

Anti-Fraud, Bribery & Corruption Policy

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1. SUMMARY

NHS Halton Clinical Commissioning Group (CCG) is committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. The CCG does not tolerate fraud, bribery and corruption and aims to eliminate all such activity as far as possible. This policy is endorsed by the CCG's senior management and Governing Body.

The CCG wishes to encourage anyone having reasonable suspicions of fraud, bribery or corruption to report them. It is also the CCG's policy that no employee shall suffer in any way as a result of reporting reasonably held suspicions, and the CCG will do its utmost to ensure that all members of staff can be confident that they will not suffer as a result of doing so. This protection is given under the Public Interest Disclosure Act, with which the CCG is obliged to comply. The CCG aims to promote a climate of openness and a culture and environment where staff feel able to raise concerns sensibly and responsibly, yet discreetly. The CCG will seek the appropriate disciplinary, regulatory, civil and criminal sanctions, as well as referral to professional bodies, where appropriate, against fraudsters and, where possible, will attempt to recover losses.

This policy has been produced by your Anti-Fraud Specialist (AFS) - formerly known as Local Counter Fraud Specialist (AFS) at MIAA and is intended as both a guide for all employees and stakeholders on the anti-fraud, bribery and corruption activities being undertaken within the CCG and NHS; as well as informing all CCG staff and stakeholders on how to report any concerns or suspicions they may have.

The CCG's AFS service is provided under contract by Mersey Internal Audit Agency (MIAA), an NHS agency.

All genuine suspicions of fraud, bribery and corruption can be reported, as follows:

- to the CCG's Anti-Fraud Specialist on: 0151 285 4500
Address: CCG Anti-Fraud Team, MIAA, Ground Floor, Regatta Place, Summers Road, Brunswick Business Park, Liverpool, L3 4BL;
- through the NHS Fraud and Corruption Reporting Line (FCRL) on: Freephone 0800 028 40 60 (operated by Crimestoppers 24/7)
- the NHS online fraud reporting form: www.cfa.nhs.uk/reportfraud
- directly via the CCG's Chief Finance Officer;
- or through the CCG's whistleblowing arrangements.

2. INTRODUCTION

2.1. General

One of the basic principles of public sector organisations is the proper use of public funds. Most people who work in and use the NHS are honest, and find that fraud, bribery and corruption committed by a minority is wholly unacceptable, as it ultimately leads to a reduction in the resources available for patient care.

The NHS Counter Fraud Authority (NHSCFA) is a new special health authority dedicated to tackling fraud, bribery and corruption within the health service. The NHSCFA provides a clear focus for both the prevention and investigation of fraud across the health service and works with NHS England and NHS Improvement to properly uncover fraud and tackle it effectively. NHSCFA replaced NHS Protect with effect from 01.11.2017.

For staff awareness, theft issues are usually dealt with by local security management (LSMS), not the AFS. However, the AFS will be mindful of any potential criminality identified in the course of any investigation and will, with the agreement of the Chief Finance Officer, notify the appropriate investigating authority.

Each CCG is required to appoint its own dedicated Anti-Fraud Specialist (AFS) who is accredited by NHSCFA and accountable to them professionally for the completion of a range of preventative anti-fraud and corruption work, as well as for undertaking any necessary investigations. Locally, the AFS is accountable on a day-to-day basis to the CCG Chief Finance Officer and also reports, periodically, to the CCG Audit Committee.

All instances where fraud, bribery and corruption are suspected are thoroughly investigated by staff trained by NHSCFA, and such investigations are handled in accordance with the NHS Anti-Fraud Manual.

NHS Halton CCG does not tolerate fraud, corruption or bribery within the NHS. The aim is to eliminate NHS fraud, bribery and corruption as far as possible.

2.2. NHS Counter Fraud Authority (NHSCFA)

Under the NHSCFA Standards for Providers, all organisations providing NHS services are required to put in place appropriate anti-fraud management arrangements. The NHSCFA approach to tackling fraud and other economic crime against the NHS ('Leading the fight against NHS fraud: Organisational strategy 2017-2020') is guided by four principles:

Inform and involve: raise awareness of fraud against the NHS, and work with over 1.3 million NHS staff, with stakeholders and the public to highlight those risks and the consequences of fraud against the NHS;

Prevent and deter: provide solutions to identified fraud risks, discourage individuals who may be tempted to commit fraud against the NHS and ensure that opportunities for fraud to occur are minimised;

Investigate, sanction and seek redress: investigate allegations of fraud thoroughly and to the highest professional standards, where appropriate seek the full range of civil, criminal and disciplinary sanctions and seek redress where possible; and

Continuously review and hold to account: fraud is constantly evolving and continuous re-evaluation and improvement is needed to ensure that we keep ahead of the problem. Where this does not take place, or where there is a reluctance to do so, then organisations must be held to account for their inaction.

