

POLICY REF NO: SABP/AUDIT/0008

Anti-fraud, Bribery and Corruption Policy

Name of Policy:	Anti-Fraud, Bribery and Corruption Policy
Reason for Policy:	Policy outlining the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within our Trust
What the Policy will achieve:	Inform on the requirement to comply with our Trust's arrangements to safeguard itself against fraud, bribery and corruption.
Who needs to know about it:	All Trust employees, bank and locum staff, contractors, consultants, suppliers, internal and external stakeholders
Date approved:	21 st February 2017
Version Number:	6.0
Approving committee:	Executive Board
Date of Implementation:	February 2017
Date of formal review:	February 2020
Author:	Kim Hampson – Local Counter Fraud Specialist
Responsible Directorate:	Finance
Distribution:	Trustwide

This policy has been reviewed and is compliant with the most up to date Code of Practice and NICE Guidelines

TITLE OF CODE OF PRACTICE			NICE REFERENCE NUMBER
Fraud Act 2006	Bribery Act 2010	Computer Misuse Act 1990	
Public Interest Disclosure Act 1998	Proceeds of Crime Act 2002		

1 Introduction

1.1 Policy Statement

Surrey and Borders Partnership NHS Foundation Trust, hereafter referred to as “our Trust”, is committed to reducing fraud, bribery and corruption in the NHS, freeing up public resources for better patient care. Our Trust will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and, where possible, will attempt to recover losses. This policy is supported and endorsed by senior management. This policy has been produced by the Local Counter Fraud Specialist (LCFS), in accordance with NHS Protect guidelines.

1.2 Purpose

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction to employees who may identify or suspect fraud. It provides a framework for responding to suspicions of fraud, bribery and corruption and details the implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption. The overall aims of the policy are to:

- Improve the knowledge and understanding of everyone in our Trust, irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and its unacceptability.
- Promote an anti-fraud culture and an environment where staff feel able to raise concerns and understand that fraud, bribery and corruption are unacceptable.
- Set out our Trust’s responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery and corruption.
- Ensure appropriate sanctions are considered following an investigation, which may include internal disciplinary action, civil recovery, criminal prosecution, or referral to a professional regulatory body.

1.3 Scope

This policy will apply to all Trust employees, bank and locum staff, contractors, consultants, suppliers and other internal and external stakeholders.

2 Definitions

2.1 NHS Protect

NHS Protect leads on work to safeguard NHS staff, patients and resources and has responsibility for policy and operational matters relating to the

prevention, detection and investigation of fraud, bribery and corruption in the NHS. Any investigations will be handled in accordance with NHS Protect guidance. NHS Protect is taking a strategic approach to tackling crime and meeting the current and emerging challenges facing the NHS. Crime diverts resources from their proper use – patient care – and NHS Protect will provide strategic and technical guidance to health bodies. Full details of the NHS Protect strategy can be found at:

http://www.nhsbsa.nhs.uk/Documents/CounterFraud/NHS_Protect_Strategy.pdf

2.2 Fraud

Fraud involves *dishonestly* making a false representation, failing to disclose information or abusing a position held, with the intention of making a financial gain or causing a financial loss. The gain or loss does not have to succeed for fraud to have been perpetrated, as long as the intent is there.

The Fraud Act 2006 came into force on 15th January 2007 and applies in England, Wales and Northern Ireland. Fraud within the Act takes a number of distinct forms:

- Fraud by false representation (Section 2) – a representation can be in words, written or communicated by conduct. There must be knowledge that the representation was untrue or misleading.
- Fraud by failing to disclose information (Section 3) – not declaring something (verbally or in writing) when there is a legal duty to disclose that information.
- Fraud by abuse of position (Section 4) – occupying a position in which you are expected to safeguard, or not to act against, the financial interests of another person or organisation, and abusing that position.

Further sections for consideration are Section 6 – Possession of articles for use in fraud; and Section 7 – Making or supplying articles for use in fraud.

2.3 Bribery and Corruption

The Bribery Act 2010 introduced new legislation to combat bribery and corruption. Bribery is broadly defined as giving or offering someone a financial or other advantage to encourage that person to perform their function improperly; or requesting, agreeing to receive or accepting the advantage offered.

