
Local Counter Fraud, Bribery and Corruption Policy

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of Agreement	The purpose of this policy is to provide direction to directors, managers and staff who find themselves having to deal with suspected cases of fraud or corruption.
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Amendments Summary:

Amend No	Issued	Page	Subject	Action Date
1	Version 4	1	Policy title and keywords for search are changed.	Nov 2016
2		3	Title of policy is updated from Whistleblowing Policy to Freedom to Speak Up Policy from this page and throughout the document.	Nov 2016
3		3	Policy Summary is added.	Nov 2016
4		4	Table of Content is updated.	Nov 2016
5		5	Name of Policy- Anti-Fraud, Corruption & Bribery Policy is updated throughout the document from this page onwards.	Nov 2016
6		5	Wording 'fraud and corruption' is updated as 'fraud, corruption and bribery' throughout the policy from this page onwards.	Nov 2016
7		5	Definition of Bribery is added.	Nov 2016
8		6	Equal Opportunities Document is updated as Equality, Diversity and Human Rights Policy.	Nov 2016
9		8	NHS Protect NHS Counter Fraud and Corruption Manual is updated as NHS Protect NHS Anti-Fraud Manual.	Nov 2016
10		10	The whole section for 'Sanctions and Redress' is added.	Nov 2016
11		10	Contact details are updated.	Nov 2016
12		11	Review section is updated.	Nov 2016
13		11	Useful links are updated.	Nov 2016
14			Footer is updated with the correct term of policy title.	Nov 2016
15	Version 5	Various	Policy reviewed by LCFS to conform to NHS Counter Fraud Authority template policy Policy title amended Reference to NHS Counter Fraud Authority instead of NHS Protect Inclusion of the role of the Board, Audit & Risk Committee, Managers, All Employees and IM&T under section 7 (and deletion of Area Anti-Fraud Specialists)	Oct 2018
16	Version 5.1	App3	Appendix 3 - Change to LCFS contact details	Jan 2019

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
Version 4	November 2016	Rachel Cheal	Audit & Risk Committee, PSG, Assurance Committee	
Version 5	October 2018	Karen Travers and Rachel Cheal	Audit & Risk Committee, PSG, Assurance Committee	

Policy Summary and Statement on Fraud, Bribery and Corruption

The Bribery Act 2010, effective from 1st July 2011, has been introduced to make it easier to tackle the issue of bribery. Bribery can be defined as *'giving someone a financial or other advantage to encourage them to perform their functions or activities improperly or reward them for having done so, for example, payment to manipulate a procurement process'*.

Solent NHS Trust is committed to supporting anti-bribery and corruption initiatives and recognises the importance of ensuring that there are appropriate policies and procedures in place to make sure that all staff are aware of their responsibilities.

Solent NHS Trust does not, and will not, pay bribes or offer improper inducements to anyone for any purpose; nor do we, or will we, accept bribes or improper inducements. This approach applies to everyone who works for us, or with us. To use a third party as a conduit to channel bribes to others is a criminal offence. We do not, and will not, engage indirectly in, or otherwise encourage, bribery.

The Act introduces a corporate offence of failing to prevent bribery by the organisation not having adequate preventative procedures in place ("the section 7 offence"). We are as committed to the prevention, deterrence and detection of bribery just as we are to combating fraud in the NHS.

As an organisation, we have a zero-tolerance attitude towards bribery and we aim to maintain anti-bribery compliance as "business as usual", rather than as a one off exercise.

To this end, everyone associated with the Trust is expected to play their part.

Existing Arrangements

Solent NHS Trust already has a number of policies and procedures in place, including:

- Risk assessments to identify high risk areas
- Requirement for all staff to adhere to the codes of conduct
- Requirement for staff to comply with the Register of Interests, Gifts & Hospitality Policy
- Freedom to Speak Up Policy
- Supplier contracts / tenders updated in line with the Act.

In addition, there are a number of routes through which staff can raise any concerns or suspicions:

- Via your line manager
- Our Local Counter Fraud Specialist
- NHS Fraud and Corruption Reporting Line 0800 028 40 60 or
- Online fraud reporting form at www.cfa.nhs.uk/reportfraud

This policy deals with the reporting of suspected fraud, corruption and bribery and provides detail within section 5 in relation to the procedure staff should follow if they suspect the misuse of public funds.

