

Local Anti-Fraud, Bribery and Corruption Policy (F-012)

Document Type:	Policy
Document Reference:	F-012
Version Number:	1.06
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Name of approving body:	Trust ODG
Date of approval:	23 February 2026
Date Ratified at Trust Board	N/A (minor amends)
Next Full Review date:	February 2029

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. Policy Statement

As a trust that delivers publicly funded healthcare services, Humber Teaching NHS Foundation Trust (the Trust) is accountable for the provision of services in an open and transparent manner. Any failure to do so could potentially have significant negative impact on the Trust's reputation.

The Trust is committed to preventing and reducing fraud, bribery and corruption to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. The Trust does not tolerate fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

The Counter Fraud service for the Trust is provided by Audit Yorkshire. The Trust endorses and supports the Audit Yorkshire Counter Fraud Strategy, which aligns with the NHS Counter Fraud Authority Strategy 2023-26. For further information about the Audit Yorkshire Counter Fraud Strategy, please contact your Local Counter Fraud Specialist (LCFS).

The Trust will take all necessary steps to counter fraud, bribery and corruption in accordance with this policy and the Government Counter Fraud Functional Standard (the Standard). The Trust will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and where possible will attempt to recover losses.

As directed by NHS England and in accordance with the Standard, the Trust is required to obtain the services of an accredited LCFS who is nominated to the NHS Counter Fraud Authority (NHSCFA). The LCFS is responsible for the completion of a range of preventative counter fraud and bribery tasks, in line with Trust-approved work plans, and for conducting any necessary criminal investigations. Locally, the LCFS is accountable to the Executive Director of Finance.

The policy is supported and endorsed by the Audit Committee and the Chief Executive. It is based on guidance issued by the NHSCFA in February 2022.

The policy is available to all staff on the intranet at <https://intranet.humber.nhs.uk/Policies/Corporate%20Policies/Local%20Anti%20Fraud%20Bribery%20and%20Corruption%20Policy.pdf>. The purpose of the policy is to inform those working for the Trust of their responsibilities and what they should do if they have a suspicion involving fraud, bribery or corruption.

The aims of the policy are:

- To ensure the Trust has appropriate counter fraud procedures in place in accordance with the Standard and the Bribery Act 2010
- To provide a guide for those working for the Trust on what fraud is and how to report concerns
- To inform those working for the Trust of their responsibility to prevent fraud, bribery and corruption
- To detail the roles and responsibilities of key staff and departments
- To detail the potential outcomes where fraud, bribery and corruption are suspected

2. Scope

This policy applies to all personnel working for or on behalf of the Trust, including but not limited to employees (regardless of position held or employment status), consultants, volunteers, contractors, staff engaged via a third-party supplier, honorary contract holders and/or any other parties that have a business relationship with the Trust.

The policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and assistance to employees and those working on behalf of the Trust who may identify suspected fraud, bribery and corruption. It provides a framework for responding to suspicions of fraud, bribery and corruption, advice and information on various aspects of this and the implications of a criminal investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption.

The policy should be read in conjunction with the Trust's Disciplinary, Freedom to Speak Up, Standing Orders and Standing Financial Instructions, Standards of Business Conduct and Managing Conflicts of Interest for NHS Staff, Scheme of Delegation, Risk Management Strategy, Redress Procedure, Losses and Special Payments and Electronic Communications and Internet Acceptable Use policies.

3. Definitions

3.1. NHS Counter Fraud Authority (NHSCFA)

The NHSCFA has overall responsibility for the detection, investigation and prevention of fraud and economic crime within the NHS. Its aim is to lead the fight against fraud affecting the NHS and wider health service, by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

Trusts are primarily responsible for dealing with economic crime risks in their own organisation. The NHSCFA provides information and guidance to local counter fraud specialists to assist with the delivery of counter fraud, bribery and corruption work across the NHS and wider health group at a local level.

The NHSCFA's objectives are:

- Deliver the Department of Health and Social Care's (DHSC) strategy, vision and strategic plan and lead counter fraud activity in the NHS in England
- Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters in the NHS
- Lead, guide and influence the improvement of standards in counter fraud work
- Take the lead and encourage fraud reporting across the NHS and wider health group
- Invest in and develop NHSCFA staff

More information about the NHSCFA strategy 2023-26 is available at:

<https://cfa.nhs.uk/about-nhscfa/corporate-publications>.

