

### Local Anti-Fraud, Bribery and Corruption Policy

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<b>Reviewing Committee</b>	<b>Senior Management Team</b>
<b>Date:</b>	
<b>Approval Body</b>	
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<b>Review Date:</b>	
<b>Equality Impact Assessment</b>	
<b>Sustainability Impact Assessment</b>	
<b>Related Policies</b>	<b>Whistleblowing Policy</b> <b>Standards of Business Conduct</b> <b>Conflict of Interest Policy</b> <b>Detailed Financial Policies</b> <b>Procurement Policy</b> <b>Reimbursement of Expenses Policy</b>
<b>Target Audience:</b>	All staff, members, secondees, agency and contracted staff working within the organisation. Service Users Members of the Public
<b>Policy Reference No:</b>	
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**NHS Vale of York Clinical Commissioning Group  
Local Anti-Fraud, Bribery and Corruption Policy**

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**POLICY AMENDMENTS**

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

<b>New Version Number</b>	<b>Issued by</b>	<b>Nature of Amendment</b>	<b>Reviewed by &amp; Date</b>	<b>Date on Intranet</b>
1.0	Steven Moss, Counter Fraud Manager			

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## **1. Introduction**

### **1.1 General**

The Governing Body is committed to maintaining an honest, open and well-intentioned atmosphere within Vale of York CCG (CCG), so as best to fulfil the objectives of the organisation and of the NHS. It is therefore also committed to the elimination of fraud, bribery and corruption in the NHS and will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and where possible will attempt to recover losses.

### **1.2 Aims and objectives**

The purpose of this document is to provide guidance to staff on what fraud is, what everyone's responsibility is to prevent fraud, bribery and corruption and how to report suspicions of fraud, bribery or corruption. This policy outlines the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within Vale of York CCG

### **1.3 Scope**

This policy applies to all CCG employees, Council of Members, 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.

## **2. Definitions**

### **2.1 NHS Protect**

NHS Protect has national responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS and that any investigations will be handled in accordance with NHS Protect guidance.

The organisation's work covers three main objectives:

- To educate and inform those who work for or use the NHS about crime in the health service and how to tackle it.
- To prevent and deter crime in the NHS by removing opportunities for it to occur or to re-occur.
- To hold to account those who have committed crime against the NHS by detecting and prosecuting offenders and seeking redress where viable.

### **2.2 Fraud**

Section 1 of The Fraud Act 2006 introduced the offence of fraud, which can be committed in three ways:

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- **Fraud by false representation (Section 2)** – lying about something using any means, e.g. by words or actions, running a fake website.
- **Fraud by failing to disclose (Section 3)** – not saying something when you have a legal duty to do so, e.g. not declaring information on a job application.
- **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, e.g. insider employee fraud.

Other offences to consider are:

- **Possession of articles intended for the use in fraud (Section 6)** – includes any article found, e.g. cloned credit cards, software, electronic data.
- **Making or supplying articles for use in fraud (Section 7)** – must know or intend the article to be used to commit or facilitate fraud.
- **Fraudulent business carried out by sole trader (Section 9)**
- **Obtaining services dishonestly (Section 11)** – e.g. using a stolen credit card on the internet.

#### Examples of Fraud

- Timesheet fraud (e.g. staff and professionals claiming money for shifts that they have not worked, claiming for sessions that they have not carried out);
- False expense claims (e.g. falsified travel or subsistence claims);
- Fraudulent job applications (e.g. false qualifications or immigration status);
- Working whilst sick (e.g. usually working for another organisation without informing the CCG);
- Excess study leave;
- Advertising scams (e.g. false invoices for placing advertisements in publications)
- Patient fraud (e.g. false travel claims, fraudulently claiming exemptions from pharmaceutical charges);
- Misappropriation of assets (e.g. falsely ordering goods for own use or to sell)
- Procurement Fraud (e.g. the ordering and contracting of goods or services);
- Fraud by professionals (i.e. Pharmacists – constitutes specific types of fraud such as false claims for treatment, unauthorised use of NHS facilities/ equipment; and
- Pharmaceutical fraud by companies (e.g. overcharging for drugs, supplying inferior or reduced quantities of drugs etc).

All offences 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.

