

NHS Dorset Clinical Commissioning Group

Anti-Fraud, Bribery and Corruption Policy

Supporting people in Dorset to lead healthier lives



PREFACE

The purpose of this policy is to ensure that staff are aware of the reporting requirements in terms of anti-fraud, bribery and corruption and of the actions NHS Dorset Clinical Commissioning Group (hereafter referred to as the “CCG” or the “organisation”) will take in combatting this. :

All managers and staff (at all levels) are responsible for ensuring that they are viewing and working to the current version of this procedural document. If this document is printed in hard copy or saved to another location, it must be checked that the version number in use matches with that of the live version on the CCG intranet.

All CCG procedural documents are published on the staff intranet and communication is circulated to all staff when new procedural documents or changes to existing procedural documents are released. Managers are encouraged to use team briefings to aid staff awareness of new and updated procedural documents.

All staff are responsible for implementing procedural documents as part of their normal responsibilities, and are responsible for ensuring they maintain an up to date awareness of procedural documents.

A	SUMMARY POINTS
	<ul style="list-style-type: none"> This document outlines the process involved and the procedures to be followed by all employees, contractors, consultants, vendors and other internal and external stakeholders to develop an anti-fraud, bribery and corruption culture within NHS Dorset Clinical Commissioning Group (thereafter known as the CCG)
	<ul style="list-style-type: none"> This policy has been developed in line with the June 2015 NHS Counter Fraud Authority issued version 2 of the policy guidance 'Template local anti-fraud, bribery and corruption Policy' to meet the requirements of the Standards for Commissioners under Service Condition 24 of the NHS Standard Contract.
	<ul style="list-style-type: none"> The objective of this document is to comply with NHS Counter Fraud Authority Standard 2.2 which requires the CCG to have an anti-fraud, bribery and corruption policy that follows NHS Counter Fraud Authority's strategic guidance and has been approved by the executive body or senior management
	<ul style="list-style-type: none"> The policy will be reviewed, evaluated and updated as required and levels of staff awareness will be measured.

B	ASSOCIATED DOCUMENTS
	<ul style="list-style-type: none"> NHS Dorset CCG Standards of Business Conduct (April 2013) NHS Dorset CCG Conduct and Capability Policy (April 2014) NHS Dorset CCG Whistleblowing Policy (April 2014)

C	DOCUMENT DETAILS	
Procedural Document Number	Policy ID 88	
Author	Andrew Morley	
Job Title	Counter Fraud Area Manager	
Directorate	Finance Directorate	
Recommending committee or group	Not required	
Approving committee or group	Audit & Quality Committee	
Date of recommendation (version 1)	10/02/2016	
Date of approval (version 1)	Complete	
Version	1	

Sponsor	Chief Finance Officer
Recommendation date	10/02/2016
Approval date	16/05/2016
Review frequency	2 year
Reviewed date	16/05/2017
Review date	16/05/2019

CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1	Complete	Steve McKenzie, Local Counter Fraud Specialist	Chief Finance Officer, Audit and Quality Committee

E	VERSION CONTROL				
Date of issue	Version No	Date of next review	Nature of change	Approval date	Approval committee /group
Complete	2	16/05/2019	Complete change in titles and standards review dates changed	Complete	Complete
Complete	2	16/05/2019	Remove reference to previous Chief Finance Officer and amend NHS Protect to NHS Counter Fraud Authority	Complete	Complete

F	SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date	
NHS Counter Fraud Authority Standards for Commissioners 2016-	http://www.nhsbsa.nhs.uk/4883.aspx	20/02/15	

17: Fraud, bribery and corruption		
Anti-fraud Standards for commissioners 2016-17: Frequently asked questions	http://www.nhsbsa.nhs.uk/4883.aspx	20/02/15
Tackling Crime against the NHS: A strategic approach	http://www.nhsbsa.nhs.uk/3647.aspx	2013

G	DISTRIBUTION LIST		
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
√	√	√	√

CONTENTS		PAGE
1.0	Relevant to	7
2.0	Introduction	7
3.0	Scope	7
4.0	Purpose	7
5.0	Definitions	8
6.0	Roles and responsibilities	8
7.0	Procedures/document content	15
8.0	Training	17
9.0	Consultation	17
10.0	Recommendation and approval process	17
11.0	Communication/dissemination	17
12.0	Implementation	17
13.0	Monitoring compliance and effectiveness of the document	17
14.0	Document review frequency and version control	18
APPENDICES		
A	Aide Memoire – Reporting fraud, bribery and corruption	

Local Anti-Fraud, Bribery and Corruption Policy

1.0 RELEVANT TO

- 1.1 The policy will apply to all employees, contractors, consultants, vendors and other internal and external stakeholders.

