

<b>Corporate</b>	<b>CCG CO06 Counter Fraud, Bribery and Corruption Policy</b>
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Version Number	Date Issued	Review Date
V1	March 2020	November 2021

<b>Prepared By:</b>	Senior Commissioning Manager, North of England Commissioning Support
<b>Consultation Process:</b>	CCG Leads
<b>Approved By:</b>	Combined Management Group
<b>Policy Adopted From:</b>	Darlington CCG CO06 Anti-Fraud, Bribery and Corruption Policy (4) DDES CCG CO06 Anti- Fraud, Bribery and Corruption Policy (v5) HaST CCG CO06 Anti-Fraud, Bribery and Corruption Policy (4) North Durham CCG CO06 Anti- Fraud, Bribery and Corruption Policy (v5) South Tees CCG CO06 Anti-Fraud, Bribery and Corruption Policy (4)

## Equality Impact Assessment

Date	Issues
October 2019	See Appendix A

## POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

## Version Control

Version	Release Date	Author	Update comments
V1	April 220	LCFS, AuditOne	New Policy Template

## Approval

Role	Name	Date
Approval	Combined Management Group	10 March 2020

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## 1 Introduction

For the purposes of this policy, NHS County Durham Clinical Commissioning Group (CCG) will be referred to as 'the CCG'

As an organisation that commissions publicly-funded healthcare services the CCG is accountable for the commissioning of services in an open and transparent manner. Any failure to do so could have significant negative impact on the organisation's reputation.

The CCG is committed to preventing and reducing fraud, bribery and corruption to an absolute minimum and keeping it at that level. The CCG does not tolerate fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

The CCG will take all necessary steps to counter fraud, bribery and corruption in accordance with this policy and NHS Standards for Commissioners. The organisation will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and where possible will attempt to recover losses.

As directed by NHS England and in accordance with NHS Standards for Commissioners, the CCG is required to obtain the services of an accredited counter fraud specialist (CFS) who is nominated to the NHS Counter Fraud Authority (NHSCFA). The CFS is responsible for the completion of a range of preventative counter fraud and bribery tasks, in line with organisation-approved work plans, and for conducting any necessary criminal investigations. Locally, the CFS is accountable to the chief finance officer.

This policy is supported and endorsed by the CCG's Accountable Officer and the Governing Body. This policy is based on the latest guidance issued by the NHSCFA in March 2018.

The policy is available to all staff via the intranet. The purpose of this policy is to inform those working for the organisation of their responsibilities and what they should do if they have a suspicion involving fraud, bribery and corruption.

## **1.1 Aims and objectives**

The aims of this policy are:

- to ensure that the CCG has appropriate counter fraud procedures as directed by NHS England and the Bribery Act 2010
- To provide a guide for those working for the organisation on what fraud is and how to report concerns
- To inform those working for the organisation of their responsibility to prevent fraud, bribery and corruption
- To detail the roles and responsibilities of key staff and departments
- To detail the potential outcomes where fraud, bribery and corruption are suspected

## **1.2 Scope**

This policy applies to all personnel working for or on behalf of the CCG including, but not limited to, employees (regardless of position held or employment status), consultants, volunteers, contractors, staff engaged via an third party supplier, honorary contract holders and/or any other parties who have a business relationship with the organisation.

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

It will be available on the intranet. It should be read in conjunction with the organisation's Standards of Business Conduct and Declaration of Interest policy, Whistleblowing policy, Disciplinary policy and Internet and Email Acceptable Use policy.

## **2 Definitions**

### **2.1 NHS Counter Fraud Authority (NHSCFA)**

The NHSCFA has overall responsibility for the detection, investigation and prevention of fraud and economic crime within the NHS. Its aim is to lead the fight against fraud affecting the NHS and wider health service, by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

NHS organisations, who either commission or provide NHS-funded services, are primarily responsible for dealing with economic crime risks occurring within their own organisation. The NHSCFA provides information and guidance to local counter fraud specialists to assist with the delivery of counter fraud, bribery and corruption work across the NHS and wider health group.

