

GP02 V3.0

Anti-Fraud and Anti-Bribery Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

- 1.1 This Policy explains The Royal Wolverhampton NHS Trust's stance and the steps that must be taken where fraud, bribery or corruption is suspected or discovered. All employees, bank, temporary staff, agency staff and contractors should be aware of this policy, whilst managers must bring its contents to the attention of their staff. Any person who becomes aware of any fraud, bribery, corruption or other illegal act and does not follow this policy could be subject to prosecution and/or disciplinary action.
- 1.2 The Trust has a nominated Local Counter Fraud Specialist (LCFS) whom staff should contact promptly and in confidence if they have any concerns that fraud may have taken place. (Contact details of the LCFS can be found on the Trust intranet and posters displayed around Trust sites).
- 1.3 Fraud in the NHS can impact adversely on patient care and confidentiality.
- 1.4 This Policy is intended to provide direction and help to all employees, bank, temporary staff, agency staff and contractors who have suspicions or become aware of fraud, bribery or corruption.
- 1.5 Those working for the Trust need to be aware of the public sector values and the Trust's commitment to maintaining an honest, open and well-intentioned culture within the Trust.
- 1.6 The Trust wishes to encourage anyone with reasonable suspicions of fraud to report them (examples can be found in section two). The Trust will ensure that no employee will suffer in any way as a result of reporting reasonably held suspicions.

"Reasonably held suspicions" are any suspicions other than those which are both raised maliciously and also found to be groundless. Malicious allegations may be dealt with as a disciplinary matter.

- 1.7 The Trust's staff and other workers are an important element in our stance on fraud, bribery and corruption. Everyone is positively encouraged to raise any concerns that they may have on these issues where they are associated with the Trust's activity. All such concerns will be treated in confidence, wherever possible, and properly investigated.
- 1.8 The Trust will not tolerate any harassment, victimisation or other disadvantage – including disciplinary action – of employees who raise concerns in good faith which are subsequently shown to be unsubstantiated.
- 1.9 The Trust will make every effort to investigate fully any suspicion of fraud. It is the policy of the Trust to seek to recover all losses arising from any identified fraud-related activities, and to take such sanctions as are appropriate.
- 1.10 All investigations into fraud, bribery or corruption against the Trust will be reported to the Chief Financial Officer and to the NHSCFA.

2.0 Definitions

Public Sector Values:

- 2.1. The three fundamental public service values underpinning the work of the NHS and all public sector work, specified by the NHS Code of Conduct for Boards are:
- 2.2. **Accountability** – Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety and professional codes of conduct.
- 2.3. **Probity** – Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.
- 2.4. **Openness** –The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.
- 2.5. All those who work in the public sector should be aware of, and act in accordance with, these values, in addition to adopting the Nolan Principles ([Appendix A](#)).
- 2.6. Trust staff are bound by the "Standards of Business Conduct for NHS Staff" (HSG(93)5). The core standards of conduct of NHS managers are set out in the Code of Conduct for NHS Managers.

3.0 Legislation

Fraud Act 2006 (came into force 15 January 2007):

- 3.1 The Fraud Act 2006 gives a statutory definition of the criminal offence of fraud, defining it in three classes - fraud by false representation, fraud by failing to disclose information, and fraud by abuse of position.

- 3.2 These offences occur when the act or omission is committed dishonestly and with intent to cause a gain or loss. The gain or loss does not have to succeed, so long as the intent is there.
- 3.3 The key Fraud Act 2006 offences are:
- 3.4 Section 2 – **fraud by false representation** – means lying about something using any means e.g. by words or actions.
- 3.5 Section 3 – **fraud by failing to disclose** – involves not saying something when you have a legal duty to do so e.g. failing to declare criminal convictions.
- 3.6 Section 4 – **fraud by abuse of position** – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation.
- 3.7 Section 7 – **making or supplying articles for the use in fraud** e.g. false references.
- 3.8 Section 11 – **obtaining services dishonestly** e.g. falsifying car parking permits to avoid parking charges.

