

NHS South East London Integrated Care Board

Anti-fraud, bribery and corruption policy (CG10)

V2.0

Approved by	SEL ICB Executive Committee
Date approved	26 September 2024
Name and title of originator/author	Andrew Ede – Anti-Crime and Investigations Manager @ TIAA Ltd
Name and title of sponsor	Mike Fox – Chief Finance Officer
Review date	30 September 2026
Description	This policy describes the processes and standards expected to be maintained by SEL ICB to ensure it can maintain honesty and integrity in all its activities and prevent fraud, bribery and corruption occurring during its business operations.
Target audience	All ICB staff and external contractors
Stakeholders engaged in development or review	TIAA, Local Counter Fraud Specialist, ICB fraud Champion.

Version Control

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Supersedes	1.0

Document Review Control Information

Version	Date	Reviewer Name(s) and Job title	Change/amendment
1.0	17.05.22	Melanie Alflatt, TIAA director of anti-crime services	Reviewed for ICB updates
2.0	25.07.24	Andrew Ede, TIAA Anti-Crime and Investigations Manager	Updated contact information to report fraud.

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Anti-Fraud Bribery and Corruption Policy

One of the basic principles of public sector organisations is the proper use of public funds. It is therefore imperative that those who work in the public sector are aware of the risk of and means of enforcing the rules against fraud and other illegal acts involving dishonesty. For the sake of simplicity, all such offences are hereafter referred to as “fraud”, except where the context indicates otherwise. This document sets out the approach to countering fraud, bribery and corruption in the NHS, the ICB’s role in this and the background to the NHS Counter Fraud Authority (**see Section 5.1**).

NHS South East London Integrated Care Board (“SEL ICB”) is committed to maintaining high standards of honesty, openness and integrity within the organisation. This extends to all its Health and Social Care providers ensuring that they have reciprocal counter fraud and bribery arrangements in place. This will include the rigorous investigation of any suspicions of fraud or corruption that may arise.

This document, which has been approved by SEL ICB’s Board, is intended to promote an anti-fraud, bribery and corruption culture and to provide support, direction and guidance to SEL ICB staff who find themselves faced with incidents of suspected fraud, bribery or corruption.

1.0 Relevance of policy

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

2.0 Introduction

- 2.1 Dealing with fraud is a key part of building a new, modern and dependable health service for the future. The NHS aims to provide prompt high-quality treatment and care when and where it is needed. All those working for the NHS must be committed to ensuring its resources are used appropriately and efficiently to this end and it follows that any misuse of resources must be identified and stopped.
- 2.2 NHS South East London Integrated Care Board ("SEL ICB") is committed to maintaining honesty and integrity in all of its activities. It is also committed to the prevention of fraud, bribery and corruption within the organisation and to the rigorous investigation of any such allegations. This policy is endorsed by senior management and SEL ICB Audit Committee.
- 2.3 SEL ICB wholly endorses the NHS Counter Fraud Authority's (NHS CFA) strategy 2023-2026 towards the elimination of any fraud within the National Health Service (NHS) and will seek to apply appropriate criminal, disciplinary, regulatory and civil sanctions against fraudsters and where possible will attempt to recover any identified losses.
- 2.4 SEL ICB wishes to encourage anyone that has reasonable suspicions of fraud to report them. All employees, patients and contractors can be confident that they will not suffer in any way as a result of reporting reasonably held suspicions of fraud. For these purposes "reasonably held suspicions" shall mean any suspicions other than those which are raised maliciously and found to be groundless.
- 2.5 SEL ICB has approved a "Freedom to Speak Up (Whistleblowing) Policy" in accordance with the Public Interest Disclosure Act 1998. Under the terms of this Act, a member of staff is protected if they act reasonably and responsibly.

3.0 Scope

- 3.1 This document is intended to provide direction and help to those officers and directors of SEL ICB who become aware of fraud, bribery or corruption against the NHS. This document is not intended to provide direction on prevention of fraud.

