



**Worcestershire  
Health and Care**  
NHS Trust

# **Fraud, Bribery and Corruption Policy**

**Working together  
for outstanding care**

### **Guideline / Policy on a Page – Summary of Key Points**

The Trust is committed to the following:

- The elimination of any form of fraud, bribery or corruption within the Trust
- To an effective counter fraud, bribery and corruption culture throughout the Trust
- To the investigation of any such allegations
- To taking appropriate sanctions against those individuals when fraud, bribery or corruption is identified, including possible criminal prosecution
- Undertaking steps to recover any assets or monies lost as a result of fraud, bribery or corruption

All staff have a duty to report suspected fraud, bribery or corruption, and this policy sets out how any suspicions should be reported to protect the assets of the Trust.

It is the responsibility of each member of staff to report any reasonable suspicions to the nominated Counter Fraud Specialist for the Trust or to the NHS Counter Fraud Authority. The Trust wishes to encourage anyone having reasonable suspicions of fraud, bribery or corruption to report them. The Trust will ensure that no employee will suffer in any way as a result of reporting reasonably held suspicions of fraud, bribery or corruption. For these purposes “a reasonably held suspicion” shall mean any suspicion other than those which are raised maliciously.

## Title: Fraud Bribery and Corruption Policy

<b>Document Type</b>	Policy
<b>Unique Identifier</b>	To be set by Web and Systems Development Team
<b>Document Purpose</b>	This document sets out the Trust's policy for dealing with detected or suspected fraud, bribery or corruption, either within or against the Trust as directed by the NHS Counter Fraud Authority.
<b>Document Author</b>	Fiona Dwyer, Counter Fraud Specialist
<b>Target Audience</b>	All employees of the Trust including interim, bank, agency staff, staff on secondment, volunteers, work experience, students and contractors as well as those acting on its behalf, whether in a clinical or non-clinical role.
<b>Responsible Group</b>	Director of Finance Audit Committee
<b>Date Ratified</b>	
<b>Expiry Date</b>	

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If you would like this document in other languages or formats (i.e. large print), please contact the Communications Team on 01905 681770 or by email to [WHCNHS.Communications@nhs.net](mailto:WHCNHS.Communications@nhs.net)

## Version History

Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
1	September 2014	Audit Committee	New Policy
2	July 2017	Audit Committee	Review of Document
3	August 2019	Audit Committee	Policy revised to reflect guidance from NHS Counter Fraud Authority. Refreshed information included relating to the Role of the Chief Executive, Internal and External Audit, the Secretary of State Directions, NHS Standard Contract, Definitions of Fraud, Bribery and Corruption, Anti-Bribery Procedures, Public Service Values, further details around fraud reporting routes, and application of sanctions where fraud is identified.

## **Accessibility**

Interpreting and Translation services are provided for Worcestershire Health and Care NHS Trust including:

- Face to face interpreting;
- Instant telephone interpreting;
- Document translation; and
- British Sign Language interpreting.

Please refer to the intranet page: <http://nww.hacw.nhs.uk/a-z/services/interpreting-and-translation-services/> for full details of the service, how to book and associated costs.

## **Training and Development**

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

## **Co-production of Health and Care – Statement of Intent**

The Trust expects that all healthcare professionals will provide clinical care in line with best practice. In offering and delivering that care, healthcare professionals are expected to respect the individual needs, views and wishes of the patients they care for, and recognise and work with the essential knowledge that patients bring. It is expected that they will work in partnership with patients, agreeing a plan of care that utilises the abilities and resources of patients and that builds upon these strengths. It is important that patients are offered information on the treatment options being proposed in a way that suits their individual needs, and that the health care professional acts as a facilitator to empower patients to make decisions and choices that are right for themselves. It is also important that the healthcare professional recognises and utilises the resources available through colleagues and other organisations that can support patient health.

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## **1. Introduction**

Worcestershire Health and Care NHS Trust (“the Trust”) is committed to conducting every aspect of our business in a transparent and ethical way. The Trust is committed to acting with honesty and integrity in all business dealings and its relationships by developing a systemic approach to preventing bribery.

The Trust will observe all legislation relevant to countering fraud, bribery and corruption (hereafter referred to as economic crime). This requirement applies to every aspect of our conduct, including dealings with the public, stakeholders or suppliers and patient service delivery.

