

# Anti-Fraud, Bribery and Corruption Policy

<b>Policy Number</b>	<b>Corp/Pol/007</b>
<b>Target Audience</b>	<b>All Staff including Bank, Temporary, Contractors and Learners in Practice</b>
<b>Lead Executive Director</b>	<b>Executive Director of Finance</b>
<b>Recommending Committee/Group</b>	<b>Audit Committee</b>
<b>Approving Committee(s)</b>	<b>Corporate Clinical Policy Group</b>
<b>Ratifying Committee</b>	<b>Corporate Clinical Policy Group</b>
<b>Date First Ratified</b>	<b>December 2013</b>
<b>Last Full Review Date</b>	<b>May 2024</b>
<b>Next Full Review Date</b>	<b>May 2027</b>
<b>Extension approved until</b>	<b>n/a</b>
<b>Lead Author(s)</b>	<b>Anti-Fraud Specialist - MIAA</b>
<b>Version Number</b>	<b>5.0</b>

<b>Applicable Statutory, Legal or National Best Practice Requirements</b>	<p>Bribery Act 2010, c.23          Computer Misuse Act 1990, c.18          Fraud Act 2006, c.35          Home Office (2016) Bribery and corruption assessment template          Ministry of Justice The Bribery Act 2010 Guidance about procedures which relevant commercial organisations can put into place to prevent persons associated with them from bribing (section 9 of the Bribery Act 2010          NHS Business Services Authority (2004) Code of Conduct &amp; Accountability for NHS Boards          NHS Counter Fraud Authority (2021) NHSCFA Strategy 2023-26          NHS Counter Fraud Authority Government Functional Standard 013          NHS Counter Fraud Authority (2017) NHS counter fraud manual</p>
---	--

	NHS England (2017) Managing conflicts of interest in the NHS: guidance for staff and organisations NHS England (2018) NHS standard contract NHS England's (2022) Freedom to Speak Up Policy for the NHS Police and Criminal Evidence Act (1984), c.60 Public Interest Disclosure Act (1998), c.23
--	---

The Trust is committed to an environment that promotes equality, embraces diversity, and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

This document can only be considered valid when viewed via the Trust's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

## Version Control Sheet

Version	Date	Reviewed By	Comment
1.0	17.10.2013	Policy Group	Comments and feedback provided to the AFS, Kerry Wheat, for consideration and appropriate amendment
	19.12.2013	Policy Group	Approved
2.0	April 2016	D. Williams	Approved by Chair Action
3.0	December 2017	Policy Approval Group	Amendments required. Policy to be resubmitted for virtual review and chair approval.
	January 2018	P. Leong	Amendments completed; references updated
	January 2018	S. Arkwright	Approval by chair action
4.0	October 2020	P. Leong	Revision and amendments to the Policy in accordance with NHSCFA template local counter fraud, bribery, and corruption policy. Section 2.1 'NHS Counter Fraud Authority' expanded New Section 2.2 'Counter Fraud Standards' added Section 2.3 'Fraud' expanded Section 2.4 'Bribery and Corruption' expanded Section 6.1 'Board / Audit Committee' expanded Section 6.6 'Anti-Fraud Specialist' expanded Section 6.7 'NHS Counter Fraud Authority' expanded Section 8.1 'Reporting fraud, bribery and/ or corruption' amended New Section 8.2 'Disciplinary action' added Section 8.3 'Sanctions and redress' amended Approved
	October 2020	Audit Committee	Approved subject to minor amendments to S. 6.10 and moving/renumbering of the appendices
	November 2020	Corporate Clinical Policy Group	Amendments completed
	Nov 2020 Nov 2020	P. Leong S. Arkwright	Approved by chair action
4.1	May 2021	P. Leong	Revision and amendments to align the policy to the current NHSCFA Strategy 2020-23. Section 1 'Introduction' amended Section 1.1 'Objectives' amended Section 2.1 'NHS Counter Fraud Authority (NHSCFA)' re-titled 'NHS Counter Fraud

Version	Date	Reviewed By	Comment
			Authority (NHSCFA) / NHS Counter Fraud Strategy' and amended Section 2.2 'Counter Fraud Standards' re-titled 'Government Functional Standard GovS 013: Counter Fraud (NHS Requirements)' and amended Section 13 'References' amended
4.2	May 2021	Nick Gallagher	Amendments approved
4.3	July 2021	Audit Committee	Amendments approved
4.4	July 2021	S. Arkwright	Approved by chair action
4.5	Jan 2024	P. Leong	Revision and amendments to align the policy to the current NHSCFA Strategy 2023-26.
4.6	Jan 2024	M. Corkery	Reviewed, comments made
4.7	Apr 2024	P. Leong	Amendments made following comments received from key individuals
4.8	25/04/24	Audit Committee	Amendments approved
4.9	May 2024	Corporate Clinical Policy Group	Approved subject to minor amends and final chair approval
4.10	May 2024	P. Leong	Amendments completed
5.0	May 2024	J. Cheung	Approved by chair action

### Equality impact assessment

Consider if this document impacts/potentially impacts:

- Staff
- Patients
- Family members
- Carers
- Communities

Yes <input checked="" type="checkbox"/> complete box A	No <input type="checkbox"/> complete box B
<b>Box A</b> Contact the Trust's equality & inclusion manager at: <b>Email: <a href="mailto:ruth.besford@nhs.net">ruth.besford@nhs.net</a></b> <b>Date contacted: 12/01/24</b>	<b>Box B</b> Complete details below: <b>Name:</b> <b>Email:</b> <b>Date:</b>

### Education & professional development (EPD) question

To ensure that any training requirements are discussed, and resources planned and allocated to meet the needs of the service, you must consider whether this document has additional training requirements. Please answer the following question by entering a cross in the Yes or No box below:

	Yes	No
Does this document have any additional training requirements or implications?		X

If you have answered **YES** you must forward a copy of this document to EPD **before** submitting to the policy officer.

Date submitted to EPD: .....

No further action is required if you have answered NO.

