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Meeting title:	Trust Board – Public					
Date of the meeting:	9 October 2025					
Title:	Counter Fraud, Bribery & Corruption Policy– update for approval					
Report presented by:	Lee Bond, Chief Finance Officer					
Report written by:	Simon Linthwaite, Deputy Director of Finance and UHL Counter Fraud Champion Antony Upton, Local Counter Fraud Specialist					
Action – this paper is for:	Decision/Approval	x	Assurance		Update	
Where this report has been discussed previously	Draft policy discussed at Non-Clinical Policy and Guideline Committee Policy on 18 September 2025					

Acronyms used:

Purpose of the Report

To invite Trust Board to approve the updated UHL ‘Counter Fraud, Bribery & Corruption Policy’, which sets out the Trust’s policy on suspected and detected fraud, bribery and corruption and to help individuals who may identify suspected fraud and provides a framework for responding to suspicions of fraud. The updated policy reflects a review and update to bring in line with legislative changes and new counter fraud provider details. This policy is a ‘category A’ policy requiring Trust Board oversight and approval.

Recommendation

The Trust Board is asked to:

- **approve** the updated UHL ‘Counter Fraud, Bribery & Corruption Policy’ as attached.

Summary

The Trust has a zero tolerance to fraud, bribery and corruption within the organisation. The aim is to eliminate fraud, bribery and corruption as far as possible to a reduction in the resources available for patient care. The Trust is required to always act honestly and with integrity to safeguard public resources it is responsible for. The Trust 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.

The Board of Directors 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.

The aim of this policy is to set out the University Hospitals of Leicester NHS Trust (The Trust), 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.

The Trust 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 Trust are aware of the risk of and means of enforcing the arrangements against fraud, bribery and corruption.

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.

The NHS Counter Fraud Authority (NHSCFA) is accountable to the Department for Health Anti-Fraud Unit and works collaboratively with key stakeholders, including NHS England and NHS Improvement and the Cabinet Office. It has responsibility for overseeing Counter Fraud Arrangements within the NHS and within those organisations funded to provide NHS care.

The Trust has appointed an accredited person, 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. This Policy should be communicated to all persons associated with the organisation (including temporary workers), business partners, other stakeholders (including anyone working on the organisation's behalf).

All staff have a duty to protect the assets of the Trust and also to cooperate with any investigation. The Board recommends anyone having suspicions of fraud, bribery or corruption to report those suspicions. All reasonably held suspicions will be taken seriously. All staff should report any concerns they may have that relate to fraud, bribery or corruption in accordance with the provisions within this Policy.

The Policy has been reviewed and updated by the Deputy Director of Finance and Counter Fraud Champion, advised by the Trust's Local Counter Fraud Specialist.

Supporting documentation

Appendix 1 – Counter Fraud, Bribery & Corruption Policy for approval.

Counter Fraud, Bribery & Corruption Policy

Approved By:	Trust Board
Date of Original Approval:	April 2010
Trust Reference:	A1/2010
Version:	V6
Supersedes:	V5 – November 2022
Trust Lead:	Antony Upton, Local Counter Fraud Specialist Simon Linthwaite – Deputy Director of Finance, Trust Counter Fraud Champion
Board Director Lead:	Lee Bond – Chief Financial Officer
Date of Latest Approval	9 October 2025 – Trust Board
Next Review Date:	October 2030

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Review and update to bring in line with legislative changes and new counter fraud provider details.

KEY WORDS

Fraud, Bribery and Corruption

1 INTRODUCTION AND OVERVIEW

The Trust strategic approach is that it has a zero tolerance to fraud, bribery and corruption within the organisation. The aim is to eliminate fraud, bribery and corruption as far as possible as they ultimately lead to a reduction in the resources available for patient care. The Trust is required to always act honestly and with integrity to safeguard public resources it is responsible for. The Trust 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. The Board of Directors 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.

The aim of this policy is to set out the University Hospitals of Leicester NHS Trust (The Trust), 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.

The Trust 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 Trust are aware of the risk of and means of enforcing the arrangements against fraud, bribery and corruption.

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.

The NHS Counter Fraud Authority (NHSCFA) is accountable to the Department for Health Anti-Fraud Unit and works collaboratively with key stakeholders, including NHS England and NHS Improvement and the Cabinet Office. It has responsibility for overseeing Counter Fraud Arrangements within the NHS and within those organisations funded to provide NHS care.