## **2. Purpose of document**

The purpose of this policy is to:

- Define key board, management level and staff responsibilities for preventing economic crime; plus standards for our contractors and any other stakeholders having contact with the Trust.
- Provide appropriate information and guidance to those working for us, with us and having contact with the Trust on how to recognise and deal with economic crime indicators.

Economic crime offences are punishable by up to ten years' imprisonment and the Trust could face an unlimited fine if it is found not to have taken suitable steps to adhere to the requirements under the Bribery Act 2010.

## **3. Definitions**

### **3.1 NHS Counter Fraud Authority (NHS CFA)**

The NHS CFA is a special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group. It is independent from other NHS bodies and directly accountable to the Department of Health.

NHS CFA has created a set of standards (Standards for Providers - Fraud Bribery and Corruption) that set out the expected counter fraud, bribery and corruption work that providers of NHS funded services are expected to adhere to.

The NHS CFA has a quality assurance process that audits NHS organisations against these standards and uses an evaluation model to assess the effectiveness of the crime prevention activity undertaken by the organisation to safeguard its resources from economic crime and the risk of economic crime.

As well as setting organisational standards, the NHS CFA also sets the standards by which investigators must operate when combating crime within NHS funded services.

The NHS CFA has a National Investigations Team, this team is responsible for investigating serious, complex or cross boundary (across NHS organisations) fraud, bribery or corruption.

The Counter Fraud Specialist (CFS), will refer any investigation that meets the criteria to the National Investigations Team, and liaise and support this team in any investigations affecting the Trust.

### 3.2 Counter Fraud Standards

A requirement in the NHS standard contract is that providers of NHS services must take the necessary action to comply with the NHS CFA's counter fraud standards. The NHS CFA carries out regular assessments of health organisations in line with the counter fraud standards.

### 3.3 Fraud

Fraud is defined as "wrongful or criminal deception intended to result in financial or personal gain, causing the loss or risk of loss to another."

On the 15th January 2007, the Fraud Act 2006, became law and introduced a number of offences relating to fraudulent and dishonest actions. The main offences are listed in the following sections of the Fraud Act 2006:-

The sections are;

- **Section 2 (fraud by false representation);**

A person is in breach of this section if they:-

- (i) dishonestly make a false representation and,
- (ii) intends, by making the representation –
  - (a) to make a gain for himself / herself or another or,
  - (b) to cause loss to another or to expose another to a risk of loss.

- **Section 3 (fraud by failing to disclose information);**

A person is in breach of this section if they:-

- (i) dishonestly fails to disclose to another person information which he/she is under a legal duty to disclose, and
- (ii) intends, by making the representation –
  - (a) to make a gain for himself / herself or another or,
  - (b) to cause loss to another or to expose another to a risk of loss.

- **Section 4 (fraud by abuse of position);**

A person is in breach of this section if they:-

- (i) occupy a position in which he / she is expected to safeguard, or not to act against, the financial interests of another person.
- (ii) Dishonestly abuses that position, and
- (iii) intends, by making the representation –
  - (a) to make a gain for himself / herself or another or,
  - (b) to cause loss to another or to expose another to a risk of loss."

Under the Fraud Act 2006 A person who is guilty of fraud is liable;

- on summary conviction, to imprisonment for a term not exceeding 12 months and/or to a fine not exceeding the statutory maximum.
- on conviction on indictment, to imprisonment for a term not exceeding 10 years and/or to a fine.

### 3.4 Bribery and Corruption

**Bribery** is defined as “The offering, giving, receiving, or soliciting of something of value for the purpose of influencing the action of an official in the discharge of his or her public or legal duties”.

Corruption is defined as “where someone is influenced by bribery, payment or benefit in kind to unreasonably use their position to give some advantage to themselves or to another.”

On the 1st of July 2011, the Bribery Act 2010, became law and introduced new offences in relation to bribery and corruption. The generic term “corruption” is accommodated into this act. The main offences are listed in the following sections of the Bribery Act 2010:-

A person is guilty of an offence if either of the following applies;

- **Section 1 Offences of bribing another person;**
  - (a) Offers, promises or gives a financial or other advantage to another person, and
  - (b) Intends the advantage-
    - (i) To induce a person to perform improperly a relevant function or activity, or
    - (ii) To reward a person for the improper performance of such a function or activity
  - (c) Knows or believes that the acceptance of the advantage would itself constitute the improper performance of a relevant function or activity.”
- **Section 2 Offences relating to being bribed;**
  - (a) Request, agrees to receive or accepts a financial or other advantage and intending that, in consequence, a relevant function or activity should be performed improperly (whether by the recipient or another person)”.

