

Anti-Fraud, Bribery and Corruption Policy

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Policy Validity Statement

This policy is due for review on the date shown above. After this date, policy and process documents may become invalid.

Policy users should ensure that they are consulting the currently valid version of the documentation.



Version Control

Version	Release Date	Author	Update comments
V1	28 February 2013	Senior Governance Manager, NECS	Policy provided to Clinical Commissioning Group (CCG) as part of policy suite
V1.1	27 August 2014	LCFS, Sunderland Internal Audit.	Policy reviewed and amended.
V2	July 2016	LCFS, Audit One	Release of NHS Protect revised guidance.
V3	October 2018	LCFS AuditOne	Review and update for NHS Counter Fraud Authority

Approval

Version	Role	Name	Date
1.1	Approval	Audit and Risk Committee	9 September 2014
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3	Approval	Audit and Rick Committee	November 2018

Review

This document will be reviewed two years from its issue date.

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1 Introduction

1.1 General

South Tyneside Clinical Commissioning Group (the 'CCG') is committed to preventing and reducing fraud, bribery and corruption in the NHS and will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and where possible will attempt to recover losses. This policy is supported and endorsed by senior management. This policy is based on the latest guidance issued by the NHS Counter Fraud Authority (NHSCFA) in March 2018.

1.2 Aims and objectives

The aims of this policy are:

- to ensure that the CCG has appropriate counter fraud procedures in place to comply with the NHSCFA's Standards for Commissioners: fraud, bribery and corruption,
- To detail the roles and responsibilities of key staff / departments of the CCG, and
- To provide a guide for employees on what fraud is in the NHS, what everyone's responsibility is to prevent fraud, bribery and corruption (including how to report it) and its intended outcomes.

1.3 Scope

This policy applies to all stakeholders in the CCG's business including, but not limited to, employees (regardless of position held or employment status), as well as volunteers, consultants, vendors, governors, staff engaged by the CCG via an agency, honorary contract holders, employees of any other organisation who work on CCG premises or who are integrated with the CCG and / or any other parties who have a business relationship with the CCG. It will be brought to the attention of all employees, externally sourced service providers and lay members and form part of the induction process for new staff. It should also be read in conjunction with the organisation's Code of Business Conduct and Whistleblowing Policy.

2 Definitions

2.1 NHS Counter Fraud Authority (NHSCFA)

The NHSCFA has the 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.

Local NHS organisations are primarily accountable for dealing with crime risks in the NHS. NHSCFA provides information and guidance to local LCFs to improve anti-fraud, bribery and corruption work across the NHS.

NHSCFA's main objectives ¹are:

- deliver the Department of Health (DH) strategy, vision and strategic plan, and be the principal lead for counter fraud activity in the NHS in England;
- to be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters;
- to lead, guide and influence the improvement of standards in counter fraud work, in line with HM Government Counter Fraud Professional Standards, across the NHS and wider health group, through review, assessment and benchmark reporting of counter fraud provision across the system;
- to take the lead and encourage fraud reporting across the NHS and wider health group, by raising the profile of fraud and its effect on the health care system.

2.2 Counter fraud standards²

A requirement in the NHS standard contract is that CCGs must ensure that any providers of NHS services (that hold a Monitor's Licence or is an NHS Trust) take the necessary action to comply with the NHSCFA's counter fraud standards. Other's should have due regard to the standards. The contract places a requirement on providers to have policies, procedures and processes in place to combat fraud, corruption and bribery to ensure compliance with the standards. The NHSCFA carries out regular assessments of health organisations in line with the counter fraud standards.

2.3 Fraud³

Fraud involves dishonestly:

- making a false representation,
- failing to disclose information, or
- abusing a position held.

With the intention of either making a financial gain; or, causing or exposing another individual or organisation to a financial loss.

2.4 Bribery and corruption⁴

Bribery and corruption can generally be thought of as similar. Bribery is generally defined as offering, promising or giving a payment or benefit-in-kind (e.g. money, gifts, sports tickets, etc.) in order to influence others to use their position in an improper way to gain an advantage. The person offering the bribe commits criminal offences (even if the bribe is refused), as does any person who accepts it (even if they never receive it).

¹ NHSCFA strategy: Leading the fight against NHS fraud: Organisational strategy 2017-2020. Available at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

² <https://cfa.nhs.uk/counter-fraud-standards>

³ Fraud Act 2006 1-4 <https://www.legislation.gov.uk/ukpga/2006/35/contents> and Bribery Act 2010 <https://www.legislation.gov.uk/ukpga/2010/23/contents>

⁴ <https://www.legislation.gov.uk/ukpga/2010/23/contents>

The Bribery Act 2010 came into force on 1 July 2011, and replaced existing, mostly common law offences, with the following statutory offences:

- bribing another person,
- being bribed,
- bribing a foreign public official,

The Bribery Act also introduced a corporate offence for a relevant commercial organisation (the CCG) to bribe another person intending:

- to obtain or retain business, or
- to obtain or retain an advantage in the conduct of business.

