



**Nottingham and  
Nottinghamshire**  
Integrated Care Board

# **Fraud, Bribery and Corruption Policy**

**December 2023 – December 2026**

## Control Record

<b>Reference Number</b> FIN-001	<b>Version</b> 2.0	<b>Status</b> Final	<b>Author</b> Counter Fraud Specialist/ Director of Finance <b>Sponsor</b> Director of Finance <b>Team</b> Finance Team
<b>Title</b>	Fraud, Bribery and Corruption Policy		
<b>Amendments</b>	Policy content has been aligned to the latest NHS Counter Fraud Authority Strategy 2023-26. Other amendments include an update to the Counter Fraud Champion, removal of any reference to NHS Improvement and ensuring all embedded links are updated and accurate.		
<b>Purpose</b>	To set out NHS Nottingham and Nottinghamshire ICB's policy on suspected and detected fraud, bribery and corruption		
<b>Superseded Documents</b>	Fraud, Bribery and Corruption Policy v1.2		
<b>Audience</b>	All employees of NHS Nottingham and Nottinghamshire ICB (including those working within the organisation in a temporary capacity)		
<b>Consulted with</b>	Local Counter Fraud Services, 360 Assurance		
<b>Equality Impact Assessment</b>	Completed (see Section 18)		
<b>Approving Body</b>	Audit and Risk Committee	<b>Date approved</b>	January 2024
<b>Date of Issue</b>	February 2024		
<b>Review Date</b>	December 2026		
<p><b>This is a controlled document and whilst this policy may be printed, the electronic version available on the ICB's document management system is the only true copy. As a controlled document, this document should not be saved onto local or network drives.</b></p>			

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)'s policies can be made available on request in a range of languages, large print, Braille, audio, electronic and other accessible formats from the Engagement and Communications Team at [nnicb-nn.comms@nhs.net](mailto:nnicb-nn.comms@nhs.net).

# Contents

	Page
1 Introduction	4
2 Purpose	4
3 Scope	4
4 Policy Principles	5
5 Definitions	7
6 Roles and Responsibilities	8
7 Response Plan	10
8 Counter Fraud Functional Standard	11
9 Proactive Prevention and Detection	11
10 Effective Sanctions	12
11 Seeking Redress	12
12 Reporting Suspicions	12
13 Equality and Diversity Statement	12
14 Communication, Monitoring and Review	13
15 Staff Training	13
16 Interaction with other Policies	13
17 References	14
18 Equality Impact Assessment	15
Appendix A: Fraud Response Plan	22
Appendix B: Fraud Referral Form	28
Appendix C: Prevalent Frauds in the NHS	29
Appendix D: Do's and Don't's	30

## 1. Introduction

- 1.1 This policy applies to the NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as 'the ICB'.
- 1.2 The aim of this document is to set out the policy on suspected and detected fraud, bribery and corruption, and to help individuals who may identify suspected fraud. It provides a framework for responding to suspicions of fraud.
- 1.3 The ICB adheres strictly to one of the basic principles of public sector organisations which is the proper use of public funds. It is, therefore, important that all those who work for the ICB are aware of the risk of, and means of enforcing the arrangements against fraud, bribery and corruption.
- 1.4 Our policies, procedures and staff training reflect our commitment to acting ethically in all our business relationships, and to implementing effective systems and controls to protect public funds and mitigate the risk of fraud.
- 1.5 The NHS Counter Fraud Authority (NHSCFA) is accountable to the Department for Health and Social Care Anti-Fraud Unit and works collaboratively with key stakeholders, including NHS England and the Cabinet Office. It has responsibility for overseeing Counter Fraud Arrangements within the NHS and within those organisations funded to provide NHS care.
- 1.6 The ICB has appointed an accredited Counter Fraud Specialist, nominated to the NHSCFA, to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption, and reactive work to hold those who commit fraud, bribery or corruption to account.

## 2. Purpose

- 2.1 The purpose of this document is to set out the ICB's policy on suspected and detected fraud, bribery and corruption, and to help individuals who may identify suspected fraud. It provides a framework for responding to suspicions of fraud. Further guidance if you suspect fraud may be obtained by contacting our Counter Fraud Specialist (CFS) or the Director of Finance (contact details can be found in Appendix A).

## 3. Scope

- 3.1 This policy is mandatory and applies to all employees (permanent, seconded, contractors, management and clinical trainees, apprentices, temporary staff and volunteers) of the ICB, including the Board and Committee members. It also applies to ICB employed staff who carry out work within another organisation's premises.