A simple example would include a candidate for a job offering the interviewer tickets to an event in order to secure the position. Under the Bribery Act 2010, two offences would be committed; one by the person offering the bribe and one by the person receiving the bribe.

- **Section 7 Failure of commercial organisations to prevent bribery of others – (The Corporate Offence);**
  - (a) A relevant commercial organisation (a commercial organisation includes all NHS bodies), is guilty of an offence under this section if a person associated with it bribes another person intending –
    - (i) To obtain or retain business for the organisation or
    - (ii) To obtain or retain an advantage in the conduct of business for the organisation.”

Two simple examples of this would be:

- i) Where an act of bribery has occurred, for a director, manager or officer of an organisation to ignore the act or acts of bribery within the organisation. Under the Bribery Act 2010, the corporate offence would have been committed.

- ii) Where an act of bribery has occurred, it was subsequently established that the organisation employing the individual failed to have adequate procedures in place to identify and prevent the act of bribery by its employee. Again, under the Bribery Act 2010, the corporate offence would have been committed.

Under the Bribery Act 2010 A person who is guilty under the Act is liable as follows;  
Under Sections 1 and 2 of the Act;

- On summary conviction, to imprisonment for a term not exceeding 12 months and/or to a fine not exceeding the statutory maximum, or to both.
- On conviction on indictment, to imprisonment for a term not exceeding 10 years, or to a fine, or both.

Under Section 7 of the Act;

- On conviction on indictment, to a fine.

### 3.5 Trust Personnel

“**Trust Personnel**” includes all individuals working at all levels and grades, including senior managers, officers, executive or non executive directors, employees (whether permanent, fixed-term or temporary), consultants, employment contractors, trainees, students, volunteers, work experience, seconded staff, home workers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with us, or any of our clinics or their employees, wherever located.

### 3.6 Third party

“**Third party**” means any individuals or organisations (including sub contractors) you come into contact with during the course of your work for Trust. It covers actual and potential clients, other health bodies, health care providers, contractors, distributors, business contacts, agents, advisers, financial institutions and government, public bodies or political parties; including their employees, advisors, representatives and associates or officials, members and non executive directors.

### 3.7 Financial or other advantage

Refers to payments, gifts, hospitality or anything else that could be reasonably perceived as an “advantage” or ‘form of benefit’ as understood by its normal, everyday meaning.

### 3.8 Improper performance

Action which is in breach of an expectation that a person will act in good faith, impartially, or in accordance with a position of trust; including proven non-compliance with Standing Financial Instructions (SFI’s), Standing Orders (SO’s), controls and standards of business or codes of professional conduct.

### 3.9 Relevant function or activity

Any function of a public nature, connected with a business or service, performed in the course of a person’s employment or performed by or on behalf of an incorporated or unincorporated body of persons.

## **4. Scope**

This policy applies to all Trust Personnel and Third Parties.

## **5. Responsibilities and duties**

### **5.1 Chief Executive**

The Chief Executive Officer (CEO) has overall responsibility to ensure all public monies entrusted to the Trust are spent appropriately. They must ensure that there are effective risk management processes within the Trust which meet all statutory requirements and adhere to guidance issued by the Department of Health.

The CEO holds each line manager accountable for meeting objectives and to work together towards meeting the objectives approved by the Board.

### **5.2 Board of Directors**

The Board of Directors (BoD) is committed to maintaining a climate of honesty and openness within the Trust. It is, therefore, also committed to the elimination of fraud, bribery and corruption within or against the Trust.

The BoD is wholly supportive of work to prevent, detect, investigate and prosecute cases of fraud, bribery and corruption either within or against the Trust and the wider NHS. In particular, it supports all necessary work linked to;

- The creation of a counter fraud culture by raising staff awareness of 'fraud' issues.
- The prevention and detection of fraud, bribery and corruption.
- The prompt and professional investigation of any suspected fraud, bribery or corruption.
- The application of effective sanctions, including appropriate legal action against people committing offences, and the recovery of any money lost to fraud, bribery or corruption.

### **5.3 Director of Finance (DoF)**

The Trust's DoF has responsibility for overseeing the work of the nominated Counter Fraud Specialist (CFS) for the Trust, and will ensure that all appropriate steps are taken to prevent and detect possible fraud, bribery and corruption and that all appropriate sanctions are applied when offences are identified.

