

The Local Anti-Fraud, Bribery and Corruption Policy

Responsible HCG / Corporate Team	Finance
Version	2.0
Author / Reviewer	Simon Covill – Deputy CFO Hannah Wenlock – Local Counter Fraud Specialist Colin Forsyth - Head of Financial Services
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Target audience	PAH NHS Trust staff inc. bank and agency staff, locums and honorary contractors

The current version of any policy, procedure, protocol or guideline is the version held on Trust Public Folders. It is the responsibility of all staff to ensure that they are following the current version


 Signed
 Chair of Trust Policy Group

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Executive Summary

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to employees who may identify suspected fraud. It provides a framework for responding to suspicions of fraud, advice and information on various aspects of fraud and implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption.

The overall aims of this policy are to:

- improve the knowledge and understanding of everyone in the Trust irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and its unacceptability;
- assist in promoting a climate of openness, and a culture and environment where staff feel able to raise concerns sensibly and responsibly;
- set out the Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery and corruption;
- ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
 - criminal prosecution
 - civil prosecution
 - Internal/external disciplinary action, inc. by professional and regulatory bodies.

This policy applies to all employees of the Trust, as well as locum and agency staff, contractors or suppliers.

1.1 Introduction

- 1.2** One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS are honest and professional and they find that fraud committed by a minority is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.
- 1.3** NHS Counter Fraud Authority (NHSCFA) is an independent Special Health Authority. It has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, corruption and bribery. All instances where fraud is suspected are properly investigated until their conclusion by staff trained by NHSCFA. Any investigations will be handled in accordance with the NHS Anti-Fraud Manual.
- 1.4** The Princess Alexandra Hospital NHS Trust (hereafter referred to as 'the Trust or 'the organisation') is committed to 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. The Trust will also seek to publicise successful sanctions where appropriate.
- 1.5** This policy has been produced by the Local Counter Fraud Specialist (LCFS), (Tel: 0845 300 3333 or 07919 595930, fraud@tiaa.co.uk) and is intended as a guide for all employees on anti-fraud work within the NHS. All genuine suspicions of fraud and corruption can be reported to the LCFS or through the NHS Fraud and Corruption Reporting Line (FCRL) on Freephone 0800 028 40 60 or www.reportnhsfraud.nhs.uk.
- 1.6** It is the responsibility of all staff to have an awareness of this policy, whilst managers must bring its contents to the attention of their staff. Any person who becomes aware of any fraud and not apply this policy could be subject to disciplinary action.

This policy is supported and endorsed by senior management.

2.1 Aims and Objectives

- 2.2** This policy relates to all forms of fraud and corruption and is intended to provide direction and help to employees who may identify suspected fraud. It provides a framework for responding to suspicions of fraud, advice and information on various aspects of fraud and implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, corruption and bribery.
- 2.3** The overall aims of this policy are to:
- Improve the knowledge and understanding of everyone in the Trust irrespective of their position, about the risk of fraud, corruption and bribery within the organisation and its unacceptability
- 2.4** Assist in promoting a climate of openness, and a culture and environment where staff feel able to raise concerns sensibly and responsibly
- 2.5** Set out the Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, corruption and bribery
- 2.6** Ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
- criminal prosecution
 - civil prosecution
 - Internal/external disciplinary action, including by professional or regulatory bodies.

3.0 Scope

This policy applies to all employees of the Trust, regardless of position held, as well as consultants, vendors, contractors, honorary contractors, locums and or any other parties who have a business relationship with the Trust. It will be brought to the attention of all employees and form part of the induction process for new staff.

4.1 Definitions

4.2 NHS Counter Fraud Authority:

NHS Counter Fraud Authority (NHSCFA) has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS and that any investigations will be handled in accordance with NHSCFA guidance *“tackling crime against the NHS: A strategic approach.”*

4.3 Counter Fraud Standards:

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

4.4 Fraud:

The Fraud Act 2006 represents an entirely new way of investigating fraud. It is no longer necessary to prove that a person has been deceived. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain or cause a loss.

4.4.1 The new offence of fraud can be committed in three ways:

- Fraud by false representation (s.2) – lying about something using any means, e.g. by words or actions;
- Fraud by failing to disclose (s.3) – not saying something when you have a legal duty to do so;
- Fraud by abuse of a position of trust (s.4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation.