2.0 INTRODUCTION

- 2.1 Dealing with fraud is a key part of building a new, modern and dependable health service for the future. The NHS aims to provide prompt high quality treatment and care when and where it is needed. All those working for the NHS must be committed to ensuring its resources are used appropriately and efficiently to this end and it follows that any misuse of resources must be identified and stopped.
- 2.2 Dorset Clinical Commissioning Group (the CCG) is committed to maintaining honesty and integrity in all of its activities. It is also committed to the prevention of fraud, bribery and corruption within the CCG and to the rigorous investigation of any such allegations. This policy is endorsed by senior management and the CCG Audit and Quality Committee.
- 2.3 The CCG wholly endorses the NHS Counter Fraud Authority strategy towards the elimination of any fraud within the National Health Service (NHS) and will seek to apply appropriate criminal, disciplinary, regulatory and civil sanctions against fraudsters and where possible will attempt to recover any identified losses.
- 2.4 The CCG wishes to encourage anyone that has reasonable suspicions of fraud to report them. All employees, patients and contractors can be confident that they will not suffer in any way as a result of reporting reasonably held suspicions of fraud. For these purposes "reasonably held suspicions" shall mean any suspicions other than those which are raised maliciously and found to be groundless.
- 2.5 The CCG has approved a "Whistle blowing Policy" in accordance with the Public Interest Disclosure Act 1998. Under the terms of this Act, a member of staff is protected if they act reasonably and responsibly.

3.0 SCOPE

- 3.1 This document is intended to provide direction and help to those officers and directors of the CCG who become aware of fraud, bribery or corruption against the NHS. This document is not intended to provide direction on prevention of fraud.

4.0 PURPOSE

- 4.1 This anti-fraud, bribery and corruption policy is intended to ensure that employees, patients and contractors are aware of the correct reporting requirements and of the actions the organisation will take to counter fraud, bribery and corruption. The policy is also intended to ensure that fraud, bribery

and corruption is recognised and reported by employees, patients and contractors who are aware of their responsibility to safeguard NHS funds.

5.0 DEFINITIONS

5.1 NHS Counter Fraud Authority

5.1.1 Crime against the NHS can seriously undermine its effectiveness and ability to deliver healthcare services. NHS Counter Fraud Authority has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS. It also has a responsibility to ensure that any investigations are conducted in accordance with NHS Counter Fraud Authority guidance document 'Tackling crime against the NHS: A strategic approach'.

5.2 Fraud

5.2.1 Fraud is defined as: A dishonest act (or a failure to act) made with the intention of making a financial gain or causing a financial loss (or risk of loss).

5.2.2 The dishonest act does not need to be successful for fraud to be committed, as long as the intention exists. Neither does the financial gain have to be personal, but can be for the benefit of another. Where the intent is to cause a loss to the organisation, no gain by the perpetrator needs to be shown.

5.2.3 Petty theft, without the distortion of financial statements or other records, will normally be dealt with by the Local Counter Security Management and reported to the Police. However, where an employee abuses their position to misappropriate cash or other Trust income this may be considered to be fraud and dealt with under this policy.

5.2.4 The Fraud Act 2006 is the relevant legislation. The Act includes eight separate offences; those most applicable to the NHS and this policy are:

- **Fraud by false representation** - is defined by Section 2 of the Act. A person may be guilty of an offence if he dishonestly makes a false representation, and intends, by making the representation to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, an employee claiming travel expenses for journeys they have not done.
- **Fraud by failing to disclose information** - is defined by Section 3 of the Act. A person may be guilty of an offence if he dishonestly fails to disclose to another person information which he is under a legal duty to disclose, and intends, by failing to disclose the information to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, failing to disclose criminal convictions when asked to do so as part of the recruitment process, in order to obtain employment.
- **Fraud by abuse of position** - is defined by Section 4 of the Act. A person may be guilty of an offence if he occupies a position in which he is expected to safeguard, or not to act against, the financial interests of another person,

dishonestly abuses that position, and intends, by means of the abuse of that position to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, a manager creating ghost employee's and paying the salaries into his/her own bank account

- **Possession of articles for use fraud(s)** - is defined by Section 6 of the Act. A person may be guilty of an offence if he has in his possession or under his control any article for use in the course of or in connection with any fraud. For example, using a false passport or other documentation to secure employment.
- **Making or supplying articles for use in fraud(s)** - is defined by Section 7 of the Act. A person may be guilty of an offence if he makes, adapts, supplies or offers to supply any article knowing that it is designed or adapted for use in the course of or in connection with fraud, or intending it to be used to commit, or assist in the commission of, fraud. For example, producing a prescription in a patient's name with the intention of obtaining drugs and retaining them for personal use, or supplying them to another.