Name of document	Anti-Fraud, Bribery and Corruption Policy
Document number	Corp/Pol/007
Document author	Anti-Fraud Specialist - MIAA

<b>Section 1 - actions required by author</b>	<b>Authors response</b>
Date proposal form submitted to policy officer (new documents)	N/A
Date proposal form presented to CCPG (new documents)	N/A
Date proposal approved by CCPG (new documents)	N/A
Date literature search/reference review requested	N/A
Date EqIA considered	12/01/24
Date additional training requirements considered	12/01/24
Date fraud-proofed by the Anti-Fraud Specialist (AFS) if applicable	N/A
Date template accessed on the Hub Add 'OFFICIALSENSITIVE: COMMERCIAL' to front cover if the document can be shared on the internet Add 'OFFICIALSENSITIVE: PERSONAL' to appendices if they include or will include personally identifiable information (PID)	OFFICAL SENSITIVE: COMMERCIAL
Date literature review completed (check references are formatted correctly, and hyperlinks working)	N/A
Date first draft submitted to policy officer for initial review	12/01/24
Date returned by policy officer following initial review	31/01/24
Date submitted to key individuals/groups/subject matter experts for comments (add names and designations of responders to consultation table)	05/04/24
For clinical documents, date document submitted to consultation group for sign-off i.e., IPC, Medicines Management (this applies if the document contains medication or medical gases - update version control sheet to confirm sign-off)	N/A
Name of Recommending Committee/group	Audit Committee
Date sent to Recommending Committee/group for sign-off	25/04/24
Date signed-off by the Recommending Committee/group (update version control sheet once signed-off)	25/04/24
Date submitted to policy officer for listing at CCPG	25/04/24
<b>Section 2 – for completion by the policy officer</b>	
Date approved by CCPG	17/05/24
The following policies require Board approval and must be submitted to Board following CCPG approval: <ul style="list-style-type: none"> <li>• Risk Management Framework Policy</li> <li>• Health &amp; Safety Policy</li> <li>• Policy and procedure for the production, approval and ratification of Trust-wide policies and procedures ("Policy for Policies")</li> </ul> Date submitted for Board approval: Date approved by Board:	

Issue Date: May 2024	Page 6 of 33	Document Name: Anti-Fraud, Bribery and Corruption Policy	Version No: 5.0
-------------------------	--------------	--	--------------------

## Contents

### [A Desktop Guide to Reporting NHS Fraud, Bribery and Corruption](#)

<b>1</b>	Introduction	9
1.1	Objective	10
1.2	Scope	10
<b>2</b>	Definitions	11
<b>3</b>	Abbreviations	17
<b>4</b>	Other relevant procedural documents	17
<b>5</b>	Roles and responsibilities	17
<b>6</b>	Equipment	25
<b>7</b>	NHS Counter Fraud Authority	25
7.1	Internal and external audit	26
<b>8</b>	Codes of Conduct	26
<b>9</b>	Guarding against fraud, bribery and corruption	27
<b>10</b>	The Response Plan	28
10.1	Reporting fraud, bribery and/ or corruption	28
10.2	Disciplinary action	29
10.3	Sanctions and redress	29
<b>11</b>	Consultation	31
<b>12</b>	Dissemination and Implementation	31
12.1	Dissemination	31
12.2	Implementation	31
<b>13</b>	Process for Monitoring Compliance and Effectiveness	31
<b>14</b>	Standards / Key Performance Indicators	32
<b>15</b>	References	32

The following appendix can be accessed under the policy on MyBridgewater:

Appendix A - NHS Fraud, Bribery and Corruption Referral Form

Issue Date: May 2024	Page 7 of 33	Document Name: Anti-Fraud, Bribery and Corruption Policy	Version No: 5.0
-------------------------	--------------	--	--------------------

## A Desktop Guide to Reporting NHS Fraud, Bribery and Corruption

**FRAUD** is a criminal deception committed by a person who acts in a false and dishonest way intended to result in financial or personal gain to them self or loss to another.

**BRIBERY** is an inducement or reward offered, promised, or provided to someone to perform a relevant function or activity improperly in order to gain a personal, commercial, regulatory and/ or contractual advantage, on behalf of oneself or another.

### DO

- **Note your concerns**

Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.

- **Retain or secure evidence**

Retain any evidence that may be destroyed, but do not alter or write on it in any way.

- **Report your suspicion promptly**

Confidentiality will be respected – delays may lead to further financial loss.

- **Be discreet**

Don't discuss your concerns with anyone who doesn't need to know.

### DO NOT

- **Confront the suspect or convey concerns to anyone other than those authorised**

Never attempt to question a suspect yourself; this could alert a fraudster and place you at harm.

- **Try to investigate the concern yourself**

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 AFS will conduct an investigation in accordance with legislation.

- **Be afraid of raising your concerns**

The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

- **Do nothing!**

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

- directly contacting the **Anti-Fraud Specialist**, or
- telephoning the **freephone** NHS Fraud and Corruption Reporting Line, or
- online via the **fraud reporting form**, or
- contacting the **Director of Finance**

### Report NHS Fraud, Bribery & Corruption – contact details:

Linda Daisley, AFS: **07570 147318** or **0151 285 4500 (main office)**

NHS Fraud and Corruption Reporting Line: **0800 028 4060**

NHS Online Reporting Form: [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud)

All calls will be treated in confidence & investigated by professionally trained personnel.

Your nominated Anti-Fraud Specialist Linda Daisley can also be contacted by telephoning **07570 147318**, or emailing [linda.daisley@miaa.nhs.uk](mailto:linda.daisley@miaa.nhs.uk)  
If you would like further information about the NHS Counter Fraud Authority or the work of the AFS, please visit <https://cfa.nhs.uk>

# Protecting your NHS from Fraud, Bribery and Corruption



# 1 Introduction

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS conduct themselves in an honest and professional manner and they believe that fraud, bribery, and corruption, committed by a minority, is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to Bridgewater Community Healthcare NHS Foundation Trust (hereafter the 'Trust') employees who may identify suspected fraud, bribery, or corruption. It is supported and endorsed by senior management. It provides a framework for responding to suspicions of fraud, bribery and corruption, advice, and information on various aspects of fraud, bribery and corruption and implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery, and corruption.

The Trust is committed to reducing the level of fraud, bribery, and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. The Trust does not tolerate fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

The Trust wishes to encourage anyone having reasonable suspicions of fraud, bribery, or corruption to report them. For the purposes of this policy "reasonably held suspicions" shall mean any suspicions other than those which are totally groundless (and/ or raised maliciously).

It is the Trust's policy that no employee will suffer in any way as a result of reporting these suspicions. This protection is given under the provisions of the Public Interest Disclosure Act 1998 which the Trust is obliged to comply with.

