

# Counter Fraud and Corruption Policy

**Author:** James Shortall, Local Counter Fraud Specialist

**Executive**

**Lead:** Simon Marshall, Director of Finance and Information

**Status:** Approval date: January 2018

Ratified by: Trust Board Audit Sub-Committee

Review date: April 2021

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## History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Jan 2004	Revised Counter Fraud policy	Audit Committee
2	Jan 2014	General review	Audit Committee
3	Mar 2015	General review	Audit Committee
4	Jan 2016	General review	Audit Committee
5	Jan 2017	General review	Audit Committee
6	Apr 2020	General review – minor changes to contact details	

For more information on the status of this document, please contact:	
Policy Author	Local Counter Fraud Specialist
Date of issue	April 2020
Review due	One year from issue
Ratified by	Trust Board Audit Sub-Committee
Audience	All staff

## **Executive summary**

Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH) aims to provide prompt, high quality treatment and care where it is needed. ASPH is committed to ensuring its resources are used appropriately and efficiently, and it follows that any misuse of resources must be identified and ceased immediately.

The Board is committed to the elimination of any bribery, fraud and corruption within the organisation and to the rigorous investigation of any such cases. One of the basic principles of public sector organisations is the proper use of public funds and this would include assets bought through public funds.

This policy provides guidance to identify potential cases or risk of fraud, corruption or bribery establishes and the subsequent actions to take.

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## See also:

- *Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy*

In accordance with the Public Interest Disclosures Act 1998, a member of staff who reports their concerns is protected if they act reasonably and responsibly. Further advice can be sought from the charity 'Protect' <http://www.pcaw.co.uk> (telephone 020 3117 2520).

- *Gifts and Hospitality Policy*

This policy provides guidance and advice on the offer and/or receipt of gifts, hospitality, sponsorship, or the provision of gifts, hospitality or sponsorship to others in connection with business activities. It also provides guidance on the application of the Bribery Act 2010 and declarations of interests to be made by employees

- *Disciplinary Policy*

## 1 Introduction

1.1 ASPH requires high standards of corporate and personal conduct based on recognition that patients / service users come first.

1.2 There are three crucial values which must underpin the work of ASPH.

- **ACCOUNTABILITY:** everything done by those who work in ASPH must be able to stand the tests of scrutiny, public judgments on propriety and professional codes of conduct
- **PROBITY:** absolute honesty and integrity should be exercised in dealing with those using ASPH services, assets, staff, suppliers and contractors.
- **OPENNESS:** ASPH activities should be sufficiently public and transparent to promote confidence between the organisation and its patients / service users, staff and the public.

1.3 Neither staff, their families nor friends must profit in any way from their employment within ASPH apart from their salary and other entitlements.

1.4 Staff must declare any interests which may prejudice their requirement to act honestly and fairly at all times.

1.5 Staff must be seen to be honest and incorruptible in their dealings with colleagues, patients / service users, other persons or organisations.

## 2 Scope

2.1 ASPH requires all staff to act honestly and with integrity and to safeguard the organisation. It is the responsibility of all staff to read and be familiar with the

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contents of this policy and related procedures, and to identify and notify any suspected case or risk of fraud, corruption or bribery.

2.2 This policy applies to the following:

- All staff engaged by ASPH, including Board, Executive and Non-Executive Members
- Bank and agency staff working for ASPH
- Staff providing services to ASPH via a contracted arrangement or Service Level Agreement
- Staff on honorary contracts whose payroll costs are partially or fully funded by a third party under a formal arrangement
- Trainee professional and students hosted by ASPH for the provision of work or vocational experience