The Trust has appointed an accredited person, 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. This Policy should be communicated to all persons associated with the organisation (including temporary workers), business partners, other stakeholders (including anyone working on the organisation's behalf).

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

Government Functional Standard 013: Counter Fraud ('the Functional Standard') sets out a suite of requirements for countering 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.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1014385/6.7628_CO_Govt-Functional-Std_GovS013-Counter-Fraud_v4.pdf

For NHS funded services, the NHSCFA oversees compliance with the functional standards. [NHSCFA Strategy 2023-2026](#)

All staff have a duty to protect the assets of the Trust and also to cooperate with any investigation. The Board recommends anyone having suspicions of fraud, bribery or corruption to report those suspicions. All reasonably held suspicions will be taken seriously.

All staff should report any concerns they may have that relate to fraud, bribery or corruption in accordance with the provisions within this Policy.

3 DEFINITIONS AND ABBREVIATIONS

The following definitions apply for the purposes of this policy and the corresponding Fraud Response Plan attached at Appendix 1.

3.1 Fraud

The *Fraud Act 2006* came into force on the 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.

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).

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.

3.2 Bribery

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.

A new corporate offence was also introduced:

- Failure by a company to prevent
 - a bribe being paid, or
 - a business advantage.

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.

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. Under section 7 of the Bribery Act 2010, the commercial offence is a strict liability offence. Should an offence be committed it will be a defence that the organisation has adequate

procedures in place to prevent bribery.

3.3 Corruption

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.

The Economic Crime and Corporate Transparency Act 2023 covers a range of organisational requirements and enhancements to deliver a suite of wider-ranging reforms to tackle economic crime in the UK and improve transparency over corporate entities.

As part of this legislation, the Government has created a new failure to prevent fraud offence to hold organisations to account if they profit from fraud committed by their employees.

The new offence seeks to discourage organisations from turning a blind eye to fraud undertaken by their employees, agents or subsidiaries; which ultimately may benefit the organisation. The legislation will hold organisations to account through prosecutions if they profit from the fraudulent actions of their employees.

The legislation suggests that an organisation will be able to avoid prosecution if it is able to prove that, at the time that the fraud offence was committed, it had 'reasonable procedures' in place to prevent this type of fraud from occurring.

The offence applies to all sectors. However, to ensure burdens on organisations are proportionate, only large organisations are in scope – defined (using the standard Institutions Act 2006 definition) as organisations meeting two out of three of the following criteria:

- More than 250 employees;
- more than £36 million turnover; and
- more than £18 million in total assets.

The organisation may be prosecuted with the potential for an unlimited fine. If resources held across a parent organisation and its subsidiaries cumulatively meet the size threshold, that group of institutions will be in scope of the failure to prevent fraud offence.

4 ROLES – WHO DOES WHAT

4.1 Committees

4.1.1 The Audit Committee

The Audit Committee should satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption to comply with the Functional Standard.

4.2 Individual officers

4.2.1 Chief Executive

As the Trust's Accountable Officer, the Chief Executive has overall responsibility for funds entrusted to the Trust. The Chief Executive must ensure that adequate policies and procedures are in place to protect the organisation and the funds it receives from fraud, bribery and corruption.

4.2.2 Chief Financial Officer

The Chief Financial Officer is the Executive Lead and accepts overall responsibility for all

matters relating to fraud, bribery and corruption within the Trust.

4.2.3 People Services Staff

People services staff provide advice, guidance and support to the Trust 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 LCFS. A liaison protocol is in place which details arrangements for the conduct of parallel disciplinary and criminal investigations. Close liaison between the LCFS and HR is essential to ensure that any parallel sanctions (for instance criminal, civil, disciplinary and/or professional body sanctions) are applied effectively and in a coordinated manner.

4.2.4 Local Counter Fraud Specialist (LCFS)

The LCFS is responsible for conducting all anti-fraud and anti-bribery work at the Trust and ensuring that the organisation has appropriate anti-fraud, bribery and corruption arrangements in place.

The local counter fraud specialist team will:

- Ensure that the Chief Financial Officer is informed about referrals/cases.
- Be responsible for the day-to-day local implementation of a counter fraud work plan, devised in line with the Functional Standard and NHSCFA strategy.
- Investigate cases of fraud.
- In consultation with the Chief Financial Officer, report any cases to the police or NHSCFA in accordance with NHSCFA guidance.
- Adhere to the fraud response plan.

