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## BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

### Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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## 1. STATEMENT OF INTENT

University Hospitals of Morecambe Bay NHS Foundation Trust is committed to reducing the level of fraud, bribery and corruption within both the Trust and the wider 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 and 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. It is also the Trust's policy that no employee will suffer in any way as a result of reporting reasonably held suspicions.

All members of staff can therefore be confident that they will not suffer in any way as a result of reporting reasonably held suspicions. This protection is given under the Public Interest Disclosure Act<sup>1</sup> that the Trust is obliged to comply with.

For the purposes of this policy "reasonably held suspicions" shall mean any suspicions other than those which are totally groundless (and/or raised maliciously).

The Trust will seek appropriate disciplinary, regulatory, civil and criminal sanctions (as well as referral to professional bodies, where appropriate) against fraudsters and, where possible, will attempt to recover losses.

This policy has been produced by the Anti-Fraud Specialist (AFS) and is intended as both a guide for all employees on the counter fraud, bribery and corruption activities being undertaken within the Trust and NHS; as well as informing all Trust staff how to report any concerns or suspicions they may have.

The Trust's AFS service is provided under contract by Mersey Internal Audit Agency (MIAA), an NHS agency. The Trust's nominated AFS is David Alford.

**All genuine suspicions of fraud, bribery or corruption can be reported to the AFS directly, via MIAA, on 0161 285 4714 or 07554227477 or e-mail [david.alford@miaa.nhs.uk](mailto:david.alford@miaa.nhs.uk).**

**If the Trust AFS is not available, please report your concerns to another member of the MIAA Anti-Fraud Team via 0151 285 4500.**

**Alternatively, report your suspicions through the 24 Hour NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60; or, via the NHS Online Fraud Reporting Form at [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud) via the Trust's Director of Finance; or through the Trust's Whistleblowing arrangements.**

When reporting suspicions of fraud, it is helpful to have all the relevant information to hand. This may include, for example:

- What sort of fraud do you think is taking place?
- How are the health services affected by this activity?
- Who is doing it?
- Where is it happening?
- When is it happening?

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- How long has it been going on?
- Are any other people or organisations involved?
- Can you outline any specific incidents that demonstrate what is happening?
- Any key dates?

## 2. PURPOSE

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to all interested/concerned parties who may identify suspected criminality. It provides a framework for responding to suspicions of fraud, bribery or corruption, as well as advice and information on various aspects of those offences and the implications of an investigation. It is not intended, in itself, to provide a comprehensive approach to preventing and detecting all NHS fraud, bribery and corruption.

The overall aims of this policy are to:

- improve the knowledge and understanding of everyone in University Hospitals of Morecambe Bay NHS Foundation Trust, irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and make clear its unacceptability.
- assist in promoting a climate of openness and a culture and environment where staff feel able to raise concerns sensibly and responsibly, yet discreetly.
- set out University Hospitals of Morecambe Bay NHS Foundation Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery and corruption.
- ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
  - criminal prosecution
  - civil prosecution
  - internal/external disciplinary action

## 3. SCOPE

This policy applies to all employees and volunteers of University Hospitals of Morecambe Bay NHS Foundation Trust, regardless of position held, as well as governors, consultants, vendors, contractors, and/or any other parties who have a business relationship with the Trust.

It will be brought to the attention of all employees by various methods and will form part of the induction process for new staff.

## 4. POLICY

### 4.1 Introduction

#### 4.1.1 General

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 are honest and professional and they find 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.

NHS Counter Fraud Authority (NHSCFA) has responsibility for all policy and operational

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matters relating to the prevention, detection and investigation of fraud, bribery and corruption, across the entire NHS. The aim is to protect NHS staff and resources from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients and professionals. Ultimately, this helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.

University Hospitals of Morecambe Bay NHS Foundation 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 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 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, the NHS Anti-Fraud, Bribery and Corruption Manual, the policy statement ‘Applying Appropriate Sanctions Consistently’ published by NHS Counter Fraud Authority (NHS CFA), formerly known as NHS Protect and in line with the NHS CFA’s strategy ‘Tackling crime against the NHS: A strategic approach’ plus any other relevant guidance or advice issued by NHS CFA. The Trust will seek the appropriate disciplinary, regulatory, civil and criminal sanctions [as well as referral to professional bodies, where appropriate] 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 NHS CFA and accountable to them professionally for the completion of a range of preventative anti-fraud 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 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 NHS CFA. Any investigations will be undertaken in accordance with the NHS Anti-Fraud and Corruption Manual.

