

Fraud, Bribery and Corruption Policy

POLICY

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1.0 INTRODUCTION

- 1.1 The aim of this document is to set out the Trust's policy on suspected and detected fraud, bribery and corruption, and to help individuals who may identify suspected fraud. It provides a framework for responding to suspicions of fraud.
- 1.2 One of the basic principles of public sector organisations is the proper use of public funds. It is, therefore, important that all those who work in the public sector are aware of the risk of, and means of enforcing the arrangements against fraud, bribery and corruption.
- 1.3 The NHS Counter Fraud Authority (NHSCFA) are accountable to the Department for Health Anti-Fraud Unit and works collaboratively with key stakeholders, including NHS England, NHS Improvement and the Cabinet Office. They have responsibility for overseeing the NHS Counter Fraud arrangements.

2.0 POLICY STATEMENT

- 2.1 The Trust does not tolerate fraud, bribery and corruption in the NHS. The aim is eliminate this as far as possible as it ultimately leads to a reduction in the resources available for patient care. The Trust requires all staff to always act honestly and with integrity to safeguard public resources they are responsible for. The Trust will not tolerate any acts of fraud, bribery or corruption perpetrated against it or involving its employees and will actively pursue all available criminal and civil actions, including the recovery of loss suffered as a result.
- 2.2 The Trust is committed to taking all necessary steps to counter fraud, bribery and corruption. To meet their objectives, they have adopted for key principles, which are set out in the NHSCFA strategy, namely:

Strategic Governance: A member of the executive board is responsible for the provision of strategic management of all counter fraud, bribery and corruption work within the organisation, which includes but is not limited to, employing or contracting an accredited Counter Fraud Specialist (CFS), conducting risk assessments and reporting annually on how it has met standards set by the NHSCFA.

Inform and Involve: It is necessary to inform and involve those who work for, or use the health service, on the risks of crime and how to tackle it.

Prevent and Deter: To remove the opportunities for crime within the NHS to occur or re-occur.

Hold to Account: The investigation of fraud and pursuance of sanctions and redress.

3.0 DEFINITIONS

The following definitions apply for the purposes of this policy and the corresponding Fraud Response Plan attached at **Appendix A**.

3.1 Fraud:

The Fraud Act (2006) came into force on 15 January 2007 and introduced the general offence of fraud. It is no longer necessary to provide that a person has been deceived. The focus is now on **dishonest behaviour** and any **intent** to make **gain or cause loss** to another party. Put simply, fraud is a dishonest act intended for gain or to cause loss to another.

The offence can be committed in three ways:

- Fraud by False Representation (lying about something using any means, for instance words or actions);
- Fraud by Failure to Disclose (not saying something when you have a legal duty to do so); and
- Fraud by Abuse of Position (abusing a position where there is an expectation to safeguard the financial interests of another person or organisation).

It should be noted that all offences under *The Fraud Act (2006)* occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed so long as the intent is there.

3.2 Bribery:

The Bribery Act 2010 came into force on 1 July 2011 and created three general offences of bribery:

- Offering, promising or giving a bribe to induce someone to behave improperly, or to reward someone for having already done so;
- Requesting, agreeing or accepting a bribe either in exchange for acting improperly, or where the request or acceptance is itself improper; and
- Bribery of a foreign public official.

A new corporate offence was also introduced:

- Failure by a company to prevent a bribe being paid or retain a business advantage.

Bribing anyone is absolutely prohibited. Employees will not pay a bribe to anybody. This means you will not offer or promise reward in any way or give financial or other advantage to any person in order to induce that person to perform activities improperly. It does not matter whether the other person is a UK or foreign official, political candidate, party official, private individual or public sector employee or any other person.

Bribery does not have to involve cash or an actual payment exchanging. It can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.

3.3 Corruption:

Bribery is a form of corruption but corruption also includes many other dishonest practices such as fraud, nepotism, collusion and abuse of power/position. Corruption does not always result in a loss and the corrupt person may not always benefit directly from their deeds, however, they may be unreasonable using their position to give some advantage to another.