4.0 Purpose

- 4.1 This anti-fraud, bribery and corruption policy is intended to ensure that employees, patients and contractors are aware of the correct reporting requirements and of the actions the organisation will take to counter fraud, bribery and corruption. The policy is also intended to ensure that fraud, bribery and corruption is recognised and reported by employees, patients and contractors who are aware of their responsibility to safeguard NHS funds.

5.0 Definitions

5.1 NHS Counter Fraud Authority (NHS CFA)

5.1.1 Crime against the NHS can seriously undermine its effectiveness and ability to deliver healthcare services. NHS CFA has the responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS. It also has a responsibility to ensure that any investigations are conducted in accordance with the NHS CFA Strategy 2023 2026.

5.1.2 The Government Functional Standard

5.1.3 The Government Functional Standard has been developed to support organisations in implementing appropriate measures to counter fraud, bribery and corruption. Having appropriate measures in place helps protect NHS resources against fraud and ensures they are used for their intended purpose - the delivery of patient care.

5.1.4 Annually, SEL ICB will submit a self-assessment against compliance with the Standard. The Anti-Crime Specialist (ACS) will assist SEL ICB in the completion of the Functional Standard return, which is due for upload by the end of April each year.

5.1.5 The agreed counter fraud work-plan demonstrates compliance with the requirements of the Government Functional Standard, Counter Fraud twelve components briefly summarised as follows:

- Accountable individual
- Counter fraud, bribery and corruption strategy
- Fraud, bribery and corruption risk assessment
- Policy and response plan
- Annual action plan
- Outcome based metrics
- Reporting routes
- Reporting identified loss
- Access to trained investigators
- Undertake detection activity
- Access to and completion of fraud awareness training
- Policies and registers for gifts, hospitality and conflicts of interest

5.2 Fraud

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

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

5.2.3 Petty theft, without the distortion of financial statements or other records, will normally be dealt with by the Local Security Management Specialist and reported to the Police. However, where an employee abuses their position to misappropriate

cash or other SEL ICB income this may be considered to be fraud and dealt with under this policy.

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

- **Fraud by false representation** - is defined by Section 2 of the Act. A person may be guilty of an offence if they dishonestly make a false representation, and intend, by making the representation to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. For example, an employee claiming travel expenses for journeys they have not undertaken.
- **Fraud by failing to disclose information** - is defined by Section 3 of the Act. A person may be guilty of an offence if they dishonestly fail to disclose to another person information which they are under a legal duty to disclose, and intends, by failing to disclose the information to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. For example, failing to disclose criminal convictions when asked to do so as part of the recruitment process, in order to obtain employment.
- **Fraud by abuse of position** - is defined by Section 4 of the Act. A person may be guilty of an offence if they occupy a position in which they are expected to safeguard, or not to act against, the financial interests of another person, dishonestly abuses that position, and intends, by means of the abuse of that position to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. For example, a manager failing to declare an interest in a company and arranging for payments to be made to that company for services to SEL ICB.
- **Possession of articles for use in fraud(s)** - is defined by Section 6 of the Act. A person may be guilty of an offence if they have in their possession or under their control any article for use in the course of or in connection with any fraud. For example, using a false passport or other documentation to secure employment.
- **Making or supplying articles for use in fraud(s)** - is defined by Section 7 of the Act. A person may be guilty of an offence if they make, adapt, supply or offer to supply any article knowing that it is designed or adapted for use in the course of or in connection with fraud, or intending it to be used to commit, or assist in the commission of, fraud. For example, producing a prescription in a patient's name with the intention of obtaining drugs and retaining them for personal use, or supplying them to another.

5.3 Bribery and corruption

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

5.3.2 **Offence of bribing another person** - is defined by section 1 of the Act. It is also an offence for a person to offer, promise, or give a bribe to another person as an inducement for them improperly performing any duty. For example, providing

excess hospitality to a potential purchaser or commissioner of the organisation's services.

