



**South East London**  
Clinical Commissioning Group

**NHS South East London Clinical Commissioning Group**

**Anti-Fraud, Bribery & Corruption Policy**

**V1.0**

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled.

Date approved:

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

<b>Approved by</b>	
<b>Date approved</b>	
<b>Name and title of originator/author</b>	Melanie Alflatt
<b>Name and title of sponsor</b>	Usman Niazi, Chief finance officer
<b>Name of responsible committee/individual</b>	Audit Committee
<b>Review date</b>	January 2022
<b>Policy description</b>	NHS South East London Clinical Commissioning Group is committed to reducing the level of fraud, corruption and bribery within the NHS to an absolute minimum. This document sets out NHS South East London Clinical Commissioning Group's policy for dealing with suspected or detected fraud, bribery and corruption,
<b>Target audience</b>	NHS South East London CCG employees, all those working on behalf of the CCG
<b>Stakeholders engaged in development or review</b>	Local Counter Fraud Specialist, Chief Finance Officer, Audit Committee.

#### Version Control

<b>Version number</b>	
<b>Supersedes</b>	

#### Implementation

<b>Implementation plan in place?</b>	Yes
<b>Method and date of dissemination</b>	Intranet, Staff newsletter, IGP minutes SMT email

#### Monitoring

<b>Monitoring method</b>	
<b>Frequency</b>	
<b>Responsibility</b>	
<b>Reporting</b>	

#### Document Review Control Information

<b>Version</b>	<b>Date</b>	<b>Reviewer Name(s) and Job title</b>	<b>Change/amendment</b>

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

## Contents

1. Introduction .....	5
2. Bribery Act 2010 .....	8
3. Gifts and Hospitality, and sponsorship.....	8
4. Roles and responsibilities.....	9
5. Response Plan .....	13
6. Monitoring Compliance and Effectiveness.....	16
7. Monitoring and reporting .....	16
8. Equality and diversity statement.....	17
9. Links to other Policies/Documents and Guidance .....	17
Appendix 1.....	18
Appendix 2.....	21
Appendix 3.....	22

## Policy Statement for

### Anti-Fraud Bribery and Corruption Policy

One of the basic principles of public sector organisations is the proper use of public funds. It is therefore imperative that those who work in the public sector are aware of the risk of, and means of enforcing the rules against fraud and other illegal acts involving dishonesty. For the sake of simplicity, all such offences are hereafter referred to as “fraud”, except where the context indicates otherwise. This document sets out the approach to countering fraud, bribery and corruption in the NHS, the CCG’s role in this and the background to NHS Counter Fraud Authority (**see Sections 3.2 and 3.3**).

NHS South East London Clinical Commissioning Group is committed to maintaining high standards of honesty, openness and integrity within the organisation. This extends to all its Health and Social Care providers ensuring that they have reciprocal counter fraud and bribery arrangements in place. This will include the rigorous investigation of any suspicions of fraud or corruption that may arise.

This document, which has been approved by the CCG’s Governing Body, is intended to promote an anti-fraud, bribery and corruption culture and to provide support, direction and guidance to CCG staff who find themselves faced with incidents of suspected fraud, bribery or corruption.

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

## **1. Introduction**

This policy applies to all NHS South East London Clinical Commissioning Group's (the CCG) members, employees, members of the Governing Body, members of the Governing Body's committees and sub-committees, members of the CCG's committee and sub-committees (if any) and persons working on behalf of the CCG (including interim staff), as set out in the CCG's constitution.

This document sets out the CCG's policy and advice to employees and officers in dealing with suspected fraud, bribery, corruption and other illegal acts involving dishonesty. It also sets out the arrangements made by the CCG for such concerns to be raised by employees or members of the public; and sets out the CCG's policy for dealing with detected or suspected fraud, bribery and corruption.

This document will be available on the CCG's intranet, and will be issued to all new employees of the CCG. As part of the mandatory training all CCG staff receive Anti-Fraud, Bribery and Corruption training on an annual basis.

### **1.1 Background**

This document sets out the CCG's policy for dealing with suspected or detected fraud, bribery and corruption, in accordance with the Health & Social Care Act and the NHS Counter Fraud Authority (CFA) Standards for Commissioners.

NHS Standards for Commissioners require that NHS resources are protected from fraud, bribery and corruption. Failing to protect these resources impacts on the commissioner's ability to commission services and treatment as NHS funds are wrongfully diverted from patient care.

Arrangements to counter fraud and corruption were initiated in September 1998 and have been embodied in Secretary of State's Directions. These Directions clearly specify the roles and responsibilities of each and every Health body in countering fraud and corruption and have been amended in the Health and Social Care Act 2012.