Government Counter Fraud Functional Standard

A requirement of the NHS Standard Contract is that relevant providers of NHS services (that hold a Monitor Licence or is an NHS trust) must take the necessary action to comply with the Standard, including having policies, procedures and processes in place to combat fraud, bribery and corruption to ensure compliance with the Standard. Other NHS funded providers should have due regard to requirements of the Standard. The NHSCFA carries out regular assessments of health organisations in line with the Standard. More information about the requirements of the Standard can be found at: <https://cfa.nhs.uk/government-functional-standard>.

The Trust's counter fraud work plan and annual report will encompass the requirements and detail work required to meet them.

3.2. Fraud

There are several specific offences under the Fraud Act 2006, however there are three primary ways in which it can be committed that are likely to be investigated by the LCFS:

- **Fraud by false representation** (section 2) – lying about something using any means
- **Fraud by failing to disclose information** (section 3) – not saying something when you have a legal duty to do so
- **Fraud by abuse of position** (section 4) – abusing your position of trust where there is a duty to safeguard financial interests of another person or trust

It should be noted that all offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with the intent to cause a gain or make a loss. The gain or loss does not have to succeed, as long as there is intent. Successful prosecutions under the Fraud Act 2006 may result in an unlimited fine and/or a custodial sentence of up to 10 years.

More information about the Fraud Act 2006 can be found at <https://www.legislation.gov.uk/ukpga/2006/35/crossheading/fraud>.

3.3. Bribery and Corruption

The Bribery Act 2010 came into force on 1 July 2011 and repeals previous corruption legislation. The Act introduced the criminal offences of both offering and receiving a bribe. It also places specific responsibility on trusts to have in place adequate procedures to prevent bribery and corruption taking place.

Bribery can generally be defined as offering, promising or giving a financial or other advantage to influence others to use their position in an improper way (i.e., to obtain a business advantage). A benefit can be money, gifts, rewards etc. and does not have to be of substantial financial value. No actual gain or loss has to be made.

A person has committed a criminal offence of offering a bribe even if the offer is declined, as does a person who accepts a bribe, even if they don't receive it.

A bribe does not have to be in cash; it may be the awarding of a contract, provision of a gift, hospitality or sponsorship or another benefit.

Anyone found guilty of either offering or receiving a bribe could face a custodial sentence of up to 10 years imprisonment.

Corruption is generally considered as an umbrella term covering various activity and behaviour including bribery, kickbacks, favours, corrupt preferential treatment or cronyism. 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. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

All staff are reminded that they should be transparent in respect of recording any gifts, hospitality or sponsorship and they should refer to the Trust's Standards of Business Conduct and Managing Conflicts of Interest for NHS Staff for further information.

Section 7 of the Bribery Act 2010 introduced a new corporate offence of failure of commercial organisations to prevent bribery. The Trust can be held liable when someone associated with it bribes another in order to obtain or retain business for the Trust and be subject to an unlimited fine. However, the Trust will have a defense if it can demonstrate that it had adequate procedures in place designed to prevent bribery.

The Act applies to everyone associated with the Trust who performs services on its behalf, or who provides the Trust with goods or services. This includes anyone working for or with the Trust, such as employees, agents, subsidiaries, contractors and suppliers.

Employees of the Trust must not request or receive a bribe from anybody, nor imply that such an act might be considered. This means they will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to improperly perform their function or activities. More information on the Bribery Act 2010 can be found at <https://www.legislation.gov.uk/ukpga/2010/23/crossheading/general-bribery-offences>.

The Economic Crime and Corporate Transparency Act 2023

The Economic Crime and Corporate Transparency Act 2023 introduced an additional fraud offence; Section 199 Failure to Prevent Fraud: large organisations are held accountable if someone associated with them (such as an employee) commits fraud to benefit:

1. The organisation itself, or
2. A person or company that the organisation provides services to

A large organisation is defined as employing more than 250 people, having a turnover of over £36 million, or owning assets of over £18 million.