## 4. Policy Principles

- 4.1 The ICB's strategic approach is that we have a zero tolerance to fraud, bribery and corruption within the organisation. The aim is to eliminate fraud, bribery and corruption as far as possible. The ICB is required to always act honestly and with integrity to safeguard the public resources it is responsible for. The ICB will not tolerate any acts of fraud, bribery or corruption perpetrated against it or involving its employees and will actively pursue all available criminal and civil actions, including the recovery of loss suffered as a result.
- 4.2 The ICB is committed to the elimination of fraud, bribery and corruption by ensuring that there is a strong anti-fraud, bribery and corruption culture, proactive prevention, detection and deterrence through widespread awareness, and by rigorously investigating any such cases, and where proven, to ensure wrong doers are appropriately dealt with, including taking steps to recover assets lost as a result of fraud, bribery and corruption.
- 4.3 The NHSCFA has released the Government Functional Standard 013 Counter Fraud ('the Functional Standard') as a suite of requirements to countering fraud across the NHS. The Functional Standard became effective within the NHS on 1 April 2021. To meet the ICB's objectives and to demonstrate its commitment to taking all necessary steps to counter fraud, bribery and corruption, the Functional Standard has been adopted by the ICB.
- 4.4 The purpose of the Functional Standard is to set the expectations for the management of fraud, bribery and corruption risk in government organisations and means that the whole counter fraud community in the public sector is working to a common counter fraud standard.
- 4.5 NHS funded services are required to provide NHSCFA with details of their performance against the Functional Standard annually.
- 4.6 The term 'NHS funded services' above refers to any organisation with partial or full NHS funding. Currently this includes NHS Trusts, Foundation Trusts, Ambulance Trusts, Special Health Authorities, the Integrated Care Board, certain Independent Healthcare Providers, Health Boards, NHS England.
- 4.7 Since April 2021 the ICB has been expected to obtain organisational assurance against the Functional Standard. The Functional Standard provides guidance to organisations on the arrangements for undertaking assurance.
- 4.8 The Functional Standard sets out a number of specific component requirements namely:
- Component 1: Accountable individual  
Have an accountable individual at board level who is responsible for counter fraud, bribery and corruption. For the ICB this will be the Director of Finance.
  - Component 2: Counter fraud bribery and corruption strategy  
Have a counter fraud, bribery and corruption strategy.
  - Component 3: Fraud bribery and corruption risk assessment

Have a fraud, bribery and corruption risk assessment.

- Component 4: Policy and response plan

Have a policy and response plan for dealing with potential instances of fraud, bribery and corruption. This is set out as at Appendix A of this policy.

- Component 5: Annual action plan

Maintain an annual work plan that is informed by national and local fraud, bribery and corruption risk assessments identifying activities to improve capability and resilience. This includes (but is not limited to) defined objectives, milestones for the delivery of each activity and measurable areas for improvement in line with strategic aims and objectives. The plan is agreed, and progress monitored by the Audit and Risk Committee.

- Component 6: Outcome-based metrics

Have an outcome-based metrics summarising what outcomes it is seeking to achieve that year.

- Component 7: Reporting routes for staff, contractors and members of the public

Have well-established and documented reporting routes for staff, contractors and members of the public to report suspicions of fraud, bribery and corruption and a mechanism for recording these referrals and allegations.

- Component 8: Report identified loss

Report identified loss from fraud, bribery, corruption and error and associated recoveries, in line with the agreed government definitions.

- Component 9: Access to trained investigators

Agree access to trained investigators that meet the agreed public sector skill standard.

- Component 10: Undertake detection activity

Undertake activity to try and detect fraud in high-risk areas where little or nothing is known of fraud, bribery and corruption levels, including loss measurement activity where suitable.

- Component 11: Access to and completion of training

Ensure that all staff have access to and undertake fraud awareness, bribery and corruption training as appropriate to their role.

- Component 12: Policies and registers for gifts and hospitality and Conflicts of Interest (standards of business conduct)

Have policies and registers for gifts and hospitality and conflicts of interest (covered by the Standards of Business Conduct policy).

4.9 All staff have a duty to protect the assets of the ICB and also to cooperate with any investigation. The Integrated Care Board recommends anyone having suspicions

of fraud, bribery or corruption to report those suspicions. All reasonably held suspicions will be taken seriously.

- 4.10 For concerns which relate to fraud, bribery or corruption these should be reported through the provisions within this policy, rather than through the whistleblowing policy.

## 5. Definitions

- 5.1 The following definitions apply for the purposes of this policy and the corresponding Fraud Response Plan (see Appendix A).

### Fraud

- 5.2 The *Fraud Act 2006* came into force on 15 January 2007 and introduced the general offence of fraud. It is no longer necessary to prove that a person has been deceived. The focus is now on dishonest behaviour and any intent to make gain or cause loss to another party. Put simply, fraud is a dishonest act intended for gain or to cause loss to another.
- 5.3 There are three main ways in which the offence of fraud can be committed:
- Fraud by False Representation (lying about something using any means, for instance words or actions).
  - Fraud by Failure to Disclose (not saying something when you have the legal duty to do so).
  - Fraud by Abuse of Position (abusing a position where there is an expectation to safeguard the financial interests of another person or organisation).
- 5.4 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.

### Bribery

- 5.5 *The Bribery Act 2010* came into force on 1 July 2011 and created three general offences of bribery:
- Offering, promising or giving a bribe to induce someone to behave improperly, or to reward someone for having already done so.
  - Requesting, agreeing or accepting a bribe either in exchange for acting improperly or where the request or acceptance is itself improper.
  - Bribery of a foreign public official.
- 5.6 A new corporate offence was also introduced:
- Failure by a company to prevent:

- a bribe being paid, or
- a business advantage.

- 5.7 Bribing anyone is absolutely prohibited. Employees will not pay a bribe to anybody. This means you will not offer or promise reward in any way, or give financial or other advantage to any person, in order to induce that person to perform activities improperly. It does not matter whether the other person is a UK or foreign official, political candidate, party official, private individual, public sector employee or any other person.
- 5.8 Bribery does not have to involve cash or an actual payment exchanging. It can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.

## Corruption

- 5.9 Bribery is a form of corruption but corruption also includes many other dishonest practices such as fraud, nepotism, collusion and abuse of power/position. Corruption does not always result in a loss and the corrupt person may not always benefit directly from their deeds, however they may be unreasonably using their position to give some advantage to another.

