

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS
HELD ON 19th NOVEMBER 2014

Subject	Draft Anti-Fraud, Bribery and Corruption Policy
Supporting TEG Member	Neil Priestley
Author	Julie Wright/Robert Purseglove (Local Counter Fraud Specialist)
Status¹	A*

PURPOSE OF THE REPORT

To obtain ratification from the Board of Directors on the Draft Anti-Fraud, Bribery and Corruption Policy.

KEY POINTS

Whilst the existing policy is within date, the refreshed policy has been updated to reflect current NHS Protect guidance & terminology and also the Trust's LCFS details.

An approved update to the policy is desirable now as the Trust has been advised that it will be subject to an NHS Protect full inspection visit at the end of November 2014.

There have been no significant changes from the existing Fraud, Bribery & Corruption policy on either

- i) the Trust's stance on fraud, bribery and corruption, or
- ii) the expectations from, or responsibilities of, our staff towards any of these acts.

There has been a slight re-wording of the narrative relating to the scope of the policy to ensure it explicitly covers contractor staff as well as employed staff.

Due to the short timescales and relatively minor changes involved JNCC, LNC and Audit Committee members have been circulated the draft policy for their comments.

TEG approved the policy on 12th November 2014.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	
2	Provide Patient Centred Services	
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	✓
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Board of Directors is asked to **RATIFY** the draft Anti-Fraud, Bribery and Corruption Policy.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
TEG	12/11/14	Yes
Audit Committee – Comment requested by e-mail	12/11/14	
JNCC/LNC – Comment requested by e-mail	12/11/14	
Board of Directors	19/11/14	

¹ Status: A = Approval

A* = Approval & Requiring Board Approval

D = Debate

N = Note

² Against the five aims of the STHFT Corporate Strategy 2012-2017



Anti Fraud, Bribery & Corruption Policy

Reference Number	Version	Status	Executive Lead(s) Name and Job Title	Author(s) Name and Job Title
249	3	Current	Neil Priestley Director of Finance	Robert Purseglove Local Counter Fraud Specialist
Approval Body		Trust Executive Group		Date Approved 12/11/14
Ratified by		Trust Board of Directors		Date Ratified 19/11/14
Date Issued		21/11/14		Review Date 1/12/16
Contact for Review Name and Job Title: Julie Wright, Deputy Director of Finance (Financial Accounting)				

Associated Documentation:

Contracts of Employment

Trust Controlled Documents

http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/CorporateManagement/Raising_Concerns_at_Work_Policy_and_Procedure.doc

http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/FinancialManagement/StandingOrders.doc

http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/FinancialManagement/StandingFinancialInstructions.doc

http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/FinancialManagement/SchemeOfDelegation.doc

http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/FinancialManagement/Standard_of_Business_Conduct.doc

http://nww.sth.nhs.uk/STHcontDocs/STH_Pol/FinancialManagement/Disciplinary_Procedure.doc

External Documentation

NHS Protect's Anti-Fraud Manual (July 2014)

Code of conduct/Code of accountability in the NHS revised July 2004

HSC 1999/062 – Countering fraud in the NHS notification of possible disciplinary, civil or criminal proceedings

NHS Protect, guidance and standards

Legal Framework

The Fraud Act 2006

The Bribery Act 2010

All above - London: Stationery Office. Available at www.opsi.gov.uk/acts

For more information on this document please contact:-

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Local Counter Fraud Specialist

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Version History

Version	Date Issued	Brief Summary of amendments	Owner's Name:
1	19/11/2010	New Policy	Jon Goodison
2	4/1/2013	Amended to reflect changes in legislation (ie Bribery Act) and Departmental titles (ie NHS Protect)	Jon Goodison
3	21/11/2014	Refreshed Policy for consistency with other Trust Policies	Robert Purseglove

(Please note that if there is insufficient space on this page to show all versions, it is only necessary to show the previous 2 versions)

Document Imprint

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The Department for Information Governance & Caldicott Support, Sheffield Teaching Hospitals.