- 5.3.3 **Offence of being bribed** - is defined by section 2 of the Act. It is an offence for a person to request, or agree to receive, or accept a financial or other advantage as an inducement to, or as a reward for, the improper performance of any function or activity. For example, where an employee who sells confidential information to a third party or provides preferential treatment to suppliers or patients for a fee.
- 5.3.4 **Failure of a commercial organisation to prevent bribery** – is defined within section 7 of the Act. If an individual bribes another person to obtain or retain business, or an advantage in the conduct of business for an organisation, then that organisation may also be guilty of an offence. For example if an NHS Trust fails to put adequate controls in place to prevent bribery and an employee offers a bribe to an ICB official.
- 5.3.5 A "financial or other advantage" has a wide meaning and could include holidays or entertainment, contracts, non-monetary gifts and offers of employment etc.
- 5.3.6 A "relevant function or activity" covers "any function of a public nature; any activity connected with a business, trade or profession; any activity performed in the course of a person's employment; or any activity performed by or on behalf of a body of persons whether corporate or unincorporated".
- 5.3.7 The conditions attached are that the person performing the function should be expected to perform it in good faith or with impartiality, or that an element of trust attaches to that person's role.
- 5.3.8 Activity will be considered to be "**improperly**" performed when there is a breach of good faith, impartiality or a position of trust.
- 5.3.9 The standard in deciding what would be expected is what a reasonable person in the UK might expect of a person in such a position.
- 5.3.10 Any concerns about bribery should be referred to the Anti-Crime Specialist (ACS).

6.0 Roles and responsibilities

6.1 Chief Executive Officer

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

6.2 The Integrated Care Board

- 6.2.1 The Integrated Care Board should take overall responsibility for the effective design, implementation and operation of the anti-bribery and corruption initiatives. The Board should ensure that senior management is aware of and accepts the initiatives, and that they are embedded in the corporate culture.

6.3 Chief Financial Officer (CFO)

- 6.3.1 The CFO (or equivalent officer) is provided with powers to approve financial transactions initiated by directorates across the organisation.
- 6.3.2 The CFO prepares, documents, and maintains detailed financial procedures and systems that incorporate the principles of separation of duties and internal checks to supplement those procedures and systems.
- 6.3.3 All anti-fraud, bribery and corruption work within the organisation is directed by the CFO. The CFO shall be responsible for operational matters such as authorising the investigation of alleged fraud, interviews under caution and the recovery or write-off of any sums lost to fraud.
- 6.3.4 The CFO will inform the ACS of any incidents where fraud, bribery or corruption is suspected within the organisation. Depending on the outcome of initial investigations, the CFO shall inform and consult the Chief Executive Officer and appropriate senior management in cases where there may be a material loss due to fraud, bribery or corruption, or where the incident may lead to adverse publicity.
- 6.3.5 A decision on whether to refer the matter to the Crown Prosecution Service (or another agency), seek Police assistance or to commence criminal proceedings will be made with the agreement of the CFO and ACS.

6.4 Fraud Champion

- 6.4.1 The role of a Fraud Champion was introduced by the NHS CFA in 2019 and forms part of SEL ICB's counter fraud provision. Having a Fraud Champion is an essential part of compliance with the Government Functional Standard GovS 013: Counter Fraud.
- 6.4.2 SEL ICB has appointed a Fraud Champion who supports and promotes the fight against fraud at a strategic level and with other colleagues within SEL ICB. The fraud champion also supports the ACS in the work that they already do.

6.5 Internal and external audit

- 6.5.1 The role of internal and external audit includes reviewing controls and systems and ensuring compliance with standing financial instructions. They have a duty to pass on any suspicions of fraud, bribery or corruption to the ACS.

6.6 Human Resources (HR)

- 6.6.1 Human Resources staff are one of the staff groups playing a vital role in identifying and reporting incidents of suspected fraud, bribery and corruption.
- 6.6.2 Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules. As such, it would not be appropriate for one investigation to cover both criminal and disciplinary matters. However, a disciplinary enquiry can proceed in parallel with a criminal investigation as long as there is close co-operation between Human Resources staff, the organisation's investigating officer and the ACS.

