

# Anti-fraud, Bribery and Corruption Policy and Response Plan

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Author (inc Job Title):	Paul McGrath, Anti-Fraud Specialist
Ratified by: (Name of responsible Committee)	Audit Committee
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<b>Document control:</b>		
<b>Date:</b>	<b>Version Number:</b>	<b>Section and Description of Change</b>
05/07/22	V0.1	First draft by Paul McGrath
01/07/22	V1	Policy adopted by Lancashire and South Cumbria ICB to include new ICB Statutory Guidance for Counter Fraud, issued by NHSE in July 2022, amended by Paul Bell
12/10/22	V2	Policy updated by Paul McGrath to include more information regarding NHSE and ICB investigations as per the new ICB Statutory Guidance for Counter Fraud, issued by NHSE in July 2022.
16/12/22	V3	<p>Policy updated to reflect the statutory guidance from NHS England 'Integrated Care Boards Counter Fraud Statutory Guidance' issued in July 2022, which outlines counter fraud requirements for Integrated Care Boards.</p> <p>Paragraphs 2.3, 2.4 and 2.5 explain when the ICB would investigate an allegation of fraud, bribery or corruption.</p>
6/9/23	V4	Policy updated to reference NHS Counter Fraud Strategy 2023 - 26

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## **1.0 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.

Lancashire and South Cumbria Integrated Care Board (the ICB) 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 ICB does not tolerate fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

The ICB, 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 the ICB’s 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 the ICB is obliged to comply with.

The ICB 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.

The ICB 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.

Each ICB 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 ICB Chief Finance Officer and also reports, periodically, to the ICB Audit Committee. The ICB has appointed an external specialist, Mersey Internal Audit Agency, to provide an Anti-Fraud Service.

The ICB also has a nominated Counter Fraud Champion (Judith Williams, Head of ICB Primary Care Finance, judithwilliams3@nhs.net) , their role and duties include:

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].

## 1.2 Aims and Objectives

The ICB 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 four strategic objectives (as detailed in the NHSCFA Strategy 2023 -2026):

- To lead and influence the NHS to find, prevent, and reduce fraud, recovering losses and putting money back into patient care.
- To work with partners to reduce fraud loss in the NHS.
- To support and empower its people to be the best in their roles and feel valued.
- To effectively use its resources, identify and pursue opportunities for growth and innovation and reduce its operating costs.
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## 1.3 Scope

This policy has been produced by the ICB'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 the ICB, on what fraud and corruption are in the NHS; what everyone's responsibilities 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 the ICB.

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.

## **2.0 Definitions**

### **2.1 NHS Counter Fraud Authority (NHSCFA) / NHS Counter Fraud Strategy<sup>1</sup>**

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. The ICB'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.

### **2.2 Government Functional Standard GovS 013: Counter Fraud<sup>2</sup> (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.

### **2.3 ICB Counter Fraud Statutory Guidance<sup>3</sup>**

As per the guidance, the ICB 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 the ICB's Anti-Fraud Specialist will advise the ICB 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 ICB compliance with the relevant requirements of the guidance.

### **2.4 NHS England and ICB Counter Fraud Responsibilities in Primary Care**

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<sup>1</sup> <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

<sup>2</sup> <https://cfa.nhs.uk/government-functional-standard>

<sup>3</sup> <https://www.england.nhs.uk/publication/integrated-care-boards-counter-fraud-statutory-guidance/>

The delegation of the commissioning of primary care services (general practice, dental, pharmaceutical and ophthalmic services) to ICBs is enhanced when compared to CCGs. However, as NHS England retains accountability for these services, NHS England is responsible for ensuring that appropriate counter fraud arrangements are in place and retains investigative responsibility for allegations of economic crime. As such, any fraud concerns identified in relation to delegated services should be reported immediately to the NHS England Counter Fraud team.

For primary care services that are commissioned directly by ICBs, and for which ICBs are accountable (ie not a delegated function, such as local enhanced services), it is the responsibility of ICBs to investigate and ensure appropriate counter fraud arrangements are in place in relation to these services (in compliance with NHSCFA issued NHS requirements and guidance).

## 2.5 **ICB counter fraud responsibilities in other areas**

The ICB investigative responsibility in certain areas, particularly corporate, are more straightforward. The ICB is responsible for ensuring appropriate counter fraud arrangements are in place in these areas.

For example, a payroll fraud relating to an ICB employee (directly employed, seconded or off-payroll worker), a procurement fraud relating to an ICB held contract, patient fraud, a continuing healthcare or personal health budget fraud. In all these examples, the potential loss and investigative responsibility would sit with the ICB LCFS.

