

## Policy authorisation form

<b>1</b>	<b>Name of policy:</b>	<b>Counter Fraud, Bribery and Corruption Policy</b>			
	<b>Policy Number</b>	<b>9</b>			
	<b>Job title of author:</b>	<b>Counter Fraud Specialist Gloucestershire NHS Counter Fraud Service</b>			
	<b>Sponsor:</b>	<b>Chief Finance Officer</b>			
	<b>Name of group:</b>	<b>NHS Gloucestershire Audit Committee</b>			
<b>2</b>	<b>Equality and diversity – mandatory requirement</b>				
	An Equality & Diversity assessment has been completed			<b>Date Completed:</b> *	
	<b>Consultation</b>				
	<b>Name of group/</b>			<b>Date considered</b>	
	Joint Staff Consultancy Committee (JSCC)			27/07/2023	
	NHS Gloucestershire Audit Committee			04/10/2023	
	Other relevant Forum/Individual?			*	
	County Wide Policy:			YES	
	<b>Approved by</b>				
	<b>NHS Gloucestershire Audit Committee</b>			<b>Date approved</b> 04/10/2023	
<b>To be reviewed by:</b> Counter Fraud Specialist, Gloucestershire NHS Counter Fraud Service			<b>Date to be reviewed:</b> October 2026		
<b>Policy updates/changes</b>					
<b>Date</b>	<b>Summary of Changes</b>	<b>Author/Editor</b>	<b>Approved by</b>	<b>Version</b>	
27/07/2023	The policy has been reviewed in line with the <a href="#">NHSCFA 3-year strategy (2023-26)</a> which was published on 8 <sup>th</sup> June 2023, and aligned to that 3 year strategy. It was	Lee Sheridan	Joint Staff Consultative Committee	5	

	presented to and agreed by the Joint Staff Consultative Committee on 27 <sup>th</sup> July 2023. Only cosmetic changes were required to the policy and the main essence of the document remains.			
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The Policy Authorisation Form is part of the overall policy template and forms the front of the document and must be completed in all cases

### **Equality and Diversity - Part 2 of the form (Appendix 1)**

The policy should be checked to see if it has any adverse effect on any personal group covered by Discrimination Legislation. In order to do this an 'Impact Assessment' must be completed. Further advice can be obtained from the Equality and Diversity Lead.

### **Approval & Review - Part 3 of the form**

Once the Policy has been approved the name of the group/individual and date of approval should be included. The policy document should be sent to the Policy Co-ordinator to log on the Policy Register.

Review and amendments are the responsibility of the Author and Director of the Policy and a date for review must be set and included on the form. However, the Policy Co-ordinator will give a reminder to an author when a policy is overdue a review. The review date must be at least annually.

If, after a review, changes are made the document must be resubmitted, by the Author, for approval and therefore the 'Policy for Policies' must be followed again. Any changes should be included in the necessary 'Policy updates/changes' section at the beginning of the document.

# Counter Fraud, Bribery and Corruption Policy

<b>Version</b>	<b>5</b>
<b>Policy ID No</b>	<b>9</b>
<b>Author</b>	<b>Gloucestershire NHS Counter Fraud Service</b>
<b>Sponsor</b>	<b>Chief Finance Officer</b>
<b>Approved By</b>	<b>Audit Committee</b>
<b>Approval Date</b>	<b>04/10/2023</b>
<b>Review Date</b>	<b>04/10/2026</b>

*This document may be made available to the public and persons outside of the ICB as part of the ICB's compliance with the Freedom of Information Act 2000.*

## SUMMARY

The NHS Gloucestershire Integrated Care Board (ICB) does not tolerate fraud, bribery or corruption and encourages all genuine suspicions of such activity to be reported to the Local Counter Fraud Specialists (LCFS) within Gloucestershire NHS Counter Fraud Service (GNHSCFS) or to The NHS Counter Fraud Authority (NHSCFA) via either the free phone NHS Fraud and Corruption Reporting Line (FCRL) or on-line reporting form.

Fraud is defined as a dishonest act (or failure to act) made with the intention of making a financial gain or causing a financial loss.

Bribery involves offering, promising or giving a payment or benefit to influence others to use their position in an improper way to gain an advantage.

Corruption is defined as the abuse of entrusted power for private gain.

The Chief Executive Officer has overall responsibility for funds entrusted to the ICB.

The Chief Finance Officer has responsibility for ensuring a counter fraud provision is in place.

All allegations of fraud, bribery and corruption will be investigated by a Local Counter Fraud Specialist appointed by the ICB.

All staff have a duty to protect the assets of the ICB and to ensure public funds are safeguarded. They have a right and duty to report to the GNHSCFS or NHSCFA any matter relating to fraud, bribery and/or corruption which they consider to be damaging to the interests of service users, members of the public or other members of staff.

