



Southampton City
Clinical Commissioning Group

Southampton City Clinical Commissioning Group
The Prevention of Fraud, Bribery and Corruption Policy

V2

Subject and version number of document:	The Prevention of Fraud, Bribery and Corruption Policy v2
Owner of the policy:	Karen Travers, Local Counter Fraud Specialist James Rimmer, Chief Finance Officer
Operative date (first created):	April 2014
This document applies to:	Employees, contractors, consultants, vendors and other internal and external stakeholders
Policy Implications:	Policy outlining the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within NHS Southampton City Clinical Commissioning Group
Equality Analysis Completed?	Yes
Consultation Process	Finance & Audit Committee Staff Forum SMT
Approved by:	Governing Body
Date approved:	31 July 2019
Next review date:	March 2021

Dissemination of policy:

Action	Date completed
Uploaded to website	Yes
Available on the W drive, insert location	Yes
Article in staff newsletter	April 2018

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Amendment description
2	18/3/2019	Karen Travers	Removal of word Anti, changes from NHS Protect to NHS Counter Fraud Authority. Changed review timetable to 2 years.

Contents

1.	Introduction & Purpose	Page 6
1.1	General	Page 6
1.2	Aims and Objectives	Page 6
2.	Scope & Definitions	Page 7
2.1	Scope	Page 7
2.2	Definitions	Page 7
2.2.1	NHS Counter Fraud Authority	Page 7
2.2.2	Fraud	Page 7
2.2.3	Bribery and Corruption	Page 9
3.	Process	Page 10
3.1	Bribery and Corruption	Page 10
3.2	Reporting Fraud or Corruption	Page 11
3.3	Sanction and Redress	Page 11
4.	Roles and Responsibilities	Page 12
4.1	Accountable Officer	Page 12
4.2	Chief Finance Officer	Page 13
4.3	Internal and External Audit	Page 14
4.4	Human Resources	Page 14
4.5	Local Counter Fraud Specialist	Page 15
4.6	Information Management Officers	Page 17

4.7	Managers	Page 17
4.8	All Employees	Page 18
4.9	Information Management and Technology	Page 19
5.	Dissemination & Training	Page 19
5.1	Dissemination of the Policy	Page 19
5.2	Training	Page 20
6.	Equality Impact Assessment	Page 20
7.	Monitoring and Auditing of Policy Effectiveness	Page 20
8.	Review	Page 21
9.	Associated Internal Policies and Procedures	Page 21
10.	Contacts	Page 21
	Annex A Guide – NHS Fraud, Bribery and Corruption; Dos and Don'ts	Page 22
	Annex B – Equality Impact Assessment	Page 23

1. INTRODUCTION & PURPOSE

1.1 General

- 1.1.1 NHS Southampton City Clinical Commissioning Group is committed to maintaining honesty and integrity in all of its activities. It is also committed to the prevention of fraud, bribery and corruption within NHS Southampton City Clinical Commissioning Group and to the rigorous investigation of any such allegations. This policy is supported and endorsed by senior management and the CCG's Finance and Audit Committee.
- 1.1.2 NHS Southampton City Clinical Commissioning Group wholly endorses the NHS Counter Fraud Authority (NHSCFA) Strategy towards the elimination of any fraud within the National Health Service (NHS) and will seek to apply appropriate criminal, disciplinary, regulatory and civil sanctions against fraudsters and where possible will attempt to recover any identified losses.
- 1.1.3 NHS Southampton City Clinical Commissioning Group wishes to encourage anyone that has reasonable suspicions of fraud to report them. All employees, patients, contractors, consultants, vendors and other internal and external stakeholders can be confident that they will not suffer in any way as a result of reporting reasonably held suspicions of fraud. For these purposes "reasonably held suspicions" shall mean any suspicions other than those which are raised maliciously and found to be groundless.
- 1.1.5 NHS Southampton City Clinical Commissioning Group has approved a "Whistle blowing Policy" in accordance with the Public Interest Disclosure Act 1998. Under the terms of this Act, a member of staff is protected if they act reasonably and responsibly.

