

## **FRAUD, BRIBERY AND CORRUPTION POLICY**

Policy ID	FBC01
Version:	1
Date ratified by Governing Body	29.11.13
Author	South Coast Audit
Date issued:	1.12.13
Last review date:	N/A
Next review date:	1.12.15

### **Version History**

<b>V.</b>	<b>Date</b>	Status and/ or amendments
<b>V1.0</b>	<b>01/10/13</b>	First draft

### **EQUALITY STATEMENT**

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) 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. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

### **EQUALITY ANALYSIS**

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• <b>Gender</b> (Men and Women)	No	
	• <b>Race</b> (All Racial Groups)	No	
	• <b>Disability</b> (Mental, Physical and Carers of Disabled people)	No	
	• <b>Religion or Belief</b>	No	
	• <b>Sexual Orientation</b> (Heterosexual, Homosexual and Bisexual)	No	
	• <b>Pregnancy and Maternity</b>	No	
	• <b>Marital Status (Married and Civil Partnerships)</b>	No	
	• <b>Transgender</b>	No	
	• <b>Age(People of all ages)</b>	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	

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment
Clare Johns, Surrey Downs CCG	Feb11 2014
Justin Dix , Surrey Downs CCG	

## CONTENTS

<b>SUMMARY</b>	<b>Page 5</b>
<b>INTRODUCTION</b>	<b>Page 5</b>
General	
Generic areas of action	
Aims and scope	
<b>DEFINITIONS</b>	<b>Page 6</b>
Anti-fraud	
Bribery	
Corruption	
Employees	
<b>CODES OF CONDUCT</b>	<b>Page 7</b>
<b>ROLES AND RESPONSIBILITIES</b>	<b>Page 8</b>
Role of Guildford and Waverly Clinical Commissioning Group	
Employees	
Managers	
LCFS	
Area anti-fraud Specialist (AFFS)	
Chief Finance Officer	
Internal and external audit	
Human Resources	
Information management and technology	
<b>THE RESPONSE PLAN</b>	<b>Page 13</b>
Reporting fraud or corruption	
Disciplinary action	
Police involvement	
Managing the investigation	
Gathering evidence	
Reporting the results of the investigation	
<b>RECOVERY OF LOSSES TO FRAUD BRIBERY AND CORRUPTION</b>	<b>Page 15</b>
Case example	
Reporting the results of the investigation	
Action to be taken	
Timescales	
Recording	
<b>FURTHER READING</b>	<b>Page 15</b>
<b>APPENDICES</b>	
Form 1: Desktop guide	<b>Page 16</b>
Form 2: Referral Form	<b>Page 17</b>

# 1 FOREWORD BY THE CHIEF OFFICER

- 1.1 Surrey Downs Clinical Commissioning Group (CCG) is committed to reducing the level of Fraud, Bribery and Corruption with the NHS to an absolute minimum and keeping it at that level, freeing up public resources from better patient care.
- 1.2 To this end, the CCG employs a specialist counter-fraud service to undertake a comprehensive programme against Fraud, Bribery and Corruption which is overseen by the CCG's Audit Committee.
- 1.3 All anti Fraud, Bribery and Corruption legislation is complied with, and a recent development, the Bribery Act 2010, has added to the CCG's duties in this respect. It is a criminal offence to receive, promise or offer a bribe, and to request, agree to receive, or accept a bribe. A bribe may take the form of any financial or other advantage to another person in order to induce a person to perform improperly.
- 1.4 Although the Bribery Act permits hospitality, all staff are required to consider on an individual basis whether accepting any hospitality offered is appropriate and should they then elect to take it, to record it within the CCG's Hospitality register so that it has been fully disclosed.
- 1.5 It is also important that all of our contractors and agents comply with our policies and procedures. When entering into contracts with organisations the CCG follows the NHS standard terms and conditions of contract for the purchase of goods and supplies. For more information see;

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_121260](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_121260)

- 1.6 We ask all who have dealings with the CCG, as employees, agents, trading partners, stakeholders and patients, to help us in our fight against Fraud, Bribery and Corruption and to contact us immediately, if you have any concerns or suspicions we need to know about.
- 1.7 The CCG's Local Counter Fraud Manager can be contacted in confidence by phone on 01424 776750/ 07827 230521 or by mail at South Coast Audit, Regent House, Mitre Way, Station Approach, Battle, East Sussex TN33 0BQ, or by email

[andrew.morley2@nhs.net](mailto:andrew.morley2@nhs.net) or [john.butler@scaudit.org](mailto:john.butler@scaudit.org).