Examples of NHS fraud and corruption include (but not exhaustive):

Abuse of Trust property.

Private patient activity not declared and being completed in NHS contract hours

False qualifications and references

Deception or falsification of records such as fraudulent time or expense claims.

Corruption concerning procurement or tendering.

Falsely claiming reimbursement to something to which you are not entitled

Charging for goods and services not actually delivered.

Misuse of sick leave i.e. working elsewhere.

Cash misappropriation.

Falsely claiming entitlement to NHS clinical services

Bribery Act 2010 (came into force on 1 July 2011)

- 3.8 Bribery/Corruption is defined as the “offering, giving, soliciting or acceptance of an inducement or reward, which may influence a person to act against the interest of the organisation.” (Corruption relates to rewards or inducements, such as bribes).
- 3.9 The Bribery Act 2010 makes it an offence to give, promise or offer a bribe, and to request, agree to receive or accept a bribe. The Act also introduces a corporate offence of failing to prevent bribery by an organisation. An organisation may avoid

conviction if it can be shown that it had adequate procedures/protocols in place to prevent bribery. NHS organisations are liable under this Act.

- 3.10 If Trust employees, contractors or temporary staff have any personal or business interest in an organisation which contracts with the Trust then they are required to declare it in line with the Conflict of Interests Policy (OP109). All workers must also take great care over offering or accepting gifts, hospitality, entertainment or sponsorship. To protect against any accusation of compromise, gifts and hospitality should be declared the Trust under the Conflicts of Interest Policy (OP109).
- 3.11 Further information on expected conduct of all NHS staff can be found in the Staff Code of Conduct (OP97) and the Conflicts of Interest Policy (OP109).
- 3.12 Concerns/suspicions about bribery/corruption can be reported in confidence to the LCFS (Local Counter Fraud Specialist).

Theft Act 1968

- 3.13 Theft is defined as dishonestly appropriating property belonging to another with the intention of permanently depriving them of it (i.e., stealing). Fraud is distinct from theft because it involves an element of deception – making a false representation. All instances of theft within the Trust should be referred to the Trust’s LSMS (Local Security Management Specialist) and the police.

NHS Standard Contract and NHS Requirements

- 3.14 NHS Standard Contract (Service Condition 24) states that the Provider is required to have appropriate Counter Fraud arrangements in place.
- 3.15 The Trust will adhere to the NHS Counter Fraud Authority (NHSCFA) NHS Requirements Government Functional Standards 013 Counter Fraud and the NHS Anti-Fraud Manual when investigating cases and seeking to impose sanctions.

NHS Counter Fraud Authority

- 3.16 The NHS Counter Fraud Authority (NHSCFA) leads on work to identify and tackle economic crime across the health service. The aim is to protect NHS staff and resources from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients and professionals. A copy of the NHSCFA strategy: Leading the fight against NHS fraud: Organisational strategy 2020-2023 is available at: https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA_Strategy_2020-23.pdf

Public Office

- 3.17 Refers to the role of members and senior officers of bodies discharging publicly funded functions, elected members and senior officers of local authorities and the health service, for example.

Standing Orders

- 3.18 A series of rules that govern how an organisation, usually its Board, is run. They detail how votes should be taken, the powers of the Chairman, Chief Executive and Directors and the procedures for a motion.

Commercial in Confidence

- 3.19 This means that the recipient of such a Policy agrees to hold all information presented within it as confidential and agrees not to use or disclose, or allow to use, or disclose, said information to unauthorised parties, directly or indirectly.

Code of Conduct

- 3.20 A set of rules outlining the responsibilities of and proper practices for an individual or organisation.

4.0 Accountabilities

- 4.1 The Chief Executive is responsible for ensuring responsibility for managing fraud is delegated to the Chief Financial Officer.