The Trust's DoF will liaise when necessary with the NHS Counter Fraud Authority with regard to the counter fraud, bribery and corruption arrangements and investigations relating to the Trust.

The Trust's DoF will authorise any prosecution, following discussion with the Trust's CFS and the NHS CFA. When investigations have been referred to the Police or the investigation is in conjunction with the Police, the Crown Prosecution Service (CPS) will make the decision concerning any prosecution.

The Trust's DoF, whether on an interim or a concluding basis will if deemed appropriate inform the Chief Executive and the Chair of the Audit Committee of cases currently under investigation or of significant allegations raised.

#### **5.4 Audit Committee**

The role of Audit Committees is to review, approve and monitor counter fraud workplans. They should receive regular updates from the CFS on counter fraud activity, monitor the implementation of action plans, and provide direct access and liaison with those responsible for counter fraud. They should review and approve the CFS's annual report on counter fraud, and discuss NHSCFA quality assessment reports, in line with guidance from the NHS Audit Committee Handbook 2018

#### **5.5 Internal and External Audit**

Any incident or suspicion that comes to Internal or External Audit's attention must be passed immediately to the CFS

#### **5.6 Human Resources (HR)**

Close liaison between Human Resources and the Counter Fraud specialist is essential to ensure that any parallel sanctions (i.e. criminal and disciplinary) are applied effectively and in a co-ordinated manner.

Human Resources will take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees as well as the veracity of required qualifications and memberships of professional bodies, in terms of their propriety and integrity. In this regard, temporary and fixed term contract employees are treated in the same manner as permanent employees.

Human Resources staff should advise the CFS of any issues that they become aware of that may involve possible or actual fraud, bribery or corruption.

Liaising with the CFS will ensure that any internal disciplinary action and / or a referral to a relevant professional / regulatory body is co-ordinated with any on-going criminal investigations into possible fraud, bribery or corruption.

#### **5.7 Counter Fraud Specialist (CFS)**

The Trust will nominate a suitably qualified person(s) to act as its Counter Fraud Specialist.

The CFS is responsible for taking forward all counter fraud, bribery and corruption arrangements at the Trust in accordance with the NHS Counter Fraud Authority Standards for Providers (Fraud, Bribery and Corruption), the Secretary of State for Health Directions to NHS Trust in respect of Counter Fraud, and the relevant sections of the NHS Standard Contract.

The CFS will:

- Report directly to the DoF
- Produce an counter fraud, bribery and corruption work plan with the Trust's DoF, which will be ratified by the Trust's Audit Committee
- Attend Audit Committee meetings of the Trust, to report progress of the counter fraud, bribery and corruption work undertaken and raise matters of concern
- Provide a written annual report, to the Audit Committee outlining the counter fraud, bribery and corruption work undertaken across the Trust, and the Trust's adherence to the relevant NHS Counter Fraud Authority Standards

- Have the right of access to all Audit Committee members, particularly the Audit Committee Chair, and Chief Executive of the Trust
- Work with key colleagues and stakeholders to actively promote a counter fraud, bribery and corruption culture throughout the Trust
- Undertake, in agreement with the DoF, Audit Committee or Chief Executive, pro-active work to detect cases of fraud and corruption, particularly where system weaknesses have been identified. This work is carried out to complement the detection of potential fraud and corruption by auditors in the course of routine audits
- Investigate all cases of fraud, bribery and corruption committed against the Trust, as per the NHS Counter Fraud Authority guidance, criminal and data protection legislation
- Liaise with the Trust's Human Resources department to ensure that any on-going criminal investigation is co-ordinated with internal disciplinary action and / or a referral to a relevant professional regulatory body, where possible fraud or bribery has been identified

## 5.8 Managers

Managers must be vigilant and ensure that procedures to guard against fraud, bribery and corruption are followed. They should be alert to the possibility that unusual events or transactions could be symptoms of fraud. Where they have any doubt they must seek advice from the Trust's CFS.

Managers should make all members of staff aware of this policy and its contents.

## 5.9 All Employees

For the purposes of this policy, 'Employees' includes the Trust personnel, Board, Executive and Non-Executive Members (including Co-Opted Members), Bank and Agency staff, staff on secondment, volunteers, work experience, students on placement and Honorary Members to the Board.

Employees must act in accordance with the Trust's Standards of Business Conduct, Gifts and Hospitality and Declaration of interest policies which include guidance on the receipt of gifts or hospitality.