5.3 Bribery and corruption

5.3.1 The Bribery Act 2010 is the relevant legislation. The Act creates a number of criminal offences and those most applicable to the NHS and this policy are:

5.3.2 **Offence of bribing another person** - is defined by section 1 of the Act. It is also an offence for a person to offer, promise, or give a bribe to another person as an inducement for them improperly performing any duty. For example, providing excess hospitality to a potential purchaser or commissioner of the organisation's services.

5.3.3 **Offence of being bribed** - is defined section 2 of the Act. It is an offence for a person to request, or agree to receive, or accept a financial or other advantage as an inducement to, or as a reward for, the improper performance of any function or activity. For example, where an employee who sells confidential information to a third party or provides preferential treatment to suppliers or patients for a fee.

5.3.4 **Failure of a commercial organisation to prevent bribery** – is defined within section 7 of the Act. If an individual bribes another person to obtain or retain business, or an advantage in the conduct of business for an organisation, then that organisation may also be guilty of an offence. For example if an NHS Trust fails to put adequate controls in place to prevent bribery and an employee offers a bribe to a commissioning CCG.

5.3.5 A "financial or other advantage" has a wide meaning and could include holidays or entertainment, contracts, non-monetary gifts and offers of employment etc.

5.3.6 A "relevant function or activity" covers "any function of a public nature; any activity connected with a business, trade or profession; any activity performed in the course of a person's employment; or any activity performed by or on behalf of a body of persons whether corporate or unincorporated".

- 5.3.7 The conditions attached are that the person performing the function should be expected to perform it in good faith or with impartiality, or that an element of trust attaches to that person's role.
- 5.3.8 Activity will be considered to be "**improperly**" performed when there is a breach of good faith, impartiality or a position of trust.
- 5.3.9 The standard in deciding what would be expected is what a reasonable person in the UK might expect of a person in such a position.
- 5.3.10 Any concerns about bribery should be referred to the Local Counter Fraud Specialist.

6.0 ROLES AND RESPONSIBILITIES

6.1 Chief Officer

- 6.1.1 The Chief Officer has the overall responsibility for funds entrusted to the organisation as the Accountable Officer. The Chief Officer must ensure adequate policies and procedures are in place to protect the organisation and the public funds entrusted to it from instances of fraud, bribery and corruption.

6.2 The Governing Body

- 6.2.1 The Governing Body should take overall responsibility for the effective design, implementation and operation of the anti-bribery and corruption initiatives. The Governing Body should ensure that senior management is aware of and accepts the initiatives, and that they are embedded in the corporate culture.

6.3 Chief Financial Officer (CFO)

- 6.3.1 The CFO (or equivalent officer) is provided with powers to approve financial transactions initiated by directorates across the organisation
- 6.3.2 The CFO prepares, documents, and maintains detailed financial procedures and systems that incorporate the principles of separation of duties and internal checks to supplement those procedures and systems.
- 6.3.3 The CFO will report annually to the Governing Body on the adequacy of internal financial control and risk management as part of the Accountable Officer's overall responsibility to prepare the Annual Governance Statement for inclusion in the CCG annual report.
- 6.3.4 All anti-fraud, bribery and corruption work within the organisation is directed by the CFO. The CFO shall be responsible for operational matters such as authorising the investigation of alleged fraud, interviews under caution and the recovery or write-off of any sums lost to fraud.
- 6.3.5 The CFO will inform the Local Counter Fraud Specialist of any incidents where fraud, bribery or corruption is suspected within the organisation. Depending on the outcome of initial investigations, the CFO shall inform and consult the Chief Officer and appropriate senior management in cases where there may be a

material loss due to fraud, bribery or corruption, or where the incident may lead to adverse publicity.

- 6.3.6 A decision on whether to refer the matter to the Police (or another agency), seek Police assistance or to commence criminal proceedings will be made with the agreement of the CFO and, the Local Counter Fraud Specialist.