### 3 Purpose

- 3.1 ASPH is committed to maintaining honesty and integrity in all of its activities. It is also committed to the elimination of any fraud against the organisation, both from internal or external sources, and to the thorough investigation of any allegations of fraud.
- 3.2 Systems and procedures used by ASPH must be designed so that the opportunity to commit fraud or engage in corrupt practices is kept to a minimum. Some basic indicators of fraud are outlined at Appendix A.
- 3.3 Staff are required to report any suspicions of fraud or corruption they may have to the Director of Finance and Information or to the Lead or Support Local Counter Fraud Specialist (LCFS), details below, or to the NHS Counter Fraud Authority (NHSCFA) on Freephone 0800 028 4060 or by completing an online form at <https://cfa.nhs.uk/reportfraud>.  
Guidance for staff who suspect fraud is outlined in Sections 6.3 & 6.4.
- 3.4 Any case of alleged fraud or corruption found, or reported, will be investigated and the findings of that investigation acted upon by ASPH. A flowchart detailing the investigation process is provided in Appendix 1.
- 3.5 ASPH will seek the application of the most appropriate, effective and extensive sanctions possible where fraud is believed to be present. These include disciplinary action including referral to any professional body, civil recovery and criminal proceedings. In addition, full recovery will be sought in all cases where financial loss is identified.

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3.6 No member of staff will be penalised for reporting alleged fraud or corruption unless it can be proven they made malicious allegations knowing that there was no reason to suspect fraud or corruption.

3.7 **Why does Ashford and St Peter's Hospitals NHS Foundation Trust Need to worry about fraud?**

3.7.1 Even though the vast majority of people are honest and diligent, ASPH cannot afford to be complacent. There is a risk of fraud from various internal and external sources. The main risk groups have been identified nationally as being:

- Staff working in health and social care
- Independent contractors providing services on behalf of health and social care
- Suppliers providing goods and services to health and social care
- Patients/clients using health and social care services

3.7.2 A number of types of fraud affect health and social care services, the main risks coming from:

- Staff claiming payment for hours not worked or expenses not incurred
- Staff working elsewhere whilst on sick leave
- Independent contractors claiming for services that have not been provided to patients / clients
- Overcharging or duplicate invoicing by suppliers
- Patients abusing healthcare services e.g. by obtaining drugs or treatment by deception

3.7.3 To mitigate these risks, control and monitoring arrangements need regular review and improvement, such as those in:

- Post-payment verification of claims by independent contractors
- The monitoring of claims history to identify unusual patterns of behaviour
- Budgetary controls such as comparative expenditure data
- Authorised signatory controls relating to non-purchase order expenditure

3.8 **Why is a counter fraud policy needed?**

3.8.1 The prevention of fraud and the protection of ASPH funds is the responsibility of all staff.

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3.8.2 It is important that all staff know:

- **How to identify fraud (Section 6.1)**
- **How to prevent fraud (Section 6.2)**
- **What to do if they suspect fraud (Sections 6.3 & 6.4)**

3.8.3 One of the basic principles of organisations funded by the public sector is to conduct business with probity and to achieve value from public funds. Therefore, it is important that all those who work at ASPH are aware of the risk to the organisation from fraud and corruption. This document sets out what action should be taken when fraud is detected or suspected.

3.8.4 ASPH already has procedures in place that reduce the likelihood of fraud occurring. These include delegated financial authority, documented procedures, a system of internal control and a system of identifying and assessing risks. In addition, the Trust will ensure that a risk and fraud awareness culture exists within ASPH. New staff will be made aware of this policy as part of their core induction training.

3.8.5 This policy is intended to provide direction and help to those managers and directors who find themselves having to deal with suspected cases of fraud or corruption. It is not intended to provide direction on the prevention of fraud, corruption or bribery in any particular departments or control systems.

## 4 Explanation of Terms Used

### 4.1 Definition of fraud

4.1.1 Fraud can be defined as: **A dishonest act or omission made with the intention of making a financial gain or causing a financial loss.**

4.1.2 It should be noted that the dishonest act does not need to be successful for fraud to be committed, as long as an intention exists. It should also be noted that the financial gain does not have to be personal but can be for the benefit of another.