Section 7 of the Act introduced a new corporate offence. A relevant commercial organisation (e.g. our Trust) is guilty of an offence under this section if a person associated with the organisation bribes another person intending to obtain or retain business for the organisation or to obtain or retain an advantage in the conduct of business for the organisation.

However it is a defence for the organisation to prove that it had in place adequate policies and procedures designed to prevent persons associated with the organisation from undertaking such conduct.

PROCEDURE REF NO: SABP/AUDIT/0008

Anti-fraud, Bribery and Corruption Procedure

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VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
1.0	Nov 2013	Mary Ellaby	Review	Complete re-write including name change to reflect NHS Protect.
2.0	Nov 2013	Mary Ellaby	Consultation	Minor amendments following submission to PAG. Policy out for 30 day consultation
2.3	Jan 2014	Mary Ellaby	Referred to Exec Board for approval	No issues from consultation. Approved by PAG subject to amendments to Layout. Paragraphs added to emphasis the priority of patient safety (paras 5.5.5, 5.8.4 and 5.8.5)
3.0	21/01/2014	Mary Ellaby	Approved	
4.0	N/A	N/A	N/A	Version 4 numbering missed – not used
5.0	Dec 2016	Kim Hampson	Review	
5.1	09/12/16	K. Hampson; A Underwood	Review	Submitted to PAG
5.2	02/02/17	A Underwood	Referred to Exec Board for approval	Minor amendments from PAG and addition of Equality Impact Assessment
6.0	21/02/2017	A Underwood	Approved	Approved by Executive Board on 21.02.2017

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1 Introduction

This procedure should be read in conjunction with our Trust Anti-fraud, Bribery and Corruption policy. It aims to ensure understanding of everyone's role in respect of preventing against fraud, bribery and corruption and compliance with the response plan.

2 Roles and Responsibilities

2.1 Chief Executive

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

2.2 Chief Finance Officer

The Chief Finance Officer (CFO) has powers to approve financial transactions initiated by directorates across the organisation.

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

The Chief Finance Officer will report annually to the Board of Directors and, where applicable, the Council of Governors on the adequacy of internal financial controls and risk management as part of the Board's overall responsibility to prepare a statement of internal control for inclusion in the NHS body's annual report.

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.

2.3 Internal and External Audit

The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Audit have a duty to pass on any suspicions of fraud, bribery or corruption to the Local Counter Fraud Specialist (LCFS).

2.4 Human Resources

HR will liaise closely with managers and the Local Counter Fraud Specialist from the outset if an employee is suspected of being involved in fraud, bribery or corruption, in accordance with agreed liaison protocols. HR will also ensure appropriate use of our Trust's Disciplinary Policy and Procedure

(SABP/WORKFORCE/00036). HR will advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures, as requested. Close liaison between the Local Counter Fraud Specialist and HR will be essential to ensure that parallel sanctions are effectively applied in a coordinated manner.

HR will conduct robust pre-employment checks, as per NHS Employers guidance, at the recruitment stage for all employees (temporary, fixed term and permanent) and refer any discrepancies to the Local Counter Fraud Specialist. Checks to include identification, eligibility to reside and work in the UK, qualifications, memberships of professional bodies, references/previous employment and, when relevant, DBS and health checks will be the responsibility of the HR team.

2.5 Local Counter Fraud Specialist

Under the NHS Standard Contract, our Trust is required to nominate and appoint a Local Counter Fraud Specialist.

The Local Counter Fraud Specialist is trained and accredited by NHS Protect to carry out investigations into suspicions of fraud, bribery and corruption to a high standard, to prove or disprove the allegation.

The Local Counter Fraud Specialist is responsible for taking forward all anti-fraud work locally, in accordance with national standards, and reports directly and regularly to the Chief Finance Officer (CFO).

The Local Counter Fraud Specialist will ensure that the Chief Finance Officer is informed about all referrals and ongoing cases and, in consultation with the Chief Finance Officer, will report any case to the police or NHS Protect, in accordance with NHS Protect guidelines. The Chief Finance Officer will also be informed of regional team investigations and progress updates.

The Local Counter Fraud Specialist will report any case and the outcome of the investigation through the NHS Protect case management system (FIRST) and ensure cases are handled appropriately, taking best practice into account.