Chief Financial Officer

- 4.2 The Chief Financial Officer is the statutory officer for counter fraud management at the Trust and is responsible for:

- Ensuring that the Trust complies with the NHS Standard Contract (Service Condition 24).
- Monitoring and ensuring compliance with the NHS Requirements Government Functional Standards 013 Counter Fraud and counter fraud arrangements.
- The Chief Financial Officer will oversee the work of the nominated Local Counter Fraud Specialist for the Trust and will liaise and discuss with the nominated Local Counter Fraud Specialist the anti-fraud, bribery and corruption arrangements and any investigations undertaken.
- The Chief Financial Officer will liaise with the Local Counter Fraud Specialist and / or the NHSCFA with regard to anti-fraud, bribery and corruption arrangements and investigations relating to the Trust.
- Informing third parties such as External Auditors of any significant cases when appropriate.
- The Chief Financial Officer will authorise any prosecution, following discussion with the nominated Local Counter Fraud Specialist and the NHSCFA. When investigations have been referred to the Police or the investigation is in conjunction with the Police, the Crown Prosecution Service will make the decision concerning any prosecution.
- The Chief Financial Officer will, depending on the outcome of investigations (whether on an interim/on-going or a concluding basis) and/or the potential significance of suspicions that have been raised, inform the Chair of the Audit Committee of cases, when deemed appropriate or necessary.

Local Counter Fraud Specialist

- 4.3 The Local Counter Fraud Specialist can be approached confidentially and anonymously by any Trust employee, agency staff and contractors who have suspicions of fraud within the Trust. The Local Counter Fraud Specialist is responsible for:

- Carrying out an agreed programme of preventative anti-fraud and anti-bribery/corruption activity.
- Deciding whether internal/external referrals or matters raised through the whistleblowing process need to be investigated.
- Investigating cases in accordance with the Government Functional Standards 013 Counter Fraud as set by the NHSCFA and the NHS Counter Fraud Manual; ensuring

a full and fair investigation.

- Reporting to the Chief Financial Officer to ensure he is kept apprised of all cases.
- Applying the “triple track” approach of criminal, disciplinary and civil proceedings as well as recovery of all funds fraudulently obtained.
- Reporting to the Audit Committee on all counter fraud work undertaken at the Trust.
- Ensuring that the Chief People Officer is informed where an employee is the subject of an investigation if deemed appropriate.
- Reporting any case to the police where necessary, in consultation with the Chief Financial Officer, the Chief Executive and NHSCFA.
- Ensuring that any system weaknesses identified as part of an investigation are followed through with management via the Trust’s risk management processes.
- Reporting the outcomes of proactive and investigation activity to the Audit Committee.
- Liaising with internal and external auditors.
- Liaising with the LSMS (Local Security Management Specialist).

Chief People Officer

4.4 The Chief People Officer is responsible for:

- Ensuring the Trust’s policies and procedures are adhered to throughout the investigation.
- Ensuring that any matters pertaining to fraud, bribery or corruption are reported to the LCFS.
- Human Resources will liaise closely with the nominated Local Counter Fraud Specialist, from the outset where an employee is suspected of being involved in fraud, bribery or corruption. Close liaison between the nominated Local Counter Fraud Specialist and HR is essential to ensure that any parallel sanctions (i.e. criminal and disciplinary) are applied effectively and in a coordinated manner.
- HR will take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees as well as the veracity of required qualifications and memberships of professional bodies in terms of their propriety and integrity. In this regard, temporary and fixed term contract employees are treated in the same manner as permanent employees.

Managers

4.5 Managers are responsible for:

- Establishing an anti-fraud culture within their team and ensuring information on procedures is made available to all their staff.
- Ensuring that the Trust’s procedures and controls to guard against fraud are followed.
- Being alert to the possibility that unusual events or transactions could be indicators of fraud.
- Seeking advice from the Chief Financial Officer or the Local Counter Fraud Specialist.