4.0 ROLES AND RESPONSIBILITIES

- 4.1 **Director of Finance (DOF) and Deputy Director of Finance (DDOF).** The DOF/DDOF accepts overall responsibility for all matters relating to fraud, bribery and corruption within the Trust.
- 4.2 **Audit Committee.** The Audit Committee should satisfy that the organisation has adequate arrangements in place for counter fraud, bribery and corruption to meet the NHSCFA's standards.
- 4.3 **Counter Fraud Specialist.** The CFS is responsible for conducting all anti-fraud work locally and ensuring that the Trust has appropriate anti-fraud, bribery and corruption arrangements in place.

The Local Counter Fraud Service will:

- Ensure that the DOF/DDOF is informed about all referrals/cases;
 - Be responsible for the day to day implementation of the four key principles as set out in the NHSCFA strategy;
 - Investigate cases of fraud;
 - In consultation with the DOF/DDOF report any case to the Police or NHSCFA as agreed and in accordance with NHSCFA guidance; and
 - Adhere to the fraud response plan.
- 4.4 **Managers.** Line Managers are responsible for implementing and maintaining the policy in their area of management, including ensuring that procedures are in place and individuals are adequately trained and controls are being complied with.
- 4.5 **Human Resources Staff.** Human Resources staff provide advice, guidance and support to the Trust's managers and officers investigating disciplinary matters. All disciplinary matters which involve suspected fraud, bribery and corruption offences may also be subject to parallel criminal investigation by the Trust's CFS. Close liaison between the CFS and HR is essential to ensure that any parallel sanctions (for instance criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.

- 4.6 **Employees.** All employees are expected to ensure that they are familiar with and act in accordance with this policy and attend all fraud training as required.

All employees are required to comply with the Trust's policies and procedures and apply best practice in order to prevent fraud, bribery and corruption. All employees have a duty to ensure that public funds are safeguarded and where they have a suspicion that a fraud exists, they should report it to the CFS (craig.bevan-davies@nhs.net) or the support CFS (taelor.martin@nhs.net). Alternatively, you can report to the NHS Fraud and Corruption Reporting Line (0800 028 40 60) or through the online NHS Fraud Reporting Form.

- 4.7 **Fraud Response Plan.** The Trust have developed a Fraud Response Plan (**Appendix A**) which should be used as a checklist of actions and a guide to follow in the event that fraud is suspected. It covers:

- Notification of suspected fraud;
- The investigation process;
- Sanctions and redress;
- Recovery action;
- Roles and responsibilities; and
- Monitoring and review.

5.0 APPROVAL

Joint Staff Partnership Forum

6.0 STANDARDS FOR PROVIDERS

- 6.1 NHSCFA requires the Trust to ensure appropriate anti-fraud, corruption and bribery arrangements are in place within their organisations, as specified within the Standards for Providers.

- 6.2 It is the responsibility of the Trust to ensure that they meet the required standards. In order to demonstrate compliance, NHSCFA quality inspectors requires the Trust to submit an annual self-review of anti-fraud, corruption and bribery activity undertaken within the organisation – this is achieved via the Self-Assessment Review Toolkit (SRT). Upon completion, the SRT provides a **red**, **amber**, or **green** (RAG) rating for the organisation. The RAG system is a management method of rating for issues or status reports, based on levels of compliance with the standards. As such, the colours are used in a traffic light rating systems with **red** being non-compliant, **amber** being partially complaint and **green** being fully compliant.

- 6.3 The NHSCFA Quality and Compliance Team (QCT) use the completed SRT as a basis for selecting organisation for detailed assessment.

7.0 PROACTIVE PREVENTION AND DETECTION

7.1 The Trust will ensure (through 'fraud proofing') that their systems, policies and processes are sufficiently robust so that the risk of fraud, corruption and bribery is reduced to a minimum. Checks will be conducted in areas identified to be most at risk to fraud, corruption or bribery in order to proactively detect instances that might otherwise be unreported.

7.2 The CFS will review new and existing policies and procedures to ensure that appropriate counter fraud measures are included. This include (but is not limited to) policies and procedures in human resources, standing orders, standing financial instructions and other finance and operational policies.