The Local Counter Fraud Specialist will look to achieve the highest standards possible in their work and adhere to NHS Protect standards, to ensure that our Trust has appropriate anti-fraud, bribery and corruption arrangements in place and to promote a strong anti-fraud culture within our Trust.

The Local Counter Fraud Specialist will work with key colleagues and stakeholders to promote anti-fraud work and apply effective preventative measures.

The Local Counter Fraud Specialist will ensure that other relevant parties are informed when necessary, e.g. HR.

The Local Counter Fraud Specialist will conduct risk assessments in relation to their work to prevent fraud, bribery and corruption. In addition, any system weaknesses, identified as part of an investigation, will be followed up with management.

The Local Counter Fraud Specialist will adhere to the Counter Fraud Professional Accreditation Board's Principles of Professional Conduct.

2.6 Area Anti-Fraud Specialists

The Area Anti-Fraud Specialists (AAFSs) are the frontline face of NHS Protect for all health bodies within their region.

The Area Anti-Fraud Specialists are responsible for the management and vetting of all local investigation case papers and evidence and witness statements submitted for the consideration of prosecutions.

The Area Anti-Fraud Specialists ensure that local investigations are conducted within operational and legislative guidelines, to the highest standards for all allegations of fraud in the NHS. They provide help, support, advice and guidance to Chief Finance Officers/Directors of Finance, Local Counter Fraud Specialists, Audit Committees and other key stakeholders in their region.

The Area Anti-Fraud Specialists allocate, supervise and monitor fraud referrals and notifications to the Local Counter Fraud Specialist. The Area Anti-Fraud Specialists provide support as to the direction of ensuing investigations, as required, and oversees the Local Counter Fraud Specialist's performance.

The Area Anti-Fraud Specialists ensure that all information and intelligence gained from local investigative work is reported and escalated as appropriate, at both local and national level, so that fraud trends can be mapped and used to fraud-proof future policies and procedures.

2.7 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 must be vigilant and be alert to the possibility that unusual events or transactions could be symptoms of fraud, bribery and corruption.

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. The LCFS can assist with fraud awareness and the encouragement of an anti-fraud culture.

Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures. HR can provide advice and guidance.

Managers should report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the Local Counter Fraud Specialist immediately. It is appreciated that some employees will initially raise concerns with their manager. However, it is important that managers do not investigate any suspected crimes themselves.

Managers should assess the type of risks involved in the operations for which they are responsible and ensure that adequate control measures are put in place to minimise any identified risks. This must include clear roles and responsibilities, supervisory checks, staff rotation and separation of duties wherever possible, so that control of a key function is not invested in one individual. Managers should ensure that controls are being complied with and undertake regular reviews, reconciliations and test checks.

Managers should contribute to the assessment of the risks and controls within their business area, which feeds into our Trust's overall statements of accountability and internal control.

Managers should ensure that any use of computers by their staff is linked to the performance of their duties within our Trust. The Local Counter Fraud Specialist should be contacted immediately if there is any suspicion that IT is being used inappropriately.

2.8 All Employees

Employees are required to comply with our Trust'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 employees have a responsibility in protecting our Trust from these crimes and the safeguarding of public funds.

Employees who are involved in or manage internal control systems should receive adequate training and support 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 Local Counter Fraud Specialist and/or to NHS Protect as explained below.

2.9 Information Management and Technology

The Chief Information Officer and Director of IT is responsible for contacting the Local Counter Fraud Specialist immediately in all cases where the fraudulent use of information technology or breaches of the Computer Misuse Act 1990 is suspected. HR will also be informed if there is a suspicion that an employee is involved. Under the Computer Misuse Act 1990, a person is guilty of an offence if he or she causes a computer to perform any function with intent to secure access to any program or data held in any computer and the access he or she intends to secure is unauthorised. Within our Trust, the

Information Security Policy (SABP/IM&T/0003) enables our Trust to meet its legal and regulatory obligations in respect of information assets.

3 Procedure Statement/the Response Plan

3.1 Bribery and Corruption

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

Our Trust's Standards for Business Conduct Procedure (SABP/EXECUTIVE BOARD/0022) outlines what the procedures are in relation to the award of contracts, declarations of interest, the hospitality/gifts register and commercial sponsorship. See sections 3, 4, 5, 6 and 7 of the Procedure.

