

# Fraud, Bribery and Corruption Policy

**February 2022**

|                               |  |
|-------------------------------|--|
| Version:                      | 1.4  |
| Date ratified:                | 26 May 2022  |
| Policy Number                 | F003/07/2022   |
| Name of originator/author:    | Counter Fraud Specialist, 360 Assurance                    |
| Name of Sponsor:              | Director of Finance  |
| Name of responsible committee | Audit and Integrated Governance Committee                  |
| Date issued:                  | May 2022   |
| Review date:                  | July 2022  |
| Target audience:              | All staff working within or on behalf of NHS Sheffield CCG |

To ensure you have the most current version of this policy please access via the NHS Sheffield CCG Intranet Site by following the link below:

<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>

## Policy Audit Tool

| STATUS OF POLICY: |  |  |
|-------------------|--|--|
| <b>1.</b>         | <b>Details of Policy</b>   |  |
| 1.1               | Policy Number  | F003/07/2022   |
| 1.2               | Title of Policy  | Fraud, Bribery and Corruption Policy   |
| 1.3               | Status of Policy   | Revised  |
| 1.3               | Sponsor  | Director of Finance  |
| 1.4               | Author:  | Counter Fraud Specialist 360 Assurance   |
| 1.5               | Lead Committee   | Audit and Integrated Governance  |
| 1.5               | Reason for policy:   | National Guidance  |
| 1.6               | Who does the policy affect?  | All staff whether permanent or temporary and whether employed directly or indirectly within any part of the CCG.   |
| 1.7               | Are the National Guidelines/Codes of Practices etc issued?   | Yes  |
| 1.8               | Has an Equality Impact Assessment been carried out?  | Yes  |
| <b>2.</b>         | <b>Information Collation</b>   |  |
| 2.1               | Where was Policy information obtained from?  | National guidance  |
| <b>3.</b>         | <b>Policy Management</b>   |  |
| 3.1               | Is there a requirement for a new or revised management structure for the implementation of the Policy? | No   |
| 3.2               | If YES attach a copy to this form.   |  |
| 3.3               | If NO explain why.   | Already in place   |
| <b>4.</b>         | <b>Consultation Process</b>  |  |
| 4.1               | Was there external/internal consultation?  | 360 Assurance – Counter Fraud Specialist   |
| 4.2               | List groups/persons involved   |  |
| 4.3               | Have external/internal comments been included?   | Yes  |
| 4.4               | If external/internal comments have not been included, state why.                                       |  |
| <b>5.</b>         | <b>Implementation</b>  |  |
| 5.1               | How and to whom will the policy be distributed?  | Following approval the policy will be cascaded to all staff via the Weekly Round-Up                                |
| 5.2               | If there are implementation requirements such as training please detail.                               | Training will be delivered via face-to-face presentations, e-learning and distribution of newsletters/posters etc. |
| 5.3               | What is the cost of implementation and how will this be funded   | Already in place   |
| <b>6.</b>         | <b>Monitoring</b>  |  |
| 6.2               | How will this be monitored   | By the Director of Finance and the CCG appointed CFS.  |
| 6.3               | Frequency of Monitoring  | Annually   |

## Document Control Information

### Table of revisions

| <b>Date</b>   | <b>Section Revision</b>   | <b>Author</b>                           |
|---------------|---|---|
| March 2018    | Changed references from NHS Protect to NHS Counter Fraud Authority (NHSCFA)   | R Purseglove, Counter Fraud Specialist. |
| March 2018    | Added examples of key fraud types.  | R Purseglove, Counter Fraud Specialist. |
| March 2018    | Added paragraph outlining role of NHSCFA.   | R Purseglove, Counter Fraud Specialist. |
| March 2018    | Added additional paragraph at 11. re. anonymous referrals.  | R Purseglove, Counter Fraud Specialist. |
| March 2018    | Updated appendix 1 to include email address of referrer and job title of subject.   | R Purseglove, Counter Fraud Specialist. |
| March 2018    | Reviewed equality and impact assessment and amended dates to 2018.  | R Purseglove, Counter Fraud Specialist. |
| April 2019    | Reviewed and no changes to make   | R Purseglove, Counter Fraud Specialist. |
| February 2020 | Removed references to former NHS Protect.<br>Updated policy review process to reflect CFS attendance at Governance Sub-Committee<br>Added examples of typical PHB related frauds. | R Purseglove, Counter Fraud Specialist. |
| March 2021    | Added reference to role of Counter Fraud Champion.  | R Purseglove, Counter Fraud Specialist. |
| February 2022 | Policy reviewed to add details regarding the new Counter Fraud Functional Standards   | C Croft, Counter Fraud Specialist       |