Employees also have a duty to protect the assets of the Trust including information, goodwill and reputation, as well as property.

Employees are expected to act in accordance with the standards laid down by their Professional Institute(s), where applicable.

The Trust Standing Orders and Standing Financial Instructions place an obligation on all staff and Non-Executive Directors to act in accordance with best practice. In addition, all Trust staff and Non-Executive Directors must declare and register any interests that might potentially conflict with those of the Trust or the wider NHS.

In addition, all employees have a responsibility to comply with all applicable laws and regulations relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees should always:

- act with honesty, integrity and in an ethical manner

- behave in a way that would not give cause for others to doubt that Trust employees deal fairly and impartially with official matters
- be alert to the possibility that others might be attempting to deceive.

All employees have a duty to ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.

When an employee suspects that there has been economic crime, they must report the matter to the nominated CFS.

### **5.10 Information Management and Technology**

The Head of IT will contact the CFS immediately in all cases where there is suspicion that IT is being used for fraudulent purposes. This includes inappropriate internet/intranet, e-mail, telephones and PDA's use as outlined in paragraph

Human Resources will be informed if there is a suspicion that an employee is involved.

### **5.11 External Communications**

Individuals (be they employees, agency staff, locums, contractors or suppliers) must not communicate with any member of the press, media or another third party about a suspected fraud as this may seriously damage the investigation and any subsequent actions to be taken. Anyone who wishes to raise such issues should discuss the matter with either the DoF or the Chief Executive.

## **6.The Response Plan**

### **6.1 Bribery and Corruption**

An organisation will have a defence against prosecution if it can show that it has the following adequate procedure in place to prevent bribery of others.

The Ministry of Justice has outlined six principles that are expected from commercial organisations to address the risk of bribery occurring within its business activities. These six principles if adopted amount to a defence from prosecution. The six principles are:

#### **Proportionality**

The Trust must have procedures in place to prevent bribery by persons associated with it. These are proportionate to the bribery risks faced by the organisation and to the nature, scale and complexity of the organisation's activities. They are also clear, practical, accessible, effectively implemented and enforced.

#### **Top Level Commitment**

The Trust's Chief Executive and its Board of Directors should demonstrate that they are committed to preventing bribery by persons associated with the Trust. They will foster a culture within the organisation in which bribery is never acceptable.

### **Risk Assessment**

The organisation has carried out comprehensive risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Any risks highlighted will be recorded and managed in line with the Trust's risk management policy and are included on the appropriate risk registers and monitored at a senior level within the Trust and results fed back to the audit.

### **Due Diligence**

The Trust takes a proportionate and risk based approach, in respect of persons who perform or will perform services for or on its behalf, in order to mitigate identified bribery risks.

### **Communication (including training)**

The Trust seeks to ensure that its bribery prevention policies and procedures are embedded and understood throughout the organisation through internal and external communication, including training that is proportionate to the risks it faces.

### **Monitoring and Review**

The Trust will monitor and review that its procedures designed to prevent bribery by persons associated with the Trust and make improvements to minimise the risk where necessary.

## **6.2 Secretary of State for Health Directions to NHS Trusts**

The Secretary of State for Health has issued a set of Directions that apply to NHS Trusts and Special Health Authorities in England.

The current set of Directions came into force on the 1<sup>st</sup> November 2017 and direct all qualifying NHS bodies to:

- Take such action as is reasonably necessary for the purpose of preventing, detecting and investigating fraud, bribery and corruption
- Co-operate with the NHS Counter Fraud Authority
- Adhere to the NHS Counter Fraud Authority Standards for Providers (Fraud Bribery and Corruption)
- Follow the provisions of the NHS Anti-Fraud Manual, and other guidance issued by the NHS Counter Fraud Authority
- Appoint a person(s) accredited by the Counter Fraud Professional Accreditation Board or similar organisation and registered with the NHS Counter Fraud Authority to undertake required counter fraud work across the organisation

## **6.3 NHS Standard Contract**

The NHS Standard Contract (post 2013) has clauses within it that specifically relate to how NHS organisations and providers of NHS funded services will combat fraud, bribery and corruption. All providers of NHS funded services are required to put in place and maintain appropriate counter fraud bribery and corruption arrangements prior to the commencement and during the contract, as set out in the Secretary of State Directions and the Standards for Providers (Fraud Bribery and Corruption).