2.3. Aims and Scope

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to employees and all stakeholders who may identify suspected fraud, corruption or bribery. It provides a framework for responding to suspicions of fraud, bribery and corruption, advice and information on various aspects of fraud, bribery and corruption 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 NHS Halton CCG, irrespective of their position, about the risk of fraud, bribery and corruption within and against the organisation and wider NHS, and its unacceptability
- assist in promoting a climate of openness and a culture and environment where staff and stakeholders feel able to raise concerns sensibly and responsibly
- set out NHS Halton CCG's responsibilities in terms of anti-fraud, bribery and corruption activities
- ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
 - criminal prosecution
 - civil redress
 - internal/external disciplinary action

This policy applies to all employees and members of NHS Halton CCG as specified within its Constitution, 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 by various methods and will form part of the induction process for new staff.

3. DEFINITIONS

3.1 Fraud

The Fraud Act 2006 introduced an entirely new way of investigating and prosecuting fraud. Previously, the word 'fraud' was an umbrella term used to cover a variety of criminal offences falling under various legislative Acts. It is now no longer necessary to prove that a person has been deceived, or that the fraud was successfully carried out. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain either for themselves or another; to cause a loss to another; or expose another to a risk of a loss.

There are several specific offences under the Fraud Act 2006; however, there are three primary ways in which it can be committed that are likely to be investigated by the AFS. The offence of fraud can be committed in three ways:

1. Fraud by false representation (s.2) – lying about something using any means, e.g. falsifying a CV or NHS job application form
2. Fraud by failing to disclose information (s.3) – not saying or disclosing something when you have a legal duty to do so, e.g. failing to declare a conviction, disqualification or commercial interest when such information may have an impact on your NHS role, duties or obligation, and where you are required to declare such information as part of a legal commitment to do so
3. Fraud by abuse of a position (s.4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation, e.g. a carer abusing their access to patients monies, or an employee using commercially confidential NHS information to make a personal gain

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, or expose to a risk of loss, with intent to make a gain for themselves or another, or to cause loss to another or to expose another to a risk of loss. 'Gain' and 'loss' means in money or other property, and includes whether temporary or permanent. The gain or loss does not have to succeed, so long as the intent is there. Successful prosecutions under the Fraud Act 2006 may result in an unlimited fine and/or a potential custodial sentence of up to 10 years.

3.2 Bribery and Corruption

Bribery and corruption prosecutions can be brought using specific pieces of legislation:

- Prevention of Corruption Acts 1906 and 1916, for offences committed prior to 1st July 2011, and,
- Bribery Act 2010, for offences committed on or after 1st July 2011

The Bribery Act 2010 reforms the criminal law of bribery, making it a criminal offence to:

- give promise or offer a bribe (s.1), and/or
- request, agree to receive or accept a bribe (s.2)

Corruption is generally considered to be an ‘umbrella’ term covering such various activities as bribery, fraud, money laundering, corrupt preferential treatment, kickbacks, cronyism and embezzlement. Under the Bribery Act 2010, however, bribery is now a series of specific criminal offences.

Bribery - Generally, bribery is defined as “an inducement or reward offered, promised or provided to someone to perform their functions or activities improperly in order to gain a personal, commercial, regulatory and/or contractual advantage”.

Examples of bribery in an NHS context could be a contractor attempting to influence a procurement decision-maker by giving them an extra benefit or gift as part of a tender exercise; or, a medical or pharmaceutical company providing holidays or other excessive hospitality to a clinician in order to influence them to persuade their organisation to purchase that company’s particular clinical supplies.

A bribe does not have to be in cash; it may involve the awarding of a contract, the provision of gifts, hospitality, sponsorship, the promise of work, a job offer, or some other benefit or favour. The persons making and receiving the bribe may be acting on behalf of others – under the Bribery Act 2010, all parties involved may be prosecuted for a bribery offence. All staff are reminded to ensure that they are transparent in respect of recording conflicts of interest, gifts, hospitality or sponsorship and they should refer to the separate CCG policy, ‘Managing Conflicts of Interest and Gifts and Hospitality Policy’.