## Contents

| Section    | Title  | Page |
|------------|--|------|
| 1          | Policy Statement   | 5    |
| 2          | Purpose  | 6    |
| 3          | Intended Users   | 6    |
| 4          | Policy Principles  | 6    |
| 5          | Standards For Commissioners - Government Functional Standard                 | 8    |
| 6          | Definitions  | 8    |
| 7          | Roles and Responsibilities   | 9    |
| 8          | Response Plan  | 11   |
| 9          | Creating A Strong Counter Fraud, Bribery & Corruption Culture                | 12   |
| 10         | Proactive Prevention & Deterrence  | 12   |
| 11         | Professional Investigation of Detected Fraud, Bribery & Corruption           | 13   |
| 12         | Effective Sanctions  | 13   |
| 13         | Seeking Redress  | 13   |
| 14         | Reporting Suspicions   | 13   |
| 15         | Approval and Ratification process  | 13   |
| 16         | Dissemination and Implementation of this Policy                              | 14   |
| 17         | Equality Impact Assessment   | 14   |
| 18         | Monitoring Compliance with and Effectiveness of policies and procedures.     | 18   |
| 19         | Review   | 18   |
| 20         | Evidence Base  | 18   |
| 21         | Training   | 18   |
| Appendix 1 | Fraud Response Plan  | 19   |
| Appendix 2 | Fraud Referral Form  | 24   |
| Appendix 3 | Common examples of fraud, bribery & corruption offences occurring in the NHS | 25   |
| Appendix 4 | Do's and Don'ts  | 26   |
| Appendix 5 | Contacts   | 27   |

# 1 Policy Statement

The aim of this policy is to set out Sheffield Clinical Commissioning Group's (Sheffield CCG) policy on suspected and detected fraud, bribery and corruption, and to help individuals who may identify suspected fraud. It provides a framework for responding to suspicions of fraud.

Sheffield CCG adheres strictly to one of the basic principles of public sector organisations which is the proper use of public funds. It is, therefore, important that all those who work for Sheffield CCG are aware of the risk of, and means of enforcing the arrangements against fraud, bribery and corruption.

Our policies, procedures and staff training reflect our commitment to acting ethically in all our business relationships, and to implementing effective systems and controls to protect public funds and mitigate the risk of fraud.

The NHS Counter Fraud Authority (NHSCFA) is accountable to the Department for Health Anti-Fraud Unit and works collaboratively with key stakeholders, including NHS England, NHS Improvement and the Cabinet Office. It has responsibility for overseeing Counter Fraud Arrangements within the NHS and within those organisations funded to provide NHS care.

Sheffield CCG has appointed an accredited person, nominated to the NHSCFA, to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption, and reactive work to hold those who commit fraud, bribery or corruption to account.

## 2 Purpose

The purpose of this document is to set out Sheffield CCG's policy on suspected and detected fraud, bribery and corruption, and to help individuals who may identify suspected fraud. It provides a framework for responding to suspicions of fraud. Further guidance if you suspect fraud may be obtained by contacting our Counter Fraud Specialist (CFS) or the Director of Finance (contact details can be found in Appendix Five).

## 3 Intended Users

This policy applies to all Sheffield CCG employees and contractors who are working for the organisation.

For concerns which relate to fraud, bribery or corruption these should be reported through the provisions of this policy and not under the provisions of the Whistleblowing Policy.

## 4 Policy Principles

Sheffield CCG strategic approach is that we have a zero tolerance to fraud, bribery and corruption within the organisation. The aim is to eliminate fraud, bribery and corruption as far as possible as they ultimately lead to a reduction in the resources available for patient care. Sheffield CCG is required to always act honestly and with integrity to safeguard public resources it is responsible for. Sheffield CCG will not tolerate any acts of fraud, bribery or corruption perpetrated against it or involving its employees and will actively pursue all available criminal and civil actions, including the recovery of loss suffered as a result. The Governing Body is committed to the elimination of fraud,

bribery and corruption by ensuring that there is a strong anti-fraud, bribery and corruption culture, proactive prevention, detection and deterrence through widespread awareness, and by rigorously investigating any such cases, and where proven, to ensure wrong doers are appropriately dealt with, including taking steps to recover assets lost as a result of fraud, bribery and corruption.

The NHSCFA has released the Government Functional Standard 013 Counter Fraud ('the Functional Standard') as a suite of requirements to countering fraud across the NHS. The Functional Standard will replace the old standards used by the NHSCFA and becomes effective from 1 April 2021. To meet Sheffield CCG's objectives and to demonstrate its commitment to taking all necessary steps to counter fraud, bribery and corruption, the Functional Standard has been adopted by Sheffield CCG.

The purpose of the Functional Standard is to set the expectations for the management of fraud, bribery and corruption risk in government organisations and means that the whole counter fraud community in the public sector is working to a common counter fraud standard.

NHS funded services will be required to provide NHSCFA with details of their performance against the Functional Standard annually.

The term 'NHS funded services' above refers to any organisation with partial or full NHS funding. Currently this includes NHS Trusts, Foundation Trusts, Ambulance Trusts, Special Health Authorities, Clinical Commissioning Groups, certain Independent Healthcare Providers, Health Boards, NHS Improvement and NHS England.

From April 2021, Sheffield CCG is expected to obtain organisational assurance against the Functional Standard. The Functional Standard provides guidance to organisations on the arrangements for undertaking assurance.

The Functional Standard removes the previous strategic areas of Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account and sets out a number of specific component requirements namely:

**Component 1: Accountable individual**

Have an accountable individual at board level who is responsible for counter fraud, bribery and corruption. For Sheffield CCG this will be the Director of Finance.

**Component 2: Counter fraud bribery and corruption strategy**

Have a counter fraud, bribery and corruption strategy. This is set out in this policy under section 2 - Policy Principles.

**Component 3: Fraud bribery and corruption risk assessment**

Have a fraud, bribery and corruption risk assessment.