The only defence available to the CCG against Bribery Act offences would be to prove that it had adequate procedures in place designed to prevent persons associated with it from undertaking any of the conduct outlined above.

3 Roles and responsibilities

3.1 Accountable Officer / Chief Officer

The CCGs accountable officer (AO), has the overall responsibility for funds entrusted to it. This includes instances of fraud, bribery and corruption. The AO must ensure adequate policies; procedures and processes are in place to protect the CCG and the public funds it receives.

3.2 Board or equivalent body

The CCG's executive board and non-executive directors should provide a clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work. They should review the proactive management, control and the evaluation of counter fraud, bribery and corruption work. The Board and non-executive directors should scrutinise NHSCFA assessment reports, where applicable, and ensure that the recommendations are fully actioned.

3.3 Chief Finance Officer (CFO)

The CFO has powers to approve financial transactions initiated by directorates across the organisation.

The CFO prepares, documents and maintains detailed financial procedures and systems and that they apply the principles of separation of duties and internal checks to supplement those procedures and systems.

The CFO will report annually to the board and, where applicable, governors 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 CCG's annual report.

The CFO 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.

3.4 Audit Committees⁵

The Audit Committee is responsible for reviewing, approving and monitoring the CCG's counter fraud workplan, receiving regular updates on counter fraud activity, monitoring the implementation of action plans, providing direct access and liaison with those responsible for counter fraud, reviewing annual reports on counter fraud, and discuss NHSCFA quality assessment reports.

3.5 Internal and external audit

The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Any incident or suspicion that comes to internal or external audit's attention will be passed immediately to the nominated lead LCFS. The LCFS liaises regularly with the internal audit staff.

3.6 Human resources

Human resources (HR) is responsible for liaison with the LCFS in respect of any suspicions of fraud, bribery and corruption. They are responsible for the conduct of any internal investigation and instigating the necessary disciplinary action against those who fail to comply with the policies, procedures and processes. Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules and/or legislation. These differences mean that one investigator must not conduct both criminal and disciplinary investigations into the same matter.

⁵ Reference the NHS Audit Committee Handbook 2018 <https://www.hfma.org.uk/publications?Type=Guide>

There is no legal rule giving precedence to the criminal process over the disciplinary one, and the CCG may undertake disciplinary proceedings even if a criminal investigation is ongoing. All decisions must be based on the circumstances of the issue at hand 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 NHS services, patients and/or the wider public caused by a delay in applying disciplinary sanction. Coordination of parallel criminal and disciplinary investigations in order to achieve the most appropriate outcome requires regular liaison between the LCFS and HR department. Beside routine interaction, specific consultation should occur at the following points:

- All referrals received by HR that contain an element of suspected fraud, bribery or corruption must be reported immediately to the LCFS and/or CFO.
- Wherever parallel sanctions are being pursued, the investigating officer from HR should meet regularly with the LCFS to provide updates and maintain a flow of information.
- HR should inform the LCFS where there are serious health and safety risks (i.e. clinician not holding appropriate clinical qualifications) or cases involving vulnerable individuals that may take precedence over a criminal investigation.
- HR should advise the LCFS of the outcome of disciplinary hearings, as this may have an impact on the criminal sanction.

The CCG should ensure that appropriate protocols are in place to cover this.

3.7 Local Counter Fraud Specialist

The Local Counter Fraud Specialist (LCFS) is responsible for taking forward all counter-fraud work locally in accordance with national standards and reports directly to the CFO or an accountable board member.

Adherence to NHSCFA counter fraud standards is important in ensuring that the organisation has appropriate counter fraud, bribery and corruption arrangements in place and that 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 and corruption.

The LCFS will conduct risk assessments in relation to their work to prevent fraud, bribery and corruption.

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

- Receive any fraud, bribery or corruption referral directly from staff, the public or a contractor.
- Investigate all cases of fraud within the CCG and to report upon these to the audit committee.
- Publicise counter fraud work and the fraud awareness message within the CCG.
- Undertake local proactive counter fraud work with the aim of fraud prevention or detection.
- Report any system weaknesses

3.8 Managers

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

All managers have a responsibility to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers are also responsible for the enforcement of disciplinary action for staff who do not comply with policies, procedures and processes. Managers should report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the LCFS immediately. State that it is important that managers do not investigate any suspected financial crimes themselves.