4.1.3 The Fraud Act 2006 sets out the three ways of committing the general offence of fraud:

- **FRAUD BY FALSE REPRESENTATION** (Section 2) – lying about something or misrepresenting a fact by any means, e.g. by words or actions
- **FRAUD BY FAILING TO DISCLOSE INFORMATION** (Section 3) – not saying something when you have a legal duty to do so, e.g. failing to notify an employer of a criminal conviction or a professional sanction

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- **FRAUD BY ABUSE OF A POSITION OF TRUST** (Section 4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation e.g. an employed carer stealing money from patients they are responsible for, therefore abusing their position of trust.

4.1.4 This can involve manipulating records including travel claims, petty cash vouchers or the falsification of invoices for payment.

## 4.2 Definition of bribery and corruption

4.2.1 **General bribery offences:** The Bribery Act 2010 sections 1 to 5 make it a criminal offence to give a promise or offer a bribe or request, or agree or receive a bribe. It also sets out a corporate offence of failing to prevent bribery by an organisation not having adequate preventative procedures in place. This includes operating through an “agent/subsidiary or other associated person”.

4.2.2 Bribery occurs when a person offers, gives or promises to give a ‘**financial or other advantage**’ to another individual in exchange for ‘improperly performing a ‘**relevant function or activity**’.

4.2.3 Being bribed, is defined as requesting, accepting or agreeing to accept such an advantage, in exchange for improperly performing such a function or activity.

4.2.4 A ‘**financial or other advantage**’ has a wide meaning and could include holidays or entertainment, contracts, non-monetary gifts and offers of employment etc.

4.2.5 A ‘**relevant function or activity**’ covers ‘any function of a public nature; any activity connected with business, trade or profession; any activity performed in the course of a person’s employment; or any activity performed by or on behalf of a body of persons whether corporate or unincorporated’.

4.2.6 The conditions attached are that the person performing the function could be expected to perform it in good faith or with impartiality, or that an element of trust attaches to that persons role.

4.2.7 Activity will be considered to be ‘**improperly**’ performed when the expectation of good faith or impartiality has been breached, or when the function has been performed in a way not expected of a person in a position of trust.

4.2.8 A standard in deciding what would be expected is what a reasonable person in the United Kingdom might expect of a person in such a position.

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4.2.9 Any concerns about bribery must be referred to the Director of Finance and Information or to the Local Counter Fraud Specialist.

## 5 Duties and responsibilities

### 5.1 Chief Executive

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

### 5.2 Director of Finance and Information

5.2.1 The Director of Finance and Information is responsible for:

- Operational matters such as authorising the investigation of alleged fraud including the arrest, interviewing and prosecution of subjects and for the recovery or write-off of any sums lost to fraud.
- Informing the Chief Executive and the Chair of the Audit Committee in cases where there may be a substantial loss to ASPH or where the incident may lead to adverse publicity.

### 5.3 Local Counter Fraud Specialist

5.3.1 The Local Counter Fraud Specialist is responsible for ensuring that the Trust achieves the four objectives of the NHS Standards for Providers:

- **Inform and involve** - creation of an anti-fraud culture;
- **Prevent and deter** - Maximum deterrence of fraud and successful prevention of fraud which cannot be deterred;
- **Strategic governance** - anti-fraud measures are embedded at all levels across the organisation;
- **Hold to account** - Professional investigation of detected fraud, effective sanctions, including appropriate legal action against people committing fraud. Effective methods for seeking redress in respect of money defrauded.

5.3.2 In addition the Local Counter Fraud Specialist is also responsible for:

- The investigation of any allegations of fraud and corruption.

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- Informing the Director of Finance and Information, external audit and the Police where appropriate. The Director of Finance and Information will inform and consult with the NHS Counter Fraud Authority as appropriate.
- The delivery of a programme of proactive counter fraud work as detailed in the annual work plan.

5.3.3 The Local Counter Fraud Specialist is authorised to receive inquiries of staff made confidentially or anonymously. The Local Counter Fraud Specialist is also authorised to decide whether the matter raised needs to be investigated and will report accordingly to the Director of Finance and Information.