## 6. Roles and Responsibilities

Role	Responsibilities
Chief Executive (CE)	The CE has overall responsibility for funds entrusted to the ICB. The CE must ensure that adequate policies and procedures are in place to protect the organisation and the funds it receives from fraud, bribery and corruption.
Director of Finance	The Director of Finance accepts overall responsibility for all matters relating to fraud, bribery and corruption within the ICB.
Audit and Risk Committee	The Audit and Risk Committee should be satisfied that the organisation has adequate arrangements in place for counter fraud, bribery and corruption to comply with the Functional Standard.
Counter Fraud Specialist (CFS)	The CFS is responsible for conducting all anti-fraud work locally and ensuring that the ICB has appropriate anti-fraud, bribery and corruption arrangements in place. The Local Counter Fraud Service will: <ul style="list-style-type: none"> <li>• Ensure that the CFO is informed about all referrals/cases;</li> <li>• Be responsible for the day-to-day implementation of the Functional Standard and NHSCFA strategy;</li> <li>• Investigate cases of fraud;</li> </ul>

	<ul style="list-style-type: none"> <li>• In consultation with the CFO report any case to the Police or NHSCFA as agreed and in accordance with the NHSCFA guidance; and</li> <li>• Adhere to the fraud response plan.</li> </ul>
Line Managers	<p>Line Managers are responsible for implementing and maintaining the policy in their area of management, including ensuring that procedures are in place, individuals are adequately trained and controls are being complied with. The following examples (this list is not exhaustive) provide some areas of responsibility that managers have in the prevention of fraud, bribery and corruption:</p> <ul style="list-style-type: none"> <li>• Understanding financial decision making such as authorisation limits for purchases, ordering of stock or goods and the authorising of expenses and time sheets.</li> <li>• Understanding responsibilities in relation to fraud awareness.</li> <li>• Understanding the need to inform HR of any transactional changes to be made to electronic staff records. Managers are responsible for submitting these for any changes required; these include base changes, manager changes, incremental stage, change of working hours and many more. Incorrect or delayed submission of transactional changes could lead to financial implications for staff such as overpayments.</li> <li>• Timesheet and expense claim checking to ensure that the details are accurate before submission to payroll.</li> </ul>
Nominated ICB Counter Fraud Champion	<p>The role of a Counter Fraud Champion is to support and challenge the organisation in relation to its commitment to fraud work. The Champion will help promote a zero-tolerance approach to fraud within our own organisation. The role and duties of the Fraud Champion include:</p> <ul style="list-style-type: none"> <li>• Promoting awareness of fraud, bribery and corruption within our organisation;</li> <li>• Understanding the threat posed by fraud, bribery and corruption; and</li> <li>• Understanding best practice on counter fraud.</li> </ul> <p>The nominated Counter Fraud Champion is the ICB's Assistant Chief Finance Officer.</p>
Human Resources Staff	<p>Human Resources staff provide advice, guidance and support to the ICB's managers and officers investigating disciplinary matters. All disciplinary matters which involve suspected fraud, bribery or corruption offences will also be subject to parallel criminal investigation by the organisation's CFS. A liaison protocol is in place which details arrangements for the conduct of parallel disciplinary and criminal investigations. Close liaison between the CFS and HR is</p>

	essential to ensure that any parallel sanctions (for instance criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.
Employees	<p>All employees are expected to ensure that they are familiar with, and act in accordance with, this policy and attend all fraud training as required.</p> <p>All employees are required to comply with the ICB's policies and procedures and apply best practice in order to prevent fraud, bribery and corruption. All employees have a duty to ensure that public funds are safeguarded and where they have a suspicion that fraud exists they should report it to the Counter Fraud Specialist or Director of Finance (contacts details can be found at Appendix A).</p> <p>Alternatively you can report to the NHS Fraud and Corruption Reporting Line (0800 028 40 60), or through the online NHS Fraud Reporting Tool found at <a href="https://cfa.nhs.uk/reportfraud">https://cfa.nhs.uk/reportfraud</a>.</p>

## 7. Response Plan

7.1 The organisation has a Fraud Response Plan (see Appendix A).

7.2 Furthermore, in accordance with the Functional Standard guidance, the ICB has undertaken a risk assessment to determine the extent to which bribery and corruption may affect the organisation. Proportionate procedures in place to mitigate the identified risk include the following requirements (the list is not exhaustive):

- The Standing Financial Instructions (SFIs), which outline the decisions which the ICB retains for itself and which it will delegate.
- The Scheme of Delegation (SoD) outlines the minimum level allowed to make certain decisions. These include High Value, Mid Value and Low Value.
- Management controls such as for the approval of overtime and expenses.
- Acting with propriety in the use of the ICB's resources, including making accurate and honest expense claims and claims for sickness absence.
- Conducting oneself with integrity, accountability, openness and honesty.
- All staff must disclose their business interests, prior to commencement of employment with the ICB.
- All staff must declare hospitality (other than modest hospitality) received by or offered to them as ICB employees.
- All hospitality (other than extremely minor hospitality) provided by ICB staff to third parties must be declared.
- Staff must not solicit personal gifts and must declare all gifts received (in excess of a minimum value set).

## 8. Counter Fraud Functional Standard

- 8.1 NHSCFA requires the ICB to ensure appropriate anti-fraud, corruption and bribery arrangements are in place as set out in the NHS Standard Contract and as specified within the Government Functional Standard 013 for Counter Fraud.
- 8.2 It is the responsibility of the organisation to ensure that it complies with the Functional Standard. In order to demonstrate compliance, NHSCFA quality inspectors require the organisation to submit an annual return detailing compliance and anti-fraud, corruption and bribery activity undertaken within the organisation. Upon completion, the return provides a red, amber, or green (RAG) rating for the organisation. The RAG system is a management method of rating for issues or status reports, based on levels of compliance with the standards. As such, the colours are used in a traffic light rating system with red being non-compliant, amber being partially compliant and green being fully compliant.
- 8.3 The NHSCFA Quality and Compliance Team (QCT) use the annual return as a basis for selecting organisations for detailed assessment and engagement.

