

# Anti-Fraud, Bribery and Corruption Policy

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<b>Ratified By</b>	Quality and Safety Committee
<b>Ratified Date</b>	
<b>Review Date</b>	December 2015
<b>Version</b>	1.0
<b>Policy Consultation Period</b>	21.01.2015 – 20.02.2015

Related Policies & Guidelines:

- Disciplinary Policy
- Whistleblowing Policy

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## Amendment History

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Version	Status	Date	Reason for Change	Authorised
1.0		December 2014	Initial policy for consultation	

## 1. Introduction

All fraud, bribery and corruption (collectively referred to as economic crime) in the NHS is unacceptable and should not be tolerated. It affects the ability of the NHS to improve health outcomes for people in England, as resources are wrongfully diverted and cannot be used for their intended purpose.

NHS funds and resources should, therefore, be safeguarded against those minded to commit Economic Crime.

Central London Healthcare is committed to taking all necessary steps to counter Fraud, Bribery and Corruption. To meet this objective, the organisation has adopted the national strategic approach, originally developed by NHS Counter Fraud and Security Management Service (NHS CFSMS), which specifies the following:

- create and embed an Anti-Fraud, Bribery and Corruption culture across the organisation;
- maximise the deterrence of Fraud, Bribery and Corruption;
- successfully prevent Fraud, Bribery and Corruption which cannot be deterred;
- promptly detect Fraud, Bribery and Corruption which cannot be prevented;
- professionally investigate actual or suspected instances of Fraud, Bribery and Corruption;
- effectively apply sanctions, including appropriate legal action against those proven to have committed Fraud, Bribery or Corruption; and,
- effectively apply methods of seeking redress in respect of any lost money, assets or resources.

The 2012 NHS Protect updated strategy takes a more unified approach to tackling all crime against the NHS and interprets the above seven-step approach as part of its new four key areas, these being:

- Strategic Governance
- Inform and Involve
- Prevent and Deter; and,
- Hold to Account.

## 2. Scope

This policy relates to all forms of Fraud, Bribery and Corruption and is intended to provide direction and help to all interested/concerned parties who may identify suspected acts of Fraud, Bribery or Corruption. It provides a framework for responding to suspicions of Fraud, Bribery or Corruption, as well as advice and information on various aspects of such offences and the implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting Fraud, Bribery and Corruption.

The overall aims of this policy are to:

- improve the knowledge and understanding of everyone in Central London Healthcare, irrespective of their position, about the risk of Fraud, Bribery and Corruption within the organisation and the organisation's zero tolerance approach;

- assist in promoting an open and honest culture in an environment where staff can feel confident and safe to be able to raise their concerns sensibly, responsibly, and yet discreetly in the knowledge that their concerns will be fully investigated;
- set out CLH's responsibilities in terms of the deterrence, prevention, detection and investigation of Fraud, Bribery and Corruption;
- ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
  - criminal prosecution;
  - civil prosecution;
  - Internal/external disciplinary action.

This policy applies to all employees and volunteers of Central London Healthcare, regardless of position held, as well as governors, consultants, vendors, contractors, and/or any other parties who have a business relationship with the organisation. It will be brought to the attention of all employees by various methods and form part of the induction process for new staff.

### **3. Definitions of Economic Crime**

#### **3.1 Fraud**

The Fraud Act 2006 introduced an entirely new way of investigating and prosecuting offences of Fraud. 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 for themselves or another; to cause a loss to another; or, expose another to a risk of loss.

There are several specific offences under the Fraud Act 2006; however there are three primary ways in which it can be committed:

- **Fraud by False Representation** (section.2) – lying about something using any means, e.g. by words or actions on a timesheet or application form/CV
- **Fraud by Failing to Disclose** (section.3) – not disclosing something when you are under a legal obligation 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.
- **Fraud by Abuse of Position** (section.4) – where there is an expectation on the individual to safeguard the financial interest of another person or organisation, e.g. a carer abusing their access to patient monies, or an employee using commercially confidential NHS information to make a personal gain.

Fraud carries a maximum sentence of 10 years' imprisonment.

#### **3.2 Bribery and corruption**

Bribery and Corruption prosecutions can be brought using specific pieces of legislation:

- The Prevention of Corruption Acts 1906 and 1916, for offences committed prior to 1st July 2011; and,
- The Bribery Act 2010, for offences committed on or after 1st July 2011 has updated UK law and is defined as: **an inducement or reward offered, promised or provided to someone to perform a relevant function or activity improperly in order to gain a personal, commercial, regulatory and/or contractual advantage, on behalf of oneself or another.** Therefore making it a criminal offence to:
  - Offer, Promise, or Give a Bribe (section.1)
  - Request, Agree to Receive, or Accept a Bribe (section.2)

Corruption is dishonest or fraudulent conduct by those in power, typically involving some sort of bribe, preferential treatment or embezzlement.