- 1.8 All genuine suspicions of Fraud, Bribery and Corruption can also be reported to the NHS Fraud and Corruption Reporting Line on free phone 0800 028 40 60, again in strict confidence, or via the online reporting form at

[www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

## 2 Introduction

Surrey Downs Clinical Commissioning Group (CCG) is committed to eliminating Fraud, Bribery and Corruption within the NHS, freeing up public resources for better patient care. This policy has been produced by the Local Counter Fraud Specialist (LCFS) and is intended as a guide for all employees about counter fraud work within the NHS. All genuine suspicions of Fraud, Bribery and Corruption can be reported to the LCFS directly, or through the NHS Fraud and Corruption Reporting Line (FCRL), contact details for both are included in the foreword by the Chief Officer and forms 1 and 2 attached.

### 2.1 General

- 2.1.1 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.
- 2.1.2 NHS Protect is a business unit of the NHS Business Services Authority. It has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption and the management of security in the NHS. All instances where fraud is suspected are properly investigated until their conclusion by staff trained by NHS Protect. Any investigations will be handled in accordance with the NHS Counter Fraud and Corruption Manual.
- 2.1.3 The CCG does not tolerate Fraud, Bribery and Corruption within the NHS. The aim is to eliminate all NHS Fraud, Bribery and Corruption as far as possible.

### 2.2 Generic areas of action

- 2.2.1 The CCG is committed to taking all necessary steps to counter Fraud, Bribery and Corruption. To meet its objectives, it has adopted the seven-stage approach developed by the NHS Protect:
- the creation of an **anti-fraud culture**
  - maximum **deterrence** of fraud
  - successful **prevention** of fraud which cannot be deterred
  - prompt **detection** of fraud which cannot be prevented
  - professional **investigation** of detected fraud
  - effective **sanctions**, including appropriate legal action against people committing Fraud, Bribery and Corruption, and
  - effective methods of seeking **redress** in respect of money defrauded.

## **2.3 Aims and scope**

2.3.1 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 CCG, 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 CCG'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 disciplinary action.
  - external action (i.e. referral to professional regulatory body)

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

## **3 DEFINITIONS**

### **3.1 Fraud**

3.1.1 The Fraud Act 2006 represented 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. The offences 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.

3.1.2 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.

### **3.2 Bribery**

3.2.1 Very generally, this is defined as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to

reward that person for having already done so. So this could, for example, cover seeking to influence a decision-maker by giving some kind of extra benefit to that decision maker rather than by what can legitimately be offered as part of a tender process.

3.2.2 Section 1 makes it an offence for a person ('P') to offer, promise or give a financial or other advantage to another person in one of two cases:

3.2.3 Case 1 applies where P intends the advantage to bring about the improper performance by another person of a relevant function or activity or to reward such improper performance.

3.2.4 Case 2 applies where P knows or believes that the acceptance of the advantage offered, promised or given in itself constitutes the improper performance of a relevant function or activity.

### **3.3 Corruption**

3.3.1 This can be broadly defined as the offering or acceptance of inducements, gifts, favours, and payment or benefit-in-kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

3.3.2 Corruption prosecutions tend to be most commonly brought using specific pieces of legislation dealing with corruption, i.e. under the following:

- the Public Bodies Corrupt Practices Act 1889
- the Prevention of Corruption Acts 1889–1916
- the Anti-terrorism, Crime and Security Act 2001.
- The Bribery Act 2010

### **3.4 Employees**

3.4.1 For the purposes of this policy, 'employees' includes Surrey Downs Clinical Commissioning Group staff, as well as Governing Body, executive and non-executive members (including co-opted members) and honorary members.