An organisation can be prosecuted if the criteria above are met, and the organisation doesn't have sufficient measures in place to prevent fraud.

4. Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery and corruption could occur, or has occurred, this should be reported to the LCFS or the Executive Director of Finance immediately.

Chief Executive

The Trust's Chief Executive has overall responsibility for funds, assets and resources entrusted to it and the Trust's systems of internal control. This includes instances of fraud, bribery and corruption.

The Chief Executive must ensure adequate policies, procedures and processes are in place to protect the Trust and the funds it receives. However, responsibility for the operation and maintenance of systems and controls falls directly to managers and requires the involvement of everyone working on behalf of the Trust. The Chief Executive, via the Executive Director of Finance, will monitor and ensure compliance with this policy.

The Board

The Trust's board should provide clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work. They should review the proactive management, control and evaluation of such work to ensure that the Trust's funds, people and assets are adequately protected against criminal activity including fraud, bribery and corruption. The board and its members should scrutinise NHSCFA assessment reports, when available, and ensure that recommendations are fully actioned.

Executive Director of Finance

The Executive Director of Finance, in conjunction with the Chief Executive, will monitor and ensure the Trust's compliance against Service Condition 24 of the NHS Standard Contract and the Bribery Act 2010.

The Executive Director of Finance has power to approve financial transactions initiated by the Trust's directorates.

The Executive Director of Finance prepares, documents and maintains detailed financial procedures and systems, and applies the principles of separation of duties and internal checks to supplement those procedures and systems

The Executive Director of Finance will report annually to the board on the adequacy of internal financial controls and risk management as part of the board's overall responsibility to prepare a statement of internal control for inclusion in the Trust's annual report.

The Executive Director of Finance will review annually the suitability, adequacy and effectiveness of the Trust's counter fraud, bribery and corruption arrangements and implement improvements as and when appropriate.

The Executive Director of Finance will, depending on the outcome of initial investigations, inform appropriate senior management of suspected cases of fraud, bribery and corruption, especially in cases where the loss may be above an agreed limit or where the incident may lead to adverse publicity.

The Executive Director of Finance will liaise with the LCFS regarding any identified concerns.

Counter Fraud Champion

All NHS bodies are expected to appoint a Counter Fraud Champion. The role of the Counter Fraud Champion is as follows:

- To promote awareness of fraud, bribery and corruption
- To understand the threat posed by fraud, bribery and corruption
- To understand best practice on counter fraud

The Counter Fraud Champion is not expected to take referrals if a member of staff has concerns. If a member of staff contacts the Counter Fraud Champion to make a report, they will be signposted to the available reporting routes (via the LCFS, Executive Director of Finance or NHSCFA Reporting Line).

The LCFS and the Counter Fraud Champion will work closely together to ensure that there is no duplication of effort. The Counter Fraud Champion for the Trust is Iain Omand, Deputy Director of Finance and Contracting who can be contacted on 07970025144 or email: iain.omand@nhs.net.

Audit Committee

The Audit Committee is responsible for reviewing, approving and monitoring the Trust's counter fraud workplan. The committee will receive regular updates on counter fraud activity, will monitor the implementation of action plans, and will provide direct access and liaison with those responsible for counter fraud work. The committee will review annual reports on counter fraud, discuss NHSCFA quality assessment reports and will provide independent scrutiny to ensure any necessary post assessment action plans are carried out.

Further information which may assist the committee in discharging its functions effectively can be found in the NHS Audit Committee Handbook 2018, published by Healthcare Financial Management Association (HFMA) at: <https://www.hfma.org.uk/publications/details/nhs-audit-committee-handbook>.

Internal and External Audit

The Trust utilises both internal and external audit functions, which include reviewing the Trust's controls and systems, and ensuring compliance with financial instructions. It will be expected that any incident or suspicion of fraud, bribery or corruption identified by either

internal or external audit will be shared immediately to the nominated LCFS and Executive Director of Finance.

People and Organisational Development

People and Organisational Development (P&OD) colleagues are responsible for supporting the process of informing the LCFS about any suspicions of fraud, bribery and corruption they may become aware of. P&OD are responsible for the conduct of any internal disciplinary investigation and instigating any necessary internal action, including disciplinary action against those who fail to comply with Trust policies, procedures and processes.