The Trust will take all necessary steps to counter fraud, bribery, and corruption in accordance with:

- This policy; and
- The NHS counter fraud manual

And in line with:

- The NHS Counter Fraud Authority (NHSCFA) strategy 'NHSCFA Strategy 2023-36'; and
- Any other relevant guidance or advice issued by the NHSCFA.

The Trust will seek the appropriate disciplinary, regulatory, civil, and criminal sanctions against fraudsters and where possible will attempt to recover losses.

Each Trust is required to appoint its own dedicated Anti-Fraud Specialist (AFS) who is accredited by the NHSCFA and accountable to them professionally for the completion of a range of preventative anti-fraud, bribery, and corruption work, as well as for undertaking any necessary investigations.

Locally, the AFS is accountable on a day-to-day basis to the Trust's Director of Finance (DoF) and also reports, periodically, to the Trust Audit Committee.

All instances where fraud, bribery and/ or corruption is suspected are thoroughly investigated by staff trained by the NHSCFA. Any investigations will be undertaken in accordance with the NHS counter fraud manual.

[NB. For staff awareness, theft issues are usually dealt with by the local security management specialist (LSMS), not the AFS. However, the AFS will be mindful of any potential criminality identified in the course of any investigation and will, with the agreement of the DoF, notify the appropriate investigating authority].

## 1.1 Objective

The Trust is committed to taking all necessary steps to counter fraud, bribery, and corruption.

Under the NHS Standard Contract (implemented on 1<sup>st</sup> April 2012), all organisations providing NHS services are required to put in place appropriate anti-fraud management arrangements. The NHSCFA unified approach to tackling fraud and economic crime against the NHS ('NHSCFA Strategy 2023-26') is guided by four strategic pillars of activity:

- Understand: Understand how fraud, bribery and corruption affects the NHS
- Prevent: Ensure the NHS is equipped to take proactive action to prevent future losses from occurring
- Respond: Ensure the NHS is equipped to respond when a fraud occurs
- Assure: Provide assurance to key partners, stakeholders, and the public that the overall response to fraud across the NHS is robust).

## 1.2 Scope

This policy has been produced by the Trust's AFS and is intended to provide a guide for all employees (regardless of position), contractors, consultants, vendors, and other internal and external stakeholders who have a professional or business relationship with the Trust on:

- What fraud, bribery and corruption are in the NHS
- What everyone's responsibility are to prevent fraud, bribery, and corruption

- Also, how to report concerns and/ or suspicions with the intention of reducing fraud, bribery, and corruption to a minimum within the Trust.

## 2 Definitions

The definitions applicable to this policy are as follows:

<p><b>NHS Counter Fraud Authority / NHS Counter Fraud Strategy (NHSCFA)</b></p>	<p>The NHSCFA is a special health authority which 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</p> <p>The NHSCFA also maintains a national NHS counter fraud strategy which sets out the strategic approach and direction, key challenges and opportunities, and the key objectives identified for tackling fraud, bribery, and corruption in the NHS.</p> <p>The Trust’s local approach to tackling fraud, bribery, and corruption, through the work of the AFS, organisational resources and the annual risk-assessed anti-fraud, bribery, and corruption work plan, fully acknowledges and aligns itself to the key objectives set out in the national strategy.</p>
<p><b>Government Functional Standard GovS 013: Counter Fraud (NHS Requirements)</b></p>	<p>A requirement in the NHS standard contract is that providers and commissioners of NHS services must take the necessary action to comply with the NHSCFA’s counter fraud standards. Others should have due regard to the standards.</p> <p>The contract places a requirement on providers and commissioners to have policies, procedures, and processes in place to combat fraud, bribery, and corruption to ensure compliance with the standards.</p> <p>The NHSCFA carries out regular assessments of health organisations in line with the counter fraud standards.</p>

**Fraud**

The Fraud Act 2006 created a general offence of fraud and introduced three ways of committing it. Fraud can broadly be defined as follows:

Fraud is a criminal deception committed by a person who acts in a false and dishonest way intended to result in financial or personal gain to them self or loss to another.

The Fraud Act 2006, which came into effect on the 15 January 2007, introduced an entirely new way of investigating and prosecuting fraud. Previously, the word 'fraud' was an umbrella term used to cover a variety of criminal offences falling under various legislative acts. It is no longer necessary to prove that a person has been deceived, or for a fraud to be successful. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain either for themselves or another; to cause a loss to another; or expose another to a risk of a loss.

The offence of fraud can be committed in three ways:

- **Fraud by false representation (s.2)** – a person dishonestly makes a false representation, and intends, by making the representation – to make a gain for them self or another, or to cause loss to another or to expose another to a risk of loss, e.g. employee lying on a timesheet about hours worked
- **Fraud by failing to disclose (s.3)** – a person fails to disclose to another person information which he is under a legal duty to disclose, and intends, by failing to disclose the information – to make a gain for them self or another, or to cause loss to another or to expose another to a risk of loss, e.g. employee not disclosing a criminal conviction to an employer; and
- **Fraud by abuse of position (s.4)** – a person occupies a position in which he is expected to safeguard, or not to act against, the financial interests of another person, dishonestly abuses that position, and intends, by means of the abuse of that position – to make a gain for them self or another, or to cause loss to another or to expose another to a risk of loss, e.g. company director manipulating company accounts to channel monies to personal bank account.

	<p>It should be noted that all offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed, so long as the intent is there.</p> <p>The maximum penalty for offences under the Fraud Act 2006 is twelve months' imprisonment and/ or a fine on summary conviction and ten years' imprisonment and/ or a fine on conviction on indictment.</p>
<p><b>Bribery and corruption</b></p>	<p>The Bribery Act 2010 came into effect on the 1 July 2011 to provide an effective legal framework to combat bribery in the public and private sectors.</p> <p>The Bribery Act 2010 replaced the complex system of offences under common law and in the Prevention of Corruption Acts 1889 to 1916. Bribery is generally defined as follows:</p> <p><b>Bribery is an inducement or reward offered, promised, or provided to someone to perform a relevant function or activity improperly in order to gain a personal, commercial, regulatory and/ or contractual advantage, on behalf of oneself or another.</b></p> <p>The offence of bribery can be committed in two main ways:</p> <p><b>Bribing another person (s.1):</b></p> <ul style="list-style-type: none"> <li>• A person offers, promises, or gives a financial or other advantage to another person, and intends the advantage to induce a person to perform improperly a relevant function or activity, or to reward a person for the improper performance of such a function or activity; or</li> <li>• A person offers, promises, or gives a financial or other advantage to another person, and knows or believes that the acceptance of the advantage would itself constitute the improper performance of a relevant function or activity</li> </ul>