7.3 The NHSCFA standards mandate a number of fraud prevention and detection activities. These activities relate to:

- **Pre-Employment Checks:** The organisation should ensure that all new staff are subject to the appropriate level of pre-employment check, as set out in General Condition 5.9 of the NHS Standard Contract.
- **Procurement:** The organisation should have proportionate processes in place for preventing, deterring and detecting fraud, bribery and corruption in procurement.
- **Invoicing:** The organisation should ensure proportionate processes are in place for preventing, deterring and detecting invoice fraud, including reconciliation, segregation of duties, processes for changing supplier bank details and checking of deliveries.
- **Code of Conduct:** The organisation must have a fully implemented code of conduct that includes reference to fraud, bribery and corruption and the requirement of *The Bribery Act 2010*.

7.4 Additional preventative activities may also be conducted. These activities will be targeted at those areas of the Trust considered to be at a higher risk of fraud, bribery or corruption. The purpose of these activities is to identify gaps in the Trust's governance framework which could allow fraud to be perpetrated. These activities will be conducted in line with guidance issued by the NHSCFA where appropriate.

8.0 EFFECTIVE SANCTIONS

Where fraud, bribery or corruption offences are committed, criminal sanctions (including prosecution) will be pursued. Employees of the Trust found to have committed such offences will also be dealt with in accordance with internal disciplinary procedures are referred to professional bodies where appropriate.

9.0 SEEKING REDRESS

The Trust will consider initiating civil recovery action if this is cost-effective and desirable for deterrence purposes. This could involve a number of options such as making an application to the Small Claims Court and/or recovery through debt collection agencies. Each case will be discussed with the DOF/DDOF in order to determine the most appropriate action.

10.0 REPORTING SUSPICIONS

All concerns or suspicions relating to fraud, bribery or corruption must be reported to the Trust's nominated Counter Fraud Specialist, Craig Bevan-Davies (telephone: 0115 883 53 22, craig.bevan-davies@nhs.net) or the Counter Fraud Support, Taelor Martin (telephone: 0115 883 5323, taelor.martin@nhs.net). You can also use the fraud referral form attached at **Appendix B** of this policy. Concerns may also be brought to the attention of the DOF (Paul Robinson, paul.robinson6@nhs.net) or the DDOF (Richard Mills, richard.mills1@nhs.net). Alternatively, fraud can be reported via the NHS Fraud and Corruption Reporting Line (0800 028 40 60).

11.0 COMMUNICATION, MONITORING AND REVIEW

11.1 This policy will be made available to all staff via the staff intranet.

11.2 All of the Trust's policies which are produced, revised or reviewed should be provided to the CFS prior to implementation to allow for 'fraud proofing' of the policy. It is for the CFS to judge whether 'fraud proofing' is required in respect of any given policy and recommendations made by the CFS should be used to ensure all policies minimise the risk of fraud, corruption or bribery.

11.3 Any individual who has queries regarding the content of this policy, or has difficulty understanding how this policy relates to their role should contact the Policy Author.

12.0 MONITORING COMPLIANCE AND EFFECTIVENESS

The effectiveness and accuracy of this policy will be reviewed on an annual basis by the Trust's appointed CFS.

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (e.g. verbal, formal report etc.) and by who)
Ensure compliance with the NHSCFA Standards for Providers	Counter Fraud Specialist / Director of Finance / Deputy Director of Finance	Self-Assessment Review Toolkit	SRT reviewed annually, compliance review is on-going	Counter Fraud Specialist / Director of Finance / Deputy Director of Finance
Ensuring systems and processes are suitably robust by 'fraud-proofing'	Counter Fraud Specialist	Proactive Prevention and Detection activities	On-going	Counter Fraud Specialist
Ensure all those who commit fraud, bribery or corruption are suitable sanctioned	Counter Fraud Specialist / Human Resources	National Case Management System – governed by legislation	On-going	Counter Fraud Specialist / Human Resources
That civil recovery action is considered where appropriate	Counter Fraud Specialist / Director of Finance / Deputy Director of Finance	On a case by case basis	On-going	Counter Fraud Specialist / Director of Finance / Deputy Director of Finance

13.0 TRAINING AND IMPLEMENTATION

13.1 The CFS will promote fraud, bribery and corruption awareness through the delivery of face to face presentations, use of an animated counter fraud video, the provision of eLearning modules and/or the distribution of newsletter and other materials. Should staff require any assistance, or advice, they should contact the CFS (craig.bevan-davies@nhs.net) or the CFS Support (taelor.martin@nhs.net).