Criminal and disciplinary processes have different purposes, are governed by different rules and/or legislation and require different standards of proof. These differences mean that one investigator must not conduct both the criminal and disciplinary investigations into the same matter.

There is no legal rule giving precedence to the criminal process over the disciplinary process and the Trust may undertake disciplinary proceedings even if a criminal investigation is ongoing. All decisions will be based on the individual circumstances of each case and discussed with the LCFS.

However, a disciplinary hearing should not normally take place if it would prejudice ongoing criminal proceedings. In all cases, public protection is paramount; the decision to give precedence to the criminal process over the disciplinary one must be subject to overriding public interest considerations – namely the risk to the provision of services, patients and/or the wider public caused by a delay in applying disciplinary sanctions.

Coordination of parallel criminal and disciplinary investigations in order to achieve the most appropriate outcome requires regular liaison between P&OD colleagues and the LCFS. Beside routine interaction, specific consultation should occur at the following points:

- All referrals received by P&OD that contain an element of suspected fraud, bribery and corruption must be reported to the LCFS and/or Executive Director of Finance immediately
- Wherever parallel sanctions are being pursued, the investigating officer and/or P&OD should meet regularly with the LCFS to provide updates and ensure the flow of information
- P&OD should inform the LCFS where there are serious health and safety risks (i.e. a clinician identified as not holding the appropriate qualifications) or cases involving vulnerable individuals that may take precedence over a criminal investigation
- P&OD must advise the LCFS of disciplinary hearing outcomes as this may impact on any criminal sanctions. The Trust will ensure there are appropriate protocols in place to cover this.

Local Counter Fraud Specialist (LCFS)

The LCFS is responsible for taking forward all counter fraud work locally in accordance with national standards and reports directly to the Executive Director of Finance.

Adherence to the Standard is important not only to ensure contractual obligations are complied with, but also to ensure that the Trust has appropriate counter fraud, bribery and corruption arrangements in place. To this end, the LCFS will look to achieve the highest standards possible in their work.

The LCFS will work with key colleagues and stakeholders to promote counter fraud work, apply effective preventative measures and investigate allegations of fraud, bribery and corruption. In consultation with the Executive Director of Finance, the LCFS will report any cases to the NHSCFA. Where necessary, the LCFS will ensure that other relevant parties are informed of allegations, such as HR if an employee is the subject of a referral.

The LCFS will utilise a risk planning toolkit to help identify fraud, bribery and corruption risks at the Trust and the resulting information will be used to inform future counter fraud work.

The LCFS has been specifically trained in counter fraud procedures and has been nominated by the Trust to undertake work in this field. The LCFS will work with all staff and stakeholders to promote counter fraud work and will effectively respond to system weaknesses and investigate allegations of fraud, bribery and corruption. The LCFS has a number of duties to perform including:

- Receive any fraud, bribery and corruption referrals directly from staff, the public or a contractor
- Investigate all cases of fraud within the Trust and report on these to the Audit Committee
- Publicise counter fraud work and the fraud awareness message within the Trust
- Undertake local proactive counter fraud work with the aim of fraud prevention and/or detection
- Report any system weaknesses to the Trust and the NHSCFA

The LCFS will adhere to the Counter Fraud Professional Accreditation Board (CFPAB)'s Principles of Professional Conduct as set out in the NHS Counter Fraud Manual.

Managers

All managers within the Trust are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review. Managers should be alert to the possibility that unusual events, requests or transactions could be indications of fraud, bribery or corruption.

All managers have a responsibility to ensure that staff and those working within their team are aware of fraud, bribery and corruption, understand the importance of protecting the Trust from it, and managers will bring this policy to their staff's attention. The desktop guide at Appendix 2 provides a reminder of the key contacts and actions to be followed if fraud, bribery and corruption acts are suspected. Managers are encouraged to publicise the desktop guide within their local area.

The LCFS will support managers in encouraging a counter fraud, bribery and corruption culture and the LCFS will proactively undertake work to raise awareness of this.