If requested by the co-ordinating commissioner or the NHS CFA, the provider must allow a person

duly authorised to act on behalf of NHS Counter Fraud Authority or on behalf of the co-coordinating commissioner to review, in line with the appropriate standards, the counter fraud arrangements put in place by the provider.

The provider must implement any reasonable modifications to its counter fraud arrangements required by the co-ordinating commissioner or the NHS Counter Fraud Authority in order to meet the appropriate standards within whatever time periods as that person may reasonably require.

## 6.4 Reporting Fraud, Bribery and Corruption

A key aspect of an effective counter fraud, bribery and corruption strategy is the ability to undertake a professional and objective investigation into allegations of fraud, bribery or corruption. Early detection both helps an investigation and will minimise the potential for further loss to the organisation.

Anyone who encounters behaviour, or finds documents that they suspect may constitute fraud, bribery or corruption, should report their concerns.

This can be done in the following ways:

### **Nominated Counter Fraud Specialist**

Fiona Dwyer	Counter Fraud Specialist
Mobile	<b>07552 290964</b>
Email	<a href="mailto:fiona.dwyer@cwaudit.org.uk">fiona.dwyer@cwaudit.org.uk</a> <a href="mailto:FDwyer@nhs.net">FDwyer@nhs.net</a> (secure email)

### **Counter Fraud Team**

Team Email	<a href="mailto:antifraudteam@cwaudit.org.uk">antifraudteam@cwaudit.org.uk</a>
Team Telephone	<b>02476 536 880</b>

### **Trust's Director of Finance**

Robert Mackie	Director of Finance
Email	<a href="mailto:robertmackie@nhs.net">robertmackie@nhs.net</a>

You can also report your suspicions directly to the NHS Counter Fraud Authority.

### **NHS Fraud and Corruption Reporting Line**

Telephone	<b>0800 028 4060,</b>
On-line	<a href="https://cfa.nhs.uk/reportfraud">https://cfa.nhs.uk/reportfraud</a>

All referrals received will be treated in confidence. The Public Interest Disclosure Act 1998 came into force in July 1999; this act provides statutory protection, within defined parameters, to staff that make disclosures about a range of concerns, including fraud, bribery or corruption, which they believe to be happening within the organisation employing them. The Trust has a Raising Concerns at Work Policy which can be referred to when referring any suspicions.

**On no account should anyone seek to investigate suspicions of fraud, bribery or corruption, as this may cause difficulties later.**

Please see **Appendix B** for a full list of Do's and Don'ts when suspecting fraud, bribery or corruption.

## **6.5 Disciplinary Action.**

All disciplinary sanctions will be undertaken in accordance with the Trust's Disciplinary Policy.

There will be instances when it is appropriate to pursue more than one course of action at the same time e.g. a criminal investigation and a disciplinary investigation. In such instances close liaison must exist between those investigating criminal and disciplinary matters.

In situations where one investigation impacts on another the matter should be referred to the Trust's DoF to consider the advice from each investigator and agree which investigation takes priority.

## **6.6 Sanctions and Redress**

The Trust will seek financial redress whenever possible to recover losses to fraud, bribery and corruption. Redress can take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the trust and the offender to repay monies lost. Please refer to Sanctions and Redress Policy.

## **7. Monitoring implementation**

The CFS will ensure that the key processes set out in this document are audited in line with guidance issued by the NHS CFA. The results will be fed back to the Trust's DoF and the Audit Committee.

The CFS will provide regular progress reports to the Trust's Audit Committee, as per the committee's business cycle. Progress against investigations will be monitored by the Audit Committee.

Where monitoring has identified deficiencies, recommendations and an action plan will be developed to improve compliance with the document and reported to the Trust's Audit Committee.

## **8. References**

- Bribery Act 2010
- Fraud Act 2006
- Public Interest Disclosure Act 1998
- Raising Concerns at Work Policy
- Being Open and the Duty of Candour Policy
- Standards of Business Conduct and Anti-Bribery Policy
- Disciplinary Policy
- Sanctions and Redress Policy

## **9. Associated documentation**

- Sanctions and Redress Policy
- Raising Concerns at Work Policy
- Disciplinary Policy