The NHSCFA's organisational objectives are:

- Deliver the Department of Health and Social Care (DH&SC) strategy, vision and strategic plan, and lead counter fraud activity in the NHS in England
- Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters in the NHS
- Lead, guide and influence the improvement of standards in counter fraud work
- Take the lead and encourage fraud reporting across the NHS and wider health group
- Invest in and develop NHSCFA staff

More information about the NHSCFA strategy: Leading the fight against NHS fraud: Organisational strategy 2017-2020 is available at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications>.

## **2.2 Counter fraud standards**

A requirement in the NHS Standard contract is that relevant providers of NHS services must take the necessary action to comply with the NHSCFA's counter fraud standards, including having policies, procedures and processes in place to combat fraud, corruption and bribery to ensure compliance with the standards.

Additionally, Service Condition 24 of the NHS Standard Contract enables the commissioner's nominated Local Counter Fraud Specialist, a person nominated on their behalf, or a person nominated to act on the NHSCFA's behalf, to review the counter fraud provisions put in place by the provider.

As well as overseeing the counter fraud, bribery and corruption arrangements in place within providers, the CCG is directed by NHS England to ensure there are appropriate arrangements within the organisation.

The NHSCFA carries out regular assessments of health organisations in line with the counter fraud standards. More information about the NHS Standards for Commissioners can be found at: <https://cfa.nhs.uk/counter-fraud-standards>.

The CCG's counter fraud work plan and annual report will encompass the standards and detail work required to meet them.

## 2.3 Fraud

There are several specific offences under the Fraud Act 2006, however there are three primary ways in which it can be committed that are likely to be investigated by the CFS:

- **Fraud by false representation** (section 2) – lying about something using any means
- **Fraud by failing to disclose information** (section 3) – not saying something when you have a legal duty to do so
- **Fraud by abuse of position** (section 4) – abusing your position of trust where there is a duty to safeguard 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 the intent to cause a gain or make a loss. The gain or loss does not have to succeed, as long there is intent. Successful prosecutions under the Fraud Act 2006 may result in an unlimited fine and/or a custodial sentence of up to 10 years.

More information about the Fraud Act 2006 can be found at: <https://www.legislation.gov.uk/ukpga/2006/35/crossheading/fraud>.

## 2.4 Bribery and corruption

The Bribery Act 2010 came into force on 1 July 2011, and repeals previous corruption legislation. The Act has introduced the criminal offences of offering and receiving a bribe. It also places specific responsibility on organisations to have in place adequate procedures to prevent bribery and corruption taking place.

Bribery can generally be defined as offering, promising or giving a financial or other advantage to influence others to use their position in an improper way (i.e. to obtain a business advantage). A benefit can be money, gifts, rewards etc. and does not have to be of substantial financial value. No actual gain or loss has to be made.

A person has committed a criminal offence of offering a bribe even if the offer is declined, as does a person who accepts a bribe even if they don't receive it.

A bribe does not have to be in cash; it may be the awarding of a contract, provision of a gift, hospitality or sponsorship or another benefit.

Anyone found guilty of either offering or receiving a bribe could face a custodial sentence of up to 10 years imprisonment.

Corruption is generally considered as an umbrella term covering various activity and behaviour including bribery, kickbacks, favours, corrupt preferential treatment or cronyism. Corruption can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

All staff are reminded that they should be transparent in respect of recording any gifts, hospitality or sponsorship and they should refer to the CCG's Standards of Business Conduct and Declaration of Interest policy for further information.

Section 7 of the Bribery Act 2010 introduced a new corporate offence of 'failure of commercial organisations to prevent bribery'. The CCG can be held liable when someone associated with it bribes another in order to obtain or retain business for the organisation and be subject to an unlimited fine. However, the CCG will have a defence if it can demonstrate that it had adequate procedures in place designed to prevent bribery.

The Act applies to everyone associated with the CCG who performs services on its behalf, or who provides the organisation with goods or services. This includes anyone working for or with the CCG, such as employees, agents, subsidiaries, contractors and suppliers.

Employees of the CCG must not request or receive a bribe from anybody, nor imply that such an act might be considered. This means they will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to perform improperly their function or activities.

More information on the Bribery Act 2010 can be found at: <https://www.legislation.gov.uk/ukpga/2010/23/crossheading/general-bribery-offences>.