Role of all workers

4.6 All workers including agency and contractors are responsible for;

- Complying with this policy.
- Acting in accordance with the Staff Code of Conduct and the Conflicts of Interest Policy, particularly in relation to the receipt of gifts or hospitality.
- Reporting all incidents or suspicions of fraud, bribery or corruption to the Chief

Financial Officer or directly to the Local Counter Fraud Specialist.

- Individuals (be they employees, agency staff, locums, contractors or suppliers) must not communicate with any member of the press, media or another third party about a suspected fraud as this may seriously damage the investigation and any subsequent actions to be taken. Anyone who wishes to raise such issues should discuss the matter with the Chief Financial Officer.

Audit Committee

4.7 The Audit Committee is responsible for:

- Reviewing and approving the Local Counter Fraud Specialist's annual report and work plan.
- Reviewing the Local Counter Fraud Specialist's interim reports to monitor counter fraud activity within the Trust throughout the year.

Trust Board

4.8 The Trust Board is responsible for:

- Ensuring that no employee will suffer in any way as a result of reporting reasonably held suspicions.
- Ensuring that concerns are investigated in confidence and to taking firm, but appropriate action where malpractice is substantiated.

Internal and External Audit

4.9 Internal and external auditors appointed by the Trust have a duty to pass on any incident or suspicion of fraud, bribery or corruption that they identify as part of an audit, to the nominated Local Counter Fraud Specialist for the Trust.

Information Management and Technology

4.10 The Head of Information Security (or equivalent) will contact the LCFS immediately in all cases where there is suspicion that IT is being used for fraudulent purposes.

This includes inappropriate internet/intranet, e-mail, telephone, PDA use and any offence under the Computer Misuse Act 1990. Human Resources will be informed if there is a suspicion that an employee is involved.

5.0 Policy Detail

The Response Plan: Reporting Fraud

5.1 If there is reason to suspect a colleague, patient, contractor or any other person of fraud or an offence against the Trust or a serious infringement of Trust or NHS rules, there is a responsibility to inform the Chief Financial Officer or the Local Counter Fraud Specialist.

5.2 [Appendix B](#) sets out the reporting process for fraud and corruption and contact details for the Chief Financial Officer and Local Counter Fraud Specialist to report any suspicions or concerns.

5.3 Referrals may be made by, phone, in-writing or via e-mail to:

Your Local Counter Fraud Specialist team;

Samantha Bostock, Senior Consultant - samantha.bostock@rsmuk.com or Samantha.bostock@nhs.net

Sophie Coster, Senior Consultant - sophie.coster@rsmuk.com or sophiecoster@nhs.net

All referrals will be treated in the strictest of confidence. Any referral to the police will not prohibit action being taken under The Royal Wolverhampton NHS Trust disciplinary procedure. Any malicious referrals by staff will be subject to investigation and will be referred to the Chief People Officer.

- 5.4 If anyone wishes to report any suspicions or concerns and feels that it cannot be done internally, they can contact the NHS Fraud and Corruption Reporting Line (powered by Crimestoppers) on 0800 028 40 60 (Monday to Friday 0800 – 1800). This does allow anonymous reporting should the individual consider that this is appropriate.

NHS Fraud and Corruption Reporting Line (powered by Crimestoppers) 0800 028 40 60

Alternatively, it is also possible to report fraud anonymously via the website www.reportnhsfraud.nhs.uk.

- 5.5 The Royal Wolverhampton NHS Trust has a Raising Concerns at Work (Whistleblowing) Policy. This policy was introduced to enable anyone to raise concerns at an early stage and in the right way. Information can be forwarded anonymously and confidentially. For full details of the Whistleblowing Policy please refer to the Trust's intranet site.

Once contacted, the Local Counter Fraud Specialist will ensure that the Chief Financial Officer is notified and based on the information provided agree the best course of action to be taken. Where staff are involved, the Local Counter Fraud Specialist will liaise with the Chief People Officer.