Tel: 0114 226 5151. E-mail: infogov@sth.nhs.uk

Executive Summary

Anti Fraud, Bribery and Corruption Policy

Document Objectives:	This document outlines the roles and responsibilities for the prevention and detection of fraud, bribery and corruption within Sheffield Teaching Hospitals NHS Foundation Trust
Group/Persons Consulted:	Board of Directors, Finance, JNCC, Human Resources, LNC, Audit Committee, TEG, Information Governance, Caldicott & SIRO Support Manager O/S – JNCC, LNC, Audit Committee
Monitoring Arrangements and Indicators:	This policy will be monitored for compliance via an annual report carried out by the Trusts Local Counter Fraud Specialist and the Director of Finance. Results will be reported to the Audit Committee.
Training Implications:	A training needs assessment has been undertaken. There are no specific training requirements related to the implementation of this policy.
Equality Impact Assessment:	An Equality Impact Assessment has been undertaken. There are no specific issues related to the implementation of this policy. A copy of the EIA is published on the Trust's internet site.
Resource implications:	Resource implications have been assessed and implementation is achievable within existing resources.
Intended Recipients:	All staff (including employed staff or staff contracted to work for the Trust)
Who should:-	
➤ be aware of the document and where to access it	All staff should be aware of the document and it will be available from the Director of Finance, LCFS, Human Resources and the Trusts Intranet pages
➤ understand the document	All staff
➤ have a good working knowledge of the document	Human Resources, Director of Finance and LCFS

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1 INTRODUCTION

1.1 General

Sheffield Teaching Hospitals NHS Foundation Trust is committed to eliminating fraud, bribery and corruption in the NHS and will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against those committing the listed acts and where possible will attempt to recover losses.

1.2 Aims and objectives

The key aim of this policy is to provide a guide for staff on what fraud is in the NHS, to be aware that everyone holds a responsibility to prevent fraud, bribery and corruption and to be aware how to report it. The intended outcomes from this documentary review include ensuring that all directors, staff and stakeholders are fully informed of the Trust's position on countering fraud and have been provided with sufficient knowledge for reporting reasonably held suspicions.

1.3 Scope

The policy applies equally to all employees, contractors, externally appointed consultants, honorary staff, directors, vendors and other internal and external stakeholders of the Trust.

This guidance does not cover actions taken in the investigations of fraud, bribery or corruption, which is the responsibility of trained and accredited counter fraud staff.

2 DEFINITIONS

This section provides clear definitions of fraud, bribery and corruption. It is important that the parties listed in paragraph 1.3 are familiar with what constitutes these crimes.

2.1 NHS Protect

NHS Protect is the national entity which has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS. All Sheffield Teaching Hospital NHS Foundation Trust investigations are handled in accordance with NHS Protect guidance.

2.2 Fraud

Fraud involves dishonestly making a false representation, failing to disclose information or abusing a position held, with the intention of making a personal financial gain or causing a financial loss (to the NHS).

A person may also commit fraud by the possession of articles for use in frauds, making or supplying articles for use in frauds or obtaining services dishonestly. Trust staff are required to declare any potential conflict of interest and a register is maintained for this purpose.

Examples of fraud are:

- a) False representation i.e. a member of staff who provides false information on documents such as staff time sheets or expense claim forms (or their electronic system equivalents)

- b) Staff failing to declare private business interests, other NHS or private employment, previous convictions or current criminal investigations.

2.3 Bribery and Corruption

Bribery and corruption involves offering, promising or giving a payment or a benefit-in-kind in order to influence others to use their position in an improper way to gain an advantage. Bribery/Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds, however they may be unreasonably using their position to give some advantage to another.

By their nature bribery and corruption can be difficult to detect as they usually involve two or more people entering into a secret agreement. Examples of Bribery and Corruption are:

- a) Agreement to pay a financial inducement to a public official for securing favour of some description in return.
- b) A company paying a bribe for the benefit of a public official in order to win a business contract. This can sometimes be done through a third party - commonly known as an agent or advisor - who then passes the bribe on to the public official.