**Component 4: Policy and response plan**

Have a policy and response plan for dealing with potential instances of fraud, bribery and corruption. This is set out as at Appendix 1 of this policy.

**Component 5: Annual action plan**

Sheffield CCG maintains an annual work plan that is informed by national and local fraud, bribery and corruption risk assessments identifying activities to improve capability and resilience. This includes (but is not limited to) defined objectives, milestones for the delivery of each activity and measurable areas for improvement in line with strategic aims and objectives. The plan is agreed, and progress monitored by the Audit and Integrated Governance Committee.

**Component 6: Outcome-based metrics**

Sheffield CCG has outcome-based metrics summarising what outcomes it is seeking to achieve that year.

**Component 7: Reporting routes for staff, contractors and members of the public**

Sheffield CCG will have well-established and documented reporting routes for staff, contractors and members of the public to report suspicions of fraud, bribery and corruption and a mechanism for recording these referrals and allegations.

**Component 8: Report identified loss**

Sheffield CCG will report identified loss from fraud, bribery, corruption and error and associated recoveries, in line with the agreed government definitions.

**Component 9: Access to trained investigators**

Sheffield CCG will have agreed access to trained investigators that meet the agreed public sector skill standard.

**Component 10: Undertake detection activity**

Sheffield CCG will undertake activity to try and detect fraud in high-risk areas where little or nothing is known of fraud, bribery and corruption levels, including loss measurement activity where suitable.

**Component 11: Access to and completion of training**

Sheffield CCG will ensure that all staff have access to and undertake fraud awareness, bribery and corruption training as appropriate to their role.

**Component 12: Policies and registers for gifts and hospitality and Conflicts of Interest**

Sheffield CCG will have policies and registers for gifts and hospitality and conflicts of interest.

All staff have a duty to protect the assets of Sheffield CCG and also to cooperate with any investigation. The Board recommends anyone having suspicions of fraud, bribery or corruption to report those suspicions. All reasonably held suspicions will be taken seriously.

For concerns which relate to fraud, bribery or corruption these should be reported through the provisions within this policy, rather than through the Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy

## 5 Standards for Commissioners - Government Functional Standard

NHSCFA requires Sheffield CCG to ensure appropriate anti-fraud, corruption and bribery arrangements are in place as set out in the NHS Standard Contract and as specified within the new Government Functional Standard 013 for Counter Fraud.

It is the responsibility of the organisation to ensure that it complies with the Functional Standard. In order to demonstrate compliance, NHSCFA quality inspectors require the organisation to submit an annual return detailing compliance and anti-fraud, corruption and bribery activity undertaken within the organisation. Upon completion, the return provides a **red**, **amber**, or **green** (RAG) rating for the organisation. The RAG system is a management method of rating for issues or status reports, based on levels of compliance with the standards. As such, the colours are used in a traffic light

rating system with **red** being non-compliant, **amber** being partially compliant and **green** being fully compliant.

The NHSCFA Quality and Compliance Team (QCT) use the annual return as a basis for selecting organisations for detailed assessment and engagement.

## 6 Definitions

The following definitions apply for the purposes of this policy and the corresponding Fraud Response Plan attached at Appendix 1.

### 6.1 Fraud

The *Fraud Act 2006* came into force on the 15 January 2007 and introduced the general offence of fraud. It is no longer necessary to prove that a person has been deceived. The focus is now on **dishonest behaviour** and any **intent** to make **gain or cause loss** to another party. Put simply, fraud is a dishonest act intended for gain or to cause loss to another.

There are three main ways in which the offence of fraud can be committed:

- Fraud by False Representation (lying about something using any means, for instance words or actions).
- Fraud by Failure to Disclose (not saying something when you have the legal duty to do so).
- Fraud by Abuse of Position (abusing a position where there is an expectation to safeguard the financial interests of another person or organisation).

It should be noted that all offences under the *Fraud Act 2006* occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to succeed so long as the intent is there.

### 6.2 Bribery

*The Bribery Act 2010* came into force on 1 July 2011 and created three general offences of bribery:

- Offering, promising or giving a bribe to induce someone to behave improperly, or to reward someone for having already done so.
- Requesting, agreeing or accepting a bribe either in exchange for acting improperly or where the request or acceptance is itself improper.
- Bribery of a foreign public official.

A new corporate offence was also introduced:

- Failure by a company to prevent
  - a bribe being paid, or
  - a business advantage.

Bribing anyone is absolutely prohibited. Employees will not pay a bribe to anybody. This means you will not offer or promise reward in any way, or give financial or other advantage to any person, in order to induce that person to perform activities improperly. It does not matter whether the other person is a UK or foreign official, political candidate, party official, private individual, public sector employee or any other person.

Bribery does not have to involve cash or an actual payment exchanging. It can take many forms such as a gift, lavish treatment during a business trip or tickets to an event.

### **6.3 Corruption**

Bribery is a form of corruption but corruption also includes many other dishonest practices such as fraud, nepotism, collusion and abuse of power/position. Corruption does not always result in a loss and the corrupt person may not always benefit directly from their deeds, however they may be unreasonably using their position to give some advantage to another.

## **7 Roles and Responsibilities**

### **7.1 Accountable Officer**

The Sheffield CCG's Accountable Officer has overall responsibility for funds entrusted to Sheffield CCG. The Accountable Officer must ensure that adequate policies and procedures are in place to protect the organisation and the funds it receives from fraud, bribery and corruption.