The Bribery Act 2010 is also extra-territorial in nature. This means that anyone involved in bribery activity overseas may be liable to prosecution in the UK if the bribe is in respect of any UK activity, contract or organisation. To this end, the Bribery Act 2010 also includes an offence of bribing a foreign public official [s.6].

In addition, the Bribery Act 2010 introduces a new ‘corporate offence’ [s.7] of the failure of commercial organisations to prevent bribery. The Department of Health Legal Service has stated that NHS bodies are deemed to be ‘relevant commercial organisations’ to which the Act applies. As a result, an NHS body may be held liable (and punished with a potentially unlimited fine) when someone “associated” with it bribes another in order to get, keep or retain business for the organisation. However, the organisation will have a defence, and avoid prosecution, if it can show it had “adequate procedures” in place designed to prevent bribery.

Finally, under s.14 of the Bribery Act 2010, a senior officer of the organisation (e.g. Chief Officer, Chair) would also be liable for prosecution if they consented to or connived in a bribery offence carried out by another. Under such circumstances, as an example, the Chief Officer may be prosecuted for a parallel offence to that brought against the primary perpetrator. Furthermore, the organisation could also be subject to an unlimited fine because of the Chief Officer’s consent or connivance.

To reiterate, the Bribery Act 2010 is applicable to all NHS organisations including NHS Halton CCG and, consequently, it also applies to (and can be triggered by) everyone “associated” with the CCG who performs services for it, or on its behalf, or who provides the CCG with goods. This includes those who work for and with the CCG, such as employees, agents, subsidiaries, contractors and suppliers (regardless of whether they are incorporated or not). The term “associated person” has an intentionally wide interpretation under the Bribery Act 2010.

NHS Halton CCG adopts a zero tolerance attitude towards bribery and does not, and will not, pay or accept bribes or offers of inducement to or from anyone, for any purpose.

The CCG is fully committed to the objective of preventing bribery and will ensure that adequate procedures, which are proportionate to our risks, are in place to prevent bribery and which will be regularly reviewed. We will, in conjunction with NHSCFA, seek to obtain the strongest penalties – including criminal prosecution, disciplinary and/or civil sanctions – against anyone associated with NHS Halton CCG who is found to be involved in any bribery or corruption activities. The CCG has conducted risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect the CCG.

As with the Fraud Act 2006, a conviction under the Bribery Act 2010 may ultimately result in an unlimited fine and/or a custodial sentence of up to 10 years imprisonment.

3.3 Employees

This policy applies to all CCG ‘employees’ regardless of whether they are directly employed, in a seconded post or whether their remit is clinical or corporate. Use of the term ‘employees’ within this policy includes:

- a) Member practice staff involved in CCG business;
- b) Employees of member practices who are employed by the CCG;
- c) Committees and sub-committees of the CCG;
- d) Governing Body Members (including co-opted and lay members);
- e) Third parties acting on behalf of the CCG (including Commissioning Support and shared services);
- f) Agency, locum and other temporary staff engaged by the CCG;
- g) Students (including those on work experience), trainees and apprentices;
- h) Volunteers.

4. CODES OF CONDUCT

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

Accountability - Everything done by those who work in the CCG must be able to stand the tests of parliamentary scrutiny, public judgements on propriety and professional codes of

conduct.

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

Openness - The health body's activities should be sufficiently public and transparent to promote confidence between the CCG and its staff and the public.

All staff, and those who work on behalf of the CCG, should be aware of and act in accordance with these values. In addition they are also expected to:

- act impartially in all their work
- refuse gifts, hospitality, benefits or sponsorship of any kind that might reasonably be seen to compromise their judgement or integrity; and, to avoid seeking to exert influence to obtain preferential consideration
- declare and register gifts, hospitality, benefits or sponsorship of any kind, in accordance with limits agreed locally; whether refused or accepted
- declare and record financial, non-financial or personal interest (e.g. company shares, research grant) in any organisation with which they have to deal, and be prepared to withdraw from those dealings if required, thereby ensuring that their professional judgement is not influenced by such considerations
- make it a matter of policy that offers of sponsorship that could possibly breach the code be reported to the Clinical Chief Officer.
- not misuse their official position or information acquired in the course of their official duties to further their private interests or those of others
- ensure professional registration (if applicable) and/or status are not used in the promotion of commercial products or services
- beware of bias generated through sponsorship, where this might impinge on professional judgement or impartiality
- neither agree to practice under any conditions which compromise professional independence or judgement, nor impose such conditions on other professionals

The CCG has detailed policies and procedures in place in relation to declarations of interest, sponsorship, hospitality & gifts, as well as accompanying registers to be completed. CCG policies and forms are located on the CCG's intranet and hard copies can be requested from Line Managers.