Examples of Bribery and Corruption 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 supplies and/or services.

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 and under the Bribery Act 2010; all parties involved may be prosecuted. The Bribery Act 2010 includes an offence of Bribing a Foreign Public Official (section.6) meaning that anyone involved in bribery activities overseas may also be liable to prosecution in the UK if the bribe is in respect of any UK activity, contract or organisation.

The Bribery Act 2010 introduces a new Corporate Offence of Failing to Prevent Bribery (section.7). The Department of Health Legal Service has stated that NHS bodies are deemed to be 'relevant commercial organisations' to which this applies. As a result, an NHS body may be liable (and punished with a potentially unlimited fine) when someone 'associated' with it bribes another in order to get, keep or retain business for the organisation. However, the NHS body will have a defence and avoid prosecution, if it can show that it has adequate procedures in place designed to prevent bribery from occurring.

In addition, the Bribery Act 2010 also includes an offence of A Senior Officer of the Organisation would be Liable for Prosecution if they Consented To or Connived in a Bribery Offence Carried out by Another (section.14) meaning that a Senior Manager, an Executive or a Non-Executive Director may be prosecuted for a parallel offence to that brought against the primary perpetrator and the organisation could also be subject to an unlimited fine.

Central London Healthcare 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 organisation is fully committed to preventing bribery and will ensure that adequate procedures, proportionate to the risks are in place and will be regularly reviewed.

Bribery carries a maximum sentence of 10 years' imprisonment and a fine.

#### 4. Codes of Conduct

The codes of conduct for NHS boards and NHS managers set out by the key public service values. They state that high standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. These values are summarised as:

**Accountability:** Everything done by those who work in the authority must be able to stand the tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

**Probity:** Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.

**Openness:** The health body's activities should be sufficiently public and transparent to promote confidence between the authority and its staff and the public.

All staff should be aware of, act in accordance with these values and are expected to:

- act impartially in all their work;
- refuse gifts, benefits, hospitality or sponsorship of any kind that might reasonably be seen to compromise their judgement or integrity; and, to avoid seeking to exert influence to obtain preferential consideration. All such gifts should be returned and hospitality refused;
- declare and register gifts, benefits or sponsorship of any kind, in accordance with time limits agreed locally (provided that they are worth at least £25), whether refused or accepted;
- declare and record financial, non-financial or personal interests (e.g. company shares, research grants etc.) in any organisation with which they have to deal with and be prepared to withdraw from such dealings if required, ensuring that their professional judgement is not influenced by such considerations;
- make it a matter of policy that offers of sponsorship that could possibly breach the Code be reported to the Board;
- not misuse their official position or information acquired in the course of their official duties to further their private interests or those of others;
- ensure professional registration (if applicable) and/or status are not used in the promotion of commercial products or services;
- beware of bias generated through sponsorship, where this might impinge on professional judgement or impartiality;
- neither agree to practice under any conditions which compromise professional independence or judgement, nor impose such conditions onto other professionals.

All staff are reminded that NHS employees, regardless of their position or status, must comply with the NHS Standards of Business Conduct [HSG (93)5].  
/DH 4017845

Relevant personnel are also reminded that their professional bodies will also have Codes of Conduct or Standards of Behaviour which they will be expected to adhere to.

## **5. Roles and Responsibilities**

This section states the roles and responsibilities of employees and other relevant parties in reporting Fraud, Bribery and Corruption.

Through our day-to-day work, we are in the best position to recognise any specific Fraud, Bribery and Corruption 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, Bribery or Corruption exists, whether because of poor procedures or a lack of oversight, you should report it to the Local Counter Fraud Specialist (LCFS).

CLH will take all necessary steps to counter Fraud Bribery and Corruption in accordance with this policy, the NHS Counter Fraud and Corruption Manual, the NHS Protect policy statement ‘Applying Appropriate Sanctions Consistently’ and any other relevant guidance or advice issued by NHS Protect.

CLH actively implements, through its LCFS, NHS Standards for Fraud, Bribery and Corruption as required in the four key areas below:

- **Strategic Governance**  
CLH will ensure that Strategic Governance arrangements are in place to ensure that Anti-Crime measures are embedded at all levels across the organisation.
- **Inform and Involve**  
CLH will raise awareness of crime risks against the NHS, work with NHS staff and the public to publicise the risks and effects of crime against the NHS.
- **Prevent and Deter**  
CLH will discourage individuals who may be tempted to commit crime against the NHS and ensure that opportunities for crime to occur are minimised.
- **Hold to Account**  
CLH will proactively detect fraud in identified risk areas; ensure that all suspicions of fraud are investigated in a timely, professional manner and that all appropriate sanctions and redress actions are applied.