The Trust has a zero tolerance approach to Fraud, Bribery and Corruption. This policy is supported and endorsed by the Board and Senior Management.

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## 4.2 Definitions

### 4.2.1 Fraud

The Fraud Act 2006<sup>2</sup> 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.

There are several specific offences under the Fraud Act 2006<sup>2</sup>; however, there are three primary ways in which it can be committed that are likely to be investigated by the AFS:

- a. **Fraud by false representation** (section 2)  
i.e. lying on a CV or NHS job application form.
- b. **Fraud by failing to disclose information**, when under a legal obligation to do so (section 3)  
i.e. failing to declare a conviction, disqualification or commercial interest when such information may have an impact on your NHS role, duties or obligations and where you are required to declare such information as part of a legal commitment to do so.
- c. **Fraud by abuse of a position of trust** (section 4)  
i.e. a carer abusing their access to patient monies, or an employee using commercially confidential NHS information to make a personal gain. (The abuse of position occurs where there is an expectation on the individual to safeguard the financial interests of another person or organisation, i.e. the NHS.)

It should be noted that successful prosecutions under the Fraud Act 2006<sup>2</sup> may result in an unlimited fine and/or a potential custodial sentence of up to 10 years.

### 4.2.2 Bribery & Corruption

Bribery and corruption prosecutions can be brought using specific pieces of legislation:

- Prevention of Corruption Acts 1906<sup>3</sup> and 1916<sup>4</sup>, for offences committed prior to 1st July 2011, and,
- Bribery Act 2010<sup>5</sup>, for offences committed on or after 1st July 2011.

The Bribery Act 2010<sup>5</sup> [‘the Act’] has updated UK law by making it a criminal offence to:

- **offer, promise, or give a bribe [section 1]**; and/or,
- **request, agree to receive, or accept a bribe [section 2]**.

Corruption is generally considered to be an “umbrella” term covering such various activities as bribery, corrupt preferential treatment, kickbacks, cronyism, graft or embezzlement.

Under the 2010 Act<sup>5</sup>, however, bribery is now a series of specific offences. Generally, bribery is defined as: ***an inducement or reward offered, promised or provided to someone to perform their functions or activities improperly in order to gain a personal, commercial, regulatory and/or contractual advantage.***

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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.

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<sup>5</sup>, all parties involved may be prosecuted for a bribery offence.

Staff are reminded to ensure transparency in respect of recording any gifts, hospitality or sponsorship. They should refer to separate health body policies covering;

- acceptance of gifts and hospitality
- declaration of interests
- sponsorship

The Act<sup>5</sup> is also extra-territorial in nature. This means that anyone involved in bribery activity overseas may be liable to prosecution in the UK if the bribe is in respect of any UK activity, contract or organisation. To this end, the Act<sup>5</sup> also includes **an offence of bribing a foreign public official [section 6]**.

In addition, the Act introduces **a new 'corporate offence' [section 7] of the failure of commercial organisations to prevent bribery**. The Department of Health Legal Service has stated that NHS bodies are deemed to be 'relevant commercial organisations' to which the Act applies. As a result, an NHS body may be held liable (and punished with a potentially unlimited fine) when someone "associated" with it bribes another in order to get, keep or retain business for the organisation. However, the organisation will have a defence, and avoid prosecution, if it can show it had adequate procedures in place designed to prevent bribery.

Finally, under **section 14 of the Act, 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. Furthermore, the organisation could also be subject to an unlimited fine because of the senior officer's consent or connivance.

To re-iterate, the Bribery Act<sup>5</sup> is applicable to NHS organisations including University Hospitals of Morecambe Bay NHS Foundation Trust and, consequently, it also applies to (and can be triggered by) everyone "associated" with this Trust who performs services for us, or on our behalf, or who provides us with goods. This includes those who work for and with us, such as employees, Governors, agents, subsidiaries, contractors and suppliers (regardless of whether they are incorporated or not). The term 'associated persons' has an intentionally wide interpretation under the Act.

University Hospitals of Morecambe Bay NHS Foundation 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. The Trust is fully committed to the objective of preventing bribery and will ensure that adequate procedures, which are proportionate to our risks, are in place to prevent bribery and which will be regularly

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reviewed. We will, in conjunction with NHS CFA, seek to obtain the strongest penalties – including criminal prosecution, disciplinary and/or civil sanctions – against anyone associated with University Hospitals of Morecambe Bay NHS Foundation Trust who is found to be involved in any bribery or corruption activities.

