

Anti-Fraud, Bribery and Corruption Policy & Response Plan

Version 1

Document summary

Policy outlining the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within Mersey and West Lancashire Teaching Hospitals NHS Trust.

A guide for all employees, contractors, consultants, vendors and other internal and external stakeholders who have a professional or business relationship with the Trust, on what fraud, bribery and corruption are in the NHS; what everyone’s responsibility is to prevent fraud, bribery and corruption; and also how to report concerns and/or suspicions with the intention of reducing fraud to a minimum within the Trust.

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Document type	Policy	Trust wide
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Review date	*3 years from approval date 28/02/2027	
Accountable Director	Director of Finance & Information	
Policy Author	Trust’s Anti-Fraud Specialist in conjunction with the Trust’s Assistant Director of Finance - FS	
Target audience	All staff	

The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as “uncontrolled”, as they may not contain the latest updates and amendments

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Document control

Section 1 – Document Information	
Title	Anti-Fraud, Bribery and Corruption Policy
Directorate	Finance
Brief Description of amendments	
<p>New document, based on previous St Helens & Knowsley Trust Standards of Business Conduct Policy</p> <p>Format and layout changed from previous version.</p> <p>Inclusion of appropriate references to the NHS Counter Fraud Strategy 2020-2023.</p> <p>All references made to 'NHS Standards for Providers' replaced with 'Government Functional Standard GovS 013: Counter Fraud' or 'NHS Requirements'.</p> <p>Anti-Fraud Specialist (AFS) contact details updated.</p> <p>Minor wording amendments to some sections but content and principles remain largely the same.</p>	
Does the document follow the Trust agreed format?	Yes
Are all mandatory headings complete?	Yes
Does the document outline clearly the monitoring compliance and performance management?	Yes
Equality Analysis completed?	Yes

Section 2 – Consultation information*	
*Please remember to consult with all services provided by the Trust, including Community & Primary Care	
Consultation Completed	<input type="checkbox"/> Trust wide <input type="checkbox"/> Local <input type="checkbox"/> Specific staff group
Consultation start date	Click here to enter a date.
Consultation end date	Click here to enter a date.

Section 3 – Version control		
Version	Date Approved	Brief Summary of Changes
1	Feb 2024	New document, based on previous St Helens & Knowsley Trust document.

Section 4 – Approval – <i>To be completed by Document Control</i>	
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Assurance provided by author & Chair	<input checked="" type="checkbox"/> Minutes of meeting <input type="checkbox"/> E-mail with Chair's approval
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1. Scope

This policy has been produced by the Trust's AFS, and is intended to provide a guide for all employees [regardless of position or employment status], contractors, consultants, vendors and other internal and external stakeholders who have a professional or business relationship with the Trust, on what fraud and corruption are in the NHS; what everyone's responsibility are to prevent fraud, bribery and corruption; and also how to report concerns and/or suspicions with the intention of reducing fraud to a minimum within the Trust.

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to employees who may identify suspected fraud, corruption or bribery. It provides a framework for responding to suspicions of fraud, bribery and corruption, advice and information on various aspects of fraud, bribery and corruption and implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption.

2. Introduction

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS conduct themselves in an honest and professional manner and they believe that fraud, bribery and corruption, committed by a minority, is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.

Mersey and West Lancashire Teaching Hospitals NHS Trust (the 'Trust') is committed to reducing the level of fraud, bribery and corruption within the NHS 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 Trust, at its most senior levels, wishes to encourage anyone having reasonable suspicions of fraud, bribery or corruption to report them. For the purposes of this policy "reasonably held suspicions" shall mean any suspicions other than those which are totally groundless (and/or raised maliciously).

It is the Trust's policy that no employee will suffer in any way as a result of reporting these suspicions. This protection is given under the provisions of the Public Interest Disclosure Act, and other related legislation / regulations, which the Trust is obliged to comply with.

The Trust will take all necessary steps to counter fraud, bribery and corruption in accordance with this policy, with the Government Functional Standard GovS 013: Counter Fraud (NHS Requirements), NHS contractual requirements and with regard to the policies, directions, instructions and guidance as issued by the NHS Counter Fraud Authority (NHSCFA), as well as in accordance with relevant UK legislation.