All instances of actual or suspected fraud, bribery and corruption which come to the attention of a manager must be reported to the LCFS immediately. It is appreciated that some employees may initially raise concerns with their manager; however, under no circumstances should managers investigate the allegation(s) themselves. There is a clear responsibility for managers to refer concerns to the LCFS and/or Executive Director of Finance as soon as possible.

Managers at all levels are responsible for ensuring that fraud risks are included in any local risk assessments and for mitigating any identified risks. The responsibility for the prevention and detection of fraud, bribery and corruption therefore primarily rests with managers but requires the co-operation of all employees. The LCFS is available to provide any advice and guidance as necessary.

All Employees

All employees are required to comply with the Trust's policies, procedures and processes and apply best practice in order to prevent fraud, bribery and corruption (e.g. procurement, expenses and ethical behaviour.)

Employees are expected to act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure they

are familiar with them. Employees and those working on behalf of the Trust should be made aware of their own responsibilities in accordance with the Trust's policies and in protecting the Trust from fraud, bribery and corruption. Employees have a duty to protect the assets of the Trust, including information and property.

In addition, all employees have a responsibility to comply with all applicable laws, regulations and Trust policies relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality. This means that, in addition to maintaining the normal standards of personal honesty and integrity, employees should always:

- Avoid acting in any way that might cause others to allege or suspect them of dishonesty
- Behave in a way that would not give cause for others to doubt that the Trust's employees deal fairly and impartially with official matters
- Be alert to the possibility that others might be attempting to deceive

All employees have a duty to ensure that the Trust's funds, including NHS funds, are safeguarded whether they are involved with cash or payment systems, managing budgets or dealing with contractors or suppliers.

If an employee suspects that there has been fraud, bribery or corruption, or has seen any suspicious acts or events, they must report the matter to the LCFS and/or Executive Director of Finance.

Humber Teaching NHS Foundation Trust's counter fraud service is provided under contract by Audit Yorkshire and any relevant information can be reported using the contact information set out in section 4 below.

Information Management and Technology

The YHCR Programme Manager & CIO will contact the LCFS and/or the Executive Director of Finance immediately in all cases where there is a suspicion that IT is being used for fraudulent purposes. There may also be offences under the Computer Misuse Act 1990.

Similarly, the YHCR Programme Manager & CIO will liaise with the LCFS to ensure that a subject's access (both physical and electronic) to the Trust's IT resources is restricted, suspended or removed where an economic crime investigation identifies that it is appropriate to do so.

5. Procedures relating to the policy

5.1. Bribery and Corruption

The Trust will conduct risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect it, and proportionate procedures will be implemented to mitigate identified risks.

The Trust has Standards of Business Conduct and Managing Conflicts of Interest for NHS Staff, this outlines how declarations of interest, and gifts and hospitality should be managed and declared.

5.2. Reporting Fraud, Bribery and Corruption

This section details the action to be taken if fraud, bribery or corruption is discovered or suspected.

If an employee suspects that fraud, bribery or corruption has taken place they should ensure it is reported to the Local Counter Fraud team:

via the LCFS, Nikki Cooper, on 07872 988939, nikki.cooper1@nhs.net, the counter fraud

team at yhs-tr.counterfraudyork@nhs.net or Steve Moss, Head of Anti-Crime Services, on 07717 356707 or steven.moss@nhs.net.

A referral form can be found at Appendix 1; this can also be used to refer any suspicions to the LCFS.

Alternatively, reports can be made directly to the Director of Finance. If the referrer believes that the Director of Finance or LCFS may be implicated in a fraud they should notify whichever party is not believed to be involved, who will then inform the Chief Executive.

If the referrer feels for any reason that they are unable to report the matter internally, referrals can be made to the NHSCFA, via the Fraud and Corruption Reporting Line on 0800 028 4060 (powered by Crimestoppers) or online at: <https://cfa.nhs.uk/reportfraud>.

All suspicions of fraud should be reported using the processes outline above. However, to support employees in reporting suspicions, the Trust has a Freedom to Speak Up Procedure policy which is available to all staff.

