



**Public – To be published on the Trust external website**

# **Title: Local Anti-Fraud, Bribery and Corruption Policy**

**Ref: FIN-0003-v7**

**Status: Ratified**

**Document type: Policy**

## Contents

---

<b>1</b>	<b>Introduction .....</b>	<b>4</b>
<b>2</b>	<b>Why we need this policy .....</b>	<b>4</b>
2.1	Purpose .....	4
2.2	Objectives.....	4
<b>3</b>	<b>Scope.....</b>	<b>5</b>
3.1	Who this policy applies to .....	5
3.2	What this policy applies to .....	5
3.3	NHS Counter Fraud Authority (NHSCFA).....	5
3.4	Government Functional Standard GovS 013: Counter Fraud / NHS Requirements	6
3.5	Fraud .....	7
3.6	Bribery and corruption .....	7
3.7	Key principles of the Trust’s counter fraud strategy.....	8
3.8	Roles and responsibilities .....	10
3.8.1	Accountable Officer / Chief Executive .....	10
3.8.2	Board or equivalent body .....	10
3.8.3	Executive Director of Finance (DoF) .....	10
3.8.4	Audit Committees .....	11
3.8.5	Internal and external audit.....	11
3.8.6	People and Culture .....	11
3.8.7	Local Counter Fraud Specialist (LCFS).....	12
3.8.8	Managers .....	13
3.8.9	All employees.....	13
3.8.10	Information Management and Technology .....	14
3.8.11	Counter Fraud Champion.....	14
<b>4</b>	<b>The Response Plan .....</b>	<b>14</b>
4.1	Bribery and Corruption .....	14
4.2	Reporting fraud, bribery or corruption.....	15
4.3	Disciplinary Action .....	16
4.4	Sanctions and Redress .....	16
<b>5</b>	<b>Definitions.....</b>	<b>17</b>
<b>6</b>	<b>Related documents .....</b>	<b>17</b>
<b>7</b>	<b>How this policy will be implemented .....</b>	<b>17</b>
7.1	Implementation action plan.....	17
7.2	Training needs analysis.....	17
<b>8</b>	<b>How the implementation of this policy will be monitored.....</b>	<b>18</b>

<b>9</b>	<b>References .....</b>	<b>18</b>
<b>10</b>	<b>Document control (external).....</b>	<b>18</b>
	Appendix 1 - Equality Analysis Screening Form .....	20
	Appendix 2 – Approval checklist .....	23
	Appendix 3 NHS Fraud, Bribery and Corruption Referral Form .....	25
	Appendix 4 Do’s and Don’ts.....	26

---

## 1 Introduction

---

Tees Esk and Wear Valleys NHS Foundation Trust (the 'Trust') is committed to preventing and reducing fraud, bribery and corruption in the NHS and will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and where possible will attempt to recover losses. This policy is supported and endorsed by senior management. This policy is based on the latest guidance issued by the NHS Counter Fraud Authority (NHSCFA) in March 2018 and April 2021.

This policy supports the delivery of Trust's Journey to Change, and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism.

It helps us deliver two of our strategic goals as follows:

It supports the Trust to co-create a great experience for all patients, carers and families; by adding to the governance framework that underpins patient centred care.

It supports the Trust to co-create a great experience for our colleagues, by providing staff with clear instructions to ensure that they feel protected in the decisions they make.

---

## 2 Why we need this policy

---

---

### 2.1 Purpose

---

This policy is designed to encourage vigilance and provide practical counter fraud response guidance for all employees.

---

### 2.2 Objectives

---

The overall aims of this policy are to:

- ensure that the Trust has appropriate counter fraud procedures in place in accordance with Service Condition 24.1 of the NHS Standard Contract and the Bribery Act 2010,
- set out the Trust's strategy for dealing with counter fraud, bribery and corruption matters.

- detail the roles and responsibilities of key staff / departments of the Trust,
- provide a guide for employees on what fraud is in the NHS, what everyone's responsibility is to prevent fraud, bribery and corruption (including how to report it) and its intended outcomes,
- detail the potential outcomes where fraud, bribery and corruption are suspected.