The Trust will seek the appropriate disciplinary, regulatory, civil and criminal sanctions [as well as referral to professional bodies, where appropriate] against fraudsters and where possible will attempt to recover losses.

Each Trust is required to appoint its own dedicated Anti-Fraud Specialist (AFS), also known as Local Counter Fraud Specialist (LCFS), who is accredited by the NHSCFA and accountable to them professionally for the completion of a range of preventative anti-fraud and corruption work,

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as well as for undertaking any necessary investigations. Locally, the AFS is accountable on a day-to-day basis to the Trust's Director of Finance & Information and also reports, periodically, to the Trust's Audit Committee.

All instances where fraud, bribery and/or corruption is suspected are thoroughly investigated by suitable accredited personnel. Any investigations will be undertaken in accordance with the NHSCFA investigatory toolkit requirements.

[NB. For staff awareness, theft issues are usually dealt with by the Trust's Security Team, not the AFS. However, the AFS will be mindful of any potential criminality identified in the course of any investigation and will, with the agreement of the Director of Finance & Information, notify the appropriate investigating authority].

3. Statement of intent

The Trust is committed to taking all necessary steps to counter fraud, bribery and corruption.

The aim of this policy is to provide a guide for employees as to what fraud is in the NHS, to emphasise that it's everyone's responsibility is to prevent fraud, bribery and corruption and to provide guidance on how to report it.

Tackling fraud in the NHS is guided by the NHSCFA Strategy 2023-26 which details how the NHSCFA works collaboratively with the health sector to understand, find, and prevent fraud in the NHS. They have developed four key pillars of activity to facilitate this:

1. Understand: Understand how fraud, bribery and corruption affects the NHS.
2. Prevent: Ensure the NHS is equipped to take proactive action to prevent future losses from occurring.
3. Respond: Ensure the NHS is equipped to respond when a fraud occurs.
4. Assure: Provide assurance to key partners, stakeholders and the public that the overall response to fraud across the NHS is robust.

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4. Definitions

Definition	Meaning
NHS Counter Fraud Authority (NHSCFA) / NHS Counter Fraud Strategy	<p>The NHS Counter Fraud Authority (NHSCFA) is a special health authority which 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.</p> <p>NHSCFA also maintains a national NHS Counter Fraud Strategy which sets out the strategic approach and direction, key challenges and opportunities, and the priority areas identified for tackling fraud and corruption in the NHS. The Trust's local approach to tackling fraud and corruption, through the work of the Anti-Fraud Specialist, organisational resources and the annual risk-assessed counter fraud work-plan, fully acknowledges and aligns itself to the priorities set out in the national strategy.</p>
Government Functional Standard GovS 013: Counter Fraud (NHS Requirements)	<p>A requirement in the NHS standard contract is that providers and commissioners of NHS services must take the necessary action to comply with the NHSCFA's counter fraud standards. Others should have due regard to the standards. The contract places a requirement on providers / commissioners 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.</p>
Fraud	<p>The Fraud Act 2006 introduced an entirely new way of investigating and prosecuting fraud, which can relate to money, property or other benefits of value. Previously, the word 'fraud' was an umbrella term used to cover a variety of criminal offences falling under various legislative acts. It is no longer necessary to prove that a person has been deceived, or for a fraud to be successful. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain either for themselves or another; to cause a loss to another; or, expose another to a risk of a loss.</p> <p>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 AFS, as listed below.</p> <ul style="list-style-type: none"> • Fraud by false representation (s.2) – lying about something using any means, e.g. falsifying a CV or NHS job application form. • Fraud by failing to disclose (s.3) – not saying something when you have a legal duty to do so, e.g. failing to declare a conviction, disqualification or commercial interest when such information may have an impact on your NHS role, duties or obligation and where you are required to declare such information as part of a legal

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commitment to do so.