6.4 Internal and external audit

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

6.5 Human Resources (HR)

- 6.5.1 Human Resources staff play a vital part in identifying and reporting incidents of suspected fraud, bribery and corruption.
- 6.5.2 Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules. As such, it would not be appropriate for one investigation to cover both criminal and disciplinary matters. However, a disciplinary enquiry can proceed in parallel with a criminal investigation as long as there is close co-operation between Human Resources staff; the organisation's investigating officer and the LCFS.
- 6.5.3 A criminal investigation seeks to establish the facts in relation to a suspected criminal offence. Investigators are bound by rules of evidence, including the Criminal Procedure and Investigations Act 1996 (CPIA) and the Police and Criminal Evidence Act 1984 (PACE) and Codes of Practice. **Guilt in a criminal prosecution must be proved 'beyond reasonable doubt'**.
- 6.5.4 The purpose of a disciplinary investigation is to establish the facts of the case, i.e. to ascertain whether there is a reasonable belief that the alleged misconduct has occurred; whether the employee has any explanation for the alleged misconduct; and whether there are any special circumstances to be taken into account. Disciplinary investigations and ensuing proceedings must adhere to the Advisory, Conciliation and Arbitration Services (ACAS) Code of Practice on Disciplinary and Grievance Procedures, as well as any local HR policies.
- 6.5.5 The NHS Counter Fraud Authority approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, disciplinary and regulatory – should be considered at the earliest opportunity, and any or all of these may be pursued where and when appropriate. The consistent use of an appropriate combination of investigative processes in each case demonstrates an organisation's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.
- 6.5.6 It is not unusual for the criminal and disciplinary processes to overlap. For example, an employee who is being investigated for suspected fraud may also

be the subject of disciplinary proceedings by their employer arising out of the same set of circumstances.

- 6.5.7 In the case of parallel criminal and disciplinary processes, these should be conducted separately, but there needs to be close liaison between the Local Counter Fraud Specialist and the HR functions since one process may impact on the other. This may include the sharing of information where lawful and at the appropriate time.
- 6.5.8 A joint working protocol has been established and agreed between the Local Counter Fraud Specialist and the Head of Human Resources. The protocol indicates the responsibilities of specific individuals; the frequency of liaison meetings; and specific interaction points during parallel investigations. Support and oversight is provided by the CFO and senior management as required to ensure this is implemented effectively.

6.6 Local Counter Fraud Specialist (LCFS)

- 6.6.1 The Local Counter Fraud Specialist is responsible for tackling fraud, corruption and bribery affecting the CCG, in accordance with national NHS Counter Fraud Authority standards. Adherence to NHS Counter Fraud Authority standards is important to ensure that the CCG have appropriate anti-fraud, bribery and corruption measures in place. The LCFS will look to achieve the highest possible standards and will report directly to the CFO Officer and at least annually to the Audit and Quality Committee.
- 6.6.2 The LCFS will work with key colleagues and stakeholders to promote anti-fraud work, conduct risk assessments, apply effective preventative measures and investigate allegations of fraud and corruption.
- 6.6.3 The LCFS will ensure that the NHS Counter Fraud Authority case management system, FIRST, is used to record all allegations of suspected fraud, bribery and corruption, and to provide information to inform national intelligence.
- 6.6.4 The LCFS will use FIRST to support and progress the investigation of fraud, bribery and corruption allegations, in line with NHS Counter Fraud Authority guidance.
- 6.6.5 The LCFS will follow NHS Counter Fraud Authority guidance, as set out in the NHS anti-fraud manual and current case acceptance criteria, in supporting the investigation of all allegations of fraud, bribery and corruption. The LCFS will ensure that relevant legislation, such as the Police and Criminal Evidence Act 1984 and the Criminal Procedure and Investigations Act 1996, is adhered to.
- 6.6.6 The LCFS will complete witness statements that satisfy the NHS Counter Fraud Authority training model and best practice, and follow national guidelines approved by the Crown Prosecution Service.
- 6.6.7 The LCFS will ensure that interviews under caution are conducted following the NHS Counter Fraud Authority training model, and in line with the National Occupational Standards (CJ201.2) and the Police and Criminal Evidence Act 1984.

- 6.6.8 The LCFS will develop and deliver a comprehensive risk based anti-fraud work plan in compliance with all relevant NHS Counter Fraud Authority standards for fraud, bribery and corruption. The anti-fraud work plan will address the following four areas:

Strategic Governance – Work relating to the organisation’s strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.

Inform and Involve – Work in relation to raising awareness of fraud, bribery and corruption risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of such crime against the NHS.