	<p><b>Request, agree to receive or accept a bribe (s.2):</b></p> <ul style="list-style-type: none"> <li>• A person requests, agrees to receive, or accepts a financial or other advantage intending that, in consequence, a relevant function or activity should be performed improperly (whether by them self or another person); or</li> <li>• A person requests, agrees to receive, or accepts a financial or other advantage, and the request, agreement, or acceptance itself constitutes the improper performance by them self of a relevant function or activity; or</li> <li>• A person requests, agrees to receive, or accepts a financial or other advantage as a reward for the improper performance (whether by them self or another person) of a relevant function or activity; or</li> <li>• Where, in anticipation of or in consequence of them self-requesting, agreeing to receive or accepting a financial or other advantage, a relevant function or activity is performed improperly by them self, or by another person at his request or with his assent or acquiescence.</li> </ul> <p>The Bribery Act 2010 also introduced a corporate offence:</p> <p><b>Failure of commercial organisations to prevent bribery (s.7):</b></p> <ul style="list-style-type: none"> <li>• A relevant commercial organisation is guilty of an offence under this section if a person associated with it bribes another person intending, to obtain or retain business for the organisation, or to obtain or retain an advantage in the conduct of the business for the organisation; but</li> <li>• It is a defence for the organisation to prove that it had in place adequate procedures designed to prevent persons associated with it from undertaking such conduct.</li> </ul>
--	--

	<p>It should be noted that the corporate offence (s.7) is not a stand-alone offence, but always follows from a bribery offence committed by an individual associated with the relevant commercial organisation in question. The Trust is classed as a commercial organisation for the purposes of the Act. The Trust may avoid conviction if it can show that it had adequate procedures in place to prevent bribery. The maximum penalty for a section 7 offence under the Bribery Act 2010 is an unlimited fine.</p> <p>The maximum penalty for other offences under the Bribery Act 2010 is twelve months' imprisonment and/ or a fine of up to £5,000 on summary conviction and ten years' imprisonment and/ or an unlimited fine on conviction on indictment.</p> <p>Corruption is generally considered to be an “umbrella” term covering such various activities as bribery, corrupt preferential treatment, kickbacks, cronyism, theft, or embezzlement.</p> <p>Examples of bribery in an NHS context could be a contractor attempting to influence a procurement decision-maker by giving them an extra benefit or gift as part of a tender exercise; or a medical or pharmaceutical company providing holidays or other excessive hospitality to a clinician in order to influence them to persuade their Trust to purchase that company's particular clinical supplies.</p> <p>A bribe does not have to be in cash; it may be the awarding of a contract, the provision of gifts, hospitality, sponsorship, the promise of work or some other benefit. The persons making and receiving the bribe may be acting on behalf of others – under the Bribery Act 2010, all parties involved may be prosecuted for a bribery offence.</p> <p>All staff are reminded to ensure that they are transparent in respect of recording any gifts, hospitality or sponsorship and they should refer to the separate Trust's policy, the 'Managing Conflicts of Interest in the NHS Policy' covering:</p> <ul style="list-style-type: none"> <li>• Acceptance of gifts and hospitality</li> <li>• Declaration of Interests</li> <li>• Sponsorship.</li> </ul>
--	--

	<p>The Bribery Act 2010 is also extra-territorial in nature. This means that anyone involved in bribery activity overseas may be liable to prosecution in the United Kingdom (UK) if the bribe is in respect of any UK activity, contract, or organisation. To this end, the Bribery Act 2010 also includes an offence of <u>bribing a foreign public official (s.6)</u>.</p> <p>Under section 14 of the Bribery Act 2010, a senior officer of the organisation (e.g. a senior manager, an executive or non-executive director) would also be liable for prosecution if they consented to or connived in a bribery offence carried out by another. Under such circumstances, the senior officer may be prosecuted for a parallel offence to that brought against the primary perpetrator.</p> <p>The Bribery Act 2010 is applicable to the Trust and applies to (and can be triggered by) everyone “associated” with it, including those who perform services for it, or on its behalf, and those who provide it with goods. This includes those who work for and with the Trust, such as employees, agents, subsidiaries, contractors, and suppliers, regardless of whether they are incorporated or not. The term ‘associated persons’ has an intentionally wide interpretation under the Bribery Act 2010.</p> <p>The Trust adopts a ‘zero tolerance’ attitude towards bribery and does not, and will not, pay or accept bribes or offers of inducement to or from anyone, for any purpose.</p> <p>The Trust has conducted risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect the organisation. The Trust is fully committed to the objective of preventing bribery and will ensure that adequate procedures, which are proportionate to its risks, are in place to prevent bribery, and which will be regularly reviewed.</p> <p>The Trust will, in conjunction with the NHSCFA, seek to obtain the strongest penalties – including criminal prosecution, disciplinary and/ or civil sanctions – against anyone associated with the Trust who is found to be involved in any bribery or corruption activities.</p>
--	--



	All NHS bodies including private providers, commissioners and trusts should refer to the Home Office's bribery and corruption assessment template in order to assess their response to bribery and corruption.
--	--

### 3 Abbreviations

The definitions applicable to this policy are as follows:

AFS	Anti-Fraud Specialist
CFPAB	Counter Fraud Professional Accreditation Board
DoF	Director of Finance
DOPOD	Director of people and organisational development's
FTSU	Freedom to speak up
HR	Human Resources
ICT	Information and Communication Technology
LSMS	Local Security Management Specialist
MIAA	Mersey Internal Audit Agency
NHSCFA	NHS Counter Fraud Authority
PACE	Police and Criminal Evidence Act
UK	United Kingdom

### 4 Other relevant procedural documents

This policy should be read in conjunction with the following documents which are available on MyBridgewater:

Disciplinary Policy and Procedure

Managing Conflicts of Interest (including Gifts and Hospitality) in the NHS Policy

Freedom to Speak Up Policy for the NHS

Procurement Policy

Scheme of Reservation and Delegation

Standing Financial Instructions

### 5 Roles and responsibilities

Through day-to-day work staff are in the best position to recognise any specific risks within their own areas of responsibility. Staff have a duty to ensure that those risks, however large or small, are identified and eliminated.