- 5.6 Individuals (be they employees, agency staff, locums, contractors or suppliers) must not communicate with any member of the press, media or another third party about a suspected fraud as this may seriously damage the investigation and any subsequent actions to be taken. Anyone who wishes to raise such issues should discuss the matter with either the Chief Financial Officer or the Chief Executive.

- 5.7 A one-page checklist suitable for notice boards with further guidance for staff on what action is required if fraud is suspected or brought to their attention is shown in [Appendix C](#).

- 5.8 At [Appendix D](#) there is a flow chart showing the process for reporting fraud and corruption.

It is the responsibility of all staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between private interests and their

employment.

5.9 Investigating Procedures and Methods

All investigations will be undertaken in a professional and objective manner in accordance with the criminal legislation and procedure, the NHSCFA policy and the NHS Fraud and Corruption Manual.

The nominated Local Counter Fraud Specialist for the ICB will be allowed access to all ICB employees, directors, contractors, and providers, as well as to systems, processes, records, data and information, as is necessary, in order to progress any investigation. All information requests will be made in accordance with the relevant sections of the Data Protection Act 2018.

5.10 Sanctions and Redress

Where an objective investigation has found evidence of fraud, bribery or corruption, the next step is to pursue appropriate sanctions. The range of available sanctions that may be pursued includes:

- criminal prosecution. The LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court. Outcomes can range from a criminal conviction to fines and imprisonment;
- civil action can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs. including action to freeze assets and recover losses;
- disciplinary action by the Trust where an employee is suspected of being involved in a fraudulent or illegal act; and
- warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

The seeking of financial redress or recovery of losses will always be considered in cases of fraud or bribery that are investigated by the LCFS or NHSCFA where a loss is identified. 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. The decisions for redress will be taken in the light of the circumstances of each case.

Redress allows resources that are lost to fraud and bribery to be returned to the NHS for use as intended, for provision of high-quality patient care and services. Depending on the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under Proceeds of Crime Act 2002 (POCA). This means that a person's money or assets are taken away from them if it is believed that the person benefited from the crime.

It could also include restraining assets during the investigation. When considering seeking redress recovery may also be sought from on-going salary payments or pensions.

In some cases (taking into consideration all the facts of a case), it may be that the Trust, under guidance from the LCFS and with the approval of the Chief Financial Officer decides that no further recovery action is taken.

In order to provide assurance that policies were adhered to, the Chief Financial Officer will maintain a record highlighting when recovery action was required and issued and when action taken. This will be reviewed and updated on a regular basis.

6.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional; Capital resources	No
2	Does the implementation of this policy require additional; revenue resources	No
3	Does the implementation of this policy require additional; Manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

7.0 Equality Impact Assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. An Equality Impact Assessment Screening has been undertaken and there are no adverse or positive impacts

8.0 Maintenance

Any changes in practice needed will be highlighted to the Chief Financial Officer in the first in his role as the statutory officer responsible for the counter fraud service, who shall also review the policy.

9.0 Communication and Training

9.1 Line managers are responsible for ensuring this policy is implemented across their area of work.

9.2 Support and training for raising awareness of fraud and the reporting and investigation procedures are provided by the Local Counter Fraud Specialist as part of the Trust's learning and development programme.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance to policy	Local Counter Fraud Specialist	Local Counter Fraud Specialist will present an annual report to the Audit Committee	Annually	Audit Committee

Trust has adequate fraud, bribery and corruption arrangements in place	Local Counter Fraud Specialist	NHSCFA Qualitative Assessment rating	Annually	Audit Committee
Staff are aware of fraud risk and know how to report their suspicions	Local Counter Fraud Specialist	Fraud Awareness Presentations Staff access to the Counter Fraud internet Page Fraud Responses posters and leaflets	Annually	Audit Committee
Staff report suspicions of fraud, bribery or corruption	Local Counter Fraud Specialist	Monitoring number of fraud referrals received annually	Annually	Audit Committee
Audit committee receive outcomes of proactive and reactive work	Local Counter Fraud Specialist	Local Counter Fraud Specialist will present a to the Audit Committee	Annually	Audit Committee