Prevent and Deter – Work to discourage individuals who may be tempted to commit crimes against the NHS and ensuring opportunities for crime to occur are minimised.

Hold to Account - Work to detect and investigate crime, prosecuting those who have committed crimes and seeking redress.

6.7 Managers

- 6.7.1 All managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review.
- 6.7.2 Managers have a responsibility to ensure that employees are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures.
- 6.7.3 Any instances of actual or suspected fraud, bribery or corruption brought to the attention of a manager should be immediately reported to the LCFS or via the national Fraud and Corruption Reporting Line (FCRL).
- 6.7.4 The NHS FCRL can be contacted on 0800 028 40 60, or alternatively, fraud can be reported confidentially online at www.reportnhsfraud.nhs.uk. These reporting methods are not intended to replace existing local reporting lines, rather to provide a way for those who feel unable to use them.
- 6.7.5 It is important that managers do not investigate any suspected financial crimes themselves.
- 6.7.6 Managers will promptly provide support and information to the LCFS to enable them to carry out their duties. In particular, managers and their staff will co-operate with, and participate in, activities at the request of NHS Counter Fraud Authority and the LCFS, including the implementation of national anti-fraud, bribery and corruption measures. Managers will also ensure that employees adhere to guidance provided in intelligence alerts, bulletins and local warnings issued by NHS Counter Fraud Authority and the LCFS.

6.7.7 Managers will proactively identify and report any system weaknesses that could facilitate fraud, bribery or corruption.

6.8 All employees

6.8.1 All employees are required to comply with the policies and procedures of the CCG and apply best practice in order to prevent fraud, bribery and corruption. All employees have a responsibility to protect NHS resources from such crimes.

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

6.8.3 If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the LCFS and/or using the other reporting methods explained section 7 and Annex A of this policy.

6.8.4 Under no circumstances should a member of staff speak or write (including email) to representatives of the press, TV, radio, or to another third party, about suspected fraud, bribery or corruption. The established lines of reporting concerns to either the CFO, LCFS or via the Fraud and Corruption Reporting Line should be used and staff can be reassured that all allegations will be investigated.

6.9 Information management and technology

6.9.1 The Computer Misuse Act became law in 1990; the Act identifies three specific offences:

1. Unauthorised access to computer material
2. Unauthorised access with intent to commit or facilitate commission of further offences
3. Unauthorised acts with intent to impair, or with recklessness as to impairing operation of computer, etc.

6.9.2 Unauthorised access to computer material could include using another person's identifier (ID) and password without proper authority in order to use data or a program, or to alter, delete copy or move a program or data.

6.9.3 Unauthorised access with intent to commit or facilitate commission of further offences could include gaining unauthorised access to financial or administrative records with intent.

6.9.4 Unauthorised acts with intent to impair, or with recklessness as to impairing the operation of computer, could include: destroying another user's files; modifying system files; creation of a virus; changing clinical records; and deliberately generating information to cause a complete system malfunction.

6.9.5 The fraudulent use of information technology will be reported by the Head of Information Security (or equivalent) to the LCFS.

7.0 THE RESPONSE PLAN

7.1 Bribery and Corruption

7.1.1 The CCG has conducted risk assessments within procurement and finance to assess how bribery and corruption may affect the organisation. Where the LCFS has identified risks the organisation will ensure that proportionate procedures are put in place to mitigate identified risks.

7.1.2 The CCG has a comprehensive Standards of Business Conduct Policy that outlines the procedures in relation to the declaration of interests, gifts and hospitality and sponsorship. This policy is available on the Intranet.

7.2 Reporting fraud, bribery or corruption

7.2.1 Any employee of the CCG discovering or suspecting fraud, bribery or corruption should report the matter immediately to the Local Counter Fraud Specialist or the Chief Finance Officer.

7.2.2 The Counter Fraud Manager for the CCG is Andrew Morley, he can be contacted by telephone, 0845 3003333 or by email Andrew.morley@nhs.net. All information received is treated in the strictest confidence.

7.2.3 If an employee is concerned that the LCFS or the CFO themselves may be implicated in suspected fraud, bribery or corruption, the matter should be reported to the Chief Officer.

7.2.4 Suspicions of fraud, bribery and corruption can also be reported using the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60 or by filling in an online form at www.reportnhsfraud.nhs.uk, as an alternative to internal reporting procedures and if staff wish to remain anonymous.

7.2.5 A guide has been included in the appendix of this policy (Annex A), to provide a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and/or corruption, is discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards.