## 9. Proactive Prevention and Detection

- 9.1 The ICB will ensure that its systems, policies and processes are sufficiently robust so that the risk of fraud, corruption and bribery is reduced to a minimum. Checks will be conducted in areas identified to be most at risk to fraud, corruption or bribery in order to proactively detect instances that might otherwise be unreported.
- 9.2 The CFS will review new and existing policies and procedures to ensure that appropriate counter fraud measures are included. This includes (but is not limited to) policies and procedures in human resources, standing orders, standing financial instructions and other finance and operational policies.
- 9.3 The ICB will carry out comprehensive local risk assessments to identify fraud, bribery and corruption risks. Risk analysis is undertaken and is recorded and managed in line with the ICB's risk management policy and included on the appropriate risk registers. Measures to mitigate identified risks are included in the ICB's annual work plan to counter fraud, bribery and corruption, progress is monitored at a senior level within the organisation and results are fed back to the Audit and Risk Committee.
- 9.4 Additional preventative activities may also be conducted. These activities will be targeted at those areas of the organisation considered to be at a higher risk of fraud, bribery or corruption. The purpose of these activities is to identify gaps in the organisation's governance framework which could allow fraud to be perpetrated. These activities will be conducted in line with guidance issued by the NHSCFA where appropriate.

## 10. Effective Sanctions

- 10.1 Where fraud, bribery or corruption offences are committed, criminal sanctions (including prosecution) will be pursued where appropriate. Employees of the ICB found to have committed such offences will also be dealt with in accordance with internal disciplinary procedures and referred to professional bodies where appropriate.

## 11. Seeking Redress

- 11.1 The ICB will consider initiating civil recovery action if this is cost-effective and desirable for deterrence purposes. This could involve a number of options such as making an application to the Small Claims Court and/or recovery through debt collection agencies. Each case will be discussed with the CFO in order to determine the most appropriate action.

## 12. Reporting Suspicions

- 12.1 All concerns or suspicions relating to fraud, bribery or corruption must be reported to the ICB's nominated Counter Fraud Specialist (contact details in Appendix A). The Fraud Referral Form (see Appendix B) can also be used. Alternatively, fraud can be reported to NHSCFA via the NHS Fraud and Corruption Reporting Line (0800 028 40 60) or its online reporting tool found at <https://cfa.nhs.uk/reportfraud>.

## 13. Equality and Diversity Statement

- 13.1 The Nottingham and Nottinghamshire ICB pays due regard to the requirements of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in policy development and implementation as a commissioner and provider of services, as well as an employer.
- 13.2 The ICB is committed to ensuring that the way we provide services to the public and the experiences of our staff does not discriminate against any individuals or groups on the basis of their age, disability, gender identity (trans, non-binary), marriage or civil partnership status, pregnancy or maternity, race, religion or belief, gender or sexual orientation.
- 13.3 We are committed to ensuring that our activities also consider the disadvantages that some people in our diverse population experience when accessing health services. Such disadvantaged groups include people experiencing economic and social deprivation, carers, refugees and asylum seekers, people who are homeless, workers in stigmatised occupations, people who are geographically isolated, gypsies, Roma and travellers.
- 13.4 As an employer, we are committed to promoting equality of opportunity in recruitment, training and career progression and to valuing and increasing diversity within our workforce.

- 13.5 To help ensure that these commitments are embedded in our day-to-day working practices, an Equality Impact Assessment has been completed for, and is attached to, this policy.

## 14. Communication, Monitoring and Review

- 14.1 This policy will be made available to all staff via the staff intranet following approval by the ICB's Audit and Risk Committee.
- 14.2 The effectiveness and accuracy of this policy will be reviewed on an annual basis by the ICB's appointed CFS.
- 14.3 All of the ICB's policies which are produced, revised or reviewed should be provided to the CFS prior to implementation to allow for 'fraud proofing' of the policy. It is for the CFS to judge whether 'fraud proofing' is required in respect of any given policy and recommendations made by the CFS should be used to ensure all policies minimise the risk of fraud, corruption or bribery.
- 14.4 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role should contact the document author.

## 15. Staff Training

- 15.1 The CFS will promote fraud, bribery and corruption awareness through the delivery of face-to-face presentations, the provision of eLearning modules and/or the distribution of newsletters and other materials. Should staff require any other assistance, or advice, they should contact the CFS ([craig.bevan-davies@nhs.net](mailto:craig.bevan-davies@nhs.net)).
- 15.2 Examples of fraud which are prevalent in the NHS are provided at Appendix C. These examples are provided in order to give an insight into the breadth of risk of fraud to the organisation.
- 15.3 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this relates to their role, should contact the nominated ICB Counter Fraud Champion.

## 16. Interaction with other Policies

- 16.1 This policy should be read in conjunction with the ICB's Standards of Business Conduct Policy.
- 16.2 Individuals should also be mindful of any other corporate policies regarding procurement, disciplinary and freedom to speak up.

## 17. References

17.1 This policy has been developed with guidance from the following publications and websites:

- [Criminal Procedure and Investigations Act 1996](#);
- [NHS Counter Fraud Authority Guidance](#);
- [NHS Counter Fraud Authority Strategy 2023 -26](#);
- [Government Functional Standard 013 NHS requirements](#)
- [The Bribery Act 2010](#);
- [The Fraud Act 2006](#);
- [The Police and Criminal Evidence Act 1984](#);
- [The Proceeds of Crime Act 2002](#); and
- [The Public Interest Disclosure Act 1998](#).

