

# Countering Fraud, Bribery and Corruption Policy and Response Plan

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**Countering Fraud, Bribery and Corruption Policy and Response Plan  
Version Control Sheet**

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1		New Policy (adopted from NHSL F004)	July 2014	Sean McKeever
2		Annual review and minor amendments	October 2015	Interim Director of Finance / Deputy Director of Finance and Local Counter
2.1		Extension Agreed	February 2018	Corporate Assurance Team
3	Throughout	Updated to reflect NHS Protect now NHS Counter Fraud Authority and annual review with amends	July 2018	Head of Financial Accounts  Local Counter Fraud Specialist
4	Throughout	Rewrite of policy	December 2020	Local Counter Fraud Specialist
4.1		Alignment to NHS Counter Fraud Authority's Strategy for 2020-2023 (strategy released Q1 of 2021/22) and replacing references to the outdated NHS Standards for Providers with reference to the NHS Counter Fraud Functional Standard.	August 2021	Local Counter Fraud Specialist

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# Lincolnshire Community Health Services NHS Trust Countering Fraud, Bribery and Corruption Policy and Response Plan

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# Lincolnshire Community Health Services NHS Trust Countering Fraud, Bribery and Corruption Policy and Response Plan

## Policy Statement

### Background

The purpose of this document is to explain the policy of the organisation in countering fraud and corruption and provide guidance on how this is to be achieved.

### Statement

Lincolnshire Community Health Services NHS Trust is committed to countering fraud and corruption through the implementation of this policy.

### Responsibilities

Compliance with the policy will be the responsibility of all Lincolnshire Community Health Services NHS Trust staff. Where appropriate, contractors and other parties will be expected to comply with the policy.

### Training

Lincolnshire Community Health Services NHS Trust will continue to provide training to staff with regard to their role in countering fraud and corruption.

### Dissemination

Intranet

### Resource implication

Lincolnshire Community Health Services NHS will continue to devote the necessary resources to delivery of this policy and strategy.

## 1.0 Purpose

- 1.1 The Trust is committed to deterring and detecting all instances of fraud, bribery and corruption within the Trust and to ensuring that losses are reduced to an absolute minimum, therefore freeing up public resources for better patient care. This policy has been produced by the Trust's Local Counter Fraud Specialist (LCFS) and is intended as a guide for all employees on counter fraud work within the NHS.
- 1.2 **All genuine suspicions of fraud, bribery and corruption can be reported to the LCFS or through the national NHS Fraud and Corruption Reporting Line (FCRL) on 0800 028 40 60 or online at [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud)**
- 1.3 This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to employees. It provides a framework for responding to suspicions of fraud, bribery and corruption, whilst providing advice and information on various aspects of fraud and the implications of an investigation.
- 1.4 Until November 2017 NHS Protect was the national body which led on work to protect the NHS from crime. In November 2017 a new special Health Authority was created to tackle fraud, bribery and corruption within the health service in England. This is known as the NHS Counter Fraud Authority (NHSCFA). The [NHSCFA Government Functional Standard GovS 013: Counter Fraud](#) (Functional Standard) which came into effect on 1<sup>st</sup> April 2021 (replacing the former NHSCFA Standards for Providers), placed a continuing requirement on NHS bodies to have a counter fraud, bribery and corruption policy in place that follows the NHSCFA's strategic guidance and has been approved by the executive body or senior management team. The policy should be reviewed, evaluated and updated as required, and levels of staff awareness to it should be measured.
- 1.5 The overall objectives of this policy are to:
- Improve the knowledge and understanding of everyone at the 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 the Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of NHS fraud and corruption
  - Ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
    - criminal prosecution
    - internal disciplinary action
    - civil recovery of defrauded monies
    - Professional body disciplinary action

## 2.0 Area

This policy applies in all areas of the Trust. It is aimed at all employees of the Trust, regardless of position held, be they permanent or temporary and all secondees and contracted out staff working within the Trust. Importantly, it also applies to any other parties who have a business relationship with the Trust e.g. suppliers of goods and services, and patients.

## 3.0 Introduction

**3.1** One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS are honest and professional and they find that fraud committed by a minority is wholly unacceptable as it ultimately leads to a reduction in the valuable resources available for patient care.

**3.2** This policy indicates the determination of Lincolnshire Community Health Services NHS Trust to confront the problems of NHS fraud, bribery and corruption. The Trust Board is committed to the prevention, deterrence and detection of such incidents within the Trust, to the rigorous investigation of any such cases and, where fraud or other criminal acts are proven, to ensure that appropriate action is taken. The Trust will also take all steps necessary to recover any assets lost as a result of fraudulent acts.

**3.3** For simplicity all such offences are referred to in this document as 'fraud', except where the context indicates otherwise. The legal understanding of fraud, bribery and corruption is outlined below:

**3.3.1 Fraud** – The Fraud Act 2006 represents an entirely new way of investigating fraud. It is no longer necessary to prove that a person has been deceived. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain for themselves or cause a loss to another. The main criminal offences of fraud under the Fraud Act 2006 are classified as follows:

- Fraud by False Representation (Section 2)
- Fraud by Failing to Disclose Information (Section 3)
- Fraud by Abuse of Position (Section 4)
- Possession of Articles for use in Fraud (Section 6)
- Making or Supplying Articles for use in Fraud (Section 7)
- Obtaining services dishonestly (Section 11)

**3.3.2 Bribery and Corruption** – The Bribery Act 2010 makes it a criminal offence to give, promise or offer a bribe, or to request or agree to receive or accept a bribe, either at home or abroad. It also includes bribing a foreign official. In addition, the Act introduces a corporate offence of failing to prevent bribery by not having adequate preventative procedures in place. Bribery and corruption can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Bribery and corruption does not always result in a loss and the corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another. The Trust has a [Standards of Business Conduct, Conflicts of Interest, Gifts and Hospitality Policy](#) in place which contains details relating to the receipt of hospitality and gifts. Staff are required to familiarise themselves with the policy and comply with it as a proportionate measure to mitigate bribery.

**3.3.3 Information Management and Technology** – The Computer Misuse Act 1990 and the Data Protection Act 2018 also cover offences involving the use of information technology equipment and data in the commission of fraudulent acts. Further details are contained in the Trust’s [Information Governance Management Policy](#) document.