3 TRUST STANCE ON FRAUD, BRIBERY AND CORRUPTION ACTIVITY

3.1 The Trust is committed to maintaining an honest and open culture within the Trust. It is committed to the identification and rigorous investigation of any instances of suspected fraud, bribery or corruption.

3.2 The Trust cannot ignore anonymous concerns and will take all reasonable steps to investigate anonymous reports.

3.3 The Trust adheres to three key principles of generic anti-fraud and corruption activity, designed to minimise the incidence of fraud, and to deal effectively with those who commit fraud against the NHS;

- Inform and involve those who work for or use the NHS about fraud and how to tackle it.
- Prevent and deter fraud in the NHS to take away the opportunity for fraud to occur or to re-occur and discourage those individuals who may be tempted to commit fraud.
- Hold to account those who have committed fraud against the NHS.

3.4 The Annual Counter Fraud work programme is overseen by the Audit Committee on behalf of the Trust Board.

4 ROLES AND RESPONSIBILITIES

This section outlines the roles and responsibilities of individuals within the organisation who can contribute to protecting it by reporting fraud and other irregularities and taking action against them.

4.1 Chief Executive

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

4.2 Director of Finance

The Director of Finance (DoF) prepares Standing Orders, Standing Financial Instructions and a Reservation of Board Powers (Scheme of Delegation) which list the delegated individuals and associated powers and limits to approve financial transactions initiated by individuals and directorates across the organisation.

The DoF also ensures the preparation of documents and maintenance of detailed financial procedures and systems which apply the principles of separation of duties and internal checks to supplement those procedures and systems.

The Chief Executive and DoF will report annually to the Trust Board and, where applicable, the Council of Governors on the adequacy of internal financial controls and risk management as part of the Board's overall responsibility to prepare an Annual Governance Statement, for inclusion in the Trust's annual report.

Where allegations of fraud, bribery or corruption are raised, depending on the outcome of initial investigations, the DoF will inform appropriate senior management of suspected cases of fraud, bribery and corruption. This will be cases where the loss may be above an agreed limit of £10k or where the incident may lead to adverse publicity.

4.3 Internal and external audit colleagues

The Trust is audited both internally and externally. This work consists of reviewing controls and systems to ensure compliance with Standing Financial Instructions. Reports of work completed are passed to the DoF. Auditors have a duty to pass on any suspicions of fraud, bribery or corruption to the Trust Local Counter Fraud Specialist (LCFS).

4.4 Human Resources

The Human Resources (HR) function at the Trust also plays a vital role in supporting investigations into suspected cases of fraud, bribery and corruption. A close working relationship with the LCFS and shared working protocols are put in place to assist with this.

4.5 Local Counter Fraud Specialist

The LCFS is responsible for taking forward all anti-fraud work locally in accordance with a national set of standards and reports to the DoF.

The Trust is required to adhere to NHS Protect quality standards and to have appropriate anti-fraud, bribery and corruption arrangements in place. The LCFS and Trust will look to achieve the highest standards possible in the work that is undertaken.

The LCFS works with key colleagues and stakeholders to promote anti-fraud work, apply effective preventative measures and investigate allegations of fraud and corruption.

An on-going programme of fraud risk assessment will be conducted by the LCFS in an attempt to prevent fraud, bribery and corruption.

The LCFS will discuss all allegations of fraud received with the DoF as part of the decision making and resourcing process for criminal investigation work to take place.

The LCFS will provide an annual report on counter fraud work for consideration by the Audit Committee and DoF.

4.6 Area Anti Fraud Specialists

Area Anti Fraud Specialists (AAFSs) are the frontline face of NHS Protect for all health bodies within their region.

The AAFS is responsible for the management and vetting of all local investigation case papers, evidence and witness statements submitted for the consideration of prosecutions.