## 18. Equality Impact Assessment

Overall Impact on: Equality, Inclusion and Human Rights [Select one option]	Positive <input type="checkbox"/> Neutral <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Undetermined <input type="checkbox"/>
---	--

Name of Policy, Process, Strategy or Service Change	Fraud, Bribery and Corruption Policy
Date of Completion	May 2023
EIA Responsible Person Include name, job role and contact details.	Stuart Poynor, Director of Finance Email: <a href="mailto:s.poynor@nhs.net">s.poynor@nhs.net</a>
EIA Group Include the name and position of all members of the EIA Group.	-
Wider Consultation Undertaken State who, outside of the project team, has been consulted around the EIA.	360 Assurance, Internal Auditors; Staff Engagement Group.
Summary of Evidence Provide an overview of any evidence (both internal and external) that you utilised to formulate the EIA. E.g., other policies, Acts, patient feedback, etc.	Equality Act 2010; Mental Health Act; Mental Capacity Act.

For the policy, process, strategy or service change, and its implementation, please answer the following questions against each of the Protected Characteristics, Human Rights and health groups:	What are the actual, expected or potential positive impacts of the policy, process, strategy or service change?	What are the actual, expected or potential negative impacts of the policy, process, strategy or service change?	What actions have been taken to address the actual or potential positive and negative impacts of the policy, process, strategy or service change?	What, if any, additional actions should be considered to ensure the policy, process, strategy or service change is as inclusive as possible? Include the name and contact details of the person responsible for the actions.	Impact Score
Age	There are no actual or expected positive impacts on the characteristic of Age.	There are no actual or expected negative impacts on the characteristic of Age.	None.	None.	3
Disability <sup>1</sup> (Including: mental, physical, learning, intellectual and neurodivergent)	There are no actual or expected positive impacts on the characteristic of Disability.	There are no actual or expected negative impacts on the characteristic of Disability.	None.	None.	3
Gender <sup>2</sup> (Including: trans, non-binary and gender reassignment)	There are no actual or expected positive impacts on the characteristic of Gender.	There are no actual or expected negative impacts on the characteristic of Gender.	None.	None.	3
Marriage and Civil Partnership	There are no actual or expected positive impacts on the characteristic of Marriage and Civil Partnership.	There are no actual or expected negative impacts on the characteristic of Marriage and Civil Partnership.	None.	None.	3

Pregnancy and Maternity Status	There are no actual or expected positive impacts on the characteristic of Pregnancy and Maternity Status.	There are no actual or expected negative impacts on the characteristic of Pregnancy and Maternity Status.	None.	None.	3
Race <sup>3</sup>	There are no actual or expected positive impacts on the characteristic of Race.	There are no actual or expected negative impacts on the characteristic of Race.	None.	None.	3
Religion and Belief <sup>4</sup>	There are no actual or expected positive impacts on the characteristic of Religion or Belief.	There are no actual or expected negative impacts on the characteristic of Religion or Belief.	None.	None.	3
Sex <sup>5</sup>	There are no actual or expected positive impacts on the characteristic of Sex.	There are no actual or expected negative impacts on the characteristic of Sex.	None.	None.	3
Sexual Orientation <sup>6</sup>	There are no actual or expected positive impacts on the characteristic of Sexual Orientation.	There are no actual or expected negative impacts on the characteristic of Sexual Orientation.	None.	None.	3

Human Rights <sup>7</sup>	There are no actual or expected positive impacts on the characteristic of Human Rights.	There are no actual or expected negative impacts on the characteristic of Human Rights.	None.	None.	3
Community Cohesion and Social Inclusion <sup>8</sup>	This policy will positively impact the characteristic of Community Cohesion and Social Inclusion, by aiming to maintain trust with the public by being open and transparent and following proper process and considering reputational risk.	There are no actual or expected negative impacts on the characteristic of Community Cohesion and Social Inclusion.	Continually striving to being open and transparent and following proper process and considering reputational risk.	Director of Finance: <a href="mailto:s.poynor@nhs.net">s.poynor@nhs.net</a>	4
Safeguarding <sup>9</sup> (Including: adults, children, Looked After Children and adults at risk or who lack capacity)	This policy will positively impact the characteristic of Safeguarding via offering protection for vulnerable staff or staff at a junior level who could be coerced or manipulated.	There are no actual or expected negative impacts on the characteristic of Safeguarding.	360 Assurance recognise vulnerability and undertake a risk assessment at the interview stage to assess mental health and wellbeing.	360 Assurance Counter Fraud Specialist: <a href="mailto:craig.bevan-davies@nhs.net">craig.bevan-davies@nhs.net</a>	4
Other Groups at Risk <sup>10</sup> of Stigmatisation, Discrimination or Disadvantage	There are no actual or expected positive impacts on the characteristic of Other Groups at Risk.	There are no actual or expected negative impacts on the characteristic of Other Groups at Risk.	None.	None.	3

### Additional Narrative

Provide additional evidence and narrative about the positive, negative, and neutral impacts of the proposal on the equality, inclusion and human rights elements detailed above.

You should consider:

- Three elements of Quality (safety, experience and effectiveness)
- Intersectionality
- Impact of COVID-19
- Access to Services
  - Physical
  - Written communication
  - Verbal communication
- Digital Poverty
- Safeguarding
- Dignity and Respect
- Person-centred Care

Here you should add additional detail or explanation around the positive, negative, and neutral impact of the proposals on the above protected characteristic and health inclusion groups. To address this, you should consider the barriers to accessing or using the service, including the mitigations to respond to these.