The Bribery Act 2010 introduces a new, clearer regime for tackling bribery that applies to all businesses based, or operating, in the UK. It provides clear guidance on the criminal offences under the legislation such as; the offering and receiving of a bribe, either directly or indirectly, bribing of a public official and introduces the corporate offence of failing to prevent bribery from taking place. This is where an organisation can be prosecuted for failing to prevent acts of bribery from taking place. The penalties for non-compliance are serious.

Bribery is a criminal offence for both an individual and a commercial organisation; this can be punished with imprisonment of up to 10 years and unlimited fines. If an employee was accused of bribery, the CCG's reputation might be damaged considerably and subsequent enforcement action would be time consuming and hinder the CCG from focusing on its core business and service delivery.

### **1.2 Purpose, Aims and objectives**

NHS South East London Clinical Commissioning Group is taking all necessary steps to counter fraud, bribery and corruption. To meet its objectives, it has adopted the three key principles which are set out in the NHS CFA strategy:

- 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 crime – to remove the opportunities for crime within the NHS to occur or to re-occur
- Hold to account – those who commit crime will be detected, investigated, prosecuted and where appropriate redress sought where possible

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

In order to achieve these aims, the CCG will ensure that the following objectives of the Anti-Fraud, Bribery and Corruption Policy are achieved:

- The creation of an **anti-fraud and anti-bribery culture**;
- maximum **deterrence** of fraud using effective **prevention** methods;
- prompt **detection** of fraud that has not been prevented;
- professional **investigation** of detected fraud;
- effective **sanctions**, including appropriate legal action against people committing fraud;
- effective methods of seeking **redress** in respect of money defrauded;
- **Risk Assess** areas vulnerable to fraud, bribery and corruption;
- Ensure **Due Diligence** in all business transactions;
- **Cover all areas of risk with clear, practical and accessible policies and procedures** that are applicable to the CCG's employees and its business partners and Governing Body members;
- **Embed** anti-fraud, bribery and corruption arrangements into internal controls; and
- **Monitor and Review** progress of these arrangements to obtain assurance that adequate measures are in place.

### 1.3 Scope of the policy

This document applies to all CCG Staff and officers and includes:

- Medical and non-medical workforce
- Staff on interim contracts
- GB members
- Contractors working on behalf of the organisation; and
- GP members working on behalf of the Group in any capacity.

### 1.4 Definitions and Acronyms

Term	Explanation
The CCG	NHS South East London Clinical Commissioning Group
Fraud	The intentional distortion of financial statements or other records to conceal the misappropriation of assets or otherwise for gain.
Corruption	The practice by which a person who can take a decision or action on behalf of others by virtue of their authority or position is influenced by paying or offering monetary benefits for influencing them to take an action or decision which they would not have done otherwise.
Bribery	The offering, giving, soliciting or acceptance of an inducement or reward, which may influence a person to act against the interests of the organisation.

### 1.5 Professional Standards and Accountability

The Standards for Members of NHS Boards and Clinical Commissioning Group Governing Bodies in England published by the Professional Standards Authority in November 2012 sets out the following public service values. It is important that high standards of corporate and personal conduct, (based on the recognition that patients must come first), have been a requirement throughout the NHS since its inception.

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

**Accountability:** everything done by those who work within the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety and professional codes of conduct.

**Openness:** The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

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

In addition all those who work for or are in contract with the CCG exercise the following when undertaking their duties:

**Selflessness**..... should take decisions in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or friends;

**Integrity** .....should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of official duties;

**Objectivity** .....should, in carrying out public business (including making public appointments, awarding contracts, or recommending individuals for rewards and benefits) make choices on merit;

**Accountability** .....are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;

**Openness** .....should be as open as possible about all decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest demands;

**Honesty**.....have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest;

**Leadership**.....should promote and support these principals by leadership and example.

All those who work within the CCG should be aware of, and act in accordance with these values.

## 1.6 NHS South East London Clinical Commissioning Group

1.6.1 The CCG is committed to maintaining an open, honest and well-intentioned atmosphere within the organisation, so as to best fulfil the objectives of the organisation and of the NHS. It is therefore also committed to the elimination of fraud and prevention of bribery within the CCG, to the rigorous investigation of any such allegations and to taking appropriate action against wrong doers; including possible criminal prosecution as well as undertaking steps to recover any assets lost as a result of fraud and bribery.

1.6.2 All employees have a personal responsibility to protect the assets of the CCG; including all buildings, equipment and monies from fraud, theft, or bribery and corruption.