- 6.6.3 A criminal investigation seeks to establish the facts in relation to a suspected criminal offence. Investigators are bound by rules of evidence, including the Criminal Procedure and Investigations Act 1996 (CPIA), the Police and Criminal Evidence Act 1984 (PACE) and Codes of Practice. **Guilt in a criminal prosecution must be proved ‘beyond reasonable doubt’.**
- 6.6.4 The purpose of a disciplinary investigation is to establish the facts of the case, i.e. to ascertain whether there is a reasonable belief that the alleged misconduct has occurred; whether the employee has any explanation for the alleged misconduct; and whether there are any special circumstances to be taken into account. Disciplinary investigations and ensuing proceedings must adhere to the Advisory, Conciliation and Arbitration Services (ACAS) Code of Practice on Disciplinary and Grievance Procedures, as well as any local HR policies.
- 6.6.5 The NHS Counter Fraud Authority’s approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, disciplinary and regulatory – should be considered at the earliest opportunity, and any or all of these may be pursued where and when appropriate. The consistent use of an appropriate combination of investigative processes in each case demonstrates an organisation’s commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.
- 6.6.6 It is not unusual for the criminal and disciplinary processes to overlap. For example, an employee who is being investigated for suspected fraud may also be the subject of disciplinary proceedings by their employer arising out of the same set of circumstances.
- 6.6.7 In the case of parallel criminal and disciplinary processes, these should be conducted separately, but there needs to be close liaison between the Local Counter Fraud Specialist and the HR functions since one process may impact on the other. This may include the sharing of information where lawful and at the appropriate time.
- 6.6.8 A joint working protocol has been established and agreed between the ACS and Human Resources. The protocol indicates the responsibilities of specific individuals, the frequency of liaison meetings and specific interaction points during parallel investigations. Support and oversight is provided by the CFO and senior management as required to ensure this is implemented effectively.

6.7 Anti-Crime Specialist (ACS)

- 6.7.1 The ACS is responsible for tackling fraud, corruption and bribery affecting SEL ICB, in accordance with national NHS CFA standards. Adherence to standards is important to ensure that SEL ICB has appropriate anti-fraud, bribery and corruption measures in place. The ACS will look to achieve the highest possible standards and will report directly to the CFO and at least annually to the Audit Committee.
- 6.7.2 The ACS will be responsible for the day-to-day implementation of all components of the Government Functional Standard 013.

- 6.7.3 The ACS will work with key colleagues and stakeholders to promote anti-fraud work, conduct risk assessments, apply effective preventative measures and investigate allegations of fraud and corruption.
- 6.7.4 The ACS will ensure that the NHS CFA case management system is used to record all allegations of suspected fraud, bribery and corruption, and to provide information to inform national intelligence.
- 6.7.5 The ACS will use the NHS CFA case management system, CLUE, to support and progress the investigation of fraud, bribery and corruption allegations, in line with NHS CFA guidance.
- 6.7.6 The ACS will follow NHS CFA guidance, as set out in the NHS anti-fraud manual and current case acceptance criteria, in supporting the investigation of all allegations of fraud, bribery and corruption. The ACS will ensure that relevant legislation, such as the Police and Criminal Evidence Act 1984 and the Criminal Procedure and Investigations Act 1996, is adhered to.
- 6.7.7 The ACS will complete witness statements that satisfy the NHS CFA training model and best practice, and follow national guidelines approved by the Crown Prosecution Service (CPS).
- 6.7.8 The ACS will ensure that interviews under caution are conducted following the NHS CFA training model, and the Police and Criminal Evidence Act 1984.
- 6.7.9 The ACS will develop and deliver comprehensive risk based anti-fraud work.

6.8 Managers

- 6.8.1 All managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review.
- 6.8.2 Managers have a responsibility to ensure that employees are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures.
- 6.8.3 Any instances of actual or suspected fraud, bribery or corruption brought to the attention of a manager should be immediately reported to the ACS or via the national Fraud and Corruption Reporting Line (FCRL).
- 6.8.4 The NHS FCRL can be contacted on 0800 028 40 60, or alternatively, fraud can be reported confidentially online at www.cfa.nhs.uk/reportfraud
- 6.8.5 These reporting methods are not intended to replace existing local reporting lines, but rather to provide another way for those who feel unable to use them.
- 6.8.6 It is important that managers do not investigate any suspected financial crimes themselves.
- 6.8.7 Managers will promptly provide support and information to the ACS to enable them to carry out their duties. In particular, managers and their staff will co-operate with, and participate in, activities at the request of NHS Counter Fraud Authority and the

ACS, including the implementation of national anti-fraud, bribery and corruption measures. Managers will also ensure that employees adhere to guidance provided in intelligence alerts, bulletins and local warnings issued by NHS Counter Fraud Authority and the ACS.

