

Anti-Fraud, Bribery and Corruption Policy & Response Plan

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Change History

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Review

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Izhar Chaudhary	AD Finance – Financial Assurance	16/07/24	3.1

Izhar Chaudhary	AD Finance – Financial Assurance	11/05/26	4.0
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Approval

Name	Role	Date	Version
Izhar Chaudhary	AD Finance – Financial Assurance	16/07/24	3.1
Sam Evans	Corporate Director of Finance – Commissioning & Financial Assurance	11/05/26	4.0

Distribution

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DOCUMENT STATUS:

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1. Introduction

1.1 General

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

The NHS GM is committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. The NHS GM does not tolerate fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

NHS GM, at its most senior levels, wishes to encourage anyone having reasonable suspicions of fraud, bribery or corruption to report them. For the purposes of this policy “reasonably held suspicions” shall mean any suspicions other than those which are totally groundless (and/or raised maliciously).

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

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

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

NHS GM is required to appoint its own dedicated Anti-Fraud Specialist (AFS), also known as Local Counter Fraud Specialist (LCFS), who is accredited by the NHSCFA and accountable to them professionally for the completion of a range of preventative anti-fraud and corruption work, as well as for undertaking any necessary investigations. Locally, the AFS is accountable on a day-to-day basis to the Chief Finance Officer for NHS GM, and also reports, periodically, to the NHS GM Audit Committee.

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

[NB. For staff awareness, **theft issues** are usually dealt with by Local Security Management Specialists (LSMS), not the AFS. However, the AFS will be mindful of any potential criminality identified in the course of any investigation and will, with the agreement of the Chief Finance Officer, notify the appropriate investigating authority].

2. Purpose & Scope

2.1 Purpose

NHS GM is committed to taking all necessary steps to counter fraud, bribery and corruption.

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

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

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

NHS GM ensures transparency in how personal data is used by maintaining appropriate privacy notices, including information about the use of data for fraud prevention, detection and investigation purposes.

2.2 Scope

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

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

3. Definitions

3.1 NHS Counter Fraud Authority (NHSCFA) / NHS Counter Fraud Strategy

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

NHSCFA also maintains a national [NHS Counter Fraud Strategy](#) which sets out the strategic approach and direction, key challenges and opportunities, and the priority areas identified for tackling fraud and corruption in the NHS. NHS GM's local approach to tackling fraud and corruption, through the work of the Anti-Fraud Specialist, organisational resources and the annual risk-assessed counter fraud work-plan, fully acknowledges and aligns itself to the priorities set out in the national strategy.

Government Functional Standard GovS 013: Counter Fraud (NHS Requirements)

A requirement in the NHS standard contract is that providers and commissioners of NHS services must take the necessary action to comply with the [NHSCFA's counter fraud standards](#). Others should have due regard to the standards. The contract places a requirement on providers / commissioners to have policies, procedures and processes in place to combat fraud, corruption and bribery to ensure compliance with the standards. The NHSCFA carries out regular assessments of health organisations in line with the counter fraud standards.

3.2 ICB Counter Fraud Statutory Guidance

As per the [ICB Counter Fraud Statutory Guidance](#), NHS GM will liaise with NHSE and providers as necessary in respect of any fraud allegations arising around primary care provision. Due consideration will be given to the nature of the allegations raised and where the contractual responsibility resides for any primary care funds identified as being at risk of abuse. On occasions, this may necessitate a multi-agency approach to an investigation and NHS GM's Anti-Fraud Specialist will advise NHS GM accordingly. Similarly, the AFS will advise on any other counter fraud arrangements relating to primary care provision that

may be necessary or appropriate. The AFS will ensure NHS GM compliance with the relevant requirements of the guidance.

3.4 Fraud

[The Fraud Act 2006](#) outlines the approach to investigate and prosecute fraud, which can relate to money, property or other benefits of value. Previously, the word ‘fraud’ was an umbrella term used to cover a variety of criminal offences falling under various legislative acts. It is no longer necessary to prove that a person has been deceived, or for a fraud to be successful. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain either for themselves or another; to cause a loss to another; or expose another to a risk of a loss.