1.2 Aims and Objectives

- 1.2.1 This fraud, bribery and corruption policy is intended to ensure that employees, patients, contractors, consultants, vendors and other internal and external stakeholders are aware of the correct reporting requirements and of the actions the organisation will take to counter fraud, bribery and corruption. The policy is intended to ensure that fraud, bribery and corruption is recognised and reported by employees, patients, contractors,

consultants, vendors, and other internal and external stakeholders who are aware of their responsibility to safeguard NHS funds.

2. SCOPE & DEFINITIONS

2.1 Scope

2.1.1 This document is intended to provide direction and help to those officers and directors of NHS Southampton City Clinical Commissioning Group who become aware of fraud, bribery or corruption against the NHS. This document is not intended to provide direction on prevention of fraud.

2.1.2 The policy will apply to all employees, contractors, consultants, vendors and other internal and external stakeholders.

2.1 NHS Counter Fraud Authority (NHSCFA)

2.1.1 The NHS Counter Fraud Authority (NHSCFA) is a new special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group. As a special health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health (DH).

The NHSCFA state:

- **Our mission** is to lead the fight against fraud affecting the NHS and wider health service, and protect vital resources intended for patient care.
- **Our vision** is for an NHS which can protect its valuable resources from fraud.
- **Our purpose** is to lead the NHS in protecting its resources by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive improvements.

2.2 Fraud

2.2.1 Fraud is defined as: A dishonest act (or a failure to act) made with the intention of making a financial gain or causing a financial loss (or risk of loss).

2.2.2 The dishonest act does not need to be successful for fraud to be committed, as long as the intention exists. Neither does the financial gain have to be personal, but can be for the benefit of another. Where the intent is to cause a loss to the organisation, no gain by the perpetrator needs to be shown.

2.2.3 Petty theft, without the distortion of financial statements or other records, will normally be dealt with by the Local Security Management Specialist and reported to the Police. However, where an employee abuses their position to misappropriate cash or other CCG income this may be considered to be fraud and dealt with under this policy.

2.2.4 The Fraud Act 2006 is the relevant legislation. The Act includes eight separate offences; those most applicable to the NHS and this policy are:

- **Fraud by false representation** - is defined by Section 2 of the Act. A person may be guilty of an offence if he dishonestly makes a false representation, and intends, by making the representation to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, an employee claiming travel expenses for journeys they have not done.
- **Fraud by failing to disclose information** - is defined by Section 3 of the Act. A person may be guilty of an offence if he dishonestly fails to disclose to another person information which he is under a legal duty to disclose, and intends, by failing to disclose the information to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, failing to disclose criminal convictions when asked to do so as part of the recruitment process, in order to obtain employment.
- **Fraud by abuse of position** - is defined by Section 4 of the Act. A person may be guilty of an offence if he occupies a position in which he is expected to safeguard, or

not to act against, the financial interests of another person, dishonestly abuses that position, and intends, by means of the abuse of that position to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, a manager creating ghost employee's and paying the salaries into their own bank account.

- **Possession of articles for use fraud(s)** - is defined by Section 6 of the Act. A person may be guilty of an offence if he has in his possession or under his control any article for use in the course of or in connection with any fraud. For example, using a false passport or other documentation to secure employment.
- **Making or supplying articles for use in fraud(s)** - is defined by Section 7 of the Act. A person may be guilty of an offence if he makes, adapts, supplies or offers to supply any article knowing that it is designed or adapted for use in the course of or in connection with fraud, or intending it to be used to commit, or assist in the commission of, fraud. For example, producing a prescription in a patients name with the intention of obtaining drugs and retaining them for personal use, or supplying them to another.

2.3 Bribery and Corruption

2.3.1 The Bribery Act 2010 is the relevant legislation. The Act creates a number of criminal offences and those most applicable to the NHS and this policy are:

2.3.2 **Offence of bribing another person** - is defined by section 1 of the Act. It is also an offence for a person to offer, promise, or give a bribe to another person as an inducement for them improperly performing any duty. For example, providing excess hospitality to a potential purchaser or commissioner of the organisation's services.

2.3.3 **Offence of being bribed** - is defined section 2 of the Act. It is an offence for a person to request, or agree to receive, or accept a financial or other advantage as an inducement to, or as a reward for, the improper performance of any function or activity. For example, where an employee who sells confidential information to a third party or provides preferential treatment to suppliers or patients for a fee.