1.6.3 The CCG wishes to encourage anyone having reasonable suspicions of fraud and/or bribery to report them. The CCG's policy, which will be rigorously enforced, is that no individual will suffer any detrimental treatment as a result of reporting reasonably held suspicions. The Public Interest Disclosure Act 1998 came into force in July 1999 and gives statutory protection, within defined parameters, to staff that make disclosures about a range of subjects, including fraud and corruption; which they believe to be happening within the organisation employing them. Within this context, "reasonably held suspicion" means any suspicions, other than those which are raised maliciously and are subsequently found to be groundless.

1.6.4 Any malicious allegations will be subject to a full investigation and where appropriate, disciplinary action.

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

1.6.5 NHS South East London CCG expects anyone having reasonable suspicions of fraud to report them. It recognises that, whilst cases of theft are usually obvious; there may initially only be a suspicion regarding potential fraud and, thus, employees should report the matter to their LCFS who will then ensure that procedures are followed.

1.6.6 Employees should also make themselves familiar with the Whistleblowing Policy, which provides guidance for staff wanting to raise concerns about workplace issues, including potential unlawful conduct, financial malpractice or dangers to patients, the public or environment.

## 2. Bribery Act 2010

2.1 All employees have a personal responsibility to protect the CCG from bribery and corruption.

2.2 Bribing anybody is absolutely prohibited. Employees of the CCG will not pay a bribe to anyone. This means that you will not offer, promise, reward in any way or give a financial or other advantage to any person in order to induce that person to perform his/her function or activities improperly.

2.3 All employees should be aware that bribery will normally, dependent on the circumstances of the case, be regarded as gross misconduct thus warranting summary dismissal without previous warnings. However, no such action will be taken before a proper investigation and a disciplinary hearing have taken place. Such actions may be in addition to the possibility of criminal prosecution.

2.4 Employees, Members, GB members, contractors or any other person/body working on behalf of the CCG will not request or receive a bribe from anyone, nor imply that such an act might be considered. This means that you will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contactor or supplier or any other person as an incentive or reward to perform improperly your function or activities.

2.5 The organisation and all employees, independent of their grade and position, shall at all times comply with the Bribery Act 2010 and with this policy.

2.6 Refer to NHS CFA guidance document on pre-contract procurement fraud and corruption (see section 9 below)

## 3. Gifts and Hospitality, and sponsorship

3.1 The CCG's Policy is that courtesy gifts and hospitality must not be given or received in return for services provided or to obtain or retain business, but shall be handled openly and unconditionally as a gesture of esteem and goodwill only. **Please refer to the SEL CCG Standards of Business Conduct policy, which also includes conflicts of interest and gifts and hospitality, for guidance.**

3.2 Refer to NHS CFA guidance document on pre-contract procurement fraud and corruption (see section 9 below)

3.3 **Sponsoring** - Sponsoring means any contribution in money or in kind by the CCG towards an event organised by a third party in return for the opportunity to raise the CCG's profile. Please refer to the standards of business conduct policy, which includes gifts and hospitality, for guidance.

#### **4. Roles and responsibilities**

4.1 Through our day to day work, we are in the best position to recognise any specific risks within our own areas of responsibility. We also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where you believe the opportunity for fraud exists, whether because of poor procedures or oversight, you should report it to the LCFS or the NHS Fraud and Corruption Reporting Line.

#### **4.2 The CCG**

4.2.1 The CCG has a duty to ensure that it provides a secure environment in which to work, and one where people are confident to raise concerns without worrying that it will reflect badly on them. This extends to ensuring that staff feel protected when carrying out their official duties and are not placed in a vulnerable position. If staff have concerns about any procedures or processes that they are asked to be involved in, the organisation has a duty to ensure that those concerns are listened to and addressed.

4.2.2 The CCG's Accountable Officer is liable to be called to account for specific failures in the organisation's system of internal controls. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement of all employees within the CCG. It therefore has a duty to ensure employees who are involved in or who are managing internal control systems receive adequate training and support in order to carry out their responsibilities. Therefore, the Chief Finance Officer and Accountable Officer will monitor and ensure compliance with this policy.

#### **4.3 Employees**

4.3.1 For the purpose of this policy, "Employees" includes all staff and officers employed by, and persons working on behalf of the CCG.

4.3.2 The CCG's Standing Financial Instructions, Standing Orders, Schedule of Matters Delegated to Officers and policies and procedures place an obligation on all employees to act in accordance with best practice. In addition, all employees must act in accordance with the SEL CCG Standards of Business Conduct policy and declare and register any interests which might potentially conflict with those of the CCG, or the wider NHS and follow guidance on the receipt of gifts or hospitality.

4.3.3 Employees are expected to act in accordance with the standards laid down by their Professional Institute(s), where applicable, and have a personal responsibility to ensure that they are familiar with them.

