

**Joint Policy for Cumbria Partnership Foundation Trust & North Cumbria  
University Hospital NHS Trust**

**Policy Title: Counter Fraud, Bribery and Corruption  
(Joint)**

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## Policy On A Page

### **SUMMARY & AIM**

This policy document applies to all those employed by North Cumbria University Hospitals NHS Trust and Cumbria Partnership Foundation Trust, on all sites. This includes temporary staff, students, volunteers, and all employees of the Trusts (regardless of position held) and/or any employees of other external organisations who have a business relationship with the Trusts.

Its purpose is to ensure that Fraud, Bribery and Corruption are addressed by the Trusts in line with the national strategy, i.e. to minimise fraud in the NHS.

### **KEY REQUIREMENTS**

1. All staff to be aware of this policy and to adhere to the guidance in relation to Anti Bribery.
2. If your concern is about Bribery you must contact the Counter Fraud Specialist [counter\\_fraud@audit-one.co.uk](mailto:counter_fraud@audit-one.co.uk)
3. If you have a concern about Bribery at work, wherever possible raise it with your line manager or lead clinician by telling them about the concern, or putting it in writing. Notes will be made at any meetings held.
4. If this is not possible please contact a Trust Board Member or Executive Director of Nursing/Medical Director, Non-Executive Director or a Freedom to Speak Guardian.
5. The line manager, Board Member or Guardian will conduct internal enquiries and progress the actions required.
6. The reporter will receive feedback about the actions being taken, however, the Trusts may not be able to tell of the precise action taken where this would infringe a duty of confidence owed to someone else.

### **TARGET AUDIENCE:**

- All North Cumbria University Hospitals and Cumbria Partnership Foundation Trust employees
- Non-Executive Directors, External consultants, vendors, contractors, locum staff, volunteers, and/or any other parties who have a business relationship with the Trusts.

### **TRAINING:**

- No specific training is required; however, Managers are required to fully understand the policy to enable them to explain the requirements to their staff.

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## 1. INTRODUCTION

North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust ("the Trusts") are committed to preventing and reducing fraud, bribery and corruption in the NHS and will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and where possible will attempt to recover losses. This policy is supported and endorsed by senior management. This policy is based on the latest guidance issued by the NHS Counter Fraud Authority (NHSCFA) in March 2018.

The Trusts have issued a Counter Fraud, Bribery and Corruption Policy which is available to all staff via their line manager and on the Intranet. In addition a non-executive director has been nominated with specific responsibility for promoting counter fraud measures. The purpose of this guidance is to inform staff of their responsibilities and what they should do if they have any suspicions involving fraud, bribery and corruption. These guidelines should be read in conjunction with the Trusts Raising Concerns (Whistleblowing) Policy – Raising Serious Concerns at Work.

Staff are encouraged to report reasonably held suspicions directly to the Counter Fraud Specialist (CFS) without delay. The Trusts want all staff to feel confident that they can assist in exposing any wrongdoing without risk to themselves. In accordance with the provisions of the Public Interest Disclosure Act 1998, the Trusts have produced a Raising Concerns (Whistleblowing) Policy – Raising Serious Concerns at Work, which is intended to compliment both this policy and the Standards of Business Conduct and ensures that there is full provision for staff to raise any concerns they may have.

The Trusts are firmly committed to taking all appropriate sanctions where fraud is proven. This may include one or more of the following: criminal, disciplinary (internal or external) and financial redress.

Criminal - The CFS will work in partnership with NHS Counter Fraud Authority, the Police and/or the Crown Prosecution Service to bring a case to court against the alleged offender.

Disciplinary internal - Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent/illegal act. Fraud is defined as gross misconduct in the disciplinary policy.

Disciplinary external - If during the course of an investigation that a Healthcare Professional is involved in fraud, bribery or corruption, there is a risk to patient safety or there is a significant risk to public funds a referral to the appropriate regulatory body will be made to consider whether fitness to practice procedures should be evoked.

Financial redress - Civil sanctions will be applied against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.