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

The offence of fraud can be committed in three ways:

- **Fraud by false representation (s.2)** – lying about something using any means, e.g. falsifying a CV or NHS job application form
- **Fraud by failing to disclose (s.3)** – not saying something when you have a legal duty to do so, e.g. failing to declare a conviction, disqualification or commercial interest when such information may have an impact on your NHS role, duties or obligation and where you are required to declare such information as part of a legal commitment to do so.
- **Fraud by abuse of a position of trust (s.4)** – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation, e.g. a carer abusing their access to patients monies, or an employee using commercially confidential NHS information to make a personal gain.

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

3.5 Bribery and Corruption

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

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

The [Bribery Act 2010](#) reformed the criminal law of bribery, making it a criminal offence to:

Give, promise or offer a bribe (s.1), and/or

Request, agree to receive or accept a bribe (s.2).

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

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

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

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

All staff are reminded to ensure that they are transparent in respect of recording any gifts, hospitality or sponsorship and they should refer to the separate NHS GM policy, the ‘Managing Conflicts of Interest Policy’ covering:

Acceptance of Gifts and Hospitality

Declaration of Interests

Sponsorship

The Bribery Act 2010 applies to (and can be triggered by) everyone “associated” with NHS GM who performs services for us, or on our behalf, or who provides us with goods. This includes those who work for and with us, such as employees, agents, subsidiaries, contractors and suppliers (regardless of whether they are incorporated or

not). The term ‘associated persons’ has an intentionally wide interpretation under the Bribery Act 2010.

Sanctions, following a successful prosecution, are similar to those of the Fraud Act 2006.

3.6 Failure to Prevent Fraud Offence (ECCTA 2023)

The [Economic Crime and Corporate Transparency Act \(ECCTA\) 2023](#) covers a range of reforms relating to organisational requirements and enhancements to deliver a suite of wider-ranging reforms to tackle economic crime and improve transparency over corporate entities.

As part of this legislation, the Government has introduced a new ‘*failure to prevent fraud offence*’ to hold organisations to account if they profit from fraud committed by their employees or those associated with it. This offence came into force on 1st September 2025. Information regarding this offence can be found at: [Failure to prevent fraud](#).

The new offence seeks to discourage organisations from turning a blind eye to fraud undertaken by associated persons (e.g., employees, contractors working for it, associates, agents and/or subsidiaries), which ultimately benefits the organization, directly or indirectly. The benefit does not just have to be financial, and the benefit can be to all or just part of the organisation. Also, fraud does not have to be successful. The intent is sufficient.

An example of this offence might be where an ‘associated person’ (i.e. a directly employed senior manager) provides false information to a third party (i.e., NHS England) in order to suggest that a performance target has been met when it has not; potentially benefiting both the individual and the organisation by avoiding adverse scrutiny and/or by accessing additional funding.

Another example might be a manager sourcing unsuitable staff via a third party recruitment agency (both the manager and agency, potentially, being ‘associated persons’) in order to cut corners to meet an immediate resource need.

The legislation will hold organisations to account through prosecution if they profit from the fraudulent actions of associated persons.

The legislation states that an organisation could avoid prosecution if it is able to prove that, at the time that the fraud offence was committed, it had ‘reasonable procedures’ in place to prevent this type of fraud from occurring. What constitutes ‘reasonable procedures’ is not defined in the legislation and would be determined by a court if a prosecution were brought.

The offence applies to all sectors. However, to ensure burdens on organisations are proportionate, only large organisations are currently in scope – defined as organisations meeting two out of three following criteria:

- more than 250 employees.
- more than £36 million turnover; and
- more than £18 million in total assets.

The organisation may be prosecuted with the potential for an unlimited fine. If resources are held across a parent organisation and its subsidiaries cumulatively meet the size threshold, that group of institutions will be in scope of the failure to prevent fraud offence.