5.3.4 Arrangements to counter fraud and corruption were initiated in September 1998 and have been embodied in Secretary of State’s Directions. These Directions clearly specified the roles and responsibilities of all health bodies in countering fraud and have been amended in the new Contract and the Health and Social Care Act 2012. Under the NHS standard contract 2017/18, the Director of Finance has a legal responsibility to make sure fraud and corruption is prevented, detected and investigated. Combating fraud and corruption requires an understanding of how and why it happens, the ways in which it can be minimised and how to professionally investigate it. In line with the NHS standard contract 2017/18, the Director of Finance and Information has nominated a Local Counter Fraud Specialist to tackle fraud, corruption and bribery within the Trust.

## 5.4 NHS Counter Fraud Authority

5.4.1 The NHS Counter Fraud Authority was set up with a remit to counter all fraud and corruption within the NHS. The NHS Counter Fraud Authority has direct responsibility for developing policy and strategy and for all operational work to counter fraud and corruption other than that which is separately conducted by the Trust. Here the responsibility of the NHS Counter Fraud Authority involves advice, guidance and the setting and monitoring of standards. This is further supported in the NHS Counter Fraud Authority strategy; *Tackling crime against the NHS; A strategic approach*. Following its launch the NHS Counter Fraud Authority also released ‘*Leading the fight against NHS fraud: Organisational strategy 2017-2020*’.

5.4.2 Operationally, the NHS Counter Fraud Authority has responsibility for ensuring that all instances of suspected fraud and corruption within the NHS are properly investigated, whether by NHS Counter Fraud Authority or the nominated and accredited Local Counter Fraud Specialist.

## 5.5 Audit Committee

5.5.1 The Audit Committee is responsible for monitoring the counter fraud arrangements within ASPH, including considering an annual report of counter fraud work. The Local Counter Fraud Specialist has right of access to the

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Audit Committee Chair and will liaise direct in the event of allegations made against an executive or member of the board.

## 5.6 Internal and External Audit

5.6.1 Internal and external audit roles include reviewing controls and systems and ensuring compliance with financial instructions. These parties have a duty to pass on any suspicions of fraud, bribery or corruption to the Local Counter Fraud Specialist.

## 5.7 Human Resources

5.7.1 The Human Resources department should liaise with the Local Counter Fraud Specialist in relation to suspected cases of fraud, bribery and corruption. The appropriate protocols will be in place to cover this and any subsequent investigation.

5.7.2 A counter fraud investigation differs from that of a disciplinary matter. However, a disciplinary enquiry can proceed in parallel with a criminal investigation as long as there is close co-operation between Human Resources staff; the Local Counter Fraud Specialist and the Director of Finance and Information.

5.7.3 The Human Resources function shall advise those involved in the disciplinary investigation in matters of employment law and in other procedural matters, such as disciplinary and complaints procedures, as required.

5.7.4 In some cases, such as when a major diversion of funds is suspected, speed of response, including the suspension or re-allocation of members of staff involved, may be crucial to avoid financial loss.

5.7.5 Where applicable, details of the allegation and findings will be shared with the appropriate professional body for consideration of a professional misconduct investigation.

## 5.8 Information Management and Technology

5.8.1 The Computer Misuse Act 1990 is relevant to the issue of fraud, bribery and corruption. The fraudulent use of information technology will be reported by the Head of IT (or equivalent) to the Local Counter Fraud Specialist.

## 5.9 Staff

### 5.9.1 Managers

5.9.1.1 Managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review.

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- 5.9.1.2 Managers have a responsibility to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures.
- 5.9.1.3 Any instance of actual or suspected fraud, bribery or corruption brought to the attention of a manger should be reported to the Local Counter Fraud Specialist immediately. It is important that managers do not investigate any suspected financial crimes themselves.
- 5.9.1.4 Managers should conduct risk assessments and mitigate identified risks.