13.2 Examples of fraud which are prevalent in the NHS are provided at **Appendix C**. These examples are provided in order to give an insight into the breadth of risk of fraud to the organisation.

13.3 The policy will be implemented as follows:

- **Audit Committee.** This policy will be put to the Audit Committee for ratification prior to general circulation. The Audit Committee will satisfy themselves that appropriate counter fraud arrangements are in place by receiving regular progress reports from the Counter Fraud Specialist.
- **Director of Finance (DOF) / Deputy Director of Finance (DDOF).** The DOF/DDOF also receives satisfaction that appropriate counter fraud arrangements are in place by meeting with the Counter Fraud Specialist regularly and receiving regular progress reports.
- **Counter Fraud Specialist (CFS).** The CFS is the key implementer of this policy and is responsible for conducting all counter fraud work on behalf of the Trust. This is done in line with a work plan and risk assessment which is agreed by both the Audit Committee and the Deputy Director of Finance.
- **Managers.** Managers should ensure that all staff are made aware of this policy and that referrals of fraud, bribery and corruption made to them are reported promptly to the CFS.
- **HR Staff.** HR Staff will cooperate with fraud investigations as appropriate.
- **All other staff.** All staff are to be aware of their responsibilities to prevent fraud, bribery and corruption as per this policy.

14.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at **Appendix E**; and
- This document is not subject to an Environmental Impact Assessment

15.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- [Criminal Procedure and Investigations Act 1996](#);
- [NHS Counter Fraud Authority Guidance](#);
- [NHS Counter Fraud Authority \(2017\): Leading the Fight against NHS Fraud – Organisational Strategy](#);
- [NHS Counter Fraud \(2020\) – Standards for Providers](#);
- [The Bribery Act 2010](#);
- [The Fraud Act 2006](#);

- [The Police and Criminal Evidence Act 1984](#);
- [The Proceeds of Crime Act 2002](#); and
- [The Public Interest Disclosure Act 1998](#).

Related SFHFT Documents:

- [Conflicts of Interest Policy](#)
- [Disciplinary Policy](#)
- [Speaking Up Policy](#)
- [Standing Financial Instructions](#)

Staff should also be mindful of any other policies regarding procurement, disciplinary and freedom to speak up as the above list is not exhaustive.

16.0 APPENDICES

- **Appendix A** – Fraud Response Plan
- **Appendix B** – Fraud Referral Form
- **Appendix C** – Prevalent Frauds in the NHS
- **Appendix D** – Do's and Don'ts
- **Appendix E** – Equality Impact Assessment Form

APPENDIX A – FRAUD RESPONSE PLAN

1.0 INTRODUCTION

1.1 This fraud response plan provides a checklist of actions and a guide to follow in the event that fraud is suspected. Its purpose is to define authority levels, responsibilities for action and reporting lines in the event of suspected fraud, theft or other irregularity. It covers:

- Notification of suspected fraud;
- The investigation process;
- Sanctions and redress;
- Recovers action;
- Roles and responsibilities; and
- Monitoring and review.

2.0 NOTIFYING SUSPECTED FRAUD

2.1 It is important that all staff are able to report their concerns without fear of reprisal or victimisation and are aware of the means to do so. The *Public Interest Disclosure Act (1998)* commonly referred to as the “whistle-blowers act”, provides appropriate protection for those who voice genuine and legitimate concerns through the proper channels.

2.2 If an employee has any concerns or suspicions of fraud they must inform the nominated Counter Fraud Specialist or Counter Fraud Support. Alternatively you can contact the Trust’s DOF/DDOF.

2.3 If the DOF/DDOF, CFS or Chief Executive Officer (CEO) are implicated, then concerns should be reported to the NHS Counter Fraud Authority through their online reporting form or through their 24-hour reporting line on 0800 028 40 60.