- 2.3.4 **Failure of a commercial organisation to prevent bribery** – is defined within section 7 of the Act. If an individual bribes another person to obtain or retain business, or an advantage in the conduct of business for an organisation, then that organisation may also be guilty of an offence. For example if an NHS Trust fails to put adequate controls in place to prevent bribery and an employee offers a bribe to a commissioning CCG.
- 2.3.5 A "financial or other advantage" has a wide meaning and could include holidays or entertainment, contracts, non-monetary gifts and offers of employment etc.
- 2.3.6 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".
- 2.3.7 The conditions attached are that the person performing the function should be expected to perform it in good faith or with impartiality, or that an element of trust attaches to that person's role.
- 2.3.8 Activity will be considered to be "**improperly**" performed when there is a breach of good faith, impartiality or a position of trust.
- 2.3.9 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.
- 2.3.10 Any concerns about bribery should be referred to the Local Counter Fraud Specialist. Only NHS Counter Fraud Authority have the authority to lead on bribery and corruption investigations, not the LCFS.

3. PROCESS

3.1 Bribery and Corruption

- 3.1.1 NHS Southampton City Clinical Commissioning Group has conducted risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect

the organisation. Where the LCFS has identified risks the organisation will ensure that proportionate procedures are in place to mitigate identified risks.

- 3.1.2 NHS Southampton City Clinical Commissioning Group has a comprehensive Standards of Business Conduct Policy that outlines the procedures in relation to the declaration of interests, gifts and hospitality and sponsorship. These policies are available on the CCG Intranet.

3.2 Reporting Fraud, Bribery or Corruption

- 3.2.1 Any employee of NHS Southampton City Clinical Commissioning Group discovering or suspecting fraud, bribery or corruption should report the matter immediately to the Local Counter Fraud Specialist or the Director of Finance. .
- 3.2.2 The Local Counter Fraud Specialist for NHS Southampton City Clinical Commissioning Group is Karen Travers, who can be contacted by telephone, 07881 954819 or by email. All information received is treated in the strictest confidence.
- 3.2.3 If an employee is concerned that the LCFS or the Chief Finance Officer themselves may be implicated in suspected fraud, bribery or corruption, the matter should be reported to the Chief Officer.
- 3.2.4 Suspicions of fraud, bribery and corruption can also be reported using the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60 or by filling in an online form at www.cfa.nhs.uk/reportfraud as an alternative to internal reporting procedures and if staff wish to remain anonymous.
- 3.2.5 A guide has been included in the appendix of this policy (Annex A), to provide a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and/or corruption, is discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards.
- 3.2.6 All reports of fraud, bribery and corruption, however they are reported, will be taken seriously and thoroughly investigated in accordance with NHSCFA guidance and

relevant legislation, only NHS Counter Fraud Authority have the authority to lead on bribery and corruption investigations not the LCFS.

3.3 Sanction and Redress

3.3.1 Where an objective investigation has found that fraud, bribery and corruption is present the organisation will seek to apply appropriate sanctions. This may include:

- **Criminal Prosecution** - The LCFS will work in partnership with the Police and/or the Crown Prosecution Service to bring a case to court against the alleged offender.
- **Disciplinary** – Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent/illegal act. Fraud is defined in the NHS Southampton City Clinical Commissioning Group as gross misconduct. The disciplinary policy can be found on the NHS Southampton City Clinical Commissioning Group intranet site.
- **Civil proceedings** – Civil sanction will be applied against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.
- **Professional body disciplinary** – If the organisation is aware during the course of an investigation that a Healthcare Professional is involved in fraud, bribery or corruption, there is a risk to patient safety or there is a significant risk to public funds a referral to the appropriate regulatory body will be made to consider whether fitness to practice procedures should be evoked.

3.3.2 NHS Southampton City Clinical Commissioning Group will seek financial redress wherever possible to recover losses to fraud, bribery and corruption. The redress can take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the organisation and the offender to repay monies lost.