The ICB's zero tolerance approach to fraud, bribery and corruption is set out across a range of other ICB policies and procedural documentation. This applies to all colleagues and non-executives, together with contractors and agents working or acting on behalf of the ICB.

Gloucestershire NHS Counter Fraud Service (GNHSCFS) is responsible for the full range of counter fraud activity to drive down the risk of fraud. Both the Counter Fraud, Bribery & Corruption Policy and GNHSCFS annual workplan is aligned to the NHS Counter Fraud Authority Strategy 2023-2026 which can be viewed on the following link.

[NHSCFA Strategy 2023-26 | corporate publications | NHS Counter Fraud Authority](#)

The purpose of the strategy is to “protect the NHS from Fraud, Bribery and Corruption” and this is achieved by:

- Being experts and leaders in our field;
- Leading the NHS response
- Empowering others

- Putting the interests of the NHS and its patients first

GNHSCFS will investigate all allegations and take all appropriate action up to and including applying appropriate sanctions and seeking redress in relation to any act of fraud, bribery and/or corruption. This may include; criminal sanction, professional body and internal disciplinary action and civil proceedings.

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## **PART 2**

### **1. INTRODUCTION**

One of the basic principles of public sector organisations is the correct and appropriate use of public funds. The ICB does not tolerate fraud, bribery or corruption and is committed to reducing such activity to an absolute minimum, keeping it at that level and freeing up public resources for better patient care.

The ICB is also committed to applying the highest standards of ethical conduct, following good NHS business practice and having robust controls in place to prevent fraud, bribery and corruption. The ICB expects all organisations, partners and suppliers doing business with us to have a comparable commitment and this enables us to reassure our service users, members and stakeholders that public funds are safeguarded. Under no circumstances is committing fraud, corruption or the giving, offering, receiving or soliciting of a bribe acceptable and the ICB will not tolerate this in any form.

### **2 PURPOSE**

This document aims to:

- 2.1 Improve knowledge and understanding concerning both the identification and reduction of fraud, bribery and corruption;
- 2.2 Assist in promoting a culture of openness and an environment where staff feel able to raise concerns or report potential risks that may make the ICB susceptible to fraud, bribery or corruption and provide direction in how to raise and report such issues;
- 2.3 Set out the responsibilities of key staff;
- 2.4 Set out the ICB's approach in relation to preventing, detecting and investigating allegations of fraud, bribery and corruption;
- 2.5 Set out the ICB's intentions regarding the application of appropriate sanctions and the seeking of redress against anyone found to have committed fraud, bribery or corruption.

### **3 SCOPE OF THE POLICY**

- 3.1 This policy applies to all employees of the ICB, regardless of position held, as well as service users, consultants, vendors, contractors, and/or any other parties who have a business relationship with the ICB. Bribery and corruption under the Bribery Act (2010) are punishable for individuals as a criminal offence by up to 10 years imprisonment and the organisation could face an unlimited fine and face incalculable damage to our reputation. The ICB therefore takes its legal responsibilities in relation to bribery very seriously.
- 3.2 The policy will be brought to the attention of all employees and form part of the

induction process for new staff.

- 3.3 This policy will not detail precise prevention mechanisms however advice can be sought from GNHSCFS should such advice be needed.

## **4 DUTIES**

### **4.1 Chief Executive (CEO)**

- 4.1.1 The Chief Executive Officer has the overall responsibility for funds entrusted to the ICB.
- 4.1.2 The CEO must ensure adequate policies and procedures are in place to protect the ICB and the public funds entrusted to it from instances of fraud, bribery and corruption.

### **4.2 The Board of the ICB (Board)**

- 4.2.1 The Board should take overall responsibility for the effective design, implementation and operation of the anti-bribery and corruption initiatives. The Board should ensure that senior management is aware of and accepts the initiatives, and that they are embedded in the corporate culture. The Governance of these responsibilities will be via the Audit Committee.
- 4.2.2 The Board will facilitate and co-operate with its LCFS and NHSCFA giving them prompt access to ICB staff, workplaces and relevant documentation in relation to:
- Investigating alleged cases of fraud or corruption;
  - Fraud Measurement;
  - National or Local Proactive Exercises;
  - Fraud Prevention Reviews / Instructions;
  - Reporting arrangements;
  - Publicity.

### **4.3 Chief Finance Officer (CFO)**

- 4.3.1 The Chief Finance Officer is responsible for ensuring that an adequate counter fraud provision is in place.
- 4.3.2 All anti-fraud, bribery and corruption work within the ICB is directed by the Chief Finance Officer. The Chief Finance Officer shall be responsible for operational matters such as authorising the investigation of alleged fraud, interviews under caution and the recovery or write-off of any sums lost to fraud.
- 4.3.3 The CFO will consider when to inform the CEO of active investigations. This may be particularly appropriate in cases where the potential loss is significant or where the incident may lead to adverse publicity.
- 4.3.4 A decision on whether to refer the matter to the Police (or another agency),



seek Police assistance or to commence criminal proceedings will be made with the agreement of the CFO and the LCFS.