### **3. The response plan**

#### **3.1 Bribery and corruption**

The CCG will conduct risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect it, and proportionate procedures will be implemented to mitigate identified risks.

The organisation has a Standards of Business Conduct and Declaration of Interest Policy; these outline how declarations of interest, and gifts and hospitality should be managed and declared.

### 3.2. Reporting fraud, bribery or corruption

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

If an employee suspects that fraud, bribery or corruption has taken place they should ensure it is reported to the CFS at:

- AuditOne Fraud hotline – 0191 441 5936
- AuditOne fraud email – [counterfraud@auditone.co.uk](mailto:counterfraud@auditone.co.uk) or [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net)

A referral form can be found at Appendix A; this can also be used to refer any suspicions to the CFS.

Alternatively, reports can be made directly to the CFO. If the referrer believes that the CFO or CFS may be implicated in a fraud they should notify whichever party is not believed to be involved, who will then inform the AO/CO.

If the referrer feels for any reason that they are unable to report the matter internally, referrals can be made to the NHSCFA, via the Fraud and Corruption Reporting Line on 0800 028 4060 (powered by Crimestoppers) or online at: <https://cfa.nhs.uk/reportfraud>.

All suspicions of fraud should be reported using the processes outline above. However, to support employees in reporting suspicions, the CCG has a Whistleblowing Policy which is available to all staff.

The CFS will undertake sufficient enquiries to establish whether or not there is any foundation to any allegation received. If the allegation is substantiated, the CFS and/or NHSCFA will undertake a criminal investigation and seek to apply criminal and civil sanctions, where appropriate. Financial recovery will also be sought wherever possible.

### **3.3 Disciplinary action**

Disciplinary procedures will be initiated where an employee is suspected of being involved in an act of fraud, bribery and corruption, or where their negligent action has led to an economic crime being perpetrated. A copy of the CCGs disciplinary policies can be accessed via the individual CCG websites.

### **3.4 Sanctions and redress**

The CCG's approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of sanctions, including criminal, civil, disciplinary and regulatory, will be considered at the earliest opportunity and any or all of these may be pursued where appropriate. Consistency in this approach demonstrates the organisation's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.

The types of sanction which the CCG may consider applying when a fraud, bribery or corruption offence has occurred are:

Civil - the CCG will seek financial redress wherever possible, to recover sums lost (of money or assets) including confiscation or compensation orders, the use of Proceeds of Crime Act 2002 (POCA) legislation in criminal court, as well as civil sanctions such as an order of repayment, attachment of earnings, locally agreed voluntary negotiations or repayments. The CCG will actively publicise any redress obtained, where appropriate, with a view to creating a deterrent effect.

Criminal prosecution – the CFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service where necessary to bring a case to court against an alleged offender. The CCG will actively publicise any criminal sanctions obtained, where appropriate, with a view to creating a deterrent effect.

Disciplinary – The CCG will take disciplinary action where an employee is suspected of being involved in an economic crime act. A copy of the CCG's disciplinary policy can be accessed via section 4.3 of this policy.

Professional - where appropriate, the CCG reserves the right to also report staff and employees working on behalf of the organisation to their professional/regulatory body as a result of an investigation and/or prosecution.

## **4. Implementation**

- 4.1 This policy will be available to all staff for use in relation to the prevention, detection and reporting of fraud.
- 4.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## **5. Training Implications**

The sponsoring director will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.

The training required to comply with this policy is annual counter fraud awareness training.

## **6. Related Documents**

### **6.1 Other related policy documents**

Disciplinary Policy.

### **6.2 Legislation and statutory requirements**

Standards for Commissioners: fraud, bribery and Corruption. NHS Counter Fraud Authority.