11.0 References - Legal, professional or national guidelines.

- Department of Health (1994) NHS Code of Conduct for Boards
- Department of Health (2002) NHS Code of Conduct for NHS Managers
- Disability Discrimination Act 1995 amended 2005
- Fraud Act (2006)
- NHS Standard Contract
- Theft Acts (1968, 1978)
- The Bribery Act (2010)

12.0 Associated Policies

- Standing Financial Instructions
- Raising Concerns at Work (Whistleblowing) Policy
- Staff Code of Conduct
- Conflicts of Interest Policy
- Finance Handbook

Policy Control

Policy number and Policy GP02 version: V3.0	Policy Title Anti-Fraud and Anti-Bribery Policy	Status: Final		Author: Local Counter Fraud Specialist Director Chief Finance Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	July 2013	Local Counter Fraud Specialist	New policy
	V2.0	Sept. 2019	Local Counter Fraud Specialist	Update
	V2.1	July 2021	Local Counter Fraud Specialist	Minor updates to Local Counter Fraud Specialist team
	V3	September 2022	Local Counter Fraud Specialist	Full policy update
Intended Recipients: All staff, agency, locum and contractors				
Consultation Group / Role Titles and Date: Audit Committee 20 February 2018				
Name and date of Trust level group where Reviewed		Trust Policy Group - November 2022		
Name and date of final approval committee		Trust Management Committee – November 2022		
Date of Policy issue		December 2022		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated)		November 2025		
Training and Dissemination: Induction and Intranet				
To be read in conjunction with: NA				
Initial Equality Impact Assessment (all policies): Completed Yes If you require this Policy in an alternative format e.g., larger print please contact Policy Management Officer				
Monitoring arrangements and Committee		Audit Committee		
Policy summary/key issues covered. The aim of the policy and procedure is to protect the property and finances of the NHS and of patients in our care.				
Key words for intranet searching purposes		Fraud, counter fraud, bribery, gifts, hospitality		

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version GP02 v2	Policy Title Anti-Fraud and Anti-Bribery Policy	
Reviewing Group Trust Policy Group		Date reviewed: September 2019
Implementation lead: Local Counter Fraud Specialist Mark Kinsella		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead (Timescale for completion)
Strategy / Policy / Procedure communication;1. Key communication messages from the policy / procedure, who to and how?	SMB Via the intranet	

APPENDIX A – Nolan Principles

Nolan Principles

A set of key guiding principles set out by the Committee on Standards of Public Life, set up by the Government in 1994. Its first Chairman was Lord Nolan (1994-1997) and the seven principles listed are named after him. These are:

- **Selflessness:** Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness:** Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership:** Holders of public office should promote and support these principles by leadership and example.

APPENDIX B – Fraud/Bribery/Corruption Referral Form

REPORT FRAUD TO THE LOCAL COUNTER FRAUD SPECIALIST

(Please use a separate referral form for each individual / company reported)

Please complete this form to the best of your knowledge. The information you provide will enable the Local Counter Fraud Specialist to evaluate the allegation to determine if this relates to NHS fraud/bribery/corruption and commence initial enquiries. Where you are not able to complete any part of this form, please insert 'not known'.

Your Local Counter Fraud Specialist team;

Erin Sims, Associate Director - erin.sims@rsmuk.com

Samantha Bostock, Senior Consultant - samantha.bostock@rsmuk.com

Sophie Coster, Senior Consultant - sophie.coster@rsmuk.com

Any information provided will be treated in the strictest confidence.