### 2.3 Bribery and Corruption

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

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- 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.

#### Examples of Bribery

Examples of where bribery could take place are as follows:

##### Offering a bribe

- You offer a potential client tickets to a major sporting event, but only if they agree to do business with the CCG.

##### Receiving a bribe

- A supplier gives your nephew a job but makes it clear that in return they expect you to use your influence in the CCG to ensure that it continues to do business with them.
- Someone responsible for awarding an employment contract is offered gifts and/or hospitality by one of the candidates or someone linked to them to ensure they get the job.
- Someone responsible for booking bank or agency staff is offered lavish gifts and/or hospitality, by an agency, to ensure their agency staff are booked by the CCG.
- Someone responsible for choosing suppliers (medical or non-medical) or awarding business contracts is offered gifts and/or hospitality by an existing/new supplier, contractor or business to ensure they are selected as a supplier.
- Someone associated with the purchasing of drugs and/or the selection of approved drugs to the CCG Formulary is offered gifts, hospitality and/or paid expenses by a medical representative or Drugs Firm to ensure their drugs are purchased and/or added to the CCG Formulary for prescribing by the CCG.
- Someone associated with the prescribing of drugs is offered gifts and/or hospitality by a medical representative or Drugs Firms to ensure they prescribe their drugs.
- Someone associated with the provision of training is offered gifts and/or hospitality by an external training company to ensure they are selected to provide training at the CCG.

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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.

### **3. Impact Analyses**

#### **3.1 Equality**

An equality impact screening analysis has been carried out on this policy and is attached at Appendix 1.

As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

#### **3.2 Sustainability**

A sustainability assessment has been completed and is attached at Appendix 2. The assessment does not identify and benefits or negative effects of implementing this document.

### **4. Roles and Responsibilities**

#### **4.1 Chief Clinical Officer**

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

#### **4.2 Chief Finance Officer**

The 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

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- 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 that 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 Protect.

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 Protect is that a criminal prosecution will not be pursued by them.

#### **4.3 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.

#### **4.4 Workforce**

When Workforce staff (part of the Commissioning Support Unit) are advised of suspected cases of fraud, bribery or corruption, they undertake to advise the LCFS within 5 working days. 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 others work in accordance with the Protocol for LCFS and Workforce co-operation which is in place.

#### **4.5 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 NHS Protect.

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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.

#### 4.6 Area Anti-Fraud Specialists

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

The AAFS is responsible for the management and vetting of all local investigation case papers and evidence and witness statements submitted for the consideration of prosecutions.

AAFSs 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, LCFSs, Audit Committees and other key stakeholders in their region.

The AAFS allocates, supervises and monitors fraud referrals and notifications to the LCFS. The AAFS provides support as to the direction of ensuing investigations as required and oversees the LCFS's performance.

The AAFS ensures that all information and intelligence gained from local investigative work is reported and escalated as appropriate at both local and national level in order to ensure that fraud trends are mapped and used to fraud-proof future policies and procedures.

#### 4.7 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 staff who do 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 within 2 working days 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.



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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.

#### **4.8 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 (as per section 4).

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.

#### **4.9 Information Management and Technology**

The Computer Misuse Act (1990) made three new offences:

- Accessing computer material without permission, e.g. looking at someone else's files.
- Accessing computer material without permission with intent to commit further criminal offences
- Altering computer data without permission, e.g. to hide misappropriation

The fraudulent use of information technology will be reported by the Head of IMT to the LCFS.

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## **5. The Response Plan**

### **5.1 Reporting Fraud or Corruption**

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 (form 2) and on the CCG's intranet site. 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, Counter Fraud Manager or Glyn Thomas, LCFS via the following:

**E-mail:** Steven.Moss@York.NHS.UK, Glyn.Thomas@York.NHS.UK

**Post:** Steven Moss / Glyn Thomas, Internal Audit, Park House, Bridge Lane, Wigginton Road, York, YO31 8ZZ.

**Phone:** 01904 725145 / 725166

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 who can be contacted on (01904) 555870.

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.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk). 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. However, the Governing Body will 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 (form 1) 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.