4. ROLES & RESPONSIBILITIES

4.1 Accountable Officer

4.1.1 The Accountable Officer has the overall responsibility for funds entrusted to the organisation. The Accountable Officer must ensure adequate policies and procedures are in place to protect the organisation and the public funds entrusted to it from instances of fraud, bribery and corruption.

4.2 Chief Finance Officer

4.2.1 The Chief Finance Officer (or equivalent officer) is provided with powers to approve financial transactions initiated by directorates across the organisation.

4.2.2 The Chief Finance Officer prepares, documents, and maintains detailed financial procedures and systems that incorporate the principles of separation of duties and internal checks to supplement those procedures and systems.

4.2.3 The Chief Finance Officer will report annually to the Board and the Council of Governors on the adequacy of internal financial control and risk management as part of the Board's overall responsibility to prepare a statement of internal control for inclusion in the organisation's annual report.

4.2.4 All -fraud, bribery and corruption work within the organisation is directed by the Chief Finance Officer. The Chief Finance Officer shall be responsible for operational matters such as authorising the investigation of alleged fraud, interviews under caution and the recovery or write-off of any sums lost to fraud.

4.2.5 The Chief Finance Officer will inform the Local Counter Fraud Specialist of any incidents where fraud, bribery or corruption is suspected within the organisation. Depending on the outcome of initial investigations, the Chief Finance Officer shall inform and consult the Chief Officer and appropriate senior management in cases where there may be a material loss due to fraud, bribery or corruption, or where the incident may lead to adverse publicity.

4.2.6 A decision on whether to refer the matter to the Police (or another agency), seek Police assistance or to commence criminal proceedings will be made with the agreement of the Chief Finance Officer and the Local Counter Fraud Specialist.

4.3 Internal and External Audit

4.3.1 The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. They have a duty to pass on any suspicions of fraud, bribery or corruption to the Local Counter Fraud Specialist.

4.4 Human Resources (HR)

4.4.1 Human Resources staff play a vital part in identifying and reporting incidents of suspected fraud, bribery and corruption.

4.4.2 Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules. As such, it would not be appropriate for one investigation to cover both criminal and disciplinary matters. A disciplinary enquiry can proceed in parallel with a criminal investigation as long as there is close co-operation between Human Resources staff; the organisation's investigating officer and the Local Counter Fraud Specialist.

4.4.3 A criminal investigation seeks to establish the facts in relation to a suspected criminal offence. Investigators are bound by rules of evidence, including the Criminal Procedure and Investigations Act 1996 (CPIA) and the Police and Criminal Evidence Act 1984 (PACE) and Codes of Practice. **Guilt in a criminal prosecution must be proved 'beyond reasonable doubt'.**

4.4.4 The purpose of a disciplinary investigation is to establish the facts of the case, i.e. to ascertain whether there is a reasonable belief that the alleged misconduct has occurred; whether the employee has any explanation for the alleged misconduct; and whether there are any special circumstances to be taken into account. Disciplinary investigations and ensuing proceedings must adhere to the Advisory, Conciliation and Arbitration Services (ACAS) Code of Practice on Disciplinary and Grievance Procedures, as well as any local HR policies.

- 4.4.5 The NHS Counter Fraud Authority approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, disciplinary and regulatory – should be considered at the earliest opportunity, and any or all of these may be pursued where and when appropriate. The consistent use of an appropriate combination of investigative processes in each case demonstrates an organisation’s commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.
- 4.4.6 It is not unusual for the criminal and disciplinary processes to overlap. For example, an employee who is being investigated for suspected fraud may also be the subject of disciplinary proceedings by their employer arising out of the same set of circumstances.
- 4.4.7 In the case of parallel criminal and disciplinary processes, these should be conducted separately, but there needs to be close liaison between the Local Counter Fraud Specialist and the HR functions since one process may impact on the other. This may include the sharing of information where lawful and at the appropriate time.
- 4.4.8 A joint working protocol has been established and agreed between the Local Counter Fraud Specialist and Director of Human Resources. The protocol indicates the responsibilities of specific individuals; the frequency of liaison meetings; and specific interaction points during parallel investigations. Support and oversight is provided by the Chief Finance Officer and senior management as required to ensure this is implemented effectively.