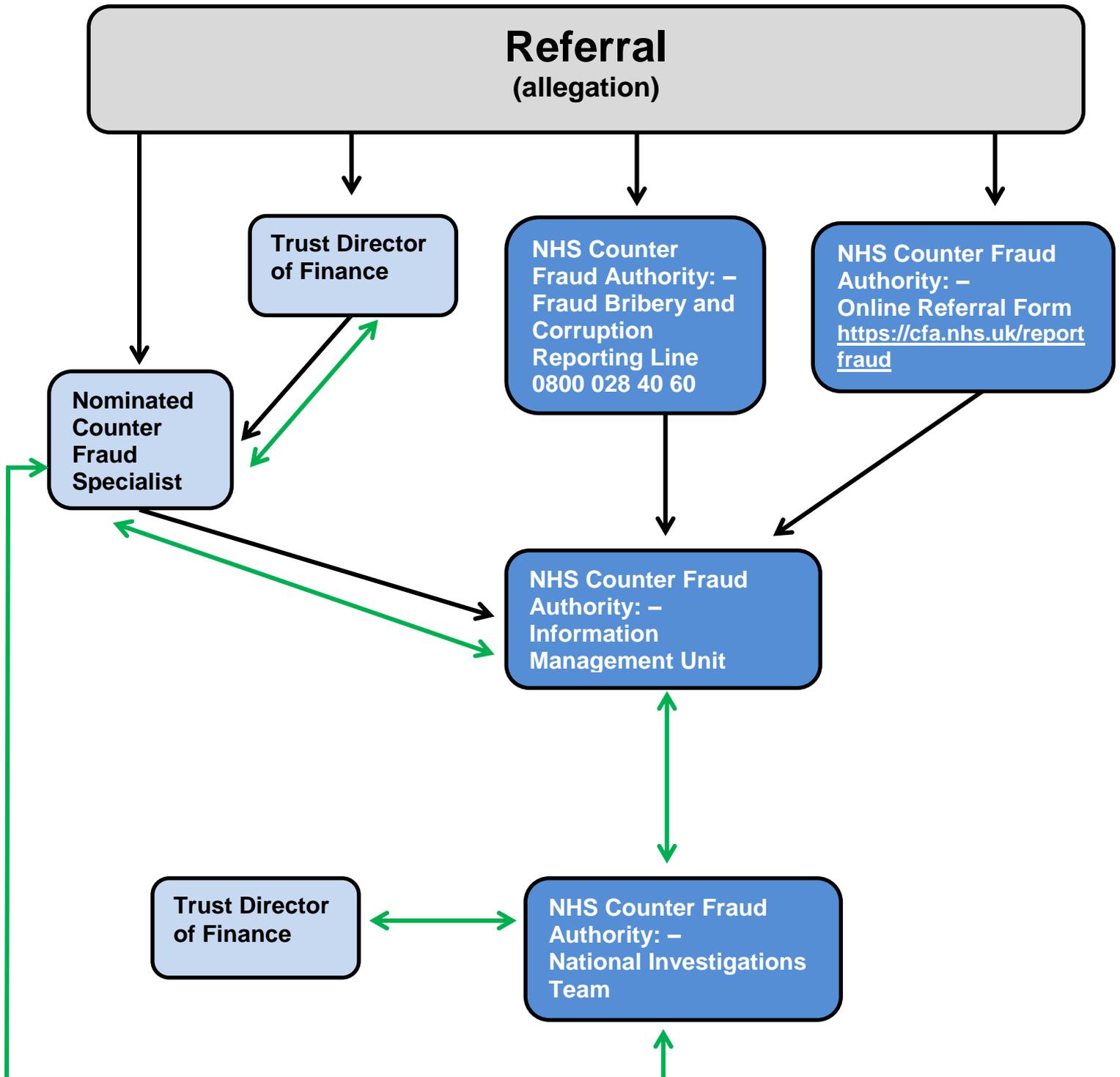
- Standards of Business Conduct and Anti-Bribery Policy

## **10. Appendices**

Appendix 1: Referral Flowchart

Appendix 2: Do's and Don'ts when suspecting fraud, bribery or corruption

### Appendix 1: Referral Flow Chart



Appendix 2 : Do's and Don'ts when suspecting fraud, bribery and corruption

**FRAUD** is the deliberate or reckless intent to permanently deprive an employer of money or goods through false representation, failing to disclose information or abuse of position.  
**CORRUPTION** is the deliberate use of bribery or payment of benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another.