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

4.3.5 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 should always:

- act with honesty, integrity and in an ethical manner;
- behave in a way that would not give cause others to doubt that the CCG's employees deal fairly and impartially with official matters; and
- be alert to the possibility that others might be attempting to deceive.

4.3.6 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.

#### **4.4 Managers**

Anti-Fraud, Bribery & Corruption Policy

v. 1

Date approved:

Review date: January 2022

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

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

4.4.2 Managers must instil and encourage an anti-fraud and bribery 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 and bribery culture by undertaking work that will raise fraud awareness.

4.4.3 Managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their area 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.w

As part of that responsibility, line managers need to:

- Inform staff of the CCG's code of business conduct, gifts and hospitality, declaration of interest and anti-fraud, bribery and corruption policies 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;
- assess the types of risk involved in 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, 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;
- be aware of the CCG'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;
- ensure that controls are being complied with;
- contribute to their department's assessment of the risks and controls within their business area, which feeds into the CCG's and the Department of Health Accounting Officer's overall statements of accountability and internal control; and
- report any identified system weaknesses which could allow for fraud to occur, to the LCFS.

## **4.5 Interim Staff**

4.5.1 The recruitment of interim and fixed-term contract employees should be conducted in the same manner as permanent employees.

4.5.2 It is the supplying agency's responsibility to provide managers with assurance that all the relevant propriety checks have been carried out prior to the individuals' placement at the CCG.

4.5.3 Where an interim is employed through their own company, the assurances outlined in the NHS Employers Guidance must be obtained directly with the individual through supporting documentation.

4.5.4 All instances of actual or suspected fraud or bribery, 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, and they have the clear responsibility to refer the concerns to the nominated LCFS as soon as possible.

## **4.6 NHS Counter Fraud Authority**

4.6.1 The NHS Counter Fraud Authority (NHSCFA) is a special health authority.

As a special health authority focused entirely on counter fraud work, the NHS

CFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care (DHSC).

Their mission is to lead the fight against fraud affecting the NHS and wider health service, and protect vital resources intended for patient care.

Their purpose is to lead the NHS in protecting its resources by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive improvements.

4.6.2 More details regarding NHS CFA can be found at [www.cfa.nhs.uk](http://www.cfa.nhs.uk)

## **4.7 Local Counter Fraud Specialist (LCFS)**

4.7.1 As an NHS Organisation, the CCG is required to appoint a nominated LCFS. The LCFS's role is to ensure that all cases of actual or suspected fraud, corruption and bribery are notified to the Chief finance officer and reported accordingly.

4.7.2 Investigation of the majority of cases of alleged fraud within the CCG will be the responsibility of the nominated LCFS. NHS CFA will only investigate cases which should not be dealt with by the CCG. Following receipt of all referrals, NHS CFA will add any known information or intelligence and, based on the following case acceptance criteria (not exhaustive), determine if a case should be investigated by NHS CFA or returned for local investigation:

Cases which:

- have a strategic or national significance or are deemed to be of suitable national public interest;
- from intelligence or information have been identified as being part of a suspected criminal trend or an area which is suspected of being targeted by organised crime and which requires a centrally coordinated investigation;
- form part of a series of linked cases already being investigated or about to be by NHS CFA;
- are known or likely to have a high degree of complexity either in the nature of the fraud or the investigation required;
- will require a significant investigation which could include the involvement of other agencies such as OFT, FSA, or Serious Fraud Office (not day to day involvement of agencies on lower level cases);
- have any factors which would determine that the case should be investigated outside of the NHS body, for example very senior management involvement, the need to use directed surveillance, obtain communications data or use powers provided to NHS CFA in the NHS Act 2006; and
- extend beyond the geographical, financial or legal remit of the NHS body affected by the fraud; may be retained by NHS CFA.

4.7.3 The LCFS will:

- Ensure that the Chief finance officer is kept apprised of all referrals and cases;
- Investigate all cases of fraud
- Be responsible for the day-to-day implementation of the NHS CFA Anti Crime Strategy;

Anti-Fraud, Bribery & Corruption Policy

v. 1

Date approved:

Review date: January 2022

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

- In consultation with the Chief finance officer and NHS CFA, will report any case to the Police as agreed;
- Report any case and the outcome of the investigation to NHS CFA and Chief finance officer, and provide required reports to NHS CFA;
- Ensure that other relevant parties are informed where necessary e.g. Human Resources will be informed where an employee is a suspect;
- Ensure that the CCG incident and losses reporting systems are followed;
- Ensure that any system weaknesses identified as part of the investigation are followed up with management or Internal Audit;
- Responsible for, in discussion with and on behalf of the Chief finance officer, informing third parties such as external audit or the police at the earliest opportunity, as circumstances dictate; and
- Adhere to the Counter Fraud Professional Accreditation Board (CFPAB)'s Principles of Professional Conduct as set out in the NHS Counter Fraud and Corruption Manual;

4.7.4 The LCFS, in consultation with the Chief finance officer, will review the strategic objectives within the assurance framework to determine any potential fraud risks. Where risks are identified, these will be included on the CCG's Risk Register and Assurance Framework so that the risk can be proactively reviewed and addressed.