7.2.6 All reports of fraud, bribery and corruption, however they are reported, will be taken seriously and thoroughly investigated in accordance with NHS Counter Fraud Authority guidance and relevant legislation.

7.3 Sanction and redress

7.3.1 Where an objective investigation has found that fraud, bribery and corruption is present the organisation will seek to apply appropriate sanctions. This may include:

- **Criminal Prosecution** - The LCFS 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** - Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent/illegal act. Fraud is defined by the CCG as gross misconduct. The Conduct and Capability Policy can be found on the CCG intranet site.
- **Civil proceedings** - Civil sanction 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.
- **Professional body disciplinary** – If the organisation is aware 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.

8.0 TRAINING

- 8.1 There are no identified training needs in relation to this policy. A current Fraud Response Plan is already in place and this policy updates this in line with the NHS Counter Fraud Authority Standards for Commissioners.
- 8.2 Fraud, bribery and corruption training is already incorporated into the staff Induction programme/mandatory training process via an online module.

9.0 CONSULTATION

- 9.1 Those consulted during the development of this policy were:
- NHS Counter Fraud Authority
 - Chief Finance Officer
 - Patient Safety and Risk Team

10.0 RECOMMENDATION AND APPROVAL PROCESS

- 10.1 As a 'Corporate' procedural document, this policy is to be approved by the Chief Finance Officer and the Audit and Quality Committee.
- 10.2 This requirement reflects the process for recommendation and approval of procedural documents outlined in **Appendix F** of the 'Procedure for the development and management of procedural documents'.

11.0 COMMUNICATION/DISSEMINATION

- 11.1 This policy should be accessible to all staff on the CCG intranet.
- 11.12 All employees should be reminded of the existence and scope of this policy at least annually

12.0 IMPLEMENTATION

- 12.1 This policy is to fulfil the requirements of the NHS Counter Fraud Authority Standards for Commissioners and replaces the Fraud Response Plan which is already in place. No additional working practices or implementation plan is required.

13.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THE DOCUMENT

- 13.1 The CCG and the LCFS will monitor the effectiveness of this policy to ensure that it remains appropriate and continues to provide clear direction and help to those officers and directors of the CCG who become aware of fraud, bribery or corruption against the NHS.
- 13.2 Where deficiencies or weaknesses are identified as a result of monitoring and/or reviewing system controls, the LCFS will make appropriate recommendations for improvement. These will be considered by the Chief Financial Officer and the Audit and Quality Committee.:

14.0 DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 14.1 The Anti-fraud, Bribery and Corruption policy will be reviewed bi-annually by the LCFS in conjunction the CFO and senior management and in accordance with relevant guidance, best practice and legislation.

15 ASSOCIATED INTERNAL POLICIES AND PROCEDURES

Anti-Bribery Statement

Conduct and Capability Policy

Standards of Business Conduct

Secondary employment Policy

Whistle-blowing Policy

Standing Financial Instructions

Standing Orders

16 ASSOCIATED EXTERNAL POLICIES AND PROCEDURES

NHS Counter Fraud Authority guidance - Parallel criminal and disciplinary investigations policy statement.

NHS Counter Fraud Authority guidance - Parallel criminal and disciplinary investigations guidance for Local Counter Fraud Specialists.

Appendix A (see separate sheet

FRAUD is the 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 & CORRUPTION is the deliberate use of payment or benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another.

DO

Note your concerns

- Record details such as the nature of 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 Local Counter Fraud Specialist (LCFS).

Report your suspicions

- 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 lead to an innocent person being unjustly accused.

Try to investigate, or contact the police directly

- Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must be done in line with legal requirements in order for it to be useful. Your LCFS can conduct an investigation in accordance with legislation.

Be afraid of raising your concerns

- The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

Do nothing!

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

- The **LCFS** (details below), or
- The **Chief Finance Officer** or
- The **Chief Operating Officer**
- Telephoning the **Freephone** NHS Fraud and Corruption Reporting Line (**0800 028 40 60**).

Do you have concerns about a fraud taking place in the NHS?

Calls to the NHS Fraud and Corruption Reporting Line: **0800 028 40 60** will be treated in confidence and investigated by professionally trained staff.

Online: <https://www.reportnhsfraud.nhs.uk>

Your Local Counter Fraud Specialist is **Andy Morley**, who can be contacted by telephoning **07827 230521** or -emailing andrew.morley2@nhs.net. If you would like further information about NHS Counter Fraud Authority, please visit <http://www.nhsbsa.nhs.uk/Protect.aspx>

Tackling fraud