Managers are responsible for ensuring that fraud risks are included in any local risk assessments and for mitigating any identified risks.

3.9 All employees

All employees are required to comply with the CCG's policies, procedures and processes and apply best practice in order to prevent fraud, bribery and corruption (e.g. procurement, expenses and ethical business behaviour). Staff should be made aware of their own responsibilities in accordance with the CCG's standards of behaviour and in protecting the organisation from these crimes.

Employees who are involved in or manage internal control systems should receive adequate training and support in order to carry out their responsibilities.

3.10 Information management and technology

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

4 The response plan

4.1 Bribery and corruption

The CCG has conducted risk assessments in line with Ministry of Justice guidance⁶ to assess how bribery and corruption may affect the it and proportionate procedures have been put in place to mitigate identified risks.

The CCG has a Standards of Business Conduct and Declarations of Interest Policy which outlines the gifts and hospitality process and how declarations of interest should be made and managed within the CCG. The policy has been developed in accordance with the NHS England document: Managing Conflicts of Interest in the NHS⁷.

4.2. Reporting fraud, bribery or corruption

This section outlines 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 LCFS and/or to NHSCFA as follows:

- LCFS, AuditOne, Kirkstone Villa, Lanchester Road Hospital, Lanchester Road, Durham, DH1 5RD. Tel: 0191 4415936; Email: counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net
- The CCG's Chief Finance Officer
- NHSCFA, 0800 028 40 60 (powered by Crimestoppers) Online: <https://cfa.nhs.uk/reportfraud>

However, if there is a concern that the LCFS or the CFO themselves may be implicated in suspected fraud, bribery or corruption, employees should report the matter to the Chief Officer or CCG Chair, or the Chair of the Audit Committee. The LCFS and/or NHSCFA will undertake an investigation and seek to apply criminal and civil sanctions, where appropriate and in accordance with criminal legislation and set investigative procedures.

All suspicions of fraud should be reported using the process outlined above. However, to support employees in reporting suspicions the CCG has a whistleblowing policy which is available to all staff. Further information in relation to reporting suspicions of fraud are available in NHS Improvement and NHS England's: Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016⁸ and NHS England's Freedom to speak up in Primary Care:

⁶ <https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

⁷ <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-model-policy-content-for-organisations/>

⁸ NHS Improvement and NHS England's Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 <https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/>

Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017⁹.

4.3 Disciplinary action

Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act, or where their negligent action has led to a fraud being perpetrated. A copy of the CCGs disciplinary policy can be accessed via the CCG's website.

4.4 Sanctions and redress

This section outlines the sanctions that can be applied and the redress that can be sought against individuals who commit fraud, bribery and corruption against the organisation. The types of sanction which the organisation may apply when a fraud offence has occurred:

Civil sanctions – The use of civil recovery enables NHS bodies to seek repayment of sums lost even where, for whatever reason, their recovery using other methods would not be possible. There are a wide range of bases on which a civil claim can be brought, including

- Contract
- Restitution
- Property claims
- Negligent misstatement or misrepresentation
- Fraud

Criminal sanctions – The LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.

Disciplinary - Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act. All disciplinary investigations will be carried out in accordance with the CCGs disciplinary policy.

Professional body disciplinary sanction – If warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

The CCG will seek financial redress whenever possible to recover losses to fraud, bribery and corruption. Financial redress can take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the organisation and the offender to repay monies lost.

⁹ NHS England; 's Guidance Freedom to speak up in primary care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017 <https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>

5. Monitoring, Review and Archiving

5.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

5.2 Review

5.2.1 The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

5.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

5.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

5.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

6. Equality Impact Assessment



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Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Local Counter Fraud Specialist
Title of service/policy/process:	CCG CO06 Anti-Fraud Policy
Existing: <input checked="" type="checkbox"/> New/proposed: <input type="checkbox"/> Changed: <input type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
<p>The overall aims of this policy are to:</p> <ul style="list-style-type: none"> • Outline the CCGs’ responsibilities in terms of delivering a comprehensive approach to managing related risks • improve collective understanding of engaged work undertaken at the CCGs to systematically counter economic crime • support a broadly based, transparent and supportive anti-fraud culture where staff feel able to raise legitimate concerns sensibly and responsibly • ensure that all suspected economic crime is referred appropriately in accordance with specified reporting lines & that substantiated enquiries are always conducted solely by professionally accredited NHS Counter Fraud Specialists or, where appropriate, the Police • enable all parallel criminal, disciplinary & civil (triple track) sanction disposal options to be properly & consistently considered in the course of investigations; as an essential pre-requisite for fairness & optimising deterrence <p>This policy applies to all CCG employees, as well as consultants, vendors, contractors, and/or any other parties who have a business relationship with The CCGs. All employees, externally sourced service providers & non executives will be briefed on its content. It will form a specific part of staff and board member induction or mandatory training processes.</p>	
Who will be affected by this policy/service /process? (please tick)	
<input checked="" type="checkbox"/> Staff members <input checked="" type="checkbox"/> Other	
If other please state: Contractors, vendors, external parties with business links to CCG	
<hr/>	
What is your source of feedback/existing evidence? (please tick)	
<input type="checkbox"/> National Reports <input checked="" type="checkbox"/> Staff Profiles <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Previous EIAs <input type="checkbox"/> Other	
If other please state:	