## 2. PURPOSE

The aims of this policy are:

- to ensure that the Trusts have appropriate counter fraud procedures in place to comply with the NHSCFA's Standards for NHS Providers: fraud, bribery and corruption,
- To detail the roles and responsibilities of key staff / departments of the Trusts, and
- To provide a guide for employees on what fraud is in the NHS, what everyone's responsibility is to prevent fraud, bribery and corruption (including how to report it) and its intended outcomes.

## 3. WHAT ARE FRAUD, BRIBERY AND CORRUPTION?

### 3.1 NHS Counter Fraud Authority (NHSCFA)

The NHSCFA 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.

Local NHS organisations are primarily accountable for dealing with crime risks in the NHS. NHSCFA provides information and guidance to local CFSs to improve anti-fraud, bribery and corruption work across the NHS.

NHSCFA's main objectives <sup>1</sup>are:

- deliver the Department of Health (DH) strategy, vision and strategic plan, and be the principal lead for counter fraud activity in the NHS in England;
- to be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters;
- to lead, guide and influence the improvement of standards in counter fraud work, in line with HM Government Counter Fraud Professional Standards, across the NHS and wider health group, through review, assessment and benchmark reporting of counter fraud provision across the system;

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<sup>1</sup> NHSCFA strategy: Leading the fight against NHS fraud: Organisational strategy 2017-2020. Available at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

- to take the lead and encourage fraud reporting across the NHS and wider health group, by raising the profile of fraud and its effect on the health care system.

### 3.2 Counter fraud standards<sup>2</sup>

A requirement in the NHS standard contract is that Trusts must ensure that any providers of NHS services (that hold a Monitor's Licence or is an NHS Trust) take the necessary action to comply with the NHSCFA's counter fraud standards. Other's should have due regard to the standards. The contract places a requirement on providers 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.

### 3.3 Fraud<sup>3</sup>

Fraud involves dishonestly:

- making a false representation,
- failing to disclose information, or
- abusing a position held.

With the intention of either making a financial gain; or, causing or exposing another individual or organisation to a financial loss.

### 3.4 Bribery and corruption<sup>4</sup>

Bribery and corruption can generally be thought of as similar. Bribery is generally defined as offering, promising or giving a payment or benefit-in-kind (e.g. money, gifts, sports tickets, etc.) in order to influence others to use their position in an improper way to gain an advantage. The person offering the bribe commits criminal offences (even if the bribe is refused), as does any person who accepts it (even if they never receive it).

The Bribery Act 2010 came into force on 1 July 2011, and replaced existing, mostly common law offences, with the following statutory offences:

- bribing another person,
- being bribed,

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<sup>2</sup> <https://cfa.nhs.uk/counter-fraud-standards>

<sup>3</sup> Fraud Act 2006 1-4 <https://www.legislation.gov.uk/ukpga/2006/35/contents> and Bribery Act 2010 <https://www.legislation.gov.uk/ukpga/2010/23/contents>

<sup>4</sup> <https://www.legislation.gov.uk/ukpga/2010/23/contents>

- bribing a foreign public official,

The Bribery Act also introduced a corporate offence for a relevant commercial organisation (the Trusts) to bribe another person intending:

- to obtain or retain business, or
- to obtain or retain an advantage in the conduct of business.

The only defence available to the Trusts against Bribery Act offences would be to prove that it had adequate procedures in place designed to prevent persons associated with it from undertaking any of the conduct outlined above.

#### 4. TRAINING AND SUPPORT

Awareness of Counter Fraud, Bribery and Corruption is included in staff corporate inductions.

Presentations are provided to key target audience, a record of attendance is recorded and feedback provided to the CFS.