SECTION A			
To whom does the alleged fraud relate to?			
Please delete as appropriate?			
Patient Please complete Section B, C Part 1 & 3	Yes / No	Trust Staff or Trust GP Practice staff Please complete Section B and C (in Full)	Yes / No Please state which.
Member of the Public Please complete Section B, C Part 1 & 3	Yes / No	Company or Supplier Please complete Section B, C and D	Yes / No

SECTION B	
Reporting Person (s) Contact Details	
(We can then get in touch with you to discuss your concerns)	
Name	
Organisation and Department	
Site address:	
How can we get in touch with you?	(Please do provide a telephone number and email address)

SECTION C	
Person the alleged fraud relates to <i>Please complete as much information as known.</i>	
PART 1	
Name	
Address	
Date of birth	
Telephone number and e-mail address	
Period of fraud. Is the fraud still occurring?	
PART 2	
For Trust staff or GP Practice staff, please complete:	
Where they work?	(Organisation, Department and Site)
Job role	
Full time / Part time	(including hours and shifts if known, and if relevant to allegation)
PART 3	
Please provide information and concerns of fraud	
Suspicion / allegation	
Estimated value of fraud	
Are there any witnesses or people who can provide additional details?	(Please give names and contact details and any relevant information)
Is there any evidence you have or are aware of that	

SECTION C	
Person the alleged fraud relates to <i>Please complete as much information as known.</i>	
you believe can support the allegation?	(Please provide details)

SECTION D	
Company the alleged fraud relates to <i>Please complete as much information as known</i>	
PART 1	
Company name	
Company number and registered address	
Services supplied by company to the Trust	
Trust Site address services/works supplied at:	
Company telephone number and e-mail address	
Director name	(Please also complete Section C, Part 1)
Members or persons working for the company related to the allegation	(Please also complete Section C, Part 1)

PART 2	
Please provide information of concerns of fraud	
Suspicion / allegation	
Are there any witnesses or people who can provide additional details?	(Please give names and contact details and any relevant information)
Is there any evidence you have, or you believe can support the allegation?	(Please provide details)

Please send/attach any available information that supports your suspicion.

Signed.....

Date.....

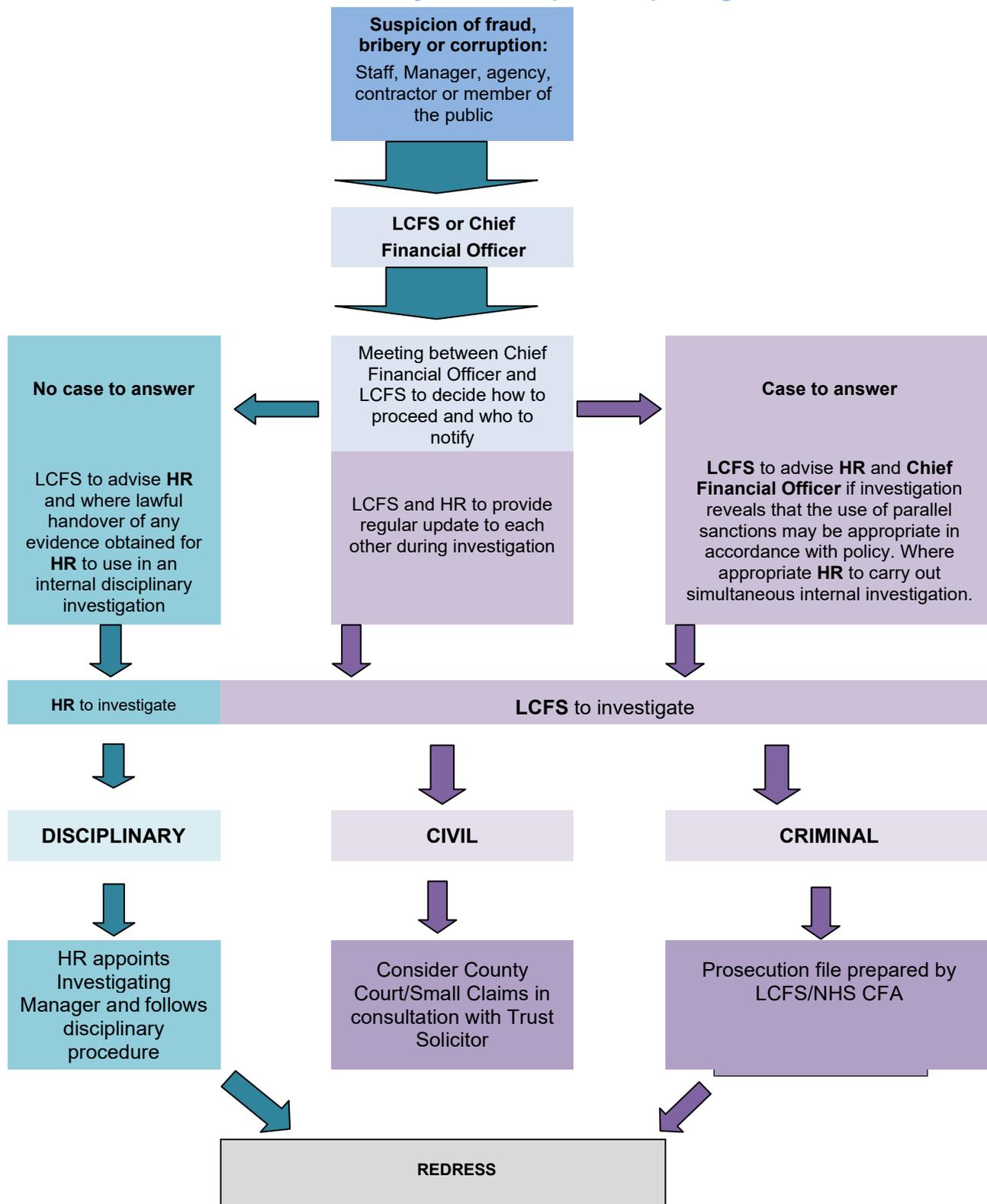
The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 2 working days unless otherwise requested.

