



Anti-Fraud, Bribery & Corruption Policy

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Policy Author	Cath Robson – Anti-Fraud Specialist – MIAA
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Applicable Statutory, Legal or National Best Practice Requirements	NHS Counter Fraud Manual Public Interest Disclosure Act 1998 The NHS Standard Contract Fraud Act 2006 Bribery Act 2010 Managing Conflicts of Interest in the NHS Guidance
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The CCG is committed to an environment that promotes equality, embraces diversity and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Version Control Sheet

Version	Date	Reviewed By	Comment
Draft v0.1	22/01/2014	CCG Executive	Approved.
Final v1.0	23/01/2014		On web.
Final v2.0	11/02/2015 11/02/2015 27/02/2015	CCG Executive CCG Audit Committee CCG Board	Revised to reflect national guidance and Anti-Fraud Provision by MIAA
Final v3.0	20/01/2016	CCG Audit Committee	Revised to include a section on "Sanctions and Redress" in line with NHS Protect guidance and includes changes in respect of the sequence in the "Roles and Responsibility" section.
Final v4.0	09/02/2018 17/01/2018	CCG Chief Officer CCG Audit Committee	Revised taking into account the new NHS Counter Fraud Authority (NHS CFA), formerly known as NHS Protect.

Analysis of Effect completed:	By:	Date:
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1 INTRODUCTION

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in and use the NHS conduct themselves in an honest and professional manner and they believe 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.

Bolton Clinical Commissioning Group (“the 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 or corruption and aims to eliminate all such activity as far as possible.

The CCG wishes to encourage anyone having a reasonable suspicion of fraud, bribery or corruption to report them. For the purposes of this policy “reasonably held suspicions” shall mean any suspicions other than those which are totally groundless (and/or raised maliciously).

It is the CCG’s policy that no employee will suffer in any way as a result of reporting these suspicions. This protections are given under the provisions of the Public Interest Disclosure Act which the CCG is obliged to comply with.

The CCG will take all necessary steps to counter fraud, bribery and corruption in accordance with this policy, the NHS Counter Fraud Manual, the NHS Counter Fraud Authority (NHS CFA) Investigation Case File Toolkit and in line with the NHS CFA’s Strategy document ‘Leading the fight against NHS Fraud – Organisational Strategy 2017-2020’ plus any other relevant guidance or advice issued by NHS CFA. 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 to recover losses.

Each CCG is required to appoint its own dedicated AFS, who is accredited by the NHS CFA and accountable to them professionally for the completion of a range of preventative anti-fraud, bribery 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’s Chief Finance Officer and also reports, periodically, to the CCG’s Audit Committee.

All instances where fraud, bribery and/or corruption is suspected are thoroughly investigated by staff trained by NHS CFA. Any investigations will be undertaken in accordance with the NHS Counter Fraud Manual.

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1.1 Objectives

The CCG is committed to taking all necessary steps to counter fraud, bribery and corruption.

Under the NHS Standard Contract, all organisations providing NHS services are required to put in place appropriate anti-fraud arrangements. The NHS CFA's unified approach to tackling crime against the NHS (Leading the fight against NHS Fraud – Organisational Strategy 2017-2020) is delivered across four key operational areas:

- To ensure that the organisations **strategic governance** arrangements have anti-crime measures embedded across all levels.
- To **inform and involve** NHS staff and the public through raising awareness of crime risks against the NHS and highlighting the risks and consequences of crime.
- To **prevent and deter** individuals who may be tempted to commit crime against the NHS and ensure that the opportunities for crime to occur are minimised.
- To detect, investigate and **hold to account** those individuals who have committed crimes by obtaining sanctions and seeking redress.

1.2 Scope

This policy has been produced by the CCG's AFS and is intended to provide a guide for all employees (regardless of position), contractors, consultants, vendors and other internal and external stakeholders who have a professional or business relationship with the CCG.

The Policy provides information on what fraud, bribery and corruption is within the NHS and includes details in respect of what everyone's responsibilities are to prevent fraud, bribery and/or corruption. The Policy is designed to inform on how to report concerns/suspicions with the intention of reducing fraud, bribery and corruption to a minimum within the CCG.

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, bribery and/or corruption. It provides a framework for responding to suspicions of fraud, bribery and corruption and implications of investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery and corruption.