### **7.2 Director of Finance**

The Director of Finance accepts overall responsibility for all matters relating to fraud, bribery and corruption within Sheffield CCG.

### **7.3 The Audit and Integrated Governance Committee**

The Audit and Integrated Governance Committee should satisfy itself that the organisation has adequate arrangements in place for counter fraud, bribery and corruption to comply with the Functional Standard.

### **7.4 Human Resources Staff**

Human Resources staff provide advice, guidance and support to Sheffield CCG managers and officers investigating disciplinary matters. All disciplinary matters which involve suspected fraud, bribery or corruption offences will also be subject to parallel criminal investigation by the organisation's CFS. A liaison protocol is in place which details arrangements for the conduct of parallel disciplinary and criminal investigations. Close liaison between the CFS and HR is essential to ensure that any parallel sanctions (for instance criminal, civil and disciplinary sanctions) are applied effectively and in a coordinated manner.

### **7.5 Counter Fraud Specialist**

The CFS is responsible for conducting all anti-fraud work locally and ensuring that the organisation has appropriate anti-fraud, bribery and corruption arrangements in place.

The local counter fraud service will:

- Ensure that the Director of Finance is informed about referrals/cases.
- Be responsible for the day to day local implementation of the Functional Standard and NHSCFA strategy.
- Investigate cases of fraud.
- In consultation with the Director of Finance, report any cases to the police or NHSCFA in accordance with NHSCFA guidance.

- Adhere to the fraud response plan.

## **7.6 Fraud Champion**

The role of a Fraud Champion is to support and challenge the organisation in relation to its commitment to fraud work. The Champion will help promote a zero-tolerance approach to fraud within our own organisation. The role and duties of the Fraud Champion includes:

- promoting awareness of fraud, bribery and corruption within your organisation;
- understanding the threat posed by fraud, bribery and corruption; and
- understanding best practice on counter fraud.

## **7.7 Managers**

Managers are responsible for implementing and maintaining the policy in their area of management, including ensuring that procedures are in place, individuals are adequately trained and controls are being complied with. The following examples (this list is not exhaustive) provide some areas of responsibility that managers have in the prevention of fraud, bribery and corruption:

- Understanding financial decision making such as authorisation limits for purchases, ordering of stock or goods and the authorising of expenses and time sheets.
- Understanding responsibilities in relation to fraud awareness.
- Understanding the need to inform HR of any transactional changes to be made to electronic staff records. Managers are responsible for submitting these for any changes required; these include base changes, manager changes, incremental stage, change of working hours and many more. Incorrect or delayed submission of transactional changes could lead to financial implications for staff such as overpayments.
- Timesheet and expense claim checking to ensure that the details are accurate before submission to payroll.

## **7.8 Employees**

All employees are expected to ensure that they are familiar with, and act in accordance with, this policy and attend all fraud training as required.

All employees are required to comply with Sheffield CCG's policies and procedures and apply best practice in order to prevent fraud, bribery and corruption. All employees have a duty to ensure that public funds are safeguarded and where they have a suspicion that fraud exists, they should report it to the Counter Fraud Specialist or Director of Finance (contact details in Appendix five). Alternatively you can report to the NHS Fraud and Corruption Reporting Line (0800 028 40 60), or through the online NHS Fraud Reporting Tool found at <https://cfa.nhs.uk/reportfraud>.

## **7.9 Fraud Response Plan**

Sheffield CCG has developed a fraud response plan (Appendix 1) which should be used as a checklist of actions and a guide to follow in the event that fraud is suspected. It covers:

- Notification of suspected fraud,
- The investigation process,
- Sanctions and redress,

- Recovery action,
- Roles and responsibilities,
- Monitoring and review.

## 8 Response Plan

The organisation's Fraud Response Plan is attached at Appendix 1.

Furthermore, in accordance with the Functional Standard guidance, Sheffield CCG has undertaken a risk assessment to determine the extent to which bribery and corruption may affect the organisation. Proportionate procedures in place to mitigate the identified risk include the following requirements (the list is not exhaustive):

- The Standard Financial Instructions (SFIs for short), which outline the decisions which Sheffield CCG's Board retains for itself and which it will delegate.
- The Scheme of Delegation (SoD for short) outlines the minimum level allowed to make certain decisions. These include High Value, Mid Value and Low Value.
- Management controls such as for the approval of overtime and expenses.
- Acting with propriety in the use of Sheffield CCG's resources, including making accurate and honest expense claims and claims for sickness absence.
- Conducting oneself with integrity, accountability, openness and honesty.
- All staff must disclose their business interests, prior to commencement of employment with Sheffield CCG.
- All staff must declare hospitality (other than modest hospitality) received by or offered to them as Sheffield CCG employees.
- All hospitality (other than extremely minor hospitality) provided by Sheffield CCG staff to third parties must be declared.
- Staff must not solicit personal gifts and must declare all gifts received (in excess of a minimum value set).

## 9 Creating A Strong Counter Fraud, Bribery & Corruption Culture

We all have a responsibility to protect our organisation and its resources. Everyone, including the public, the CCG's staff, professionals, managers and policy makers (the honest majority), must work together to raise awareness of the CCG's zero tolerance approach to fraud, bribery and corruption, to report concerns and enforce the message to the dishonest minority that such matters are not acceptable within the NHS and will be dealt with accordingly.