APPENDIX C – Guidance to all Staff (Including bank/temporary/agency) and Contractors

What It Includes;	What to do:
<p align="center">FRAUD</p> <p>When a person commits theft (property / money) enabled by making a false representation.</p>	<p>You must only discuss your suspicions or any information or evidence you have identified with either:</p> <p>Kevin Stringer Chief Financial Officer Landline: 01902 695954 Email: kevin.stringer@nhs.net</p> <p>or</p> <p>Erin Sims, Associate Director - erin.sims@rsmuk.com Samantha Bostock, Senior Consultant - samantha.bostock@rsmuk.com Sophie Coster, Senior Consultant - sophie.coster@rsmuk.com</p>
<p>BRIBERY / CORRUPTION</p> <p>Where someone is influenced by bribery, payment or benefit in kind to unreasonably use their position to give some advantage to another.</p>	<p>Alternatively, you can contact the confidential NHS Fraud and Corruption Reporting line (Powered by Crimestoppers) on 0800 028 40 60 or via www.reportnhsfraud.nhs.uk</p>
DO'S AND DON'TS	
<p align="center">DO</p> <p>report fraud concerns to your LCFS</p>	<p align="center">X DON'T</p> <p>be afraid to contact the LCFS for advice</p>
<p align="center">DO</p> <p>report your concerns promptly</p>	<p align="center">X DON'T</p> <p>confront an individual with your suspicions</p>
<p align="center">DO</p> <p>keep any documentary evidence / notes</p>	<p align="center">X DON'T</p> <p>investigate the matter yourself</p>
<p align="center">DO</p> <p>remember that fraud and corruption can make victims of us all</p>	<p align="center">X DON'T</p> <p>ignore it and do nothing!</p>

All reported fraud will be investigated by the LCFS and, if appropriate, the police or other agencies may be involved.

APPENDIX D – Fraud, Bribery and Corruption Reporting Process



Our Local Counter Fraud Specialist team;

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