4.4.2 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.

4.5 Bribery and corruption:

4.5.1 The Bribery Act 2010 came into effect on 1st July 2011. Generally, bribery is defined as giving someone a financial or other advantage to perform their functions improperly or to reward that person for having already done so.

The general offences under the act are:

1. To offer, promise or give a financial or other advantage to another individual to bring about the improper performance by another person of a relevant function or activity and to reward that improper performance. This is referred to as active bribery.
2. To request, agree to receive or accept a bribe where the individual knows or believes that the acceptance of the advantage offered, promised or given constitutes the

improper performance of a relevant function or activity. This is referred to as passive bribery.

3. Promise, offer or give a financial or other advantage to a foreign public official, either directly or through a third party, where such an advantage is not legitimately due.
4. Failure of commercial organisations to prevent bribery on their behalf. Applies to all commercial organisations which have business in the UK. Applies to the commercial organisation itself, as well as individuals and employees acting on their behalf.

4.5.2 Bribery and corruption involves offering, promising or giving a payment of benefit-in-kind in order to influence others to use their position in an improper way to gain an advantage

4.5.3 The maximum penalty for bribery is 10 years imprisonment, with an unlimited fine. In addition the Act introduces a corporate offence of failing to prevent bribery by an organisation not having adequate preventative procedures in place. The Trust may avoid conviction if it can show that it had procedures and protocols in place to prevent bribery. The corporate offence is not a stand-alone offence, but always follows from a bribery and or corruption offence committed by an individual associated with the company or organisation in question.

4.6 Money Laundering:

Money Laundering is a process by which the proceeds of crime are converted into assets which appear to have a legitimate origin, so that they can be retained permanently or recycled into further criminal enterprises.

Legislation defines Money Laundering as:

‘Concealing, converting, transferring criminal property or removing it from the UK; entering into or becoming concerned in an arrangement which you know or suspect facilitates the acquisition, retention, use or control of criminal property by or on behalf of another person; and/or acquiring, using or possessing criminal property.’

The Proceeds of Crime Act 2002 applies to all transactions and can include dealings with agents, third parties, property or equipment, cheques, cash or bank transfers. Offences covered by the Proceeds of Crime Act 2002 and the Money Laundering Regulations 2007 may be considered and investigated in accordance with this Policy and the Anti-Crime and Corruption Response Plan.

The Trust could become indirectly involved in this act where the proceeds of any crime, e.g. fraud, are converted by making a payment to Trust and then seeking immediate repayment.

4.7 Employees:

For the purposes of this policy, ‘employees’ includes NHSCFA and Trust staff, as well as board, executive and non-executive members (including co-opted members) and honorary members.

5.1 Responsibilities

Through our day-to-day work Trust staff are in the best position to recognise any risks – however large or small – are identified and eliminated. Where there is a belief or suspicion that the opportunity for fraud exists, whether because of poor procedures or oversight, this should be reported to the LCFS on 07919 595930 or fraud@tiaa.co.uk, or via the NHS Fraud and Corruption Reporting Line, 0800 028 40 60 or www.reportnhs.fraud.nhs.uk.

This section states the roles and responsibilities of employees and other relevant

parties in reporting fraud or other irregularities.

The Trust will take all necessary steps to counter fraud, bribery and corruption in accordance with this policy, the NHS Anti-Fraud Manual, and the policy statement 'Applying Appropriate Sanctions Consistently' published by NHSCFA and any other relevant guidance or advice issued by the NHSCFA.

5.2 Board

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

It should be noted that the Board is able to delegate counter fraud, bribery and corruption work as detailed above to the Audit Committee.

5.3 Chief Executive Officer:

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

5.4 Chief Financial Officer:

The Chief Financial Officer (CFO) has powers to approve financial transactions initiated by Healthcare Groups and Corporate directorates across the organisation.

Prepares documents, maintains detailed financial procedures and systems and they apply the principles of separation of duties and internal checks to supplement those procedures and systems.

Will report annually to the Board on the adequacy of internal financial controls and risk management as part of the Board's overall responsibility to prepare a statement of internal control for inclusion in the Trust's annual report.