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2 DEFINITIONS

The definitions application to this policy are as follows:

2.1 NHS Counter Fraud Authority

The NHS CFA is a new special health authority dedicated to tackling fraud, bribery and corruption within the health service. The NHS CFA provides a clear focus for both prevention and investigation of fraud, bribery and corruption across the health service and works with NHS England and NHS Improvement to properly uncover fraud, bribery and corruption and tackle it effectively.

2.2 Fraud

The Fraud Act 2006 introduced an entirely new way of investigating and prosecuting offences of 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 for a fraud to be successful. 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:

- **Fraud by False Representation (section.2)** – lying about something using any means, e.g. by words or actions on a timesheet or job application form/CV.
- **Fraud by Failing to Disclose Information (section.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.
- **Fraud by Abuse of Position (section.4)** – where there is an expectation on the individual 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 successful prosecutions under the Fraud Act 2006 may result in an unlimited fine and/or a custodial sentence of up to 10 years.

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2.3 Bribery and Corruption

Bribery and corruption prosecutions can be brought using the Bribery Act 2010 and defines offences as: **an inducement or reward offered, promised or provided to someone to perform a relevant function or activity improperly in order to gain a personal, commercial, regulatory and/or contractual advantage, on behalf of oneself or another.** Therefore making it a criminal offence to:

- a) **Give promise or offer a bribe (section.1), and/or**
- b) **Request, agree to receive or accept a bribe (section.2).**

Corruption is generally considered to be an “umbrella” term covering various activities as bribery, corrupt preferential treatments, kickbacks, cronyism, theft or embezzlement.

Examples of bribery and corruption 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 CCG to purchase that company’s particular clinical supplies and/or services.

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 or some other benefit or favour. The persons making and receiving the bribe may be acting on behalf of others and under the Bribery Act 2010, **all** parties involved may be prosecuted.

The Bribery Act 2010 includes an offence of **Bribing a Foreign Public Official (section.6)**, meaning that anyone involved in bribery activities overseas may be liable to prosecution in the UK if the bribe is in respect of any UK activity, contract or organisation.

The Bribery Act 2010 introduces a new **Corporate Offence of Failing to Prevent Bribery (section.7)**. The Department of Health Legal Service has stated that NHS bodies are deemed to be ‘relevant commercial organisations’ to which this 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 NHS body will have a defence and avoid prosecution, if it can show it has ‘adequate procedures’ in place designed to prevent bribery from occurring.

In addition, the Bribery Act 2010 also includes an offence of **A Senior officer of the Organisation would also be Liable for Prosecution if they Consented to or Connived in a Bribery Offence carried out by Another**

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(section.14) meaning that they may be prosecuted for a parallel offence to that brought against the primary perpetrator and the organisation could also be subject to an unlimited fine.

The 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, proportionate to the risks, are in place to prevent bribery and will be regularly reviewed. The CCG will, in conjunction with NHS CFA, seek to obtain the strongest penalties, including criminal prosecution, disciplinary and/or civil sanctions.

It should be noted that successful prosecutions under the Bribery Act 2010 may result in an unlimited fine and/or a custodial sentence of up to 10 years imprisonment.

All staff are reminded to ensure that they are transparent in respect of recording any gifts, hospitality or sponsorship. They should refer to the CCG's policies and guidance covering:

- Acceptance of Gifts and Hospitality
- Declaration of Interests
- Sponsorship.

3 OTHER RELEVANT PROCEDURES

This policy should be read in conjunction with the following policies and guidance (this list is not exhaustive):

- Disciplinary Policy
- Whistleblowing Policy
- Conflicts of Interest Policy
- Gifts, Hospitality and Commercial Sponsorship Policy
- Code of Conduct and Accountability Policy
- Prime Financial Policies
- Scheme of Delegation
- Standing Orders (SO's).

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

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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 CCG's activities should be sufficiently public and transparent to promote confidence between the CCG, 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 interests (e.g. company shares, research grants etc.) in any organisation with which they have to deal with and be prepared to withdraw from such dealings if required, 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 Board.
- 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.

All staff are also reminded that every NHS employee, regardless of position or status, must comply with the Managing Conflicts of Interest in the NHS Guidance for staff and organisations which may be accessed as:

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<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 (i.e. staff) are in the best position to recognise any specific fraud, bribery and corruption 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 we believe the opportunity for fraud, bribery or corruption exists, whether because of poor procedures or lack of oversight, we should report it to the AFS; or via one of the reporting channels referred to in Section 6 of this policy.