---

## 3 Scope

---

This document is a combined policy and strategy document which provides vision and purpose in demonstrating how the Trust supports counter fraud, bribery and corruption work. It sets out the Trust's commitment to dealing with fraud against the NHS and articulates its strategic approach to this: it has taken into account the contents of the NHSCFA's Strategy 2020 to 2023 document, published in April 2021.

### 3.1 Who this policy applies to

---

The policy applies to all personnel working for or on behalf of the Trust, including but not limited to employees (regardless of position held or employment status), consultants, volunteers, contractors, staff engaged via a third-party supplier, honorary contract holders and/or any other parties that have a business relationship with the Trust.

### 3.2 What this policy applies to

---

The policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and assistance to employees and those working for the Trust who may identify suspected fraud, bribery and corruption. It provides a framework for responding to suspicions of fraud, bribery and corruption, advice and information on various aspects of this and the implications of a criminal investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption.

The policy should be read in conjunction with the Trust's Conflicts of interest policy, Managing concerns of potential conduct (disciplinary) procedure and the Freedom to speak up policy (whistleblowing).

### 3.3 NHS Counter Fraud Authority (NHSCFA)

---

The NHSCFA has the responsibility for the detection, investigation and prevention of fraud and economic crime within the NHS. Its aim is to lead the fight against fraud affecting the NHS and wider health service, by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

Local NHS organisations are primarily accountable for dealing with economic crime risks in the NHS. NHSCFA provides information and guidance to local LCFSSs to improve anti-fraud, bribery and corruption work across the NHS.

The NHSCFA's purpose is to:

- Provide leadership and expertise in counter fraud as a valued NHS partner
- Collaborate nationally and locally with the NHS to understand fraud threats, vulnerabilities and enablers
- Deliver intelligence-led counter fraud services to find, respond to and prevent fraud
- Reduce the impact of fraud on the NHS
- Work with partners to deliver financial savings that can be reinvested in patient care

The NHSCFA's strategic objectives are to:

- Lead and influence the NHS to find, prevent and reduce fraud, recovering losses and putting money back into patient care
- Work with partners to reduce fraud loss in the NHS
- Support and empower their staff to be the best in their roles and feel valued
- Effectively use their resources, identify and pursue opportunities for growth and innovation and reduce their operating costs

More information about the NHSCFA strategy: Leading the fight against NHS fraud: strategy 2020-2023 is available at:

[https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA\\_Strategy\\_2020-23.pdf](https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA_Strategy_2020-23.pdf).

### **3.4 Government Functional Standard GovS 013: Counter Fraud / NHS Requirements**

---

This government functional standard sets the expectations for the management of fraud, bribery and corruption in government organisations. It has been unilaterally adopted across NHS organisations since 1 April 2021 and is operationally delivered by 13 NHS requirements as directed by the NHSCFA.

A requirement of the NHS Standard Contract is that relevant providers of NHS services (that hold a Monitor Licence or is an NHS Trust) must take the necessary action to comply with the NHSCFA's counter fraud requirements. Other NHS funded providers should have due regard to the requirements. The contract places a requirement on providers to have strategy, policies, procedures and processes in place to combat fraud, bribery and corruption to ensure compliance with the requirements. The NHSCFA carries out regular engagement meetings with health organisations in line with the requirements. More information about the NHS requirements can be found at: <https://cfa.nhs.uk/government-functional-standard/NHS-requirements>.

The Trust's counter fraud work plan and annual report will encompass the requirements and detail work required to meet them.

### **3.5 Fraud**

---

Fraud involves dishonestly:

- Making a false representation,
- Failing to disclose information, or
- Abusing a position held.

With the intention of either making a financial gain; or, causing or exposing another individual or organisation to a financial loss.

### **3.6 Bribery and corruption**

---

The Bribery Act 2010 came into force on 1 July 2011 and repeals previous corruption legislation. The Act has introduced the criminal offences of both offering and receiving a bribe. It also places specific responsibility on Trusts to have in place adequate procedures to prevent bribery and corruption taking place.

Bribery can generally be defined as offering, promising or giving a financial or other advantage to influence others to use their position in an improper way (i.e. to obtain a business advantage). A benefit can be money, gifts, rewards etc. and does not have to be of substantial financial value. No actual gain or loss has to be made.