#### **4.4 Internal and External Auditors**

- 4.4.1 External Audit and the ICB's Internal Auditors will report to the LCFS any systems weaknesses detected in the course of their work that may allow fraud to take place.
- 4.4.2 Internal and External Auditors will inform the LCFS of any instances of potential or suspected fraudulent activity identified during the course of their work or from other sources.

#### **4.5 Human Resources (HR)**

- 4.5.1 The ICB is supported by the Commissioning Support Unit (CSU) for Human Resources (HR) functions. With the support of ConsultHR, the ICB and the LCFS will liaise closely to ensure that any parallel sanctions (i.e., criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.
- 4.5.2 The ICB managers remain responsible for ensuring the appropriate use of the organisation's HR policies and procedures by staff, including disciplinary, sickness absence etc., with the support of ConsultHR.

#### **4.6 Local Counter Fraud Specialist (LCFS)**

- 4.6.1 The LCFS represents the ICB when dealing with fraud matters and all work will be undertaken in accordance with the Counter Fraud Manual and all relevant legislation. The LCFS will conduct risk assessment activity so that the ICB's annual counter fraud action plan includes all necessary work in accordance with national standards to ensure appropriate anti-fraud, bribery and corruption arrangements are in place.
- 4.6.2 The LCFS will develop and deliver a comprehensive risk based anti-fraud work plan in compliance with all relevant standards for fraud, bribery and corruption.
- 4.6.3 The LCFS will work with key colleagues and stakeholders to promote anti-fraud work, apply effective deterrent and preventative measures and investigate and seek redress in all allegations of fraud, bribery and corruption.
- 4.6.4 The LCFS has responsibility for undertaking fraud investigations but will seek the authority of the CFO before commencing an investigation.
- 4.6.5 Unless the CFO is implicated in an investigation, the LCFS will ensure that the CFO is informed about and kept updated on progress in all counter fraud activity.
- 4.6.6 In the event of an allegation involving the CFO or LCFS, all communication will be via the CEO and Chair of Audit Committee, alternatively, concerns should be reported directly to the FCRL (See appendix 1).

- 4.6.7 In the event of an allegation against the CFO and CEO, all communication will be via the ICB Chair, Chair of Audit Committee and NHS Counter Fraud Authority.
- 4.6.8 In the event of an allegation against the CFO, CEO and ICB Chair, all communication will be via NHS Counter Fraud Authority.
- 4.6.9 The LCFS will log and update each referral on CLUE (the NHS Counter Fraud Authority case management system), investigate all allegations in a professional and ethical manner, and report to the CFO, NHS Counter Fraud Authority, Internal and External Auditors details of systems weaknesses which have allowed fraud to occur.
- 4.6.10 The LCFS will seek to recover assets lost as a result of fraud and apply for investigation costs when investigations are heard in court.
- 4.6.11 The LCFS will ensure that the nominated HR contact (Associate Director of Corporate Affairs / CSU HR Business Partner) are kept apprised of all cases involving a member of staff and, under such circumstances, will involve the HR contact in agreements and decisions made.
- 4.6.12 The LCFS will be entitled to attend any Audit Committee meeting and have a right of access to all Audit Committee members and to the ICB Chair and CEO of the ICB. The LCFS will provide formal written progress reports to the Audit Committee on all counter fraud activity undertaken within the ICB at least annually.
- 4.6.13 The LCFS will undertake local and national proactive exercises to determine whether the ICB has been subject to fraud and report to the CFO, NHSCFA, Internal and External Auditors details of systems weaknesses identified during these exercises which have fraud-related implications or have identified system weakness.
- 4.6.14 The LCFS will proactively seek and report opportunities where counter fraud work (prevention, detection, investigation, sanction or redress) can be used within presentations or publicity to deter fraud and corruption.
- 4.6.15 The LCFS will not have responsibility for or be in any way engaged in the management of security.

#### **4.7 Counter Fraud Champion**

- 4.7.1 The Counter Fraud Champion is a person identified and nominated by the organisation to be another point of contact for staff wishing to discuss any concerns relating to fraud, bribery or corruption.
- 4.7.2 The Counter Fraud Champion will be nominated in accordance with NHSCFA requirements.

4.7.3 The Counter Fraud Champion has no responsibility for investigation of concerns or allegations and should report all such to the LCFS.

#### 4.8 **Managers**

4.8.1 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, are adhered to and kept under constant review. The responsibility for the prevention and detection of fraud and corruption therefore primarily rests with managers but requires the co-operation of all employees.

4.8.2 Managers are responsible for establishing an anti-fraud, bribery and corruption culture within their team and ensuring that information on procedures is made available to all their staff. The LCFS will proactively assist the encouragement of an anti-fraud culture by undertaking work that will raise fraud awareness.