Issue Date: May 2024	Page 17 of 33	Document Name: Anti-Fraud, Bribery and Corruption Policy	Version No: 5.0
-------------------------	---------------	--	-----------------

Where staff believe the opportunity for fraud, bribery or corruption exists, whether because of poor procedures or oversight, they should report it to the AFS or the NHS Fraud and Corruption Reporting Line and/ or online fraud reporting form.

This section states the roles and responsibilities of employees and other relevant parties in reporting fraud, bribery, and corruption.

## 5.1 Board / Audit Committee

The Trust has a duty to ensure that it provides a secure environment in which to work, and one where people are confident to raise concerns without worrying that it will reflect badly on them. This extends to ensuring that staff feel protected when carrying out their official duties and are not placed in a vulnerable position.

If staff have concerns about any procedures or processes that they are asked to be involved in, the Trust has a duty to ensure that those concerns are listened to and addressed.

- The Trust's Board and Audit Committee has a duty to provide adequate governance and oversight of the Trust to ensure that its funds, people, and assets are adequately protected against criminal activity, including fraud, bribery, and corruption.
- The Board will provide clear and demonstrable support and strategic direction for counter fraud, bribery, and corruption work.
- The Board will review the proactive management, control and the evaluation of counter fraud, bribery, and corruption work.
- The Board will scrutinise NHSCFA assessment reports, where applicable, and ensure that the recommendations are fully actioned.
- The Audit Committee will review, approve, and monitor counter fraud work plans.
- The Audit Committee will receive regular updates on counter fraud activity.
- The Audit Committee will monitor the implementation of action plans.
- The Audit Committee will provide direct access and liaison with those responsible for counter fraud.
- The Audit Committee will review annual reports on counter fraud.
- The Audit Committee will discuss NHSCFA quality assessment reports.

## 5.2 Chief executive

The Trust's chief executive, as the organisation's accountable officer, has overall responsibility for securing funds, assets and resources entrusted to it, including instances of fraud, bribery, and corruption.

The chief executive must ensure adequate policies and procedures are in place to protect the organisation and the public funds it receives. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement of all of Trust employees. The Trust therefore has a duty to ensure employees who are involved in or who are managing internal control systems receive adequate training and support in order to carry out their responsibilities.

## 5.3 Director of finance

The DoF, in conjunction with the chief executive, monitors and ensures compliance with the Trust's contractual requirements regarding fraud, bribery and corruption.

The DoF has powers to approve financial transactions initiated by directorates across the Trust. The DoF is responsible for:

- Preparing, documenting, and maintaining detailed financial procedures and systems; and applies the principles of separation of duties and internal checks to supplement those procedures and systems.
- Reporting annually to the Board 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.
- Informing appropriate senior management depending on the outcome of investigations (whether on an interim/ on-going or concluding basis) and/or the potential significance of suspicions that have been raised.
- Informing and consulting the Chief Executive in cases where the loss or where the incident may lead to adverse publicity. If an investigation is deemed to be appropriate, the DoF will delegate responsibility for leading the investigation to the Trust's AFS, whilst retaining overall responsibility them self.
- Consulting and taking advice from the Director of People and Organisational Development if a member of staff is to be interviewed, suspended, or disciplined. The DoF or AFS will not conduct a disciplinary investigation, but the employee may be the subject of a separate investigation by Human Resources (HR).

## 5.4 Director of people and organisational development

The director of people and organisational development's (DoPOD) portfolio of responsibilities include:

Issue Date: May 2024	Page 19 of 33	Document Name: Anti-Fraud, Bribery and Corruption Policy	Version No: 5.0
-------------------------	---------------	---	-----------------

- Human resources
- Recruitment
- Leadership
- Organisational development
- Education
- Learning and development
- Equality and diversity
- Staff health and wellbeing
- Communication
- Staff engagement.

The DoPOD provides advice to the DoF in relation to fraud referrals received by the AFS and is responsible for ensuring that any such matters are appropriately investigated by the Trust, either alongside (but separate to) a criminal investigation or in lieu of one, with sanction and redress outcomes pursued in line with the Trust's relevant policies and procedures.

The DoPOD is responsible for ensuring that agreed Workforce recommendations arising out of fraud investigations are implemented by the Trust in line with agreed implementation dates.

## **5.5 Managers**

Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively. The responsibility for the prevention and detection of fraud, bribery, and corruption therefore primarily rests with managers but requires the co-operation of all employees.

As part of that responsibility, line managers need to:

- Inform staff of the Trust's code of business conduct and anti-fraud, bribery, and corruption policy as part of their induction process, paying particular attention to the need for accurate completion of personal records and forms
- Ensure all employees for whom they are accountable are made aware of the requirements of the policy
- Assess the types of risk involved in the operations for which they are responsible

- Ensure adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts), separation of duties wherever possible so that control of a key function is not invested in one individual, and regular reviews, reconciliations, and test checks to ensure that control measures continue to operate effectively
- Ensure any use of computers by employees is linked to the performance of their duties within the Trust
- Be aware of the Trust's Anti-Fraud, Bribery and Corruption Policy and the rules and guidance covering the control of specific items of expenditure and receipts
- Identify financially sensitive posts
- Ensure that controls are being complied with
- Contribute to their director's assessment of the risks and controls within their business area, which feeds into the Trust's and the Department of Health and Social Care Accounting Officer's overall statements of accountability and internal control.

## 5.6 Employees

The Trust's standing orders, standing financial instructions, policies and procedures place an obligation on all employees and non-executive directors to act in accordance with best practice.

All employees have a responsibility to:

- Act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure that they are familiar with them
- Comply with all applicable laws, regulations and Trust policies 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 have
- Avoid acting in any way that might cause others to allege or suspect them of dishonesty
- Behave in a way that would not give cause for others to doubt that the Trust's employees deal fairly and impartially with official matters; and
- Be alert to the possibility that others might be attempting to deceive

- Protect the assets of the Trust, including information and property
- Ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, managing budgets, or dealing with contractors or suppliers.
- Report any suspected fraud, bribery, or corruption, including any suspicious acts or events, to the nominated AFS.

## 5.7 Anti-Fraud Specialist

The AFS is operationally accountable to the Trust's DoF and reports on the progress of all anti-fraud, bribery, and corruption activity to the Trust Audit Committee.

The adherence to national standards is important in ensuring that the Trust has appropriate anti-fraud, bribery, and corruption arrangements in place and the AFS will look to achieve the highest standards possible in their work.