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.

5.5 Internal and External Audit:

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

5.6 Human Resources (HR):

Will liaise closely with managers and the LCFS from the outset, if an employee is suspected of being involved in fraud, bribery or corruption, in accordance with agreed liaison protocols. HR staff are responsible for ensuring the appropriate use of the Trust's disciplinary procedure. HR will advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures, as requested. Close liaison between the LCFS and HR will be essential to ensure that any parallel sanctions (i.e. criminal, civil and disciplinary sanctions) are applied effectively and in a co-ordinated manner.

previous record of potential employees, as well as the veracity of required qualifications and memberships of professional bodies, in terms of their propriety and integrity. In this regard, temporary and fixed-term contract employees are treated in the same manner as permanent employees.

5.7 Local Counter Fraud Specialist (LCFS):

Will ensure that all cases of actual or suspected fraud, bribery and corruption are notified to the Chief Financial Officer and reported accordingly.

The LCFS will regularly report to the Chief Financial Officer on the progress of the investigation and when or if referral to the police is required.

The LCFS will:

- ensure that the CFO is informed about all referrals and cases;
- be responsible for the day-to-day implementation of counter fraud, bribery and corruption activity, in particular, the investigation of all suspicions of fraud
- investigate all cases of fraud;
- report any case and the outcome of the investigation through the NHSCFA national case management system, FIRST;
- ensure that other relevant parties are informed where necessary, eg Human Resources (HR) will be informed if an employee is the subject of a referral;
- conduct risk assessments in relation to their work to prevent fraud, bribery and corruption;
- ensure that any system weaknesses identified as part of an investigation are followed up with management and reported to internal audit;
- to adhere to NHSCFA standards to ensure that the organisation has appropriate anti-fraud, bribery and corruption arrangements in place and the LCFS will look to achieve the highest standards possible, as per Counter Fraud Professional Accreditation Board (CFPAB)'s Principles of Professional Conduct.

5.8 Managers:

Must be vigilant and ensure that procedures to guard against fraud and corruption are followed. They should be alert to the possibility that unusual events or transactions could be symptoms of fraud and corruption. If they have any doubts, they must seek advice from the nominated LCFS.

Managers must instil and encourage an anti-fraud, bribery and corruption culture within their team and ensure that information on procedures is made available to all employees. The LCFS will proactively assist the encouragement of an anti-fraud culture by undertaking work that will raise fraud awareness.

All instances of actual or suspected fraud, bribery or corruption which come to the attention of a manager must be reported immediately. It is appreciated that some employees will initially raise concerns with their manager. However, in such cases, managers must not attempt to investigate the allegation themselves; they have the clear responsibility to refer the concerns to the LCFS as soon as possible.

Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively. The responsibility for the prevention and detection of fraud, bribery and corruption therefore primarily rests with managers but requires the co-operation of all employees.

As part of that responsibility, line managers need to:

- inform staff of the Trust's code of business conduct and Anti-Fraud, Bribery and

Corruption Policy as part of their induction process, paying particular attention to the need for accurate completion of personal records and forms;

- ensure that all employees for whom they are accountable are made aware of the requirements of the policy;
- be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures;
- report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the LCFS immediately;
- recognise that it is important that managers do not investigate any suspected financial crimes themselves;
- conduct risk assessments and to mitigate identified risks, within the operations for which they are responsible;
- ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts), separation of duties wherever possible so that control of a key function is not invested in one individual, and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively;
- ensure that any use of computers by employees is linked to the performance of their duties within the Trust;
- be aware of the Trust's Anti-Fraud, Bribery and Corruption Policy and the rules and guidance covering the control of specific items of expenditure and receipts;
- identify financially sensitive posts;
- contribute to their director's assessment of the risks and controls within their business area, which feeds into the Trust's and the Department of Health Accounting Officer's overall statements of accountability and internal control.

5.9 All employees:

The Trust's Standing Orders, Standing Financial Instructions, policies and procedures place an obligation on all employees and non-executive directors to act in accordance with best practice.

Employees are expected to act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure that they are familiar with them.