- 6.8.8 Managers will proactively identify and report any system weaknesses that could facilitate fraud, bribery or corruption.

6.9 All employees

- 6.9.1 All employees are required to comply with the policies and procedures of SEL ICB and apply best practice in order to prevent fraud, bribery and corruption. All employees have a responsibility to protect NHS resources from such crimes.
- 6.9.2 Employees who are involved in, or manage, internal control systems should ensure that they receive adequate training and support in order to carry out their responsibilities.
- 6.9.3 If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the ACS and/or use the other reporting methods explained in section 7 and Appendix A of this policy.
- 6.9.4 An employee having reported a suspicion of fraud should not speak to the member of staff they suspect has committed the fraud.
- 6.9.5 Under no circumstances should a member of staff speak or write (including email) to representatives of the press, TV, radio, or to another third party, about suspected fraud, bribery or corruption. The established lines of reporting concerns to the CFO/DoF, ACS or via the Fraud and Corruption Reporting Line should be used and staff can be reassured that all allegations will be investigated.

6.10 Information management and technology

- 6.10.1 The Computer Misuse Act became law in 1990; the Act identifies three specific offences:
1. Unauthorised access to computer material
 2. Unauthorised access with intent to commit or facilitate commission of further offences
 3. Unauthorised acts with intent to impair, or with recklessness as to impairing operation of computer, etc.
- 6.10.2 Unauthorised access to computer material could include using another person's identifier (ID) and password without proper authority in order to use data or a program, or to alter, delete copy or move a program or data.
- 6.10.3 Unauthorised access with intent to commit or facilitate commission of further offences could include gaining unauthorised access to financial or administrative records with intent.

- 6.10.4 Unauthorised acts with intent to impair, or with recklessness as to impairing the operation of computer, could include: destroying another user's files, modifying system files, creation of a virus, changing clinical records, and deliberately generating information to cause a complete system malfunction.
- 6.10.5 The fraudulent use of information technology will be reported by the Director of IT to the ACS.

7.0 The response plan

7.1 Bribery and Corruption

- 7.1.1 SEL ICB conducts risk assessments within procurement and finance to assess how bribery and corruption may affect the organisation. Where the ACS has identified risks the organisation will ensure that proportionate procedures are put in place to mitigate these risks.
- 7.1.2 SEL ICB has a comprehensive Standards of Business Conduct Policy that outlines the procedures in relation to the declaration of interests, gifts and hospitality and sponsorship. This policy is available on the SEL ICB Intranet.

7.2 Reporting fraud, bribery or corruption

- 7.2.1 Any employee of SEL ICB discovering or suspecting fraud, bribery or corruption should report the matter immediately to the Anti-Crime Specialist (ACS) or the CFO.
- 7.2.2 Details of how to contact the ACS and other key reporting lines are provided in Appendix 1. All information received is treated in the strictest confidence.

7.3 Investigations

- 7.3.1 SEL ICB will be regularly updated on actions and progress for new and ongoing investigations. A case cannot be raised without prior agreement and discussion between the ACS and the CFO. Once agreed the case is then added to the NHS CFA CLUE system for the recording and management of investigation work. Updates are provided as and when required or at scheduled quarterly meetings with the CFO. The Audit Committee will receive a progress report with clear updates and actions taken with cases discussed at each meeting

7.4 Sanction and redress

- 7.4.1 Where an objective investigation has found that fraud, bribery and corruption is present the organisation will seek to apply appropriate sanctions. This may include:
- **Criminal Prosecution** - The ACS will work in partnership with NHS Counter Fraud Authority, the Police and/or the Crown Prosecution Service to bring a case to court against the alleged offender.
 - **Disciplinary** - Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent/illegal act. Fraud is defined by the CCG as gross misconduct. The Conduct and Capability Policy can be found on the CCG's intranet.