ANTI-FRAUD, CORRUPTION & BRIBERY POLICY

Table of Contents

	SECTION	PAGE
1	PURPOSE	5
2	SCOPE	6
3	PRINCIPLES	7
4	RESPONSIBILITIES	7
5	PROCEDURE – WHAT TO DO IF FRAUD, CORRUPTION or BRIBERY IS SUSPECTED	8
6	THE ROLE OF THE LOCAL COUNTER FRAUD SPECIALIST (LCFS)	8
7	OTHER ROLES AND RESPONSIBILITIES	9
8	SANCTION AND REDRESS	11
9	LINKS WITH OTHER POLICIES	11
10	EDUCATION & TRAINING IMPLICATIONS	12
11	MONITORING POLICY EFFECTIVENESS	12
12	REVIEW	12
13	USEFUL LINKS	12
	APPENDIX 1 – EXAMPLES OF FRAUD, CORRUPTION & BRIBERY IN THE NHS	13
	APPENDIX 2 - EQUALITY IMPACT ASSESSMENT	17
	APPENDIX 3 – CONTACT DETAILS	18

LOCAL COUNTER FRAUD, CORRUPTION & BRIBERY POLICY

1. PURPOSE

1.1 The Audit Commission Report *“Protecting the Public Purse”* recognised that the incidences of fraud and corruption in the NHS are low in comparison to the volume of expenditure, and that the vast majority of the people who work in the NHS are honest and diligent. The report however stressed that there should be no room for complacency and required all NHS bodies to review and consolidate their policies to ensure that all staff continue to have concern for the correct use of public funds.

1.2 NHS Counter Fraud Authority (NHSCFA)

The NHS Counter Fraud Authority (NHSCFA) has the responsibility for the detection, investigation and prevention of fraud and economic crime within the NHS. Its aim is to lead the fight against fraud affecting the NHS and wider health service, by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

The NHSCFA strategy: Leading the fight against NHS fraud: Organisational strategy 2017-2020 is available at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

1.3 Counter fraud standards

A requirement in the NHS standard contract is that providers of NHS services (that hold a Monitor’s Licence or is an NHS Trust) must take the necessary action to comply with the NHSCFA’s counter fraud standards. Other’s should have due regard to the standards. The contract places a requirement on providers to have policies, procedures and processes in place to combat fraud, corruption and bribery to ensure compliance with the standards. The NHSCFA carries out regular assessments of health organisations in line with the counter fraud standards.

1.4 Definitions of Fraud, Corruption and Bribery are as follows:

Fraud - *“a deliberate and dishonest misrepresentation, intended to cause gain for oneself or loss to another”*. This definition implies deliberate intent and thus excludes negligence or simple error.

Corruption - *“the offering, giving, soliciting or acceptance of an inducement or reward which may influence a person to act against the interests of the organisation.”*

Bribery – *“giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly, or to reward that person for having already done so.”*

Examples of the above dishonest acts are provided in Appendix 1.

1.5 There are three fundamental public service values underpinning all public sector work:

- **Accountability**
Everything done by those who work in the organisation must be able to withstand public and parliamentary scrutiny;
- **Probity**
Absolute honesty and integrity should be exercised in dealing with service providers, assets, staff, suppliers and customers;

- **Openness**

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

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

1.7 Solent NHS Trust is absolutely committed to maintaining an honest, open and well-intentioned atmosphere. It is also committed to the elimination of any fraud within the Trust and to the rigorous investigation of any such cases.

1.8 The Trust wishes to encourage anyone having reasonable suspicions of fraud to report them. It is also therefore the policy of the Trust, which will be rigorously enforced, that no employee will suffer in any way as a result of reporting reasonably held suspicions.

1.9 All staff should be assured that there will be no recriminations against staff who report reasonably held suspicions. Victimising, or deterring staff from reporting concerns is a serious disciplinary matter. Any contravention of this Policy should be reported to the following:

- Chief Executive,
- Director of Finance, Performance and Estates
- Chairman of the Audit & Risk Committee, or
- Local Counter Fraud Specialist (LCFS).