**3.4** The remainder of this document provides guidance and direction to all Trust employees in dealing with the identification and notification of suspected cases of NHS fraud. The intention is to ensure that everyone understands how to raise issues of legitimate concern within a structure, which is supportive and robust.

**3.5** This policy does not cover the law and rules of investigating fraud, which is the responsibility of trained and accredited LCFS/NHSCFA staff who are required to adhere to relevant legislation and the NHSCFA’s NHS Counter Fraud Manual in the conduct of their duties.

## **4.0 National Arrangements to Counter Fraud and Corruption**

**4.1** The policy and response plan should not be seen as a stand-alone document. It needs to be regarded as part of the national approach to countering fraud and corruption within the NHS as a whole. The following paragraphs explain the national arrangements introduced to counter fraud and corruption and briefly describe the remits of various organisations and individuals now established within the national infrastructure.

**4.2** NHSCFA provides a clear focus for both the prevention and investigation of fraud across the health service and will work with NHS England and NHS Improvement to properly uncover fraud and tackle it effectively.

**4.3** Under the NHS standard contract, all organisations providing NHS services must put in place and maintain appropriate anti-crime arrangements. NHS organisations commissioning services from providers also need to ensure that they have appropriate anti-crime arrangements in place. The Functional Standard gives a clear framework for what is to be done and ensure that the Trust applies a consistent, effective and professional approach to countering fraud and corruption. Final accountability for local counter fraud work remains the responsibility of the Chief Executive, as the Accountable Officer, and the Director of Finance and Business Intelligence as the nominated Executive lead for counter fraud measures.

- 4.4 The Trust will take all necessary steps to counter fraud in accordance with this policy, the NHS Counter Fraud Manual and the policy statement 'Applying Appropriate Sanctions Consistently' which are published by NHSCFA and any other relevant directions, guidance or advice issued.
- 4.5 The Trust is required to have a professionally trained and accredited LCFS appointed. LCFSs have a vital role to play in acting as the "first line of defence" against fraud and corruption at a local level. To become a LCFS, a person is required to undertake intensive professional training and be fully accredited by the Counter Fraud Professional Accreditation Board (CFPAB).

## 5.0 NHSCFA Strategy 2020 -2023

- 5.1 The NHSCFA Strategy 2020-2023 was released in April 2021 and sets out the NHSCFA's approach to fighting fraud and other economic crime affecting the NHS. Their vision and purpose is to lead and proactively support the NHS, to understand, find, prevent and respond to fraud. Their strategy explains how they intend to use their resources and commitment in the fight against NHS fraud.

The NHSCFA work with the internationally recognised **5 Principles of Fraud and Corruption framework**:

1. There is always going to be fraud.
2. Finding fraud is a good thing.
3. There is no one solution.
4. Fraud and corruption are ever changing.
5. Prevention is the most effective way to address fraud and corruption.

- 5.2 The NHSCFA's purpose is to:

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

- 5.3 The NHSCFA's ambition is that in three years' time they will be:

- Recognised for pioneering counter fraud initiatives that deliver real savings for the NHS, spearheading the fight against fraud in the NHS;
- A valued partner for the whole NHS in fighting fraud, with leaders at national and local level looking to us to innovate and provide knowledge and expertise;

- Recognised internationally as a leader in finding and fighting healthcare fraud.

**5.4** To achieve their vision, the NHSCFA have identified four strategic objectives which will translate their ambitions into delivery:

- They will lead and influence the NHS to find, prevent and reduce fraud, recovering losses and putting money back into patient care;
- They will work with partners to reduce fraud loss in the NHS;
- They will support and empower our people to be the best in their roles and feel valued;
- They will effectively use our resources, identify and pursue opportunities for growth and innovation and reduce our operating costs.

**5.5** The NHSCFA have stated that their annual integrated planning approach will ensure that they are doing the right things. Their strategy will remain dynamic and flexible to ensure their objectives adapt and anticipate the changing environment. This includes the emerging fraud risks, especially considering the COVID-19 pandemic and its impact globally and nationally on the economy and society.

**5.6** LCHS fully supports the NHSCFA's approach to countering fraud, bribery and corruption and this policy is aligned to its latest Strategy document.

## **6.0 Public Service Values**

**6.1** The national Codes of Conduct for NHS boards and NHS managers set out the key public service values. They state that high standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. The core NHS values are:

- **Accountability** – Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct
- **Probity** – There should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties
- **Openness** – The organisation's activities should be sufficiently public and transparent to promote confidence in its dealings with patients, staff and the public.

**6.2** Everyone who works at the Trust should be aware of, and act in accordance with these values.

## **7.0 The Board's Policy**

**7.1** The Board is absolutely committed to maintaining an honest and open atmosphere within the Trust. It is therefore also committed to the identification and rigorous investigation of any instances of fraud. There is a framework in place which reduces the likelihood of fraud occurring, this includes:

- Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions
  - [Standards of Business Conduct, Conflicts of Interest, Gifts and Hospitality Policy](#)
  - Documented policies and procedures
  - A process of fraud risk assessment
  - Implementation of a Counter Fraud Operational Plan
- 7.2** In addition, the Board will ensure that a risk and fraud awareness culture exists within the Trust. This is achieved by monitoring and ensuring compliance with the Functional Standard and by encouraging all staff to report fraud to those outlined in Appendix A.
- 7.3** It is also of note that the Trust promotes a climate of open communication, whereby all staff should be able to raise concerns about financial malpractice sensibly and responsibly without fear of victimisation and in a manner consistent with employees' obligations to the Trust. Also, the Trust promotes to all staff the protection afforded by the Public Interest and Disclosure Act 1998 for more information please refer to the Trust's [Speaking Up \(Whistle-Blowing\) and Speak Up Policy](#). The Trust has appointed a Freedom to Speak Up (FTSU) Guardian whose role it is to work alongside the Board and Executive Team to help support the organisation to become a more open, transparent place to work. The FTSU Guardian can be contacted by staff to raise any concerns they may have in confidence.
- 7.4** The Board's requirement is that anyone having reasonable suspicions of fraud has a duty to report them and that no employee will be penalised in any way for doing so. Provided an employee acts in good faith, it does not matter if the employee is mistaken, or their concerns turn out to be unfounded. This assurance will not however be extended to an employee who maliciously raises a matter they know is untrue, and the Trust will take appropriate action in such cases.
- 7.5** For these purposes, 'reasonable suspicions' shall mean any suspicions other than those which are raised maliciously and found to be groundless.
- 7.6** The Trust adheres to the four principles of generic NHS counter fraud activity:
- The application of strong **strategic governance**, to ensure there is effective leadership and high-level commitment to counter fraud work
  - A comprehensive process to **inform and involve** all staff in raising awareness of **fraud** to ensure a robust counter fraud, bribery and corruption culture exists
  - Successful implementation of systems to **prevent and deter** fraud, bribery and corruption
  - Effective methods are deployed to **hold to account** those found to be committing fraud, bribery and/or corruption
- 7.7** The Trust's counter fraud provision is provided by a local counter fraud collaborative arrangement. The counter fraud collaborative team are hosted by Northern