The most effective deterrent will come from those of us within the NHS who value the service provided and disapprove of those who abuse the system through fraud, bribery,

corruption and other dishonest acts. In addition, publicity surrounding counter fraud, bribery and corruption work will deter some who perpetrate or consider perpetrating related offences. The CCG will publicise successful investigation outcomes both internally and externally as appropriate in order to aid the deterrent effect.

## **10 Proactive Prevention & Deterrence**

Sheffield CCG will ensure that its systems, policies and processes are sufficiently robust so that the risk of fraud, corruption and bribery is reduced to a minimum. Checks will be conducted in areas identified to be most at risk to fraud, corruption or bribery in order to proactively detect instances that might otherwise be unreported.

The CFS will review new and existing key policies and procedures to ensure that appropriate counter fraud measures are included. This includes (but is not limited to) policies and procedures in human resources, procurement, standing orders, standing financial instructions and other finance and operational policies.

Sheffield CCG will carry out comprehensive local risk assessments to identify fraud, bribery and corruption risks. Risk analysis is undertaken and is recorded and managed in line with Sheffield CCG's risk management policy and included on the appropriate risk registers. Measures to mitigate identified risks are included in Sheffield CCG's annual work plan to counter fraud, bribery and corruption, progress is monitored at a senior level within the organisation and results are fed back to the Audit and Integrated Governance Committee.

Additional preventative activities may also be conducted. These activities will be targeted at those areas of the organisation considered to be at a higher risk of fraud, bribery or corruption. The purpose of these activities is to identify gaps in the organisation's governance framework which could allow fraud to be perpetrated. These activities will be conducted in line with guidance issued by the NHSCFA where appropriate.

## **11 Professional Investigation of Detected Fraud, Bribery & Corruption**

Criminal offences of fraud, bribery or corruption will be investigated in a professional, objective and timely manner by an accredited NHS Counter Fraud Specialist appointed by the CCG. Internal investigations may also be carried out by HR and/or CCG managers as part of disciplinary procedures. Parallel criminal and disciplinary investigations may be undertaken in accordance with the agreed liaison protocol.

## **12 Effective Sanctions**

Where fraud, bribery or corruption offences are committed, criminal sanctions (including prosecution) will be considered and pursued where appropriate. Employees of Sheffield CCG found to have committed such offences will also be dealt with in accordance with internal disciplinary procedures and referred to professional bodies where appropriate.

## **13 Seeking Redress**

Sheffield CCG will consider initiating civil recovery action if this is cost-effective and desirable for deterrence purposes.

## **14 Reporting Suspicions**

All concerns or suspicions relating to fraud, bribery or corruption must be reported to Sheffield CCG's Counter Fraud Specialist or Director of Finance (contact details in Appendix Five). You can also use the fraud referral form attached at Appendix 2 of this policy. Alternatively, fraud can be reported to NHSCFA via the NHS Fraud and Corruption Reporting Line (0800 028 40 60) or its online reporting tool found at <https://cfa.nhs.uk/reportfraud>

## **15 Approval and Ratification Process**

This policy will be approved by the Audit and Integrated Governance Committee and ratified by the Governing Body.

## **16 Dissemination and Implementation of this Policy**

This policy will be included on the intranet with other corporate governance documents.

## **17 Equality Impact Assessment**

We welcome feedback on this policy and the way it operates. We are interested to know of any possible or actual adverse impact that this policy may have on any groups in respect of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

The person responsible for equality impact assessment of this policy is the Director of Finance.

This policy has been screened to determine equality relevance for the following equality groups: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The policy is considered to be equality relevant for none of the groups. A full impact assessment has been conducted and the report is attached to this policy.

## NHS Sheffield CCG Equality Impact Assessment 2022

|  |   |
|--|---|
| <b>Title of policy or service</b>                          | Fraud, Bribery and Corruption Policy          |
| <b>Name and role of officers completing the assessment</b> | Carol Henderson, Corporate Governance Manager |
| <b>Date assessment started/completed</b>                   | May 2022                                      |

| <b>1. Outline</b>                                     |  |
|---|--|
| <b>Give a brief summary of your policy or service</b> | This document sets out the NHS Sheffield Clinical Commissioning Group (referred to as 'the CCG') policy for suspected and detected fraud, bribery and corruption |

## 2. Gathering of Information

This is the core of the analysis; what information do you have that indicates the policy or service might *impact on protected groups, with consideration of the General Equality Duty.*

|   | What key impact have you identified? |                |                 | What action do you need to take to address these issues? | What difference will this make? |
|---|--------------------------------------|----------------|-----------------|--|---------------------------------|
|   | Positive Impact                      | Neutral impact | Negative impact |  |                                 |
| <b>Human rights</b>   |                                      | X              |                 |  |                                 |
| <b>Age</b>  |                                      | X              |                 |  |                                 |
| <b>Carers</b>   |                                      | X              |                 |  |                                 |
| <b>Disability</b>   |                                      | X              |                 |  |                                 |
| <b>Sex</b>  |                                      | X              |                 |  |                                 |
| <b>Race</b>   |                                      | X              |                 |  |                                 |
| <b>Religion or belief</b>   |                                      | X              |                 |  |                                 |
| <b>Sexual orientation</b>   |                                      | X              |                 |  |                                 |
| <b>Gender reassignment</b>  |                                      | X              |                 |  |                                 |
| <b>Pregnancy and maternity</b>  |                                      | X              |                 |  |                                 |
| <b>Marriage and civil partnership</b> (only eliminating discrimination) |                                      | X              |                 |  |                                 |
| <b>Other relevant group</b>   |                                      |                |                 |  |                                 |