4.5 Local Counter Fraud Specialist (LCFS)

- 4.5.1 The Local Counter Fraud Specialist is responsible for tackling fraud, corruption and bribery affecting NHS Southampton City Clinical Commissioning Group, in accordance with national NHS Standards. Adherence to the Standards is important to ensure that NHS Southampton City Clinical Commissioning Group has appropriate -fraud, bribery and corruption measures in place. The LCFS will look to achieve the highest possible standards and will report directly to the Chief Finance Officer and at least annually to the Audit Committee.

- 4.5.2 The LCFS will work with key colleagues and stakeholders to promote fraud work, conduct risk assessments, apply effective preventative measures and investigate allegations of fraud and corruption.
- 4.5.3 The LCFS will ensure that the NHSCFA case management system, FIRST, is used to record all allegations of suspected fraud, bribery and corruption, and to provide information to inform national intelligence.
- 4.5.4 The LCFS will use FIRST to support and progress the investigation of fraud, bribery and corruption allegations, in line with NHSCFA guidance.
- 4.5.5 The LCFS will follow guidance, as set out in the NHS fraud manual and current case acceptance criteria, in supporting the investigation of all allegations of fraud, bribery and corruption. The LCFS will ensure that relevant legislation, such as the Police and Criminal Evidence Act 1984 and the Criminal Procedure and Investigations Act 1996, is adhered to.
- 4.5.6 The LCFS will complete witness statements that satisfy the national training model and best practice, and follow national guidelines approved by the Crown Prosecution Service.
- 4.5.7 The LCFS will ensure that interviews under caution are conducted following the national training model, and in line with the National Occupational Standards (CJ201.2) and the Police and Criminal Evidence Act 1984.
- 4.5.8 The LCFS will develop and deliver a comprehensive risk based fraud work plan in compliance with all relevant standards for fraud, bribery and corruption. The fraud, bribery and corruption work plan will address the following four areas:

Strategic Governance – Work relating to the organisation’s strategic governance arrangements. The aim is to ensure that fraud measures are embedded at all levels across the organisation.

Inform and Involve – Work in relation to raising awareness of fraud, bribery and corruption risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of such crime against the NHS.

Prevent and Deter – Work to discourage individuals who may be tempted to commit crimes against the NHS and ensuring opportunities for crime to occur are minimised.

Hold to Account - Work to detect and investigate crime, prosecuting those who have committed crimes and seeking redress.

4.6 Information Management Officers (IMOs)

4.6.1 From 1 April 2017 all fraud allegations placed on the Case Management System (CMS) will be controlled by Information Management Officers. Their role is to process the allegations on the CMS and consider any data requests received from LCFSs.

4.6.2 The Information Management Officers are responsible for the allocation, supervision and monitoring of all fraud referral and notifications to the LCFS. This includes the management and vetting of all local investigation case papers, evidence and witness statements that are submitted for the consideration of prosecutions.

4.7 Managers

4.7.1 All managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review.

4.7.2 Managers have a responsibility to ensure that employees are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures.

4.7.3 Any instances of actual or suspected fraud, bribery or corruption brought to the attention of a manager should be immediately reported to the LCFS or via the National Fraud and Corruption Reporting Line (FCRL).

4.7.4 The NHS FCRL can be contacted on 0800 028 40 60, or alternatively, fraud can be reported confidentially online at www.cfa.nhs.uk/reportfraud These reporting methods

are not intended to replace existing local reporting lines, rather to provide a way for those who feel unable to use them.

- 4.7.5 It is important that managers do not investigate any suspected financial crimes themselves.
- 4.7.6 Managers will promptly provide support and information to the LCFS to enable them to carry out their duties. In particular, managers and their staff will co-operate with, and participate in, activities at the request of NHSCFA and the LCFS, including the implementation of national fraud, bribery and corruption measures. Managers will also ensure that employees adhere to guidance provided in intelligence alerts, bulletins and local warnings issued by NHSCFA and the LCFS.
- 4.7.7 Managers will proactively identify and report any system weaknesses that could facilitate fraud, bribery or corruption.