Lincolnshire and Goole NHS Foundation Trust and also provides services to United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnership NHS Foundation Trust, and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

**7.8** The Trust's annual Counter Fraud Operational Plan is agreed directly between the LCFS and the Director of Finance and Business Intelligence and is submitted to the Audit Committee for information.

## **8.0 Roles and Responsibilities**

**8.1** Responsibilities for counter fraud work are set out in the most recent Functional Standard, which enshrine the original Secretary of State's Directions (SoSD).

**8.2** The Director of Finance and Business Intelligence is responsible for monitoring and ensuring compliance with the Functional Standard. This includes providing unrestricted or unhindered access for LCFS/NHSCFA staff to all Trust staff, premises (wholly owned or contracted), records and data, which are relevant to the detection and investigation of NHS fraud and corruption.

**8.3** The Chief Executive is ultimately liable to be called to account for specific failures in the Trust's system of internal controls. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement of all Trust employees. The Trust therefore has a duty to ensure employees who are involved in, or who are managing internal control systems receive adequate training and support in order to carry out their responsibilities. The Director of Finance and Business Intelligence will monitor and ensure compliance with this policy.

**8.4** The responsibilities of staff roles in the detection, reporting and investigation of fraud are detailed in paragraphs 7.5 to 7.14 following.

**8.5 Trust Board** – Will fully endorse the requirements of this policy.

**8.6 Audit Committee** – The Audit Committee will receive regular reports from the LCFS on all aspects of counter fraud activity for oversight and scrutiny purposes. It will report items of interest to the Trust Board as appropriate.

**8.7 Director of Finance and Business Intelligence** – The Director of Finance and Business Intelligence will monitor and ensure compliance with the Functional Standard in particular:

- Ensure that an LCFS is nominated and accredited for the Trust and notified to NHSCFA
- Ensure sufficient resources are allocated within the Trust to meet the organisational needs based on fraud risks
- Establish and maintain an effective system for dealing with allegations of fraud and corruption
- Promote a culture and reporting mechanism which encourages staff to raise issues of legitimate concern
- Ensure that allegations of fraud and corruption are notified immediately to, and investigated by the LCFS

- If an investigation is deemed to be appropriate, they will delegate their authority to the LCFS, who has responsibility for leading the investigation, whilst retaining overall responsibility themselves
- Seek financial redress where the Trust suffers loss as a result of fraud or corruption
- Facilitate and co-operate with NHSCFA quality inspection work, giving prompt access to Trust staff, workplaces and relevant documentation
- Ensure that the LCFS prepares an annual report which is received and considered by the Audit Committee
- Ensure that a programme of proactive counter fraud work is carried out within the Trust led by the LCFS
- Ensure that fraud issues are included as a regular agenda item at all routine Audit Committee meetings
- Comply with all requests by NHSCFA to participate in national proactive fraud exercises within the stipulated timescales and comply with all relevant guidance issued by NHSCFA

**8.8 LCFS** – The LCFS should be allowed to carry out their role in accordance with the requirements of the NHS Counter Fraud Manual and directions issued by NHSCFA, and in particular:

- Report direct to the Director of Finance and Business Intelligence
- Provide an annual report on counter fraud work for consideration by the Director of Finance and Business Intelligence and Audit Committee
- Be entitled to attend any Audit Committee meetings and have a right of access to all Audit Committee members, the Chairman and Chief Executive of the Trust
- Undertake pro-active counter fraud work in accordance with a programme agreed with the Director of Finance and Business Intelligence and Audit Committee
- Investigate cases of suspected fraud in accordance with the latest directions and in accordance with all relevant legislation
- Inform NHSCFA (via the national case management system) of all cases of suspected fraud investigated by the Trust and refer to the National Investigation Service (NIS) of NHSCFA all cases appropriate to them
- Record and progress all referrals via the national case management system
- Where appropriate, provide a report at the conclusion of each investigation for the Director of Finance and Business Intelligence and relevant addressees
- Participate in a programme of continuing professional development to maintain accreditation and knowledge

**8.9 Internal Audit** – Follow the relevant NHS Internal Auditing Standards and review, appraise and report upon:

- The adequacy and application of financial and other related management controls
- The extent to which Trust assets are accounted for and safeguarded from loss of any kind arising from fraud, waste, extravagance, inefficient administration, poor value for money or other causes
- Notification to the Director of Finance and Business Intelligence and LCFS instances of suspected fraud resulting from Internal Audit work or otherwise brought to their attention

**8.10 Director of People and Innovation** – Should liaise with the LCFS and provide advice to those involved in an investigation regarding employment law, disciplinary and complaints procedures and other procedural matters relating to Human Resources, and in particular:

- Notify the Director of Finance and Business Intelligence and LCFS immediately of any staff disciplinary cases referred to their department that contain any allegation of fraudulent activity
- Work with the Director of Finance and Business Intelligence and the LCFS to ensure that the guidance in 'Countering Fraud in the NHS – Applying Appropriate Sanctions Consistently' is followed and applied at a local level
- 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. This will include all relevant and necessary immigration checks. In this regard, temporary and fixed-term contract employees are treated in the same manner as permanent employees

**8.11 Communications Manager:** Should act as an initial contact point for the LCFS to gain access to the Trust communication systems and services for the effective promotion of counter fraud work on a national and local level through newsletters, team briefs, all staff emails, intranet and internet sites, press releases and any other appropriate awareness and prevention material.