Regardless, this legislation / offence applies to all NHS organisations.

The ICB's Anti-Fraud Specialist works with the organisation in order to help it establish reasonable procedures to mitigate the risk of this offence occurring.

4. Roles and Responsibilities

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

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

4.1 Chief Executive

NHS GM's Chief Executive, as the organisations accountable officer, has overall responsibility for securing funds, assets and resources entrusted to it, including instances of fraud, bribery and corruption.

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

4.2 Board

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

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

4.3 Chief Finance Officer

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

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

They 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 statement of internal control for inclusion in the annual report.

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

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.

4.4 Senior Information Risk Owner (SIRO) and Caldicott Guardian

The SIRO has overall responsibility for information risk within NHS GM and will ensure that risks relating to fraud investigations and data use are appropriately managed.

The Caldicott Guardian will provide oversight where patient confidential data is involved, ensuring that access and sharing is justified and compliant with the Caldicott Principles.

4.5 Audit Committees

The role of Audit Committees is in reviewing, approving and monitoring counter fraud workplans, receiving regular updates on counter fraud activity, monitoring the

implementation of action plans, providing direct access and liaison with those responsible for counter fraud, reviewing annual reports on counter fraud, and discuss NHSCFA quality assessment reports. Reference: NHS Audit Committee Handbook 2024 [HFMA Policy and Guidance](#)

4.6 Internal and External Audit

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

4.7 Human Resources / Personnel Management

Human resources (HR) play a role in relation to employees in suspected cases of fraud, bribery and corruption, including liaison with the AFS and the conduct of any investigation, and instigating the necessary disciplinary action against those who fail to comply with the policies, procedures and processes. HR work with the AFS to ensure that appropriate parallel sanctions are applied (in accordance with the NHSCFA Anti-Fraud Manual) where fraud, bribery or corruption is proven against employees'. Appropriate joint working protocols exist to detail this relationship.

4.8 Anti-Fraud Specialist

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

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

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

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

The AFS has responsibility for investigating any allegations of fraud and corruption within the organisation. NHS GM has secured the services of the Mersey Internal Audit Agency (MIAA) to provide this service.

4.9 Counter Fraud Champion

NHS GM has appointed a Fraud Champion; their role and duties include:

- Promoting awareness of fraud, bribery and corruption within the organisation,
- Understanding the threat posed by fraud, bribery and corruption and,
- Understanding best practice on counter fraud.
- They do not have any remit to investigate allegations of fraud or corruption.

4.10 Freedom to Speak-Up Guardians

Speak-Up Guardian has a responsibility to report allegations they receive relating to fraud or corruption against the organisation to the AFS (whilst protecting the identity of the referrer, if necessary).

You can raise your concerns directly with NHS GM's Non-Executive Director, Sue Bailey by emailing sue.bailey22@nhs.net

The Freedom to Speak Up Policy can be found on the NHS GM website [NHS GM Whistleblowing Policy](#)

4.11 Whistleblowing

Anybody who has a whistleblowing concern relating to NHS GM can use our whistleblowing reporting procedures. A person who wishes to report a concern or suspected serious wrongdoing (a disclosure) should contact NHS GM in one of the following ways:

- E-mail your concerns to NHS GM's Corporate Governance Team at: gmhscp.gmicp.corporate@nhs.net
- Call NHS GM by telephone, asking to speak to the Corporate Governance Team: 0161 742 6023.
- Concerns can also be reported in writing to:
NHS GM Corporate Governance Team

Confidential

Tootal
56 Oxford Street
Manchester
M1 6EU

Alternatively, you can raise your concerns directly with NHS GM's Non-Executive Director and Whistleblowing Lead, Sue Bailey by emailing sue.bailey22@nhs.net

The Whistleblowing Policy can be found on the NHS GM website.