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#### **4.2 Disciplinary Action**

Disciplinary or capability procedures may also be initiated where an employee is suspected of being involved in a fraudulent or illegal act. The CCG's disciplinary policy is available on the intranet. The disciplinary procedure will also be followed if it is found that a malicious allegation of fraud has been made.

## **6. Policy Review**

### **6.1 Monitoring and auditing of policy effectiveness**

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 ongoing 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.

### **6.2 Review of the Policy**

This Policy will be reviewed two years from the date of implementation, or sooner where changes in legislation require it.

Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by the Chief Finance Officer or the Audit Committee.

## **7. Dissemination of the Policy**

Following approval by the Audit Committee this policy will be sent to:

- The Senior Management Team of the CCG who will disseminate to all staff via the team briefing process.
- The Chairs of the Governing Body, the Council of Members and all other committees and sub committees for dissemination to members and attendees.
- The Practice Managers of all member practices for information.

## **8. Related Policies**

### **CCG policies relevant to this policy**

- Whistleblowing

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- Prime Financial Policies as contained within the Constitution
- Standing Orders
- Standards of Business Conduct
- Conflicts of Interest
- Scheme of Delegation

## Appendix 1

<b>Equality Impact Analysis: Screening</b>					
	Could this policy have a positive impact on...		Could this policy have a negative impact on...		Is there any evidence which already exists from previous (e.g. from previous engagement) to evidence this impact
	Yes	No	Yes	No	
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Disabled People</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Gender</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Transgender People</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Pregnancy and Maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Marital Status</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Religion and Belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Reasoning</b>	Allegations are managed in line with statutory and national NHS guidance and NHS Litigation Authority Risk Management Standards.				
<b>If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7</b>					

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**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.

<b>Title of the document</b>	<b>NHS VOY CCG Local Anti-Fraud, Bribery and Corruption Policy</b>
<b>What is the main purpose of the document</b>	To outline the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within Vale of York CCG
<b>Date completed</b>	
<b>Completed by</b>	

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

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<b>Domain</b>	<b>Objectives</b>	<b>Impact of activity</b> Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	<b>Brief description of impact</b>	<b>If negative, how can it be mitigated?</b> <b>If positive, how can it be enhanced?</b>
<b>Procurement</b>	<p>Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it promote ethical purchasing of goods or services?</p> <p>Will it promote greater efficiency of resource use?</p> <p>Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?</p> <p>Will it support local or regional supply chains?</p> <p>Will it promote access to local services (care closer to home)?</p> <p>Will it make current activities more efficient or alter service delivery models</p>	0		
<b>Facilities Management</b>	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>Will it reduce water consumption?</p>	1	All documentation published electronically on the organisation's Intranet and website.	
<b>Workforce</b>	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and</p>	0		

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	family friendly policies)? Will it offer employment opportunities to disadvantaged groups?			
<b>Community Engagement</b>	Will it promote health and sustainable development? Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	0		
<b>Buildings</b>	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic and appropriate landscaping around new development? Will it improve access to the built environment?	0		
<b>Adaptation to Climate Change</b>	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)?	0		
<b>Models of Care</b>	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? Will it promote prevention and self-management? Will it provide evidence-based, personalised care that	0		



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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?
	<p>achieves the best possible outcomes with the resources available? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p>			

## 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](http://www.reportnhsfraud.nhs.uk)

Your Local Counter Fraud Specialist are Steven Moss and Glyn Thomas  
who can be contacted by telephoning (01904) 725145 or 725166 or emailing [steven.moss@york.nhs.uk](mailto:steven.moss@york.nhs.uk) or [glyn.thomas@york.nhs.uk](mailto:glyn.thomas@york.nhs.uk)  
If you would like further information about NHS Protect, please visit [www.nhsbsa.nhs.uk/Protect.aspx](http://www.nhsbsa.nhs.uk/Protect.aspx)

*Tackling fraud*



## FORM 2: 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**

### **Please provide details**

### **Possible useful contacts**

*Please attach any available additional information.*

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

Please return to Steven Moss or Glyn Thomas via:

Email: Steven.moss@york.nhs.uk or Glyn.Thomas@york.nhs.uk

Post: Steven Moss / Glyn Thomas, Park House, Bridge Lane, Wigginton Road, York, YO31 8ZZ

Any queries please contact Steve or Glyn 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.*

**CFS1**