4.2.5 Counter Fraud Champion (CFC)

The Counter Fraud Champion (CFC) is the Deputy Director of Finance for Financial Services. The role of a CFC is to support and challenge the organisation in relation to its commitment to fraud work. The CFC will help promote a zero-tolerance approach to fraud within our own organisation. The role and duties of the CFC include:

- promoting awareness of fraud, bribery and corruption within the organisation;
- understanding the threat posed by fraud, bribery and corruption; and
- understanding best practice on counter fraud.

4.2.6 Managers

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:

- Understanding financial decision making such as authorisation limits for purchases, ordering of stock or goods and the authorising of expenses and time sheets.
- Understanding responsibilities in relation to fraud awareness.
- Understanding the need to inform People Services 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.

- Timesheet and expense claim checking to ensure that the details are accurate before submission to payroll.

4.2.7 Employees

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.

All employees are required to comply with the Trust'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 LCFS or Chief Financial Officer (contact details in Appendix 4). 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 <https://cfa.nhs.uk/reportfraud>

4.2.8 Fraud and Bribery Response Plan

The Trust has developed a fraud and bribery response plan (Appendix 1) which should be used as a checklist of actions and a guide to follow in the event that fraud is suspected. It covers:

- Notification of suspected fraud or bribery.
- The investigation processes.
- Sanctions and redress.
- Recovery action.
- Roles and responsibilities.
- Monitoring and review.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1 Response Plan

5.1.1 The Trust's Fraud and Bribery Response Plan is attached at Appendix 1.

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

- The Trust's Standard Financial Instructions (SFIs), which outline the decisions which the Trust's Board retains for itself and which it will delegate.
- The Trust's Scheme of Delegation (SoD) outlines the delegated managerial levels of expenditure approval.
- Management controls such as for the approval of overtime and expenses.
- Acting with propriety in the use of the Trust'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 Trust.
- All staff must declare hospitality (other than modest hospitality) received by or offered to them as the Trust employees.
- All hospitality (other than extremely minor hospitality) provided by the Trust 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), noting that all activity of agents and intermediaries acting on behalf of the organisation are monitored. Please refer to the Managing Conflicts of Interest in the NHS Policy (A1/2017) for further information.

5.2 Government Functional Standard

5.2.1 NHSCFA requires the Trust to ensure appropriate anti-fraud, bribery and corruption arrangements are in place as set out in the NHS Standard Contract and as specified within the NHSCFA requirements in line with 'Government Functional Standard 013: Counter Fraud'.

5.2.2 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, bribery and corruption 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.

The NHSCFA Quality and Compliance Team (QCT) use the annual return as a basis for selecting organisations for detailed assessment and engagement.

5.3 Proactive Prevention and Detection

5.3.1 The Trust will ensure that its systems, policies and processes are sufficiently robust so that the risk of fraud, bribery and corruption 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.

5.3.2 The LCFS will review new and existing key policies and procedures to ensure that appropriate counter fraud measures are included. This includes (but is not limited to) policies and procedures in People services, Procurement, standing orders, standing financial instructions and other finance and operational policies. These controls are subject to regular review and audit.

5.3.3 The Trust 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 Trust's risk management policy and included on the appropriate risk registers. Measures to mitigate identified risks are included in the Trust'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 Committee.

5.3.4 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

5.4 Effective Sanctions

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

5.5 Seeking Redress

The Trust will consider initiating civil recovery action if this is cost-effective and desirable for deterrence purposes.

5.6 Reporting Suspicions

All concerns or suspicions relating to fraud, bribery or corruption must be reported to the Trust's LCFS, Chief Financial Officer, Trust CFC (contact details in Appendix 4). Alternatively, fraud and bribery can also 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>, or via the Trust's Freedom to Speak Up Guardian.

6 EDUCATION AND TRAINING REQUIREMENTS

Training is to be linked to identified risks and the fraud awareness needs of the Trust. Managers and staff may seek advice from the Deputy Director of Finance or Chief Financial Officer and directly from the LCFS in the case of a query. A eLearning Fraud and Bribery induction is available on the Trust's Learning Management System (LMS) as essential to job training, which will support dissemination of the Policy. It is particularly important that the risk of owners of counter fraud risks identified on the trust's risk register participate in targeted training and awareness sessions, as well as complete essential to role job training. This Policy will be included in the Trust Policy Document Library for reference by staff as appropriate

7 PROCESS FOR MONITORING COMPLIANCE

The Policy will be systematically reviewed annually LCFS to ensure the policy remains current and effective and reflects the latest regulations and remains fit for purpose. The effectiveness of the Policy is measured by the number of referrals and where they came from, along with testing of staff awareness.