As with the Fraud Act<sup>2</sup>, a conviction under the Bribery Act<sup>5</sup> may ultimately result in an unlimited fine and/or a custodial sentence of up to 10 years imprisonment.

[**NB.** For staff awareness, theft issues are usually dealt with by security management, 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 Director of Finance, notify the appropriate investigating authority.]

### 4.2.3 Employees

For the purposes of this policy, ‘employees’ includes all University Hospitals of Morecambe Bay NHS Foundation Trust staff and volunteers (permanent or temporary), as well as governors, executive and non-executive directors (including co-opted members) and honorary members.

## 4.3 Codes of Conduct

The Codes of Conduct for NHS Boards<sup>6</sup> and NHS Managers<sup>7</sup> 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 should be aware of, and act in accordance with, these values. In addition, staff are expected to comply with the Trust’s Conflict of Interest Policy and:

- 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.
- in accordance with the Conflicts of Interest Policy declare and register gifts, benefits or sponsorship of any kind, 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;
- 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;

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- beware of bias generated through sponsorship, where this might impinge on professional judgement or impartiality;
- neither agree to practice under any conditions which compromise professional independence or judgement, nor impose such conditions on other professionals.

All staff are also reminded that every NHS employee, regardless of position or status, must comply with the NHS Standards of Business Conduct [HSG (93)5<sup>8</sup>]

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.

#### 4.4 Roles and Responsibilities

Through our day-to-day work, we are in the best position to recognise any specific fraud or corruption risks within our own areas of responsibility. We also have a duty to ensure that those risks – however large or small – are identified and eliminated. Where you believe an opportunity for fraud, bribery or corruption exists, whether because of poor procedures or a lack of oversight, you should report it to one of the reporting channels as referred to in this policy. This section states the roles and responsibilities of employees and other relevant parties in reporting fraud or corruption.

University Hospitals of Morecambe Bay NHS Foundation Trust will take all necessary steps to counter fraud, bribery and corruption in accordance with: this policy; with the NHS Counter Fraud and Corruption Manual; the document entitled ‘Applying Appropriate Sanctions Consistently’<sup>9</sup>, published by NHS Protect; and, any other relevant guidance or advice issued by NHS Counter Fraud Authority.

##### 4.4.1 Role of University Hospitals of Morecambe Bay NHS Foundation Trust

University Hospitals of Morecambe Bay NHS Foundation Trust has a duty to ensure that it provides a secure environment in which to work and one where people are confident about raising 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, University Hospitals of Morecambe Bay NHS Foundation Trust has a duty to ensure that those concerns are listened to and addressed.

##### 4.4.2 Audit Committee

The Audit Committee has a duty to provide adequate governance and oversight of the organisation to ensure that its funds, people and assets are adequately protected against criminal activity, including fraud, bribery and corruption. The Committee are also responsible for setting the tone across the organisation that fraud, bribery and corruption will not be tolerated.

##### 4.4.3 Chief Executive

The Chief Executive, as the organisation’s accountable officer, has the overall responsibility for securing funds, assets and resources entrusted to it. This includes instances of fraud, bribery and corruption.

##### 4.4.4 Director of Finance

The Director of Finance (DoF) has the powers to approve financial transactions initiated by directorates across the organisation.

The DoF prepares documents and maintains detailed financial procedures and systems

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and apply principles of separation of duties and internal checks to supplement those procedures and systems.

The DoF will report annually to the Audit Committee on the adequacy of the internal financial controls and risk management as part of the overall responsibility to prepare a statement of internal control for inclusion in the NHS body'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.

The DoF may provide any necessary support to the Anti-Fraud Specialist (AFS) required to pursue an investigation

The DoF may be responsible, in consultation with the AFS, for informing third parties such as external audit or police at the earliest opportunity, as circumstance dictate.

The DoF may inform and consult the Chief Executive in cases where the loss may be excessive, or where the incident may lead to adverse publicity.

The DoF may inform the Head of Internal Audit if an investigation identifies significant control failings in key business areas.

The DoF may consult and take advice from the Director of HR if a member of staff is to be interviewed, suspended or disciplined.

#### 4.4.5 Employees

University Hospitals of Morecambe Bay NHS Foundation Trust's Standing Orders<sup>10</sup>, Standing Financial Instructions<sup>11</sup>, policies and procedures place an obligation on all employees, regardless of status, to act in accordance with best practice.

Employees are expected to familiarise themselves with and abide by the various standards and codes of conduct referred to in Section 4, above.

