Countering Fraud and Corruption against the National Health Service

V2.1

April 2015
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1. Introduction

1.1 It is a fundamental requirement for all NHS organisations ensure that public money is spent appropriately. This document sets out the Trust’s policy and response plan for detecting or suspected fraud. The Board already has procedures in place to reduce the likelihood of illegal acts occurring. These include Standing Orders, Standing Financial Instructions, Standards of Business Conduct and systems of internal control.

1.2 This policy is intended to provide direction and help for staff and managers within the Trust who find they have to deal with suspected cases of theft, fraud, corruption or bribery. It gives a framework for a response, advice and information on various aspects and implications of an investigation.

1.3 Public Service Values. The three fundamental public service values underpinning the NHS and all public service sector work specified by the NHS Code of Conduct are;

- Accountability: Everything done by those who work in the organisation must be able to withstand public and parliamentary scrutiny.
- Probity: Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, supplies and customers.
- Openness: The organisation’s activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.
- Duty of Candour: Candour is a statutory requirement on all NHS bodies. These standards of openness will apply to investigations and on a case by case basis a decision will be taken at which point information will be shared and based on the risk to the individual and risk to the propriety of that investigation.

1.4 All those who work in the organisation should be aware of, and act in accordance with, these values.

1.5 This version supersedes any previous versions of this document.

1.6 The Board’s Policy. The Board is absolutely committed to the Trust promoting honesty and openness throughout the organisation. It is therefore also committed to the elimination of any wrongdoing within the Trust, and to the rigorous investigation and punishment of any such cases.

1.7 Associated documents. This policy should be read in conjunction with the Trust’s Standing Orders and Standing Financial Instructions, Disciplinary, Raising Concerns in the Public Interest (Whistleblowing) and Security policies.

1.8 This version supersedes any previous versions of this document.

2. Purpose of this Policy

2.1 The Royal Cornwall Hospitals Trust is committed to reducing the level of fraud and
corruption within the NHS to an absolute minimum freeing up public resources for better patient care.

2.2. This policy has been produced by the Local Counter Fraud Specialist (LCFS), Gareth Cottrell, 01872 258057, and is intended as a guide for all employees on counter fraud work within the NHS.

2.3. All genuine suspicions of fraud and corruption should be reported to the LCFS, or through the NHS Fraud and Corruption Reporting Line (FCRL) on Freephone 0800 028 40 60 or online at Fraud and Corruption Online Reporting Line (https://www.reportnhsfraud.nhs.uk/). Alternatively, concerns may be shared with senior managers.

3. **Scope**

3.1. This policy relates to all forms of fraud and corruption and is intended to provide direction and help to employees who may identify suspected fraud. It provides a framework for responding to suspicions of fraud, advice and information on various aspects of fraud and implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud and corruption. The overall aims of this policy are to:

- Improve the knowledge and understanding of everyone in Royal Cornwall Hospital Trust, irrespective of their position, about the risk of fraud and corruption within the organisation and its unacceptability.
- Assist in promoting a climate of openness and a culture and environment where staff feel able to raise concerns sensibly and responsibly.
- Set out Royal Cornwall Hospital Trust’s responsibilities in terms of the deterrence, prevention, detection and investigation of fraud and corruption.
- Ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
  - criminal prosecution;
  - civil prosecution; and
  - internal / external disciplinary action.

3.2. This policy applies to all employees of Royal Cornwall Hospital Trust, regardless of position held, as well as consultants, vendors, contractors, and/or any other parties who have a business relationship with Royal Cornwall Hospital Trust. It will be brought to the attention of all employees and form part of the induction process for new staff. It is also recognised that members of the public may commit fraud against the NHS and appropriate criminal and civil action may be taken against members of the public found to have defrauded that NHS.

4. **Definitions / Glossary**

4.1 **Fraud:**
Until 2007 there was no legal definition of fraud in English Law. The Fraud Act 2006 came into force on 15 January 2007 and defines fraud as;

- Fraud by false representation;
- Fraud by failing to disclose information;
- Fraud by abuse of position;
- Possession, making or supplying articles for use in a fraud.