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

5.1 The Board / Audit Committee

The CCG has a duty to ensure that it provides a secure environment in which to work, and one where people are confident to raise concerns without worrying that it will reflect badly on them. This extends to ensuring that staff feel protected when carrying out their official duties and are not placed in a vulnerable position. If staff have concerns about any procedure 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.

The CCG's Board (via its 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.

5.2 The Chief Officer

The CCG's Chief Officer, as the organisations Accountable Officer, has overall responsibility for securing funds, assets and resources entrusted to it and includes instances of fraud, bribery and corruption which may threaten those resources.

The Chief Officer must ensure that adequate policies and procedures are in place to protect the organisation and the public funds it receives. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement of all CCG employees. The CCG, therefore has a duty to ensure employees who are involved in or who are

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managing internal control systems receive adequate training and support in order to carry out their responsibilities. Therefore the Chief Finance Officer will monitor and ensure compliance with this policy.

5.3 The Chief Finance Officer (CFO)

The CFO, in conjunction with the Chief Officer, monitors and ensure compliance with the CCG's contractual requirements regarding fraud, bribery and corruption.

The CFO has powers to approve financial transactions initiated by departments across the organisation. The CFO prepares documents and maintains detailed financial procedures and systems; and applies the principles of segregation of duties and internal checks to supplement those procedures and systems.

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

The CFO will, depending on the outcome of investigations (whether on an interim, on-going or concluding basis) and/or the significance of suspicions that have been raised, inform appropriate senior management accordingly.

The AFS shall be responsible, in discussion with the CFO, for informing third parties such as external audit or the police at the earliest opportunity, as circumstances dictate.

The CFO will inform and consult the Chief Officer in cases where the loss or where the incident may lead to adverse publicity.

The CFO and/or the AFS will consult and take advice from the Director/Head of HR if a member of staff is to be interviewed, suspended or disciplined. The CFO or the AFS will not conduct a disciplinary investigation, but the employee may be the subject of a parallel investigation conducted by HR.

5.4 Anti-Fraud Specialist (AFS)

The AFS is operationally accountable to the CCG's CFO and reports on the progress of all anti-fraud, bribery and corruption activity to the CCG's Audit Committee. The AFS is responsible for taking forward all anti-fraud work locally in accordance with the standards and reports on the progress of an investigation and if/when a referral to the police is required to the CFO.

The AFS liaises with several key stakeholders and key contacts across the CCG and undertakes their duties to the highest possible standards at all times.

The AFS will:

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- Ensure that the CFO is informed about all referrals/cases and approves any necessary investigation activity.
- Conduct investigations of all alleged fraud, bribery and corruption in accordance with the NHS Counter Fraud Manual, Investigation Case File Toolkit, NHS Standards and associated legislation.
- Be responsible for the day-to-day implementation of the key principals of anti-fraud, bribery and corruption activity and, in particular, the investigation of all suspicions of fraud, bribery and corruption.
- Report any case and the outcome of an investigation through the NHS CFA National Case Management System (FIRST).
- Ensure that other relevant parties are informed of an investigation where necessary, e.g. Human Resources (HR), 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's) Principles of Professional Conduct as set out in the NHS Counter Fraud Manual.

The AFS will not have responsibility for, or be in any way engaged in the management of security for the CCG.

5.5 NHS Counter Fraud Authority (NHS CFA)

NHS CFA 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. NHS CFA provides information and guidance to local AFS's to improve anti-fraud, bribery and corruption work across the NHS.

5.6 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 policies and

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procedures is made available to all employees. 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 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.

The AFS will proactively assist the encouragement of an anti-fraud, bribery and corruption culture by undertaking work that raises awareness of the risks of fraud, bribery and corruption.

All instances of actual or suspected fraud, bribery and corruption which come to the attention of a manager **must** be reported immediately to the AFS or via one of the reporting channels specified within Section 6 of this Policy. It is appreciated that some employees may initially raise concerns with their line manager, and in such cases, managers must not attempt to investigate allegations themselves.

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 to help prevent fraud, bribery and corruption from occurring and to mitigate its impact if it does occur.

As part of that responsibility, line managers need to:

- Inform staff of the CCG's Anti-Fraud, Bribery and Corruption Policy, Code of Conduct and Accountability Policy and other relevant policies and procedures as part of the staff induction process; paying particular attention to the need for accurate completion of all records and forms.
- Ensure that all employees for whom they are accountable for are made aware of the requirements of the policy.
- Assess the types of possible fraud, bribery and corruption risks which may impact on 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) and segregation of duties wherever possible so that control of a key function is not invested in one individual as well as regular reviews, reconciliations and testing checks to ensure that control measures continue to operate effectively.
- Ensure that any access to and the use of computers by employees is linked to the performance of their duties within the CCG.
- Contribute to any assessment of the risks and controls within their business area, which feeds into the CCG's and the Department of Health Accounting Officer's overall statement of accountability and internal control.