Positive Impact: 56 to 50	Neutral Impact: 49 to 36	Negative Impact: 35 to 22	Undetermined Impact: 21 to 14	Equality Impact Score Total	41
------------------------------	-----------------------------	------------------------------	----------------------------------	-----------------------------	----

Positive	Neutral	Negative	Undetermined
4	3	2	1

1. Disability refers to anyone who has: "...a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities..." (Equality Act 2010 definition). This includes, but is not limited to: mental health conditions, learning disabilities, intellectual disabilities, neurodivergent conditions (such as dyslexia, dyspraxia and dyscalculia), autism, many physical conditions (including HIV, AIDS and cancer), and communication difficulties (including d/Deaf and blind people).
2. Gender, in terms of a Protected Characteristic within the Equality Act 2010, refers to: "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."
3. Race, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A person's colour, nationality, or ethnic or national origins. This also includes people whose first spoken language is not English, and/or those who have a limited understanding of written and spoken English due to English not being their first language.
4. Religion and Belief, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Religion means any religion and a reference to religion includes a reference to a lack of religion. Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.
5. Sex, in terms of a Protected Characteristic within the Equality Act 2010, refers to: A reference to a person who has a particular protected characteristic and is a reference to a man or to a woman.
6. Sexual Orientation, in terms of a Protected Characteristic within the Equality Act 2010, refers to: Sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.
7. The Human Rights Act 1998 sets out the fundamental areas that everyone and every organisation must adhere to. In relation to health and care, the most commonly applicable of the Articles within the Human Rights Act 1998 include: Article 2 Right to Life, Article 5 Right to Liberty and Security, Article 8 Right to Respect of Private and Family Life, and Article 9 Freedom of Thought, Conscience and Religion.
8. Community Cohesion is having a shared sense of belonging for all groups in society. It relies on criteria such as: the presence of a shared vision, inclusion of those with diverse backgrounds, equal opportunity, and supportive relationships between individuals. Social Inclusion is defined as the process of improving the terms of participation in society, particularly for people who are disadvantaged,

through enhancing opportunities, access to resources, voice and respect for rights (United Nations definition). For the EQIA process, we should note any positive or negative impacts on certain groups being excluded or not included within a community or societal area. For example, people who are homeless, those from different socioeconomic groups, people of colour or those from certain age groups.

9. Safeguarding means: "...protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility" (NHS England definition). Those most in need of protection are children, looked after children, and adults at risk (such as those receiving care, those under a DoLS or LPS Order, and those with a mental, intellectual or physical disability). In addition to the ten types of abuse set out in the Health and Care Act 2022, this section of the EQIA should also consider PREVENT, radicalisation and counterterrorism.

10. Other Groups refers to anyone else that could be positively or negatively impacted by the policy, process, strategy or service change. This could include, but is not limited to: carers, refugees and asylum seekers, people who are homeless, gypsy, Roma and traveller communities, people living with an addiction (e.g., alcohol, drugs or gambling), people experiencing social or economic deprivation, and people in stigmatised occupations (e.g., sex workers).

# Appendix A

## Fraud Response Plan

### 1. Introduction

1.1 This fraud response plan provides a checklist of actions and a guide to follow in the event that fraud is suspected. Its purpose is to define authority levels, responsibilities for action and reporting lines in the event of suspected fraud, theft or other irregularity. It covers:

- Notification of suspected fraud;
- The investigation process;
- Sanctions and redress;
- Recovery action;
- Roles and responsibilities; and
- Monitoring and review.

### 2. Notifying Suspected Fraud

2.1 It is important that all staff are able to report their concerns without fear of reprisal or victimisation and are aware of the means to do so. The 'Public Interest Disclosure Act (1998)' commonly referred to as the 'Whistleblowers Act', provides appropriate protection for those who voice genuine and legitimate concerns through the proper channels.

2.2 If an employee has any concerns or suspicions of fraud they must inform the nominated (CFS) or the ICB's Director of Finance.

2.3 If the CFO, CFS or Chief Executive are implicated, then concerns should be reported to the NHS Counter Fraud Authority through their [online reporting form](#) or through their 24-hour reporting line on 0800 028 40 60.

2.4 Appendix D of the Fraud, Bribery and Corruption Policy, provides a reminder and checklist of the key actions (Do's and Don't's) if fraud, corruption or bribery are suspected. Staff are encouraged to familiarise themselves with this document.

### 3. The Investigation Process

3.1 The CFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

3.2 The ICB wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. In accordance with the provisions of the

'Whistleblowers Act', the ICB has implemented a Standards of Business Conduct Policy and Freedom to Speak Up Guardians such as their manager, or the Associate Director of Governance, or the Chair of the ICB's Audit and Risk Committee, who can provide an independent and impartial source of advice to staff at any stage of raising a concern. The appropriate contact details are as follows:

Freedom to Speak Up Guardian

Name: Jon Towler

Email: [jon.towler1@nhs.net](mailto:jon.towler1@nhs.net)

Associate Director of Governance

Name: Lucy Branson

Email: [lucy.branson@nhs.net](mailto:lucy.branson@nhs.net)

Chair of the Audit and Risk Committee

Name: Caroline Maley

Email: [c.maley@nhs.net](mailto:c.maley@nhs.net)

Counter Fraud Specialist

Name: Craig Bevan-Davies

Email: [craig.bevan-davies@nhs.net](mailto:craig.bevan-davies@nhs.net)

Tel: 0115 883 5322

Mob: 07785 445905

Director of Finance

Name: Stuart Poynor

Email: [s.poynor@nhs.net](mailto:s.poynor@nhs.net)

Counter Fraud Champion

Name: Audrey McDonald

Email: [audrey.mcdonald@nhs.net](mailto:audrey.mcdonald@nhs.net)

- 3.3 A CFS investigation may identify conduct or performance that may be of concern to the ICB or to the employee's Professional Body, whether related to fraud or otherwise. Where appropriate, relevant ICB policies and procedures, including Disciplinary Procedures will be followed where such concerns arise. This may result in disciplinary action and/or notification to the relevant Professional Body where appropriate.
- 3.4 In accordance with the NHS Counter Fraud Authority requirements, the CFO, in conjunction with the CFS, will decide whether or not a case should be referred to

the police. Any referral to the police will not prohibit action being taken under any local disciplinary procedures of the ICB unless expressly stipulated by the police.