4.8 All Employees

- 4.8.1 All employees are required to comply with the policies and procedures of NHS Southampton City Clinical Commissioning Group and apply best practice in order to prevent fraud, bribery and corruption. All employees have a responsibility to protect NHS resources from such crimes.
- 4.8.2 Employees who are involved in, or manage, internal control systems should ensure that they receive adequate training and support in order to carry out their responsibilities.
- 4.8.3 If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the LCFS and/or using the other reporting methods explained in section 4 and Annex A of this policy.
- 4.8.4 Under no circumstances should a member of staff speak or write (including email) to representatives of the press, TV, radio, or to another third party, about suspected fraud, bribery or corruption. The established lines of reporting concerns to either the Director of Finance, LCFS or via the Fraud and Corruption Reporting Line should be used and staff can be reassured that all allegations will be investigated.

4.9 Information Management and Technology

4.9.1 The Computer Misuse Act became law in 1990; the Act identifies three specific offences:

1. Unauthorised access to computer material.
2. Unauthorised access with intent to commit or facilitate commission of further offences.
3. Unauthorised acts with intent to impair, or with recklessness as to impairing, operation of computer, etc.

4.9.2 Unauthorised access to computer material could include using another person's identifier (ID) and password without proper authority in order to use data or a program, or to alter, delete copy or move a program or data.

4.9.3 Unauthorised access with intent to commit or facilitate commission of further offences could include gaining unauthorised access to financial or administrative records with intent.

4.9.4 Unauthorised acts with intent to impair, or with recklessness as to impairing the operation of computer, could include: destroying another user's files; modifying system files; creation of a virus; changing clinical records; and deliberately generating information to cause a complete system malfunction.

4.9.5 The fraudulent use of information technology will be reported by the Head of Information Security (or equivalent) to the LCFS.

5. DISSEMINATION & TRAINING

5.1 Dissemination of the Policy

5.1.1 This policy should be accessible to all staff on the CCG internet site.

5.1.2 All employees should be reminded of the existence and scope of this policy at least annually.

5.2 Training

5.2.1 Individuals in the CCG receive fraud awareness training to ensure they are aware of their responsibilities. Fraud awareness training will be delivered by the LCFS as part of the CCG's annual mandatory training for staff.

5.2.2 All employees need to be aware of this policy and their responsibilities with regard to fraud.

- This policy is made available to all staff via the CCG's internet
- All new employees are made aware of the Counter Fraud Policy at induction through the induction literature which is part of their induction pack.

6. EQUALITY IMPACT ASSESSMENT

6.1 This policy was assessed against Southampton City CCG Equality Impact Assessment (EIA) tool to ensure that it does not introduce any unexpected or unwarranted equality and diversity disparities. The assessment confirmed that no amendments are required at this time. Please see Annex B for the full undertaken EIA.

This policy has been assessed and meets the requirements of the Mental Capacity Act 2005.

7. MONITORING THE EFFECTIVENESS OF THE POLICY

7.1 NHS Southampton City Clinical Commissioning Group and the LCFS will monitor the effectiveness of this policy to ensure that it remains appropriate and continues to provide clear direction and help to those officers and directors of NHS Southampton City Clinical Commissioning Group who become aware of fraud, bribery or corruption against the NHS.

7.2 Where deficiencies or weaknesses are identified as a result of monitoring and/or reviewing system controls, the LCFS will make appropriate recommendations for improvement. These will be considered by the Chief Finance Officer and the Audit Committee.

8. REVIEW

- 8.1 This policy will be reviewed every two years by the LCFS in conjunction the Chief Finance Officer and senior management and in accordance with relevant guidance, best practice and legislation.

9. ASSOCIATED INTERNAL POLICIES AND PROCEDURES

Anti-Bribery Statement

Disciplinary Policy

Standards of Business Conduct

Whistle-blowing Policy

Standing Orders

10. ASSOCIATED INTERNAL POLICIES AND PROCEDURES

Position	Name	Telephone Number	Email / Website
LCFS	Karen Travers	07881 954819	Karen.travers@nhs.net
Chief Finance Officer	James Rimmer		James.rimmer3@nhs.net
Fraud & Corruption Reporting Line		0800 028 40 60	www.cfa.nhs.uk/reportfraud

ANNEX A

FRAUD is the 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.