All staff are also reminded that every NHS employee, regardless of position or status, must comply with the 'Conflicts of Interest in the NHS – Guidance for staff and organisations' which may be accessed at: <https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>

Relevant personnel are also reminded that their professional bodies will also have codes of conduct or standards of behaviour which they will be expected to adhere to.

5. ROLES AND RESPONSIBILITIES

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 an individual believes the opportunity for fraud, bribery or corruption exists, whether because of poor procedures or oversight, they should report it to the AFS; or to the Chief Finance Officer; or via the CCG whistleblowing arrangements.

This section states the roles and responsibilities of employees, stakeholders and other relevant parties in reporting fraud or corruption.

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

The CCG will implement their corporate responsibilities and key principles for action as set out in the four sections below. A key element in achieving this is the appointment of an AFS.

Strategic Governance

The CCG will ensure that anti-crime measures are embedded at all levels across the organisation.

Inform and Involve

The CCG will use anti-fraud publicity material to persuade those who work in the CCG, its stakeholders, along with the public, that fraud, bribery and corruption is serious and takes away resources from important services. Such activity will demonstrate that fraud, bribery and corruption are not acceptable and are being tackled.

Prevent and Deter

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, prime financial policies 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 introduce measures to minimise the occurrence of fraud, bribery and corruption and will ensure that any necessary changes to systems and procedures take place with immediacy to prevent similar incidents from happening in the future. Deterrence is about increasing the expectation that someone will be caught if they attempt to defraud – this is more than just tough sanctions.

Hold to Account

The CCG will hold to account those who have committed crimes against the organisation through detecting and investigating fraud, bribery and corruption; prosecuting; and, seeking

redress. The AFS will be professionally trained and accredited to carry out investigations.

Role of NHS Halton CCG

NHS Halton 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 CCG has a duty to ensure that those concerns are listened to and addressed.

Clinical Chief Officer

The CCG's Clinical Chief Officer is liable to be called to account for specific failures in NHS Halton 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 CCG employees including those who provide support services on behalf of the organisation. 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.

Governing Body / Audit Committee

The Governing Body particularly via Audit Committee has a duty to provide adequate governance and oversight of the CCG to ensure that its funds, people and assets are adequately protected against criminal activity, including fraud, bribery and corruption. The Governing Body are also responsible for setting the tone across the CCG that fraud, bribery and corruption will not be tolerated.

Chief Finance Officer

The CFO has powers to approve financial transactions initiated by directorates across the CCG. The CFO prepares documents and maintains detailed financial procedures and systems which apply the principles of separation of duties and internal checks to supplement procedures and systems. The CFO will report annually to the Governing Body on the adequacy of internal financial controls and risk management as part of the Governing Body's overall responsibility to prepare a statement of internal control for inclusion in the CCG's Annual Report.

The Chief Finance Officer, in conjunction with the Chief Officer, monitors and ensures compliance with the CCG's requirements 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.

The AFS 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.

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

The Chief Finance Officer will delegate any fraud investigations to the CCG's AFS who has responsibility for leading the investigation, whilst the CFO retains overall responsibility for the work. The Chief Finance Officer will inform the head of internal audit of any fraud investigations.

The Chief Finance Officer or the AFS 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 AFS will not conduct a disciplinary investigation, but the employee may be the subject of a separate investigation by the HR service.

Managers

Managers must be vigilant and ensure that procedures to guard against fraud, bribery and corruption are applied and monitored. 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 the nominated AFS.

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 AFS will proactively assist the encouragement of an anti-fraud, bribery and corruption culture by undertaking and cooperate with work that will raise fraud awareness.