A person has committed a criminal offence of offering a bribe even if the offer is declined, as does a person who accepts a bribe, even if they don't receive it.

A bribe does not have to be in cash; it may be the awarding of a contract, provision of a gift, hospitality or sponsorship or another benefit.

Anyone found guilty of either offering or receiving a bribe could face a custodial sentence of up to 10 years imprisonment.

Corruption is generally considered as an umbrella term covering various activity and behaviour including bribery, kickbacks, favours, corrupt preferential treatment or cronyism. Corruption can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

All staff are reminded that they should be transparent in respect of recording any gifts, hospitality or sponsorship and they should refer to the Trust's standards of business conduct (including gifts and hospitality) for further information.

Section 7 of the Bribery Act 2010 introduced a new corporate offence of failure of commercial organisations to prevent bribery. The Trust can be held liable when someone associated with it bribes another in order to obtain or retain business for the Trust, and be subject to an unlimited fine. However, the Trust will have a defence if it can demonstrate that it had adequate procedures in place designed to prevent bribery.

The Act applies to everyone associated with the Trust who performs services on its behalf, or who provides the Trust with goods or services. This includes anyone working for or with the Trust, such as employees, agents, subsidiaries, contractors and suppliers.

Employees of the Trust must not request or receive a bribe from anybody, nor imply that such an act might be considered. This means they will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to improperly perform their function or activities.

More information on the Bribery Act 2010 can be found at:

<https://www.legislation.gov.uk/ukpga/2010/23/crossheading/general-bribery-offences>.

### **3.7 Key principles of the Trust's counter fraud strategy**

---

The Trust is committed to dealing with all matters relating to fraud, bribery and corruption. It recognises the 5 principles of fraud and corruption framework which are:

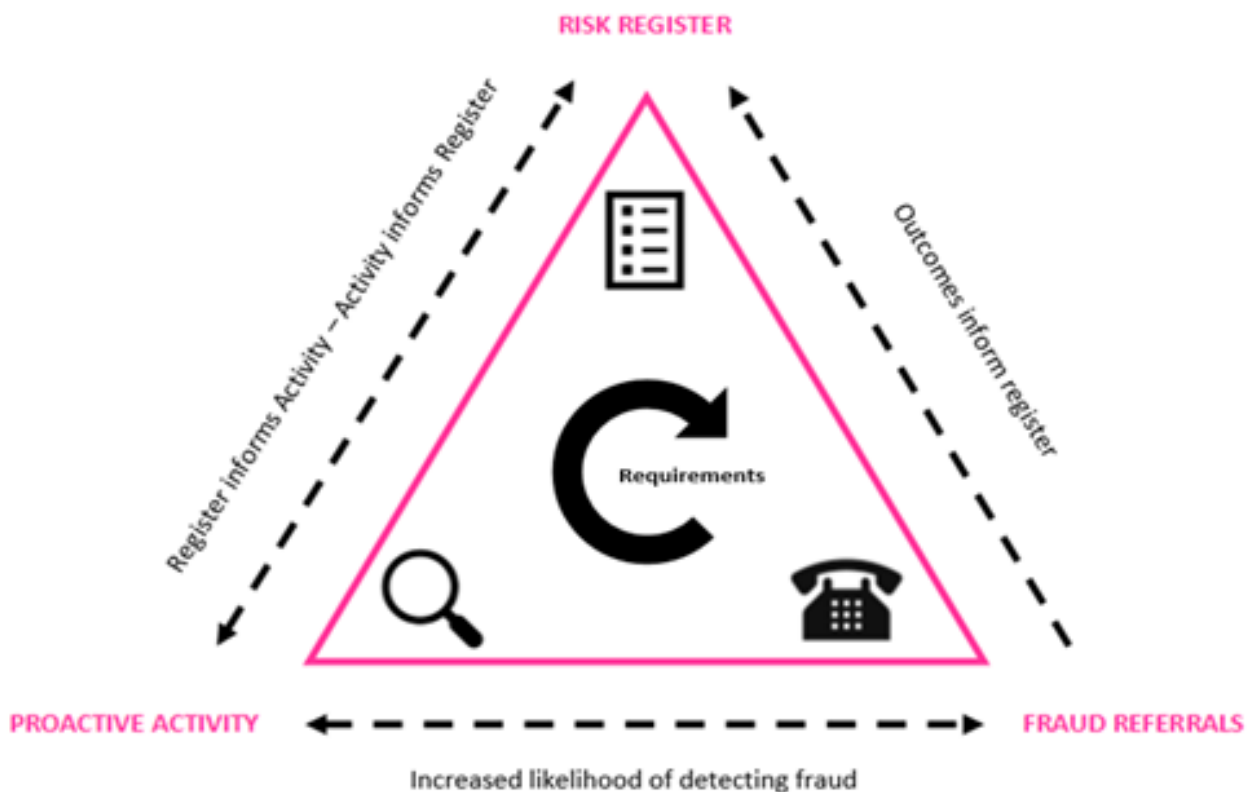
- a) There is always going to be fraud



- b) Finding fraud is a good thing
- c) There is no one solution
- d) Fraud and corruption are ever changing
- e) Prevention is the most effective way to address fraud and corruption

The Trust aligns its counter fraud, bribery and corruption work to the NHSCFA counter fraud, bribery and corruption strategy and, importantly, all work carried out by the Trust’s counter fraud team is risk based and appropriate to the Trust. The AuditOne counter fraud team maintains a fraud risk planning toolkit on behalf of the Trust which is managed in line with the Government Counter Fraud Profession’s methodology. The toolkit is continuously reviewed throughout the year and directs both reactive and proactive counter fraud work. A risk assessment is carried out in conjunction with the annual reporting process to ensure that identified areas for improvement (amber and red RAG ratings) are considered and resources assigned if appropriate, proportionate and necessary.

The AuditOne Fraud Risk Triangle sets out the risk-based approach of the Trust’s counter fraud provision.



A key element of delivering the operational aspects of this strategy is the compilation of an annual risk based counter fraud work plan, the contents of which are approved and regularly monitored by the director of finance and the audit committee. The work plan comprises of a set of clearly defined tasks which have measurable outputs where appropriate. The tasks are linked to the requirements and provide elements of work within

4 key principle areas of counter fraud work which are; Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account.

---

## **3.8 Roles and responsibilities**

### **3.8.1 Accountable Officer / Chief Executive**

The Trust's accountable officer (AO) has the overall responsibility for funds entrusted to it. This includes instances of fraud, bribery and corruption. The AO must ensure adequate policies; procedures and processes are in place to protect the Trust and the public funds it receives.

### **3.8.2 Board or equivalent body**

The Trust's executive board and non-executive directors should provide a clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work. They should review the proactive management, control and the evaluation of counter fraud, bribery and corruption work. The Board and non-executive directors should scrutinise NHSCFA assessment reports, where applicable, and ensure that the recommendations are fully actioned

### **3.8.3 Executive Director of Finance (DoF)**

The DoF has powers to approve financial transactions initiated by directorates across the organisation.

The DoF prepares documents and maintains detailed financial procedures and systems and apply the principles of separation of duties and internal checks to supplement those procedures and systems.

The DoF will report annually to the board and, where applicable, 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 Trust's annual report.

The DoF 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.


### 3.8.4 Audit Committees

The Audit Committee is responsible for reviewing, approving and monitoring the Trust's counter fraud work plan, receiving regular updates on counter fraud activity, monitoring the implementation of action plans, providing direct access and liaison with those responsible for counter fraud, reviewing annual reports on counter fraud, and discuss NHSCFA quality assessment reports.

### 3.8.5 Internal and external audit

The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Any incident or suspicion that comes to internal or external audit's attention will be passed immediately to the nominated lead LCFS. The LCFS liaises regularly with the internal audit staff.

### 3.8.6 People and Culture

 The Trust seeks to apply the full range of criminal, disciplinary & civil sanctions in all cases where economic crime may be present. Triple Tracking allows a full range of action to be taken against perpetrators and send a strong message to discourage others intent on misappropriating local NHS resources.

People and Culture (P&C) is responsible for liaison with the LCFS in respect of any suspicions of fraud, bribery and corruption. They are responsible for the conduct of any internal investigation and instigating the necessary disciplinary action against those who fail to comply with the policies, procedures and processes.

Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules and/or legislation. These differences mean that one investigator must not conduct both criminal and disciplinary investigations into the same matter.

There is no legal rule giving precedence to the criminal process over the disciplinary one, and the Trust may undertake disciplinary proceedings even if a criminal investigation is ongoing. All decisions must be based on the circumstances of the issue at hand and discussed with the LCFS.

However, a disciplinary hearing should not normally take place if it would prejudice ongoing criminal proceedings. In all cases public protection is paramount; the decision to give precedence to the criminal process over the disciplinary one must be subject to overriding public interest considerations – namely, the risk to the provision of NHS

services, patients and/or the wider public caused by a delay in applying disciplinary sanction.

Coordination of parallel criminal and disciplinary investigations in order to achieve the most appropriate outcome requires regular liaison between the LCFS and People and Culture department. Beside routine interaction, specific consultation should occur at the following points:

- All referrals received by P&C that contain an element of suspected fraud, bribery or corruption must be reported immediately to the LCFS and/or DoF.
- Wherever parallel sanctions are being pursued, the investigating officer from P&C should meet regularly with the LCFS to provide updates and maintain a flow of information.
- P&C should inform the LCFS where there are serious health and safety risks (i.e. clinician not holding appropriate clinical qualifications) or cases involving vulnerable individuals that may take precedence over a criminal investigation.
- P&C should advise the LCFS of the outcome of disciplinary hearings, as this may have an impact on the criminal sanction.

The Trust should ensure that appropriate protocols are in place to cover this.

### **3.8.7 Local Counter Fraud Specialist (LCFS)**

The LCFS is responsible for taking forward all counter-fraud work locally in accordance with national standards and reports directly to the DoF or an accountable board member.

Adherence to NHSCFA counter fraud standards is important in ensuring that the organisation has appropriate counter fraud, bribery and corruption arrangements in place and that the LCFS will look to achieve the highest standards possible in their work.

The LCFS will work with key colleagues and stakeholders to promote counter fraud work, apply effective preventative measures and investigate allegations of fraud and corruption.

The LCFS will conduct risk assessments in relation to their work to prevent fraud, bribery and corruption.

The LCFS has been specifically trained in counter fraud procedures and has been appointed by the Trust to undertake work in this field. The LCFS will work with all staff and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud and corruption. The LCFS has a number of duties to perform, including:

- Receive any fraud, bribery or corruption referral directly from staff, the public, the NHSCFA or a contractor.
- Investigate all cases of fraud within the Trust and to report upon these to the audit committee.
- Publicise counter fraud work and the fraud awareness message within the Trust.
- Undertake local proactive counter fraud work with the aim of fraud prevention or detection.
- Report any system weaknesses

### **3.8.8 Managers**

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

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


Managers should report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the LCFS immediately. It is important that managers do not investigate any suspected financial crimes themselves.

Managers are responsible for ensuring that fraud risks are included in any local risk assessments and for mitigating any identified risks.

### **3.8.9 All employees**

All employees are required to comply with the Trust's policies, procedures and processes and apply best practice in order to prevent fraud, bribery and corruption (e.g. procurement, expenses and ethical business behaviour). Staff should be made aware of their own responsibilities in accordance with the Trust's standards of behaviour and 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.

 All the Trust employees and contractors 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 suppliers

### 3.8.10 Information Management and Technology

The Lead Information Security Officer will contact the LCFS immediately in all cases where there is suspicion that IT is being used for fraudulent purposes.

### 3.8.11 Counter Fraud Champion

The fraud champion is a nominated employee whose role is to support and promote the fight against fraud at both strategic and operational levels.

Fraud champions will support the nominated counter fraud specialist in the work they carry out and the role of a fraud champion includes:

- Promoting awareness of fraud, bribery and corruption within the organisation
- Understanding the threat posed by fraud, bribery and corruption
- Understanding best practice to countering fraud, bribery and corruption

## 4 The Response Plan


---

### 4.1 Bribery and Corruption

---


The Trust has conducted risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect it and proportionate procedures have been put in place to mitigate identified risks.