- 3.5 The CFS, in consultation with the ICB's CFO, will investigate allegations in accordance with procedures and documents referenced in the NHSCFA standards.
- 3.6 The ICB will follow their disciplinary procedure if there is evidence that an employee has committed any act of fraud, bribery or corruption. The CFS must be aware that staff under investigation which could lead to disciplinary action, have the right to procedural fairness and the CFS must seek advice from the ICB's HR department during the investigation process where appropriate.
- 3.7 The CFS will take control of any physical evidence and record this in accordance with the procedures outlined in the NHS Anti-Fraud Manual. For reasons of confidentiality, access to this manual is restricted.
- 3.8 Interviews under caution will only be carried out by the CFS or, if appropriate, the police in accordance with the 'Police and Criminal Evidence Act (1984)'. The CFS will also take written statements where necessary.
- 3.9 If fraud, bribery or corruption is found to have occurred, the CFS will prepare a report for the CFO and the Audit and Risk Committee, setting out the following:
  - The circumstances;
  - The investigation process;
  - The estimated or actual loss;
  - The steps taken to prevent recurrence;
  - The steps taken to recover loss; and
  - System control weaknesses that require correction.

## 4. Sanctions and Redress

- 4.1 The seeking of financial redress or recovery of losses will always be considered in cases of fraud, bribery and corruption that are investigated by either the CFS or NHSCFA where a loss is identified.
- 4.2 Recovery of losses may involve action under the 'Proceeds of Crime Act (2002)' but each decision will be taken in light of the particular circumstances of each case.
- 4.3 Redress allows for resources that are lost to fraud, bribery or corruption to be returned to the NHS for use as intended and for the provision of patient care and services.
- 4.4 The NHS Anti-Fraud Manual provides in depth detail of how sanctions can be applied and redress sought. Local action can also be taken to recover money using the administrative procedures of the ICB or civil law.

- 4.5 In cases of serious fraud, bribery and corruption, parallel sanctions can be applied, for example:
- Disciplinary action;
  - Use of civil law to recover lost funds; and
  - Use of criminal law to apply an appropriate criminal penalty, possible referral of information and evidence to a professional body if appropriate.
- 4.6 The NHSCFA can also apply to the courts to make a restraining order or confiscation order under the 'Proceeds of Crime Act (2002)'. This means that a person's money can be taken away from them if it is believed that the person benefited from the crime. This can also include restraining assets during an investigation.
- 4.7 The range of available sanctions which may be pursued by the relevant decision makers includes:
- No further action: In some cases it may be that the ICB, under guidance from the CFS and with the approval of the CFO, decides that no further action is taken.
  - Criminal investigation: Following an investigation it may be necessary to bring the matter to the attention of the criminal courts such as Magistrates or Crown Court.
  - Civil recovery: The civil recovery route is available to the ICB if this is cost effective and desirable. This could involve a number of options such as applying through the small claims court. Each case will be discussed with the CFO to determine the most appropriate action.
  - Disciplinary action: The appropriate person, in conjunction with the HR department, will be responsible for initiating any disciplinary action.
  - Confiscation under the Proceeds of Crime Act: Depending upon the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under the Proceeds of Crime Act.
  - Recovery from on-going salary payment: Arrangements can be made to recover losses via payroll if the subject is still employed by the ICB.
  - Professional body disciplinary: During an investigation, if clear evidence exists of a healthcare professional's involvement in fraud, bribery or corruption, the appropriate regulatory body will be informed so they can consider whether 'fitness to practice' procedures should be invoked. Regulatory bodies have statutory powers to place conditions on, suspend or remove the registration of professionals whose fitness to practice has been impaired.

## 5. Roles and Responsibilities

- 5.1 The codes of conduct for NHS Boards and NHS Managers 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. All staff should be aware of, and act in accordance with, these values. The values can be summarised as:
- Accountability;
  - Probity; and
  - Openness.
- 5.2 Role of the ICB: The ICB will take all necessary steps to counter fraud, bribery and corruption in accordance with its Fraud, Bribery and Corruption policy and the Government Functional Standard 013: Counter Fraud (the Functional Standard).
- 5.3 The ICB will appoint a CFS to undertake work as set out by the NHSCFA under the Functional Standard. The ICB is committed to taking all steps necessary to counter fraud, bribery and corruption. To meet its objectives, the ICB has adopted the specific component principles of the Functional Standard.
- 5.4 All employees are required to comply with the ICB's policies and procedures in order to prevent fraud, bribery and corruption.
- 5.5 All those who work in the ICB, or are otherwise engaged with the ICB, should be aware of and act in accordance with the public service values and the [Nolan Principles for Standards in Public Life](#).
- 5.6 Employees are expected to act in accordance with the standards laid down by their professional institutes where applicable.
- 5.7 All employees have a responsibility to comply with all applicable laws and regulations relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality.
- 5.8 The CFS will:
- Ensure that the CFO is informed about all referrals and cases;
  - Be responsible for the day-to-day implementation of the key standards of counter fraud, bribery and corruption activity as set out by the Functional Standard;
  - Investigate cases of fraud;
  - In consultation with the CFO, report any case to the police of NHSCFA as agreed and in accordance with NHSCFA Standards for Commissioners;
  - Report any case and the outcome of the investigation through the NHSCFA national case management system (referred to as FIRST);

- Ensure that other relevant parties are informed where necessary, for instance HR;
- Ensure that the appropriate ICB's incident and losses reporting systems are followed;
- Ensure that any system weaknesses identified as part of any investigation are followed up with management and reported to internal audit; and
- Ensure that cases are managed appropriately, taking into account appropriate legislation and regulation and the needs of procedural fairness in the employment relationship.