The LCFS will undertake sufficient enquiries to establish whether there is any foundation to any allegation received. If the allegation is substantiated, the LCFS and/or NHSCFA will undertake a criminal investigation and seek to apply criminal and civil sanctions, where appropriate, and in accordance with criminal legislation and set investigative procedures. Financial recovery will also be sought wherever possible.

5.3. Disciplinary Action

Disciplinary procedures will be initiated where an employee is suspected of being involved in an act of fraud, bribery or corruption, or where their negligent action has led to an economic crime being perpetrated. A copy of the Trust's Disciplinary Policy can be accessed [here](#).

5.4. Sanctions and Redress

The Trust's approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of sanctions, including criminal, civil, disciplinary and regulatory, will be considered at the earliest opportunity and any or all of these may be pursued where appropriate. Consistency in this approach demonstrates the Trust's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.

The types of sanctions that the Trust will consider applying when a fraud, bribery or corruption offence has occurred are:

Civil – the Trust will seek financial redress wherever possible, to recover sums lost (of money or assets) including interest and costs of investigating fraud, bribery and corruption. Redress can be sought in various ways including confiscation or compensation orders, the use of Proceeds of Crime Act 2002 (POCA) legislation in criminal courts, as well as civil sanctions such as an order of repayment, attachment of earnings, locally agreed voluntary negotiations or repayments. The Trust will actively publicise any redress obtained, where appropriate, with a view to creating a deterrent effect.

Criminal Prosecution – the LCFS will work in partnership with the NHSCFA, the police, and/or the Crown Prosecution Service where necessary to bring a case to court against an alleged offender. Sentences can include, but are not limited to, community service, fines and imprisonment. The Trust will actively publicise any criminal sanctions obtained, where appropriate, with a view to creating a deterrent effect.

Disciplinary – the Trust will take disciplinary action where an employee is suspected of being involved in an economic crime act. A copy of the Trust’s disciplinary policy can be accessed via the Disciplinary action section of this policy, above.

Professional – where appropriate, the Trust reserves the right to also report staff and employees working on behalf of the Trust to their professional/regulatory body as a result of an investigation and/or prosecution.

6. Training

Raising awareness of fraud, bribery and corruption among staff is a key part of creating a strong anti-fraud, bribery and corruption culture where fraudulent and corrupt activity is not tolerated and all staff and contractors are aware of their responsibility to protect NHS funds, as well as the correct reporting procedures. A strong anti-fraud, bribery and corruption culture provides the organisation with assurance that fraud is recognised and reported.

The Trust has an ongoing programme of work to raise awareness of fraud, bribery and corruption and create an anti-fraud, bribery and corruption culture among all staff, across all sites, using all available media. This may include (but is not limited to) presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff and emails.

7. Dissemination and Implementation

This policy will be disseminated by the method described in the Document Control Policy (C-003).

The implementation of this policy requires no additional financial resource.

8. Monitoring and Compliance

Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. To ensure compliance with Service Condition 24 of the NHS Standard Contract, and the Government Counter Fraud Functional Standard, arrangements include reviewing system controls on an ongoing basis and identifying weaknesses in processes. More information can be found at: <https://cfa.nhs.uk/government-functional-standard>.

Where deficiencies are identified as a result of monitoring, appropriate recommendations and action plans will be developed and implemented.

As set out in section 3, managers will ensure staff are aware of the existence of this policy. The LCFS will also raise awareness of the policy, wherever possible.

It is important that staff are aware of the policy and understand it and it is available to all staff on the intranet at

<https://intranet.humber.nhs.uk/Policies/Corporate%20Policies/Local%20Anti%20Fraud%20Bribery%20and%20Corruption%20Policy.pdf>.

This policy will be reviewed by the LCFS every 3 years, or where legislative changes dictate. Regular review will ensure that it remains fit for purpose and current.

9. References / Related Trust Documents

[Disciplinary Policy HR-006](#)

[Standing Orders Scheme of Delegation and SFIs G410](#)

[Confidentiality Code Of Conduct N-061](#)

[Conflicts Of Interest Managing Interests And Standards Of Business Conduct Policy C-002](#)

[Freedom to Speak Up: Raising Concerns Policy and Procedure \(N-040\)](#)

Appendix 1 – NHS Fraud, Bribery and Corruption Referral Form

[Fraud Referral Form](#)

Appendix 2 – Fraud, Bribery and Corruption Dos and Don'ts

A desktop guide for staff

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.