<p><b>DO</b></p> <ul style="list-style-type: none"> <li><b>NOTE YOUR CONCERNS</b> Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.</li> <li><b>RETAIN EVIDENCE</b> Retain any evidence that maybe destroyed, or make a note and advise your CFS (Counter Fraud Specialist).</li> <li><b>REPORT YOUR SUSPICION</b> Confidentiality will be respected-delays may lead to further financial loss.</li> </ul>	<p><b>DO NOT</b></p> <ul style="list-style-type: none"> <li><b>CONFRONT THE SUSPECT OR CONVERY CONCERNS TO ANYONE OTHER THAN THOSE AUTHORISED</b> Never attempt to question a suspect yourself; this could alert a fraudster or accuse an innocent person.</li> <li><b>TRY TO INVESTIGATE, OR CONTACT THE POLICE CORRECTLY</b> Never attempt to gather evidence yourself unless it is about to be destroyed; gather evidence must take into account legal procedures your CFS can conduct an investigation in accordance with legislation.</li> <li><b>BE AFRAID OF RAISING YOUR CONCERNS</b> The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.</li> </ul>
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**If you suspect that fraud against the NHS has taken place, you must report it immediately:**

- Directly contact **Fiona Dwyer** your nominated CFS
- Telephone the Freephone NHS Fraud & Corruption Reporting Line (0800 028 4060)
- Contact your Director of Finance

**National Fraud and Corruption Reporting Line**  
 Telephone: 0800 028 40 60  
 Online at <https://cfa.nhs.uk/reportfraud>

11. Equality Analysis – APPENDIX 1 - EIA

**Equality Impact Analysis Screening Form**

<b>Title of Activity</b>	<i>Fraud, Bribery and Corruption Policy</i>		
<b>Date form completed</b>	<i>19/6/2019</i>	<b>Name of lead for this activity</b>	<i>Fiona Dwyer</i>

<b>Analysis undertaken by:</b>			
<b>Name(s)</b>	<b>Job role</b>	<b>Department</b>	<b>Contact email</b>
<i>Fiona Dwyer</i>	<i>Counter Fraud Specialist</i>	<i>Fraud</i>	<i>FDwyer@nhs.net</i>

<b>What is the aim or objective of this activity?</b>	<i>To set out the Trust's policy for dealing with detected or suspected fraud, bribery or corruption, either within or against the Trust as directed by the NHS Counter Fraud Authority</i>
<b>Who will this activity impact on?</b> <i>E.g. staff, patients, carers, visitors etc...</i>	<i>The policy information is for staff.</i>

**Potential impacts on different equality groups:**

<b>Equality Group</b>	<b>Potential for positive impact</b>	<b>Neutral impact</b>	<b>Potential for negative impact</b>	<b>Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)</b>
<b>Age</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>Peoples' age has no impact on how the Trust will deal with fraud.</i>
<b>Disability</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>Dealing and detecting fraud is applicable to everyone irrespective of disabilities</i>
<b>Gender Reassignment</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>Gender reassignment has no impact on how the Trust will deal with fraud.</i>
<b>Marriage &amp; civil partnerships</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>Peoples' marital state has no bearing on how the Trust will deal with fraud.</i>
<b>Pregnancy &amp; maternity</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>Fraud prevention is applicable to everyone</i>
<b>Race</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>Fraud prevention is applicable to everyone</i>
<b>Religion &amp; belief</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>Peoples' religion and beliefs has no impact on how the Trust will deal with fraud.</i>
<b>Sex</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>How the Trust deals with fraud equally applies to all sexes.</i>
<b>Sexual Orientation</b>	<input type="checkbox"/>	✓	<input type="checkbox"/>	<i>Peoples' sexual orientation has no impact on how the Trust will deal with fraud.</i>
<b>Additional Impacts</b> <i>(What other groups)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Equality Group	Potential for positive impact	Neutral impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
<i>might this activity impact on? e.g. carers, homeless, travelling communities etc.)</i>				

## Level of impact

If a potential negative or disproportionate impact has been identified from this activity:

	Yes	No
Could this impact be considered direct or indirect discrimination?		✓
If yes, how will you address this?		

*If the impact could be discriminatory, please contact the Inclusion Team to discuss actions*

	High	Medium	Low
What level do you consider the potential negative impact to be?			✓

*If the negative impact is high, a full equality impact analysis will be required*

## Action Plan

How could you minimise or remove any negative impact identified, even if this is rated low?
<i>Review Trust's awareness processes for dealing and detecting fraud and their consideration of people with protected characteristics</i>
How will you monitor this impact or planned actions?
<i>Review Trust's referral rate for suspicions of fraud and outcomes.</i>
Future Review Date: <i>August 2023</i>