## 5.9.2 All employees

- 5.9.2.1 Employees are required to comply with ASPH’s policies and procedures and apply best practice in order to prevent fraud, bribery and corruption (for example in the areas of procurement, personal expenses and ethical business behaviour). This policy sets out their own responsibilities in protecting the organisation from these crimes.
- 5.9.2.2 Employees who are involved in, or manage, internal control systems should receive adequate training and support in order to carry out their responsibilities.
- 5.9.2.3 All staff have an implicit duty to protect the assets of ASPH. Assets include finances, information and goodwill as well as property. Some guidance on how to recognise fraud and how to prevent it is included in **Sections 6.1 & 6.2**. It is the responsibility of any member of staff who suspects fraud or corruption to report this.
- 5.9.2.4 Under no circumstances should a member of staff use social media to discuss or highlight a suspected fraud. Nor should a member of staff speak or write to representatives of the press, TV, radio, or to another third party, about a suspected fraud.
- 5.9.2.5 The established lines of reporting to the Director of Finance and Information or Local Counter Fraud Specialist should be used and staff can be reassured that all allegations will be investigated. Nor should the person or persons about whom an allegation is made be informed of the fact without the permission of the Director of Finance and Information or Local Counter Fraud Specialist. Care needs to be taken to ensure that nothing is done that could give rise to an action for slander or libel. It is also critical not to jeopardise any future investigations.

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## 6 Policy

### 6.1 BASIC INDICATORS OF FRAUD

6.1.1 All managers should ensure that controls are in place to prevent and detect fraud and error. However, fraud involves the falsification of records and managers need to be aware of the possibility of fraud when reviewing or being presented with claims or forms. Issues that may give rise to suspicion include:

- Documents that have been altered. Use of correcting fluid, over-writing or different pens and/or handwriting;
- Claims that cannot be checked, particularly if prior authorisation was not given;
- Strange trends (use comparison and reasonableness)
- Confused, illegible text and missing details;
- Delays in documentation completion or submission;
- No, or missing vouchers or receipts to support claims.

6.1.2 There are also a number of indications of a staff member being in a situation whereby they could act fraudulently. Managers may need to be concerned where staff are:

- Living beyond their means;
- Under financial pressure (possibly caused by drinking, gambling or over-extended credit);
- Exhibiting stress
- Not taking annual leave
- Solely responsible for a 'risk' area and/or possible refusal to allow another officer to be involved in their duties;

6.1.3 There may be instances where local knowledge or the 'network' leads to suspicions about the behaviour of independent contractors. These could emanate from:

- Complaints from members of the public;
- Discussions with other independent contractors (GPs, dentists etc.)

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## 6.2 HOW TO PREVENT FRAUD

6.2.1 Whilst it is impossible to create a 100% fraud-proof system, managers must ensure the systems they operate include a reasonable number of effective controls designed to detect and prevent fraud and error. The actions and controls managers should consider are as follows:

- Document procedures and controls, and train all staff in their use.
- Where ASPH-wide procedures apply, ensure staff are aware and trained in them. Managers should check compliance to the procedures.
- Separation of duties between staff and staff rotation. Avoid a single employee being solely responsible from initiation through to completion of a transaction.
- Introduce adequate 'internal checks'. Most simply this involves an independent officer checking work calculations or documents prepared by the initiating officer. For example, a manager could check a travel claim against original work records e.g. diaries, or 'auto route' could be used.
- Expenses to be supported by appropriate receipts.
- Ensure the prior documented approval of expense generating courses, visits etc.
- Cross out any uncompleted part of claim forms, thereby making the addition of further expenses after approval more difficult.
- Minimise cash/stock holdings. Bank cash/cheques regularly, at least weekly, possibly more frequently depending on the value and the risk.
- Review budget statements and other management information, and follow up variances. For example:
  - Why has x dropped by 50%
  - Why expenditure on travel is exceeding the budget by 50% etc.

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### 6.3 What to do if you suspect fraud or corruption

- 6.3.1 A report should be made as soon as there is a suspicion of fraud or corruption. You should report your suspicions to the Director of Finance and Information or Local Counter Fraud Specialist (see **Section 15.1** for contact details) without delay. **Under no circumstances should you commence your own investigation.**
- 6.3.2 Managers should seek advice from the Director of Finance and Information or Local Counter Fraud Specialist where they have doubts about whether or not a referral should be made,
- 6.3.3 In all cases the Director of Finance and Information or Local Counter Fraud Specialist will ensure the suspicions or concerns raised are investigated in accordance with ASPH policies.