BRIBERY is the deliberate use of inducement or payment of benefit-in-kind to influence an individual to use their position in an unreasonable way

DO:

- **Note your concerns**
Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.
- **Retain evidence**
Retain any evidence that may be destroyed, or make a note and advise your LCFS.
- **Report your suspicion**
Confidentiality will be respected – delays may lead to further financial loss.

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.

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

- Directly contacting the Local Counter Fraud Specialist
- Telephone the freephone NHS Fraud and Corruption Reporting Line
- Online at <https://cfa.nhs.uk/reportfraud>

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

If so, any information can be passed to the NHS Fraud and Bribery Reporting Line: 0800 028 40 60

All calls will be treated in confidence and investigated by professionally trained staff

Your Local Counter Fraud Specialist can be contacted by telephoning 07872 988939 or emailing nikki.cooper1@nhs.net

If you would like further information about the NHS Counter Fraud Authority, please visit <https://cfa.nhs.uk/>

Appendix 3 – Document Control Sheet

This document control sheet, when presented for approval/ratification must be completed in full to provide assurance. The master copy of the document is to be held by the Policy Management Team.

Document Type	Policy		
Document Purpose	The policy has been produced to assist staff with actions to take when suspicions of fraud exist and to raise awareness of anti-fraud work		
Consultation:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates -</i>			
Approving Body:	Trust ODG	Date of Approval:	23 February 2026
Date of Board Ratification:	N/A (minor amends)		
Training Impact Analysis:	None <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>	Significant <input type="checkbox"/>
Financial Impact Analysis:	None <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>	Significant <input type="checkbox"/>
Capacity Impact Analysis:	None <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>	Significant <input type="checkbox"/>
Equality and Health Inequalities Impact Assessment (EHIIA) undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> Rationale:

Document Change History:

Version Number	Type of Change (full/interim review, minor or significant change(s))	Date	Details of Change and approving group or Executive Director (if very minor changes as per the document control policy)
1.00	New policy	27/01/14	Replacing Local Counter Fraud Policy P047 as instructed by NHS Protect.
1.01	Minor	28/02/14	following feedback from Governance Committee Section 4' replaced by 'Section 6'.
1.02	Review	13/05/16	Updated job titles, email and website references and appendices
1.03	Review	15/05/19	Updated policy to reflect changes to NHS Counter Fraud Authority, job titles, email addresses and associated policy names
1.04	Review	02/08/21	Updated policy to merge with Bribery Prevention Policy, reflect changes to Counter Fraud provider, job titles, email addresses and associated policy names
1.05	Review	26/09/23	Reviewed with minor wording amends and update to reporting info, job titles, email addresses, etc. Approved at ODG (26 September 2023).
1.06	Review	23/02/26	Reviewed with minor wording amends and include reference to Failure to Prevent Fraud Offence. Transferred to current Trust policy temp[late and EHIIA appendix completed. Approved at Trust ODG (23 February 2026).

Appendix 4 – Equality and Health Inequalities Impact Assessment (EHIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document of Process or Service Name: Local Anti-Fraud, Bribery and Corruption Policy
2. EHIA Reviewer (name, job title, base and contact details): Nikki Cooper, Local Counter Fraud Specialist
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service

The policy has been produced to assist staff with actions to take when suspicions of fraud exist and to raise awareness of anti-fraud work.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the proforma