#### 5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
What	How	Who	Where	How often
Reports	Progress against the annual workplan for proactive fraud work conducted within the Trusts.	CFS	Audit and Risk Committee	Quarterly
Reports	Progress on reactive investigations.	CFS	Audit and Risk Committee	Quarterly
Reports	Progress on the provision of health services	Joint Trust Board	Public	Annually

#### 6. REFERENCES:

Tackling Crime against the NHS – A Strategic Approach, NHS Commissioning Board 2013  
 The Fraud Act 2006  
 The Bribery Act 2010  
 The Computer Misuse Act 1990  
 Public Interest Disclosure Act 1998  
 Human Rights Act 1998  
 Proceeds of Crime Act 2002

**7. ASSOCIATED DOCUMENTATION:**

Counter Fraud Intranet Page  
Disciplinary Procedure  
Raising Concerns (Whistleblowing) Policy - Raising Serious Concerns at Work Policy  
Standards of Business Conduct

**8. DUTIES (ROLES & RESPONSIBILITIES):****8.1 Chief Executive:**

The Chief Executive has the overall responsibility for funds entrusted to it. This includes instances of fraud, bribery and corruption. The Chief Executive must ensure adequate policies; procedures and processes are in place to protect the Trusts and the public funds it receives.

**8.2 Board or equivalent body:**

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

**8.3 Director of Finance (DoF):**

The DoF 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 DoF will report annually to the board and, where applicable, governors 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 Trusts annual reports.

The DoF 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.

**8.4 Audit and Risk Committee:**

The Audit and Risk Committees are responsible for reviewing, approving and monitoring the Trusts 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.

## **8.5 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 that comes to internal or external audit's attention will be passed immediately to the nominated lead CFS. The CFS liaises regularly with the internal audit staff.

## **8.6 Human Resources:**

Human resources (HR) is responsible for liaison with the CFS in respect of any suspicions of fraud, bribery and corruption. They are responsible for the conduct of any internal investigation and instigating the necessary disciplinary action against those who fail to comply with the policies, procedures and processes.

Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules and/or legislation. These differences mean that one investigator must not conduct both criminal and disciplinary investigations into the same matter.

There is no legal rule giving precedence to the criminal process over the disciplinary one, and the Trusts may undertake disciplinary proceedings even if a criminal investigation is ongoing. All decisions must be based on the circumstances of the issue at hand and discussed with the CFS. However, a disciplinary hearing should not normally take place if it would prejudice ongoing criminal proceedings. In all cases public protection is paramount; the decision to give precedence to the criminal process over the disciplinary one must be subject to overriding public interest considerations – namely, the risk to the provision of NHS services, patients and/or the wider public caused by a delay in applying disciplinary sanction.

Coordination of parallel criminal and disciplinary investigations in order to achieve the most appropriate outcome requires regular liaison between the CFS and HR department. Beside routine interaction, specific consultation should occur at the following points:

- All referrals received by HR that contain an element of suspected fraud, bribery or corruption must be reported immediately to the CFS and/or DoF.
- Wherever parallel sanctions are being pursued, the investigating officer from HR should meet regularly with the CFS to provide updates and maintain a flow of information.
- HR should inform the CFS where there are serious health and safety risks (i.e. clinician not holding appropriate clinical qualifications) or cases involving vulnerable individuals that may take precedence over a criminal investigation.

- HR should advise the CFS of the outcome of disciplinary hearings, as this may have an impact on the criminal sanction.

The Trusts should ensure that appropriate protocols are in place to cover this.

### **8.7 Counter Fraud Specialist:**

The Counter Fraud Specialist (CFS) is responsible for taking forward all counter-fraud work locally in accordance with national standards and reports directly to the DoF or an accountable board member.

Adherence to NHSCFA counter fraud standards is important in ensuring that the organisation has appropriate counter fraud, bribery and corruption arrangements in place and that the CFS will look to achieve the highest standards possible in their work.

The CFS will work with key colleagues and stakeholders to promote counter fraud work, apply effective preventative measures and investigate allegations of fraud and corruption. The CFS will conduct risk assessments in relation to their work to prevent fraud, bribery and corruption.