Employees also have a duty to protect the assets of the Trust, including information, goodwill and property.

In addition, 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. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees must always:

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

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

suspicious acts or events, they must report the matter to the nominated LCFS.

5.10 Information Management and Technology:

The head of IT (or equivalent) will contact the LCFS immediately in all cases where there is suspicion that IT is being used for fraudulent purposes (Computer Misuse Act 1990).

6.1 The Response Plan

6.2 Bribery and corruption

The Trust has conducted risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect the organisation. As a result, proportionate procedures have been put in place to mitigate identified risks.

The Trust's procedures in relation to declarations of interest and the Hospitality, Gifts and Sponsorship Register may be found on the Trust's website.

6.3 Reporting fraud, bribery or corruption

This section outlines the action to be taken if fraud, bribery or corruption is discovered or suspected.

6.3.1 If an employee has any of the concerns mentioned in this document, they must inform the nominated LCFS or the Trust's CFO immediately, unless the CFO or LCFS is implicated. If that is the case, they should report it to the Chair or Chief Executive, who will decide on the action to be taken. Full contact details of the reporting lines are available via the Trust's intranet.

6.3.2 An employee can contact any executive or non-executive director of the Trust to discuss their concerns if they feel unable, for any reason, to report the matter to the LCFS or CFO.

6.3.3 Suspected fraud, bribery and corruption can also be reported to the NHSCFA 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.

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

6.3.5 The LCFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised. If the allegations are found to be malicious, they will also be considered for further investigation to establish their source.

6.3.6 Staff should always be encouraged to report reasonably held suspicions directly to the LCFS. You can do this by contacting the LCFS by telephone or email using the contact details supplied in **Appendix 5**.

6.3.7 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 Public Interest Disclosure Act 1998, the Trust has produced a Freedom to Speak Up – Raising Concerns in the Workplace (Whistleblowing) Policy. This procedure is intended to complement the Trust's Anti-Fraud, Bribery and Corruption Policy and code of business conduct and ensures there is full provision for staff to raise any concerns with others if they do not feel able to raise them with their line manager/management chain.

6.4 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 Trust.

- 6.4.1** The Trust will ensure that all appropriate sanctions are considered following an investigation, which may include any or all of the following:

- Civil – Civil sanctions can be taken against those who commit fraud, bribery and corruption to recover money and or assets which have been fraudulently obtained, including interest and costs;
- Criminal – The LCFS will work in partnership with the NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment;
- Disciplinary - Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act. The disciplinary procedures of the Trust must be followed if an employee is suspected of being involved in a fraudulent or otherwise illegal act. It should be noted, however, that the duty to follow disciplinary procedures will not override the need for legal action to be taken (e.g. consideration of criminal action). In the event of doubt, legal statute will prevail;
- Professional body disciplinary – Staff may be reported to their professional body as a result of a successful investigation or prosecution.

The Trust will seek financial redress whenever possible to recover losses to fraud, bribery and corruption. This may take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the organisation and the offender to repay monies lost.

6.5 Police involvement

In accordance with the NHS Anti-Fraud Manual, the Chief Financial Officer, in conjunction with the LCFS, will decide whether or not a case should be referred to the police. Any referral to the police will not prohibit action being taken under the local disciplinary procedures of the Trust.

7.0 Risk Assessments

Risks identified with the implementation of this policy have been assessed and mitigated as far as possible, in line with the Trusts risk appetite. Should any further risks be identified following implementation, these will be assessed and consideration will be given to an urgent review/revision of the policy.

8.1 Training Needs

8.2 Raising awareness of fraud, bribery and corruption among staff is a key part of creating a strong anti-fraud, bribery and corruption culture where fraudulent and corrupt activity is not tolerated and all staff and contractors are aware of their responsibility to protect NHS funds, as well as the correct reporting procedures. A strong anti-fraud, bribery and corruption culture provides the organisation with assurance that fraud is recognised and reported.

8.3 The Trust has an ongoing programme of work to raise awareness of fraud, bribery and corruption and create an anti-fraud, bribery and corruption culture among all staff, across all sites, using all available media. This may include (but is not limited to) presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff and emails

9.1 Monitoring Compliance and Effectiveness

Service Conditions Section 24 of the Standard NHS Contract relates to expectations surrounding anti-crime arrangements within a provider organisation. Under the NHS standard contract, all organisations providing NHS services are required to put in place appropriate counter fraud and security management arrangements.