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5.7 All Employees

For the purposes of this policy, 'employees' includes CCG Staff, volunteers, as well as Governors, Board, Executive Members, Lay Members (including co-opted members) and Honorary Members.

The CCG's Constitution, policies and procedures place an obligation on all employees, regardless of status, to act in accordance with best practice.

Employees are expected to familiarise themselves with and abide by the various standards and Codes of Conduct referred to in section 4.

Employees also have a duty to protect the assets of the CCG, including information assets, goodwill and tangible (e.g. property) assets.

In addition, all employees have a responsibility to comply with all applicable laws, regulations and CCG 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 the CCG's employees deal fairly and impartially with official matters.
- Be alert to the possibility that others might be attempting to deceive the CCG.

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, bribery or corruption, or has seen any suspicious acts or events, they must report the matter to the nominated AFS or via one of the reporting channels specified within Section 6 of this Policy.

5.8 Human Resources (HR)

The CCG's Human Resources Service Provider 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 AFS/HR liaison protocol.

The CCG's Human Resources Service Provider is responsible for ensuring the appropriate use of the CCG's disciplinary policy and will advise those involved in the investigation on matters of employment law and other procedural matters, such as disciplinary and complaints procedures, as requested.

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Close liaison between the AFS and the CCG's Human Resources Service Provider will be essential in respect of any decision as to whether to suspend or exclude an employee from the CCG while necessary enquiries are ongoing, though any final decision to exclude is that of the CCG.

Close liaison will also be necessary to ensure that any parallel sanctions (i.e. criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.

The CCG's Human Resources Service Provider 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, fixed-term contract and agency employees are treated in the same manner as permanent employees.

5.9 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, bribery or corruption that comes to internal or external audit's attention will be passed immediately to the nominated AFS. The outcome of the investigation may necessitate further work by internal or external audit to review systems and procedures.

5.10 Information Management and Technology

The Head of Information Technology will contact the AFS immediately where there is suspicion that the CCG's Information and Communications Technology (ICT) is being used for fraudulent purposes or where breaches of the Computer Misuse Act 1990 occur.

Similarly, the Head of Information Technology will liaise closely with the AFS to ensure that a subjects access (both physical and electronic) to the CCG's ICT resources is suspended or removed when an investigation identifies that it is appropriate to do so.

The Head of Information Technology will assist the AFS in securing and facilitating appropriate access to any IT-related data controlled by the CCG (including subject related data) as part of any investigative activities.

6 THE RESPONSE PLAN

6.1 Reporting Fraud, Bribery and Corruption

This section outlines the action to be taken if fraud, bribery or corruption is discovered or suspected. All genuine suspicions of fraud, bribery and corruption must be reported directly to the AFS immediately.

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The CCG's Anti-Fraud Specialist (AFS) is:

Name: Cath Robson
Telephone: 07825 853630
Email: catherine.robson@miaa.nhs.uk
catherine.robson1@nhs.net

If the referrer believes that the CFO 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.

An employee can contact any executive or non-executive director of the CCG to discuss their concerns, if they feel unable, for any reason, to report the concerns to the AFS or CFO. Any incident or suspicion of fraud, bribery or corruption that comes to any executive or non-executive director's attention will be passed immediately to the nominated AFS.

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 (Mon-Fri 8am-6pm) or report their concerns via the NHS Online Fraud Reporting Form www.cfa.nhs.uk/reportfraud.**

These options provide easily accessible routes for the reporting of genuine suspicions of fraud, bribery and corruption within or affecting the CCG or wider 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. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously and investigated.

The AFS will make sufficient enquiries to establish whether or not there is any substance 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 and, if they relate to a CCG employee, disciplinary action will be instigated.

Staff are encouraged to report reasonably held suspicions directly to the AFS. You can do this by completing the Referral Form (Appendix B) or by contacting the AFS by telephone or email or using any of the above routes or by using the contact details supplied on the Desktop Guide (Appendix A).

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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 policy is intended to complement the CCG's Anti-Fraud, Bribery and Corruption Policy as well as other relevant CCG policies and ensures that there is full provision for staff to raise concerns with others if they do not feel able to raise them with their line manager.