Employees also have a duty to protect the assets of University Hospitals of Morecambe Bay NHS Foundation Trust, including information assets, 'goodwill' and any tangible (i.e. property) assets.

Furthermore, all employees have a responsibility to comply with all applicable laws, regulations and NHS/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:

- avoid acting in any way that might cause others to suspect or accuse them of dishonesty;
- behave in a way that would not give cause for others to doubt that University Hospitals of Morecambe Bay NHS Foundation Trust's employees deal fairly and impartially with official matters; and,
- be alert to the possibility that others might be attempting to deceive the Trust/NHS.

All employees have a duty to 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.

If an employee suspects that there has been (or might be) fraud, bribery or corruption against the Trust or wider NHS, or has seen any suspicious acts or events, they must report the matter to the AFS or via one of the other appropriate reporting channels specified within this policy (See Section 6).

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#### 4.4.6 Managers

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 or corruption. If they have any doubts, they must seek advice from the AFS or Director of Finance.

Managers must instil and encourage an open, honest and transparent culture within their team and ensure that information on any necessary policy or procedure is made available to all employees. The AFS will proactively assist the embedding of this culture by undertaking work that will raise awareness of the risks of fraud, bribery and corruption.

All instances of actual or suspected fraud, bribery or 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 allegations themselves; they have the clear responsibility to refer the concerns to the AFS or Director of Finance as soon as possible.

Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists and operates effectively within their areas of responsibility to help prevent fraud, bribery and corruption from occurring – and to mitigate its impact if it does occur.

As part of that responsibility, line managers need to:

- inform staff for whom they are accountable of the requirements of University Hospitals of Morecambe Bay NHS Foundation Trust's Anti-Fraud, Bribery and Corruption Policy and also other relevant Trust policies and procedures (including Standing Orders<sup>10</sup> and SFIs<sup>11</sup>), as part of the staff induction process.
- assess the types of possible fraud and corruption risks which may impact on the operations for which they are responsible.
- ensure that adequate control measures are put in place to minimise those risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts) and separation of duties wherever possible so that control of a key function is not invested in one individual; as well as regular reviews, reconciliations and testing checks to ensure that control measures continue to operate effectively.
- ensure that any access to and use of computers by employees is linked to the performance of their recognised duties within the Trust.
- contribute to any assessment of the risks and controls within their business area, which feeds into University Hospitals of Morecambe Bay NHS Foundation Trust's and the Department of Health Accounting Officer's overall statements of accountability and internal control.

#### 4.4.7 Anti-Fraud Specialist (AFS)

The standard NHS contact requires University Hospitals of Morecambe Bay NHS Foundation Trust to have an appointed and nominated AFS, as well as facilitate the implementation of a number of additional counter fraud and corruption measures. The AFS is operationally accountable to the Trust Director of Finance and reports on the progress of all counter fraud and corruption activity to the Trust Audit Committee.

The AFS conducts risk assessments in relation to their work to prevent fraud, bribery and

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corruption.

With regard to their investigatory remit, the AFS will:

- ensure that the Director of Finance is informed about all referrals/cases and approves any necessary investigation activity.
- in particular, conduct investigations of all alleged fraud, bribery and corruption in accordance with the NHS Counter Fraud and Corruption Manual and relevant criminal law.
- in consultation with the Director of Finance, report any relevant case to the police or NHSCFA.
- report and update any case and the outcome of an investigation through NHSCFA's national case management system (FIRST).
- ensure that other relevant parties are informed of investigations where necessary, e.g. Human Resources (HR), if an employee is the subject of a referral.
- ensure that University Hospitals of Morecambe Bay NHS Foundation Trust's incident and losses reporting systems are followed.
- ensure that any system weaknesses identified as part of an investigation are followed up with management and reported to internal audit.
- at all times, adhere to the Counter Fraud Professional Accreditation Board (CFPAB)'s<sup>12</sup> Principles of Professional Conduct, as set out in the NHS Counter Fraud and Corruption Manual, which are – professionalism, objectivity, fairness, expertise, propriety and vision.
- ensure that the Director of Finance is informed of regional NHSCFA investigations which may impact upon the Trust.

In addition, the AFS will be responsible for the day-to-day implementation of the generic areas of counter fraud, bribery and corruption strategy, as agreed in the fraud risk assessed annual work plan.