**8.12 Counter Fraud Champion** –In line with national guidance issued by the NHSCFA, all NHS organisations had to nominate a Fraud Champion in February 2020. The Deputy Director of Finance and Business Intelligence is the nominated Fraud Champion for the Trust. The NHSCFA has stated that their remit will be to:

- Promote awareness of fraud, bribery and corruption within the organisation;
- Understand the threat posed by fraud, bribery and corruption;
- Understand best practice to counter fraud.

**8.13 Managers** – Managers have a pivotal counter fraud role to play within the Trust and must inform staff of this policy as part of their induction process. Particular attention must be paid to the need for accurate completion of personal records/forms and in particular:

- Ensure that all employees for whom they are accountable are made aware of the requirements of the policy
- Assess the types of fraud risk involved in the operations for which they are responsible
- Ensure that adequate control measures are put in place to minimise the fraud 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 any IT equipment by employees is linked to the performance of their duties within the Trust
- Be aware of the Trust's counter fraud policy and the rules and guidance covering the control of specific items of expenditure and receipts
- Identify financially sensitive posts
- Ensure that controls are being complied with
- Contribute to the assessment of the risks and controls within their business area, which feeds into the overall statements of accountability and internal control

**8.14 All Staff** – Must comply with the Trust's Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions, and all policies and procedures and will:

- If they suspect that there has been fraud or corruption, or have seen any suspicious acts or events, report the matter without delay to the Trust's LCFS
- Protect the assets of the Trust including information, goodwill and property
- 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
- Deal with any information relevant to an investigation of suspected fraud in the strictest confidence. Information must not be disclosed except for the purposes of the investigation and no information relating to the investigation must be disclosed to any person or organisation who might possibly be implicated in the case
- 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, sponsorship 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 Trust employees deal fairly and impartially with official matters
- Be alert to the possibility that others might be attempting to deceive
- 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
- Adhere to the Code of Conduct for NHS Managers (where applicable)

**8.15 NHSCFA** – has sole responsibility for authorising and undertaking covert surveillance for fraud cases for all NHS bodies, under the Regulation of Investigatory Powers Act 2000. If the LCFS believes covert surveillance to be appropriate this will be referred to NHSCFA for consideration. **No other party within the Trust can carry out covert surveillance in relation to fraud cases and will risk breaking the law if they do so.**

**8.16 NHSCFA** – is charged with the prevention, detection and investigation of fraud, bribery and corruption in the health service in England. Specifically it will:

- Provide an intelligence-led function to focus on targeting areas of fraud that represent areas of greatest financial loss or fraud risk
- Provide an Intelligence Unit which will take on the national case management functions for the receipt, allocation and closure of Information Reports and investigation cases
- Ensure NHS boards take full responsibility for local counter fraud risk, and that this work is monitored and improvements delivered. This will be done through monitoring compliance with the national standards set for counter fraud work
- Provide a Crime Reduction Unit to design fraud prevention solutions and develop guidance for local specialists and NHS organisations on countering fraud
- Continue to provide the National Investigation Service (NIS), including its financial investigation and forensic computing capability, for the investigation of NHS fraud cases which meet the criteria for transfer to them from local NHS organisations

## **9.0 The Response Plan**

**9.1** The following section summarises the appropriate action to be taken at each step of the referral/investigation process.

### **9.2 Reporting Suspicions of Fraud, Corruption or Bribery**

**9.2.1** It is understood that in reality employees will ordinarily report their concerns through their own line management. **However, due to the dangers that investigation protocols may unknowingly be breached by managers who carry out initial enquiries without guidance, this line of reporting is not encouraged by either the Trust or NHSCFA.**

**9.2.2** Any member of staff with a concern regarding fraud, corruption or bribery must at the earliest opportunity report their concerns to either:

- The Director of Finance and Business Intelligence
- The LCFS
- NHS FCRL on **0800 028 40 60**
- [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud)

**9.2.3** If the matter is not related to fraud then the employee should report their concern as set out in the Trust's [Speaking Up \(Whistle-Blowing\) and Speak Up Policy](#). The Trust's Freedom to Speak Up Guardian will deal with enquiries from staff confidentially, but fraud, corruption and bribery investigations will be reported to the Director of Finance and Business Intelligence.

**9.2.4** If staff do not want to speak directly to anyone within the Trust, they can raise their concerns anonymously via the following:

- NHS Fraud and Corruption Reporting Line on Freephone: **0800 028 40 60**, where calls will be treated in confidence by trained staff and will then be passed to the relevant investigator
- NHS Whistleblowing Helpline on **0800 0724 725** or via email on [enquiries@wbhelpline.org.uk](mailto:enquiries@wbhelpline.org.uk) who will advise the employee on how to proceed.

**9.2.5** Those wishing to report their concerns anonymously must remember that if they refer their suspicions anonymously it will not be possible to seek clarification from them regarding the information that they have supplied. Nor will the LCFS be able to provide any feedback regarding the outcome of their investigations, and it may therefore appear to the anonymous referrer that no action has been taken by the Trust when this will not have been the case.

**9.2.6** Attached at Appendix D is a desktop guide, which provides a reminder of the key actions and contacts if fraud and corruption, or other illegal acts, are discovered or suspected at the Trust. Managers are encouraged to copy this to staff and to place it on staff notice boards in their department.

### **9.3 The Referral Process**

**9.3.1** Referrals should, wherever possible be made in accordance with paragraph 8.2.2 above. Further details are available on the Trust Intranet under Links and Contacts and then 'Counter Fraud'. Any written referrals should be marked 'Private and Confidential' and sent to the LCFS at: Butterwick House, Scunthorpe General Hospital, Cliff Gardens, Scunthorpe, DN15 7BH.

**9.3.2** Any documentation received by the LCFS in connection with the referral will be retained in accordance with the Criminal Procedure and Investigations Act 1996.

**9.3.3** Staff can contact any Executive or Non-Executive Director of the Trust to discuss their concerns if they feel unable, for any reason, to report the matter to the LCFS or Director of Finance and Business Intelligence.

