaison Officer group (this includes Counter Fraud Liaison Head and Fraud Liaison Officers for all the other HSC Trusts) – This meeting is held twice annually and was for comparison purposes – no formal approval is required from this group.

The policy was approved by Finance senior management Team (Director of Finance, Assistant Directors of Finance for Financial Services, Assistant Directors of Finance Financial Management and Assistant Directors of Finance Capital, Costing and Efficiency in January 2024 and it was approved here. The Trust's Policy group has also approved the policy.

## 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.

	Service Users, etc.			
SECTION 75	Census Information 2011 Western Health	Staff Workforce Planning Information, WHSCT		
GROUP	and Social Care Trust Population:	as @ 4 January 2024		
CICOI	Male: 146,051	•		
GENDER	Female: 148,366	Female: 11577		
	,	Male: 2988		
	Catholic: 182,996 (32.16%)	Protestant: 3034		
	Presbyterian: 29,353 (9.97%)	Roman Catholic: 7794		
	Church of Ireland: 37,154 (12.62%)	Not Determined/Not Known: 3737		
RELIGION	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%)	Donally Hair wist 040		
	Political Opinion - Based on first	Broadly Unionist 816		
DOLUTION!	choice votes held by electoral office.	Broadly Nationalist 1770		
POLITICAL	Nationalist: 86,834 (53%)	Other 1392		
OPINION	Unionist 61,995 (38.06%)	Do not wish to answer/not known 10587		
	Other: 14,025 (8.62%)			
	Overall total: 162,854	40.04.007		
	0-4: 20,445	16-24:987		
	5-7: 11,322	25-34: 3030 35-44: 3700		
	8 – 9: 7,668 10 – 14: 21,186	45-54: 3483		
	15: 4,467	55-64: 2745		
	15. 4,467 16 – 17: 9,266	65+: 620		
	18 – 17: 9,200	057. 020		
	20 – 24: 19,865			
AGE	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			
	Marital Status: All usual residents aged	Married :7756		
	16 and over (229,329)	Single : 5376		
	Single: 87,557	Other: 1433		
	Married: 106,383			
	In registered same-sex civil partnership:			
MARITAL	161			
STATUS	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			

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: 2834 No : 3406 Not Known: 8325
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: 336 No: 7743 Not Known: 6486
ETHNICITY	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%)	Bangladeshi: 3 Black African: 25 Black Caribbean: 2 Black Other: 1 Chinese: 6 Filipino: 39 Indian: 136 Irish Traveller: 3 Mixed Ethnic Group: 15 Not assigned: 4617 Other: 69 Pakistani: 26 White: 9623
SEXUAL ORIENTATION	Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.	Attracted to: Opposite sex: 7126 Same sex: 139 Same and Opposite sex: 37 Do not wish to answer/not known: 7263

## 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 procedure will be available in alternative formats for service users 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 staff with a disability e.g. large font, audio, Braille etc. Sign language interpreters will be provided in line with WHSCT policy			
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(Staff Family members)	The policy also covers staff family members		
Disability (Staff)	The procedure 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		
Disability (Service users)	The procedure will be available in alternative formats for service users with a disability e.g large font, audio, Braille etc. Sign language interpreters will be provided in line with WHSCT policy		
Ethnicity (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		
Ethnicity (staff)	The procedure will be available in alternative formats for service users where ethnicity is a barrier e.g written translation etc.		

## 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			$\sqrt{}$
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			$\sqrt{}$
Article 5 – Right to liberty & security of person			
Article 6 – Right to a fair & public trial within a reasonable time			V
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			V
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			V
1 <sup>st</sup> 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		

<sup>\*</sup>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	V
AMBER: Minor impact	
RED: Major impact	

#### Please tick:

Yes	
No	$\sqrt{}$

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

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 addressing bribery, but also ensuring that all incidents of suspected or actual bribery are reported to the Fraud Liaison Officer (FLO) within the Trust, for onward reporting to Business Services Organisation Counter Fraud Services (CFS).

Where bribery 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 policy will be sent to staff via a Trust communication and will be available on the Intranet – it will be reviewed in line with the review date on the policy. This is the responsibility of the Director of Finance.

➤ 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 cases reported to CFS 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 regional activity and share lessons learned, to encourage good practice across the HSC.

Approved Lead Officer:	Carmel Devlin/Mary Coyle
Position:	Senior Financial Accountant
Policy/Proposal Screened By:	Mary Coyle/Carmel Devlin
Date:	23 <sup>rd</sup> Jan 2024

**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: <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a>. **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.