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

#### 4.4.8 NHS Counter Fraud Authority (NHSCFA)

The NHS CFA is a new special health authority dedicated to tackling fraud, bribery and corruption within the health service. The NHS CFA provides a clear focus for both the prevention and investigation of fraud across the health service and works with NHS England and NHS Improvement to properly uncover fraud and tackle it effectively.

NHS CFA deliver anti-crime work that cannot be carried out by NHS health bodies regionally or in isolation. They use intelligence to identify serious and complex economic crime, reduce the impact of crime and drive improvements in anti-crime work.

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

NHSCFA's main objectives are:

- to deliver the Department of Health (DH) strategy, vision and strategic plan, and be the principal lead for counter fraud activity in the NHS in England;

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- to be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters;
- to lead, guide and influence the improvement of standards in counter fraud work, in line with HM Government Counter Fraud Professional Standards, across the NHS and wider health group, through review, assessment and benchmark reporting of counter fraud provision across the system;
- to take the lead and encourage fraud reporting across the NHS and wider health group, by raising the profile of fraud and its effect on the health care system.

#### 4.4.9 Internal & 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 AFS. The outcome of the investigation may necessitate further work by audit to review systems and procedures.

#### 4.4.10 Human Resources

HR will liaise closely with managers and the AFS from the outset if an employee is suspected of being involved in fraud, bribery or corruption, in accordance with agreed protocols. HR staff are responsible for ensuring the appropriate use of University Hospitals of Morecambe Bay NHS Foundation Trust's disciplinary policy. HR will advise those involved in the investigation on matters of employment law and other procedural issues, such as disciplinary and complaints procedures, as required. 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 while necessary enquiries are on-going. 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.

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

#### 4.4.11 Information Management and Technology

The Head of Information Security (or equivalent) will contact the AFS immediately in all cases where there is suspicion that Trust ICT is being used for fraudulent purposes. This is all bound under the Computer Misuse Act 1990<sup>14</sup> and the relevance of the Act is that it criminalises unauthorised access to computer systems and deters criminals from using a computer in the commission of a criminal offence.

Similarly, the Head of Information Security will liaise 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.

### 4.5 The Response Plan

The Trust has conducted risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect the organisation and proportionate

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procedures have been implemented to mitigate the identified risks.

The aforementioned policies and procedures are in place in relation to declarations of interest, sponsorship and hospitality/gifts, as well as relevant registers that are to be completed.

#### 4.5.1 Reporting Fraud, Bribery and Corruption

This section outlines the action to be taken if fraud, bribery or corruption is discovered or suspected. If an employee holds any of the concerns or suspicions referred to in this document, they must report it immediately.

**Contact the Trust AFS David Alford, on 0161 285 4714 / 07554227477 (email: [david.alford@miaa.nhs.uk](mailto:david.alford@miaa.nhs.uk) ). If the Trust AFS is not available, please report your concerns to another member of the MIAA Anti-Fraud Team on 0151 285 4500 or e-mail [miaa.admin@miaa.nhs.uk](mailto:miaa.admin@miaa.nhs.uk).**

If the referrer believes that the Director of Finance or 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. They will then inform NHSCFA.

The Trust also has a Freedom to Speak Up Guardian who can also be contacted in these circumstances.

If an employee feels unable, for any reason, to report the matter internally, employees can also call the 24 Hour **NHS Fraud and Corruption Reporting Line on Freephone 08000 28 40 60** or report their concerns via the **NHS Online Fraud Reporting Form [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud)**

These NHS reporting options provide easily accessible routes for the reporting of genuine suspicions of fraud, bribery or corruption within or affecting the Trust or wider 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 may not wish to identify themselves for whatever reason. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously and investigated.

The AFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised. If the allegations are found to be malicious, they will also be considered for further investigation to establish their source and, if they originate with a Trust employee, disciplinary action will be instigated.

Staff are encouraged to report all reasonably held suspicions directly to the AFS.

#### 4.5.2 Sanctions & Redress

The NHSCFA approach to pursuing sanctions in cases of fraud, bribery and corruption is that a full range of sanctions – 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

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processes in each case demonstrates this organisation'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 approach and adopts the principles contained within their policy entitled, 'Parallel Criminal and Disciplinary Investigations', as well as complying with the provisions of the NHSCFA Anti-Fraud Manual with regard to applying sanctions where fraud, bribery and corruption is proven. The Trust maintains an internal joint-working and data sharing protocol between AFS and HR Department which covers their respective investigative duties.