- **Fraud by abuse of a position of trust (s.4)** – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation, e.g. a carer abusing their access to patients monies, or an employee using commercially confidential NHS information to make a personal gain.

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

Bribery and corruption

The Trust adopts a ‘zero tolerance’ attitude towards bribery and does not, and will not, pay or accept bribes or offers of inducement to or from anyone, for any purpose.

The Trust is fully committed to the objective of preventing bribery and will ensure that adequate procedures, which are proportionate to our risks, are in place to prevent bribery.

The Bribery Act 2010 reformed the criminal law of bribery, making it a criminal offence to:

- give, promise or offer a bribe (s.1), and/or
- request, agree to receive or accept a bribe (s.2).

Corruption is generally considered to be an “umbrella” term covering such various activities as bribery, corrupt preferential treatment, kickbacks, cronyism, theft or embezzlement. Under the 2010 Act, however, bribery is now a series of specific offences.

Generally, bribery is defined as: **an inducement or reward offered, promised or provided to someone to perform their functions or activities improperly in order to gain a personal, commercial, regulatory and/or contractual advantage.**

Examples of bribery in an NHS context could be a contractor attempting to influence a procurement decision-maker by giving them an extra benefit or gift as part of a tender exercise; or, a medical or pharmaceutical company providing holidays or other excessive hospitality to a clinician in order to influence them to persuade their Trust to purchase that company’s particular clinical supplies.

A bribe does not have to be in cash; it may be the awarding of a contract, the provision of gifts, hospitality, sponsorship, the promise of work or some other benefit. The persons making and receiving the bribe may be acting on behalf of others – under the Bribery Act 2010, all parties involved may be prosecuted for a bribery offence.

All staff are reminded to ensure that they are transparent in respect of

	<p>recording any gifts, hospitality or sponsorship and they should refer to the Trust’s separate policy, the ‘Standards of Business Conduct (incorporating Managing Conflicts of Interest in the NHS) Policy’ covering:</p> <ul style="list-style-type: none"> • Acceptance of Gifts and Hospitality • Declaration of Interests • Sponsorship <p>The Bribery Act 2010 applies to (and can be triggered by) everyone “associated” with this Trust who performs services for us, or on our behalf, or who provides us with goods. This includes those who work for and with us, such as employees, agents, subsidiaries, contractors and suppliers (regardless of whether they are incorporated or not). The term ‘associated persons’ has an intentionally wide interpretation under the Bribery Act 2010.</p> <p>Sanctions, following a successful prosecution, are similar to those of the Fraud Act 2006.</p>
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5. Duties, accountabilities and responsibilities

Through our day-to-day work, we, i.e. all staff, are in the best position to recognise any specific risks within our own areas of responsibility. We also have a duty to ensure that those risks – however large or small – are identified and eliminated. Where you believe the opportunity for fraud, corruption or bribery exists, whether because of poor procedures or oversight, you should report it to the AFS or the NHS Fraud and Corruption Reporting Line and/or the NHSCFA’s online Fraud Reporting Form (section 6.2).

This section states the roles and responsibilities of employees and other relevant parties in reporting fraud or corruption.

5.1 Board

The Trust’s Board has a duty to provide adequate governance and oversight of the Trust to ensure that its funds, people and assets are adequately protected against criminal activity, including fraud, bribery and corruption.

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

5.2 Chief Executive

The Trust’s Chief Executive, as the organisation’s accountable officer, has overall responsibility for securing funds, assets and resources entrusted to it, including instances of fraud, bribery and corruption.

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The Chief Executive must ensure adequate policies and procedures are in place to protect the Trust and the public funds it receives. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement of all of Trust employees. The Trust therefore has a duty to ensure employees who are involved in or who are managing internal control systems receive adequate training and support in order to carry out their responsibilities. Therefore, the Chief Executive and Director of Finance & Information will monitor and ensure compliance with this policy.

5.3 Director of Finance & Information

The Director of Finance & Information (DoF&I) has the power to approve financial transactions initiated by directorates across the Trust.

They prepare, document and maintain detailed financial procedures and systems and apply the principles of segregation of duties and internal checks to supplement those procedures and systems.