### 6.4 Other Ways of Reporting Fraud, Bribery and Corruption

- 6.4.1 Suspected fraud, bribery and corruption can also be reported to the NHS Counter Fraud Authority (NHSCFA) on Freephone 0800 028 4060 or by completing an online form at <https://cfa.nhs.uk/reportfraud>, as an alternative to internal reporting procedures and if staff wish to remain anonymous.

### 6.5 What not to do if you suspect fraud or corruption

- 6.5.1 Do not confront an individual with your suspicions or attempt to investigate the matter yourself. Most importantly, do not ignore your concerns.

### 6.6 Anonymity

- 6.6.1 Unless there are truly exceptional reasons, suspicions of fraud or corruption should not be reported by an anonymous letter or telephone call, as this can seriously limit the scope of any investigation because often too little information is disclosed. Please consider other options.
- 6.6.2 However, when requested it **shall be the policy** of ASPH to take such steps as can reasonably be expected to protect the identity of the person making the report of suspected fraud or corruption.
- 6.6.3 Alternatively suspected fraud, bribery and corruption can be reported to the NHS Counter Fraud Authority (NHSCFA).

### 6.7 Confidentiality

- 6.7.1 You should ensure that you do not discuss your suspicions with anyone else that you work with. This will protect your anonymity (should you wish) and will ensure that evidence is not tampered with or alert the person under suspicion.

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## 6.8 Sanctions and redress

6.8.1 Sanctions and redress that can be sought against individuals who commit fraud, bribery and corruption against the Trust will be followed.

6.8.2 The types of sanction which the Trust may apply when a financial offence has occurred are given below:

- Civil – Civil sanctions can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.
- Criminal – The Local Counter Fraud Specialist will work in partnership with the NHS Counter Fraud Authority, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.
- Disciplinary - Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act.
- Professional body disciplinary – If warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

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

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## **7 Training**

- 7.1 All staff will receive Fraud and Bribery Awareness training during their induction programme.
- 7.2 The Local Counter Fraud Specialist will provide fraud and Bribery Act training to any department on an ad hoc basis.

## **8 Stakeholder Engagement and Communication**

- 8.1 This policy was developed in consultation with Audit Committee.

## **9 Approval and Ratification**

- 9.1 This policy is submitted to the Audit Committee for ratification.

## **10 Dissemination and Implementation**

- 10.1 All referrals provided to the Local Counter Fraud Specialist will be notified to the Director of Finance and Information and Human Resources
- 10.2 The Audit Committee will be notified and updated on all referrals which will be reported on a regular basis.
- 10.3 Internal and External audit will be provided with copies of all final investigation reports.
- 10.4 This document will be available on the Trust intranet, and will be issued to all new employees of the Trust.

## **11 Review and Revision Arrangements**

- 11.1 The policy/procedure will be reviewed every year, or sooner if changes to legislation require.
- 11.2 The implementation and use of the policy will be reviewed through feedback from the Director of Finance and Information, HR and Audit Committee.

## **12 Document control and archiving**

- 12.1 This is a trust-wide document and archiving arrangements are managed by the Head of Regulation & Accreditation and Information Content Manager who can be contacted to request master/archived copies.

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12.2 On the internet site, the document will be highlighted as green, when in date, amber 3 months prior to review date, and red if expired.