4.2 There are additional categories of fraud but are unlikely to affect NHS organisations.

4.3 Additionally the offence of False Accounting is included within the Theft Act 1968.

4.4 Bribery and Corruption:

- General bribery offences - Sections 1 to 5 of the Bribery Act 2010 (which replaces all previous statutory and common law provisions in relation to bribery) sets out the "general bribery offences".

4.5 Bribery occurs when a person offers, gives or promises to give a "financial or other advantage" to another individual in exchange for "improperly" performing a "relevant function or activity".

4.6 Being bribed, is defined as requesting, accepting or agreeing to accept such an advantage, in exchange for improperly performing such a function or activity.

4.7 A "financial or other advantage" has a wide meaning and could include holidays or entertainment, contracts, non-monetary gifts and offers of employment etc.

4.8 A “relevant function or activity” covers “any function of a public nature; any activity connected with a business, trade or profession; any activity performed in the course of a person’s employment; or any activity performed by or on behalf of a body of persons whether corporate or unincorporated”.

4.9 The conditions attached are that the person performing the function could be expected to perform it in good faith or with impartiality, or that an element of trust attaches to that person's role.

4.10 Activity will be considered to be "improperly" performed when the expectation of good faith or impartiality has been breached, or when the function has been performed in a way not expected of a person in a position of trust.

4.11 The standard in deciding what would be expected is what a reasonable person in the UK might expect of a person in such a position.

4.12 Any concerns about bribery must be referred to the Director of Finance.

5. Ownership and Responsibilities

5.1 Role of Managers:
5.1.1 Managers must be vigilant and ensure that internal controls to guard against fraud and corruption are followed. They should be alert to the possibility that unusual events or transactions could be symptoms of fraud and corruption. If they have any doubts, they must seek advice from the nominated LCFS.

5.1.2 Managers must instil and encourage an anti-fraud and anti-corruption culture within their team and ensure that information on procedures is made available to all employees. The LCFS will proactively assist the encouragement of an anti-fraud culture by undertaking work that will raise fraud awareness.

5.1.3 All instances of actual or suspected fraud or corruption which come to the attention of a manager must be reported immediately. It is appreciated that some employees will initially raise concerns with their manager. However, in such cases, managers must not attempt to investigate the allegation themselves; they have the clear responsibility to refer the concerns to the LCFS as soon as possible. Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively. The responsibility for the prevention and detection of fraud and corruption therefore primarily rests with managers but requires the co-operation of all employees.

5.1.4 As part of that responsibility, line managers need to:

- Inform staff of Royal Cornwall Hospital Trust’s code of business conduct and this Policy as part of their induction process, paying particular attention to the need for accurate completion of personal records and forms.
- Ensure that all employees for whom they are accountable are made aware of the requirements of the Policy.
- Assess the types of risk involved in the operations for which they are responsible.
- Ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts), separation of duties wherever possible so that control of a key function is not invested in one individual, and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively.
- Ensure that any use of computers by employees is restricted to that outlined within the Trust’s Acceptable Use Policy.
- Be aware of this Policy and the rules and guidance covering the control of specific items of expenditure and receipts.
- Identify posts that involve payment and receipt of monies and ensure that adequate processes are in place to safeguard the Trust from dishonesty.
- Ensure that controls are being complied with.
- Contribute to their director’s assessment of the risks and controls within their business area, which feeds into Royal Cornwall Hospital Trust’s and the Department of Health Accounting Officer’s overall statements of accountability and internal control.

5.2. Role of the Audit Committee

5.2.1 The Audit Committee is responsible for ensuring that:
The Royal Cornwall Hospitals NHS Trust takes all necessary steps to counter fraud and corruption in accordance with this policy, the NHS Counter Fraud and Corruption Manual, the policy statement ‘Applying Appropriate Sanctions Consistently’ published by NHS Protect and any other relevant guidance or advice issued by NHS Protect.