### **5.1 Role of Central London Healthcare**

Central London Healthcare has a duty to ensure that it provides a secure environment in which to work, and one where people are confident to raise concerns without worrying that

it will reflect badly on them. This extends to ensuring that staff feel protected when carrying out their official duties and are not placed in a vulnerable position. If staff have concerns about any procedures or processes that they are asked to be involved in, CLH has a duty to ensure that those concerns are listened to and addressed.

CLH's Managing Director is liable to be called to account for specific failures in their system of internal controls. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement and support of all CLH employees. The organisation 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 Managing Director and Finance and Assurance Committee will monitor and ensure compliance with this policy.

## **5.2 Employees**

Central London Healthcare's Standing Orders, Standing Financial Instructions, policies and procedures place an obligation on all employees, regardless of status, to act in accordance with best practice.

Employees are expected to familiarise themselves with and abide by the various standards and Codes of Conduct referred to in section 4.

Employees also have a duty to protect the assets of the organisation, including information assets, goodwill and tangible (e.g. property) assets.

In addition, all employees have a responsibility to comply with all applicable laws, regulations and NHS/organisation policies relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees should always:

- avoid acting in any way that might cause others to allege or suspect them of dishonesty;
- behave in a way that would not give cause for others to doubt that CLH's employees deal fairly and impartially with official matters; and,
- be alert to the possibility that others might be attempting to deceive the organisation/NHS.

All employees have a duty to ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.

If an employee suspects that there has been (or might be) Fraud, Bribery or Corruption, or has seen any suspicious acts or events, you must report the matter to the nominated LCFS.

## **5.3 Managers**

Managers must be vigilant and ensure that procedures to guard against Fraud, Bribery and Corruption are applied and monitored. They should be alert to the possibility that unusual



events or transactions could be symptoms of Fraud Bribery and Corruption. If they have any doubts, they must seek advice from the nominated LCFS or the Finance Officer.

Managers must instil and encourage an open, honest and transparent culture within their team and ensure that information on any necessary policies and procedures is made available to all employees. The LCFS will proactively assist in embedding this culture by undertaking work that will raise awareness of the risks of Fraud, Bribery and Corruption.

All instances of actual or suspected Fraud, Bribery or Corruption which come to the attention of a manager must be reported immediately to the LCFS. It is appreciated that some employees may initially raise concerns with their manager, and in such cases, managers must not attempt to investigate allegations themselves; they have a clear responsibility to refer the concerns to the LCFS.

Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists and operates effectively within their areas of responsibility to help prevent Fraud, Bribery and Corruption from occurring and to mitigate its impact if it does occur.

As part of that responsibility, line managers need to inform staff of the organisation's Anti-Fraud, Bribery and Corruption Policy and also other relevant policies and procedures (including Standing Orders and SFI's) as part of the staff induction process, paying particular attention to the need for accurate completion of all records and forms

- assess the types of possible Fraud, Bribery and Corruption risks which may impact on the operations for which they are responsible
- ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts) and separation of duties wherever possible so that control of a key function is not invested in one individual as well as regular reviews, reconciliations and testing checks to ensure that control measures continue to operate effectively
- ensure that any access to and the use of computers by employees is linked to the performance of their duties within the organisation
- Contribute to any assessment of the risks and controls within their business area, which feeds into the CLH's and the Department of Health Accounting Officer's overall statement of accountability and internal control

#### **5.4 Local Counter Fraud Specialist**

In accordance with the NHS Standard Contract, CLH are required to have in place and maintain appropriate Anti-Fraud, Bribery and Corruption arrangements prior to the commencement date of the contract (developed from the Secretary of State for Health's Directions for Countering Fraud in the NHS 2004).

The LCFS is operationally accountable to the Finance and Assurance Committee and reports regularly on the progress of all Anti-Fraud, Bribery and Corruption activity.