BRIBERY & CORRUPTION is the deliberate use of payment or 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 the nature of 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 Local Counter Fraud Specialist.

- **Report your suspicions**

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

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 lead to an innocent person being unjustly accused.

- **Try to investigate, or contact the police directly**

Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must be done in line with legal requirements 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 (LCFS), or
- telephoning the freephone NHS Fraud and Corruption Reporting Line (see details on the right), or
- contacting the Chief Finance Officer.

Do you have concerns about a fraud taking place in the NHS?

NHS Fraud, Bribery and Corruption Reporting Line: **0800 028 40 60**
calls will be treated in confidence and investigated by professionally trained staff.

Online: www.cfa.nhs.uk/reportfraud

Your Local Counter Fraud Specialist is Karen Travers,
who can be contacted by telephoning (mobile 07881 954819), or emailing karen.travers@nhs.net
If you would like further information about NHSCFA, please visit <https://cfa.nhs.uk>

Tackling fraud

ANNEX B Equality Impact Assessment

Introduction

An Equality Impact Assessment (or EIA) is a tool to help you demonstrate that you have considered the needs of people and communities when devising a policy, planning a project or making a commissioning decision. The process also involves making sure that implementing the policy, project or proposal will not lead to discrimination and addresses health inequalities, both of which the CCG has a legal duty to do.

The idea is not to prove that there is no impact, but to identify where there are impacts and recommend ways of mitigating or reducing the impact on the affected groups. It is also an opportunity to demonstrate any positive impacts that your proposal may have.

Checklist

Before you complete the EIA you will need the following information:

- General details - title of project, responsible Director
- Purpose of the policy, project, proposal or decision
- The findings from any staff and/ or patient and public involvement undertaken as part of the project
- **Evidence about how people and communities will be affected by this policy, project or proposal. This information will help you consider both adverse and positive impacts on the following groups (known as protected characteristics):**
 - Age
 - Disability
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation

You may also need to consider the impact of other factors like poverty, whether people affected live in rural areas, and so on.

To complete the EIA and summarise your findings as an Equality Statement, you will work through the following questions:

- What are you proposing to do?
- Why are you doing it?
- Who is intended to benefit from this proposal?
- What evidence is available about the needs of the relevant equality groups?
- What equality issues or impacts have you identified?
- What do you propose to do to manage the impacts?
- What potential mitigating actions can you take?

For advice and support contact the Equality and Diversity Lead on 023 80296932

Equality Impact Assessment

Title of policy, project or proposal:
The Local Fraud, Bribery and Corruption Policy v2
Name of lead manager: James Rimmer, Chief Finance Officer
Directorate: NHS Southampton City CCG
What are the intended outcomes of this policy, project or proposal?
Policy aims to outline the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within NHS Southampton City Clinical Commissioning Group.
Evidence
Who will be affected by the policy, project or proposal?
Employees, contractors, consultants, vendors and other internal and external stakeholders
Age
<i>Consider and detail (including the source of any evidence) the impact on people across the age ranges.</i> The impact of this policy is equal for all individuals regardless of their age. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.
Disability
<i>Consider and detail (including the source of any evidence) the impact on people with different kinds of disability (this might include attitudinal, physical and social barriers). Certain medical conditions are automatically classed as being a disability – for example, cancer, HIV infection, multiple sclerosis.</i> The impact of this policy is equal for all individuals regardless of whether they have a disability or not. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.
Dementia
<i>Given the CCGs commitment to commissioning 'Dementia Friendly' services, consider and detail any impact on people with dementia.</i> There will be no impact on people depending on whether they suffer from dementia or not. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.
Gender reassignment (including transgender)
<i>Consider and detail (including the source of any evidence) the impact on transgender people. Issues to consider may include same sex/ mixed sex accommodation, ensuring privacy of personal information, attitude of staff and other patients.</i> There will be no impact on people depending on gender reassignment. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Marriage and civil partnership

Note: This protected characteristic is only relevant to the need to eliminate discrimination within employment. Where relevant, consider and detail (including the source of any evidence) the impact on people who are married or in a civil partnership (for example, working arrangements, part-time working, infant caring responsibilities).