Any abuse of the process by raising malicious allegations could be regarded and dealt with by the Trust as a disciplinary matter.

1.10 The Trust has approved a Freedom to Speak Up policy in accordance with the Public Interest Disclosure Act 1998. Under the terms of this Act a member of staff is protected if they act reasonably and responsibly. In reporting cases of alleged fraud it is expected that staff will adhere to this policy rather than use the Trust's Freedom to Speak Up policy. However this does not preclude an employee's right to use the Trust's Freedom to Speak Up policy should they feel it more appropriate.

1.11 Advice on any matter relating to fraud, corruption and bribery not specifically covered by this policy should always be sought from the nominated LCFS in the first instance.

1.12 This policy should be applied consistently to all, regardless of an individual's age, gender, religious belief, sexual orientation, race or disability.

2. SCOPE

2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, internal and external stakeholders, Agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 An Equalities Impact Assessment has been conducted in relation to this policy and can be found in Appendix 2, no equality issues were identified.

3 PRINCIPLES

- 3.1 This policy deals with the reporting of suspected fraud, corruption and bribery, which must be seen in the context of a number of key principles:
- a) Staff or their family and friends must not profit in any way from their employment with the Trust apart from their salary and other entitlements.
 - b) Staff must declare any interests, which may prejudice their requirement to act honestly and fairly at all times.
 - c) Staff must be, and be seen to be honest, and incorruptible in their dealings with colleagues, patients and other persons or organisations.
 - d) The systems and procedures used by the Trust must be designed so that the opportunity for employees to commit theft or fraud or engage in corrupt practices is kept to a minimum.
 - e) Employees are required to report any suspicions they may have of fraud or corruption to the appropriate authority. Failure to reasonably do this will be regarded with the same seriousness as the committing of the act itself.
 - f) No member of staff will be penalised for following these guidelines, unless it can be proved they did so maliciously knowing that there was **no** reason to suspect fraud, corruption or bribery.
 - g) Any case of suggested fraud, corruption or bribery found or reported will be investigated and the results of the enquiry will be communicated to the person (where this is possible) who made the original allegation or complaint.
 - h) The Trust will enforce a 'zero tolerance' stance against fraud, corruption and bribery and will seek to achieve all appropriate criminal and civil sanctions against those that defraud the NHS, including criminal prosecution, internal disciplinary action and referral to professional body. The Trust will take all possible actions to recover losses identified by the LCFS.

4. RESPONSIBILITIES

- 4.1 Any member of staff who suspects fraud, corruption or bribery is required to follow these procedures.
- 4.2 It is recognised that on rare occasions mistakes may be made concerning payroll. Staff members are therefore asked to take personal responsibility and to check their monthly payslips for any errors (i.e. if the staff member was paid more than the usual monthly amount) and to inform HR / Payroll immediately.
- 4.3 It is the responsibility of Directors and Service Managers to ensure that all members of staff for whom they are responsible are made aware of the requirements of the policy.
- 4.4 The Director of Finance & Performance is the Executive Director with responsibility for the management of Counter Fraud including anti-bribery and corruption.

5. PROCEDURE – WHAT TO DO IF FRAUD OR CORRUPTION IS SUSPECTED

5.1 Reasonably held suspicions of fraud, corruption or bribery should be reported at the earliest instance directly to the LCFS or alternatively via the NHS Fraud and Corruption Reporting Line. Staff can also report to the Director of Finance, Performance and Estates or Chief Executive if they wish. Contact details of those who should be contacted to report a suspicion can be viewed in Appendix 3.

5.2 Should a Manager or Director receive notification of suspected fraud, corruption or bribery they should immediately notify the Local Counter Fraud Specialist or the Director of Finance, Performance and Estates.

5.3 When a member of staff holds suspicion that fraud, corruption or bribery may be occurring, they should not:

- Discuss their concerns with anybody other than the following:
 - LCFS,
 - Professional Lead
 - Director of Finance, Performance and Estates ,
 - Chair of the Audit & Risk Committee
 - Chief Executive,
 - Fraud and Corruption Reporting Line
 - People Services Team (HR team)
 - Freedom to Speak Up Guardian
 - Chief Nurse or the Head of Professional Standards and Regulation
- Start their own investigation
- Confront the suspected person(s)

In rare occasions (for example if a staff member did not feel confident that reporting matters via the internal routes above would ensure the matter was dealt with satisfactorily) the staff member could contact the police.