Civil Redress – we will seek financial redress, wherever 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 Proceeds of Crime legislation in criminal courts, as well as civil legal sanctions such as an order for repayment or an attachment of earnings where appropriate, in addition to any locally agreed voluntary negotiations or repayments. As an organisation, we actively publicise the fact that redress will be sought where applicable to recover monies lost to fraud and corruption, thus creating a further deterrent effect.

- Criminal Prosecution – the Anti-Fraud Specialist will work in partnership with NHSCFA, the police and/or Crown Prosecution Service, where appropriate, to bring a case to court against an alleged offender. Outcomes can range from criminal conviction to fines and imprisonment.
- Disciplinary Sanctions – Disciplinary procedures will also be initiated where an employee is suspected of being involved in a fraudulent or illegal act.
- Professional Body Disciplinary Sanctions – where appropriate and if warranted, the organisation reserves the right to also report staff to their professional body as a result of a successful investigation and/or prosecution.

**Appendix 1** 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 document to staff and to place it on staff notice boards.

University Hospitals of Morecambe Bay NHS Foundation 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<sup>1</sup>, University Hospitals of Morecambe Bay NHS Foundation Trust has produced a Whistleblowing Policy. This procedure is intended to complement the Trust's Anti-Fraud, Bribery & Corruption Policy, as well as other relevant Trust policies. Corporate policies can be found on the Trust's Procedural Document Library (see section 6).

#### 4.6 Equality and Diversity Statement

University Hospitals of Morecambe Bay NHS Foundation Trust is committed to the overarching principles of Equality and Diversity. The Trust is committed towards ensuring all forms of prejudicial, unfair basis and/or actions which result in discriminatory practices are eliminated. The Trust makes this stand based not only on meeting its legislative duties but also a moral strand on ensuring equitable outcomes for all of its staff and patients.

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The Trust is continually working towards eradicating all forms of harassment and discrimination, exclusion, victimisation, harassment and bullying to make certain it meets its legal duties by ensuring that:

- *Unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2012<sup>15</sup> are eliminated*
- *Equality of opportunity between people from different groups; is advanced and*
- *Good relationships between people from different groups are fostered*

The Trust treats any complaints it receives very seriously and as such any complaint received in respect of this policy or associated policies (in terms of application or adherence) will be investigated by Trust Staff. Within any investigation undertaken, the Trust will ensure that complainant/s, patients, relatives and carers are not discriminated or victimised in any form whatsoever on the grounds of their disability, gender, marital status, sexuality, colour, race, nationality, ethnic origin, religious belief or age. The Trust will ensure that no individual is treated in a detrimental manner as a result of having made a complaint.

The policy will be continually reviewed to ensure that there are no elements within the policy, practice or procedures that are prejudicial on any grounds in the respect of the protected equality characteristics mentioned above. Using the guidance produced under the auspices of Equality legislation, this document has also been analysed in respect of Equality and Diversity. The analysis is attached at the end of the policy document.

## 4.7 Review

### 4.7.1 Monitoring and auditing of policy effectiveness

Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. System controls are reviewed on an on-going basis and identify any weaknesses in processes.

Where deficiencies in control are identified as a result of monitoring these are reported to the Trust in progress reports and followed up by the AFS.

### 4.1.2 Dissemination of the policy

This policy will be disseminated to all staff via the intranet and can be found on the Finance section of the Document Library, it is important that staff understand and are aware of the policy. Should any member of staff have any questions in regards to the policy the AFS can be contacted for clarification via the phone number in this document.

### 4.7.3 Review of the Policy

In accordance with Trust policy this document will be reviewed annually or more frequent should there be significant changes in legalisation or national guidance from NHS **CFA**.

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5. ATTACHMENTS	
Number	Title
1	A Desktop Guide to Reporting NHS Fraud, Bribery and Corruption
2	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
	Conduct Standards Guidance
Corp/Pol/102	Fundraising and Income Guidance Policy <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-102.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-102.docx</a>
Corp/Pol/130	Managing Conflicts of Interest <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-130.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-130.docx</a>
Corp/Pol/048	Disciplinary Policy <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-048.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-048.docx</a>
Corp/Pol/112	Freedom to Speak Up – Raising Concerns <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-112.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-112.docx</a>
Corp/Pol/110	Sanctions and Redress in Security Management Issues <a href="http://uhmb/cs/tpdl/Documents/CORP-POL-110.docx">http://uhmb/cs/tpdl/Documents/CORP-POL-110.docx</a>