## **4 CODES OF CONDUCT**

4.1 The codes of conduct for NHS Governing Bodies and NHS managers set out the key public service values. They state that high standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. These values are summarised as:

- 4.1.1 Accountability - Everything done by those who work in the health body must be able to stand the tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
  - 4.1.2 Probity - Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.
  - 4.1.3 Openness - The health body's activities should be sufficiently public and transparent to promote confidence between the authority and its staff and the public.
- 4.2 All staff should be aware of and act in accordance with these values.

## **5 ROLES AND RESPONSIBILITIES**

- 5.1 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 your LCFS or the NHS Fraud and Corruption Reporting Line.
- 5.2 This section states the roles and responsibilities of employees and other relevant parties in reporting fraud or other irregularities.
- 5.3 The CCG will take all necessary steps to counter Fraud, Bribery and Corruption in accordance with this policy, the NHS Counter Fraud and Corruption Manual, the policy statement 'Applying Appropriate Sanctions Consistently' published by NHS Protect and any other relevant guidance or advice issued by NHS Protect.
- 5.4 The CCG will implement the seven generic areas of counter fraud action outlined below. A key element in achieving this is the appointment of an LCFS.

### **5.5 The creation of an anti-fraud culture**

- 5.5.1 The CCG will use Counter Fraud publicity material to persuade those who work in Surrey Downs Clinical Commissioning Group that Fraud, Bribery and Corruption is serious and takes away resources from important services. Such activity will demonstrate that Fraud, Bribery and Corruption is not acceptable and is being tackled.
- 5.5.2 Deterrence is about increasing the expectation that someone will be caught if they attempt to defraud – this is more than just tough sanctions. The CCG will introduce such measures to minimise the occurrence of Fraud, Bribery and Corruption.
- 5.5.3 The CCG has policies and procedures in place to reduce the likelihood of Fraud, Bribery and Corruption occurring. These include a system of internal controls, Standing Financial Instructions and documented procedures, which involve

physical and supervisory checks, financial reconciliations, segregation and rotation of duties, and clear statements of roles and responsibilities. Where fraud, bribery and corruption has occurred, the CCG will ensure that any necessary changes to systems and procedures take place immediately to prevent similar incidents from happening in the future.

## **5.6 Prompt detection of fraud which cannot be prevented**

5.6.1 The CCG will develop and maintain effective controls to prevent Fraud, Bribery and Corruption and to ensure that if it does occur, it will be detected promptly and referred to the LCFS for investigation.

## **5.7 Professional investigation of detected fraud**

5.7.1 The LCFS will be professionally trained and accredited to carry out investigations into suspicions of Fraud, Bribery and Corruption to the highest standards. In liaison with NHS Protect, the LCFS will professionally investigate all suspicions of Fraud, Bribery and Corruption to prove or disprove the allegation.

## **5.8 Effective sanctions, including appropriate legal action against people committing fraud, bribery and corruption**

5.8.1 Following the conclusion of an investigation, if there is evidence of fraud, available sanctions will be considered in accordance with the guidance issued by NHS Protect – ‘Applying Appropriate Sanctions Consistently’. This may include criminal prosecution, civil proceedings and disciplinary action, as well as referral to a professional or regulatory body.

## **5.9 Effective methods for seeking redress in respect of money defrauded**

5.9.1 Recovery of any losses incurred will also be sought through civil proceedings, if appropriate, under the Proceeds of Crime Act 2002, to ensure losses to the CCG and the NHS are returned for their proper use.

## **5.10 Role of Surrey Downs Clinical Commissioning Group**

5.10.1 The CCG also 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 CCG has a duty to ensure that those concerns are listened to and addressed.

5.10.2 The CCG’s Chief Officer is liable to be called to account for specific failures in the CCG’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 of CCG employees. The CCG 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 Officer and Chief Finance Officer will monitor and ensure compliance with this policy.

## **5.11 Employees**

5.11.1 The CCG'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.

5.11.2 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.

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

5.11.4 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:

- 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 CCG's employees deal fairly and impartially with official matters
- be alert to the possibility that others might be attempting to deceive.