5.4 When a member of staff holds suspicion that fraud, corruption or bribery may be occurring, they should:

- Report their concerns immediately
- Secure any evidence until the LCFS can investigate

5.5 The Local Counter Fraud and/or Security Management Specialists can report any suspected cases of bribery and corruption to the relevant NHS Protect Area Anti-Fraud Specialist for investigation.

6. THE ROLE OF THE LOCAL COUNTER FRAUD SPECIALIST (LCFS)

6.1 The LCFS will act in accordance with NHS Counter Fraud Authority (CFA) NHS Counter Fraud Manual.

6.2 All allegations of fraud will be investigated in accordance with relevant criminal legislation including: the Fraud Act 2006, the Theft Act 1968, the Police and Criminal Evidence Act 1984, the Criminal Procedure and Investigations Act 1996 and the Regulation of Investigatory Powers Act 2000.

6.3 Allegations of corruption will be investigated in accordance with all appropriate legislation including the Acts listed above, plus the Bribery Act 2010.

- 6.4 Where it is identified that members of Trust staff may be involved, the LCFS will liaise with the People Services Team (HR Team) at the earliest opportunity. The LCFS will work with the People Services Team in accordance with the NHS CFA Applying Appropriate Sanctions Consistently- April 2013. The LCFS will make all evidence gathered available to the People Services Team for use during internal disciplinary proceedings.
- 6.5 The LCFS will advise the Director of Finance, Performance and Estates on appropriate methods of recovering money lost to fraud and corruption. The LCFS will make all evidence gathered available to the Trust for use during financial recovery procedures and in accordance with the Salary Overpayment and Underpayment Policy, where necessary.

7. OTHER ROLES AND RESPONSIBILITIES

7.1 Chief Executive

The Chief Executive, as the organisation's accountable officer, has the overall responsibility for funds entrusted to it. 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 it receives.

7.2 Board

The organisation's Board and non-executive directors should provide a clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work. They should review the proactive management, control and the evaluation of counter fraud, bribery and corruption work. The Board and non-executive directors should scrutinise NHSCFA assessment reports, where applicable, and ensure that the recommendations are fully actioned.

7.3 Director of Finance, Performance and Estates

The Director of Finance and Performance has powers to approve financial transactions initiated by directorates across the organisation.

The Director of Finance, Performance and Estates prepares documents and maintains detailed financial procedures and systems and that they apply the principles of separation of duties and internal checks to supplement those procedures and systems.

The Director of Finance, Performance and Estates will report annually to the Board and, where applicable, the Council of Governors 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 NHS body's annual report.

The Director of Finance, Performance and Estates will, depending on the outcome of initial investigations, inform appropriate senior management of suspected cases of fraud, bribery and corruption, especially in cases where the loss may be above an agreed limit or where the incident may lead to adverse publicity.

7.4 Audit & Risk Committee

The role of Audit Committee is reviewing, approving and monitoring counter fraud workplans, receiving regular updates on counter fraud activity, monitoring the implementation of action plans, providing direct access and liaison with those responsible for counter fraud, reviewing annual reports on counter fraud, and discuss NHSCFA quality assessment reports. Further guidance can be found in the NHS Audit Committee Handbook 2018 <https://www.hfma.org.uk/publications?Type=Guide>

7.5 **Internal and External Audit**

The role of Internal and External Audit includes reviewing controls and systems and ensuring compliance with financial instructions. There is a requirement for Internal and External Audit to pass on any suspicions of fraud, bribery or corruption to the Local Counter Fraud Specialist (LCFS).

7.6 **People Services Team (HR)**

The People Services Team play a key role in identifying incidents for investigation and reporting these incidents to the LCFS. The People Services Team and the LCFS will liaise on the investigation of cases to ensure that the NHS CFA Instruction “Applying Appropriate Sanctions Consistently” is adhered to. The LCFS and the Chief People Officer have a working protocol defining the relationship between the LCFS and the People Services Team.