2.4 **Appendix D** of the Fraud, Bribery and Corruption Policy, provides a reminder and checklist of the key actions if fraud, corruption or bribery are suspected. Staff are encouraged to familiarise themselves with this document.

3.0 THE INVESTIGATION PROCESS

3.1 The CFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

3.2 The Trust wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. In accordance with the provisions of the ‘whistle-blowers act’, the Trust have implemented a Whistle-Blowing Policy and Freedom to Speak Up Guardians such as their manager or the Chair of the Trust’s Audit Committee who can provide an independent and impartial source of advice to staff at any stage of raising a concern.

3.3 A CFS investigation may identify conduct or performance that may be of concern to the Trust or to the employees Professional Body, whether related to fraud or otherwise. Where appropriate, relevant Trust policies and procedures, including Disciplinary Procedures will be

followed where such concerns arise. This may result in disciplinary action and/or notification to the relevant professional body where appropriate.

3.4 In accordance with the NHS Counter Fraud Authority (NHSCFA) Standards for Providers, the DOF/DDOF, in conjunction with the CFS, 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 any local disciplinary procedures of the Trust unless expressly stipulated by the police.

3.5 The CFS, in consultation with the Trust's DOF/DDOF, will investigate allegations in accordance with procedures and documents referenced in the NHSCFA standards.

3.6 The Trust will follow their disciplinary procedure if there is evidence that an employee has committed any act of fraud, bribery or corruption. The CFS must be aware that staff under investigation which could lead to disciplinary action, have the right to procedural fairness and the CFS must seek advice from the Trust's HR department during the investigation process where appropriate.

3.7 The CFS will take control of any physical evidence and record this in accordance with the procedures outlined in the NHS Anti-Fraud Manual. For reasons of confidentiality access to this manual is restricted.

3.8 Interviews under caution will only be carried out by the CFS or, if appropriate, the police in accordance with the Police and Criminal Evidence Act (1984). The CFS will also take written statements where necessary.

3.9 If fraud, bribery or corruption is found to have occurred, the CFS will prepare a report for the DOF/DDOF and the Audit Committee, setting out the following:

- The circumstances;
- The investigation process;
- The estimated or actual loss;
- The steps taken to prevent recurrence;
- The steps taken to recover loss; and
- System control weaknesses that require correction.

4.0 SANCTIONS AND REDRESS

4.1 The seeking of financial redress or recovery of losses will always be considered in cases of fraud, bribery and corruption that are investigated by either the CFS or NHSCFA where a loss is identified.

4.2 Recovery of losses may involve action under the Proceeds of Crime Act (2002) but each decision will be taken in light of the particular circumstances of each case.

4.3 Redress allows for resources that are lost to fraud, bribery or corruption to be returned to the NHS for use as intended and for the provision of patient care and services.

4.4 The NHS Anti-Fraud Manual provides in depth detail of how sanctions can be applied and redress sought. Local action can also be taken to recover money using the administrative procedures of the Trust or civil law.

4.5 In cases of serious fraud, bribery and corruption, parallel sanctions can be applied, for example:

- Disciplinary action;
- Use of civil law to recover lost funds; and
- Use of criminal law to apply an appropriate criminal penalty, possible referral of information and evidence to a professional body if appropriate.

4.6 The NHSCFA can also apply to the courts to make a restraining order or confiscation order under the Proceeds of Crime Act (2002). This means that a person's money can be taken away from them if it is believed that the person benefited from the crime. This can also include restraining assets during an investigation.