The Trust has a [Managing Conflicts of Interest Policy](#) which outlines the gifts and hospitality process and how declarations of interest should be made and managed within the Trust. The policy has been developed in accordance with the NHS England document: Managing Conflicts of Interest in the NHS.

 The Trust's [Managing Conflicts of Interest Policy](#) provides detailed guidance of what is expected of Trust employees in relation to declaring hospitality, gifts and sponsorship. Staff are reminded to consult their contracts of employment for further guidance. The Trust intranet site also contains advice on how to declare any offers of hospitality, gifts and sponsorship.

## 4.2 Reporting fraud, bribery or corruption

This section outlines the action to be taken if fraud, bribery or corruption is discovered or suspected.

 If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the LCFS and/or to NHSCFA as follows:

- LCFS, Audit-One,. Tel: 0191 4415936; Email: [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk) or [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net)
- The Trust's Executive Director of Finance
- NHSCFA, 0800 028 40 60 (powered by Crimestoppers)
- Online: <https://cfa.nhs.uk/reportfraud>

However, if there is a concern that the LCFS or the DoF themselves may be implicated in suspected fraud, bribery or corruption, employees should report the matter to the Chief Executive or Trust Chair, or the Chair of the Audit Committee (contact details are on the intranet).

The LCFS and/or NHSCFA will undertake an investigation and seek to apply criminal and civil sanctions, where appropriate and in accordance with criminal legislation and set investigative procedures.

All suspicions of fraud should be reported using the process outlined above. However, to support employees in reporting suspicions the Trust has a [Freedom to Speak Up Policy](#) which is available to all staff. Further information in relation to reporting suspicions of fraud are available in NHS Improvement and NHS England's: Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 and NHS England's Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017.

---

### 4.3 Disciplinary Action

---

Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act, or where their negligent action has led to a fraud being perpetrated. A copy of the Trust's Managing concerns of potential conduct (disciplinary) procedure can be accessed through the following [link](#).

---

### 4.4 Sanctions and Redress

---

This section outlines the sanctions that can be applied and the redress that can be sought against individuals who commit fraud, bribery and corruption against the organisation. The types of sanction which the organisation may apply when a fraud offence has occurred:

**Civil sanctions** – The use of civil recovery enables NHS bodies to seek repayment of sums lost even where, for whatever reason, their recovery using other methods would not be possible. There are a wide range of bases on which a civil claim can be brought, including

- Contract
- Restitution
- Property claims
- Negligent misstatement or misrepresentation
- Fraud

**Criminal sanctions** – The LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.

**Disciplinary** - Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act. All disciplinary investigations will be carried out in accordance with the Trust's disciplinary policy.

**Professional body disciplinary sanction** – If warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

The Trust will seek financial redress whenever possible to recover losses to fraud, bribery and corruption. The financial redress options available to the Trust include:

- Confiscation and compensation orders under the Proceeds of Crime Act 2002
- Forfeiture or seizing of NHS pension
- Civil orders for repayment
- Local agreement between the organisation and the offender to repay monies lost.



## 5 Definitions

Term	Definition
Fraud	See section 3.5 <a href="#">fraud</a>

## 6 Related documents

This document supports all Trust operating policies and standards of conduct, and should be read in conjunction with all other policies and procedures.

Conflicts of interest policy,  
 Managing concerns of potential conduct (disciplinary) procedure  
 Freedom to speak up policy (whistleblowing).

## 7 How this policy will be implemented

- Policy will be published on the intranet and on the Trust website
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

### 7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
n/a				

### 7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Finance department	Counter fraud training (in person)	One hour	Annually

## 8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	External Counter Fraud Specialist update report to ARC (include number of investigations, number and value of upheld proven incidents).	Quarterly/ present report to ARC / LCFS	Updates presented to ARC of action taken against report recommendations

## 9 References

GovS 013: Counter Fraud Functional Standard.

Service Condition 24.1 of the NHS Standard Contract and the Bribery Act 2010, NHSCFA's Strategy 2020 to 2023

NHSCFA strategy: Leading the fight against NHS fraud: strategy 2020-2023 is available at:

[https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA\\_Strategy\\_2020-23.pdf](https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA_Strategy_2020-23.pdf).