- **Civil proceedings** - Civil sanction will be applied against those who commit fraud, bribery and corruption to recover money and/or assets, including interest and costs, which have been fraudulently obtained.
- **Professional body disciplinary** – If the organisation is aware during the course of an investigation that a Healthcare Professional is involved in fraud, bribery or corruption, there is a risk to patient safety or there is a significant risk to public funds, a referral to the appropriate regulatory body will be made to consider whether fitness to practice procedures should be invoked.

8.0 Training

- 8.1 There are no additional training needs in relation to this policy. A current Fraud Response Plan is already in place and this policy updates this in line with the Government Functional Standards.
- 8.2 Fraud, bribery and corruption training is already incorporated into the staff Induction programme/mandatory training process via an online module.

9.0 Recommendation and approval process

- 9.1 Responsibility for approval of this policy rests with the SEL ICB audit committee, who are delegated by the Board with responsibility to ensure the organisation has robust anti-fraud and bribery procedures in place.

10.0 Communication/ Dissemination

- 10.1.1 This policy is accessible to all staff on the SEL ICB intranet.
- 10.2 All employees should be reminded of the existence and scope of this policy at least annually.

11.0 Implementation

- 11.1 This policy is to fulfil the requirements of the NHS Counter Fraud Authority Standards for Commissioners. No additional working practices or implementation plan is required.

12.0 Monitoring compliance and effectiveness of the document

- 12.1 SEL ICB and the ACS will monitor the effectiveness of this policy to ensure that it remains appropriate and continues to provide clear direction and help to those officers and directors of SEL ICB who become aware of fraud, bribery or corruption against the NHS.
- 12.2 Where deficiencies or weaknesses are identified as a result of monitoring and/or reviewing system controls, the ACS will make appropriate recommendations for improvement. These will be considered by the Chief Financial Officer and the Audit Committee.

13.0 Document review frequency and version control

- 13.1 The Anti-fraud, Bribery and Corruption policy will be reviewed bi-annually by the ACS in conjunction with the CFO and senior management and in accordance with relevant guidance, best practice and legislation.

14.0 Links to other policies/ documents and guidance

Freedom to Speak up (Whistleblowing) Policy

Disciplinary Policy

Standing Orders

Standards of Business Conduct Policy

NHS Counter Fraud Authority

Pre-contract procurement fraud and corruption: Guidance for prevention and detection (July 2018)

Invoice fraud: Guidance for prevention and detection (July 2018)

<https://cfa.nhs.uk/fraud-prevention/fraud-guidance>

[NHSCFA Strategy 2023-2026](#)

15.0 Equality and diversity statement

- 15.1 NHS South East London ICB is committed to equality of opportunity for its employees and members and does not unlawfully discriminate on the basis of their “protected characteristics” as defined in the Equality Act 2010 - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, carers for children, carers for those with long-term conditions, socio-economic deprivation and digital inclusion. An Equality Impact Assessment has been completed for this policy.

If members or employees have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates their role, they are advised to contact the Associate Director of Corporate Operations.

Appendix 1

Table 1: Fraud Awareness Do's and Don'ts

Fraud Awareness Do's and Don'ts Quick Guide		
Do		Don't
Be vigilant. Remember fraud takes valuable resources away from services and other employees.		Please don't ignore your concerns, however small your suspicion may be. With your help we can stamp out fraud.
Report your concerns in confidence to your Anti-Crime/ Counter Fraud Specialist or the National Fraud Reporting Hotline.		Don't discuss your suspicions with anyone else, especially the person you suspect might be committing the fraud!
Know and understand policies covering Anti-Fraud, Bribery and Corruption, Declarations/ Conflicts of Interest, Gifts, Hospitality and Sponsorship.		Don't be afraid of raising your concerns – the Public Interest Disclosure Act 1998 protects employees and you will not be victimised or discriminated against.
Keep any evidence or notes of events that you may already have to support your suspicion in a safe place.		Don't start your own investigation as this could lead to possible degradation or contamination of evidence.
You can report or discuss your concerns or suspicions, in confidence, with your dedicated Anti-Crime Specialist: Andrew Ede, 07814 285177, andrew.ede1@nhs.net You can also report your concerns in confidence to the NHS Counter Fraud Authority online at https://cfa.nhs.uk/reportfraud or on 0800 028 40 60.		
Anti-Crime Service	0845 300 3333	www.tiaa.co.uk