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	Great Britain (1998) Public Interest Disclosure Act 1998. [Online] Available at: <a href="http://www.legislation.gov.uk/ukpga/1998/23/contents">http://www.legislation.gov.uk/ukpga/1998/23/contents</a> (accessed 19/04/2018)
2	Great Britain (2006) Fraud Act 2006 [Online] Available at: <a href="http://www.legislation.gov.uk/ukpga/2006/35">http://www.legislation.gov.uk/ukpga/2006/35</a> (accessed 19/04/2018)
3	Great Britain (1906) Prevention of Corruption Act 1906 (repealed) [Online] Available at: <a href="http://www.legislation.gov.uk/ukpga/Edw7/6/34">http://www.legislation.gov.uk/ukpga/Edw7/6/34</a> (accessed 19/04/2018)
4	Great Britain (1916) Prevention of Corruption Act 1916. [Online] Available at: <a href="http://www.legislation.gov.uk/ukpga/1916/64/pdfs/ukpga_19160064_en.pdf">http://www.legislation.gov.uk/ukpga/1916/64/pdfs/ukpga_19160064_en.pdf</a> (accessed 19/04/2018)
5	Great Britain (2010) Bribery Act 2010 [Online] Available at: <a href="http://www.legislation.gov.uk/ukpga/2010/23/contents">http://www.legislation.gov.uk/ukpga/2010/23/contents</a> (accessed 19/04/2018)
6	Cabinet Office (2011) Code of Conduct for Board Members of Public Bodies. [Online] Available at: <a href="https://www.gov.uk/government/publications/board-members-of-public-bodies-code-of-conduct">https://www.gov.uk/government/publications/board-members-of-public-bodies-code-of-conduct</a> (accessed 19/04/2018)
7	NHS Code of Conduct for NHS Managers (2002) [Online] Available at: <a href="http://tinyurl.com/gl5puwz">http://tinyurl.com/gl5puwz</a> (accessed 19/04/2018)
8	Business Services Authority (2010) NHS Circular HSG(93)5 Standards of Business Conduct Procedure. [Online] Available at: <a href="http://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/HealthServiceGuidelines/DH_4017845">http://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/HealthServiceGuidelines/DH_4017845</a> (accessed 30/04/2018)
9	NHS Protect (2013) Applying appropriate sanctions consistently. Policy statement. [Online] Available at: <a href="https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Applying_appropriate_sanctions_consistently_-_Policy_statement_April_2013.pdf">https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Applying_appropriate_sanctions_consistently_-_Policy_statement_April_2013.pdf</a> (accessed 30/04/2018)
10	NHS Commissioning Board Authority (2011) NHSCBA/12/2011/1. Standing Financial

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	Instructions. [Online] Available at: <a href="https://www.england.nhs.uk/wp-content/uploads/2011/12/Paper-NHSCBA-12-2011-1-Standing-Financial-Instructions-Final.pdf">https://www.england.nhs.uk/wp-content/uploads/2011/12/Paper-NHSCBA-12-2011-1-Standing-Financial-Instructions-Final.pdf</a> (accessed 19/04/2018)
11	NHS Commission Board (2013) Standing Orders [Online] Available at: <a href="https://www.england.nhs.uk/wp-content/uploads/2017/05/item6-1.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/05/item6-1.pdf</a> (accessed 30/04/2018)
12	Centre for Counter Fraud Studies. Counter Fraud Professional Accreditation Board. Available at: <a href="http://www.port.ac.uk/centre-for-counter-fraud-studies/counter-fraud-professional-accreditation-board/">http://www.port.ac.uk/centre-for-counter-fraud-studies/counter-fraud-professional-accreditation-board/</a> (accessed 19/04/2018)
13	NHS England Tackling crime against the NHS: A strategic approach. [Online] Available at: Fraud, Bribery and Corruption: Policy & Corporate Procedures. Available at: <a href="https://www.england.nhs.uk/wp-content/uploads/2013/11/frd-brib-corr-pol.pdf">https://www.england.nhs.uk/wp-content/uploads/2013/11/frd-brib-corr-pol.pdf</a>
14	Great Britain (1990) Computer Misuse Act 1990. [Online] Available at: <a href="http://www.legislation.gov.uk/ukpga/1990/18/contents">http://www.legislation.gov.uk/ukpga/1990/18/contents</a> (accessed 19/04/2018)
15	Great Britain (2010) Equality Act 2010. [Online] Available at: <a href="http://www.legislation.gov.uk/ukpga/2010/15/contents">http://www.legislation.gov.uk/ukpga/2010/15/contents</a> (accessed 19/04/2018)
<b>Bibliography</b>	
DoH (2004) Code of Conduct: Code of Accountability in the NHS. [Online] Available at: <a href="https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf">https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf</a> (accessed 30/04/2018)	
Further reading <a href="http://www.nhsbsa.nhs.uk/fraud">www.nhsbsa.nhs.uk/fraud</a>	