The NHS Standards for Providers establish a framework for organisations to review their arrangements against the best practice guidance from NHSCFA. The Standards cover the full spectrum of counter fraud work undertaken at the Trust, including proactive prevention and deterrence work like, fraud awareness training, publicity, policy development and review etc. Additionally it provides guidance and best practice recommendations regarding detection and investigation management processes.

On an annual basis, organisations are expected to carry out a self-review tool (SRT) regarding the standards, and to submit the results to the NHSCFA.

The SRT produces a summary of the work conducted over a financial year. It is divided into the following four areas as set out by the NHSCFA:

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

The LCFS submits the SRT to NHSCFA, after signed agreement and approval by the Chief Financial Officer.

The LCFS will produce an annual report, providing a summary of the work conducted within the four areas, set out by NHSCFA. To comply with the Standards, the annual report must also include a copy of the SRT statement, signed by the Chief Finance Officer. The annual report is reported to the Audit Committee for approval.

These monitoring requirements are summarised in the table below:

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring Frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
<ul style="list-style-type: none"> • Appropriate counter fraud and security management arrangements are in place 	Self-Review Tool (SRT)	Local Counter Fraud Specialist/ Chief Financial Officer	Annual	NHS Counter Fraud Authority	Local Counter Fraud Specialist/ Chief Financial Officer
<ul style="list-style-type: none"> • Work conducted in the year in the areas of: <ul style="list-style-type: none"> • Strategic Governance. • Inform and Involve. • Prevent and Deter. • Hold to Account. 	Annual Report	Local Counter Fraud Specialist	Annual	Audit Committee	Local Counter Fraud Specialist/ Chief Financial Officer
<i>If there is mandatory training associated with this document state the mandatory training here</i>	No mandatory training requirement				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

10.0 Approval and Ratification process

The policy has been approved by the appropriate body and ratified by the Trust Policy Group on behalf of the Board.

11.0 Dissemination and implementation

Dissemination of this policy will be via the Trust Policy Group and made available to staff via the intranet.

It is highly important that all staff understand and are aware of the policy.

12.0 Review arrangements

This policy will be reviewed in two years following ratification by the author or sooner if there is a local or national requirement. The LCFS will assist the Trust in any review before ratification.

13.1 Associated documents

- NHS Anti-Fraud Manual, NHS Counter Fraud Authority
- Applying Appropriate Sanctions Consistently, NHS Counter Fraud Authority
- NHS Standards for Providers
- The Fraud Act 2006
- The Bribery Act 2010
- Public Interest Disclosure Act 1998
- Whistleblowing Policy, March 2014
- Criminal Procedure and Investigations Act 1996 (the CPIA Code) (revised March 2015).
- The Computer Misuse Act 1990
- Criminal Justice Act 2003
- Proceeds of Crime Act (POCA) 2002
- Police and Criminal Evidence (PACE) Act 1984
- Data Protection Act 2018
- General Data Protection Regulations (GDPR)

This policy should be read in conjunction with the following Trust-wide documents:

Corporate documents

- Standing Orders and Standing Financial Instructions
- Standards of Business Conduct
- Register of Interests

Workforce documents

- Dignity at Work Policy
- Equality and Inclusion Policy
- Capability Policy and Procedure
- Freedom to speak up – Raising concerns in the workplace (Whistleblowing) Policy
- Induction Policy and Procedure
- Statutory and Mandatory Training Policy and Procedure
- Conflicts of Interest Policy
- Gifts and Hospitality Policy
- Disciplinary Policy

APPENDIX 1 – VERSION CONTROL SUMMARY

Document Title: The Local Anti-Fraud, Bribery and Corruption Policy

Version Number	Purpose / Changes	Author	Date Changed
1.0	New Policy	Simon Covill – Deputy CFO Gareth Robins – Local Counter Fraud Specialist David Bacon – Interim Head of Financial Services	October 2017
2.0	<p>The policy has been updated for</p> <ul style="list-style-type: none"> • Contact details, titles and relevant guidance (eg GDPR) • Clarifications that responsibility lies across all staff (1.6) and for the Board (5.2) • Enhanced definitions on “bribery” (4.5.1) and inclusion of section on Money Laundering (4.6) 	Simon Covill – Deputy CFO Hannah Wenlock – Local Counter Fraud Specialist Colin Forsyth, Head of Financial Services	March 2020

APPENDIX 2 - CHECKLIST FOR PROCEDURAL DOCUMENTS

To be completed by the author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval / ratification.