The Royal Cornwall Hospitals NHS Trust implements the three key principles for action in relation to anti-fraud action outlined below. A key element in achieving this is the appointment of an LCFS:

- **Inform and Involve** - those who work for or use the NHS about crime and how to tackle it. NHS staff and the public should be informed and involved with a view to increasing understanding of the impact of crime against the NHS. This can take place through communications and promotion such as public awareness campaigns and media management. Working relationships with stakeholders will be strengthened and maintained through active engagement. Where necessary, we will all work to change the culture and perceptions of crime so that it is not tolerated at any level. NHS Protect provides the tools to those who tackle crime so that they are equipped to deliver this strategy at the local level. We will also provide local specialists with the information and intelligence they need in order to be able to detect and investigate crime.

- **Prevent and Deter** - crime in the NHS to take away the opportunity for crime to occur or to re-occur and discourage those individuals who may be tempted to commit crime. Successes will be publicised so that the risk and consequences of detection are clear to potential offenders. Those individuals who are not deterred should be prevented from committing crime by robust systems, which will be put in place in line with policy, standards and guidance developed by NHS Protect.

- **Hold to Account** - those who have committed crime against the NHS. NHS Protect will professionally train specialists who tackle crime and ensure they continue to meet the required standard. Crimes must be detected and investigated, suspects prosecuted where appropriate, and redress sought where possible. Where necessary and appropriate, this work should be conducted in partnership with the police and other crime prevention agencies. In relation to economic crime, investigation and prosecution should take place locally wherever possible. NHS Protect will deal with cases which are complex or of national significance through the National Investigation Service. Where recovery of monies lost to crime is viable, this should be pursued. In relation to crimes against NHS staff, criminal damage or theft against NHS property, investigation and prosecution should be undertaken in liaison with the police and CPS or where necessary NHS Protect. NHS funded organisations will need to meet the relevant standards when tackling crime, and will be responsible for ensuring that they do so, supported by NHS Protect’s quality assurance process.

5.3. **Role of Individual Staff**

5.3.1 All staff members are responsible ensuring that:
• The Royal Cornwall Hospitals NHS Trust’s Standing Orders, Standing Financial Instructions, policies and procedures place an obligation on all employees and non-executive directors to act in accordance with best practice.
• Employees act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure that they are familiar with them.

5.3.2 Employees also have a duty to protect the assets of The Royal Cornwall Hospitals Trust, including information, goodwill and property.

5.3.3 In addition, 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. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees should always:

• avoid acting in any way that might cause others to allege or suspect them of dishonesty;
• behave in a way that would not give cause for others to doubt that The Royal Cornwall Hospitals Trust’s employees deal fairly and impartially with official matters; and
• be alert to the possibility that others might be attempting to deceive.

5.3.4 All employees have a duty to ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.

5.3.5 If an employee suspects that there has been fraud or corruption, or has seen any suspicious acts or events, they must report the matter to the nominated LCFS.

5.4 Director of Finance

5.4.1 The Director of Finance, in conjunction with the Chief Executive, monitors and ensures compliance with the relevant Clauses and Schedules of the Standard NHS Contract for Acute Services in force at the time.

5.4.2 The Director of Finance will, depending on the outcome of investigations (whether on an interim/ongoing or concluding basis) and/or the potential significance of suspicions that have been raised, inform appropriate senior management accordingly.

5.4.3 The LCFS shall be responsible, in discussion with the Director of Finance, for informing third parties such as external audit or the police at the earliest opportunity, as circumstances dictate.

5.4.4 The Director of Finance will inform and consult the Chief Executive in cases where the loss may be above the agreed limit or where the incident may lead to adverse publicity.

5.4.5 The Director of Finance will inform the Head of Internal Audit at the first opportunity.
If an investigation is deemed to be appropriate, the Director of Finance will delegate to Royal Cornwall Hospitals NHS Trust's LCFS, who has responsibility for leading the investigation, whilst retaining overall responsibility him/herself.

5.4.6 The Director of Finance or the LCFS will consult and take advice from the Head of HR if a member of staff is to be interviewed or disciplined. The Director of Finance or LCFS will not conduct a disciplinary investigation, but the employee may be the subject of a separate investigation by HR.