The role and responsibilities of the AFS are clearly defined within the NHS counter fraud manual. The AFS is responsible for:

- Liaising with several key stakeholders and key contacts across the Trust to promote and maintain an anti-fraud, bribery, and corruption culture, apply effective preventative measures, and investigate allegations of fraud, bribery, and corruption
- Taking forward all anti-fraud work locally in accordance with national standards and regularly reporting to the DoF on the progress of the investigation and if/when referral to the police is required
- Consulting and taking advice from the director of people and organisational development if a member of staff is to be interviewed, suspended, or disciplined. The AFS (or DoF) will not conduct a disciplinary investigation, but the employee may be the subject of a separate investigation by Human Resources (HR)
- In discussion with the DoF, informing third parties such as external audit or the police at the earliest opportunity, as circumstances dictate.
- Conducting risk assessments in relation to their work to prevent fraud, bribery, and corruption
- Ensuring the DoF is informed about all referrals/cases and approves any necessary investigation activity
- Conducting investigations in respect to all alleged fraud, bribery, and corruption in accordance with the NHS counter fraud manual, Investigations Toolkit, the Government Functional Standard GovS 013: Counter Fraud and relevant criminal law

Issue Date: May 2024	Page 22 of 33	Document Name: Anti-Fraud, Bribery and Corruption Policy	Version No: 5.0
-------------------------	---------------	--	-----------------

- Gathering and taking control of any physical evidence and recording this in accordance with the procedures outlined in the NHS counter fraud manual. If evidence consists of several items, such as many documents, the AFS should record each one with a separate reference number corresponding to the written record. Note that in criminal actions, evidence on, or obtained from, electronic media needs a document confirming its accuracy.
- Carrying out interviews under caution in accordance with the Police and Criminal Evidence Act 1984 (PACE). The AFS will take written statements where necessary.
- Reporting the outcome of the investigation through to the DoF, setting out the circumstances, the investigation process, the estimated loss, the recommended action to suitably discharge the investigation and the recommended action to prevent a recurrence
- Reporting the outcome of the investigation through the Audit Committee
- In consultation with the DoF, reporting any cases to the NHSCFA as agreed and in accordance with the NHS counter fraud manual
- Reporting any case and the outcome of the investigation through the NHSCFA national case management system
- Ensuring other relevant parties are informed where necessary, e.g. HR will be informed if an employee is the subject of a referral
- Ensuring the Trust's incident and losses reporting systems are followed
- Ensuring any system weaknesses identified as part of an investigation are addressed by management as quickly as possible and reported to the NHSCFA
- Adhering to the Counter Fraud Professional Accreditation Board (CFPAB)'s Principles of Professional Conduct as set out in the NHS counter fraud manual; and
- The day-to-day implementation of the generic areas of anti-fraud, bribery, and corruption strategy, as agreed in the risk assessed annual anti-fraud, bribery, and corruption work plan.

The AFS does not have responsibility for or be in any way engaged in the management of security for any NHS body.

## 5.8 Human Resources

HR staff are responsible for:

Issue Date: May 2024	Page 23 of 33	Document Name: Anti-Fraud, Bribery and Corruption Policy	Version No: 5.0
-------------------------	---------------	--	-----------------

- Liaising closely with managers and the AFS from the outset if an employee is suspected of being involved in fraud, bribery and/ or corruption, in accordance with agreed liaison protocols
- Ensuring the appropriate use of the Trust's disciplinary procedure
- Advising those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and grievance procedures, as requested
- Taking 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.

### **5.9 Head of information technology**

The head of information technology (or equivalent) is responsible for:

- Contacting the AFS immediately in all cases where there is suspicion that Trust Information and Communication Technology (ICT) is being used for fraudulent purposes in accordance with the Computer Misuse Act 1990
- Liaising closely with the AFS to ensure that a subject's access (both physical and electronic) to Trust ICT resources is suspended or removed where an investigation identifies that it is appropriate to do so.

### **5.10 Counter fraud champion**

The role and duties of the counter fraud champion include:

- Promoting awareness of fraud, bribery, and corruption within the Trust
- Understanding the threat posed by fraud, bribery, and corruption; and
- Understanding best practice on counter fraud.

The counter fraud champion does not have any remit to investigate allegations of fraud, bribery, or corruption.

### **5.11 Freedom to speak up guardians**

Freedom to speak up (FTSU) guardians have a responsibility to:

- Report allegations they receive relating to fraud, bribery, or corruption against the Trust to the AFS (whilst protecting the identity of the referrer, if necessary).



## 6 Equipment

Not applicable.

## 7 NHS Counter Fraud Authority

The NHSCFA is a centre of excellence employing specialists in intelligence, fraud prevention, computer forensics, fraud investigation, financial investigation, data analysis and communications. The NHSCFA provide a range of specialised services to tackle NHS fraud:

- As an intelligence-led organisation, the NHSCFA use a wide range of information to build a more accurate picture of the fraud risks facing the NHS, to inform preventative action and to support investigations
- The NHSCFA investigate the most serious, complex, and high-profile cases of fraud, and work closely with the police and the Crown Prosecution Service to bring offenders to justice. Its specialist financial investigators have powers to recover NHS money lost to fraud, and they have a forensic computing team who collect and analyse digital evidence
- The NHSCFA develop a range of targeted fraud prevention solutions to address identified fraud risks. This may include reviewing and redesigning whole systems or developing tailored guidance or other solutions
- The NHSCFA set standards for counter fraud work across the NHS. They assess commissioners and providers of NHS services for compliance with the standards through their quality assurance programme
- The NHSCFA are committed to developing a skilled workforce, in line with the government's counter fraud professional standards. They carry out internal quality assurance, ensuring continued compliance with legislation and professional standards
- By raising awareness of fraud against the NHS and publicising the work of the NHSCFA, they encourage NHS staff, other stakeholders and the public to join the fight against NHS fraud
- The NHSCFA strive to be a digital by default organisation, using technology to make their work quicker, smarter and more data-driven
- The NHSCFA use complex algorithms and data mining tools as a means to identify both normal behaviour and outliers in NHS data, within which fraudulent behaviour can be found. The resulting analyses are used to support ongoing investigations as well as inform the intelligence picture and guide fraud prevention steps.

## 7.1 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 of fraud, bribery or corruption that comes to internal or external audit's attention will be passed immediately to the nominated AFS. The outcome of the investigation may necessitate further work by internal or external audit to review systems.