7.7 **Managers**

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

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, procedures and processes.

Managers should report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the LCFS immediately. It is important that managers do not investigate any suspected financial crimes themselves.

Managers will proactively identify and report any system weaknesses that could facilitate fraud, bribery or corruption.

7.8 **All employees**

Employees are required to comply with the Trusts’ policies, procedures and processes 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). Staff should be made aware of their own responsibilities in accordance with the organisation’s standards of behaviour and in protecting the organisation from these crimes.

Employees who are involved in or manage internal control systems should receive adequate training and support in order to carry out their responsibilities.

If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the LCFS and/or to NHSCFA as explained below

7.9 **Information management and technology**

The Computer Misuse Act became law in 1990; the Act identifies three specific offences:

1. Unauthorised access to computer material
2. Unauthorised access with intent to commit or facilitate commission of further offences
3. Unauthorised acts with intent to impair, or with recklessness as to impairing, operation of computer, etc

Unauthorised access to computer material could include using another person's identifier (ID) and password without proper authority in order to use data or a program, or to alter, delete copy or move a program or data.

Unauthorised access with intent to commit or facilitate commission of further offences could include gaining unauthorised access to financial or administrative records with intent.

Unauthorised acts with intent to impair, or with recklessness as to impairing the operation of computer, could include: destroying another user's files; modifying system files; creation of a virus; changing clinical records; and deliberately generating information to cause a complete system malfunction.

The fraudulent use of information technology will be reported by the Head of Information Security (or equivalent) to the LCFS.

8. SANCTIONS AND REDRESS

8.1 Concerns relating to fraud are considered in accordance with the criminal law. Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules. In reporting cases of suspected fraud it is expected that staff will adhere to this policy which aims to ensure that any anti-fraud enquiries do not breach criminal law processes.

8.2 All allegations of fraud will be investigated in accordance with relevant criminal legislation including: the Fraud Act 2006, the Theft Act 1968, the Police and Criminal Evidence Act 1984, the Criminal Procedure and Investigations Act 1996, the Regulation of Investigatory Powers Act 2000 and all relevant Codes of Practice. Allegations of corruption will be referred to the Area Anti-Fraud Specialist for investigation in accordance with all appropriate legislation including the Acts listed above and the Bribery Act 2010.

8.3 Where it is identified that members of staff may be involved in the commission of an offence or offences, the LCFS will liaise with the People Services Team at the earliest opportunity. The LCFS will work with the People Services Team in accordance with the NHS Protect guidance document 'Applying Appropriate Sanctions Consistently' which outlines the types of sanction which the organisation may apply when a financial offence has occurred i.e.:

- 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 LCFS will work in partnership with NHS Protect, 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 in accordance with the disciplinary policy.
- Professional body disciplinary – if warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

9. LINKS WITH OTHER DOCUMENTS

- Overpayments Policy
- Standing Financial Instructions
- Freedom to Speak Up Policy

- Disciplinary Policy
- Grievance Policy
- Conflict of Interest Policy
- DBS Policy

10. EDUCATION AND TRAINING IMPLICATIONS

- 10.1 There are no specific training requirements concerning this policy. However, Managers are responsible for ensuring that staff are made aware of this policy.

11. MONITORING POLICY EFFECTIVENESS

- 11.1 The effectiveness of this policy will be monitored by the Audit & Risk Committee and by the LCFS who will provide regular updates regarding the number of cases being investigated.

12. REVIEW

- 12.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

13. USEFUL LINKS

- Hampshire and Isle of Wight Fraud and Security Management Service
<http://www.nhsfraud.org>
- NHS Counter Fraud Authority <https://cfa.nhs.uk>
- Public Interest Disclosure Act 1998
<http://www.opsi.gov.uk/acts/acts1998/19980023.htm>
- NHS Code of Conduct and Accountability
https://www.nhsbsa.nhs.uk/sites/default/files/2017-02/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf
- HSG (96) 12 – Department of Health Directions on Financial Management
- Secretary of State Directions to NHS bodies on Counter Fraud Measures (2004)
http://www.nhsbsa.nhs.uk/Documents/CounterFraud/directions_fraud_measures_04.pdf
- Countering Fraud in the NHS: Applying Appropriate Sanctions Consistently
http://www.nhsbsa.nhs.uk/Documents/CounterFraud/Applying_appropriate_sanctions_consistently_-_Policy_statement_April_2013.pdf
- NHS CFA NHS counter fraud standards 2018/19 <https://cfa.nhs.uk/counter-fraud-standards>