Document Title and Version No.		The Local Anti-Fraud, Bribery and Corruption Policy Version 2.0	
		Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	

	Are local/organisational supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	N/A	New Policy
9.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	

Completed by			
Name	Colin Forsyth	Date	6 th March 2020
Job Title	Head of Financial Services		

Acknowledgement:

APPENDIX 3 – EQUALITY IMPACT ASSESSMENT

The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy.

Name of Document:	Local Anti-Fraud, Bribery and Corruption Policy		
Completed by:	Colin Forsyth		
Job Title:	Head of Financial Services	Date:	6 March 2020
			Yes/No
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race		No
	• Ethnic origins (including gypsies and travellers)		No
	• Nationality		No
	• Gender (including gender reassignment)		No
	• Culture		No
	• Religion or belief		No
	• Sexual orientation		No
	• Age		No
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems		No
2.	Is there any evidence that some groups are affected differently?		No
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		N/A
4.	Is the impact of the document/guidance likely to be negative?		No
5.	If so, can the impact be avoided?		N/A
6.	What alternative is there to achieving the document/guidance without the impact?		N/A
7.	Can we reduce the impact by taking different action?		N/A
<p>If you have identified a potential discriminatory impact of this procedural document or the answer to any of the above is Yes, please refer it to the Head of Patient Experience, Tel 01279 444455 – Extn 2358 complaints@pah.nhs.uk, together with any suggestions as to the action required to avoid/reduce this impact. In this case, ratification of a procedural document will not take place until approved by the Head of Patient Experience.</p>			
Date of approval by Head of Patient Experience:		<i>Evidence of approval must be available if requested</i>	

APPENDIX 4 - PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessments (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Information Governance Manager must be involved.

Name of Document:	The Local Anti-Fraud, Bribery and Corruption Policy		
Completed by:			
Job title		Date	

	Yes or No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.	No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No
5. Does the process involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No
6. Will the process result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	Yes
7. Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No
8. Will the process require you to contact individuals in ways which they may find intrusive?	Yes

If the answer to any of these questions is 'Yes' please contact the Information Governance Manager, Tel: 01279 444455 - Ext.: 1032 / Mobile: 07908 632215 tracy.goodacre@nhs.net. In this case, ratification of a procedural document will not take place until approved by the Information Governance Manager.

IG Manager approval	
Name:	
Date of approval	

Appendix 5 – Anti-fraud, bribery and corruption: dos and don'ts

A desktop guide for Trust 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 to give promise to offer a bribe, and to request, agree to receive or accept a bribe. **CORRUPTION** is the deliberate use of bribery or payment of benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another.

DO NOT

- **confront the suspect, or try to investigate**

Never attempt to question a suspect, or attempt to gather evidence yourself; this could alert a fraudster or accuse an innocent person.

- **report the matter to anyone else. e.g. Line manager**

Only report suspicions to either the LCFS, Fraud Hotline 0800 028 40 60, www.reportnhsfraud.nhs.uk, **whistleblowing procedures** or Chief Financial Officer.

- **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!

DO

- **note your concerns**

Record details such as your concerns, names,

- **retain evidence**

Retain any evidence that may be destroyed, or make a note and advise your LCFS.

- **report your suspicion**

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

- directly to the Trust's **Local Counter Fraud Specialist** or,
- via the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or via www.reportnhsfraud.nhs.uk or,
- contacting the **Chief Finance Officer**.

Contact your LCFS:

Hannah Wenlock 07919 595930

hannah.wenlock@tiaa.co.uk

Report fraud anonymously:

FCRL: 0800 028 40 60

www.reportnhsfraud.nhs.uk

Protecting Your NHS