<b>8. DEFINITIONS / GLOSSARY OF TERMS</b>	
<b>Abbreviation or Term</b>	<b>Definition</b>
AFS	Anti-Fraud Specialist
DOF	Director of Finance
NHSCFA	NHS Counter Fraud Authority

<b>9. CONSULTATION WITH STAFF AND PATIENTS</b>		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
<b>Name</b>	<b>Job Title</b>	<b>Date Consulted</b>
David Alford	Anti-Fraud Specialist	

<b>10. DISTRIBUTION PLAN</b>	
Dissemination lead:	Aaron Cummins - Finance
Previous document already being used?	Yes / No (Please delete as appropriate)
If yes, in what format and where?	Policy via the Trust Policy system
Proposed action to retrieve out-of-date copies of the document:	Delete from the Trust Procedural Document Library
<b>To be disseminated to:</b>	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library Detail on the Trust intranet and Fraud intranet site.

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<b>11. TRAINING</b>		
Is training required to be given due to the introduction of this procedural document? *Yes / No Please delete as appropriate		
<b>Action by</b>	<b>Action required</b>	<b>Implementation Date</b>
N/A		

<b>12. AMENDMENT HISTORY</b>				
<b>Version No.</b>	<b>Date of Issue</b>	<b>Page/Selection Changed</b>	<b>Description of Change</b>	<b>Review Date</b>
2	07/2015	Various changes	Changes due to updates from NHS Protect	07/2018
3	02/2016	Various changes	Changes to include Sanctions and Redress section	01/06/2019
3.1	04/10/2017	Page 3	BSF page added	01/06/2019
4	01/2018	Various Changes	Updated AFS Details and introduction of NHSCFA to replace NHS Protect	01/01//2021

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## Appendix 1: A Desktop Guide to Reporting NHS Fraud, Bribery and Corruption

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

**CORRUPTION** is the deliberate use of bribery or payment of a benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain an unfair or illegal advantage for oneself or another.

### DO

- **Note down 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 suspicions promptly and appropriately**

Confidentiality will be respected – delays may lead to further loss or harm. Report through one of the contact options below.

- **Be discreet**

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

### DO NOT

- **Confront the suspect(s) or convey your 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. Criminal investigations must be conducted to specific legal standards.

- **Be afraid of raising your concerns**

The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will

If you suspect that fraud or corruption against the NHS has taken (or is taking) 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 **NHS Fraud Reporting Form**; or,
- contacting the **Director of Finance**.

### Report NHS Fraud, Bribery & Corruption - Contact Details:

Dave Alford Trust AFS: **0161 285 4714** or **0151 285 4500** (MIAA)  
NHS Fraud, Bribery and Corruption Reporting Line: **0800 028 40 60**  
NHS Online Reporting Form: [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud)

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

If you would like further information about NHSCFA, or the work of the AFS, please visit [www.cfa.nhs.uk](http://www.cfa.nhs.uk)

# Protecting your NHS from Fraud, Bribery & Corruption

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## Appendix 2: Equality & Diversity Impact Assessment Tool



University Hospitals of  
Morecambe Bay  
NHS Foundation Trust

### Equality Impact Assessment Form

Department/Function	Governance			
Lead Assessor	Paul Jones			
What is being assessed?	Anti-Fraud, Bribery and Corruption Policy			
Date of assessment	December 2017			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> <li>➤ Advance Equality of opportunity</li> <li>➤ Foster good relations between different groups</li> <li>➤ Address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ Unlawful discrimination, harassment and victimisation</li> <li>➤ Failure to address explicit needs of Equality target groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ It is quite acceptable for the assessment to come out as Neutral Impact.</li> <li>➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged</li> </ul>
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> <li>➤ Provide brief description of the positive / negative impact identified benefits to the equality group.</li> <li>➤ Is any impact identified intended or legal?</li> </ul>
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
--	--

<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan <b>to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</b></p> <ul style="list-style-type: none"> <li>➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups</li> <li>➤ This should be reviewed annually.</li> </ul>
--

Action Plan Summary
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Action	Lead	Timescale

*This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to [EIA.forms@mbht.nhs.uk](mailto:EIA.forms@mbht.nhs.uk) once completed.*

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