5.5 Local Counter Fraud Specialist (LCFS)

5.5.1 The LCFS's role is to ensure that all cases of actual or suspected fraud and corruption are notified to the Director of Finance and reported accordingly.

5.5.2 The LCFS will regularly report to the director of finance on the progress of the investigation and when/if referral to the police is required.

5.5.3 The LCFS will:

- ensure that the Director of Finance is informed about all referrals/cases;
- be responsible for the day-to-day implementation of the seven generic areas of counter fraud and corruption activity and, in particular, the investigation of all suspicions of fraud;
- investigate all cases of fraud;
- in consultation with the Director of Finance, report any case to the police or NHS Protect as agreed and in accordance with the *NHS Counter Fraud and Corruption Manual*;
- report any case and the outcome of the investigation through NHS Protect’s national case management system (FIRST);
- ensure that other relevant parties are informed where necessary, e.g. Human Resources (HR) will be informed if an employee is the subject of a referral;
- ensure that the Trust’s incident and losses reporting systems are followed;
- ensure that any system weaknesses identified as part of an investigation are followed up with management and reported to Internal Audit;
- adhere to the Counter Fraud Professional Accreditation Board (CFPAB)’s Principles of Professional Conduct as set out in the *NHS Counter Fraud and Corruption Manual*;
- not have responsibility for or be in any way engaged in the management of security for the Trust; and
- ensure that the Director of Finance is informed of NHS Protect investigations, including progress updates.
6. Standards and Practice

6.1 Fraud and Illegal Acts – Response Plan

6.1.1 Responses to reported incidents or suspicions of wrongdoing should be in accordance with the NHS Counter Fraud and Corruption Manual issued to NHS Protect. The Local Counter Fraud Specialist holds a copy of the manual. It is vital that all members of staff are aware of and are regularly reminded of their responsibilities in this area. The manual itself deals with:

- Types of incidents
- The various ways in which incidents may be discovered
- The personnel within the organisation who need to be involved
- Any outside Agencies which may need to be involved
- The organisation’s response at various stages of the investigation

6.1.2 The plan is also designed to address the following incidents:

- Thefts of NHS cash or cash equivalents (e.g. fraudulent conversion of cheques)
- Theft of NHS property or wilful damage thereto
- Theft of or wilful damage to the possessions of staff, patients and visitors
- All frauds with potential for direct pecuniary loss to the NHS (e.g. submission of invalid travel claims, illicit use of NHS or other official stationery
- All frauds involving inappropriate use of NHS property (including intellectual property) and resources (including time for which staff are being paid) for personal gain
- Any examples of accepting inappropriate gifts or hospitality from a contractor, potential contractor, employee or any other person
- Any examples of failing to declare a direct pecuniary or otherwise conflicting interest in a contractor or potential contractor, or relationship with a potential employee
- Any examples of providing inappropriate gifts or hospitality in order to influence the actions of any third party in their relationship with the organisation

6.1.3 Trust staff are bound by the “Standards of Business Conduct for NHS Staff” (HSG (93)5), which is issued to senior staff and will be covered by the induction process for all other staff. A copy is also included in the Personnel Policy Manual.

6.1.4 In particular, the Trust will maintain registers of interests and gifts & hospitality which will be brought to the attention of all senior staff, non executive directors and other staff members. The aim is to identify those activities and interests which senior staff, executive and non-executive directors consider they should volunteer into the public domain because those interests might be interpreted as carrying a risk of bias in the conduct of the person’s NHS duties. The aim is also to protect traditional business freedoms and legitimate personal privacy.

6.1.5 It is the Board’s policy that a suitable person has been nominated, trained, accredited and is successful in carrying out the role of Local Counter Fraud Specialist (LCFS) on behalf of the Trust. In the event of the incumbent LCFS
relinquishing the role, a suitable replacement (as above) will be nominated within 3 months of date on which the Trust learns that there is to be a vacancy for an LCFS.

6.2 Standing Orders / Standing Financial Instructions

6.2.1 Not all breaches of Standing Orders (SOs), Standing Financial Instructions (SFIs), Scheme of Delegation or other rules will actually mean that one or more of the incidents listed in para 6.1.2 above has occurred.