- 9.3.4** All referrals to the LCFS will be logged onto the NHSCFA national case management system. The Trust is registered with the Information Commissioners Office (ICO) and can lawfully hold information under the Data Protection Act (DPA) relevant to the prevention, investigation and detection of crime, and the apprehension of offenders.
- 9.3.5** Anonymous letters, telephone calls, etc., are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously.
- 9.3.6** The LCFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised. If the allegations are found to be malicious, they will also be considered for further investigation to establish their source.
- 9.3.7** If following a referral the Director of Finance and Business Intelligence and LCFS are satisfied that there is an appropriate explanation to allay all concerns, then this should be relayed to the individual(s) making the referral (if known).
- 9.3.8** If the LCFS is to commence an investigation, agreement will be made with the Director of Finance and Business Intelligence on what immediate action is necessary to secure relevant records and to remove individuals under suspicion from the area under investigation.

#### **9.4 Managing the Investigation**

- 9.4.1** Once the incident has been formally referred to the LCFS, they become responsible for its investigation in accordance with relevant legislation and the requirements of the NHS Counter Fraud Manual. Trust staff should not take any action in connection with the investigation without seeking the approval of the Director of Finance and Business Intelligence (who will consult with the LCFS before providing the necessary directions).
- 9.4.2** The Director of Finance and Business Intelligence will be responsible for informing the Chief Executive of any investigation by either the LCFS or NHSCFA. Other relevant Executive Directors and the Chair of the Audit Committee should also be informed at an appropriate stage.
- 9.4.3** Dependent upon the type of investigation, it may be useful for the Director of Finance and Business Intelligence, LCFS and any other appropriate staff (e.g. Human Resources) to meet to discuss the case and agree an outline plan as to how it is to be progressed. The decision on whether such a case conference is appropriate will be made by the Director of Finance and Business Intelligence in consultation the LCFS.
- 9.4.4** The investigation will be progressed by the LCFS in a lawful manner and in accordance with relevant guidance issued by NHSCFA. All necessary action will be taken to appropriately acquire/access all relevant information and evidence deemed pertinent to the investigation. In the conduct of this aspect, the LCFS will assume the authority of the Chief Executive and Director of Finance and Business Intelligence in the performance of their investigations.
- 9.4.5** Interviews under caution will only be carried out by the LCFS if deemed appropriate, and with the agreement of the Director of Finance and Business Intelligence, and will

be conducted in accordance with the Police and Criminal Evidence Act 1984 (PACE) normally at a local police station.

- 9.4.6** Following the conclusion of any investigation, the LCFS will discuss the outcome with the Director of Finance and Business Intelligence and decide how to proceed. If it is believed that no fraud has taken place and no further investigatory action is necessary, this will be documented along with the reasons in the case file and on the national case management system. However, due consideration will be given to any other possible sanctions that are available and may be appropriate.
- 9.4.7** Criminal investigations are primarily used for dealing with any criminal activity. The main purpose is to determine if activity was undertaken with criminal intent. Following such an investigation, it may be necessary to bring this activity to the attention of the criminal courts (Magistrates' and/or Crown Court). Prosecution will only take place on the authority of the Director of Finance and Business Intelligence and in direct liaison with NHSCFA and the Crown Prosecution Service (CPS).
- 9.4.8** Once the investigation has been concluded and the appropriate sanctions progressed to a conclusion, then the LCFS will advise the Director of Finance and Business Intelligence, the Audit Committee and NHSCFA (via the national case management system).
- 9.4.9** 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 Director of Finance and Business Intelligence, decides that no further recovery action is taken.

## **9.5 Gathering Evidence**

- 9.5.1** The LCFS will take control of any physical evidence as exhibits and record this in accordance with the procedures outlined in the NHS Counter Fraud Manual. All evidence will be stored securely.
- 9.5.2** Interviews under caution are taped or digitally recorded and will only be carried out by the LCFS (or if appropriate, the investigating Police Officer) in accordance with PACE. Interviewees will be contacted in writing to inform them of the date, time and location of the interview. These interviews are not to be confused with disciplinary interviews and the types of person who can be present at the request of the interviewee are covered in the PACE Codes of Practice and will be explained by the LCFS. The interviewee will be entitled to legal representation in such interviews, which will be highlighted to them in pre-interview correspondence. This is free when under arrest at a police station or generally at their own expense when voluntarily attending an interview under caution.
- 9.5.3** The LCFS will take formal written statements from any person considered necessary during the investigation in accordance with the Criminal Justice Act 1967 and any other relevant legislation.

## **9.6 Sanctions and Redress**

- 9.6.1** Sanctions available within the NHS include criminal and civil prosecution and/or disciplinary action. These are commonly referred to as the 'triple track' approach. In essence, sanctions can be taken individually or in any combination.

**9.6.2** The NHS Counter Fraud Manual provides details of how sanctions can be applied where fraud and corruption is proven and how redress can be sought. If the type of sanction involves a combination of criminal and disciplinary action, then the LCFS/NHSCFA should be consulted as necessary to ensure that the approach adopted for the disciplinary case does not compromise the success of any potential criminal case. Effective liaison between the LCFS and the Trust's HR team is key and a local protocol is in place with a view to achieving this.

**9.6.3** In cases of serious fraud and corruption, parallel sanctions will be considered. For example: disciplinary action relating to the status of the employee in the NHS; use of civil law to recover lost funds; and use of criminal law to apply an appropriate criminal penalty upon the individual(s), and/or a possible referral of information and evidence to external bodies – for example, professional bodies – if appropriate.

## **9.7 Disciplinary Action**

**9.7.1** The Trust's disciplinary policy and procedures will be followed if an employee is suspected of being involved in a fraudulent or otherwise illegal act. It should be noted, however, that the duty to follow disciplinary procedures will not override the need for legal action to be taken (e.g. consideration of criminal action). In the event of doubt, legal statute will prevail.

**9.7.2** The appropriate senior manager, in conjunction with the Human Resources department, will be responsible for initiating any necessary disciplinary action.

## **9.8 Police Involvement**

The Director of Finance and Business Intelligence, in conjunction with the LCFS (in liaison with NHSCFA if necessary), will decide whether or not a case should be referred to the Police either for investigation or assistance. Any referral to the Police will not prohibit action being taken under the Trust's disciplinary procedures, but once again effective liaison with the Trust's Human Resources team is important.