3.2. Reporting Fraud, Bribery or Corruption

If fraud, bribery or corruption is discovered or suspected, then the nominated Local Counter Fraud Specialist or the Chief Finance Officer must be informed immediately. If there is a concern that the Local Counter Fraud Specialist or the Chief Finance Officer are implicated, then the Chief Executive or the Chair should be informed, who will decide on the action to be taken.

Key Contacts:

- Jenny Loganathan - Local Counter Fraud Specialist
jenny.loganathan@tiaa.co.uk or 07825 933726
- Kim Hampson – Local Counter Fraud Specialist
kim.hampson@tiaa.co.uk or 07881 840869
- Graham Wareham – Chief Finance Officer
graham.wareham@sabp.nhs.uk or 01372 216005

Suspicions of fraud, bribery and corruption can also be reported to NHS Protect, using the NHS Fraud and Corruption Reporting Line on freephone 0800 028 40 60 or by filling in an online form at www.reportnhsfraud.nhs.uk, as an alternative to internal reporting procedures and if staff wish to remain anonymous.

Annex 1 provides a reminder of the key contacts and a checklist of the actions to take if fraud, bribery or corruption is discovered or suspected. Use of Annex 1 is optional but managers should be encouraged to copy it to staff and place it on staff notice boards.

All reports of fraud and corruption will be taken seriously and thoroughly investigated, even if the matter is not raised through official channels, e.g. via an anonymous letter. The Local Counter Fraud Specialist will make sufficient

enquiries to establish whether or not there is any foundation to the suspicion that has been raised. If the allegations are found to be malicious, they will also be considered for further investigation to establish their source.

Staff should always be encouraged to report suspicions of fraud, bribery and corruption directly to the Local Counter Fraud Specialist using Annex 2 or by contacting the Local Counter Fraud Specialist by telephone or email, using the contact details supplied above or in Annex 1.

Our Trust wants all employees to feel confident that they can report any fraud, bribery or corruption without any risk to themselves. In accordance with the Public Interest Disclosure Act 1998, our Trust has produced a Whistleblowing Policy and Procedure (SABP/EXECUTIVE BOARD/0023). This complements the Anti-Fraud, Bribery and Corruption Policy and ensures there is a full provision for staff to raise concerns with others.

3.3 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 our Trust and should be read in conjunction with our Trust's Disciplinary Policy and Procedure (SABP/WORKFORCE/0036).

The types of sanction which our Trust may apply when a financial offence has occurred are as follows:

- Civil – Civil sanctions can be taken against those who commit fraud, bribery or corruption, to recover money and/or assets which have been fraudulently obtained, including interest and costs.
- Criminal – The Local Counter Fraud Specialist will work in partnership with NHS Protect, the police and the Crown Prosecution Service, to bring a case to court against an offender. Outcomes, if found guilty, can include fines, a community order or imprisonment and a criminal record.
- Disciplinary – Disciplinary procedures will be initiated when an employee is suspected of being involved in fraudulent or illegal activity. Further information can be found in our Trust's Disciplinary Policy and Procedure.
- Professional body disciplinary – An employee may be reported to their professional body as a result of an investigation or prosecution.

Our Trust will seek financial redress, whenever possible, to recover losses as a result of fraud, bribery or corruption. Redress can take the form of confiscation under the Proceeds of Crime Act 2002, compensation orders, a civil order for repayment or a local agreement between our Trust and the offender to repay monies lost. This allows resources lost to fraud, bribery and corruption to be returned to the NHS for use as intended, for provision of high quality patient care and services.

4 Monitoring and Review

4.1 Monitoring and Auditing of the Effectiveness of Policy and Procedure

The monitoring of policy and procedural effectiveness is essential to ensure that controls are appropriate and robust enough to prevent or reduce fraud, bribery and corruption. Arrangements should 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 will be implemented and taken into consideration when this policy is reviewed, to ensure the policy remains up to date.

4.2 Dissemination of the Policy and Procedure

This policy and procedure applies to all Trust staff, non-executive directors, contractors, suppliers, governors, bank and locum staff. It will be referenced at all staff inductions, at team meetings, at fraud and bribery awareness presentations and is available to everyone via our Trust website.