6.2.2 However, everyone should be aware that such breaches are one of the ways in which "suspicions are aroused" and any breach of regulations could be investigated in a theft/ corruption/fraud context.

6.2.3 If genuine operational service considerations require the usual rules to be waived, this must always be sanctioned at the right level and properly documented in line with SOs, SFIs and relevant procedure notes.

6.3 Staff Concerns

6.3.1 It is vital that all staff know that should they have any concerns in any areas in paragraph 5.3 above, they can report them in confidence to LCFS, Director of Finance, or the Fraud and Corruption Reporting Line (0800 028 40 60) or the online reporting tool, https://www.reportnhsfraud.nhs.uk/.

6.3.2 Additionally, anybody can raise a suspicion as above under the "Whistleblowing" rules. Provided you are acting in good faith, it does not matter if you are mistaken.

6.4 Standards of Business Conduct

6.4.1 The Board is committed to upholding the Nolan principles of Standard in Public Life. In particular all Executive and Non Executive Directors are required to declare appropriate interests, gifts and hospitality on a regular basis. Additionally, all staff are reminded at least annually to make similar declarations.

6.5 Parallel Sanctions

6.5.1 The Board is committed to ensuring that throughout an investigation, the full range of available sanctions will be considered. In particular, the Trust will apply for a civil freezing order or a criminal restraint order to secure misappropriated funds or assets at the correct stage of an investigation if there is a risk of dissipation by the suspect(s).

6.5.2 Where appropriate, the Trust will seek to engage the use of Police powers in order that evidence which may otherwise be lost to an investigation may be secured. This includes taking the appropriate steps enabling a suspected person may be interviewed about his or her involvement in the suspected criminal act.

6.5.3 The Board will ensure that the Local Counter Fraud Specialist is able to make fully informed and proportionate judgements at the conclusion of an investigation, based on all the evidence obtained, and recommend action to apply the appropriate sanction(s) against individual(s) where there is evidence of fraud, corruption and/or professional misconduct. In particular, where there is evidence against a member of a professional body, the Trust will refer that matter to that professional body for
the purpose of pursuing disciplinary sanction(s) against that person.

6.5.4 The Trust will take steps to recover any funds/assets which have been lost as a result of fraud or corruption.

6.5.5 Under no circumstances will issues of fraud take priority over patient care.

7. Dissemination and Implementation

7.1 This document will be made available to all staff through the Trust Intranet and will be placed on the Document Library; it will also be cascaded through line management. This policy also supersedes all previous policy implementation. This policy provides legal guidance to managers and staff in relation to lone working whilst on trust business.

7.2 Training

7.2.1 All new staff must undertake the e-learning package available through the ESR NLMS facility.

7.2.2 All staff must also undertake the e-learning package at least every 3 years.

7.2.3 The LCFS will also provide training/presentations to individual staff groups on an ad hoc basis.

8 Monitoring Compliance and Effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Fraud referrals, Annual Report, updates to Audit Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Local Counter Fraud Specialist</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Tool</th>
<th>The LCFS will monitor compliance by examining the following;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Staff Surveys.</td>
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<tr>
<td></td>
<td>• Allegations received.</td>
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<td></td>
<td>• Feedback from staff attending Fraud Awareness Presentations.</td>
</tr>
<tr>
<td></td>
<td>• By obtaining copies of risk assessments from relevant managers and conducting reviews when required</td>
</tr>
<tr>
<td></td>
<td>• All incidents will be investigated by the LCFS.</td>
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<tr>
<td></td>
<td>• All outcomes and findings will be reported to the Director of Finance by the LCFS.</td>
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<tr>
<td></td>
<td>• The Audit Committee will be notified of any relevant issues as part of the LCFS update report provided to each Audit Committee meeting</td>
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<td></td>
<td>• Any action plans drawn up will be cascaded to the relevant managers.</td>
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</table>

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Staff surveys are completed every 2-3 years.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Each allegation, fraud awareness presentation and risk assessment is reviewed at the time.</td>
</tr>
<tr>
<td></td>
<td>Audit Committee meets every 3 months, the LCFS</td>
</tr>
</tbody>
</table>
provides an update report to each meeting outlining current issues and progress against the annual work plan.