## **9.9 Recovery of Losses Incurred to Fraud and Corruption**

**9.9.1** The seeking of financial redress or recovery of losses will always be considered by the Trust in cases of fraud or corruption that are investigated by either the LCFS or NHSCFA where a loss is identified. As a general rule, recovery of the loss caused by the perpetrator will always be sought by the Trust using any available option. The decisions must be taken in light of the particular circumstances of each case. Redress allows resources that are lost to fraud and corruption to be returned to the NHS for use as intended, i.e. for provision of high-quality patient care and services.

**9.9.2** The civil recovery route is also available to the Trust if this is cost-effective and desirable for deterrence purposes. This could involve a number of options such as applying through the Small Claims Court and/or recovery through debt collection agencies. Each case will be discussed with the Director of Finance and Business Intelligence to determine the most appropriate action.

**9.9.3** NHSCFA can also apply to the courts to make a restraining order or confiscation order under the Proceeds of Crime Act 2002 (POCA). This means that a person's money is taken away from them if it is believed that the person benefited from their crime. It could also include restraining assets during the course of the investigation. 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 POCA.

**9.9.4** Where the matter involves staff, recovery from salary or the withholding of payments due will be considered as appropriate or applications against NHS pensions may be made.

### **9.10 Suppliers / Contractors**

Where payments are made to suppliers/contractors then, in appropriate circumstances, deductions against future payments will be made to reclaim inappropriately claimed monies. In other instances civil legal proceedings will be initiated. The Trust will also consider the removal of the contractor from the approved suppliers/contractors' lists. In the case of any disciplinary action, this will follow extant procedures for each of the contractor groups.

## **10.0 Disciplinary Issues**

**10.1 Lincolnshire Community Health Services NHS Trust Staff** – Suspected incidents of fraud or corruption will be investigated and the member of staff may be suspended in accordance with the Trust's [Your Behaviour Matters – Disciplinary Policy and Procedure](#) documents. An investigation or criminal prosecution being progressed by the LCFS, NHSCFA or the Police will not prevent the Trust from completing its own investigation and taking any action deemed appropriate under disciplinary procedures. Disciplinary action will always be considered alongside criminal investigations, **but will not be commenced without consultation with the appropriate LCFS/NHSCFA staff involved**. A copy of the Trust's disciplinary policy and disciplinary procedure can be found on the staff intranet.

**10.2 Negligence Contributable to Fraud** – Any staff found to be responsible for the loss of assets through negligence may be subject to disciplinary action in accordance with Trust disciplinary procedures.

**10.3 Obstruction of NHS Counter Fraud Specialists** – Any member of staff found to be deliberately obstructive in the conduct of formal investigations referred to the LCFS or NHSCFA may be committing a criminal offence and subject to prosecution, equally such actions may be dealt with via Trust disciplinary procedures.

**10.4 Involvement of the Security and Resilience Manager** – The Security and Resilience Manager is the nominated lead to deal with incidents involving violence, aggression, all aspects of security and theft at the Trust. The Security and Resilience Manager will be notified of all incidents relevant to their role.

## **11.0 Monitoring Compliance and Effectiveness**

**11.1** The Director of Finance and Business Intelligence will be responsible for reviewing the policy on an annual basis to ensure the policy remains fit for purpose, identify where changes are required in order to comply with any relevant nationally agreed policies and/or legislation and monitor its overall effectiveness.

11.2 Awareness of the policy will be tested via periodic staff survey/intranet polls, and appropriate action taken to heighten awareness depending on the outcome of such surveys.

## 12.0 Associated Documents

12.1 [Your Behaviour Matters – Disciplinary Policy and Procedure \(P HR 06\)](#)

12.2 [Speaking Up \(Whistle-Blowing\) and Speak Up Policy \(P HR 03\)](#)

12.3 [Standards of Business Conduct, Conflicts of Interest, Gifts and Hospitality Policy \(P CoG 03\)](#)

12.4 [NHS Counter Fraud Functional Standard](#)

12.5 [Government Functional Standard GovS 013: Counter Fraud – Counter fraud, bribery and corruption](#)

12.6 NHSCFA Strategy 2020-2023 [Online] Available at:  
[https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA\\_Strategy\\_2020-23.pdf](https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA_Strategy_2020-23.pdf) (Accessed 30 June 2021)

## 13.0 References

13.1 [The Fraud Act 2006.](#)

13.2 [The Bribery Act 2010.](#)

13.3 [The Criminal Procedures and Investigations Act 1996.](#)

13.4 [The Computer Misuse Act 1990.](#)

13.5 [The Theft Act 1968](#) and [1978.](#)

13.6 [The Data Protection Act 2018.](#)

13.7 [The Police and Criminal Evidence Act 1984.](#)

## 14.0 Definitions

14.1 **CFPAB** – Counter Fraud Professional Accreditation Board.

14.2 **CPS** – Crown Prosecution Service.

14.3 **DPA** – Data Protection Act 2018.

14.4 **FCRL** – Fraud and Corruption Reporting Line.

14.5 **ICO** – Information Commissioner’s Office.

14.6 **LCFS** – Local Counter Fraud Specialist.

14.7 **NIS** – National Investigation Service, NHSCFA.

14.8 **PACE** – Police and Criminal Evidence Act 1984.

- 14.9 POCA – [Proceeds of Crime Act 2002](#).
- 14.10 RIPA – [Regulation of Investigatory Powers Act 2000](#).
- 14.11 SFIs – Standing Financial Instructions.
- 14.12 SLA – Service Level Agreement.
- 14.13 SOs – Standing Orders.
- 14.14 SOSDs – Secretary of State Directions.

## 15.0 Consultation

None required.

## 16.0 Dissemination

This policy will be disseminated via the Trust's intranet and referred to in counter fraud related Trust literature. All other opportunities for raising awareness of the policy and its objectives will be considered as and when appropriate.

## 17.0 Implementation

The Director of Finance and Business Intelligence and the LCFS will provide appropriate training and advice to aid the successful implementation of this policy.

## 18.0 Equality Act (2010)

- 18.1 Lincolnshire Community Health Services NHS Trust is committed to promoting a proactive and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.
- 18.2 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.
- 18.3 The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.
- 18.4 We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

## 19.0 Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with this policy, please speak in the first instance to your line manager. Guidance on raising concerns is also available by referring to the Trust's [Speak Up \(Whistle-Blowing\) and Speak Up Policy](#) or by contacting the Human

Resources Department. Staff can raise concerns verbally, by letter, email or by completing an incident form. Staff can also contact the Trust's Freedom to Speak Up Guardian in confidence by email to [LHNT.speakup@nhs.net](mailto:LHNT.speakup@nhs.net) or by phoning 07818 421518. More details about how to raise concerns with the Trust's Freedom to Speak Up Guardian can be found on the Trust's intranet site.

