

LOCAL ANTI-FRAUD, BRIBERY AND CORRUPTION POLICY

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Target Audience :	All staff, members, secondees, agency and contracted staff working within the organisation. Service Users and Members of the Public
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The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by and Date	Date on Internet
3.1	CCG/ LCFS	2014 Version updated to include latest legislation, contact details, GDPR	Audit Committee 26 July 2018	09 August 2018

To request this document in a different language or in a different format, please contact : 01904 555 870 or valeofyork.contactus@nhs.net

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1. INTRODUCTION

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

This document sets out the NHS Vale of York Clinical Commissioning Group's (the CCG) policy for dealing with detected or suspected fraud, bribery or corruption, and the avoidance of such activity as directed by NHS Protect and provides details of how CCG staff or members of the public can report concerns.

The CCG wishes to encourage anyone having suspicions of fraud, bribery and corruption to report them and no employee will suffer as a consequence of reporting reasonably held concerns.

This policy applies to all permanent, temporary and bank employees of the CCG, agency and locum workers, holders of honorary contracts, secondees to the CCG, contractors and any other parties who have a business relationship with the CCG.

2. POLICY STATEMENT

- 2.1 The CCG and its Governing Body is committed to reducing the level of fraud, bribery and corruption within the organisation and the wider NHS to an absolute minimum and aims to eliminate all such activity as far as possible.

To meet this objective the CCG has adopted NHS Counter Fraud Authority's national strategic approach to tackling all crime against the NHS which encompasses :

- Strategic Governance.
- Inform and Involve those who work for or use the NHS about crime and how to tackle it.
- Prevent and Deter crime in the NHS to take away the opportunity for crime to occur or to re-occur and discourage those individuals who may be tempted to commit crime.
- Hold to account those who have committed crime against the NHS.

Operationally the CCG's Local Counter Fraud Specialists will produce an annual Counter Fraud Plan for activity which will reflect this strategic approach and which will be formally approved by the Audit Committee.

The CCG wishes to encourage anyone having suspicions of fraud, bribery and corruption to report them and no employee will suffer as a consequence of reporting reasonably held concerns.

All suspicions reported will be investigated by the Local Counter Fraud Specialists (LCFS) in accordance with the NHS Anti-Fraud Manual and where appropriate sanctions, which may include any or all of criminal prosecution, civil prosecution, internal or regulatory disciplinary action and financial redress will be sought.

3. IMPACT ANALYSES

Equality

- 3.1 In developing this policy, an Equality Impact Analysis (EIA) has been undertaken and the results are published with this policy on the CCG website. As a result of the initial screening, the policy does not appear to have adverse effects on people who share protected characteristics and no further actions are recommended at this stage. In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation.

Sustainability

- 3.2 The policy has been assessed against the CCG's sustainability themes using a sustainable impact assessment (SIA) and there is no anticipated detrimental impact. The results of the SIA are published with the policy on the CCG website.

4. SCOPE

- 4.1. This policy applies to all CCG employees, Council of Representatives, Members of the Governing Body, members of its committees and sub-committees, Lay Members, any staff seconded to the CCG and contract and agency staff. Any reference to staff or individuals applies to all the aforementioned.

5. POLICY PURPOSE / AIMS AND FAILURE TO COMPLY

- 5.1. 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 illegality. It provides a framework for responding to suspicions of fraud, bribery and corruption; advice and information, and potential consequences arising from an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption. The overall aims of this policy are to :
- Improve the knowledge and understanding of everyone in and associated with the CCG, irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and its unacceptability
 - Assist in promoting a climate of openness and an environment where people feel able to raise concerns sensibly and responsibly
 - Set out the CCG's responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery and corruption.

6. PRINCIPAL LEGISLATION AND COMPLIANCE WITH STANDARDS

NHS Counter Fraud Authority

- 6.1 NHS Counter Fraud Authority is a special health authority charged with the identification, investigation and prevention of fraud, bribery and corruption within the

NHS. Its service delivery model focuses upon standard setting, bench marking and assurance to enable local NHS organisations to take corrective action as appropriate.