## **7. Monitoring, review and archiving**

### **7.1 Monitoring**

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

## **7.2 Review**

- 7.2.1 The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.
- 7.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.
- 7.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.
- NB:** If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process

## **7.3 Archiving**

The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

## Schedule of Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the CFS or the chief finance officer immediately.

<p><b>Members Assembly/Council of Members/</b></p>	<p>The Members Assembly/Council of Members/ has delegated responsibility to the Governing Body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.</p>
<p><b>Accountable Officer (AO) / Chief Officer (CO)</b></p>	<p>The CCGs accountable officer (AO) / Chief Officer (CO), has overall responsibility for funds, assets and resources entrusted to it and the CCG's systems of internal control. This includes instances of fraud, bribery and corruption.</p> <p>The AO/CO must ensure adequate policies; procedures and processes are in place to protect the CCG and the public funds it receives. However, responsibility for the operation and maintenance of systems and controls falls directly to managers and requires the involvement of everyone working on behalf of the CCG. The AO/CO, via the chief finance officer, will monitor and ensure compliance with this policy.</p>
<p><b>Governing body</b></p>	<p>The CCG's governing body should provide a clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work. They should review the proactive management, control and the evaluation of such work to ensure that the CCG's funds, people and assets are adequately protected against criminal activity including fraud, bribery and corruption. The governing body and its members should scrutinise NHSCFA assessment reports, when available, and ensure that the recommendations are fully actioned.</p>

<p><b>Chief Finance Officer (CFO)</b></p>	<p>The CFO, in conjunction with the AO/CO, will monitor and ensure the CCG's compliance against Service Condition 24 of the NHS Standard Contract and Bribery Act 2010</p> <p>The CFO has power to approve financial transactions initiated by the organisation's directorates.</p> <p>The CFO prepares, documents and maintains detailed financial procedures and systems, and applies the principles of separation of duties and internal checks to prepare a statement of internal control for inclusion in the CCG's annual report.</p> <p>The CFO will report annually to the board on the adequacy of internal financial controls and risk management as part of the board's overall responsibility to prepare a governance statement for inclusion in the CCG's annual report.</p> <p>The CFO will review annually the suitability, adequacy and effectiveness of the CCG's counter fraud, bribery and corruption arrangements and implement improvements as and when appropriate.</p> <p>The CFO 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.</p> <p>The CFO will liaise with the CFS regarding any identified concerns.</p>
<p><b>Audit Committees</b></p>	<p>The Audit Committee is responsible for reviewing, approving and monitoring the CCG's counter fraud work-plan. The committee will receive regular updates on counter fraud activity, will monitor the implementation of action plans, and will provide direct access and liaison with those responsible for counter fraud work. The committee will review annual reports on counter fraud, discuss NHSCFA quality assessment reports. and will provide independent scrutiny to ensure any necessary post-assessment action plans are carried out.</p> <p>Further information which may assist the audit committee in discharging its functions effectively can be found in the NHS Audit Committee Handbook 2018, published by Healthcare Financial Management Association (HFMA) at:  <a href="https://www.hfma.org.uk/publications/details/nhs-audit-committee-handbook">https://www.hfma.org.uk/publications/details/nhs-audit-committee-handbook</a>.</p>

<b>Internal and external audit</b>	The CCG utilises both internal and external audit functions, which include reviewing the CCG's controls and systems, and ensuring compliance with financial instructions. It will be expected that any incident or suspicion of fraud, bribery or corruption identified by either internal or external audit will be shared immediately to the nominated CFS and CFO.
<b>Human resources</b>	<p>Human resources (HR) colleagues are responsible for liaison with the CFS about any suspicions of fraud, bribery and corruption they may become aware of. HR are responsible for the conduct of any internal investigation and instigating any necessary internal action, including disciplinary action against those who fail to comply with organisational policies, procedures and processes.</p> <p>Criminal and disciplinary processes have different purposes, are governed by different rules and/or legislation and require different standards of proof. These differences mean that one investigator must not conduct both criminal and disciplinary investigations into the same matter.</p> <p>There is no legal rule giving precedence to the criminal process over the disciplinary process and the CCG may undertake disciplinary proceedings even if a criminal investigation is ongoing. All decisions must be based on the individual circumstances of each case and discussed with the CFS. However, a disciplinary hearing should not normally take place if it would prejudice ongoing criminal proceedings. In all cases public protection is paramount; the decision to give precedence to the criminal process over the disciplinary one must be subject to overriding public interest considerations – namely the risk to the provision of NHS services, patients and/or the wider public caused by a delay in applying disciplinary sanctions.</p> <p>Coordination of parallel criminal and disciplinary investigations in order to achieve the most appropriate outcome requires regular liaison between HR colleagues and the CFS. Beside routine interaction, specific consultation should occur at the following points:</p> <ul style="list-style-type: none"> <li>• All referrals received by HR that contain an element of suspected fraud, bribery or corruption must be reported to the CFS and/or CFO immediately.</li> <li>• Wherever parallel sanctions are being pursued, the investigating officer and/or HR should meet regularly with the CFS to provide updates and ensure the flow of information.</li> <li>• HR should inform the CFS where there are serious health and safety risks (i.e. clinician identified as not holding appropriate clinical qualifications) or cases</li> </ul>