## 8 Codes of conduct

The codes of conduct for NHS boards and NHS managers (July 2004) set out the key public service values. They state that high standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. These values are summarised as:

**Accountability** – everything done by those who work in the authority must be able to stand the tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

**Probity** – absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers, and customers.

**Openness** – the health body's activities should be sufficiently public and transparent to promote confidence between the authority and its staff and the public.

All staff, and those who work on behalf of the Trust, should be aware of and act in accordance with these values. In addition, they are expected to:

- Act impartially in all their work
- Refuse gifts, benefits, hospitality, or sponsorship of any kind that might reasonably be seen to compromise their judgement or integrity; and, to avoid seeking to exert influence to obtain preferential consideration. All such gifts should be returned, and hospitality refused
- Declare and register gifts, benefits, or sponsorship of any kind, in accordance with limits agreed locally, whether refused or accepted
- Declare and record financial, non-financial or personal interest (e.g. company shares, research grant) in any organisation with which they have to deal, and be prepared to withdraw from those dealings if required, thereby ensuring that their professional judgement is not influenced by such considerations
- Make it a matter of policy that offers of sponsorship that could possibly breach the Code be reported to the Board

- Not misuse their official position or information acquired in the course of their official duties to further their private interests or those of others
- Ensure professional registration (if applicable) and/or status are not used in the promotion of commercial products or services
- Beware of bias generated through sponsorship, where this might impinge on professional judgement or impartiality; and
- Neither agree to practice under any conditions which compromise professional independence or judgement, nor impose such conditions on other professionals.

The Trust has detailed policies and procedures in place in relation to declarations of interest, gifts, hospitality, and sponsorship, as well as accompanying registers to be completed. These can be found on MyBridgewater.

All staff are also reminded that every NHS employee, regardless of position or status, must comply with the Conflicts of Interest in the NHS – Guidance for staff and organisations which may be accessed at:

<https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

Relevant personnel are also reminded that their professional bodies will also have codes of conduct or standards of behaviour which they will be expected to adhere to.

## 9 Guarding against fraud, bribery, and corruption

Managers must be vigilant and ensure that procedures to guard against fraud, bribery and corruption are applied and monitored. They should be alert to the possibility that unusual events or transactions could be symptoms of fraud, bribery, and corruption. If they have any doubts, they must seek advice from the nominated AFS, who will proactively assist the encouragement of an anti-fraud, bribery, and corruption culture by undertaking work that will raise fraud awareness.

Managers must instil and encourage an anti-fraud, bribery and corruption culture within their team and ensure that information on procedures is made available to all employees. The desktop guide provides a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and corruption, or other illegal acts, are discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards in their department.

All instances of actual or suspected fraud, bribery and corruption which come to the attention of a manager must be reported immediately. It is appreciated that some employees will initially raise concerns with their manager. However, in such cases, managers must not attempt to investigate the allegation themselves; they have the clear responsibility to refer the concerns to the AFS as soon as possible.

Issue Date: May 2024	Page 27 of 33	Document Name: Anti-Fraud, Bribery and Corruption Policy	Version No: 5.0
-------------------------	---------------	--	-----------------

Close liaison between the AFS and HR will be essential in respect of any decision as to whether to exclude an employee from the Trust whilst necessary enquiries are on-going, though any final decision to exclude is that of the Trust. Close liaison will also be necessary to ensure that any parallel sanctions (i.e. criminal, civil, and disciplinary sanctions) are applied effectively and in a coordinated manner.

An online incident report must be completed on the risk management reporting system (Ulysses) by the person who discovers the incident in line with the Trust's Incident Reporting Policy.

## 10 The Response Plan

### 10.1 Reporting fraud, bribery and/ or corruption

All genuine suspicions of fraud, bribery and corruption must be reported directly to the AFS. Contact details are as follows:

Phone – 07570 147318 (mobile) or 0151 285 4500 (main office)

Email – [linda.daisley@miaa.nhs.uk](mailto:linda.daisley@miaa.nhs.uk)

If the referrer believes that the DoF or the AFS is implicated, they should notify whichever party is not believed to be involved, who will then inform the Chief Executive and Audit Committee Chairperson.

An employee can contact any executive or non-executive director of the Trust to discuss their concerns if they feel unable, for any reason, to report the matter to the AFS or the DoF.

If an employee feels unable, for any reason, to report the matter internally, employees can also call the [NHS Fraud and Corruption Reporting Line on Freephone 0800 028 4060](tel:08000284060) or report their concerns via the [NHS Online Fraud Reporting Form \[www.cfa.nhs.uk/reportfraud\]\(https://www.cfa.nhs.uk/reportfraud\)](https://www.cfa.nhs.uk/reportfraud)

This provides an easily accessible route for the reporting of genuine suspicions of fraud, bribery, and corruption within or affecting the NHS. It allows NHS staff who are unsure of internal reporting procedures to report their concerns in the strictest confidence. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

Anonymous letters, telephone calls, etc. are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously.

The AFS and/ or the NHSCFA will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised and, where appropriate, seek to apply criminal and civil sanctions. If the allegations are found to be malicious, they will also be considered for further investigation to establish their source.

Issue Date: May 2024	Page 28 of 33	Document Name: Anti-Fraud, Bribery and Corruption Policy	Version No: 5.0
-------------------------	---------------	--	-----------------

Staff are encouraged to report reasonably held suspicions directly to the AFS. Staff can do this by completing the referral form (appendix A) or by contacting the AFS by telephone or email using the contact details supplied above and on the desktop guide. The desktop guide provides a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery, or corruption, is discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards.

The Trust wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. In accordance with the provisions of the Public Interest Disclosure Act 1998, the Trust has produced a Freedom to Speak Up in the NHS Policy. This policy is intended to complement the Trust's Anti-Fraud, Bribery and Corruption Policy as well as other relevant Trust policies and ensure there is full provision for staff to raise any concerns with others if they do not feel able to raise them with their line manager/ management chain. Corporate policies can be found on the MyBridgewater.

To support the reporting of fraud, bribery and corruption using the NHSCFA fraud reporting process (as outlined above), all employees should also be aware of NHS Improvement and NHS England's: [Freedom to Speak Up Policy for the NHS](#).

## **10.2 Disciplinary action**

Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act. This is linked to the Trust's Disciplinary Policy and Procedure.

Any referral to the police will not prohibit action being taken under the disciplinary procedures of the Trust. It should be noted, however, that the duty to follow disciplinary procedures will not override the need for legal action to be taken (e.g. consideration of criminal action). In the event of doubt, legal statute will prevail.