## Appendix A - Contact Details for Raising Concerns about Potential Fraud

Contact Name	Contact Details
<b>Director of Finance and Business Intelligence</b> Lincolnshire Community Health Services NHS Trust	01522 308910
Taelor Martin <b>Local Counter Fraud Specialist</b> Lincolnshire Community Health Services NHS Trust	07591989713 <a href="mailto:taelor.martin1@nhs.net">taelor.martin1@nhs.net</a>
NHS Fraud & Corruption Reporting Line	0800 028 40 60 <a href="http://www.cfa.nhs.uk/reportfraud">www.cfa.nhs.uk/reportfraud</a>
Freedom to Speak Up (FTSU) Guardian	07818 421518 <a href="mailto:LHNT.speakup@nhs.net">LHNT.speakup@nhs.net</a>
NHS Whistle-Blowers Helpline	08000 724 725 <a href="http://www.wbhelpline.org.uk">www.wbhelpline.org.uk</a> <a href="mailto:enquiries@wbhelpline.org.uk">enquiries@wbhelpline.org.uk</a>

## **Appendix B - Lincolnshire Community Health Services NHS Trust Organisation Counter Fraud and Corruption Strategy**

### Strategy Elements:

1. Culture and awareness: To promote and publicise a culture of honesty and to ensure that staff and contractors are aware of their responsibility for the appropriate use of public funds. To raise awareness of frauds and corruption that may occur within the NHS.
2. Deterrence and prevention to maintain and give fraud proofing advice on the systems and processes that prevent and deter potential fraudulent or corrupt activities.
3. Investigation: To investigate suspected frauds promptly and objectively.
4. Sanction and redress: To pursue appropriate disciplinary, criminal and/or civil action and inform relevant professional bodies where evidence suggests fraudulent or corrupt activity has taken place.
5. Education: To train and develop staff with regard to their roles and responsibilities for the appropriate use of public funds.
6. Partnership: To work with other agencies and organisations to ensure appropriate use of public funds and assets.

## Appendix C

### FREQUENTLY ASKED QUESTIONS

#### **Q: Who pays for NHS fraud?**

We all do.

#### **Q: Do I Have to Report Fraud, Bribery or Corruption?**

Yes - the Trust has comprehensive arrangements for countering fraud and corruption and all staff have a duty to protect NHS resources.

#### **Q: What is Fraud?**

Fraud can be described as the intent to dishonestly obtain a financial gain from someone or to cause someone a loss. It is important that staff understand that fraud is distinct from theft which is more of an opportunist crime and that fraud may arise almost anywhere within the Trust and be perpetrated by anyone including; staff, contractors, patients and visitors.

#### **Q: What is Corruption?**

Corruption is generally considered a lack of integrity or honesty (especially susceptibility to bribery) and may involve a position of trust for dishonest gain.

#### **Q: What sort of things might be considered fraudulent?**

It is impossible to list every potential fraudulent act; however, here are some typical examples:

- Falsely claiming to be sick or working elsewhere whilst off sick from the Trust
- Falsifying time records e.g. claiming pay for time not worked
- Falsifying flexi-time sheets
- Undertaking private work during NHS time
- Unauthorised private use of NHS equipment with intent to avoid a charge or payment
- Submitting altered/bogus invoices or claims for payment
- Making false claims for travel, subsistence and expenses
- Supplying false qualifications or references on a job application form
- Failing to declare criminal convictions to gain employment
- Falsifying any official records
- Offering or receiving bribes or inducements
- Selling of Trust information

**Q: What will happen if I report a suspicion of fraud?**

All allegations of fraud within the NHS will be professionally assessed and if necessary, investigated by trained and accredited LCFS/NHSCFA staff. If a criminal investigation is necessary within the Trust the LCFS will normally undertake this and the investigation will be conducted in accordance with criminal investigation procedures. It is often **not** necessary to involve the Police when an LCFS undertakes an investigation.

Where fraud is apparent, a triple-track approach to applying sanctions will normally be taken. This will include relevant criminal sanctions via the court system, civil recovery proceedings and disciplinary action via internal Trust procedures. Where appropriate, details of the investigation will normally be passed to appropriate professional bodies (e.g. GMC, NMC) also who will then conduct their own investigation and apply their own sanctions.

Therefore, where concerns are raised they will be fully investigated, feedback will be provided to the person who has highlighted the problem (unless referred anonymously), and appropriate action taken to prevent recurrence. Thus NHS patients, staff and property will receive the protection that they deserve.

**Q: What if it is not fraud and turns out to be theft?**

The responsibility for investigating incidents of theft rests with the Trust's Security and Resilience Manager. The Security and Resilience Manager is also responsible for managing the Trust's response to security matters, violence and aggression against staff.

The function of the LCFS and Security and Resilience Manager are not to be confused and they must remain distinctly separate.

**Q: Will my personal data be used for the prevention and detection of fraud?**

The Trust proactively searches for fraud occurrence within its systems and data. Such work may include checks on areas of high risk such as payroll and expense claims, payments, sickness absence and procurement.

Also from time to time, the Trust will participate in internal and external data matching exercises involving the electronic comparison of data from different systems (for example payroll and payments data supplied as part of the National Fraud Initiative (NFI)) to identify inconsistencies, which may indicate fraud. The Trust is committed to reducing the potential for fraud to occur and these exercises are designed to help detect fraudulent and erroneous payments.

In accordance with the DPA and Human Rights legislation, all staff should be aware that their personal data might be used by the Trust for the prevention and detection of fraud. Any queries regarding this work should be referred to the LCFS.