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

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

As part of that responsibility, line managers need to:

- inform staff of the CCG's Managing Conflicts of Interest and Gifts and Hospitality Policy and Anti-Fraud, Bribery and Corruption Policy as part of their induction process; paying particular attention to the need for accurate completion of personal records and forms
- ensure that all employees for whom they are accountable are made aware of the requirements of this 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 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 director's assessment of the risks and controls within their business area, which feeds into the CCG risk management arrangements

Employees

The CCG's prime financial policies, and other policies and procedures place an obligation on all employees including Governing Body members and lay advisers to act in accordance with best practice.

Employees are expected to ensure that they are familiar with and act in accordance with this Anti-Fraud, Bribery and Corruption Policy and other CCG policies referred to in it.

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

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

In addition, all employees have a responsibility to comply with all applicable laws, regulations, and CCG and NHS policies 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 NHS Halton CCG employees deal fairly and impartially with official matters
- be alert to the possibility that others might be attempting to deceive
- All employees have a duty to ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, receipts or dealing with contractors or suppliers

- If an employee suspects that there has been fraud, corruption or bribery, or has seen any suspicious acts or events, they must report the matter to the nominated AFS or other officially recognised NHS fraud reporting channel, as specified within this Policy.

Anti-Fraud Specialist (AFS)

CCGs are required to nominate and appoint an AFS. The AFS is operationally accountable to the CCG's Chief Finance Officer, and reports on the progress of all anti-fraud and corruption activity to the CCG's Audit Committee.

The AFS will regularly report to the Chief Finance Officer on the progress of anti-fraud work, including investigations, and when/if referral to the police is required.

The AFS will also:

- ensure that the Chief Finance Officer is informed about all referrals/cases and approves any necessary investigation activity
- in particular, conduct investigations of all alleged fraud, bribery and corruption in accordance with the NHS Anti-Fraud Manual, Investigations Toolkit, NHS Standards for Commissioners for fraud, bribery and corruption, and relevant criminal law
- be responsible for the day-to-day implementation of the key principles of anti-fraud, bribery and corruption activity and, in particular, the investigation of all suspicions of fraud, bribery and corruption
- in consultation with the Chief Finance Officer, report any case to the police or NHSCFA as agreed and in accordance with the NHS Anti-Fraud Manual
- report any case and the outcome of the investigation through the NHSCFA national case management system (FIRST)
- ensure that other relevant parties are informed where necessary, e.g. the Human Resources (HR) service will be informed if an employee is the subject of a referral
- ensure that 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) Principles of Professional Conduct as set out in the NHS Anti-Fraud Manual
- In addition, the AFS will be responsible for the day-to-day implementation of the generic areas of anti-fraud, bribery and corruption strategy, as agreed in the fraud risk assessed annual workplan.

NHS Counter Fraud Authority (NHSCFA)

NHSCFA deliver anti-crime work that cannot be carried out by NHS health bodies regionally or in isolation. They use intelligence to identify serious and complex economic crime, reduce the impact of crime and drive improvements in anti-crime work.

Local NHS organisations are primarily accountable for dealing with crime risks in the NHS. NHSCFA provides information and guidance to local AFSs to improve anti-fraud, bribery and corruption work across the NHS.

NHSCFA's main objectives are:

- a) to deliver the Department of Health (DH) strategy, vision and strategic plan, and be the principal lead for counter fraud activity in the NHS in England;
- b) to be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters;
- c) to lead, guide and influence the improvement of standards in counter fraud work, in line with HM Government Counter Fraud Professional Standards, across the NHS and wider health group, through review, assessment and benchmark reporting of counter fraud provision across the system;
- d) to take the lead and encourage fraud reporting across the NHS and wider health group, by raising the profile of fraud and its effect on the health care system.

Internal and External Audit

The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Any incident or suspicion of fraud, corruption or bribery that comes to internal or external audit's attention will be passed immediately to the nominated AFS. The AFS will liaise with internal and external audit to advise of any key systems or control weaknesses identified as part of anti-fraud work. The outcome of the investigation may necessitate further work by internal or external audit to review systems.

Human Resources

The CCG's Human Resources service will liaise closely with managers and the AFS from the outset if an employee is suspected of being involved in fraud, bribery and/or corruption, in accordance with agreed liaison protocols. The CCG's HR service is responsible for ensuring the appropriate use of the CCG's disciplinary procedure. The CCG's HR service 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 AFS 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. HR will advise those involved in the investigation on matters of employment law and other procedural issues, such as disciplinary and complaints procedures, as may be required. Close liaison between the AFS and HR will be essential in respect of any decision as to whether to exclude an employee from the CCG while necessary enquiries are ongoing, though any final decision to exclude is that of the CCG.