The AFS must be aware that staff under an investigation that could lead to disciplinary action have the right to be represented at all stages. In certain circumstances, evidence may best be protected by the AFS recommending to the Trust that the staff member is suspended from duty.

The Trust will make a decision based on HR advice on the disciplinary options, which include suspension.

## **10.3 Sanctions and redress**

The Trust's approach to pursuing sanctions and redress in cases of fraud, bribery and corruption is that the full range of possible sanctions and redress – including criminal, civil, disciplinary, and regulatory – should be considered at the earliest opportunity and any or all of these may be pursued where and when appropriate.

The consistent use of an appropriate combination of investigative processes in each case demonstrates the Trust's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.

The Trust endorses the NHSCFA's approach and adopts the principles contained within their policy entitled, 'Parallel Criminal and Disciplinary Investigations'; as well as complying with the provisions of the NHS counter fraud manual with regard to applying sanctions and seeking redress where fraud, bribery or corruption is proven.

The Trust maintains an internal liaison and joint-working protocol between the AFS and the HR department which also covers their respective investigative duties.

The types of sanction which the Trust may apply when a financial offence has occurred include:

- Civil – the Trust will seek financial redress, whenever possible, to recover losses (of money or assets), including interest and costs, to fraud, bribery, and corruption. Redress can be sought in various ways. These include confiscation or compensation orders or use of the Proceeds of Crime legislation in the criminal courts, as well as civil legal sanctions such as an order for repayment or an attachment to earnings where appropriate, in addition to any locally agreed voluntary negotiations or repayments. Action to recover losses should be commenced as soon as practicable after the loss has been identified. The Trust actively publicises the fact that redress will be sought where applicable to recover monies lost to fraud, bribery, and corruption, thus creating a further deterrent effect. Redress allows resources that are lost to fraud, bribery, and corruption to be returned to the NHS for use as intended, for provision of high-quality patient care and services
- Criminal – the AFS will work in partnership with the NHSCFA, the police and/ or the Crown Prosecution Service, where appropriate, to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment
- Disciplinary – the Disciplinary Policy and Procedure will also be initiated where an employee is suspected of being involved in a fraudulent or illegal act. The Trust's Disciplinary Policy and Procedure can be located on MyBridgewater
- Professional body disciplinary – where appropriate and if warranted, the Trust reserves the right to also report staff to their professional body as a result of a successful investigation and/ or prosecution.

Each case must be discussed with the DoF to determine the most appropriate action. In some cases (taking into consideration all the facts of a case), it may be that the Trust, under guidance from the AFS and with the approval of the DoF, decides that no further action is taken.

## 11 Consultation

Key individuals/groups involved in the development of the policy to ensure it is fit for purpose once approved:

Name	Designation
Nick Gallagher	Director of Finance
Paula Woods	Director of People and Organisational Development
Helen Young and Tania Strong	Freedom to Speak Up Guardians
Dave Smith	Assistant Director for Digital Services (Chief Information Officer)
Trust's Audit Committee Members	Audit Committee
Mary Corkery	Policy Officer
Phillip Leong and Linda Daisley	Anti-Fraud Specialists
Corporate Clinical Policy Group	

## 12 Dissemination and Implementation

### 12.1 Dissemination

This policy (including a Desktop Guide to Reporting NHS Fraud, Bribery and Corruption) will be brought to the attention of all employees by the Trust's AFS. This policy will be disseminated Trust-wide for all employees to understand and be made aware of via awareness presentations, the Trust's team brief and on the Trust's anti-fraud MyBridgewater extranet page.

### 12.2 Implementation

The Trust's AFS will be responsible for implementing this policy and all Trust managers have a responsibility to ensure all staff are made aware of the policy and understand it. The AFS will provide any training where required. This policy will form part of the induction process for new staff.

## 13 Process for monitoring compliance and effectiveness

Process for reviewing compliance and effectiveness i.e., audit, review, survey, incident reporting	Responsible	Frequency of monitoring	Assurance group
Incident reporting	AFS	Yearly	Audit Committee

## 14 Standards / Key Performance Indicators

Government Functional Standard GovS 013: Counter Fraud

Service Condition 24 - NHS Standard Contract

## 15 References

Bribery Act 2010, c.23 [online]. Available at:

<http://www.legislation.gov.uk/ukpga/2010/23/contents>

Computer Misuse Act 1990, c.18 [online]. Available at:

<https://www.legislation.gov.uk/ukpga/1990/18/contents>

Fraud Act 2006, c.35 [online]. Available at:

<http://www.legislation.gov.uk/ukpga/2006/35/contents>

Home Office (2016) Bribery and corruption assessment template [online]. Available at: <https://www.gov.uk/government/publications/bribery-and-corruption-assessment-template>

Ministry of Justice The Bribery Act 2010 Guidance about procedures which relevant commercial organisations can put into place to prevent persons associated with them from bribing (section 9 of the Bribery Act 2010) [online]. Available at:

<https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

NHS Business Services Authority (2004) Code of Conduct & Accountability for NHS Boards [online]. Available at:

<https://www.nhsbsa.nhs.uk/our-policies/governance-framework>

NHS Counter Fraud Authority (2021) NHSCFA Strategy 2023-26 [online]. Available at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

NHS Counter Fraud Authority (webpage) Government Functional Standard 013 [online]. Available at: <https://cfa.nhs.uk/government-functional-standard>

Accessed January 2024

NHS Counter Fraud Authority (2017) NHS counter fraud manual [online]. Not publicly available

NHS Counter Fraud Authority (webpage) Report NHS fraud [online]. Available at:

<https://cfa.nhs.uk/report-fraud>

NHS England (2017) Managing conflicts of interest in the NHS: guidance for staff and organisations [online]. Available at:

<https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>



NHS England (2018) NHS standard contract [online]. Available at:  
<https://www.england.nhs.uk/nhs-standard-contract/>

NHS England's (2022) Freedom to Speak Up Policy for the NHS [online]. Available at: <https://www.england.nhs.uk/wp-content/uploads/2022/06/PAR1245i-NHS-freedom-to-speak-up-national-Policy-eBook.pdf>

Police and Criminal Evidence Act 1984, c.60 [online]. Available at:  
<https://www.legislation.gov.uk/ukpga/1984/60/contents>

Public Interest Disclosure Act 1998, c.23 [online]. Available at:  
<http://www.legislation.gov.uk/ukpga/1998/23/contents>