Please provide details on the actions you need to take below.

| <b>3. Action plan</b>    |                         |   |                  |                            |
|--------------------------|-------------------------|---|------------------|----------------------------|
| <b>Issues identified</b> | <b>Actions required</b> | <b>How will you measure impact/progress</b> | <b>Timescale</b> | <b>Officer responsible</b> |
| No actions required      |                         |   |                  |                            |
|                          |                         |   |                  |                            |
|                          |                         |   |                  |                            |
|                          |                         |   |                  |                            |

| <b>4. Monitoring, Review and Publication</b>           |                              |                     |          |
|--|------------------------------|---------------------|----------|
| <b>When will the proposal be reviewed and by whom?</b> | <b>Annually</b>              |                     |          |
| <b>Lead Officer</b>                                    | Corporate Governance Manager | <b>Review date:</b> | May 2022 |

## 18 Monitoring Compliance with and Effectiveness of Policies and Procedures

| Measurables  | Lead Officer | Frequency | Reporting to                              | Action Plan/<br>Monitoring                |
|--|--------------|-----------|---|---|
| Delivery of Counter Fraud, Bribery and Corruption Plan         | CFS          | Quarterly | Audit and Integrated Governance Committee | Audit and Integrated Governance Committee |
| Staff questionnaire on fraud, bribery and corruption awareness | CFS          | Annually  | Audit and Integrated Governance Committee | Audit and Integrated Governance Committee |

## 19 Review

The policy will be reviewed annually and updated as necessary.

## 20 Evidence Base

- [Criminal Procedure and Investigations Act 1996](#);
- [NHS Counter Fraud Authority Guidance](#);
- [NHS Counter Fraud Authority Fraud Strategy 2020-23](#);
- [Government Functional Standard 013 NHS requirements](#);
- [The Bribery Act 2010](#);
- [The Fraud Act 2006](#);
- [The Police and Criminal Evidence Act 1984](#);
- [The Proceeds of Crime Act 2002](#); and
- [The Public Interest Disclosure Act 1998](#).

## 21 Training Requirements

The CFS will promote fraud, bribery and corruption awareness through the provision of eLearning modules and/or the distribution of newsletters and other materials. Should staff require any other assistance, or advice, they should contact the CFS (details above).

## APPENDIX 1 - Fraud Response Plan

### 1.0 Introduction

This fraud response plan provides a checklist of actions and a guide to follow in the event that fraud is suspected. Its purpose is to define authority levels, responsibilities for action and reporting lines in the event of suspected fraud, theft or other irregularity, it covers:

- Notification of suspected fraud;
- The investigation process;
- Sanctions and redress;
- Recovery action;
- Roles and responsibilities; and
- Monitoring and review.

### 2.0 Notifying Suspected Fraud

2.1 It is important that all staff are able to report their concerns without fear of reprisal or victimisation and are aware of the means to do so. The *Public Interest Disclosure Act (1998)* commonly referred to as the “whistle-blowers act”, provides appropriate protection for those who voice genuine and legitimate concerns through the proper channels.

2.2 If an employee has any concerns or suspicions of fraud they must inform the nominated Counter Fraud Specialist (CFS). Alternatively you can contact the organisation’s Director of Finance.

2.3 If the Director of Finance, CFS or Accountable Officer (AO) are implicated, then concerns should be reported to the NHS Counter Fraud Authority through their online reporting form or through their 24-hour reporting line on 0800 028 40 60.

2.4 **Appendix 4** of the Fraud, Bribery and Corruption Policy, provides a reminder and checklist of the key actions if fraud, corruption or bribery are suspected. Staff are encouraged to familiarise themselves with this document.

### 3.0 The Investigation Process

3.1 The CFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

3.2 Sheffield CCG wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. In accordance with the provisions of the ‘whistle-blowers act’, the organisation have implemented a Freedom To Speak Up: Raising Concerns (Whistleblowing) Policy and Freedom to Speak Up Guardian who can provide an independent and impartial source of advice to staff at any stage of raising a concern.

3.3 A CFS investigation may identify conduct or performance that may be of concern to the organisation or to the employees Professional Body, whether related to fraud or otherwise. Where appropriate, relevant organisational policies and procedures, including disciplinary procedures, will be followed where such concerns arise. This may result in disciplinary action and/or notification to the relevant professional body where appropriate.

3.4 In accordance with the NHS Counter Fraud Authority requirements the Director of Finance, in conjunction with the CFS, will decide whether or not a case should be referred to the police. Any referral to the police will not prohibit action being taken under any local disciplinary procedures of Sheffield CCG unless expressly stipulated by the police.

3.5 The CFS, in consultation with Sheffield CCG's Director of Finance, will investigate allegations in accordance with procedures and documents referenced in the NHSCFA standards.