4.3 Review of the Policy and Procedure

The formal review for this policy and procedure will be three years from the date of implementation, although the Local Counter Fraud Specialist will review annually and make amendments as required.

5 Policy Appendices

Appendix 1 NHS Anti-Fraud, Bribery and Corruption: A Desktop Guide

Appendix 2 NHS Anti-Fraud, Bribery and Corruption referral form

APPENDIX 1

NHS Anti-Fraud, Bribery and Corruption: Do's and Don'ts – A Desktop Guide A desktop guide for Surrey & Borders Partnership NHS Foundation Trust

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

BRIBERY / CORRUPTION is the offering of a financial or other advantage, in order to influence others to use their position in an improper way, or agreeing to receive or accepting the advantage offered.

DO

- **Note your concerns**

Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.

- **Retain evidence**

Retain any evidence that may be destroyed, or make a note and advise your LCFS.

- **Report your suspicion**

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

Contact your Local Counter Fraud Specialist, NHS Protect or the Director of Finance

Or complete a fraud report and submit in a sealed envelope marked 'Restricted – Management' and 'Confidential' for the personal attention of the Local Counter Fraud Specialist,

DO NOT

- **Confront the suspect or convey concerns to anyone other than those authorised, as listed below**

Never attempt to question a suspect yourself; this could alert a fraudster or accuse an innocent person.

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

Never attempt to gather evidence yourself, unless it is about to be destroyed; gathering evidence must take into account legal procedures in order for it to be useful. Your LCFS can conduct an investigation in accordance with legislation.

- **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** or
- telephoning the **freephone** NHS Fraud and Corruption Reporting Line or
- contacting the **Chief Finance Officer**

If you have concerns about a fraud taking place in the NHS, information can be passed to;

NHS Fraud Bribery & Corruption Reporting Line:

0800 028 40 60 (all calls in confidence answered by trained staff)

Or via the NHS Fraud reporting form at www.reportnhsfraud.nhs.uk

Your Local Counter Fraud Specialists are Jenny Loganathan, who can be contacted by emailing jenny.loganathan@nhs.net or by phone on 07825 933726, and Kim Hampson, who can be contacted by emailing kim.hampson@nhs.net or by phone on 07881 840869.

If you would like further information about NHS Protect, please visit www.nhsprotect.nhs.uk

NHS Fraud, Bribery and Corruption referral form

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

1. Date**2. Anonymous application**

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

3. Your name**4. Your organisation/profession****5. Your contact details****6. Suspicion (Continue on a separate sheet if necessary)****7. Please provide details including the name, address and date of birth (if known) of the person to whom the allegation relates.****8. Possible useful contacts/additional information**

Submit the completed form (in a sealed envelope marked 'Restricted – Management' and 'Confidential') for the personal attention of Jenny Loganathan (Local Counter Fraud Specialist), Surrey & Borders Partnership NHS Foundation Trust, Trust HQ, 18 Mole Business Park, Leatherhead, KT22 7AD

6 Equality Analysis

The equality analysis guidance notes and template are provided to support you in meeting the requirements of the Public Sector Equality Duty which came into force on 5 April 2011.

You should use this template to record evidence that equality analysis has been carried out *before* policy decisions take place. The form is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by equality law.

1. About the policy/project/change

Title of the policy / project / change:	Anti-Fraud, Bribery and Corruption Policy and Procedure.
What are the intended outcomes / changes expected as a result of this policy / project / change:	The policy has been updated as part of the regular review cycle to ensure that it aligns with the latest national advice.
Are there links with other existing policies/projects: (if yes – provide details)	<p>Our Trust's Standards for Business Conduct Procedure (SABP/EXECUTIVE BOARD/0022) outlines what the procedures are in relation to the award of contracts, declarations of interest, the hospitality/gifts register and commercial sponsorship. See sections 3, 4, 5, 6 and 7 of the Procedure.</p> <p>Our Trust wants all employees to feel confident that they can report any fraud, bribery or corruption without any risk to themselves. In accordance with the Public Interest Disclosure Act 1998, our Trust has produced a Whistleblowing Policy and Procedure (SABP/EXECUTIVE BOARD/0023).</p> <p>This policy should be read in conjunction with our Trust's Disciplinary Policy and Procedure (SABP/WORKFORCE/0036).</p>