5.11.5 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.

5.11.6 If an employee suspects that there has been Fraud Bribery or Corruption, or has seen any suspicious acts or events, they must report the matter to their nominated LCFS (see LCFS heading below).

## **5.12 Managers**

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

5.12.2 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.

5.12.3 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 their nominated LCFS as soon as possible.

5.12.4 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.

5.12.5 As part of that responsibility, line managers need to:

- inform staff of the CCG's code of business conduct and 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
- 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, 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 CCG
- be aware of the CCG's 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 director's assessment of the risks and controls within their business area, which feeds into the CCG and the Department of Health Accounting Officer's overall statements of accountability and internal control.

### **5.13 Local Counter Fraud Specialist**

5.13.1 The Directions to NHS Bodies on Counter Fraud Measures 2004 require the CCG to appoint and nominate an LCFS. The LCFS's role is to ensure that all cases of actual or suspected Fraud, Bribery and Corruption are notified to the Chief Finance Officer and reported accordingly.

5.13.2 The LCFS will regularly report to the Chief Finance Officer on the progress of the investigation and when/if referral to the police is required and

- ensure that the Chief Finance Officer is informed about all referrals/cases
- be responsible for the day-to-day implementation of the seven generic areas of counter Fraud, Bribery and Corruption activity and, in particular, the investigation of all suspicions of fraud
- investigate all cases of fraud
- in consultation with the Chief Finance Officer, report any case to the police or NHS Protect as agreed and in accordance with the *NHS Counter Fraud and Corruption Manual*
- report any case and the outcome of the investigation through the NHS Protect national case management system (FIRST)
- ensure that other relevant parties are informed where necessary, e.g. Human Resources (HR) will be informed if an employee is the subject of a referral
- ensure that the CCG's incident and losses reporting systems are followed
- ensure that any system weaknesses identified as part of an investigation are followed up with management and reported to internal audit

- 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*
- not have responsibility for or be in any way engaged in the management of security for any NHS body
- ensure that the Chief Finance Officer is informed of regional team investigations, including progress updates
- ensure cases are handled appropriately, taking account of best practice and the employment relationship.

## **5.14 Area Anti-Fraud Specialist**

5.14.1 Each Area Anti-Fraud Specialist works as part of the NHS Protect operations directorate, whose key objective is to combat Fraud, Bribery and Corruption in the National Health Service.

## **5.15 Chief Finance Officer**

5.15.1 The Chief Finance Officer, in conjunction with the Chief Officer, monitors and ensures compliance with Secretary of State Directions regarding Fraud, Bribery and Corruption. 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 accordingly.

5.15.2 The LCFS shall be responsible, in discussion with the Chief Finance Officer, for informing third parties such as external audit or the police at the earliest opportunity, as circumstances dictate.

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

5.15.4 The Chief Finance Officer will inform the Head of Internal Audit at the first opportunity. If an investigation is deemed to be appropriate, the Chief Finance Officer will delegate to the CCG's LCFS, who has responsibility for leading the investigation, whilst retaining overall responsibility him/herself.

5.15.5 The Chief Finance Officer or the LCFS will consult and take advice from the head of 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.

## **5.16 Internal and external audit**

5.16.1 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.

## **5.17 Human resources**

5.17.1 HR will liaise closely with managers and the LCFS from the outset if an employee is suspected of being involved in fraud and/or corruption, in accordance with agreed liaison protocols. HR staff are responsible for ensuring the appropriate use of the CCG's disciplinary procedure. The HR department 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 coordinated manner and that staff are at all times treated in accordance with CCG values.

5.17.2 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. In this regard, temporary and fixed-term contract employees are treated in the same manner as permanent employees.

## **5.18 Information management and technology**

5.18.1 The Head of Information Security (or equivalent) will contact the LCFS immediately in all cases where there is suspicion that IT is being used for fraudulent purposes. HR will also be informed if there is a suspicion that an employee is involved.