3.6 Sheffield CCG will follow their disciplinary procedure if there is evidence that an employee has committed any act of fraud, bribery or corruption. The CFS must be aware that staff under investigation which could lead to disciplinary action, have the right to procedural fairness and the CFS must seek advice from the organisation's HR department during the investigation process where appropriate.

3.7 The CFS will take control of any physical evidence and record this in accordance with the procedures outlined in the NHSCFA Anti-Fraud Manual. For reasons of confidentiality access to this manual is restricted.

3.8 Interviews under caution will only be carried out by the CFS or, if appropriate, the police in accordance with the Police and Criminal Evidence Act (1984). The CFS will also take written statements where necessary.

3.9 If fraud, bribery or corruption is found to have occurred, the CFS will prepare a report for the Director of Finance, setting out the following:

- The circumstances;
- The investigation process;
- The estimated or actual loss;
- The steps taken to prevent recurrence;
- The steps taken to recover loss; and
- System control weaknesses that require correction.

3.10 Any recommendations as a result of an investigation will be reported in progress reports to the Audit and Integrated Governance Committee to consider any necessary improvements to controls.

## **4.0 Sanctions and Redress**

4.1 The seeking of financial redress or recovery of losses will always be considered in cases of fraud, bribery and corruption that are investigated by either the CFS or NHSCFA where a loss is identified.

4.2 Recovery of losses may involve action under the Proceeds of Crime Act (2002) but each decision will be taken in light of the particular circumstances of each case.

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

4.4 The NHSCFA Anti-Fraud Manual provides in depth detail of how sanctions can be applied and redress sought. Local action can also be taken to recover money using the administrative procedures of the organisation or civil law.

4.5 In cases of serious fraud, bribery and corruption, parallel sanctions can be applied, for example:

- Disciplinary action;
- Use of civil law to recover lost funds; and
- Use of criminal law to apply an appropriate criminal penalty, possible referral of information and evidence to a professional body if appropriate.

4.6 The NHSCFA can also apply to the courts to make a restraining order or confiscation order under

the Proceeds of Crime Act (2002). This means that a person's money can be taken away from them if it is believed that the person benefited from the crime. This can also include restraining assets during an investigation.

4.7 The range of available sanctions which may be pursued by the relevant decision makers includes:

- **No further action.** In some cases it may be that the organisation, under guidance from the CFS and with the approval of the Director of Finance, decides that no further action is taken.
- **Criminal Investigation.** Following an investigation it may be necessary to bring the matter to the attention of the criminal courts such as Magistrates or Crown Court.
- **Civil Recovery.** The civil recovery route is available to the organisation if this is cost effective and desirable. This could involve a number of options such as applying through the small claims court. Each case will be discussed with the Director of Finance to determine the most appropriate action.
- **Disciplinary Action.** The appropriate person, in conjunction with the HR department, will be responsible for initiating any disciplinary action.
- **Confiscation under the Proceeds of Crime Act.** Depending upon the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under the Proceeds of Crime Act.
- **Recovery from On-Going Salary Payment.** Arrangements can be made to recover losses via payroll if the subject is still employed by the organisation.
- **Professional Body Disciplinary.** During an investigation, if clear evidence exists of a healthcare professional's involvement in fraud, bribery or corruption, the appropriate regulatory body will be informed so they can consider whether fitness to practice procedures should be invoked. Regulatory bodies have statutory powers to place conditions on, suspend or remove the registration of, professionals whose fitness to practice has been impaired.

## 5.0 Roles and Responsibilities

5.1 The codes of conduct for NHS Boards and NHS Managers set out the key public service values which Sheffield CCG adhere to. They state that high standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. All staff should be aware of and act in accordance with, these values. The values can be summarised as:

- Accountability,
- Probity, and
- Openness.

5.2 Sheffield CCG will take all necessary steps to counter fraud, bribery and corruption in accordance with its Fraud, Bribery and Corruption Policy and the Government Functional Standard 013: Counter Fraud (the Functional Standard).

5.3 Sheffield CCG will appoint a CFS to undertake work as set out by the NHSCFA under the Functional Standard. Sheffield CCG is committed to taking all steps necessary to counter fraud, bribery and corruption. To meet its objectives, Sheffield CCG has adopted the specific component principles of the Functional Standard.

5.4 All employees are required to comply with Sheffield CCG policies and procedures in order to prevent fraud, bribery and corruption.

5.5 All those who work within Sheffield CCG or are otherwise engaged with the Sheffield CCG should be aware of and act in accordance with the public service values and the Nolan Principles for Standards in Public Life.

5.6 Employees are expected to act in accordance with the standards laid down by their professional institutes where applicable.

5.7 All 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.

#### **5.8 The CFS will:**

- Ensure that the Director of Finance is informed about all referrals and cases;
- Be responsible for the day to day implementation of the key standards of counter fraud, bribery and corruption activity as set out by the Functional Standard.;
- Investigate cases of fraud;
- In consultation with the Director of Finance, report any case to the police or NHSCFA as agreed and in accordance with the NHS Government Functional Standard;
- Report any case and the outcome of the investigation through the NHSCFA national case management system;
- Ensure that other relevant parties are informed where necessary, for instance HR;
- Ensure that the appropriate organisation incident and losses reporting systems are followed;
- Ensure that any system weaknesses identified as part of any investigation are followed up with management and reported to internal audit; and
- Ensure that cases are managed appropriately, taking into account appropriate legislation and regulation and the needs of procedural fairness in the employment relationship.