### 13 Monitoring compliance with this policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, Inc. responsibility for reviewing action plans
This policy will be reviewed to ensure that it remains valid and in date	Via feedback from the Director of Finance and Information, Human Resources and the Audit Committee	Annual	Local Counter Fraud Specialist	Audit Committee

### 14 Supporting references

#### 14.1 The Fraud Act 2010

<http://www.legislation.gov.uk/ukpga/2006/35/contents>

#### 14.2 Bribery Act 2010

<http://www.legislation.gov.uk/ukpga/2010/23/contents>

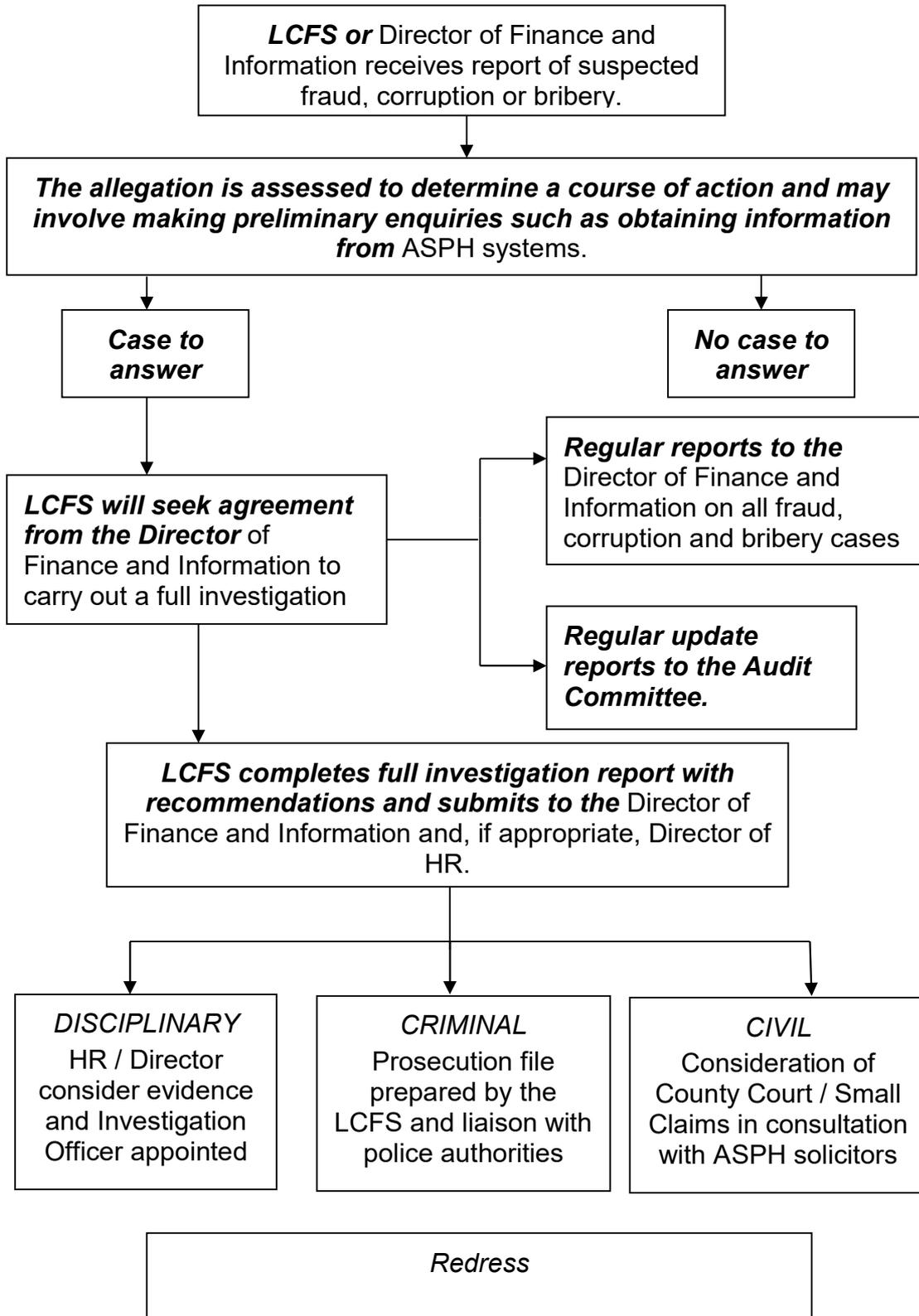
## 15 Key Personnel & Contact Numbers

- 15.1 Before utilising email communications please note that nominated delegates such as personal assistants may also automatically receive copies of emails addressed to those in the table below. Therefore direct telephone communication in the first instance may be preferable to maintain absolute confidentiality.