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	19 April 2023
Next review date	19 April 2026
This document replaces	FIN-0003-v6 Local Anti-Fraud and Corruption Policy
This document was approved by	Senior Finance Meeting Audit and Risk Committee
This document was approved	22 February 2023 (SFM) 17 March 2023 (ARC)
This document was ratified by	Management Group

This document was ratified	19 April 2023
An equality analysis was completed on this policy on	22 February 2023
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
4.0	4 Aug 2014	Full review	Published
5.0	6 April 2016	New section 4 adding definitions of fraud and bribery. New sections for LCFS and Area AntiFraud Specialist.	Published
6.0	8 May 2019	Full review following release of new guidance	Published
6.0	Oct 2020	Review date extended to 08 Nov 2022	Published
7.0	19 Apr 2023	Full review and transfer to current policy template. Revisions subsequent to the release of the NHS requirements of GovS 013: Counter Fraud Functional Standard.	Ratified

## Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Finance
Title	Anti-Fraud and Corruption Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	This policy is designed to encourage vigilance and provide practical counter fraud response guidance for all employees.
Start date of Equality Analysis Screening	22 February 2023
End date of Equality Analysis Screening	22 February 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All employees and partners
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men, women and gender neutral etc.) <b>NO</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> </ul>
Describe any negative impacts	n/a
Describe any positive impacts	n/a

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	GovS 013: Counter Fraud Functional Standard NHS England specific guidance
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered No above, describe future plans that you may have to engage and involve people from different groups	This is applicable to all staff and not influenced by these factors.

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

**Check the information you have provided and ensure additional evidence can be provided if asked**

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Y	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	n/a	Based on NHSCFA strategy which has had full appropriate development and consultation where applicable
	Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
<b>6.</b>	<b>Training</b>		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Have training needs been considered?	y	See section 7.2 Training needs analysis
	Are training needs included in the document?	y	As above
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Y	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	Completed 03 March 2023
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Y	
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Y	No harm
	Does the document identify whether it is private or public?	Y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	



---

## Appendix 3 NHS Fraud, Bribery and Corruption Referral Form

---

All referrals will be treated in confidence and investigated by professionally trained staff

### 1. Date

### 2. Anonymous application

Yes (If 'Yes' go to section 6) or No (If 'No' complete sections 3–5)

### 3. Your name

### 4. Your organisation/profession

### 5. Your contact details

### 6. Suspicion

### 7. Please provide details including the name, address and date of birth (if known) of the person to whom the allegation relates.

### 8. Possible useful contacts

### 9. Please attach any available additional information.

Because of the personal information contained within completed forms, these may only be submitted to us from a secure email address (such as NHS.net). Please email completed forms to [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net).

## Appendix 4 Do's and Don'ts

### NHS Fraud, Bribery and Corruption – Dos and Don'ts- A desktop guide for Trust Staff

**FRAUD** is the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position.

**BRIBERY** is the deliberate use of inducement or payment of benefit-in-kind to influence an individual to use their position in an unreasonable way

DO:	DO NOT:
<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 may be destroyed, or make a note and advise your LCFS.</li> <li>• <b>Report your suspicion</b> Confidentiality will be respected – delays may lead to further financial loss.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Confront the suspect or convey concerns to anyone other than those authorised as listed below.</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 directly</b> Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must take into account legal procedures in order for it to be useful. Your LCFS can conduct an investigation in accordance with legislation.</li> </ul>

If you suspect that fraud against the NHS has taken place, you must report it immediately, by:

- Directly contacting the **Local Counter Fraud Specialist**, or
- telephone the **free phone NHS Fraud and Corruption Reporting Line**
- Online at <https://cfa.nhs.uk/reportfraud>

[Do you have concerns about a fraud taking place in the NHS?](#)

*If so, any information can be passed to the NHS Fraud and Bribery Reporting Line: 0800 028 40 60*  
All calls will be treated in confidence and investigated by professionally trained staff

Your Local Counter Fraud Specialist can be contacted by telephoning 0191 441 5936 or emailing [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk) or [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net)

If you would like further information about the NHS Counter Fraud Authority, please visit <https://cfa.nhs.uk/>

*Protecting your NHS*