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	
Staff Profiles	<p>Please find staff profiles for all CCGs embedded in this document.</p> <p> EIA Information (All).xlsx</p>
Staff Surveys	
Complaints and Incidents	
Staff focus groups	
Previous EIA's	
Other evidence (please describe)	



STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

If training is required for this Policy venues will need to be easily accessible for an older workforce. Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email can be accessed by all users.

Disability A person who 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

As the Policy relates to CCG staff developing corporate Policies, relevant tools could be made available to staff with a disability who may require support such as partnership working/buddying or a process to access interpretation services such as BSL or video relay if required.

If training is being carried out to promote the Policy, ensure a venue has disabled parking and has appropriate access.

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

The content of this policy does not include vocabulary that should cause offense or discriminate against any staff members that identify as Transgender.

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

The content of this policy does not include vocabulary that discriminates against staff that may be married or part of a civil partnership.

Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.

Pregnancy and 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.

The policy does not discriminate against staff that are currently pregnant or on maternity leave.

Part-time staff can access the policy whilst at work via the intranet. Processes should be in place for managers to share the Policy with any staff returning from Maternity leave.

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

A process should be in place for translation services to be made available where required.
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
Training should be delivered either am or pm and not over a lunchtime which may be used for prayer. Extra sessions should be arranged for staff unavailable due to religious or other reasons.
Sex/Gender A man or a woman.
The Policy does not discriminate between staff that are men or women.
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes
The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person
Any scheduling of training for the policy should take into consideration part time working arrangements for staff with caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?
Engagement with staff in this policy is deemed not applicable due to its generic nature.
Please state how staff engagement will take place:
Verbally briefed.



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform staff of the policy?
<input checked="" type="checkbox"/> Verbal – through focus groups and/or meetings <input type="checkbox"/> Verbal - Telephone <input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets <input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Other
If other please state:



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Staff communication needs	Policy may be required to be available in alternative formats such as braille, large font etc.
2 Part time Staff	All staff may not be able to attend training sessions (if required) due to flexible working, maternity, caring responsibilities.



STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
ABC 1	Staff unable to access or utilize policy	Age, disability	Have a process in place for alternative formats if required ,e.g Braille, Audio, Font size adjustment.	All staff can access and use the policy. NECS Equality Team to provide alternative formats if required.	TB C	On publication and on receipt of individual request
ABC 2	Lack of staff availability for training due to carer responsibilities	Race, carers, pregnancy/ maternity	Further session to be offered as required. 1-1 discussion with managers if required	All staff are supported in using the policy	TB C	TBC
ABC 3	Access to training venue	Disability	Ensure venues used have disabled parking and is wheelchair friendly.	All staff are able to participate in training	TB C	TBC



SIGN OFF

Completed by:	Paul Bevan
Date:	7/9/2018
Presented to: (appropriate committee)	
Publication date:	

Appendix 1

NHS Fraud, Bribery and Corruption Referral Form

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

1. Date

2. Anonymous application

Yes (If 'Yes' go to section 6) or No (If 'No' complete sections 3–5)

3. Your name

4. Your organisation/profession

5. Your contact details

6. Suspicion

7. Please provide details including the name, address and date of birth (if known) of the person to whom the allegation relates.

8. Possible useful contacts

9. Please attach any available additional information.

Submit the completed form (in a sealed envelope marked 'Restricted – Management' and 'Confidential') to Auditone Counter Fraud Team, Lanchester Road Hospital, Lanchester Road, Durham DH1 5RD. Under no circumstances should this report, which contains personal details, be transmitted electronically.

*NHS Fraud, Bribery and Corruption – Dos and Don'ts
A desktop guide for CCG Staff*

Appendix 2

FRAUD is the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position.

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 policy 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**, or
- 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 0191 441 5936 or emailing counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net

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

Protecting your NHS