<p>Equality Target Groups</p> <p>This toolkit asks services to consider the impact on people with protected characteristics under the Equality Act 2010 as well as the impact on additional groups who may be at risk of experiencing inequalities in access, outcomes and experiences of health and care.</p>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Positive = evidence of positive impact Neutral = little or no evidence of concern (Green) Moderate negative = some evidence of concern (Amber) High negative = significant evidence of concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ul style="list-style-type: none"> • who have you consulted with? • what have they said? • what information or data have you used? • where are the gaps in your analysis? • how will your document/process or service promote equality and diversity good practice?
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Equality Target Group	Definitions <small>(Source: Equality and Human Rights Commission, 2024)</small>	Equality Impact Score	Evidence to support Equality Impact Score
Age	A person belonging to a particular age (for example 32-year-olds) or range of ages (for example 18- to 30-year-olds).	Neutral	The policy sets out responsibilities and arrangements regardless of age
Disability	A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	Neutral	The requirements of the policy apply equally
Sex	Man/Male, Woman/Female.	Neutral	The requirements of the policy apply equally
Marriage / Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples.	Neutral	The requirements of the policy apply equally
Pregnancy / Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a person unfavourably because they are breastfeeding.	Neutral	The requirements of the policy apply equally
Race	A race is a group of people defined by their colour, nationality (including citizenship) ethnicity or national origins. A racial group can be made up of more than one distinct racial group, such as Black British.	Neutral	The requirements of the policy apply equally to any race.

Religion or Belief	Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	Neutral	The requirements of the policy apply equally to any religion or belief
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	Neutral	The requirements of the policy apply equally to any sexual orientation
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Neutral	The requirements of the policy apply equally to any gender
Poverty	People on welfare benefits, unemployed/low-income, fuel poverty, migrants with no recourse to public funds	Neutral	There is no evidence that this equality group is negatively affected by the policy
Literacy	Low literacy levels, including includes poor understanding of health and health services (health literacy) as well as poor written language skills	Neutral	There is no evidence that this equality group is negatively affected by the policy
People with English as an additional language	People who may have limited understanding and/or ability to communicate in written or spoken English	Neutral	There is no evidence that this equality group is negatively affected by the policy
Digital exclusion	People who can't or don't want to use digital technology due to cost, access to connectivity or devices, digital skills or lack of confidence or trust in digital systems	Neutral	There is no evidence that this equality group is negatively affected by the policy
Inclusion health groups	People who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes:	Neutral	There is no evidence that this equality group is negatively affected by the policy
	<ul style="list-style-type: none"> • People who experience homelessness 	Neutral	There is no evidence that this equality group is negatively affected by the policy
	<ul style="list-style-type: none"> • Drug and alcohol dependence 	Neutral	There is no evidence that this equality group is negatively affected by the policy
	<ul style="list-style-type: none"> • Vulnerable migrants 	Neutral	There is no evidence that this equality group is negatively affected by the policy
	<ul style="list-style-type: none"> • Gypsy, Roma and Traveller communities 	Neutral	There is no evidence that this equality group is negatively affected by the policy
	<ul style="list-style-type: none"> • Sex workers 	Neutral	There is no evidence that this equality group is negatively affected by the policy
	<ul style="list-style-type: none"> • People in contact with the justice system 	Neutral	There is no evidence that this equality group is negatively affected by the policy
	<ul style="list-style-type: none"> • Victims of modern slavery 	Neutral	There is no evidence that this equality group is negatively affected by the policy
Rurality	People who live in remote or rural locations who may have poor access to services.	Neutral	There is no evidence that this equality group is negatively affected by the policy

Coastal communities	People who live in coastal communities which may experience unemployment, low educational attainment, poor social mobility, poor health outcomes and poorer access to services.	Neutral	There is no evidence that this equality group is negatively affected by the policy
Carers	Carers and families of patients and service users, including unpaid carers and paid carers	Neutral	There is no evidence that this equality group is negatively affected by the policy
Children looked after	A child or young person who is being cared for by their local authority. They might be living in a children's home, or with foster parents, or in some other family arrangement.	Neutral	There is no evidence that this equality group is negatively affected by the policy
Veterans	Anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations.	Neutral	There is no evidence that this equality group is negatively affected by the policy
Neurodivergence	People with alternative thinking styles such as autism, attention deficit hyperactivity disorder, dyslexia, developmental co-ordination disorder (dyspraxia), dyscalculia.	Neutral	There is no evidence that this equality group is negatively affected by the policy
Other	Any other groups not specified in this toolkit who may be positively or negatively impacted	Neutral	There is no evidence that this equality group is negatively affected by the policy

Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
The policy is low risk and will not have a negative effect on any of the above equality target group.	
EIA Reviewer: Nikki Cooper, Local Counter Fraud Specialist	
Date Completed: 18/12/2025	Signature: N. Cooper