Fraud

- 6.2 The Fraud Act 2006 came into force on 15th January 2007. The Act repealed and replaced the eight deception offences in the Theft Acts 1968-1996. It is no longer necessary to prove that the victim was deceived; the focus is now on the dishonest behaviour of the suspect and their intent to make a gain or cause a loss.

The offence of fraud can be committed in three ways :

1. Fraud by false representation (Section 2) – lying about something using any means, e.g. by words or actions
2. Fraud by failing to disclose (Section 3) – not saying something when you have a legal duty to do so
3. Fraud by abuse of a position of trust (Section 4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation. 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 a gain or loss. The gain or loss does not have to succeed, so long as the intent is there.

Bribery and corruption

- 6.3 Under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so, and
- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper. It is, therefore, extremely important that staff adhere to this and other related documentation when considering whether to offer or accept gifts and hospitality and/or other incentives.

Information management and technology

- 6.4 The Computer Misuse Act 1990 legislates against the unauthorised access and modification of computer data for fraudulent purposes. Any suspicion of the use of the CCG's IMT for fraudulent purposes should be reported to the LCFS.

Reporting fraud, bribery or corruption

- 6.5 Suspected fraud can be discovered in a number of ways, but in all cases it is important that staff are able to report their concerns and are aware of the means by which they are able to do so.

All staff should report their suspicions to the LCFS who is authorised to treat concerns raised in the strictest confidence and anonymously if so requested. A referral form can be found below (Appendix 4) and on the CCG's website. The

LCFS will undertake to acknowledge receipt of this referral within 5 working days unless otherwise requested.

To report any suspicions of fraud and/or corruption please contact Steven Moss, Head of Anti-Crime Services or Jamie Darnton, LCFS via the following :
E-mail: steven.moss@nhs.net or Jamie.darnton@nhs.net

Post: Steven Moss / Jamie Darnton, Internal Audit, Park House, Bridge Lane, Wigginton Road, York, YO31 8ZZ.

Phone: 01904 725145 / 725190

The LCFS will inform the Chief Finance Officer if the suspicion seems well founded and will conduct a thorough investigation. Concerns may also be discussed with The Chief Finance Officer or the Chair of the Audit Committee.

If staff prefer they may call the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 between 8am and 6pm Monday to Friday or report online at www.cfa.nhs.uk/reportfraud . This would also be the suggested contact if there is a concern that the LCFS or the Chief Finance Officer themselves may be implicated in suspected fraud, bribery or corruption.

Where it is the wish of the individual to report suspicions anonymously this will be respected. The Governing Body will, however, always encourage individuals to give their name as this allows suspicions to be acted upon with greater effectiveness and efficiency.

Once fraud or corruption is reported, any allegation will be investigated by the LCFS in a professional manner aimed at ensuring that the current and future interests of the CCG and the suspected individual(s) are protected. The latter is equally important as a suspicion should not be seen as guilt to be proven.

The guide included in the appendix (Appendix 3) provides a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and/or corruption, is discovered or suspected.

Managers are encouraged to copy this to staff and to place it on staff notice boards.

Sanctions and redress

Sanctions

6.6 Where a staff member is suspected of fraud, bribery or corruption or any other illegal act the CCG will determine on the appropriate disciplinary action, in accordance with its Disciplinary Policy and Procedure. It should be noted that the duty to follow disciplinary procedures will not preclude consideration of the application of other available sanctions. The full range of sanctions are:

- **Criminal** – whereby proceedings may be brought against alleged offenders and the case heard in Court with the view to obtaining a criminal conviction, an appropriate fine, imprisonment, confiscation, compensation order and award of costs.
- **Civil** – whereby proceedings are undertaken to recover money or assets fraudulently obtained including interest and costs.

- **Disciplinary** – whereby the employee will be dealt with internally via Human Resources and, where the individual is a professional, it may also be necessary to notify their professional body for the matter to be dealt with externally.
- It should be recognised that whilst each sanction stands-alone potentially all three could be pursued. The decision on the sanctions to be pursued will be determined by the Chief Finance Officer in conjunction with the NHS Counter Fraud Authority and the Crown Prosecution Service as appropriate.

Redress

- 6.7 The seeking of financial redress or recovery of losses will always be considered in cases of fraud, bribery and corruption that are investigated by the LCFS or the NHS Counter Fraud Authority where a loss is identified. As a general rule, recovery of the loss caused by the perpetrator will always be sought. The decision will be made in the light of the particular circumstances of each case by the Chief Finance Officer in conjunction with NHS Counter Fraud Authority and Crown Prosecution Service as appropriate.