4.12 Managers

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

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

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

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

4.13 All Employees

Employees are required to comply with the organisation's policies, procedures and processes and apply best practice in order to prevent fraud, bribery and corruption (for example in the areas of procurement, personal expenses and ethical business behaviour). Staff should be aware of their own responsibilities in accordance with the organisation's standards of behaviour and in protecting the organisation from these crimes.

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

If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the AFS and/or to NHSCFA as explained below.

4.14 Information Management and Technology

The Head of Information Security (or equivalent) will contact the AFS immediately in all cases where there is suspicion that NHS GM ICT (Information and Communications Technology) is being used for fraudulent purposes in accordance with the Computer Misuse Act 1990. They will also ensure that any access to systems required for investigative purposes is appropriately authorised, proportionate, and auditable, and that system access controls are reviewed where risks are identified. Similarly, the Head of

Information Security or equivalent will liaise closely with the AFS to ensure that a subject's access (both physical and electronic) to NHS GM ICT resources is suspended or removed where an investigation identifies that it is appropriate to do so.

5. The Response Plan

5.1 Fraud, Bribery and Corruption

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

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

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

5.2. Reporting Fraud, Bribery or Corruption

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

All genuine suspicions of fraud, bribery and corruption must be reported directly to the AFS:

Paul Bell – Head of Anti-Crime Services, (Mersey Internal Audit Agency)

M: 07552 253068 / T: 0151 285 4500

E: paul.bell@miaa.nhs.uk

Paul McGrath – Anti-Fraud Manager, (Mersey Internal Audit Agency)

M: 07584 774761

E: paul.mcgrath@miaa.nhs.uk

If the referrer believes that the Chief Finance Officer or AFS is implicated, they should notify whichever party is not believed to be involved who will then inform the Chief Executive and Audit Committee Chairperson (Richard.paver@nhs.net)

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

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

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

Investigations may also include police involvement, where appropriate.

All NHS bodies including private providers, commissioners and Trusts refer to the [Home Office's bribery and corruption assessment template](#) in order to assess their response to bribery and corruption. Home Office Bribery and corruption assessment template.

Where a fraud investigation identifies or involves a personal data breach, this must also be reported and managed in accordance with NHS GM's Data Security Incident Reporting Procedure, including assessment for notification to the Information Commissioner's Office (ICO) where required.

5.3 Whistleblowing

Concerns regarding fraud, bribery or corruption may also be reported to NHS GM via the Freedom to Speak Up Guardian(s) in accordance with the Freedom to Speak Up Policy, or via the NHS GM Whistleblowing Policy.

5.4 Disciplinary Action

Disciplinary procedures, in the context of fraud allegations, will be initiated where an employee is suspected of being directly involved in a fraudulent or illegal act, or where their negligent action has led to a fraud being perpetrated. NHS GM's disciplinary policy should be referred to.

5.5 Sanctions and Redress

This section outlines the sanctions that can be applied and the redress that can be sought against individuals who commit fraud, bribery and corruption against the organisation.

NHS GM's approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, disciplinary and regulatory – should be considered at the earliest opportunity and any or all of these may be pursued where and when appropriate. The consistent use of an appropriate combination of investigative processes in each case demonstrates this organisation's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.

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

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

Criminal – The AFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.

Disciplinary – Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act, as per Section 4.3 of this policy.

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

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

6. Review

6.1 Monitoring and auditing policy effectiveness

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

Where deficiencies are identified as a result of monitoring, appropriate recommendations and action plans are developed and implemented.

6.2 Dissemination of the policy

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

This policy will be disseminated NHS GM wide for all employees to understand and be made aware of via awareness presentations, NHS GM Bulletin's and on NHS GM's Anti-Fraud intranet page.

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

7. Data Protection Legislation

Personal data processed for the purposes of preventing, detecting and investigating fraud, bribery and corruption will be handled in accordance with UK data protection legislation. This includes processing under Article 6(1)(e) UK GDPR (public task) and/or Article 6(1)(c) (legal obligation).

Where special category data is processed, this will be undertaken in accordance with Article 9 UK GDPR and relevant conditions under Schedule 1 of the Data Protection Act 2018 including substantial public interest conditions such as the prevention and detection of unlawful acts and safeguarding of public funds.