#### **4.8 Chief finance officer**

4.8.1 The Chief finance officer, in conjunction with the Accountable Officer, monitors and ensures compliance with Secretary of State Directions regarding fraud and bribery. The Chief finance officer will, depending on the outcome of investigations (whether on an interim, ongoing or concluding basis) and / or the potential significance of suspicions that have been raised, inform appropriate senior management including Governing Body lay members accordingly.

4.8.2 The Chief finance officer will inform and consult the Accountable Officer in cases where the loss may be above the agreed limit or where the incident may lead to adverse publicity.

4.8.3 If an investigation is deemed appropriate, the Chief finance officer will delegate to the appropriate LCFS, who will have responsibility for leading the investigation, whilst retaining overall responsibility themselves.

4.8.4 The Chief finance officer or the LCFS will consult and take advice from Human Resources (HR) if a member of staff is to be interviewed or disciplined. The Chief finance officer or LCFS will not conduct a disciplinary investigation, but the employee may be the subject of a separate investigation by HR.

4.8.5 The Chief finance officer is responsible for informing the Audit Committee of all categories of loss.

#### **4.9 Internal and External Audit**

Any incident or suspicion that comes to internal or external audit's attention will be passed immediately to the nominated LCFS. The outcome of the investigation may necessitate further work by internal or external audit to review systems.

#### **4.10 Human Resources**

4.10.1 Human Resources will liaise closely with the CCG and the LCFS from the outset, where an employee is suspected of being involved in fraud in accordance with agreed liaison protocols. HR is responsible for ensuring the appropriate use of the organisation's Disciplinary policy. The HR department shall advise those involved in the investigation in matters of employment law and in 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

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

parallel sanctions (i.e. criminal, civil and disciplinary) are applied effectively and in a coordinated manner.

4.10.2 HR will take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees, as well as the veracity of required qualifications and memberships of professional bodies, in terms of their propriety and integrity.

#### **4.11 Information Management and Technology**

The Director of ICT will contact the LCFS immediately in all cases where there is suspicion that IT is being used for fraudulent purposes. This includes inappropriate internet/intranet, e-mail, telephone and PDA use. HR will also be informed if there is a suspicion that an employee is involved.

#### **4.12 Governance & Risk**

The corporate Operations team will review risks, incidents and complaints information and alert the LCFS to any concerns they identify. The LCFS will advise Chief Operating Officer of any risks or incidents that they identify. Due to the confidential nature of LCFS work this will usually be at the end of an investigation or when allegations have been substantiated.

### **5. Response Plan**

#### **5.1 Reporting Fraud or Bribery**

5.1.1 This section outlines the action to be taken if fraud or bribery is discovered or suspected. If any of the concerns mentioned in this document come to the attention of an employee, they **must inform their nominated LCFS or the CCG's Chief finance officer immediately**; unless the Chief finance officer or LCFS are implicated. In this case, they should report it to the CCG's Chair or Accountable Officer, who will decide on the action to be taken.

5.1.2 Employees can also contact the NHS Fraud & Corruption Reporting Line (FCRL) on freephone 0800 028 4060 or at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk). This provides an easily accessible route for the reporting of genuine suspicions of fraud, bribery and corruption within or affecting the NHS. It allows NHS staff who are unsure of internal reporting procedures, to report their concerns in the strictest confidence. All calls are dealt with by experienced, trained staff and any callers can remain anonymous should they wish to do so.

5.1.3 Appendix 1 provides a reminder of the key contacts and a checklist of the actions to follow if fraud, corruption or bribery; or other illegal acts are discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards in their department.

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

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

5.1.6 Employees should always be encouraged to report reasonably held suspicions to the LCFS. This can be done by completing the CFS1 referral form at Appendix 2 or by contacting the LCFS by telephone or email using the contact details supplied in Appendix 1.

5.1.7 The CCG 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 CCG has a Whistle Blowing policy. This is intended to complement the CCG's

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

Anti-Fraud, Bribery and Corruption Policy and ensures that 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 or management chain. The policy can be found on the CCG's intranet.

## **5.2 Disciplinary Action**

5.2.1 The CCG's Disciplinary procedure must be followed if an employee is suspected of being involved in a fraudulent or otherwise illegal act.