7. ROLES / RESPONSIBILITIES / DUTIES

7.1 Chief Officer

The Chief Officer has overall responsibility for funds entrusted to the organisation as the accountable officer. This includes instances of fraud, bribery and corruption. The Chief Officer must ensure adequate policies and procedures are in place to protect the organisation.

7.2 Chief Finance Officer

This role of Chief Finance Officer has been summarised in the NHS Commissioning Board guidance Clinical commissioning group governing body members: Role outlines, attributes and skills (October 2012) as :

- a) Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged;
- b) Making appropriate arrangements to support and monitor the Group's finances;
- c) Overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;
- d) Being able to advise the Governing Body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties; and
- e) Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board. The Chief Finance Officer prepares documents and maintains detailed financial procedures and systems and that they incorporate the principles of separation of duties and internal checks to supplement those procedures and systems. The Chief Finance Officer will, depending on the outcome of initial investigations, inform appropriate senior management of suspected cases of fraud, bribery and corruption, especially in cases where the loss may be above an agreed limit or where the incident may lead to adverse publicity.

The Chief Finance Officer will ensure the Local Counter Fraud Specialist (LCFS), or the specialist investigators, are given access to staff and records where required/necessary.

The Chief Finance Officer will present the views of the organisation on the conduct of the investigation and any possible sanctions against any employee, if required to do so by NHS Counter Fraud Authority.

The Chief Finance Officer will, where considered necessary, pursue sanctions against any employee found to be guilty of fraud or corruption where the advice of NHS Counter Fraud Authority is that a criminal prosecution will not be pursued by them.

7.3 Internal and external audit

Internal and external audit work regularly includes reviewing controls and systems and ensuring compliance with financial instructions. Internal and external audit have the duty to pass on any suspicions of fraud, bribery or corruption to the LCFS.

7.4 Workforce

When Workforce staff (part of the EMBED Human Resources) are advised of suspected cases of fraud, bribery or corruption, they undertake to advise the LCFS as soon as possible. Workforce staff and the LCFS will liaise during the conduct of any investigation to ensure information is shared, duplication avoided and the actions of neither party compromises each other's work, in accordance with the Protocol for LCFS and Workforce co-operation which is in place.

7.5 Local Counter Fraud Specialist

The LCFS is responsible for taking forward all anti-fraud work locally in accordance with national standards and reports directly to the Chief Finance Officer. The LCFS will work with key colleagues and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud and corruption. The LCFS will investigate allegations of fraud and corruption in accordance with the instructions of the NHS Counter Fraud Authority. The LCFS will provide regular updates on current investigations to the Chief Finance Officer and the Audit Committee and is responsible for all external reporting requirements. The LCFS will play an active part in raising fraud awareness and enforcing the message that fraud within the CCG is not acceptable and will not be tolerated.

7.6 Managers

All managers are responsible for ensuring that policies, procedures and processes are adhered to and those within their local area 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 organisation from it. Managers will also be responsible for the enforcement of disciplinary action for any staff who does not comply with policies and procedures. If any instances of actual or suspected fraud, bribery or corruption are brought to the attention of a manager, they must report the matter immediately to the LCFS taking note of anything they hear or see relating to the suspicion including dates, times, descriptions, etc. It is important that managers do not investigate any suspected financial crimes themselves as a case can be jeopardised if evidence is not collected in the proper manner. Evidence also includes witness statements. In view of the complexity and

importance of complying with all the conditions of the Police and Criminal Evidence Act 1984 (PACE), Line Managers or other staff must not carry out any investigations or interviews.

Managers must co-operate fully with the LCFS and provide any evidence required during the course of the enquiries, including statements.

Managers are also responsible for conducting risk assessments and mitigating identified risks.

7.7 All staff

All staff are required to comply with the organisation's policies and procedures 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).

All staff have a duty to protect the assets of the organisation and encourage anyone having suspicions of fraud and corruption to report them. All members of staff can, therefore, be confident that their reasonably held suspicions will be taken seriously and that no member of staff will suffer in any way as a result of reporting suspicion of fraud, bribery or corruption.