4.8.3 Managers must take all allegations of fraud, bribery and corruption seriously but must not conduct any investigation into the allegation themselves. While some employees may raise concerns with their manager, managers must not attempt to investigate the allegation themselves. All instances of suspected or actual fraud, bribery or corruption must be reported to the LCFS immediately.

4.8.4 As part of their responsibility, line managers need to:

- Take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees, as well as the bona fides of required qualifications and memberships of professional bodies. In this regard, temporary and fixed-term contract employees will be treated in the same manner as permanent employees.
- Inform staff of the NHS Standards of Business Conduct Policy, with particular attention to the Declarations of Interest Section and Counter Fraud, Bribery and Corruption Policy as part of their induction process, paying particular attention to the need for accurate completion of personal records and forms.
- Ensure that all employees for whom they are accountable are made aware of the requirements of the policy
- Assess the types of risk involved in the operations for which they are responsible.
- Ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities and may include supervisory checks, staff rotation, separation of duties wherever possible so that a key function is not controlled by one individual, and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively.

- Ensure that any use of computers by employees is linked to the performance of their duties within the organisation. Staff should refer and adhere to IT policies and procedures.

4.8.5 Managers who require any advice or guidance can contact the LCFS.

#### 4.9 All Staff

4.9.1 All staff have a duty to protect the assets of the ICB. Assets include buildings, equipment, vehicles, monies, information and goodwill. 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.

4.9.2 All staff are required to adhere to all ICB policies and procedures.

4.9.3 Employees are also expected to act in accordance with the standards laid down by their professional bodies where applicable.

4.9.4 Employees have a responsibility to comply with all applicable laws and regulations relating to ethical business behaviour, procurement, personal expenses, conflicts of interest, confidentiality and the acceptance of gifts and hospitality. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees should always:

- Avoid acting in any way that might cause others to allege or suspect them of dishonesty.
- Behave in a way that would not give cause for others to doubt that the ICB's employees deal fairly and impartially with official matters.
- Be alert to the possibility that others might be attempting to deceive.
- Be familiar with the ICBs policies relating to Standards of Business Conduct covering conflicts of interests, hospitality and gifts.

4.9.5 The success of the ICB's anti-bribery measures depends on all colleagues, and those acting for the ICB, playing their part in helping to detect and eradicate bribery. Therefore, all colleagues and others acting for, or on behalf of the ICB are encouraged to report any suspected bribery.

4.9.6 All staff employed within the ICB have a right and a duty to bring to their manager's attention any matter which they consider to be damaging to the interests of service users, members of the public or other staff. However, where these concerns relate to potential fraud, corruption or bribery, the report should be made to the LCFS, the CFO or the FCRL (see Appendix 1). It is not usually possible for informants to be made aware of the outcome of any investigation unless the matter is progressed criminally, in which case the proceedings will be in the public domain.

4.9.7 These arrangements do not replace organisation procedures for handling complaints, grievances, incident reporting or matters reported through the Whistleblowing (Public Interest Disclosure Act) Policy.

## **5 PROCESS DESCRIPTION**

- 5.1 The ICB is fully committed to the public service values of accountability, probity and openness and recognises the need to actively reduce the risk of fraud, bribery and corruption.
- 5.2 One of the basic principles of public sector organisations is the correct and appropriate use of public funds. The ICB does not tolerate fraud, bribery or corruption and is committed to reducing such activity to an absolute minimum, keeping it at that level and freeing up public resources for better patient care.
- 5.3 In order to meet statutory requirements, comply with the four areas of strategy (Lead and influence, Reduce fraud loss, Support and empower our people and Effective use of our resources) and good practice guidance with regard to prevention, detection, investigation, application of sanctions and seeking redress against fraudsters, we use the services of GNHSCFS, play a full part in an integrated national programme of action to combat fraud, bribery and corruption in the NHS and build on existing responsibilities locally.
- 5.4 The Board encourages anyone having reasonable suspicions of fraud, bribery or corruption to report them and it is the ICB's policy that no employee will suffer in any way as a result of reporting such suspicions.
- 5.5 All genuine suspicions of fraud, bribery and corruption can be reported to the LCFS or through the free phone FCRL or via the NHSCFA on-line reporting form. See Appendix 1.
- 5.6 We will seek to ensure investigations are undertaken in the most effective manner in accordance with the current guidelines and instruction from NHSCFA and current appropriate legislation.
- 5.7 The outcome of any investigation may result in criminal, disciplinary or professional / regulatory body sanction (or a combination) being applied. The ICB will seek to ensure that the most appropriate sanction or combination of sanctions is sought where fraud, bribery or corruption or related misconduct is identified. Deciding on which sanction(s) are applied will be dependent on the findings of the investigation undertaken and the extent of any losses to the ICB.
- 5.8 In accordance with the NHSCFA counter fraud manual specifically pursuing sanctions where there is evidence of fraud, bribery and corruption, the LCFS and HR may consider sharing information where lawful and at the appropriate time. The NHSCFA counter fraud manual outlines the responsibilities of specific individuals and specific interaction points during parallel investigations. Support and oversight is provided by the CFO and senior management as required to ensure this is implemented effectively.