2. Decide if the policy / project / change is equality relevant

Does the policy/project involve, or have consequences for people using services,	Yes The NHS Standard Contract for
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<p>carers, employees or other people? If yes, please state the groups of people who are likely to be affected.</p> <p>If yes, then the policy/project is equality relevant. If no, you can skip to section 6. However the majority of Trust policies and projects are equality relevant because they affect people in some way.</p>	<p>providers sets out the obligations with regard to counter fraud and requires appropriate arrangements to be in place before the commencement of the contract.</p> <p>A person nominated by the commissioner must be given access if requested to review the provisions in place.</p> <p>Compliance with the contract condition is therefore essential for the business of our Trust and the absence of an appropriate policy and procedure would have a significant detrimental effect on the users of our Trust's services and all those associated with our Trust.</p>
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3. Gathering evidence to inform the equality analysis

What evidence have you gathered to help inform this analysis? This can include evidence from national research, surveys & reports, interviews and focus groups, policy monitoring and evaluations from pilot projects, etc. If there are gaps in the evidence available under any of the characteristics, please explain why this is the case and state what actions will be taken to close the gaps as part of the action plan. Please ensure you check Annex C of the guidance notes for sources of evidence.

The Protected Characteristics & Evidence

Using the relevant available evidence - what is known, understood or assumed about each of the equality groups / protected characteristics identified below that could be relevant to this policy / project / change.

Record the sources of the evidence used for all the protected characteristics

Age (consider & record evidence for people from all age ranges – e.g. this might include safeguarding, capacity & consent)

By providing an effective, consistent approach to fraud, bribery and corruption, individuals will be protected from bias. There is nothing to suggest the policy is discriminatory. Age and capacity are considered on an individual basis and work is undertaken in liaison with safeguarding teams when appropriate.

Caring responsibilities (consider and record relevant evidence – e.g. part time working, shift patterns, general caring responsibilities)

<p>There is nothing to suggest the policy is discriminatory. By providing an effective, consistent approach to fraud, bribery and corruption, individuals will be protected from bias. There is nothing to suggest the policy is discriminatory</p>
<p>Disability (<i>consider and record relevant evidence – e.g. attitudinal, physical and social barriers etc.</i>) By providing an effective, consistent approach to fraud, bribery and corruption, individuals will be protected from bias. There is nothing to suggest the policy is discriminatory.</p>
<p>Marriage and civil partnership (applies to employment only) (<i>consider and record relevant evidence – e.g. part time working, shift patterns, general caring responsibilities etc.</i>) This policy applies to all irrespective of marital status.</p>
<p>Pregnancy and maternity (<i>consider and record relevant evidence – e.g. working arrangements, part time working, infant caring responsibilities etc.</i>) By providing an effective, consistent approach to fraud, bribery and corruption, individuals will be protected from bias. There is nothing to suggest the policy is discriminatory.</p>
<p>There is nothing to suggest that the policy discriminates against these groups. Race / ethnicity (<i>consider and record relevant evidence – e.g. different ethnic groups, nationalities, language barriers, cultural differences etc.</i>) Language barriers may be an issue in the application of this policy. If so, support will be made available to ensure an employee has full understanding of the issues and is able to accurately convey their response.</p>
<p>Religion or belief (<i>consider and record relevant evidence – e.g. people of different religions, beliefs or no belief</i>) Human Rights legislation is one of the key areas underpinning counter fraud work.</p>
<p>Sex / gender (<i>consider and record relevant evidence – for men and women - also consider links to other characteristics – e.g. caring</i>) By providing an effective, consistent approach to fraud, bribery and corruption, individuals will be protected from bias. There is nothing to suggest the policy is discriminatory.</p>
<p>Sexual orientation (<i>consider and record relevant evidence – for heterosexual people as well as lesbian, gay and bi-sexual people</i>) By providing an effective, consistent approach to fraud, bribery and corruption, individuals will be protected from bias. There is nothing to suggest the policy is discriminatory.</p>
<p>Gender reassignment (Transgender) (<i>consider and record relevant evidence – e.g. issues of privacy of data, historical records, promoting dignity & reducing harassment</i>) By providing an effective, consistent approach to fraud, bribery and corruption, individuals will be protected from bias. There is nothing to suggest the policy is discriminatory.</p>