The CFS has been specifically trained in counter fraud procedures and has been appointed by the Trusts to undertake work in this field. The CFS will work with all staff and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud and corruption. The CFS has a number of duties to perform, including:

- Receive any fraud, bribery or corruption referral directly from staff, the public or a contractor.
- Investigate all cases of fraud within the Trusts and to report upon these to the Audit and Risk committee.
- Publicise counter fraud work and the fraud awareness message within the Trusts.
- Undertake local proactive counter fraud work with the aim of fraud prevention or detection.
- Report any system weaknesses

## **8.8 Managers:**

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

All 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 are also 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 CFS immediately. State that it is important that managers do not investigate any suspected financial crimes themselves.

Managers are responsible for ensuring that fraud risks are included in any local risk assessments and for mitigating any identified risks.

## **8.9 All staff:**

All employees are required to comply with the Trusts policies, procedures and processes and apply best practice in order to prevent fraud, bribery and corruption (e.g. procurement, expenses and ethical business behaviour). Staff should be made aware of their own responsibilities in accordance with the Trusts standards of behaviour and in protecting the organisation from these crimes.

Employees who are involved in or manage internal control systems should receive adequate training and support in order to carry out their responsibilities.

## **8.10 Information Management and technology:**

The Head of Information Security (or equivalent) will contact the CFS immediately in all cases where there is suspicion that IT is being used for fraudulent purposes.

# **9. THE RESPONSE PLAN**

## **9.1 Bribery and corruption**

The Trusts have conducted risk assessments in line with Ministry of Justice guidance<sup>5</sup> to assess how bribery and corruption may affect the it and proportionate procedures have been put in place to mitigate identified risks.

The Trusts have a Standards of Business Conduct and Declarations of Interest Policy which outlines the gifts and hospitality process and how declarations of interest should be made and managed within the Trusts. The policy has been

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<sup>5</sup> <https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

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developed in accordance with the NHS England document: Managing Conflicts of Interest in the NHS<sup>6</sup>.

## 9.2. 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 suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the CFS and/or to NHSCFA as follows:

- Counter Fraud team, AuditOne, Kirkstone Villa, Lanchester Road Hospital, Lanchester Road, Durham, DH1 5RD. Tel: 0191 4415936; Email: [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk) or [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net)
- The Trusts Director of Finance
- NHSCFA, 0800 028 40 60 (powered by Crimestoppers) Online: <https://cfa.nhs.uk/reportfraud>

However, if there is a concern that the CFS or the DoF themselves may be implicated in suspected fraud, bribery or corruption, employees should report the matter to the Chief Executive or Trusts Chair, or the Chair of the Audit and Risk Committee.

The CFS and/or NHSCFA will undertake an investigation and seek to apply criminal and civil sanctions, where appropriate and in accordance with criminal legislation and set investigative procedures.

All suspicions of fraud should be reported using the process outlined above. However, to support employees in reporting suspicions the Trusts have a whistleblowing policy which is available to all staff. Further information in relation to reporting suspicions of fraud are available in NHS Improvement and NHS England's: Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016<sup>7</sup> and NHS England's Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017<sup>8</sup>.

## 9.3 Disciplinary action

Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act, or where their negligent action has led to a

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<sup>6</sup> <https://www.england.nhs.uk/publication/managing-conflicts-of-interest-model-policy-content-for-organisations/>

<sup>7</sup> NHS Improvement and NHS England's Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 <https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/>

<sup>8</sup> NHS England's Guidance Freedom to speak up in primary care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017 <https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>

fraud being perpetrated. A copy of the Trusts disciplinary policy can be accessed on the intranet.