## 5.9 Sanctions may include:

- **Criminal Prosecution** – The LCFS will work in partnership with NHSCFA, the Police and/or the Crown Prosecution Service (CPS) to bring a case to court against the alleged offender. In accordance with the Memorandum Of Understanding with Gloucestershire Police, cases may be disposed of by way of a formal Conditional Caution and / or suitable sanction.
- **Disciplinary** – Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent/illegal act. Fraud is defined in the ICB as gross misconduct. The disciplinary policy can be found on the organisation's intranet site.
- **Civil proceedings** – Civil sanctions will be applied against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs. All financial recoveries will be undertaken in conjunction with NHS Shared Business Services.
- **Professional body disciplinary** – If the organisation is aware during the course of an investigation that a Healthcare Professional is involved in fraud, bribery or corruption, there is a risk to patient safety or there is a significant risk to public funds a referral to the appropriate regulatory body will be made to consider whether fitness to practice procedures should be invoked.

## 5.10 Criminal Sanctions

- 5.10.1 A criminal investigation seeks to establish the facts in relation to a suspected criminal offence. Investigators are bound by rules of evidence, including the Criminal Procedure and Investigations Act 1996 (CPIA) and the Police and Criminal Evidence Act 1984 (PACE) and Codes of Practice. Guilt in a criminal prosecution must be proved 'beyond reasonable doubt'.
- 5.10.2 All criminal investigations will be conducted in line with the relevant criminal legislation, and where appropriate advice from the Police and CPS.
- 5.10.3 Where there is evidence of a criminal offence having been committed, the LCFS, in conjunction with the CFO, will make an assessment of the evidence available and the seriousness of the offence(s), and when appropriate refer the case to the CPS for advice.
- 5.10.4 The CPS will make charging decisions in respect of all cases referred to it in accordance with the Code for Crown Prosecutors.
- 5.10.5 The CPS will prosecute any matters on behalf of the ICB, and seek the most appropriate sanction from the Courts.
- 5.10.6 For low level frauds admitted at interview and in accordance with Memorandum of Understanding between GNHSCFS and Gloucestershire Constabulary, suitable cases may be referred to the Police for consideration as to whether a Police Conditional Caution (or equivalent) is appropriate.



## **5.11 Disciplinary Sanctions**

5.11.1 The purpose of a disciplinary investigation is to establish the facts of the case, i.e. to ascertain whether there is a reasonable belief 'on the balance of probability' that the alleged misconduct has occurred; whether the employee has any explanation for the alleged misconduct; and whether there are any special circumstances to be taken into account. Disciplinary investigations and ensuing proceedings must adhere to the Advisory, Conciliation and Arbitration Services (ACAS) Code of Practice on Disciplinary and Grievance Procedures, as well as any local HR policies. It is not unusual for the criminal and disciplinary processes to overlap. For example, an employee who is being investigated for suspected fraud may also be the subject of disciplinary proceedings by their employer arising out of the same set of circumstances.

5.11.2 All Disciplinary Investigations will be conducted in line with the ICB's Disciplinary Policy, in consultation with the CFO and LCFS.

5.11.3 When disciplinary proceedings are brought against colleagues, if appropriate, sanctions will be applied as set out in the ICB's Disciplinary Policy.

## **5.12 Regulatory / Professional Body Sanctions**

5.12.1 When the subject of any investigation (criminal or disciplinary) is a member of a regulatory or professional body the ICB will consider if it is appropriate to also notify their regulatory / professional body of the matter.

5.12.2 When appropriate the ICB will provide the required information to support the regulatory / professional body so that they can conduct their own investigation. The ICB will adhere to data protection legislation when sharing information.

5.12.3 In addition, the ICB may also report any investigation / proceedings (criminal, civil or disciplinary) to the NHS England concerning any doctor, dentist, pharmacist or optician, where it is necessary for the protection of a member of the public, or is otherwise in the public interest.

## **5.13 Seeking Redress and Debt Recovery**

5.13.1 In addition to any criminal, civil or disciplinary sanction applied, it is the ICB's policy to seek to recover any and all assets lost to criminal activity and wrongdoing in relation to fraud, bribery and corruption from the perpetrator(s). This may include, but is not restricted to

- Action in accordance with the Proceeds of Crime Act 2002, including Restraint and Confiscation Orders,
- Action in the civil court,
- Voluntary repayments,
- Application for investigation and legal costs of any prosecution.
- Where an employee is the perpetrator:

- recovery from NHS pension,
- deductions from salary,
- withholding from final salary payment.