5.2.2 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.

## **5.3 Police Involvement**

5.3.1 In accordance with the NHS Counter Fraud and Corruption Manual, the Chief finance 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 CCG.

5.3.2 During police investigations, the nominated point of contact will be the LCFS. All requests from the police for additional evidence, statements etc. will be dealt with via the LCFS.

5.3.3 A Memorandum of Understanding is in place between NHS CFA and the Association of Chief Police Officers. This provides a framework for the exchange of information to achieve the prevention, detection, investigation and prosecution of matters of fraud and corruption within or affecting the NHS in England.

5.3.4 The LCFS, in consultation with the CCG's Chief finance officer will investigate an allegation in accordance with procedures documented in the NHS Counter Fraud and Corruption Manual issued by NHS CFA.

## **5.4 Managing the Investigation**

5.4.1 The LCFS must be aware that staff under an investigation that could lead to disciplinary action have the right to be represented at all stages. In certain circumstances, evidence may best be protected by the consideration of an employee's suspension from duty. The CCG will make a decision based on HR advice on disciplinary options, which include suspension.

5.4.2 The CCG will follow its disciplinary procedure if there is evidence that an employee has committed an act of fraud or bribery.

## **5.5 Gathering Evidence**

5.5.1 The LCFS will take control of any physical evidence, and record this in accordance with the procedures outlined in the NHS Counter Fraud and Corruption Manual. If evidence consists of several items, such as many documents, the LCFS will record each one with a separate reference number corresponding to the written record. In criminal actions, evidence on or obtained from electronic media needs a document confirming its accuracy.

5.5.2 Interviews under Caution and the gathering of evidence will only be carried out by the LCFS if appropriate, or by the investigating police officer in accordance with the Police and Criminal Evidence Act 1984 (PACE). The LCFS will obtain written statements where necessary.

5.5.3 All employees have a right to be represented at internal disciplinary interviews by a Trade Union representative or accompanied by a friend or colleague, not acting in a legal capacity in connection with the case; in line with the CCG's Disciplinary policy.

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

5.5.4 The application of the CCG's Policy in Relation to the Anti-Fraud, Bribery and Corruption Policy will at all times be in tandem with all other appropriate CCG policies, e.g. Standing Financial Instructions.

## **5.6 Recovery of Losses incurred due to Fraud, Bribery and Corruption**

5.6.1 Where a loss is identified, the seeking of financial redress or recovery of losses should always be considered in cases of fraud, bribery and corruption that are investigated by either the LCFS or NHS CFA. As a general rule, recovery of the loss caused by the perpetrator should always be sought. The decision must be taken in light of the particular circumstances of each case.

5.6.2 Redress allows resources that are lost to fraud, bribery and corruption to be returned to the NHS for use as intended; for provision of high-quality patient care and services. Where appropriate, the CCG will utilise the joint-working partnership between NHS CFA and Capsticks for Civil Recovery consideration and action; which includes a free hotline service to discuss options available to the organisation.

5.6.3 Sections 10 and 11 of the NHS Counter Fraud and Corruption Manual provide in-depth details of how sanctions can be applied where fraud and/or bribery and corruption are proven, and how redress can be sought. To summarise, local action can be taken to recover money by using the administrative procedures of the CCG or civil law.

5.6.4 In cases of serious fraud, bribery and corruption, it is recommended that parallel sanctions are applied. For example; disciplinary action relating to the status of the employee in the NHS; use of civil law to recover lost funds; and use of criminal law to apply an appropriate criminal penalty upon the individual(s), and / or a possible referral of information and evidence to external bodies – for example professional bodies – if appropriate.

5.6.5 NHS CFA can also apply to the courts to make a restraining order or confiscation order under the Proceeds of Crime Act 2002 (POCA). This means that a person's money is taken away from them if it is believed that the person benefited from the crime. It could also include restraining assets during the course of the investigation.

5.6.6 Actions which may be taken when considering seeking redress include:

- no further action
- criminal investigation
- civil recovery
- disciplinary action
- confiscation under POCA
- recovery sought from ongoing salary payments or pensions

5.6.7 In some cases (taking into consideration all the facts), it may be that the CCG, under guidance from the LCFS and with the approval of the Chief finance officer, decides that no further recovery action is taken.

5.6.8 Criminal investigations are primarily used for dealing with any criminal activity. The main purpose is to determine if activity was undertaken with criminal intent. Following such as investigation, it may be necessary to bring this activity to the attention of the criminal courts (Magistrates' Court and Crown Court). Depending on the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under POCA.