The DoF&I 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 an Annual Governance Statement for inclusion in the Annual Report.

They also act as the Executive Lead for the Trust's counter fraud arrangements, liaising closely with the Anti-Fraud Specialist.

The DoF&I 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.

5.4 Audit Committee

The role of the Audit Committee is to review, approve and monitor counter fraud workplans, receive regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.

5.5 Internal and external audit

The role of internal and external auditors includes reviewing controls and systems and ensuring compliance with financial instructions. They have a duty to pass on any suspicions of fraud, bribery or corruption to the Anti-Fraud Specialist (AFS).

5.6 Human Resources

Human Resources (HR) plays a role in relation to employees in suspected cases of fraud, bribery and corruption, including liaison with the AFS and the conduct of any investigation, and instigating the necessary disciplinary action against those who fail to comply with the Trust's policies, procedures and processes. HR works with the AFS to ensure that appropriate parallel sanctions are applied (in accordance with the NHSCFA Anti-Fraud

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Manual) where fraud, bribery or corruption is proven against employees. Appropriate joint working protocols exist to detail this relationship.

5.7 Anti-Fraud Specialist

The AFS is responsible for taking forward all anti-fraud work locally in accordance with the national functional counter fraud standards (NHS requirements), as well as the NHS Counter Fraud Strategy, and reports directly to the DoF&I.

Adhering to NHSCFA functional counter fraud standards (NHS requirements) is important in ensuring that the Trust has appropriate counter fraud, bribery and corruption arrangements in place and that the AFS will look to achieve the highest standards possible in their work.

The AFS will work with key colleagues and stakeholders to promote counter fraud work, apply effective preventative measures and investigate allegations of fraud and corruption.

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

The AFS has responsibility for investigating any allegations of fraud and corruption within the Trust.

5.8 Counter Fraud Champion

A Counter Fraud Champion has been appointed, and their role and duties include:

- promoting awareness of fraud, bribery and corruption within the organisation;
- understanding the threat posed by fraud, bribery and corruption; and
- understanding best practice on counter fraud.

They do not have any remit to investigate allegations of fraud or corruption.

5.9 Freedom to Speak-Up Guardians ('whistleblowing')

Guardians have a responsibility to report allegations they receive relating to fraud or corruption against the Trust to the AFS (whilst protecting the identity of the referrer, if necessary).

5.10 Managers

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

Managers have a responsibility to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the Trust from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies, procedures and processes.

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Managers should report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the AFS immediately. It is important that managers do not investigate any suspected financial crimes themselves.

Other responsibilities managers have include conducting risk assessments and mitigating identified risks.

5.11 All employees

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 (for example in the areas of procurement, personal expenses and ethical business behaviour). Staff should be aware of their own responsibilities in accordance with the Trust's standards of behaviour and in protecting the Trust from these crimes.

Employees who are involved in or manage internal control systems should be adequately training and supported in order to carry out their responsibilities.

If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the AFS and/or to NHSCFA (section 6.2).

5.12 Information management and technology

The Head of Information Security (or equivalent) will contact the AFS immediately in all cases where there is suspicion that Trust ICT (Information and Communications Technology) is being used for fraudulent purposes in accordance with the Computer Misuse Act 1990. Similarly, the Head of Information Security or equivalent will liaise closely with the AFS to ensure that a subject's access (both physical and electronic) to Trust ICT resources is suspended or removed where an investigation identifies that it is appropriate to do so.

6. The Response Plan

6.1 Bribery and corruption

The AFS undertakes an annual fraud and bribery risk assessment, in conjunction with the Trust conducting periodic assessments (in line with Ministry of Justice guidance) to assess how bribery and corruption may affect the Trust. Proportionate procedures and measures have been put in place to mitigate identified risks.

The Trust also has a policy and procedure in place in relation to the completion of declarations of interest, including secondary employment and hospitality/gifts. The relevant policy and procedures are accessible via the Trust's intranet policies page, and staff are required to comply with these arrangements. Instances of non-compliance may be referred to the AFS for further investigation.