KEY PERSONNEL AND CONTACT DETAILS

Table 2: Table of key contacts

Title	Email
Chief Executive Officer, Andrew Bland	andrew.bland@selondonics.nhs.uk
Chief Finance Officer, Mike Fox	mike.fox@selondonics.nhs.uk
Fraud Champion, David Maloney	david.maloney@selondonics.nhs.uk mailto:
Anti-Crime and Investigations Manager Andrew Ede	andrew.ede1@nhs.net
Anti-Crime Specialist Sophie Bird	sophie.bird6@nhs.net
South East London ICB switchboard	0208 176 5330
Fraud & Corruption Reporting Line	0800 028 40 60
Counter Fraud	www.cfa.nhs.uk/reportfraud
Public Concern at Work	0207 404 6609

Written Referrals Can Be Sent by Email to:

Andrew Ede

Anti-Crime and Investigations Manager

andrew.ede1@nhs.net

Appendix 2

REFERRAL FORM

NAME

ORGANISATION/PROFESSION

ADDRESS

TEL.NO

THIS ALLEGED FRAUD RELATES TO:

NAME

ADDRESS

DATE OF BIRTH

Referrals should only be made when you can substantiate your suspicions with one reliable piece of information

Suspicion

Please provide details

Possible useful contacts

Please attach any available additional information.

Signed:.....

Date:.....

Appendix 3 - Equality Impact Assessment Screening

This is a checklist to ensure that relevant equality and equity aspects of proposals have been addressed either in the main body of the document or in a separate Equality & Equity Impact Assessment (EEIA)/ Equality Analysis. It is not a substitute for an EEIA which is required unless it can be shown that a proposal has no capacity to influence equality. The checklist is to enable the policy lead and the relevant committee to see whether an EEIA is required and to give assurance that the proposals will be legal, fair and equitable.

The word “proposal” is a generic term for any policy, procedure or strategy that requires assessment.

Equality Analysis Screening Tool

Date of Assessment	25/07/24
Assessor Name(s) & Job Title(s)	Simon Beard, associate director for corporate operations
Organisation	NHS SEL ICB
Name of the project/decision	Anti-fraud, bribery and corruption policy
Aim/Purpose of the project/decision	This document sets out NHS South East London Integrated Care Board's policy for dealing with suspected or detected fraud, bribery and corruption.

1. Do you consider the project/decision to have an **adverse workforce equality impact and/or health inequality impact** on any of the protected groups as defined by the Equality Act 2010? Write either 'yes' or 'no' next to the appropriate group(s).

Protected group	Yes/No	Protected group	Yes/No	Protected group	Yes/No
Age	No	Pregnancy/Maternity	No	Marriage/Civil Partnership (employment only)	No
Disability	No	Race	No	Socio-economic / Deprivation	No
Gender	No	Religion/Belief	No	Carers	No
Gender reassignment	No	Sexual orientation	No		

2. If you answered 'yes' to any of the above give your reasons why

n/a

3. If you answered 'no' to any of the above give your reasons why

There is no anticipated detrimental impact on any equality group from this policy. This Policy will be applied to all NHS staff employed by the organisation and there is no evidence that the policy will impact, disadvantage or discriminate against any particular protected characteristic group.

4. Please indicate if a Full Equality Analysis is recommended:		NO	YES
Signature of Project Lead: Simon Beard	Date completed 25/07/24	NO	
Signature of reviewing member of Equality Team: <i>Louis French</i>	Date reviewed: 29/08/2024	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	