	<p>involving vulnerable individuals that may take precedence over a criminal investigation.</p> <ul style="list-style-type: none"> <li>• HR must advise the CFS of disciplinary hearings outcomes as this may impact on the criminal sanction.</li> </ul> <p>The CCG should ensure that appropriate protocols are in place to cover this.</p>
<p><b>Local Counter Fraud Specialist (CFS)</b></p>	<p>The CFS is responsible for taking forward all counter-fraud work locally in accordance with national standards and reports directly to the CFO.</p> <p>Adherence to NHSCFA counter fraud standards is important not only to ensure contractual obligations are complied with, but also to ensure the CCG has appropriate counter fraud, bribery and corruption arrangements in place. To this end, the CFS will look to achieve the highest standards possible in their work.</p> <p>The LCFS will work with key colleagues and stakeholders to promote counter fraud work, apply effective preventative measures and investigate allegations of fraud, bribery and corruption. In consultation with the CFO, the CFS will report any cases to the NHSCFA. Where necessary, the CFS will ensure that other relevant parties are informed of allegations, such as HR if an employee is the subject of a referral.</p> <p>The CFS will utilise a risk planning toolkit to help identify fraud, bribery and corruption risks at the CCG and the resulting information will be used to inform future counter fraud work.</p> <p>The CFS has been specifically trained in counter fraud procedures and has been appointed by the CCG to undertake work in this field. The CFS will work with all staff and stakeholders to promote counter fraud work and will effectively respond to system weaknesses and investigate allegations of fraud, bribery and corruption. The CFS has a number of duties to perform, including:</p> <ul style="list-style-type: none"> <li>• Receive any fraud, bribery or corruption referral directly from staff, the public or a contractor.</li> <li>• Investigate all cases of fraud within the CCG and to report on these to the audit committee.</li> <li>• Publicise counter fraud work and the fraud awareness message within the CCG.</li> <li>• Undertake local proactive counter fraud work with the aim of fraud prevention and/or detection.</li> </ul>

	<ul style="list-style-type: none"> <li>• Report any system weaknesses to the organisation and the NHSCFA.</li> </ul>
<p><b>Managers</b></p>	<p>All managers within the CCG are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review. Managers should be alert to the possibility that unusual events, requests or transactions could be indications of fraud, bribery or corruption.</p> <p>All managers have a responsibility to ensure that staff and those working within their team are aware of fraud, bribery and corruption, understand the importance of protecting the organisation from it and will bring this policy to their staff's attention. The desktop guide at Appendix B provides a reminder of the key contacts and actions to be followed if fraud, bribery and corruption acts are suspected. Managers are encouraged to publicise the desktop guide within their local area.</p> <p>The CFS will support managers in encouraging a counter fraud, bribery and corruption culture and the CFS will proactively undertake work to raise awareness of this.</p> <p>All instances of actual or suspected fraud, bribery or corruption which come to the attention of a manager must be reported to the CFS immediately. It is appreciated that some employees may initially raise concerns with their manager, however, under no circumstances should managers investigate the allegation(s) themselves. There is a clear responsibility for managers to refer concerns to the CFS and/or CFO as soon as possible.</p> <p>Managers at all levels are responsible for ensuring that fraud risks are included in any local risk assessments and for mitigating any identified risks. The responsibility for the prevention and detection of fraud, bribery and corruption therefore primarily rests with managers but requires the co-operation of all employees. The CFS is available to provide any advice and guidance as necessary.</p>
<p><b>All employees</b></p>	<p>All employees are required to comply with the CCG's policies, procedures and processes and apply best practice in order to prevent fraud, bribery and corruption (e.g. procurement, expenses and ethical business behaviour).</p> <p>Employees are expected to act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure they are familiar with them. Employees and those working</p>