In respect of their investigatory remit, the LCFS will:

- ensure that the Finance and Assurance Committee is informed about all referrals/cases and approves any necessary investigation activity
- conduct investigations of all alleged Fraud, Bribery and Corruption in accordance with the NHS Counter Fraud and Corruption Manual and associated legislation in consultation with the Finance and Assurance Committee, report any relevant cases to the police or NHS Protect as agreed and in accordance with the NHS Counter Fraud and Corruption Manual
- report any case and the outcome of an investigation through the NHS Protect national case management system [FIRST]
- ensure that all other relevant parties are informed of an investigation where necessary, e.g. Human Resources [HR], if an employee is the subject of a referral
- ensure that Central London Healthcare's incident and losses reporting systems are followed
- ensure that any system weaknesses identified as part of an investigation are followed up with management and reported to internal audit
- at all time, adhere to the Counter Fraud Professional Accreditation Board (CFPAB's) Principles of Professional Conduct, as set out in the NHS Counter Fraud and Corruption Manual, which are, professionalism, objectivity, fairness, expertise, propriety and vision
- ensure that the Director of Finance is informed of regional NHS Protect investigations, which may impact on the organisation

In addition, the LCFS will be responsible for the day-to-day implementation of the generic areas in accordance with NHS Protect's strategy, as agreed in the work plan.

The LCFS will not have responsibility for, or be in any way engaged in the management of security for any NHS body.

## **5.5 NHS Protect Area Anti-Fraud Specialist (AAFS)**

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

The AAFS is responsible for the management and vetting of all local investigation case papers and evidence and witness statements submitted for the consideration of prosecutions. The AAFSs ensure that local investigations are conducted within operational and legislative guidelines to the highest standards for all allegations of fraud in the NHS. They provide help, support, advice and guidance to DoFs, LCFSs, Audit Committees and other key stakeholders in their region.

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

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

## **5.6 Finance and Assurance Committee**

The Committee has powers to approve financial transactions initiated by departments across the organisation.

The Committee prepares documents and maintains detailed financial procedures and systems and that they apply the principles of separation of duties and internal checks to supplement those procedures and systems.

The Committee, in conjunction with the Managing Director, monitors and ensures compliance with the organisation's requirements regarding fraud, bribery and corruption.

The Committee will, depending on the outcome of investigations (whether on an interim/on-going or concluding basis) and/or the potential significance of suspicions that have been raised, inform appropriate senior management accordingly.

The LCFS shall be responsible, in discussion with the Committee, for informing third parties such as external audit or the police at the earliest opportunity, as circumstances dictate.

The Committee will inform and consult the Managing Director in cases where the loss may be above the agreed limit or where the incident may lead to adverse publicity.

The Committee or the LCFS will consult and take advice from HR if a member of staff is to be interviewed or disciplined. The Committee or LCFS will not conduct a disciplinary investigation, but the employee may be the subject of a separate investigation by HR.

## **5.7 Internal and External Audit**

The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Any incident or suspicion of fraud, corruption or bribery that comes to internal or external audit's attention will be passed immediately to the nominated LCFS. The outcome of the investigation may necessitate further work by internal or external audit to review systems.

## **5.8 Human Resources**

HR will liaise closely with managers and the LCFS from the outset if an employee is suspected of being involved in Fraud, Bribery and Corruption, in accordance with agreed protocols. HR staff are responsible for ensuring the appropriate use of CLH's Disciplinary Policy. HR will advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures, as required. Close liaison between the LCFS and HR will be essential in respect of any decision as to whether to suspend or exclude a staff member from the organisation while necessary enquiries are on-going and to ensure that any parallel sanctions (i.e. criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.

HR will take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees, as well as the veracity of required qualifications and memberships of professional bodies, in terms of their propriety and integrity. In this regard, temporary and fixed-term contract employees are treated in the same manner as permanent employees.

## **5.9 Head of Performance and Information**

The Head of Performance and Information will contact the LCFS immediately where there is suspicion that CLH's ICT is being used for fraudulent purposes particularly around the Computer Misuse Act 1990. They will liaise closely with the LCFS to ensure that a subject's access (both physical and electronic) to the organisation's ICT resources is suspended or removed when an investigation identifies that it is appropriate to do so.

## **5.10 NHS Protect**

NHS Protect has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS and any investigations will be handled in accordance with NHS guidance and strategy as set out in the document: *Tackling crime against the NHS: A strategic approach*.

## **5.11 Managing Director**

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

# **6. Reporting Fraud, Bribery or Corruption**

This section outlines the action to be taken if Fraud, Bribery or Corruption is discovered or suspected. If an employee has any of the concerns referred to in this document, they must report it immediately.