<table>
<thead>
<tr>
<th>Reporting arrangements</th>
<th>Where monitoring has identified deficiencies, recommendations and action plans will be developed and changes implemented accordingly.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular meeting with the Director of Finance</td>
</tr>
<tr>
<td></td>
<td>Progress will be reported to the Audit Committee.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acting on recommendations and Lead(s)</th>
<th>Given the variety of areas which can experience fraud, recommendations can be made across the full range of hospital services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned normally within 1 to 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
</tr>
</tbody>
</table>

### 9 Updating and Review

9.1 This policy will be reviewed every 3 years or earlier in view of developments which may include legislative changes, national policy instruction (NHS or Department of Health) or Trust Board decision.

### 10 Equality and Diversity

10.1 This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ‘Equality, Diversity & Human Rights Policy’ or the Equality and Diversity website.

10.2 Equality Impact Assessment

10.2.1 The Initial Equality Impact Assessment Screening Form is at Appendix 2.
**Fraud** is the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position.

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

**DO**
- **note your concerns**
  Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.
- **retain evidence**
  Retain any evidence that may be destroyed, or make a note and advise your LCFS.
- **report your suspicion**
  Confidentiality will be respected – delays may lead to further financial loss.
  Complete a fraud report and submit in a sealed envelope marked ‘Restricted – Management’ and ‘Confidential’ for the personal attention of the LCFS.

**DO NOT**
- **confront the suspect or convey concerns to anyone other than those authorised, as listed below**
  Never attempt to question a suspect yourself; this could alert a fraudster or accuse an innocent person.
- **try to investigate the matter yourself**
  Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must take into account legal procedures in order for it to be useful. Your LCFS can conduct an investigation in accordance with legislation.
- **be afraid of raising your concerns**
  The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

If you suspect that fraud against the NHS has taken place, you must report it immediately, by:
- **directly contacting the Local Counter Fraud Specialist, or**
- **contact the Director of Finance, or.**
- **telephoning the Freephone NHS Fraud and Corruption Reporting Line, or**
- **reporting it online at http://www.reportnhsfraud.nhs.uk**

Do you have concerns about a fraud taking place in the NHS?
If so, any information can be passed to the NHS Fraud and Corruption Reporting Line: 0800 028 40 60
All calls will be treated in confidence and investigated by professionally trained staff

Your nominated Local Counter Fraud Specialist is GARETH COTTRELL, who can be contacted by telephoning 01872 25 8057, or emailing Gareth.Cottrell@NHS.Net

If you would like further information about the NHS Counter Fraud Service, please visit [www.nhsprotect.nhs.uk](http://www.nhsprotect.nhs.uk)

**Protecting your NHS**
# APPENDIX 1: GOVERNANCE INFORMATION

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Countering Fraud and Corruption against the National Health Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>23 March 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>01 April 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31 March 2018</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Gareth Cottrell, Local Counter Fraud Specialist</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 25 8057</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Guidance to staff on what constitutes Fraud, Bribery and Corruption and their obligations. This document also outlines the Trust's approach to dealing with fraud, bribery and corruption in addition to giving guidance on the expectations of those charged with dealing with this type of criminality.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Fraud, Discipline, Crime, Prosecution, Theft, Bribery, Forge, Counterfeit, Deterrence, Prevention, Detection, Investigation, Sanction, Redress, Police, Protect</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Date revised:</td>
<td>March 2015</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Countering Fraud and Corruption against the National Health Service v 4</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Audit Committee</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>(Original copy signed)</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals)</td>
<td>Internet &amp; Intranet</td>
</tr>
</tbody>
</table>
and Ratification):  

**Document Library Folder/Sub Folder**  
RCHT/Finance/Financial Services

**Links to key external standards**  
Key Governance Document

**Related Documents:**  
Standards of Business Conduct  
Standing Financial Instructions  
Standing Orders  
Raising Concerns In The Public Interest (Whistleblowing) Policy  
Disciplinary Policy and Procedure