4.7 The range of available sanctions which may be pursued by the relevant decision makers includes:

- **No further action.** In some cases it may be that the Trust, under guidance from the CFS and with the approval of the DOF/DDOF, decides that no further action is taken.
- **Criminal Investigation.** Following an investigation it may be necessary to bring the matter to the attention of the criminal courts such as Magistrates or Crown Court.
- **Civil Recovery.** The civil recovery route is available to the Trust if this is cost effective and desirable. This could involve a number of options such as applying through the small claims court. Each case will be discussed with the DOF/DDOF to determine the most appropriate action.
- **Disciplinary Action.** The appropriate person, in conjunction with the HR department, will be responsible for initiating any disciplinary action.
- **Confiscation under the Proceeds of Crime Act.** Depending upon the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under the Proceeds of Crime Act.
- **Recovery from On-Going Salary Payment.** Arrangements can be made to recover losses via payroll if the subject is still employed by the Trust.
- **Professional Body Disciplinary.** During an investigation, if clear evidence exists of a healthcare professional's involvement in fraud, bribery or corruption, the appropriate regulatory body will be informed so they can consider whether Fitness to Practice procedures should be invoked. Regulatory bodies have statutory powers to place conditions on, suspend or remove the registration of, professionals whose fitness to practice has been impaired.

5.0 ROLES AND RESPONSIBILITIES

5.1 The codes of conduct for NHS Boards and NHS Managers set out 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. All staff should be aware of and act in accordance with, these values. The values can be summarised as:

- Accountability;
- Probity; and
- Openness.

5.2 **Role of the Trust.** The Trust will take all necessary steps to counter fraud, bribery and corruption in accordance with its Fraud, Bribery and Corruption policy and the NHSCFA Standards for Providers.

5.3 The Trust will appoint a CFS to undertake work as set out by the NHSCFA strategy. The Trust are committed to taking all steps necessary to counter fraud, bribery and corruption. To meet their objectives, they have adopted the four key principles, which are set out in the NHSCFA strategy, namely:

- **Strategic Governance.** A member of the executive board is responsible for the provision of strategic management of all counter fraud, bribery and corruption work within the organisation;
- **Inform and Involve.** It is necessary to inform and involve those who work for, or use the health service, on the risks of crime and how to tackle it;
- **Prevent and Deter.** To remove the opportunities for crime within the NHS to occur or to re-occur; and
- **Hold to Account.** The investigation of fraud and pursuance of sanctions and redress.

5.4 All employees are required to comply with the Trust's policies and procedures in order to prevent fraud, bribery and corruption.

5.5 All those who work in the Trust, or are otherwise engaged with the Trust, should be aware of and act in accordance with the public service values and the Nolan Principles for Standards in Public Life.

5.6 Employees are expected to act in accordance with the standards laid down by their professional institutes where applicable.

5.7 All employees have a responsibility to comply with all applicable laws and regulations relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality.

5.8 The CFS will:

- Ensure that the DOF/DDOF is informed about all referrals and cases;

- Be responsible for the day to day implementation of the key standards of counter fraud, bribery and corruption activity as set out by the NHSCFA strategy;
- Investigate cases of fraud;
- In consultation with the DOF/DDOF, report any case to the police of NHSCFA as agreed and in accordance with NHSCFA Standards for Providers;
- Report any case and the outcome of the investigation through the NHSCFA national case management system (referred to as FIRST);
- Ensure that other relevant parties are informed where necessary, for instance HR;
- Ensure that the appropriate Trust incident and losses reporting systems are followed;
- Ensure that any system weaknesses identified as part of any investigation are followed up with management and reported to internal audit; and
- Ensure that cases are managed appropriately, taking into account appropriate legislation and regulation and the needs of procedural fairness in the employment relationship.

5.9 NHSCFA (formerly NHS Protect) will:

- Provide a single anti-crime organisation at a national level;
- Provide intelligence led crime prevention work;
- Maintain oversight of, and monitor, anti-crime across the NHS;
- Define and set anti-crime standards and assess performance against them;
- Assess, benchmark and assure the performance of local anti-crime delivery against those standards;
- Provide anti-crime management information to the NHS to drive improvement; and
- Provide a central investigation capacity for complex fraud cases that local NHS CFS are not able to pursue.

6.0 Monitoring and Review

6.1 The CFS will report regularly to the DOF/DDOF. The CFS will provide regular reports to the Audit Committee and provide an annual report containing details of reported and investigated cases of fraud. The NHSCFA monitors the work of the CFS.

6.2 The Trust are required to complete the NHSCFA Self Review Toolkit and Annual Report and submit these annually to the NHSCFA. The Trust must mark themselves against each standard as either Compliant (Green), Partially Compliant (Amber) or Non-Compliant (Red). A work plan is required to address all non-compliant standards which will be monitored by the Audit Committee.