APPENDIX 1 – EXAMPLES OF FRAUD & CORRUPTION IN THE NHS

The Fraud Act 2006 replaced much previously covered by the Theft Acts and more clearly defines what constitutes fraud. Fraudsters may be guilty of offences under this legislation if they:-

- Are knowingly a party to the carrying on of a fraudulent business or,
- Make or have in their possession an article intended to be used to commit or assist fraud or,
- Make false representations to make gain for themselves or loss to another or to expose another to a risk of a loss or,
- Fail to disclose to another person information which they are under a legal duty to disclose and this is intended to make gain for themselves or another or, to cause a loss to another or to expose another to a risk of loss or,
- Occupy a position in which they are expected to safeguard, or not to act against, the financial interests of another person, then dishonestly abuse that position and intend, by means of that position, to make gain for themselves or another or, to cause a loss to another or to expose another to a risk of loss or,
- Obtain services for themselves by a dishonest act and avoid or intend to avoid payment in full or in part.

Whilst the vast majority of staff and patients who use the NHS are honest, within the NHS nationally there are a small minority who have been subject to disciplinary, criminal or civil sanctions and recoveries as a consequence of their dishonesty.

The following list, whilst not comprehensive, provides details of areas within which common types of fraud are experienced in the NHS.

Applications for Employment and Falsifying ID

Falsifying your identification, a career history, claiming to have qualifications not obtained on applications for employment and other such applications (such as those for Clinical Excellence Awards) where the false submission is relied upon and non declaration of criminal convictions.

Payroll Fraud (including Overpayments)

- Claiming for overtime or shifts not worked
- Claiming expenses (such as travel) when it has not been incurred
- Claiming time for college/training but not actually attending
- Knowingly continuing to receive salary payments after resignation

Failing to report an obvious overpayment of salary and failing/refusing to repay an overpayment of salary shall technically constitute theft and will be treated under the Theft Act, 1968.

Removal Expenses

Some organisations provide assistance with removal expenses to new employees taking up employment. The submission of false quotes, receipts and other statements relating to removal and other related costs constitutes fraud.

Patients Monies

Falsifying patients' monies records to obtain cash and property.

Working Elsewhere Whilst Claiming Occupational Sick Pay/Carer's/Special Leave Payments

If an employee is off sick from their NHS employment, no work must be undertaken elsewhere, unless it has been expressly recommended by a GP or other Health Professional to aid recovery to work. (This must be disclosed to, and agreed by, the employee's Line Manager and Human Resources representative prior to any such work commencing). Employees claiming to be sick and submitting medical certificates to an NHS employer are declaring that they are unfit for any work. Working whilst submitting claims for sick pay is therefore making a false representation and the employee may be prosecuted for fraud offences. False claims for carer's leave, special leave and other paid leave may also constitute criminal offences.

Pharmaceuticals

- Presentation of forged prescriptions
- Falsely presenting oneself as another to receive prescription items
- Receiving free prescriptions through fraudulently claiming entitlement to exemptions from a charge
- Pharmacists substituting an expensive drug with a cheaper alternative and making claims for the more expensive one
- Professionals writing prescriptions for their own use

Procurement

- Price fixing or price hiking by suppliers
- Invoicing for products that have not been supplied
- Duplicate/over invoicing
- Supplying unsolicited goods

NHS Equipment

- Obtaining or misusing NHS equipment or goods for private use.
- Removing serviceable equipment for use on non-NHS premises
- Disposing of 'obsolete' equipment for gain or free of charge, without proper authorisation

Bribery

- Kickbacks to staff responsible for procurement if they purchase from a particular supplier
- Patients making informal payments to healthcare practitioners in order to receive treatment more quickly than they otherwise would have

Health Tourism

Foreign nationals travelling to an EU member state with the intention of receiving free healthcare treatment to which they know they are not entitled.