Title	Name	Location	Contact Details
Director of Finance and Information	Simon Marshall	St Peter's Hospital	01932 722 675 <a href="mailto:simon.marshall3@nhs.net">simon.marshall3@nhs.net</a>
Lead Local Counter Fraud Specialist	James Shortall	Both sites	T: 02380 881 767 M: 07815 000 289 <a href="mailto:james.shortall@bdo.co.uk">james.shortall@bdo.co.uk</a> or <a href="mailto:james.shortall@nhs.net">james.shortall@nhs.net</a>
Support Local Counter Fraud Specialist	Louis Dockree	Both sites	T: 0203 860 6090 M: 07920 567 331 <a href="mailto:louis.dockree@bdo.co.uk">louis.dockree@bdo.co.uk</a>
Director of Workforce Transformation	Louise McKenzie	St Peter's Hospital	01932 723 968 <a href="mailto:louise.mckenzie1@nhs.net">louise.mckenzie1@nhs.net</a>
Chief Executive	Suzanne Rankin	St Peter's Hospital	01932 722 217 <a href="mailto:suzanne.rankin@nhs.net">suzanne.rankin@nhs.net</a>
Chair of the Audit Committee	Keith Macouronne	St Peter's Hospital	
NHS Counter Fraud Authority			Freephone: 0800 028 4060 or <a href="https://cfa.nhs.uk/reportfraud">https://cfa.nhs.uk/reportfraud</a>

**APPENDIX 1**

**Investigations Flowchart**



## APPENDIX 2

### Equality Impact Assessment

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#### Equality Impact Assessment Summary

**Name and title: James Shortall**

**Policy: Counter Fraud and Corruption Policy**

#### Background

- Who was involved in the Equality Impact Assessment

The policy's author, James Shortall (Local Counter Fraud Specialist).

#### Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

#### Purpose

To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.

#### Process

This impact assessment was completed by the document author.

Risks identified from the quality impact assessment are specified on this form and the reasons for acceptance of those risks or mitigation measures explained.

#### Monitoring the Level of Risk

The mitigating actions and level of risk are monitored by the author of the policy or procedural document or such other specified person.

Any High Risks will be reported to the relevant Executive Lead.

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<b>Impact Assessment</b>		
Please explain or describe as applicable.		
1.	Consider the impact that your document will have on our ability to deliver high quality care.	Less fraud within the Trust will enable that the Trust has more finances toward patient care.
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	This is a positive impact.
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	The Trust conforms to the guidelines produced by NHS Protect.
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	N/A
<b>Impact on Clinical Effectiveness &amp; Patient Safety</b>		
5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	More finances can be provided for patient care if there is less fraud within the Trust.
<b>Impact on Patient &amp; Carer Experience</b>		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	As for section 5.
<b>Impact on Inequalities</b>		
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	N/A

<p><b>Key Findings</b></p> <ul style="list-style-type: none"> <li>• Describe the results of the assessment</li> <li>• Identify if there is adverse or a potentially adverse impacts for any equalities groups</li> </ul>
<p>Overall it is assessed that there are no adverse or potentially adverse impacts for any equalities groups, resulting from this policy.</p>
<p><b>Conclusion</b></p> <ul style="list-style-type: none"> <li>• Provide a summary of the overall conclusions</li> </ul>
<p>Overall this policy will provide a benefit to the Trust, with no adverse or potentially adverse impacts on equalities groups.</p>
<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• State recommended changes to the proposed policy as a result of the impact assessment</li> <li>• Where it has not been possible to amend the policy, provide the detail of any actions that have been identified</li> <li>• Describe the plans for reviewing the assessment</li> </ul>
<p>No changes to the policy are proposed.</p> <p>The assessment will be reviewed annually.</p>