# **6 THE RESPONSE PLAN**

## **6.1 Reporting fraud, bribery or corruption**

6.1.1 This section outlines the action to be taken if Fraud, Bribery or Corruption is discovered or suspected.

6.1.2 If an employee has any of the concerns mentioned in this document, they must inform the nominated LCFS or CCG's Chief Finance Officer immediately, unless the Chief Finance Officer or LCFS is implicated. If that is the case, they should report it to the Chair or Chief Officer, who will decide on the action to be taken. An employee can contact any non-executive director of the CCG to discuss their concerns if they feel unable, for any reason, to report the matter to the Chair or Chief Officer.

6.1.3 Form 1 provides a reminder of the key contacts and a checklist of the actions to follow if Fraud, Bribery and Corruption, 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.

6.1.4 Employees can also call the NHS Fraud and Corruption Reporting Line on freephone 0800 028 40 60, or complete the online fraud reporting form at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk). This provides an easily accessible route for the reporting of genuine suspicions of fraud within or affecting the NHS. It allows NHS staff that 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 caller who wishes to remain anonymous may do so.

6.1.5 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.

6.1.6 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.

- 6.1.7 Staff should always be encouraged to report reasonably held suspicions directly to the LCFS. You can do this by filling in the NHS Fraud, Bribery and Corruption Referral Form (form 2) or by contacting the LCFS by telephone or email using the contact details supplied on form 1.
- 6.1.8 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 produced a Raising Concerns (whistle-blowing) Policy. This procedure is intended to complement the CCG's 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.

## **6.2 Disciplinary action**

- 6.2.1 The disciplinary procedures of the CCG must be followed if an employee is suspected of being involved in a fraudulent or otherwise illegal act.
- 6.2.2 It should be noted, however, that the duty to follow disciplinary procedures would 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.

## **6.3 Police involvement**

- 6.3.1 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.

## **6.4 Managing the investigation**

- 6.4.1 The LCFS, in consultation with The CCG's Chief Finance Officer, will investigate allegations in accordance with procedures documented in the NHS Counter Fraud and Corruption Manual issued by NHS Protect.
- 6.4.2 The LCFS must be aware that staff under an investigation which could lead to disciplinary action have the right to be represented at all stages. In certain circumstances, evidence may best be protected by the LCFS recommending to the CCG that the staff member is suspended from duty. The CCG will make a decision based on HR advice on the disciplinary options, which include suspension.
- 6.4.3 The CCG will follow its disciplinary procedure if there is evidence that an employee has committed an act of fraud or corruption.

## **6.5 Gathering evidence**

- 6.5.1 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, LCFSs should record each one with a separate reference number corresponding to the written record.
- 6.5.2 Interviews under caution or to gather evidence will only be carried out by the LCFS, if appropriate, or the investigating police officer in accordance with the Police and Criminal Evidence Act 1984 (PACE). The LCFS will take written statements where necessary.
- 6.5.3 All employees have a right to be represented at internal disciplinary interviews by a trade union representative or accompanied by a friend, colleague or any other person of their choice, not acting in a legal capacity in connection with the case.
- 6.5.4 The application of the Counter Fraud, Bribery and Corruption Policy will at all times be in tandem with all other appropriate CCG policies, e.g. Standing Financial Instructions (SFIs).

## **7 Recovery of losses incurred to Fraud, Bribery and Corruption**

- 7.1.1 The seeking of financial redress or recovery of losses will always be considered in cases of Fraud Bribery or Corruption that are investigated by either the LCFS or NHS Protect where a loss is identified. As a general rule, recovery of the loss caused by the perpetrator will always be sought which may involve action under the Proceeds of Crime Act 2002. The decisions will be taken in the light of the particular circumstances of each case.
- 7.1.2 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.

### **7.2 Reporting the results of the investigation**

- 7.2.1 The investigation process requires the LCFS to review the systems in operation to determine whether there are any inherent weaknesses. Any such weaknesses identified should be corrected immediately.
- 7.2.2 If Fraud Bribery or Corruption is found to have occurred, the LCFS will prepare a report for the Chief Finance Officer and the next CCG 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.
- 7.2.3 This report will also be available to the CCG's Governing Body.