#### **5.9 NHSCFA will:**

- Provide leadership and expertise in counter fraud as a valued NHS partner;
- Collaborate nationally and locally with the NHS to understand threats, vulnerabilities and enablers;
- Deliver intelligence-led counter fraud services to find, respond to and to prevent fraud;
- Reduce the impact of fraud; and
- Work in partnership to deliver financial savings that can be reinvested in patient care.

### **6.0 Monitoring and Review**

6.1 The CFS will report regularly to the Director of Finance. The CFS will provide regular reports to the Audit and Integrated Governance Committee and provide an annual report containing details of reported and investigated cases of fraud. The NHSCFA monitors the work of the CFS.

6.2 The organisation is required to complete the Government Counter Fraud Functional Standard Return and submit these annually to the NHSCFA. The organisation must mark themselves against each standard as either Compliant (Green), Partially Compliant (Amber) or Non-Compliant (Red). A work plan is required to address all non-compliant standards which will be monitored by the Audit and Integrated Governance Committee.

6.3 An assessment process may be conducted by the NHSCFA. This is a means of evaluating the effectiveness of the organisation in dealing with the fraud, bribery and corruption risks it faces through one of four types of assessment: full, focussed, thematic or triggered.

6.4 The CFS raises fraud awareness by a number of means such as arranging road shows, giving presentations to staff teams and new starters on induction.



**APPENDIX 2 –  
Referral Form**

**Referral Form:** *(Note: This referral may be made anonymously, however, it is helpful if you can provide at least a telephone contact number so that contact might be made to clarify details if necessary. This number will not be used to attempt to identify you).*

**NAME:**

**ORGANISATION/PROFESSION:**

**ADDRESS:**

**TEL. NO:**

**The alleged fraud, corruption or bribery relates to:**

**NAME:**

**ADDRESS:**

**DATE OF BIRTH:**

**SUSPICION**

**DETAILS**

**POSSIBLE USEFUL CONTACTS**

**PLEASE ATTACH ANY AVAILABLE EVIDENCE OR ADDITIONAL INFORMATION**

**Signed:**

**Date:**

.....

Please return this form, marked **private and confidential** to:

360 Assurance Counter Fraud Service. Oak House Moorhead Way Bramley Rotherham S66 1YY or email to the Counter Fraud Specialist at [claire.croft1@nhs.net](mailto:claire.croft1@nhs.net).

## APPENDIX 3 – Prevalent Frauds in the NHS

### Common examples of fraud, bribery and corruption offences occurring within the provision of healthcare services to the NHS

(This is not an exhaustive list; for other types of fraud, bribery or corruption offences please contact the CFS for advice).

**Employment:** Presenting forged certificates of qualification to obtain employment; claiming for overtime or shifts not worked; taking sick leave and undertaking unauthorised work for another organisation whilst in receipt of sick pay; claiming expenses (such as travel) when it has not been incurred; falsification of references for a job application; claiming time for college/training but not actually attending; knowingly failing to report and retaining salary or other payments not entitled to; non declaration of criminal convictions.

**Patients Monies:** Falsifying patients' monies records to obtain cash and property.

**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; writing prescriptions for own use.

**Procurement:** Price fixing or price hiking by suppliers; invoicing for products not supplied; over invoicing; supplying unsolicited goods or products.

**Equipment:** Obtaining or misuse of equipment or goods for private purposes, including theft or misuse of data, whether held electrically or in paper based form.

**Bribery:** Financial or other reward 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.

**Health Tourism:** A foreign national travelling to the UK with the intention of receiving free healthcare treatment to which they know they are not entitled.

## APPENDIX 4 – Do's and Don'ts

### ✓ Do...

- Make an immediate note of your concerns – note all relevant details such as what was said in telephone or other conversations, the date, time and the names of any parties involved. If appropriate, these may be discussed or passed onto your line manager for further action or decisions.
- Report your suspicions immediately and directly to the organisations appointed [CFS](#), or Director of Finance.
- Deal with the matter promptly, if you feel your concerns are warranted – any delay may cause the organisation to suffer further financial loss.

### ✗ Don't...

- Do nothing.
- Be afraid of raising your concerns – you will not suffer any recrimination from the organisation as a result of voicing a reasonably held suspicion. The organisation will treat any matter you raise sensitively and confidentially.
- Approach or accuse any individuals directly.
- Try to investigate the matter yourself – there are special rules surrounding the gathering of evidence for use in criminal cases. Any attempt to gather evidence by people who are unfamiliar with these rules may destroy the case. The organisation appointed CFS is trained in handling investigations in accordance with the NHSCFA Anti-Fraud Manual.
- Convey your suspicions to anyone other than the CFS, Director of Finance or NHSCFA.

## **Appendix 5 - Contacts**

Counter Fraud Specialist – Claire Croft

Tel: 07920 138354 or email [claire.croft1@nhs.net](mailto:claire.croft1@nhs.net)

Sheffield CCG Director of Finance – Jackie Mills

Tel: 01143 051269 or email [jackiemills@nhs.net](mailto:jackiemills@nhs.net)

Sheffield CCG Counter Fraud Champion – Richard Walker

Tel: 01226 433750 or email [richard.walker15@nhs.net](mailto:richard.walker15@nhs.net)