	<p>on behalf of the organisation should be made aware of their own responsibilities in accordance with the CCG's policies and in protecting the organisation from these crimes fraud, bribery and corruption.</p> <p>Employees have a duty to protect the assets of the CCG, including information and property. In addition, all employees have a responsibility to comply with all applicable laws, regulations and organisational policies relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality. This means that, in addition to maintaining the normal standards of personal honesty and integrity, employees should always:</p> <ul style="list-style-type: none"> <li>• Avoid acting in any way that might cause others to allege or suspect them of dishonesty</li> <li>• Behave in a way that would not give cause for others to doubt that the CCG's employees deal fairly and impartially with official matters</li> <li>• Be alert to the possibility that others might be attempting to deceive</li> </ul> <p>All employees have a duty to ensure that the organisation's funds, including NHS funds are safeguarded, whether they are involved with cash or payment systems, managing budgets or dealing with contractors or suppliers.</p> <p>If an employee suspects that there has been fraud, bribery or corruption they must report the matter to the CFS and/or chief finance officer.</p> <p>The Clinical Commissioning Group's counter fraud service is provided under contract by AuditOne, an NHS-hosted organisation.</p>
<p><b>Information management and technology</b></p>	<p>The North of England Commissioning Support Unit (NECSU) will contact the CFS and/or the CFO immediately in all cases where there is suspicion that IT is being used for fraudulent purposes. There may also be offences under the Computer Misuse Act 1990.</p> <p>Similarly, NECSU will liaise with the CFS to ensure that a subject's access (both physical and electronic) to the CCG's IT resources is restricted, suspended or removed where an economic crime investigation identifies that it is appropriate to do so.</p>

## Appendix A

# Equality Impact Assessment

## Step 1

As a public body organisation we need to ensure that all our strategies, policies, services and functions, both current and proposed have given proper consideration to equality and diversity, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership, Carers and Health Inequalities).

A screening process can help judge relevance and provides a record of both the process and decisions made.

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

### Name(s) and role(s) of person completing this assessment:

Name: Paul Bevan  
Role: Counter Fraud Specialist, AuditOne

### Title of the service/project or policy:

Counter Fraud, Bribery and Corruption Policy

Is this a:

Strategy / Policy

Service Review

Project

If other, please specify:

**What are the aim(s) and objectives of the service, project or policy:**

**Who will the project/service /policy / decision impact?**

Consider the actual and potential impacts:

- Staff
- service users/patients
- other public sector organisations
- voluntary / community groups / trade unions
- others, please specify:

The aims of this policy is to outline the CCGs' responsibilities in terms of delivering a comprehensive approach to managing fraud, bribery and corruption related risks. To improve collective understanding of the work undertaken at the CCGs to counter fraud, bribery and corruption. To support a transparent and supportive anti-fraud culture where staff feel able to raise legitimate concerns. To ensure that all suspicions are referred appropriately in accordance with specified reporting lines and that substantiated enquiries are conducted solely by professionally accredited NHS counter fraud specialists or the police. To enable all parallel criminal, disciplinary and civil sanctions options to be properly and consistently considered in the course of investigations. This policy will not have a detrimental impact on any of the above.

Questions	Yes	No
Could there be an existing or potential impact on any of the protected characteristic groups?		X
Has there been or likely to be any staff/patient/public concerns?		X
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could this piece of work affect the workforce or employment practices?		X
Does the piece of work involve or have an impact on: <ul style="list-style-type: none"> <li>Eliminating unlawful discrimination, victimisation and harassment</li> <li>Advancing equality of opportunity</li> <li>Fostering good relations</li> </ul>		x

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

The policy relates to every member of staff equally

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document.**

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
David Chandler	Chief Finance Officer, Sunderland CCG	May 2019

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

**If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.**

A copy of all screening documentation should be sent to: **NECSU.Equality@nhs.net** for audit purposes.