#### 9.4 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. The types of sanction which the organisation may apply when a fraud offence has occurred:

The Trusts will seek financial redress whenever possible to recover losses to fraud, bribery and corruption. The financial redress options available to the Trusts include:

- confiscation and compensation orders under the Proceeds of Crime Act 2002
- forfeiture or seizing of NHS pension
- civil orders for repayment
- local agreement between the organisation and the offender to repay monies lost

#### 10. ABBREVIATIONS / DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION
CFS	Counter Fraud Specialist
DoF	Director of Finance
NHSCFA	NHS Counter Fraud Authority
SIRO	Senior Information Risk Officer
HR	Human Resources

TERM USED	DEFINITION
"the Trusts"	Cumbria Partnership NHS Foundation Trust/North Cumbria University Hospitals NHS Trust

**APPENDIX 1****NHS Fraud, Bribery and Corruption Referral Form**

All referrals will be treated in confidence and investigated by professionally trained staff

**1. Date****2. Anonymous application**

Yes (If 'Yes' go to section 6) or No (If 'No' complete sections 3–5)

**3. Your name****4. Your organisation/profession****5. Your contact details****6. Suspicion****7. Please provide details including the name, address and date of birth (if known) of the person to whom the allegation relates.****8. Possible useful contacts****9. Please attach any available additional information.**

Submit the completed form (in a sealed envelope marked 'Restricted – Management' and 'Confidential') to Auditone Counter Fraud Team, Lanchester Road Hospital, Lanchester Road, Durham DH1 5RD. Under no circumstances should this report, which contains personal details, be transmitted electronically.

**APPENDIX 2*****NHS Fraud, Bribery and Corruption – Do's and Don'ts  
A desktop guide for Staff***

**FRAUD** is the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position.

**BRIBERY** is the deliberate use of inducement or payment of benefit-in-kind to influence an individual to use their position in an unreasonable way

**DO:**

- **Note your concerns**  
Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.
- **Retain evidence**  
Retain any evidence that may be destroyed, or make a note and advise your CFS.
- **Report your suspicion**  
Confidentiality will be respected – delays may lead to further financial loss.

**DO NOT:**

- **Confront the suspect or convey concerns to anyone other than those authorised as listed below.**  
Never attempt to question a suspect yourself; this could alert a fraudster or accuse an innocent person
- **Try to investigate, or contact the policy directly**  
Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must take into account legal procedures in order for it to be useful. Your CFS can conduct an investigation in accordance with legislation.

If you suspect that fraud against the NHS has taken place, you must report it immediately, by:

- Directly contacting the **Counter Fraud Specialist**, or
- telephone the **freephone** NHS Fraud and Corruption Reporting Line
- Online at <https://cfa.nhs.uk/reportfraud>
- NHS Fraud and Bribery Reporting Line: 0800 028 40 60

Your Counter Fraud Specialist can be contacted by telephoning 0191 441 5936 or emailing [counterfraud@audit-one.co.uk](mailto:counterfraud@audit-one.co.uk) or [ntawnt.counterfraud@nhs.net](mailto:ntawnt.counterfraud@nhs.net)

If you would like further information about the NHS Counter Fraud Authority, please visit <https://cfa.nhs.uk/>

**DOCUMENT CONTROL**

<b>Equality Impact Assessment Date</b>	Not applicable
<b>Sub-Committee &amp; Approval Date</b>	CPFT / NCUH Audit and Risk Committee – 03/10/2018

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CPFT	POL/002/082 – Bribery Policy		01/07/2019	26/07/2016	
NCUH	RM28 – Anti-Bribery Policy v1.0	20/04/2017	30/04/2020	18/05/2017	
NCUH	RM29 – Counter Fraud, Bribery and Corruption Policy v1.0	20/04/2017	30/04/2020	18/05/2017	

**Statement of changes made from previous version**

Version	Date	Section & Description of change
0.1	20/09/2018	Terminology changed throughout to adapt to joint policy and incorporate NHSCFA guidance
0.2	29/11/2018	History of versions section updated to provide details of all policies which will be replaced by this joint policy

**List of Stakeholders who have reviewed the document**

Name	Job Title	Date
Michael Smillie	Executive Director of Finance/HR/IM&T	07/09/18
Simon Clarkson	Counter Fraud Specialist	07/09/18
Daniel Scheffer	Joint Trust Secretary	13/09/18
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Heike Horsburgh	Non Executive Director	09/10/18
George Liston	Non Executive Director	17/10/18
Brian Hetherington	Non executive Director	23/11/18