**Q: Where can I find further information?**

The following sources of information are recommended:

- Direct from the LCFS. The LCFS actively promotes fraud awareness at the Trust. If you would like more information please contact the LCFS directly. Contact details for the LCFS can found in Appendix A of this policy
- On the Staff Intranet. For those with access to the Trust intranet, detailed guidance and information on counter fraud measures at the Trust can be found by visiting

'Counter Fraud' under the Links and Contacts section. Additionally, from time to time alerts will appear on the staff intranet concerning fraud issues that the LCFS deems necessary for staff to know about

- On the Internet. National details on countering NHS fraud can also be found on the internet by visiting [www.cfa.nhs.uk](http://www.cfa.nhs.uk)

### **Q: What is the Trust Board's View?**

The Trust Board is absolutely committed to maintaining an honest, open and well-intentioned atmosphere within the organisation, so as best to fulfil the objectives of the Trust and the wider NHS. It is therefore also committed to the elimination of any fraud and corruption within the Trust, and to the rigorous and professional investigation of any such cases. The Trust is also committed to ensuring that where fraud and corruption is proven that wrong doers are appropriately dealt with through criminal, disciplinary and civil sanctions.

The Board supports the role of NHSCFA and will ensure that actions taken to counter fraud and corruption is taken in accordance with their instructions. This includes the appointment of a LCFS who proactively works to detect and deter fraud and corruption and investigates suspected fraud as directed by NHSCFA.

The Board's requirement is that anyone having a reasonable suspicion of fraud occurring has a duty to report it. The Trust fully adheres to the provisions of the Public Interest Disclosures Act 1998 which protects employees who make disclosures about a range of subjects from recriminations. Staff should be assured that there will be no recriminations against individuals who report reasonably held suspicions. The Board will however take a serious view of allegations against staff that are malicious in nature, and anyone making such an allegation will themselves be subject to disciplinary action. Victimising or deterring staff from reporting concerns is a serious disciplinary matter. If you believe that you have good reason to suspect a colleague, supplier or other person of a fraud or an offence involving Lincolnshire Community Health Services NHS Trust or a serious infringement of Trust or NHS rules then you should report it to an appropriate person as outlined in Appendix A of this policy.

### **Q: What if I don't want to openly report my suspicion?**

If you do not want to speak directly to the LCFS or Director of Finance and Business Intelligence or anyone else identified in this policy, then you have the option of contacting the NHS FCRL on **0800 028 40 60** or via [www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud). This can be done anonymously and all referrals are handled confidentially by trained staff and concerns raised will be professionally investigated.

Staff should be aware that if they refer their suspicions anonymously it will not be possible to seek clarification from them regarding the information that they have supplied. Nor will the LCFS be able to provide any feedback regarding the outcome of their investigations, and it may therefore appear to the anonymous referrer that no action has been taken by the Trust when this will not have been the case.

**Remember, it's your money and your NHS –  
Don't let the fraudster get away with it.**

## Appendix D – Desktop Counter Fraud Guide

# DESKTOP COUNTER FRAUD GUIDE

**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**  
Delays may lead to further financial loss.

**If you suspect that fraud against the NHS has taken place, you must report it immediately, by either:**

- contacting the Director of Finance
- directly contacting the Local Counter Fraud Specialist
- contacting the NHS Fraud and Corruption Reporting Line

### ✗ 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 or contact the police directly**  
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.
- **Do nothing!**

**Do you have concerns about fraud taking place within the NHS? If so, any information can be passed confidentially to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or online at <https://cfa.nhs.uk/reportfraud>**



Your Local Counter Fraud Specialist is **Taelor Martin** who can be contacted by telephoning: **07591989713** or by email at **[taelor.martin1@nhs.net](mailto:taelor.martin1@nhs.net)**

If you would like further information about local counter fraud work, visit the Trust's intranet site. For more information about the NHS Counter Fraud Authority (NHSCFA) work and new go to **[www.cfa.nhs.uk](http://www.cfa.nhs.uk)**



## Protecting your NHS



## Appendix E - Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in *italics*. Email for all correspondence: email to [lhnt.edifirst@nhs.net](mailto:lhnt.edifirst@nhs.net)

A. Service or Workforce Activity Details	
1. Description of activity	Countering Fraud, Bribery and Corruption Policy and Response Plan
2. Type of change	Adjust Existing
3. Form completed by	Taelor Martin – Local Counter Fraud Specialist
4. Date decision discussed & agreed	Approved by Audit Committee on 15/09/2021
5. Who is this likely to affect?	Service users <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Wider Community <input type="checkbox"/>  <ul style="list-style-type: none"> <li>• Patients / Service Users are able to refer suspicions of fraud, bribery and/or corruption to the LCFS and this policy provides guidance on the steps to take to do this, plus how their referral is progressed.</li> <li>• All staff are expected to refer their concerns of fraud, bribery and/or corruption to the Trust's LCFS. This policy informs staff of how to report their concerns and what happens with the information they provide.</li> <li>• LCHS takes allegations of fraud, bribery and/or corruption seriously. The majority of people who work in the NHS find that fraud committed by a minority is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.</li> </ul>
B. Equality Impact Assessment	
<p>Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: <a href="#">age</a>, <a href="#">disability</a>, <a href="#">gender reassignment</a>, <a href="#">marriage and civil partnership</a>, <a href="#">pregnancy and maternity</a>, <a href="#">race</a>, <a href="#">religion or belief</a>, <a href="#">sex</a>, <a href="#">sexual orientation</a>. Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc.</p> <p>Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).</p>	
1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.	The impact of the policy is expected to be neutral for these protected/vulnerable groups, as the Trust is committed to undertaking its business in line with the NHS Constitution and people of all protected groups will be treated equitable in relation to this policy. The policy can be translated to other languages if there is a need to do so.

2. What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?	Not Applicable
<b>C. Risks and Mitigations</b>	
1. What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)	Not Applicable
2. What data / information do you have to monitor the impact of the decision?	Not Applicable
<b>D. Decision/Accountable Persons</b>	
1. Endorsement to proceed?	Yes
2. Any further actions required?	None required.
3. Name & job title accountable decision makers	Sam Wilde – Director of Finance and Business Intelligence
4. Date of decision	
5. Date for review	The assessment will be reviewed annually in line with the policy.

**Purpose of the Equality and Health Inequality Assessment tool**

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.
- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

**Checklist**

- Is the purpose of the policy change/decision clearly set out?

- Have those affected by the policy/decision been involved?
- Have potential positive and negative impacts been identified?
- Are there plans to alleviate any negative impact?
- Are there plans to monitor the actual impact of the proposal?