All information used in fraud investigations will be processed in accordance with the principles of lawfulness, fairness and transparency, data minimisation, purpose limitation, accuracy, storage limitation, integrity and confidentiality, and accountability.

Access to personal and confidential information during investigations will be strictly limited to that which is necessary and proportionate, and on a need-to-know basis only.

All access to systems and records for investigative purposes will be logged, auditable and subject to appropriate oversight.

NHS GM and its staff and any other third party who works for or on behalf of NHS GM must comply with all Data Security (IG) policies and procedures to ensure data is confidential, available when needed, and is of high integrity.

All staff, whether permanent, temporary or contracted, working in a clinical or non-clinical environment, are responsible for ensuring that they are aware of the Data Security & Protection requirements incumbent upon them and for ensuring that they comply with these on a day-to-day basis.

NHS GM's Data Security (IG) policies and procedures can be found on NHS GMs website - [Data Security IG Policies & Procedures](#)

If a staff member requires advice and guidance relating to the disclosure of personal information, then advice should be sought from NHS GM IG Team gmhscp.icpig@nhs.net

NHS GM may share information with external agencies such as the NHS Counter Fraud Authority, NHS England, the police, or other relevant bodies where it is lawful and necessary to do so for the purposes of preventing or detecting fraud.

All information sharing will:

- Be justified, proportionate and necessary
- Be limited to the minimum required information
- Be carried out in accordance with data protection legislation and Caldicott Principles
- Where appropriate, be supported by formal Data Sharing Agreements or protocols

8. Training and Awareness

This document will be made available to all staff via Keep Connected and published on NHS GM's Website and on the IG Intranet page for NHS GM.

All staff are responsible for adhering to the UK General Data Protection Regulations, Caldicott Principles, the National Data Guardian Data Security Standards, the Data Protection Act 2018 and the common law duty of confidentiality.

All staff are mandated to undertake Data Security Awareness training on an annual basis.

Staff will receive guidance regarding this document from a number of sources:

- Policies and procedures are located on the intranet;
- Line manager;
- Other communication methods (e.g., staff briefings, team meetings, IG updates).
- The IG Team.

9. Classification and Retention of Information

NHS GM implements appropriate information classification and retention controls, based upon the data security legislation and the Records Management Code of Practice for Health and Social Care.

Further details of the classifications controls can be found in the Information Classification Policy and the Records Management Policy.

10. Legislation & Guidelines

A set of procedural documents will be made available via the IG intranet page.

- UK General Data Protection Regulations
- Data Protection Act 2018
- The National Data Guardian Data Security Standards
- Confidentiality: NHS Code of Practice
- Common Law Duty of Confidence
- Human Rights Act 1998
- Computer Misuse Act 1990
- Electronic Communications Act 2000
- Guide to the Notification of Data Security and Protection Incidents.

11. Equality Statement

NHS GM aims to design and implement services, policies and measures that are fair and equitable. As part of its development, this document and its impact on staff, patients and the public have been reviewed in line with the NHS GM's legal equality duties. The purpose of the assessment is to improve service delivery by minimizing, and if possible, removing any disproportionate adverse impact on employees, patients and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/belief.

The Equality Assessment has been completed, and any associated documents will be analysed accordingly.

12. Monitoring and Review

This policy will be reviewed on an annual basis to ensure it is fit for purpose, triangulated with any other relevant policies. The policy will be reviewed by Izhar Chaudhary, Associate Director of Finance – Financial Assurance

This document will be monitored through staff awareness and supporting evidence to the Data Security & Protection Toolkit.

This policy will be reviewed on a two-year basis and in accordance with the following as and when required:

- Legislative changes;
- Good practice guidance;
- Case law;
- Significant incidents reported;
- New vulnerabilities; and
- Changes to organisational infrastructure.

The next review is scheduled for 31 July 2028 or sooner if there is any further change in legislation.