There will be no impact on individuals depending on marriage and civil partnership status. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Pregnancy and maternity

Consider and detail (including the source of any evidence) the impact on women during pregnancy and for up to 26 weeks after giving birth, including as a result of breastfeeding.

There will be no impact on individuals depending on whether they are pregnant and on maternity. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Race

Consider and detail (including the source of any evidence) the impact on groups of people defined by their colour, nationality (including citizenship), ethnic or national origins. Given the demography of west Hampshire this will include Roma gypsies, travellers, people from Eastern Europe, Nepalese and other South East Asian communities. Impact may relate to language barriers, different cultural practices and individual's experience of health systems in other countries.

There will be no impact on individuals depending on their race. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Religion or belief

Consider and detail (including the source of any evidence) the impact on people with different religions, beliefs or no belief. May be particularly relevant when service involves intimate physical examination, belief prohibited medical procedures, dietary requirements and fasting, and practices around birth and death.

There will be no impact on individuals depending on their religion or beliefs. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Sex (gender)

Consider and detail (including the source of any evidence) the impact on men and women (this may include different patterns of disease for each gender, different access rates).

There will be no impact on individuals depending on their gender. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Sexual orientation

Consider and detail (including the source of any evidence) the impact on people who are attracted towards

their own sex, the opposite sex or to both sexes (lesbian, gay, heterosexual and bisexual people).

There will be no impact on individuals depending on their sexual orientation. The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Carers

Consider and detail (including the source of any evidence) the impact on people with caring responsibilities. This must include people who care for disabled relatives or friends (as they are protected by discrimination by association law), but you should also consider parent/ guardian(s) of children under 18 years. Carers are more likely to have health problems related to stress and muscular-skeletal issues, they may have to work part-time or certain shift-patterns, or face barriers to accessing services.

The impact of this policy is equal for all individuals regardless of whether they are a carers or not. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Serving Armed Forces personnel, their families and veterans

The needs of these groups should be considered specifically. The CCG has a responsibility to commission all secondary and community services required by Armed Forces' families where registered with NHS GP Practices, and services for veterans and reservists when not mobilised (this includes bespoke services for veterans, such as mental health services).

The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Other identified groups

Consider and detail (including the source of any evidence) the impact on any other identified groups. E.g.

- Poverty
- Resident status (migrants and asylum seekers).
- Low income
- Areas of deprivation

The impact of this policy is equal for all individuals. For more information on the impact please refer to the sections 'Positive impacts' and 'Negative impacts' below.

Involvement and consultation

For each engagement activity, briefly outline who was involved, how and when they were engaged, and the key outputs

How have you involved stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

N/A

How have you involved/ will you involve stakeholders in testing the policy, project or proposals?

N/A

Equality statement

Considering the evidence and engagement activity you listed above, please summarise the findings of the impact of your policy, project or proposal. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups.

The policy will have an equal impact on all individuals.

Positive impacts

Where there is evidence, provide a summary of the positive impact the policy, project or proposal will have for each protected characteristic, and any other relevant group or policy consideration. This should include outlining how equal opportunities will be advanced and good relations fostered between different groups.

No direct positive impacts of the policy on individuals with specific protected characteristics. The policy will have an equal impact on all individuals.

Negative impacts

*Where there is evidence, provide a summary for each protected characteristic and any other relevant group or policy consideration. If the evidence shows that the policy, project or proposal will or may result in discrimination, harassment or victimisation this **must be** outlined.*

No direct negative impacts of the policy on individuals with specific protected characteristics. The policy will have an equal impact on all individuals.

Health inequalities

Please outline any health inequalities highlighted by the evidence (for example, differential access to services or worse health outcomes for particular groups or localities).

There are no health inequalities associated with this policy.

Action planning for improvement, and to address health inequalities and discrimination

Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.

Action	Person responsible	By date	Progress/ review (Add new actions if required)
N/A			

For your records

Name(s) of person who carried out this assessment: Beccy Willis, Head of Business

Date assessment completed: 16/5/19

Date to review actions:

Name of responsible Director: James Rimmer, Chief Finance Officer

Date assessment was approved: 31 July 2019