All corporate policies can be found on the CCG's intranet.

6.2 Sanctions and Redress

The CCG's approach to pursuing sanctions in cases of fraud, bribery and corruption is that a full range of possible sanctions – including criminal, civil, disciplinary and professional – 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 NHS CFA's approach and adopts the principles contained within their 'Investigation Case File Toolkit', as well as complying with the provisions of the NHS Counter 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 sanctions which the CCG may apply when fraud, bribery or corruption has occurred, include;

- **Civil Redress** – The CCG will seek financial redress, whenever possible, to recover losses (or money and/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 any attachment to earnings where appropriate, in addition to any locally agreed voluntary negotiations or repayments. As an organisation, the CCG will actively publicise the fact that redress will be sought where applicable to recover monies lost to fraud, bribery and corruption, thus creating a further deterrent effect.
- **Criminal Prosecution** – The AFS will work in partnership with NHS CFA, the Police and/or the Crown Prosecution Service, where appropriate, to achieve the most appropriate disposal of the case. Outcomes can range from a criminal conviction to fines and imprisonment.

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- **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.
- **Professional Body Disciplinary Sanctions** – Where appropriate and if warranted, the CCG reserves the right to also report staff to their professional body.

The seeking of financial redress or recovery of losses should be considered in all cases of fraud, bribery and corruption that are investigated by either the AFS, NHS CFA or HR where a loss is identified as a result of fraud, bribery and corruption and/or error.

Redress allows resources that are lost to fraud, bribery and corruption to be returned to the NHS for the use as intended, for the provision of high quality patient care and services.

Action to recover losses should be commenced as soon as practicable after the loss has been identified, and may include various departments to liaise about the most appropriate option.

7 STANDARDS

All anti-fraud, bribery and corruption work will be undertaken in accordance with the NHS Standards for Commissioners – Fraud, Bribery and Corruption and in accordance with Service Condition 24 of the NHS Standard Contract.

8 REVIEW

8.1 Monitoring, Review and Auditing of Policy Effectiveness

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

This policy will be reviewed every three years or more frequently if any significant changes in legislation or guidance from NHS CFA.

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8.2 Implementation and Dissemination of the Policy

The policy will be brought to the attention of all employees and will form part of the induction process for new staff.

This policy will be disseminated CCG wide for all employees to understand via the intranet and any other communications deemed necessary by the CCG. Reference to this policy will be made by the AFS during anti-fraud, bribery and corruption awareness presentations.

9 REFERENCES

- NHS Counter Fraud Manual
- NHS Investigations Vase File Toolkit
- Disciplinary Policy
- Whistleblowing Policy
- Conflicts of Interest Policy
- Gifts, Hospitality and Commercial Sponsorship Policy
- Code of Conduct and Accountability Policy
- Prime Financial Policies
- Scheme of Delegation
- Standing Orders (SO's).

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Appendix A

Form 1

A Desktop Guide to Reporting Fraud, bribery and Corruption

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.

CORRUPTION/BRIBERY 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, but do not alter in any way, or make a note and advise your AFS
- **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, as listed below** - Never attempt to question a suspect yourself; this could alert a fraudster or accuse an innocent person
- **try to investigate the concern yourself, 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 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 will not suffer discrimination or victimisation by following the correct procedures
- **Do nothing!**

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

- directly contacting the **Anti-Fraud Specialist**, or,
- telephoning the **freephone NHS Fraud and Corruption Reporting Line** – 0800 028 40 60, or,
- online www.cfa.nhs.uk/reportfraud or,
- contacting the **Chief Finance Officer**.

[Do you have concerns about a fraud taking place in the NHS?](#)
If so, Report NHS Fraud, Bribery and Corruption – contact details:

Your AFS is Cath Robson
Telephone: 07825 853630 or 0151 285 4500 (MIAA)
Email: catherine.robson@miaa.nhs.uk / catherine.robson1@nhs.net

All contact will be treated in confidence and investigated by professionally trained personnel
If you would like further information about the work of the NHS Counter Fraud Authority (NHS CFA), please visit <https://cfa.nhs.uk>

Protecting your NHS from Fraud, Bribery and Corruption

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Appendix B

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 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 (via email or in a sealed envelope) marked 'Restricted – Management' and 'Confidential' for the attention of the Anti-Fraud Specialist, **Cath Robson**, c/o Mersey Internal Audit Agency, Regatta Place, Brunswick Business Park, Summers Road, Liverpool, L3 4BL