POLICY MONITORING TABLE

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/observe/assess/ inspect Authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report ? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Delivery of Counter Fraud, Bribery and Corruption Plan	LCFS	Review of progress of Counter Fraud work plan	Annual	Required changes will be identified by the LCFS through delivery of proactive and reactive counter fraud service. Quarterly reporting to Audit Committee
Staff questionnaire on fraud, bribery and corruption awareness	LCFS	Questionnaire	Throughout the year	Responses to questionnaire will inform training needs and proactive work. Quarterly reporting to Audit Committee

8 EQUALITY IMPACT ASSESSMENT

- 8.1** The Trust recognises the diversity of the staff and local community it serves. Our aim therefore is to provide a safe environment free from discrimination, harassment and victimisation and treat all individuals fairly with dignity and respect and, as far as is reasonably possible, according to their needs.
- 8.2** As part of its development, an Equality Analysis on this policy have been undertaken and its impact on equality have been reviewed and no detriment was identified.

9 EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

10.1 Legislation

- Criminal Procedure and Investigations Act 1996;
- NHS Counter Fraud Authority Guidance;
- NHS Counter Fraud Authority Fraud Strategy 2020-23
- Government Functional Standard 013 NHS requirements
- The Bribery Act 2010;
- The Fraud Act 2006;
- The Economic Crime and Corporate Transparency Act 2023;
- The Police and Criminal Evidence Act 1984;
- The Proceeds of Crime Act 2002; and
- The Public Interest Disclosure Act 1998.

10.2 Associated UHL documents (with UHL referencing)

This Policy should be read in conjunction with the following Trust policies and procedures:

- [Improving Performance \(Capability\) Policy - Non Medical Staff UHL Policy](#) (B12/2014)
- [Managing Conflicts of Interests in the](#) NHS (A1/2017)

Staff should also be mindful of any other policies regarding procurement, disciplinary and freedom to speak up as the above list is not exhaustive.

11 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 11.1** This document will be uploaded onto SharePoint and available for access by Staff through UHLConnect. It will be stored and archived through this system. This policy will be formally reviewed every 5 years or in the light of any legislative or organisational changes.

APPENDIX 1 - Fraud and Bribery Response Plan

1 Introduction

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

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

2 Notifying Suspected Fraud and Bribery

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 “whistle-blowers act”, provides appropriate protection for those who voice genuine and legitimate concerns through the proper channels.

If an employee has any concerns or suspicions of fraud they must inform the nominated Counter Fraud Specialist (LCFS). Alternatively you can contact the organisation’s Chief Financial Officer, Counter Fraud Champion, NHSCFA, or the Freedom to Speak Up Guardian.

If the Chief Financial Officer, LCFS or Chief Executive Officer (CEO) 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.

Appendix 3 (page 18) provides a reminder of the Do’s and Don’ts and checklist of the key actions if fraud, corruption or bribery are suspected. Staff are encouraged to familiarise themselves with this document.

3 The Investigation Process

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

The Trust wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. In accordance with the provisions of the ‘whistle-blowers act’, the organisation have implemented a Raising Concerns (Whistleblowing) Policy and Freedom to Speak Up Guardian who can provide an independent and impartial source of advice to staff at any stage of raising a concern.

A LCFS investigation may identify conduct or performance that may be of concern to the organisation or to the employees Professional Body, whether related to fraud, bribery or otherwise. Where appropriate, relevant organisational 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.

In accordance with the NHS Counter Fraud Authority requirements the Chief Financial Officer, in

conjunction with the LCFS, 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 Trust unless expressly stipulated by the police.

The LCFS, in consultation with the Trust's Chief Financial Officer, will investigate allegations in accordance with procedures and documents referenced in the NHSCFA standards.

The Trust will follow their disciplinary procedure if there is evidence that an employee has committed any act of fraud, bribery or corruption. The LCFS must be aware that staff under investigation which could lead to disciplinary action, have the right to procedural fairness and the LCFS must seek advice from the organisation's People Services department during the investigation process where appropriate.