6.3 An assessment process may be conducted by the NHSCFA. This is a means of evaluating the effectiveness of the Trust in dealing with the fraud, bribery and corruption risks it faces through one of four types of assessment: full, focussed, thematic or triggered.

6.4 The CFS raises fraud awareness by a number of means such as arranging road shows, giving presentations to staff teams and new starters on induction.

Appendix B – Fraud Referral Form

Referral From: *(Note: This referral may be made anonymously, however, it is helpful if you can provide at least a telephone contact number so that contact might be made to clarify details if necessary. This number will not be used to attempt to identify you).*

NAME:

ORGANISATION/PROFESSION:

ADDRESS:

TEL. NO:

The alleged fraud, corruption or bribery relates to:

NAME:

ADDRESS:

DATE OF BIRTH:

SUSPICION

DETAILS

POSSIBLE USEFUL CONTACTS

PLEASE ATTACH ANY AVAILABLE EVIDENCE OR ADDITIONAL INFORMATION

Signed: **Date:**

Please return this form, marked **private and confidential** to:
360 Assurance Counter Fraud Service. Stapleford Care Centre, Church Street, Stapleford, Nottingham, NG9 8DB or email to the Counter Fraud Specialist at craig.bevan-davies@nhs.net / taelor.martin@nhs.net.

Appendix C – Prevalent Frauds in the NHS

Staff Frauds

- Working while Sick (WWS);
- Timesheet Fraud;
- False Expense Claims;
- Private work in NHS Time;
- False Qualifications/Applications for Employment; and
- Misuse of Purchasing Cards;

Patient/Visitor Frauds

- False ID;
- Prescription Frauds; and
- Bed Hopping/Feigning Illness;

Third Party Frauds

- Suppliers invoicing or overcharging for goods/services they have not provided;
- Individuals pretending to be genuine suppliers in order to change bank account details and divert funds;
- Bribery; and
- Price Fixing.

Appendix D – Do's and Don'ts

✓ Do...

- Make an immediate note of your concerns – note all relevant details such as what was said in telephone or other conversations, the date, time and the names of any parties involved. If appropriate, these may be discussed or passed onto your line manager for further action or decisions.
- Report your suspicions immediately and directly to the Trust's appointed [CFS](#), or [DOF/DDOF](#).
- Deal with the matter promptly, if you feel your concerns are warranted – any delay may cause the Trust to suffer further financial loss.

✗ Don't...

- Do nothing.
- Be afraid of raising your concerns – you will not suffer any recrimination from the Trust as a result of voicing a reasonably held suspicion. The Trust will treat any matter you raise sensitively and confidentially.
- Approach or accuse any individuals directly.
- Try to investigate the matter yourself – there are special rules surrounding the gathering of evidence for use in criminal cases. Any attempt to gather evidence by people who are unfamiliar with these rules may destroy the case. The Trust appointed CFS is trained in handling investigations in accordance with the NHSCFA Anti-Fraud Manual.
- Convey your suspicions to anyone other than the CFS, DOF/DDOF or NHSCFA.

APPENDIX E- EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Fraud, Bribery and Corruption Policy			
New or existing service/policy/procedure: Fraud, Bribery and Corruption Policy			
Date of Assessment: 20/01/2020			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	N/A	N/A	N/A
Gender	N/A	N/A	N/A
Age	N/A	N/A	N/A
Religion	N/A	N/A	N/A
Disability	N/A	N/A	N/A
Sexuality	N/A	N/A	N/A
Pregnancy and Maternity	N/A	N/A	N/A
Gender Reassignment	N/A	N/A	N/A
Marriage and Civil Partnership	N/A	N/A	N/A

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	N/A	N/A	N/A
What consultation with protected characteristic groups including patient groups have you carried out? N/A			
What data or information did you use in support of this EqIA? N/A			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? N/A			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: High Level of Impact/Medium Level of Impact/Low Level of Impact (<i>Delete as appropriate</i>) For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: TAELOE MARTIN			
Signature: T.MARTIN			
Date: 20/01/2020			