#### 5.9 [NHSCFA](#) will:

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

## 6. Monitoring and Review

- 6.1 The CFS will report regularly to the CFO. The CFS will provide regular reports to the Audit and Risk Committee and provide an annual report containing details of reported and investigated cases of fraud. The NHSCFA monitors the work of the CFS.
- 6.2 The ICB is required to complete the Cabinet Office Counter Fraud Functional Standard return which replaces the previous Self Review Toolkit (from April 2021) and Annual Report and submit these annually to the NHSCFA. The ICB must mark itself against each standard as either Compliant (Green), Partially Compliant (Amber) or Non-Compliant (Red). A work plan is required to address all non-compliant standards which will be monitored by the Audit and Risk Committee.
- 6.3 An assessment process may be conducted by the NHSCFA. This is a means of evaluating the effectiveness of the ICB in dealing with the fraud, bribery and corruption risks it faces through one of four types of assessment: full, focussed, thematic or triggered.
- 6.4 The CFS raises fraud awareness by a number of means such as arranging road shows, giving presentations to staff teams and new starters on induction.

# Appendix B

## Fraud Referral Form



Referral Form: (Note: This referral may be made anonymously, however, it is helpful if you can provide at least a telephone contact number so that contact might be made to clarify details if necessary. This number will not be used to attempt to identify you).

NAME:

ORGANISATION / PROFESSION:

ADDRESS:

TEL. NO:

**The alleged fraud, corruption or bribery relates to:**

NAME:

ADDRESS:

DATE OF BIRTH:

**SUSPICION**

**DETAILS**

**POSSIBLE USEFUL CONTACTS**

**PLEASE ATTACH ANY AVAILABLE EVIDENCE OR ADDITIONAL INFORMATION**

Signed:

Date:

.....

Please return this form, marked **private and confidential** to:

360 Assurance Counter Fraud Service, Stapleford Care Centre, Church Street, Stapleford, Nottingham, NG9 8DB  
or email to the Counter Fraud Specialist at [craig.bevan-davies@nhs.net](mailto:craig.bevan-davies@nhs.net).

## Appendix C

### Prevalent Frauds in the NHS

#### Common examples of Fraud, Bribery and Corruption offences occurring within the Provision of Healthcare Services to the NHS

(This is not an exhaustive list; for other types of fraud, bribery or corruption offences please contact the CFS for advice).

**Employment:** Presenting forged certificates of qualification to obtain employment; claiming for overtime or shifts not worked; taking sick leave and undertaking unauthorised work for another organisation whilst in receipt of sick pay; claiming expenses (such as travel) when it has not been incurred; falsification of references for a job application; claiming time for college/training but not actually attending; knowingly failing to report and retaining salary or other payments not entitled to; non declaration of criminal convictions.

**Patients Monies:** Falsifying patients' monies records to obtain cash and property.

**Pharmaceuticals:** Presentation of forged prescriptions; falsely presenting oneself as another to receive prescription items; receiving free prescriptions through fraudulently claiming entitlement to exemptions from a charge; Pharmacists substituting an expensive drug with a cheaper alternative and making claims for the more expensive one; writing prescriptions for own use.

**Procurement:** Price fixing or price hiking by suppliers; invoicing for products not supplied; over invoicing; supplying unsolicited goods or products.

**ICB Equipment:** Obtaining or misuse of equipment or goods for private purposes, including theft or misuse of data, whether held electrically or in paper based form.

**Bribery:** Financial or other reward to staff responsible for procurement if they purchase from a particular supplier. Patients making informal payments to healthcare practitioners in order to receive treatment more quickly.

**Health Tourism:** A foreign national travelling to the UK with the intention of receiving free healthcare treatment to which they know they are not entitled.

## Appendix D

### Do's and Don't's

#### ✓ Do...

- Make an immediate note of your concerns – note all relevant details such as what was said in telephone or other conversations, the date, time and the names of any parties involved. If appropriate, these may be discussed or passed onto your line manager for further action or decisions.
- Report your suspicions immediately and directly to the ICB's appointed [CFS](#), or [Director of Finance](#).
- Deal with the matter promptly, if you feel your concerns are warranted – any delay may cause the ICB to suffer further financial loss.

#### ✗ Don't...

- Do nothing.
- Be afraid of raising your concerns – you will not suffer any recrimination from the ICB as a result of voicing a reasonably held suspicion. The ICB will treat any matter you raise sensitively and confidentially.
- Approach or accuse any individuals directly.
- Try to investigate the matter yourself – there are special rules surrounding the gathering of evidence for use in criminal cases. Any attempt to gather evidence by people who are unfamiliar with these rules may destroy the case. The ICB's appointed CFS is trained in handling investigations in accordance with the NHSCFA Anti-Fraud Manual.
- Convey your suspicions to anyone other than the CFS, Director of Finance or NHSCFA.