5.6.9 The civil recovery route is also available to the CCG if this is cost-effective and desirable for deterrence purposes. This could involve a number of options such as applying through the Small Claims Court and / or recovery through debt collection agencies. Each case needs to be discussed with the Chief finance officer to determine the most appropriate action.

Anti-Fraud, Bribery & Corruption Policy

v. 1

Date approved:

Review date: January 2022

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

5.6.10 The appropriate senior manager, in conjunction with the HR department, will be responsible for initiating any necessary disciplinary action. Arrangements may be made to recover losses via payroll if the subject is still employed by the CCG. In all cases, current legislation must be complied with.

5.6.11 Action to recover losses should be commenced as soon as practicable after the loss has been identified. Given the various options open to the CCG, it may be necessary for various departments to liaise about the most appropriate option.

5.6.12 In order to provide assurance that policies were adhered to, the Chief finance officer will maintain a record highlighting when recovery action was required and issued; and when the action was taken. This will be reviewed and updated on a regular basis.

## **5.7 Reporting Outcomes of Investigations**

5.7.1 If the investigation process required the LCFS to review the systems in operation to determine whether there were any inherent weaknesses, any such weaknesses identified should be corrected immediately.

5.7.2 If fraud or bribery is found to have occurred, the LCFS should prepare a report for the Chief finance officer and the next Audit Committee meeting, setting out the following details:

- the circumstances
- the investigation process
- the estimated loss
- the steps taken to prevent a recurrence
- the steps taken to recover the loss

5.7.3 As a result of both reactive and proactive work completed throughout the financial year, closure reports will be prepared and issued by the LCFS. Systems and procedural weaknesses will be identified in each report and recommendations for improvement will be suggested. The CCG, together with the LCFS will track the recommendations to ensure that they have been implemented.

## **6. Monitoring Compliance and Effectiveness**

6.1 This policy will be reviewed annually by the owner noted on the cover sheet and will be approved by the CCG's Audit Committee. The content of this policy will be monitored against template policies provided by NHS CFA, and will be amended as required to demonstrate changes in Secretary of State Directions or the NHS Fraud and Corruption manual (as amended).

6.2 Any abuse or non-compliance with this policy or procedures will be subject to a full investigation and appropriate disciplinary action.

## **7. Monitoring and reporting**

7.1 All policies should be routinely monitored (audited) to ensure the document objectives are being achieved and detailed here.

7.2 The details of the monitoring to be considered include:

- use of standards or key performance indicators (KPIs);
- The method for monitoring e.g. spot checks, observation audit, data collection;
- Frequency of the monitoring e.g. quarterly, annually, to include the timeframe for performing and reporting;

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

- The person responsible for monitoring and reporting on compliance;
- The committee or group who will be responsible for receiving the results and taking action as required.

## **8. Equality and diversity statement**

- 8.1 The CCG is committed to equality of opportunity for its employees and members and does not unlawfully discriminate on the basis of their “protected characteristics” as defined in the Equality Act 2010 - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. An Equality Impact Assessment has been completed for this policy.
- 8.2 If members or employees have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to their role, they are advised to contact the LCFS or the Chief finance officer.

## **9. Links to other Policies/Documents and Guidance**

- Whistleblowing Policy
- Disciplinary Policy
- Standing Orders
- Standards of Business Conduct Policy

### NHS Counter Fraud Authority

Pre-contract procurement fraud and corruption: Guidance for prevention and detection (July 2018)

Invoice fraud: Guidance for prevention and detection (July 2018)

<https://cfa.nhs.uk/fraud-prevention/fraud-guidance>

## Appendix 1

### QUICK GUIDE

#### WHAT TO DO IF YOU SUSPECT FRAUD OR CORRUPTION

<b><u>STAFF – Do:</u></b>		<b><u>STAFF - Don't:</u></b>
<p><b>Make an immediate note of your concerns.</b></p> <p><i>Note all relevant details, such as what was said in telephone or other conversations, the date, time and the names of any parties involved.</i></p>		<p>Do nothing</p>
<p>Convey your suspicions to someone with the appropriate authority and experience.</p> <p>This is the Chief finance officer or LCFS.</p>		<p><b>Be afraid of raising your concerns</b></p> <p><i>You will not suffer any recriminations from the CCG as a result of voicing reasonably held suspicions. The CCG will treat any matter you raise sensitively and confidentially.</i></p>
<p><b>Deal with the matter promptly, if you feel your concerns are warranted.</b></p> <p><i>Any delay may cause the CCG to suffer further financial loss.</i></p>		<p>Approach or accuse any individuals directly.</p>
		<p><b>Try to investigate the matter yourself</b></p> <p><i>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 Local Counter Fraud Specialist is trained in handling investigations in the proper manner.</i></p>
		<p><b>Convey your suspicions to anyone other than those with the proper authority.</b></p>