## 2.6 **Fraud<sup>4</sup>**

The Fraud Act 2006 introduced an entirely new way of investigating and prosecuting 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

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<sup>4</sup> Fraud Act 2006 <https://www.legislation.gov.uk/ukpga/2006/35/contents>  
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- **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.

## 2.7 Bribery and Corruption<sup>5</sup>

The ICB 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.

The ICB 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.***

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<sup>5</sup> Bribery Act 2010 <https://www.legislation.gov.uk/ukpga/2010/23/contents>  
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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 ICB 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 ICB's policy, the 'Conflict of Interest Policy' covering:

- Acceptance of Gifts and Hospitality
- Declarations of Interest
- Sponsorship
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The Bribery Act 2010 applies to (and can be triggered by) everyone "associated" with this ICB 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.

### **3.0 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.

#### **3.1 Chief Executive**

The ICB'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 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 ICB employees. The ICB therefore has a duty to ensure employees who are involved in or who are managing internal control systems receive adequate training and support to carry out their responsibilities. Therefore, the Chief Executive and Chief Finance Officer will monitor and ensure compliance with this policy.

### 3.2 **Board**

The ICB's Board has a duty to provide adequate governance and oversight of the ICB to ensure that it's 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 will scrutinise NHSCFA assessment reports, where applicable, and ensure that the recommendations are fully actioned.

### 3.3 **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.

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 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.

### 3.4 **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 2018 <https://www.hfma.org.uk/publications?Type=Guide>

### 3.5 **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).

### 3.6 **Human Resources**

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.

### 3.7 **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 and on behalf of the organisation.

### 3.8 **Counter Fraud Champion**

The ICB has a nominated Counter Fraud Champion (Judith Williams, Head of ICB Primary Care Finance, [judithwilliams3@nhs.net](mailto:judithwilliams3@nhs.net)) , 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.
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### 3.9 **Freedom to Speak-Up Guardians ('Whistleblowing')**

The 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).

### 3.10 **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 include conducting risk assessments and mitigating identified risks.

### 3.11 **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.

### **3.12 Information Management and Technology**

The Head of Information (or equivalent) will contact the AFS immediately in all cases where there is suspicion that ICB ICT (Information and Communications Technology) is being used for fraudulent purposes in accordance with the Computer Misuse Act 1990. Similarly, the Head of Information (or equivalent) will liaise closely with the AFS to ensure that a subject's access (both physical and electronic) to ICB ICT resources is suspended or removed where an investigation identifies that it is appropriate to do so.

## **4.0 The Response Plan**

### **4.1 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<sup>6</sup>) to assess how bribery and corruption may affect it. 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 <https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/how-we-work/policies-and-procedures> 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.

### **4.2 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 McGrath, Mersey Internal Audit Agency, mobile 07584 774 761, email [paul.mcgrath@miaa.nhs.uk](mailto:paul.mcgrath@miaa.nhs.uk).

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<sup>6</sup> <https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

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.

An employee can contact any executive or non-executive director of the ICB 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<sup>7</sup> in order to assess their response to bribery and corruption.

### **Whistleblowing**

Concerns regarding fraud, bribery or corruption may also be reported to the ICB via the Freedom to Speak Up Guardian ("Whistleblowing"), in accordance with the related policy. The organisations Freedom to Speak Up policy can be located at [HR policies – Lancashire and South Cumbria ICB Intranet and LSCICB HR29 FTSU Policy V2.pdf \(healthierlsc.co.uk\)](#)

## **4.3 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. The organisation's disciplinary policy can be located at [HR policies – Lancashire and South Cumbria ICB Intranet](#)

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.

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<sup>7</sup> Home Office Bribery and corruption assessment template  
<https://www.gov.uk/government/publications/bribery-and-corruption-assessment-template>  
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The ICB'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.

The ICB 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.

## **5.0 Review**

### **5.1 Monitoring and auditing of 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.

### **5.2 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 ICB wide for all employees to understand and be made aware of via awareness presentations, the ICB's Bulletin's and on the ICB's Anti-Fraud intranet page [Anti-fraud – Lancashire and South Cumbria ICB Intranet](#)

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

### 5.3 **Review of the policy**

The Anti-fraud, Bribery and Corruption Policy and Response Plan will be reviewed on a 3 yearly basis and managed and maintained within the Corporate Business Function as part of the on-going policy management process.

It will be reviewed earlier where changes in legislation or organisational structure occur or where best practice is identified.