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.

Information Management and Technology

The Head of Information Security (or equivalent) will contact the AFS immediately in all cases where there is suspicion that Trust/CCG ICT is being used for fraudulent purposes in accordance with the Computer Misuse Act 1990. Similarly, the Head of Information Security will liaise closely with the AFS to ensure that a subject's access (both physical and electronic) to Trust/CCG ICT resources is suspended or removed where an investigation identifies that it is appropriate to do so. The Computer Misuse Act 1990 criminalises unauthorised access to computer systems and aims to deter criminals from using a computer in the commission of a criminal offence, such as fraud.

The Response Plan

6 REPORTING FRAUD, BRIBERY AND CORRUPTION

This section outlines the action to be taken if fraud, bribery or corruption is discovered or suspected. If an employee or stakeholder has any concerns as mentioned in this document, they must report those concerns appropriately.

If the referrer believes that the Chief Finance Officer or AFS is implicated, they should notify whichever party is not believed to be involved who will then inform the Chief Officer and Audit Committee Chairperson.

The Desktop Guide (Appendix A) provides a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and corruption, or other related 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.

If any employee or stakeholder feels unable, for any reason, to report the matter as above, they can also call the NHS Fraud and Corruption Reporting Line on Freephone 08000 28 40 60 (powered by Crimestoppers 24/7) or report their concerns via the NHS Online Fraud Reporting Form www.cfa.nhs.uk/reportfraud

This provides an easily accessible route for the reporting of genuine suspicions of fraud, bribery and corruption within or affecting the NHS. It allows those people 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 caller who wishes to remain anonymous may do so.

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. The AFS 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.

Staff and stakeholders are encouraged to report reasonably held suspicions directly to the AFS. This can be done by filling in the Referral Form (Appendix B) or by using the AFS contact details supplied on the desktop guide (Appendix A).

The CCG wants all employees and stakeholders 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 Whistleblowing Policy. This procedure is intended to complement this policy as well as other relevant CCG policies 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. Corporate policies can be found on the CCG's intranet or hard copies can be requested from Line Managers.

7 Sanctions and Redress

The CCG approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, disciplinary and regulatory – should be considered at the earliest opportunity and any or all of these may be pursued where and when appropriate. The consistent use of an appropriate combination of investigative processes in each case demonstrates the CCG's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.

The CCG endorses the NHSCFA approach and adopts the principles contained within their policy entitled, 'Parallel Criminal and Disciplinary Investigations'; as well as complying with the provisions of the NHS Anti-Fraud Manual with regard to applying sanctions where fraud, bribery or corruption is proven. The CCG maintains an internal joint working and data sharing protocol between the AFS and the HR department which also covers their respective investigative duties.

The types of sanction which the CCG may apply when a financial offence has occurred, include:

Civil Redress – The CCG will seek financial redress, whenever possible, to recover losses (of money or assets), including interest and costs, to fraud, bribery and corruption. Redress can be sought in various ways. These include confiscation or compensation orders or use of the Proceeds of Crime legislation in the criminal courts, as well as civil legal sanctions such as an order for repayment or an attachment to earnings where appropriate, in addition to any locally agreed voluntary negotiations or repayments. As an organisation, the CCG actively publicise the fact that redress will be sought where applicable to recover monies lost to fraud and corruption, thus creating a further deterrent effect.

Criminal Prosecution – The AFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service, where appropriate, to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.

Disciplinary Sanctions – Disciplinary procedures will also be initiated where an employee is suspected of being involved in a fraudulent or illegal act. The CCG’s disciplinary policy can be located on the CCG’s intranet section.

Professional Body Disciplinary Sanctions – Where appropriate and if warranted, the CCG reserves the right to also report staff to their professional body as a result of a successful investigation and/or prosecution.

8 Dissemination and Implementation

8.1 Dissemination

The Risk and Governance Manager is responsible for ensuring dissemination of this policy to staff, including placement on the intranet, induction, and other methods of communication. It is important that staff understand and are aware of the policy.

The CCG’s commissioning support provider will be requested to ensure that it is brought to the attention of relevant staff providing services to the CCG.

The CCG’s AFS will be responsible for implementing this policy and all CCG managers have a responsibility to ensure all staff are made aware of the policy and understand it. The AFS will provide training where required.