**Training Need Identified?**  
No

### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 December 2011</td>
<td>V1.2</td>
<td>Initial Issue</td>
<td>Gareth Cottrell, Local Counter Fraud Specialist</td>
</tr>
</tbody>
</table>
| 24 Nov 2014      | V.2        | Addition of online reporting address.  
Addition at para 3.2 to include members of the public.  
Enhanced the definition of fraud  
Role of the Audit Committee updated to reflect the updated anti-fraud strategy developed by NHS Protect.  
Removal of the whistleblowing process and replaced with reference to the policy itself. | Gareth Cottrell Local Counter Fraud Specialist |
| 15 April 2015    | V2.1       | Change to 1.3 Public Sector Values re Duty of Candour. Statement made confirming this is a statutory requirement on NHS bodies. | Gareth Cottrell Local Counter Fraud Specialist |

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**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
APPENDIX 2: INITIAL EQUALITY IMPACT ASSESSMENT FORM

Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as policy) (Provide brief description): Countering Fraud and Corruption against the National Health Service

<table>
<thead>
<tr>
<th>Directorate and service area: Finance</th>
<th>Is this a new or existing Policy? Existing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of individual completing assessment: Gareth Cottrell</td>
<td>Telephone: 01872 25 8057</td>
</tr>
</tbody>
</table>

1. Policy Aim*  
Who is the strategy / policy / proposal / service function aimed at?  
To provide direction and help for staff and managers within the Trust who find they have to deal with suspected cases of theft, fraud or corruption. It gives a framework for a response, advice and information on various aspects and implications of an investigation.

2. Policy Objectives*  
To provide a mechanism whereby the Trust has demonstrable and effective anti-fraud arrangements

3. Policy – intended Outcomes*  
To assist in the delivery of the seven generic areas of counter fraud activity as set out by NHS Protect and outlined in the policy.

4. *How will you measure the outcome?  
Regular meetings with the Director of Finance, the LCFS provides updates the Audit Committee at each of its meetings on progress. The Trust's anti fraud arrangements are also subject to periodic review by NHS Protect.

5. Who is intended to benefit from the policy?  
All those using NHS services.

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
No

b) If yes, have these *groups been consulted?  
N/A

C). Please list any groups who have been consulted about this procedure.

7. The Impact  
Please complete the following table.

Are there concerns that the policy could have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✓</td>
<td></td>
<td>Delivery of the anti fraud strategy is done so irrespective of anyone's age.</td>
</tr>
</tbody>
</table>
**Sex (male, female, trans-gender / gender reassignment)** | ✓ | Delivery of the anti fraud strategy is done so irrespective of anyone’s sex.

**Race / Ethnic communities /groups** | ✓ | Delivery of the anti fraud strategy is done so irrespective of anyone’s race or ethnicity.

**Disability - Learning disability, physical disability, sensory impairment and mental health problems** | ✓ | Delivery of the anti fraud strategy is done so irrespective of any disability.

**Religion / other beliefs** | ✓ | Delivery of the anti fraud strategy is done so irrespective of anyone’s faith or belief.

**Marriage and civil partnership** | ✓ | Delivery of the anti fraud strategy is done so irrespective of anyone’s status.

**Pregnancy and maternity** | ✓ | Delivery of the anti fraud strategy is done so irrespective pregnancy.

**Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian** | ✓ | Delivery of the anti fraud strategy is done so irrespective of anyone’s sexual orientation.

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

8. If you are not recommending a Full Impact assessment please explain why.
   All protected characteristics have been assessed by this tool.

Anyone may commit fraud against the NHS irrespective of the areas outlined above. Accordingly, those found to have committed fraud against the NHS will be treated equally.

Signature of policy developer / lead manager / director
Gareth Cottrell

Date of completion and submission
November 2014

Names and signatures of members carrying out the Screening Assessment
1. Gareth Cottrell
2. Garry Cooper

Local Counter Fraud Specialist
Senior Finance Officer

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ____________________

Date ____________________