5.13.2 Before undertaking any of the voluntary recovery options above, the LCFS, ICB and Finance Department or Payroll will obtain a written agreement from the individual agreeing the terms of the recovery method and the period for the repayment to be made. All financial recoveries will be undertaken in accordance with NHS Share Business Services recovery protocols.

5.13.3 For external bodies or contractors, recovery will be affected by formal written agreement. An invoice will be issued and repayment plan agreed.

5.13.4 If formal recovery proceedings are deemed to be necessary, the following points will be considered:

- Value of provable loss,
- The known value of any assets of the individual(s) or organisations from which recovery would be sought, including any NHS pension scheme membership,
- The likelihood of successful recovery action,
- The likely costs of recovery action, especially if any claim is disputed by the subject(s) of the claim, and a civil action is necessary to obtain a court judgement against the relevant subject(s),
- The deterrent effect of successful recovery actions.

## **5.14 Information Management and Technology**

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

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

5.14.2 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.

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

5.14.4 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.

5.14.5 The fraudulent use of information technology will be reported by the CFO.

## **PART 3 – Explanatory information**

### **6. DEFINITIONS**

#### **6.1 Fraud**

6.1.1 Fraud is defined as a dishonest act (or a failure to act) made with the intention of making a financial gain or causing a financial loss (or risk of loss). The dishonest act does not need to be successful for fraud to be committed, as long as the intention exists. Neither does the financial gain have to be personal, but can be for the benefit of another. Where the intent is to cause a loss to the organisation, no gain by the perpetrator needs to be shown.

6.1.2 The Fraud Act identifies the following offences:

- S2: Fraud by false representation (lying about something using any means, e.g. by words or actions);
- S3: Fraud by failing to disclose information (not saying something when you have a legal duty to do so);
- S4: Fraud by abuse of position (abusing a position where there is an expectation to safeguard the financial interests of another person or organisation);
- S6: Processing, making and supplying articles intended for use in fraud (applies anywhere and includes any article found, e.g. electronic data, documents etc.)
- S7: Making or supplying articles for use in fraud (must know or intend the article to be used to commit or facilitate fraud)
- S11: Obtaining services dishonestly.

#### **6.2 Bribery and Corruption**

6.2.1 Bribery and corruption involves offering, promising or giving a payment of benefit in kind in order to influence others to use their position in an improper way to gain an advantage.

6.2.2 The Bribery Act 2010 created a number of criminal offences and those most applicable to the NHS and this policy are:

- **Offence of bribing another person** - is defined by section 1 of the Act. It is also an offence for a person to offer, promise, or give a bribe to another person as an inducement for them improperly performing any duty. For example, providing excess hospitality to a potential purchaser/commissioner of the ICB's services.
- **Offence of being bribed** - is defined by section 2 of the Act. It is an offence for a person to request, or agree to receive, or accept a financial or other advantage as an inducement to, or as a reward for, the improper performance of any

function or activity. For example, where an employee who sells confidential information to a third party or provides preferential treatment to suppliers or service users for a fee.

- **Failure of a commercial organisation to prevent bribery** – is defined within section 7 of the Act. If an individual bribes another person to obtain or retain business, or an advantage in the conduct of business for an organisation, then that organisation may also be guilty of an offence. For example, if an organisation fails to put adequate controls in place to prevent bribery and an employee offers a bribe.

6.2.3 Corruption is defined as the abuse of entrusted power for private gain, for example someone making a decision that benefits themselves rather than the organisation or its service users.

6.2.4 The NHSCFA have the authority to lead on bribery and corruption investigations.

6.2.5 The organisation acknowledges the corporate offence enshrined in the Bribery Act for organisations who fail to prevent bribery or do not have robust and effective preventative procedures in place. Consequently, a number of measures which include, but are not limited to a robust Standards of Business Conduct Policy, which includes a declaration of Interest Section (*Conflicts of Interest policy*) and Standing Financial Instructions.

## **7 PROCESS FOR MONITORING COMPLIANCE**

7.1 The effectiveness of this policy will be reviewed via the Audit Committee who, at each meeting, will receive reports from the LCFS on counter fraud, bribery and corruption activity within the ICB.

7.2 The Counter Fraud Service will also monitor compliance through their annual staff survey.

## **8 TRAINING**

8.1 Training related to the Counter Fraud Policy will form part of the ICB's corporate induction training.

8.2 The LCFS will conduct an on-going series of mandatory fraud awareness presentations to staff groups to raise awareness of the policy requirements.