Front line staff are often in the best position to identify areas for concern and must, therefore, take responsibility to ensure that any real concerns are passed on to the LCFS and provide a statement if required.

It is NOT recommended that staff report any concerns to their line manager in the first instance – the LCFS/Chief Finance Officer should always be regarded as the first point of contact ideally.

The CCG also discourages anybody who has reasonably held suspicions from doing nothing, trying to investigate the matter themselves, talking to others about their suspicions or approaching or accusing any individual. Any of these actions could result in the continual perpetration of any fraud offences being committed against the CCG, or compromise or jeopardise a successful outcome of a counter fraud investigation.

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

8. **POLICY IMPLEMENTATION**

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

The policy will also be circulated to the Practice Managers of all member practices for information.

9. TRAINING AND AWARENESS

All new starters will receive details of the counter fraud arrangements in the staff induction package. The LCFS has devised a counter fraud training module that will be available on the CCG's Intranet site, which details how to report suspicions of fraud, what a fraud is and who can investigate frauds. The LCFS will undertake a counter fraud presentation to CCG employees on an annual basis.

10. MONITORING AND AUDIT

The Audit Committee is responsible for monitoring the effectiveness of this policy to provide assurance to the Governing Body that the business of the CCG is being conducted in line with this policy, the associated policy documents, relevant legislation and other statutory requirements.

Continuous monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Arrangements might include reviewing system controls on an on-going basis and identifying weaknesses in processes.

Where deficiencies are identified as a result of monitoring, the CCG should explain how appropriate recommendations and action plans are developed and how any recommendations made should be implemented.

11. POLICY REVIEW

The policy and procedure will be reviewed at least every two years by the CCG in conjunction with managers, and Trade Union representatives if appropriate, with changes made as required and the outcome published. Where review is necessary due to legislative change, this will happen immediately.

The Audit Committee has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

12. REFERENCES

- The Computer Misuse Act (1990)
- The Fraud Act 2006
- The Bribery Act 2010

13. ASSOCIATED POLICIES

- Detailed Financial Policies
- Procurement Policy
- Reimbursement of Expenses Policy
- Business Conduct Policy
- Conflict of Interest Policy

- Whistleblowing Policy

Associated relevant policies (e.g. NHS Counter Fraud Authority policies, Whistleblowing policy, Disciplinary policy, Prime Financial Policies as contained within the Constitution, SOs)

14. CONTACT DETAILS

Deputy Chief Finance Officer

Michael Ash-McMahon

Telephone: 01904 555870

Email : m.ash-mcmahon@nhs.net

Address: NHS Vale of York Clinical Commissioning Group, West Offices, Station Rise, York. Y01 6GA

15. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Local Anti-fraud, Bribery and Corruption Policy
2.	Please state the aims and objectives of this work.
	The policy sets out the steps to be taken where fraud, bribery or corruption are suspected.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Staff.
4.	What sources of equality information have you used to inform your piece of work?
	Staff equalities data as supplied by eMBED.
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	The analysis of equalities is embedded within the CCG's Committee Terms of Reference and project management framework.
6.	Who have you involved in the development of this piece of work?
	<p>Internal involvement: Senior Management team</p> <p>Stakeholder involvement: Consultation with Senior Managers and staff engagement group.</p> <p>Patient / carer / public involvement: This is an Internal policy aimed at staff employed by the CCG and contractors working for the CCG. The focus is on compliance with statutory duties and NHS mandated principals and practice. There are no particular equality implications.</p>
7.	What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? Do you have any gaps in information? Include any supporting evidence e.g. research, data or feedback from engagement activities

Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.
No specific impact has been detected on people with a disability.	
Sex Men and Women	Consider gender preference in key worker, single sex accommodation etc.
No specific impact has been detected on grounds of gender.	
Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travellers	Consider cultural traditions, food requirements, communication styles, language needs etc.
No specific impact has been detected on grounds of ethnicity.	
Age This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
No specific impact has been detected by reason of age.	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
No specific impact has been detected on grounds of transgender status.	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
No specific impact has been detected on grounds of sexual orientation.	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
No specific impact has been detected on the basis of religion.	

Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
No specific impact has been detected on grounds of marital status	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.
No specific impact has been detected on grounds of pregnancy or maternity.	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
No specific impact has been detected on grounds of carer status.	
Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc.
The policy is not considered to have an additional impact on other disadvantaged groups.	
8.	Action planning for improvement Please outline what mitigating actions have been considered to eliminate any adverse impact? No adverse impacts have been found, and therefore no mitigations are required. Please state if there are any opportunities to advance equality of opportunity and/ foster good relationships between different groups of people? N/A

Sign off
Name and signature of person / team who carried out this analysis
Date analysis completed
Name and signature of responsible Director
Date analysis was approved by responsible Director

16. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Local Anti-fraud, Bribery and Corruption Policy
What is the main purpose of the document	To set out the principles and process of anti-fraud, bribery and corruption reporting.
Date completed	
Completed by	

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/A		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	N/A		
	Will it reduce 'care miles' (telecare, care closer) to home?	N/A		
	Will it promote active travel (cycling, walking)?	N/A		
	Will it improve access to opportunities and facilities for all groups?	N/A		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	N/A		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	N/A		
	Will it promote ethical purchasing of goods or services?	1	Sets out anti-corruption principles	N/a
Procurement	Will it promote greater efficiency of resource use?	N/A		
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	N/A		
	Will it support local or regional supply chains?	N/A		
	Will it promote access to local services (care closer to home)?	N/A		
	Will it make current activities more efficient or alter service delivery models	0		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled?	N/A		
	Will it reduce water consumption?			
Workforce	Will it provide employment opportunities for local people?	N/A		
	Will it promote or support equal employment opportunities?	N/A		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	N/A		
	Will it offer employment opportunities to disadvantaged groups?	N/A		
Community Engagement	Will it promote health and sustainable development?	N/A		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	N/A		
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/A		
	Will it increase safety and security in new buildings and developments?	N/A		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	N/A		
	Will it provide sympathetic and appropriate landscaping around new development?	N/A		
	Will it improve access to the built environment?	N/A		

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = N/A	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?			
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	N/A		
	Will it promote prevention and self-management?	N/A		
	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	N/A		
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/A		

17. APPENDIX 3: NHS FRAUD, BRIBERY AND CORRUPTION: DOS AND DON'TS. A GUIDE FOR VALE OF YORK CCG

FRAUD is the 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 & CORRUPTION is the deliberate use of payment or benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another.

DO

- **Note your concerns**

Record details such as the nature of 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 Local Counter Fraud Specialist (LCFS).

- **Report your suspicions**

Confidentiality will be respected – delays may lead to further financial loss.

- **Refer to the Local anti fraud, bribery and corruption policy on the CCG intranet**

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 lead to an innocent person being unjustly accused.

- **Try to investigate, or contact the police directly**

Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must be done in line with legal requirements in order for it to be useful. Your LCFS can conduct an investigation in accordance with legislation.

- **Be afraid of raising your concerns**

The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

- **Do nothing!**

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

- directly contacting the **Local Counter Fraud Specialist (LCFS), Counter Fraud Manager** or
- telephoning the **freephone NHS Fraud and Corruption Reporting Line**, online or by telephone or
- contacting the **Chief Finance Officer**.

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

NHS Fraud, Bribery and Corruption Reporting Line: **0800 028 40 60**
calls will be treated in confidence and investigated by professionally trained staff.
Online: www.reportnhsfraud.nhs.uk

Your Local Counter Fraud Specialist are Steven Moss and Jamie Darnton who can be contacted by telephoning (01904) 725145 or 725166 or emailing steven.moss@nhs.net or jamie.darnton@nhs.net
If you would like further information about NHS CFA, please visit <https://cfa.nhs.uk/>

Tackling fraud

18. APPENDIX 4: REFERRAL FORM

REFERRAL FROM :

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

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Please provide details

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Possible useful contacts

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Signed..... **Date**.....

Please return to Steven Moss or Jamie Darnton via:
Email steven.moss@nhs.net or Jamie.darnton@nhs.net
Post: Steven Moss / Jamie Darnton, Park House, Bridge Lane, Wigginton Road, York, YO31 8ZZ
Any queries please contact Steve or Jamie on 01904 725145 / 01904 725166

The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 5 working days unless otherwise requested.