### **7.3 Action to be taken**

- 7.3.1 Sections 10 and 11 of the NHS Counter Fraud and Corruption Manual provide in-depth details of how sanctions can be applied where Fraud, Bribery and Corruption is 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.
- 7.3.2 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.
- 7.3.3 NHS Protect 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.
- 7.3.4 Actions which may be taken when considering seeking redress include:
- no further action
  - criminal investigation
  - civil recovery
  - disciplinary action
  - confiscation order under POCA
  - recovery sought from ongoing salary payments.
- 7.3.5 In some cases (taking into consideration all the facts of a case), 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.
- 7.3.6 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 an 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.
- 7.3.7 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 will be discussed with the Chief Finance Officer to determine the most appropriate action.
- 7.3.8 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.

## **7.4 Timescales**

- 7.4.1 Action to recover losses will 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.

## 7.5 Recording

- 7.5.1 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 taken. This will be reviewed and updated on a regular basis.

## 8 Further Reading

NHS standard terms and conditions of contract for the purchase of goods and supplies;  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_121260](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_121260)

*NHS Counter Fraud and Corruption Manual* [www.nhsprotect.nhs.uk](http://www.nhsprotect.nhs.uk)

### **Standards of Business Conduct for NHS Staff**

NHS Executive HSG (93)5.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH\\_4017845](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4017845)

### **Code of Conduct and Code of Accountability for NHS Bodies**

NHS Executive April 1994

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4093864](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4093864)

### **First Report of the Committee on Standards in Public Life**

HMSO May 1995

<http://www.archive.official-documents.co.uk/document/cm28/2850/2850.htm>

### **Countering Fraud in the NHS Strategy document**

Department of Health

December 1998

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008493](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008493)

### **Countering Fraud in the NHS – the Professional and Ethical Approach**

Department of Health 1999

[http://62.164.179.2/CounterFraud/Documents/counterfraudethical\(1\).pdf](http://62.164.179.2/CounterFraud/Documents/counterfraudethical(1).pdf)

[Nolan principles for standards in public life](#)

# Surrey Downs Clinical Commissioning Group



FORM 1

*NHS Fraud, Bribery and Corruption: do's and don'ts  
A desktop guide for Surrey Downs Clinical Commissioning Group*

**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 / 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

- **note your concerns**

Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.

- **retain evidence**

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

- **report your suspicion**

Confidentiality will be respected – delays may lead to further financial loss.

Complete a fraud report and submit in a sealed envelope marked 'Restricted – Management' and 'Confidential' for the personal attention of the LCFS.

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

- directly contacting the **Local Counter Fraud Specialist**, or
- telephoning the **freephone NHS Fraud and Corruption Reporting Line**, or
- contacting the **Chief Finance Officer**.

## DO NOT

- **confront the suspect or convey concerns to anyone other than those authorised, as listed below**

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

- **try to investigate, or contact the police directly**

Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must take into account legal procedures in order for it to be useful. Your LCFS can conduct an investigation in accordance with legislation.

- **be afraid of raising your concerns**

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

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

If so, any information can be passed to the  
**NHS Fraud Bribery & Corruption Reporting Line:**

**0800 028 40 60**

**All calls will be treated in confidence and investigated**

Your nominated Local Counter Fraud Manager is Andrew Morley who can be contacted by emailing [andrew.morley2@nhs.net](mailto:andrew.morley2@nhs.net) or by telephone on 07821 230521  
If you would like further information about NHS Protect, please visit [www.nhsprotect.nhs.uk](http://www.nhsprotect.nhs.uk)



**FORM 2**

**NHS Fraud, Bribery and Corruption referral form**

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

**1. Date**

**2. Anonymous application <Delete as appropriate>**

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

**3. Your name**

**4. Your organisation/profession**

**5. Your contact details**

**6. Suspicion**

**7. Please provide details including the name, address and date of birth (if known) of the person to whom the allegation relates.**

**8. Possible useful contacts**

**9. Please attach any additional information available.**

Submit the completed form (in a sealed envelope marked 'Restricted – Management' and 'Confidential') for the personal attention of the LCFS, South Coast Audit, Regent House, Mitre Way, Station Approach, Battle, East Sussex TN33 0BQ