## **CLH's Local Counter Fraud Specialist (LCFS) is the CLH Managing Director**

If the referrer believes that the Finance and Assurance Committee or LCFS is implicated, they should notify whichever party is not believed to be involved who will then inform the Managing Director, who will in turn inform the NHS Protect Area Anti-Fraud Specialist

If an employee feels unable, for any reason, to report the matter internally, employees can also call the NHS Fraud and Corruption Reporting Line on Freephone 08000 28 40 60 (Mon-Fri 8am-6pm) or report their concerns via the NHS Online Fraud Reporting Form [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

These NHS reporting options provide easily accessible routes for the reporting of genuine suspicions of Fraud, Bribery and Corruption within or affecting organisation or wider NHS. It allows NHS staff

who are unsure of internal reporting procedures to report their concerns in the strictest confidence. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

Anonymous letters, telephone calls, etc are occasionally received from individuals who wish to raise matters of concern, but may not wish to identify themselves for whatever reason. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously and investigated.

For details on how to report concerns that relate to matters other than economic crime, refer to the Whistleblowing Policy.

### **6.1 Disciplinary action**

The disciplinary procedures of Central London Healthcare must be adhered to if an employee is suspected of Fraud, Bribery and Corruption or any other illegal act.

It should be noted, that the duty to follow disciplinary procedures will not override the need for legal action to be taken (e.g. consideration of criminal action), such action will be taken in consultation with HR and in accordance with agreed protocols and may include parallel sanctions.

### **6.2 Police involvement**

In accordance with the NHS Counter Fraud and Corruption Manual issued by NHS Protect, the Finance and Assurance Committee, in conjunction with the LCFS, will decide whether or not a case should be referred to the police. Any referral to the police will not prohibit action being taken under the local disciplinary procedures of the organisation.

### **6.3 Managing the investigation**

In accordance with the NHS Counter Fraud and Corruption Manual issued by NHS Protect, the LCFS, in consultation with the Finance and Assurance Committee, will investigate all allegations of Fraud, Bribery and Corruption.

The LCFS may make recommendations to CLH, for them to consider appropriate action in respect of exclusion or suspension whilst an investigation is ongoing in order to ensure evidence is protected from the risk of tampering.

CLH will adhere to its own disciplinary policy if there is evidence that an employee has committed an act of Fraud, Bribery or Corruption.

## **7. Recovery of Losses as a Result of Fraud, Bribery or Corruption**

The seeking of financial redress or recovery of losses should be considered in all cases of Fraud, Bribery or Corruption that are investigated by either the LCFS or NHS Protect where a loss is identified.

Redress allows resources that are lost to Fraud, Bribery and Corruption to be returned to the NHS for use as intended, for the provision of high-quality patient care and services.

Sections 10 and 11 of the NHS Counter Fraud and Corruption Manual provide in depth details of how sanctions can be applied where Fraud, Bribery and Corruption is proven and how redress can be sought. This includes, local action being taken to recover money, parallel sanctions being applied by CLH taking disciplinary action, criminal proceedings and referral to professional bodies.

Additionally, NHS Protect can make applications under the Proceeds of Crime Act 2002 (POCA) to confiscate money obtained as a result of committing a criminal act and could also include restraining assets during the course of the investigation.

## **Appendix 1 – References**

NHS Counter Fraud and Security Management Service

<http://www.nhsbsa.nhs.uk/CounterFraud/2730.aspx>

NHS Protect

<http://www.nhsbsa.nhs.uk/3647.aspx>

Fraud Act 2006

<http://www.legislation.gov.uk/ukpga/2006/35/contents>

Prevention of Corruption Act

1906 – <http://www.legislation.gov.uk/ukpga/Edw7/6/34>

1916 – <http://www.legislation.gov.uk/ukpga/Geo5/6-7/64/section/2>

Bribery Act 2010

<http://www.legislation.gov.uk/ukpga/2010/23/contents>

NHS Standards of Business Conduct

[http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Standards\\_of\\_Business\\_Conduct.pdf](http://www.nhsbsa.nhs.uk/Documents/NHSBSACorporatePoliciesandProcedures/Standards_of_Business_Conduct.pdf)

Secretary of State for Health's Directions for Countering Fraud in the NHS 2004

[http://www.nhsbsa.nhs.uk/Documents/CounterFraud/directions\\_fraud\\_measures\\_04.pdf](http://www.nhsbsa.nhs.uk/Documents/CounterFraud/directions_fraud_measures_04.pdf)

Tackling crime against the NHS: A strategic approach

[http://www.nhsbsa.nhs.uk/Documents/CounterFraud/NHS\\_Protect\\_Strategy.pdf](http://www.nhsbsa.nhs.uk/Documents/CounterFraud/NHS_Protect_Strategy.pdf)

Proceeds of Crime Act 2002

<http://www.legislation.gov.uk/ukpga/2002/29/contents>