Purchasing – Declarations of Interest

Not declaring an interest and being involved in a decision to purchase goods or services from a related organisation.

Purchasing – Incurring Expenditure

Ordering goods or services; a) where there is no budgetary provision; b) beyond ones authority level or; c) from a supplier that is not the approved preferred supplier.

Research

Taking part in research/trials without approval; involving private gain at the expense of the NHS.

Training Courses

Attendance at a course without proper authorisation could result in disciplinary action. Depending on the extent of personal gain or loss to the Trust, this could be considered fraud.

Telephone Calls and Internet

Misuse of landlines, mobile telephones and the internet could result in disciplinary action and could be considered to be fraudulent.

Charitable Funds

Charitable funds must be administered as required by the Charities Commission. Disciplinary action could be taken if staff do not follow prescribed system, for example, operate unofficial bank accounts or incur expenditure without the required authorisation. Depending on the extent of personal gain and loss to the funds, such examples of non compliance with procedures could be considered to be fraudulent.

Forging References etc and Signatures

To enter comments and other details on an electronic document via a computer, or in writing on paper, purporting to be another person could result in disciplinary action. Depending on the link between any alleged forgery and an actual or potential personal gain, this could also be considered to be fraud.

Prescription Forms

To obtain, hold and use any of the different types of hard copy prescription documents or computer produced versions for any unintended purpose could result in disciplinary action. Depending on the circumstances, misuse of prescriptions could be considered to be fraudulent. Additionally, depending on the nature of misuse, the Police may investigate potential offences under the various laws relating to illegal substances (drugs).

Activity Data

The deliberate falsification of patient activity information will be considered a disciplinary offence. In certain circumstances, depending on any actual or potential gain to an individual and loss to the NHS, this could also be considered to be fraudulent.

Secondary Working

The NHS recognises some may wish to undertake some secondary work e.g. private practice, including work for insurance companies etc and lectures for fee paying bodies. Such activity is undertaken on the basis that secondary work should not conflict with NHS employment and that the employing organisation receives suitable income for NHS facilities used in providing services to private patients. Fraud may arise where:-

- Agreed patterns of NHS contracted sessions have been changed without authorisation, to facilitate secondary employment, e.g. late weekday or weekend NHS working to facilitate secondary working on weekdays.
- NHS contracted sessions are utilised for professional development to undertake secondary working.
- Private patients are seen during an NHS clinic (NHS employment) and not declared as private patients with consequent loss of income to the NHS.
- Private patient services are provided by a member of medical staff including other services (such as X-Rays and goods such as orthotics) where these other services/goods are not identified as private. The charges for these other goods or services may or may not be included in the doctor's private fee.
- Doctors provide additional services such as x-rays and pathology tests etc and make a private charge but undertake the work during their NHS employment.
- Support staff, such as medical secretaries, assist with private work during the time they are paid by the NHS.
- Subordinates and trainees are employed on private work during the time they are paid by the NHS.
- Private work is undertaken whilst on call and as a consequence cover is unavailable if required on call duty.

With thanks to East Midlands Local Counter Fraud Services.

APPENDIX 2 - Equality Impact Assessment

Step 1 – Scoping; identify the policies aims		Answer	
1. What are the main aims and objectives of the document?		To inform Management regarding the process to follow if fraud, corruption or bribery are suspected	
2. Who will be affected by it?		All staff	
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?		To ensure that allegations are reported and investigated to the Counter Fraud Service.	
4. What information do you already have on the equality impact of this document?		N/A	
5. Are there demographic changes or trends locally to be considered?		N/A	
6. What other information do you need?		N/A	
Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		N	
2. Can any group benefit or be excluded?		N	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		N	
4. Can this actively promote good relations with and between different groups?			N/A
5. Have you carried out any consultation internally/externally with relevant individual groups?		N	Internally only - with the Counter Fraud Service and internally with the Head of Risk Management, Director of Finance & CPO
6. Have you used a variety of different methods of consultation/involvement		N	Email/discussions
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		N	
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?			National template update
9. Are there any external implications in relation to this policy?		x	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?		n/a	

APPENDIX 3

CONTACT DETAILS

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