8.3 A mandatory e-learning counter fraud awareness training package is available to staff on the organisation's intranet via the ConsultOD portal <https://www.consultod.co.uk/login/index.php>

## **9 REFERENCES**

NHS Counter Fraud Authority Strategy 2023-26

Bribery Act 2010

Fraud Act 2006

Public Interest Disclosure Act 1998

Proceeds of Crime Act 2002

## **10 ASSOCIATED DOCUMENTS**

Anti-Bribery and Corruption Statement

Standard of Business Conduct Policy

Whistle Blowing Policy

Disciplinary Policy

## **11 APPENDICES**

Appendix 1 – Reporting Fraud, Bribery or Corruption

Appendix 2 – What happens after an allegation is received?

Appendix 3 – Practice Policy Committee Template for Equality Impact Assessment of policies and procedures

## **APPENDIX 1**

### **REPORTING FRAUD AND OR CORRUPTION**

This section is designed to be a reminder of the key “what to do” steps to be taken where fraud, bribery or corruption are discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards in their department.

Staff concerned about how to raise their suspicion can receive independent and confidential advice from the FCRL, from the charity "Public Concern at Work" or from the ICB's whistle blower contact.

### **DEFINITIONS**

#### **FRAUD**

Fraud is a term used to describe a range of different offences. All offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed, so long as the intent is there.

Fraud by false representation  
Fraud by failing to disclose information  
Fraud by abuse of position  
Obtaining services dishonestly

Listed below are just a few examples of fraud that have been discovered in the NHS.

- Submitting false or forged timesheets.
- Falsifying travel and/ or expense claims.
- People working for other agencies whilst off sick within the NHS.
- Patient falsification of prescription claim forms.
- Outside agencies duplicating invoices for payment by the NHS.
- Contractors claiming payment for merchandise they have not delivered.
- The unauthorised selling of Organisation property or assets.

#### **BRIBERY**

Bribery is defined as giving or receiving something of value to influence a transaction.

#### **CORRUPTION**

Corruption is defined as the abuse of entrusted power for private gain, for example someone making a decision that benefits themselves rather than the Organisation or its service users.

#### **WHO TO CONTACT**

Any actual or suspected instance must be reported to the LCFS or the CFO immediately. Where staff have raised suspicions with a line manager or Director the latter must immediately inform the LCFS or CFO.

All reports, whether verbal or written, will be treated in confidence by trained staff and any information professionally assessed and evaluated.

Your LCFS are:

Lee Sheridan 0300 422 2726

Paul Kerrod 0300 422 2753

Lee Sessions 0300 422 2723

The CFO can be contacted on 0300 321 1934

Staff, service users, visitors or the public may also contact the NHS Fraud and Corruption Reporting Line on 0800 028 4060 or by email [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk).

Staff, service users, visitors or the public may also contact the Counter Fraud email account; [ghn-tr.fraudAccountMailbox@nhs.net](mailto:ghn-tr.fraudAccountMailbox@nhs.net)

## **WHEN TO CONTACT**

It is essential that all employees act at the time of their concerns, as time is likely to be of the utmost importance to prevent further loss to the ICB.

However, staff must not confront any individual that they suspect. Nor should staff contact the police directly; they must contact the LCFS or CFO.

Staff should keep or copy any document that arouses their suspicions but not go looking for more.

## **WARNING SIGNS**

Although not “proof” in their own right, the following circumstances may provide an indication of fraud, and should therefore put both managers and staff on the alert:

- Altered documents (correcting fluid, different pen or handwriting).
- Duplicate claim forms.
- Claim form details not readily checkable.
- Changes in normal patterns, of e.g. cash takings or travel claim details.
- Text erratic or difficult to read or with details missing.
- Delay in completion or submission of claim forms.
- Lack of vouchers or receipts in support of expense claims, etc.
- Staff seemingly living beyond their means.
- Staff under constant financial or other stress.
- Staff choosing not to take annual leave (and so preventing others becoming involved in their work), especially if solely responsible for a ‘risk’ area.
- Complaints from public or staff.
- Always working late.

- Refusal of promotion.
- Insistence on dealing with a particular individual.

## NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD

### ACTION TO BE TAKEN IF YOU DISCOVER OR SUSPECT FRAUD OR CORRUPTION

FRAUD	To act or attempt to act intentionally and dishonestly to deprive another for example by misrepresentation or failure to disclose information, whether or not it is successful or whether there is a personal benefit to the perpetrator.	<p>These need to be reported IMMEDIATELY. You therefore must discuss your suspicions or what you have discovered with one of the following:</p> <ul style="list-style-type: none"><li>○ LCFS: Lee Sheridan: 0300 422 2726 Paul Kerrod: 0300 422 2753 Lee Sessions: 0300 422 2723</li><li>○ Counter Fraud email account <a href="mailto:ghn-tr.fraudAccountMailbox@nhs.net">ghn-tr.fraudAccountMailbox@nhs.net</a></li><li>○ The Chief Finance Officer on 0300 421 1934</li><li>○ The Counter Fraud Champion (Deputy CFO)</li><li>○ The Fraud &amp; Corruption Reporting Line on 0800 028 40 60</li><li>○ The Fraud &amp; Corruption Email account <a href="mailto:www.reportnhsfraud@nhs.uk">www.reportnhsfraud@nhs.uk</a></li></ul>
BRIBERY	To give or receive dishonestly something of value to influence a transaction.	
CORRUPTION	The abuse of entrusted power for private gain, for example someone making a decision that benefits themselves rather than the Organisation or its service users.	