8.2 Implementation

The Risk and Governance Manager is responsible for ensuring implementation of the policy. The AFS will make staff and stakeholders aware of the policy as part of the CCG’s Anti-Fraud Workplan.

9 Process for Monitoring Compliance and Effectiveness

Monitoring is essential in ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Through the reviewing of system controls, conducting investigations and identifying weaknesses, the AFS will monitor the policy’s effectiveness. Outcomes will be summarised and documented through the CCG’s Audit Committee.

10 Equality and Diversity

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

11 Policy Review

The policy will be reviewed (by notification from the CCG's Risk and Governance Manager) every 2 years by the AFS in conjunction with the CCG's Chief Finance Officer and Risk and Governance Manager; or sooner if earlier review is warranted for any reason. Minor changes may be approved by the Chief Officer.

12 References

- a) Managing Conflicts of Interest and Gifts and Hospitality Policy
- b) Disciplinary Policy
- c) Financial Policies
- d) NHS Anti-Fraud Manual
- e) NHS Protect and NHSCFA policies and guidance
- f) NHS and Professional Codes
- g) Whistleblowing Policy
- i) NHS Protect. (2013). 'Applying Appropriate Sanctions Consistently' - http://www.nhsbsa.nhs.uk/Documents/CounterFraud/Applying_appropriate_sanctions_consistently_-_Policy_statement_April_2013.pdf
- j) NHS Protect 'Parallel Criminal and Disciplinary Investigations'
- k) NHS Business Services Authority. (2004). Codes of Conduct for NHS Boards and NHS Managers http://www.nhsbsa.nhs.uk/Documents/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf
- m) NHS Counter Fraud Authority (2017) Leading the fight against NHS fraud: Organisational strategy 2017-2020 [online]. Available at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

Appendix A

A DESKTOP GUIDE TO REPORTING NHS FRAUD, BRIBERY AND CORRUPTION

FRAUD: is a criminal offence. It means the dishonest intention 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: it is a criminal offence to promise, offer, give, request or receive a financial or other advantage such as a gift or a favour intended to induce or reward someone to perform their duties improperly in relation to work or public function.

CORRUPTION: is an umbrella term for various dishonesty offences, such as money laundering, misconduct in a public office, price-fixing.

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 or secure evidence

Retain any evidence that may be destroyed, but do not alter or write on it in any way.

Report your suspicion promptly

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

Be discreet

Don't discuss your concerns with anyone who doesn't need to know

DO NOT

Confront the suspect or convey concerns to anyone other than those authorised

Never attempt to question a suspect yourself; this could alert a fraudster and place you at harm.

Try to investigate the concern yourself

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 AFS 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 should not suffer discrimination or victimisation by following the correct procedures [please refer to the CCG's whistleblowing arrangements for more details].

Do nothing!

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

- directly contacting the **Anti-Fraud Specialist** at MIAA, or
- telephoning the freephone **NHS Fraud and Corruption Reporting Line**, or
- online via the fraud reporting form www.cfa.nhs.uk/reportfraud, or
- contacting the **Chief Finance Officer**, or
- via the **CCG's whistleblowing arrangements**.

Report NHS Fraud, Bribery & Corruption – contact details:

Your CCG AFS at MIAA: **0151 285 4500**

NHS Fraud and Corruption Reporting Line: **0800 028 40 60**

NHS Online Reporting Form: www.cfa.nhs.uk/reportfraud **[All calls will be treated in confidence and investigated by professionally trained personnel by professionally trained staff]**

Unsure whether to or how to report concerns? You can access FREE advice from:

The NHS and Social Care Whistleblowing Helpline 08000 724 725

Your Anti-Fraud Specialist can be contacted by telephoning 0151 285 4500

If you would like further information about NHSCFA or the work of the AFS, please visit www.cfa.nhs.uk

Protecting your NHS from Fraud, Bribery and Corruption

Appendix B

NHS Fraud, Bribery and Corruption Referral Form

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

Referrals should only be made when you can substantiate your suspicions with one or more reliable pieces of information. Anonymous applications are accepted but may delay any investigation.

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 provide/attach any available additional information that may be useful, but please do not send any original evidence through the postal service.

Submit the completed form (in a sealed envelope marked 'Restricted – Management' and 'Confidential') for the attention of the CCG Anti-Fraud Team, Mersey Internal Audit Agency, Ground Floor, Regatta Place, Summers Road, Brunswick Business Park, Liverpool, L3 4BL.



Halton

Clinical Commissioning Group