The LCFS will take control of any physical evidence and record this in accordance with the procedures outlined in the NHSCFA Anti-Fraud Manual. For reasons of confidentiality access to this manual is restricted.

Interviews under caution will only be carried out by the LCFS or, if appropriate, the police in accordance with the Police and Criminal Evidence Act (1984). The LCFS will also take written statements where necessary.

If fraud, bribery or corruption is found to have occurred, the LCFS will prepare a report for the Chief Financial Officer, 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.

3.10 Any recommendations as a result of an investigation will be reported in progress reports to the Audit Committee to consider any necessary improvements to controls.

4 Sanctions and Redress

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 LCFS or NHSCFA where a loss is identified.

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.

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.

The NHSCFA 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 organisation or civil law.

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.

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.

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 organisation, under guidance from the LCFS and with the approval of the Chief Financial Officer, 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 organisation 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 Chief Financial Officer to determine the most appropriate action.
- Disciplinary Action. The appropriate person, in conjunction with the People services 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 organisation.
- 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

The codes of conduct for NHS Boards and NHS Managers set out the key public service values which the Trust adhere to. 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.

The Trust 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).

The Trust will appoint a LCFS to undertake work as set out by the NHSCFA under the Functional Standard. The Trust is committed to taking all steps necessary to counter fraud, bribery and corruption. To meet its objectives, the Trust has adopted the specific component principles of the Functional Standard.

All employees are required to comply with the Trust policies and procedures in order to prevent fraud, bribery and corruption.

All those who work within the Trust or are otherwise engaged with the Trust should be aware of and act in accordance with the public service values and the [Nolan Principles for Standards in Public Life](#).

Employees are expected to act in accordance with the standards laid down by their professional institutes where applicable.

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.

The LCFS will:

- Ensure that the Chief Financial Officer 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 Chief Financial Officer, report any case to the police or NHSCFA as agreed and in accordance with the Functional Standard.
- Report any case and the outcome of the investigation through the NHSCFA national case management system.
- Ensure that other relevant parties are informed where necessary, for instance People Services.
- Ensure that the appropriate organisation 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.
- Ensure that cases are managed appropriately, taking into account appropriate legislation and regulation and the needs of procedural fairness in the employment relationship.

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.
- Work in partnership to deliver financial savings that can be reinvested in patient care.

6 Monitoring and Review

The LCFS will report regularly to the Chief Financial Officer. The LCFS will provide regular reports to the Audit Committee and provide an annual report containing details of reported and investigated cases of fraud. The NHSCFA monitors the work of the LCFS.

The organisation is required to complete the Government Counter Fraud Functional Standard Return and submit these annually to the NHSCFA. The organisation must mark themselves 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 Committee.

An assessment process may be conducted by the NHSCFA. This is a means of evaluating the effectiveness of the organisation in dealing with the fraud, bribery and corruption risks it faces through one of four types of assessment: full, focussed, thematic or triggered.

The LCFS raises fraud awareness by a number of means such as arranging road shows, giving presentations to staff teams and new starters on induction.

Appendix 2 – 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 LCFS 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.
- **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.

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.
- Retain any evidence/ make copies of documents (where applicable).
- Report your suspicions immediately and directly to the organisations appointed LCFS, Chief Financial Officer, CFC, the NHSCFA or the Trust's FTSUG.
- Deal with the matter promptly, if you feel your concerns are warranted – any delay may cause the organisation to suffer further financial loss.

Don't...

- Do nothing.
- Be afraid of raising your concerns – you will not suffer any recrimination from the organisation as a result of voicing a reasonably held suspicion. The organisation 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 organisation appointed LCFS is trained in handling investigations in accordance with the NHSCFA Anti-Fraud Manual.
- Convey your suspicions to anyone other than the LCFS, Chief Financial Officer, CFC, or NHSCFA.

Appendix 4 – Key Contacts

Lead Local Counter Fraud Specialist – Antony Upton
antony.upton@rsmuk.com

Chief Financial Officer – [Lee](#) Bond
lee.bond2@nhs.net

Counter Fraud Champion – Simon Linthwaite - Deputy Director of Finance:
simon.linthwaite@nhs.net

NHS Counter Fraud Authority Fraud and Corruption Reporting Line
0800 028 40 60
[Report Fraud Online](#)

Freedom to Speak Up Guardian – Rachel Moss
rachel.m@theguardianservice.co.uk