### DOs & DON'Ts FOR FRAUD, BRIBERY AND CORRUPTION

If you are suspicious or have concerns

- DO tell someone – confidentiality will be respected.
- DO keep or copy any document that arouses your suspicions
- DO NOT confront the individual with your suspicions.
- DO NOT try to investigate your suspicions yourself.

Further information can be found in the Organisation's Counter Fraud, Bribery and Corruption Policy or by contacting the LCFS



## **APPENDIX 2**

### **WHAT HAPPENS AFTER AN ALLEGATION IS RECEIVED?**

#### **First Steps**

If any employee wishes to report an allegation of fraud, bribery or corruption, they should speak to the LCFS or the CFO. If the member of staff feels unable to speak to any of these, they may speak to their Line Manager or any other senior member of staff, but that person must refer the allegation immediately to the LCFS or CFO.

The CFO will immediately refer all allegations to the LCFS.

The LCFS will alert the CFO of all allegations as they are received.

The LCFS will inform the HR Directorate of all allegations where the subject is a member of staff. LCFS and HR will continue to liaise in accordance with the protocol for liaison between the GNHSCFS and HR.

The LCFS will refer to NHSCFA any case meeting the criteria for referral.

The LCFS will convene an initial investigation scoping meeting as soon as reasonably practicable to include:

- The Local Counter Fraud Specialist
- Human Resource representative and Service Manager

#### **Scoping Meeting**

Purpose of the meeting:

- To set the objectives for the investigation. Consideration must be given to achieve the best possible outcome for the ICB and NHS in line with the NHS Counter Fraud and Corruption Manual and the ICB's Disciplinary Policy & Procedures. The forum must therefore consider (in no particular order as each investigation could present different priorities) criminal, civil and disciplinary sanctions in line with the NHSCFA document 'Applying Sanctions Appropriately'.

- To determine whether the subject should be told of the allegation and, in certain circumstances and in line with policy guidance on applying parallel sanctions, whether the subject should be suspended. Suspensions will only be applied if there is full agreement by those at the meeting having regard to the need to preserve and / or secure evidence and protect service users.

## **The Investigation**

This will be conducted in accordance with the Manual, applying appropriate sanctions consistently and all other guidance issued by NHSCFA. During their investigation, the LCFS will ensure that all activity is conducted, and any evidence or information is gathered, in accordance with PACE, CPIA and any other current appropriate legislation.

The LCFS will provide regular updates to CFO and will meet with HR as required in accordance with the protocol for liaison between the Counter Fraud Service and HR.

Where a financial loss to the organisation has been identified, the LCFS will take reasonable steps during any interview under caution to secure a commitment on the part of the subject to reimburse the organisation. On occasions, the LCFS may actually make a recovery from the subject.

The LCFS will write an Investigation Report for the CFO at the conclusion of the investigation or when the LCFS believes the intervention of a third party (e.g. the Police) is required. If the recommendation is that the Police should become involved – e.g. to effect arrest or obtain a search warrant or production order - the CFO must approve this course of action before contacting the Police.

The Investigation Report will include recommendations for further action (criminal, civil, disciplinary, none) and identify any systems weaknesses with recommendations for strengthening them. The LCFS will have discussed recommendations involving systems weaknesses with appropriate managers responsible for implementation of proposed changes. The LCFS will also alert Internal and External Audit when such weaknesses are identified.

## **Applying Sanctions**

This will be in accordance with the NHSCFA document 'Applying Appropriate Sanctions Consistently' and the organisation's internal protocols on prosecution and financial recovery. If the decision is to pursue a criminal sanction, this will be via the CPS.

If at any stage the decision is to refer all or part of the case to the ICB for consideration under disciplinary procedures, the LCFS

will make available to HR and the line manager all appropriate documentation, including, when authority to do so has been granted, plain paper copies of witness statements. At the conclusion of disciplinary consideration, HR will inform the LCFS of the outcome so that CLUE, the Case Management System, can be updated.

If a financial recovery is appropriate and has not been affected by the LCFS, the ICB will take all necessary steps to recover all losses as identified by the LCFS. If necessary, this will include taking action through a civil court.

### **After the Investigation**

The ICB is committed to publicising actions of successful sanction and redress to improve prevention and deterrence. At the conclusion of all investigations, the LCFS will consider the possibilities of publicity either within the organisation or publicly through the press. The appropriateness of such publicity will be discussed on a case-by-case basis with the Communications Manager in accordance with the Manual and organisation protocol between the LCFS and Communications Manager.