The AFS has primary organisational responsibility for investigating allegations of fraud and corruption against or with the Trust.

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6.2 Reporting fraud, bribery or corruption

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

All genuine suspicions of fraud, bribery and corruption must be reported directly to the AFS, Virginia Martin, using the following contact details:

Email – virginia.martin@miaa.nhs.uk

Telephone – **0755 113 1109 / 0151 285 4500**

If the referrer believes that the AFS is implicated, they should notify the DoF&I who will then inform the Chief Executive and Audit Committee Chair.

An employee can contact any executive or non-executive director of the Trust to discuss their concerns if they feel unable, for any reason, to report the matter to the AFS.

Details of a suspected fraud, bribery and corruption may be reported through the **NHS Fraud and Corruption Reporting Line** on **Freephone 0800 028 40 60**, (powered by 'Crimestoppers 24/7') or online at <https://cfa.nhs.uk/reportfraud>, in addition to the AFS.

The AFS and/or NHSCFA will undertake an investigation and seek to apply criminal and civil sanctions, where appropriate. Any investigation would follow set investigative procedures.

Investigations may also include police involvement, where appropriate.

All NHS bodies including private providers, commissioners and trusts refer to the Home Office's bribery and corruption assessment template in order to assess their response to bribery and corruption.

6.3 Whistleblowing

To support the reporting of fraud using the NHSCFA fraud reporting process (as outlined above), all employees should be aware of NHS Improvement and NHS England's: *Freedom to speak up: raising concerns (whistleblowing) policy for the NHS*, April 2016 and NHS England's *Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS*, November 2017. These form the minimum standard to help normalise the raising of concerns in the NHS for the benefit of all patients in England.

6.4 Disciplinary action

Disciplinary procedures, in the context of fraud allegations, will be initiated where an employee is suspected of being directly involved in a fraudulent or illegal act, or where their negligent action has led to a fraud being perpetrated. The Trust's *Disciplinary Policy* can be located on the Trust's intranet policies page.

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6.5 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 Trust.

The Trust'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 this Trust's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.

Briefly, the types of sanction which the Trust may apply when a financial offence has occurred include:

Civil – Civil sanctions can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.

Criminal – The AFS 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, as per Section 4.3 of this policy.

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

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

7. Review

7.1 Monitoring and auditing of policy effectiveness

Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Monitoring arrangements include reviewing system controls on an ongoing basis and identifying weaknesses in processes.

Where deficiencies are identified as a result of monitoring, appropriate recommendations and action plans are developed and implemented. Outcomes will be summarised and documented through the Trust's Audit Committee.

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7.2 Dissemination of the policy

This policy will be brought to the attention of all employees and will form part of the induction process for new staff.

This policy will be disseminated Trust wide for all employees to understand and be made aware of via awareness presentations, the Trust's Team Brief and on the Trust's Anti-Fraud intranet and internet pages.

It is important that staff understand and are aware of this policy.

8. Training

There are no specific training requirements for this document.

9. Monitoring compliance

Monitoring is essential in ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Through the reviewing of system controls, conducting investigations and identifying weaknesses, the AFS will monitor the policy's effectiveness. Outcomes will be summarised and documented through the Trust's Audit Committee.

9.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1	Government Functional Standard GovS 013: Counter Fraud (NHS Requirements)
2	Service Condition 24 – NHS Standard Contract

9.2 Performance management of the Policy

Minimum Requirement to be Monitored	Lead(s)	Tool	Frequency	Reporting Arrangements	Lead(s) for acting on Recommendations
Audit of at least 3 procedural documents	Assistant Director of Governance / Policy Governance Group	Random review of procedural documents to be agreed by the Policy Governance Group	Monthly review of sample of 3 procedural documents	Policy Governance Group and Quality Committee	Author(s) Policy Governance Group Members
95% of procedural documents on the intranet are within review date	Quality & Risk Office Manager / Assistant Director of Governance	Monthly report to be submitted to Policy Governance Group showing compliance	Monthly	Policy Governance Group and Quality Committee (annually)	Author(s) Policy Governance Group Members Lead Executive Director(s)