4. Engagement and Involvement

Record the names of the people and/or groups involved in gathering evidence and/or testing the evidence against the policy / project / change. Who and how were they involved?	
Who – name of individual / group(s) represented	How have these people been involved – e.g. meeting
Ann Underwood	Review of draft policy and procedure and Overview of compliance with NHS contract conditions for countering fraud Review of compatibility with HR policies and procedures Drafting of key areas
Lynn Richardson	
Kim Hampson	

5. Analysis of the potential impact of the policy / project / change

Based on the evidence you have gathered; describe any actual or likely impacts that may arise as a result of the decision and whether these are likely to be positive or negative. Where actual or likely impacts are identified, you should also state what actions will be taken to promote the likelihood of positive impacts as well as minimise or mitigate against possible or likely negative impacts, i.e. what can our Trust reasonably do to actively manage the consequences of its decision / action

Eliminate discrimination, harassment and victimisation: Does the policy / project / change, help eliminate discrimination, harassment and victimisation in any way? If yes, provide details. If no, provide reasons	
Age	The policy aims to ensure compliance with the NHS Standard contract for Providers and to ensure that the arrangements in place benefit all those associated with our Trust, whether as a user of its services, a carer, an employee, a contractor or any other stakeholder.
Caring responsibilities	
Disability	
Gender reassignment	
Marriage & civil partnerships	The policy reflects the requirements issued by NHS Protect and its application seeks to reduce the impact of fraud and corruption within the NHS and to ensure that NHS resources are protected.
Pregnancy & maternity	
Race / ethnicity	
Religion or belief	The policy does not discriminate against or disadvantage people with any of the protected characteristics while ensuring that those characteristics are taken into account where necessary as outlined
Sex / gender	
Sexual Orientation	

Advance equality of opportunity:

Does the policy / project / change, help develop equality of opportunity in any way?
 This could include removing or minimising disadvantages suffered by people due to their protected characteristics, taking steps to meet the needs of people from protected groups where these are different from the needs of other people, or encouraging people from protected groups to participate in activities where their participation is disproportionately low.
 If yes, provide details. If no, provide reasons

Age	<p>The revision of the policy does not change equality of opportunity.</p> <p>It serves to ensure policy and procedure is clear and reflect current legislation.</p>
Caring responsibilities	
Disability	
Gender reassignment	
Pregnancy & maternity	
Race / ethnicity	
Religion or belief	
Sex / gender	
Sexual Orientation	

Promote good relations between different groups:
 Does the policy / project / change, help foster good or improved relations between different groups in any way?
 If yes, provide details. If no, provide reasons.

Age	<p>The policy aims to assure the honest majority that fraud, bribery and corruption within the NHS will be taken seriously and dealt with appropriately without discriminating against any group. Our intelligence of past cases does not suggest any one group is more likely to be involved with fraud and so, by having a consistent approach, regardless of protected characteristic, will actively promote this procedure as being fair.</p>
Caring responsibilities	
Disability	
Gender reassignment	
Pregnancy & maternity	
Race / ethnicity	
Religion or belief	
Sex / gender	
Sexual Orientation	

What do you consider the overall impact:
 Considering the combined impact of the analysis and the actions required to promote the likelihood of positive impacts and minimise or mitigate against potential negative outcomes – does the analysis support the implementation of the policy / project / change?

The overall impact on groups and individuals in the areas identified is minimal and arrangements are already in place to mitigate any identified effect on an individual basis.

6. Action Planning

Actions to be taken as a result of this analysis (add additional rows as required):	Name of person who will take this action	Date action due to be completed
None		

7. Authorisation

Name & job title of person completing this analysis:	Ann Underwood
Date of completion:	13 th February 2017
Name & job title of person responsible for monitoring and reporting on the implementation of the actions arising from this analysis:	Graham Wareham Chief Finance Officer
Name & job title of authorised person: (If there are doubts about the completeness or sufficiency of this equality analysis, seek advice from the Equality and Human Rights Team or the Legal Services & Reporting Manager in the Clinical Risk & Safety Team)	Graham Wareham Chief Finance Officer
Date of authorisation:	February 2017