<b><u>MANAGERS – Do:</u></b>		<b><u>MANAGERS - Don't:</u></b>
<p><b>Be responsive to staff concerns</b></p> <p><i>The CCG needs to encourage staff to voice any reasonably held suspicions as part of developing an effective anti-fraud culture. As a manager, you should treat all staff concerns seriously and sensitively.</i></p>		<p><b>Ridicule suspicions raised by staff</b></p> <p><i>The CCG cannot operate effective anti-fraud and whistleblowing policies if staff are reluctant to pass on their concerns to management. Staff may be reluctant to raise concerns for fear of ridicule or recrimination. You need to ensure that all staff concerns are given a fair hearing. In addition, you should re-assure staff that they will not suffer recrimination as a result of raising any reasonably held suspicions.</i></p>
<p><b>Note details</b></p> <p><i>Note all relevant details. Get as much information as possible from the reporting staff member. If the staff member has made any notes, obtain these also. In addition, note any documentary evidence that may exist to support the allegations made. But do not interfere with this evidence in any way.</i></p>		<p><b>Approach or accuse any individuals directly</b></p>
<p><b>Evaluate the allegation objectively</b></p> <p><i>Before you take the matter further, you need to determine whether any suspicions appear to be justified. Be objective when evaluating the issue. Consider the facts as they appear, based on the information you have to hand. If in doubt, report your suspicions anyway.</i></p>		<p><b>Convey your suspicions to anyone other than those with the proper authority</b></p>
<p>Advise the appropriate person</p>		<p><b>Try to investigate the matter yourself</b></p> <p><i>Remember that poorly managed investigations by staff who are unfamiliar with evidential requirements are highly likely to jeopardise a successful criminal prosecution.</i></p>
<p><b>Deal with the matter promptly, if you feel your concerns are warranted</b></p> <p><i>Any delay may cause your organisation to suffer further financial loss.</i></p>		

**KEY PERSONNEL AND CONTACT NUMBERS**

<b>Title</b>	<b>Telephone Number</b>
Accountable Officer Andrew Bland	020 7525 4080
Chief finance officer Usman Niazi	020 7525 0443
Local Counter Fraud Specialist Melanie Alflatt	01732 752022 Mob: 07899981415
Fraud & Corruption Reporting Line	0800 028 40 60
Public Concern at Work	0207 404 6609

**Written Referrals Can Be Made To:**

**Melanie Alflatt**  
**Director of Fraud**  
**Tiaa Ltd,**  
**Suite 1,**  
**50 Churchill Square,**  
**Kings Hill,**  
**ME19 4YU**

**Appendix 2**

**REFERRAL FORM**

**NAME**

**ORGANISATION/PROFESSION**

**ADDRESS**

**TEL.NO**

**THIS ALLEGED FRAUD RELATES TO:**

**NAME**

**ADDRESS**

**DATE OF BIRTH**

*Referrals should only be made when you can substantiate your suspicions with one reliable piece of information*

**Suspicion**

**Please provide details**

**Possible useful contacts**

Please attach any available additional information.

**Signed:**..... **Date:**.....

### Appendix 3

#### Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like NHS South East London CCG are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the CCG intranet, for details on how to complete the grid.

**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the CCG's intranet.**

<b>Title of policy or practice</b>	<b>Anti-Fraud, Bribery and Corruption Policy</b>
<b>What are the aims of the policy or practice?</b>	<b>Staff must be aware and adhere to the requirements in the Anti-Fraud, Bribery and Corruption Policy</b>
<b>Identify the data and research used to assist the analysis and assessment</b>	
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	<b>Is there an adverse impact or potential discrimination (yes/no). If yes give details.</b>
Males or Females	<b>No</b>
People of different ages	<b>No</b>
People of different ethnic groups	<b>No</b>
People of different religious beliefs	<b>No</b>
People who do not speak English as a first language	<b>No</b>
People who have a physical disability	<b>No</b>
People who have a mental disability	<b>No</b>
Women who are pregnant or on maternity leave	<b>No</b>
Single parent families	<b>No</b>
People with different sexual orientations	<b>No</b>
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	<b>No</b>
People in deprived areas and people from different socio-economic groups	<b>No</b>

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of the document are not controlled

Asylum seekers and refugees	<b>No</b>
Prisoners and people confined to closed institutions, community offenders	<b>No</b>
Carers	<b>No</b>
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	<b>N/A</b>
<b>When will you monitor and review your EqIA?</b>	On an ongoing and timely basis.
<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	On the CCG approved document management database on the intranet, under 'CCG policies, procedures and leaflets'.