10. References

No	Reference
1	NHS Counter Fraud Authority Strategy 2023-2026: https://cfa.nhs.uk/about-nhscfa/corporate-publications/strategy-2023-26
2	Government Functional Standard 013: Counter Fraud https://cfa.nhs.uk/counter-fraud-standards
3	Fraud Act 2006 1-4 https://www.legislation.gov.uk/ukpga/2006/35/contents
4	Bribery Act 2010 https://www.legislation.gov.uk/ukpga/2010/23/contents
5	Ministry of Justice <i>Guidance to the Bribery Act 2010</i> https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf
6	Home Office <i>Bribery and corruption assessment template</i> https://www.gov.uk/government/publications/bribery-and-corruption-assessment-template
7	NHS Improvement and NHS England's <i>Freedom to speak up: raising concerns (whistleblowing) policy for the NHS</i> , April 2016 https://www.england.nhs.uk/wp-content/uploads/2021/03/freedom-to-speak-up-raising-concerns-policy-for-the-nhs-april-19.pdf
8	NHS England's <i>Guidance to primary care providers on supporting whistleblowing in the NHS</i> , November 2017 https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf
9	NHS Audit Committee Handbook 2018 https://www.hfma.org.uk/publications?Type=Guide

11. Related Trust documents

No	Related Document
1	Disciplinary Policy
2	Raising Concerns Policy and Procedure
3	Standards of Business Conduct (incorporating Managing Conflicts of Interest in the NHS) Policy

12. Equality Analysis Form

The screening assessment must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process to ascertain whether a full equality analysis is required. This assessment must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Patient Inclusion and Experience Lead for monitoring purposes. Cheryl.farmer@sthk.nhs.uk. If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion darren.mooney@sthk.nhs.uk. If this screening assessment indicates

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that discrimination could potentially be introduced then seek advice from the Patient Inclusion and Experience Lead or workforce Head of Equality, Diversity and Inclusion. A full equality analysis must be considered on any cost improvement schemes, organisational changes or service changes which could have an impact on patients or staff.

Equality Analysis			
Title of Document/proposal /service/cost improvement plan etc:		Anti-Fraud, Bribery and Corruption Policy & Response Plan	
Date of Assessment	January 2024	Name of Person completing assessment /job title:	Kerry Jenkinson
Lead Executive Director	Director of Finance & Information		Interim Assistant Director of Finance – Financial Services
Does the proposal, service or document affect one group more or less favourably than other group(s) on the basis of their:		Yes / No	Justification/evidence and data source
1	Age	No	Click here to enter text.
2	Disability (including learning disability, physical, sensory or mental impairment)	No	Click here to enter text.
3	Gender reassignment	No	Click here to enter text.
4	Marriage or civil partnership	No	Click here to enter text.
5	Pregnancy or maternity	No	Click here to enter text.
6	Race	No	Click here to enter text.
7	Religion or belief	No	Click here to enter text.
8	Sex	No	Click here to enter text.
9	Sexual Orientation	No	Click here to enter text.
Human Rights – are there any issues which might affect a person’s human rights?		Yes / No	Justification/evidence and data source
1	Right to life	No	Click here to enter text.
2	Right to freedom from degrading or humiliating treatment	No	Click here to enter text.
3	Right to privacy or family life	No	Click here to enter text.
4	Any other of the human rights?	No	Click here to enter text.
Lead of Service Review & Approval			
Service Manager completing review & approval		Christine Oakley, Deputy Director of Finance	
Job Title:		January 2024	

Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		X		
Will the procedural document lead to the collection of new information about individuals?		X		
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		X		
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		X		
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		X		
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		X		
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		X		
Will the implementation of the procedural document compel individuals to provide information about themselves?		X		

Sign off if no requirement to continue with Data Protection Impact Assessment:

Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

Policy author: Kerry Jenkinson, Interim Assistant Director of Finance – Financial Services

Date : January 2024

Title:	Trust Standards of Business Conduct Policy		
Document Number:	PD0293	Version:	V1
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