This ensures that local investigations are conducted within operational and legislative guidelines to the highest standards for all allegations of fraud in the NHS. The AAFS role is also to provide support, advice and guidance to DoFs, LCFSs, Audit Committees and other key stakeholders in their region.

The AAFS is also responsible for allocating, supervising and monitoring fraud referrals and notifications to the LCFS. They provide support as to the direction of ensuing investigations as required and oversee the LCFS's performance.

All information and intelligence gained from local investigative work is reported and escalated as appropriate at both local and national level by the AAFS, in order that fraud trends can be mapped and used to fraud-proof future policies and procedures.

4.7 Managers

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

Managers have a responsibility to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures.

Any instances of actual or suspected fraud, bribery or corruption brought to a manager's attention must be confidentially referred to the LCFS immediately. Managers must not investigate any suspected crimes themselves.

Managers may become involved in conducting risk assessments within their department and follow up work to mitigate any risks that are identified.

4.8 All staff

All staff are required to comply with the organisation's policies and procedures and apply best practice in order to prevent fraud, bribery and corruption, especially in regard to areas such as procurement, personal expenses and ethical business behaviour. Staff should be made aware of their own responsibilities in protecting the organisation from these crimes.

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

If a staff member suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the LCFS and/or NHS Protect as explained below.

4.9 Information management and technology

All staff must abide by the Computer Misuse Act 1990 and the Trust's Information Governance Forensic Readiness Policy. Any fraudulent use of information technology will

be reported by the Information Governance, Caldicott and SIRO Support Manager to the LCFS.

5 THE RESPONSE PLAN

5.1 Bribery and corruption

The Trust has conducted risk assessment work in line with Ministry of Justice guidance to assess how bribery and corruption may affect the organisation. Proportionate procedures have been put in place to mitigate identified risks. Regular review of anti bribery / corruption arrangements will take place within the Trust.

The Trust has its own declarations of interest process and hospitality/gifts register. The intranet site contains key policy information. Line managers, The Trust's Assurance Manager or the HR directorate can also be contacted for any advice required in this subject area.

5.2 Reporting fraud, bribery or corruption

If fraud, bribery or corruption is discovered or suspected, this must be immediately and confidentially referred to the Trust LCFS, Robert Purseglove. Contact details are provided at the beginning of this policy.

Suspected fraud, bribery and corruption can also be reported to NHS Protect using the NHS Fraud and Corruption Reporting Line on freephone 0800 028 40 60 or by filling in an online form at www.reportnhsfraud.nhs.uk, as an alternative to internal reporting procedures and if staff wish to remain anonymous. Employees can use this method to make a report if there is a concern that the LCFS or the DoF themselves may be implicated in suspected fraud bribery or corruption.

The desktop guide included as an annex to this policy provides a reminder of the key contacts and a checklist of the actions to take if fraud, bribery or corruption is discovered or suspected.

All reports of fraud and corruption are taken very seriously and thoroughly investigated.

5.3 Disciplinary action

Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act.

The Trust's disciplinary policy is available on the staff intranet for review.

6 REVIEW

6.1 Monitoring and auditing of policy effectiveness

Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Arrangements include reviewing system controls on an ongoing basis and identifying weaknesses in processes.

Where deficiencies are identified as a result of monitoring, the Trust should ensure appropriate recommendations and action plans are developed and implemented.

Equality Impact Analysis Screening Tool – Written Policy or Guidance – *Please send this with the final policy to Sue Coulson*

	<p>- Is there a potential or actual negative impact associated with this policy on people or individuals who share a 'protected characteristic'? i.e. does this policy directly or indirectly discriminate? - Can this policy be used to promote equality between people who share a protected characteristic and people who do not</p>	<p>NOTES changes/additions/ further information or advice needed</p>
RACE	None	
SEX (I.E. MALE / FEMALE)	None	
GENDER REASSIGNMENT	None	
DISABILITY(including consideration of the impact on carers of a disabled person)	None	
RELIGION OR BELIEF	None	
SEXUAL ORIENTATION	None	
AGE	None	
PREGNANCY or MATERNITY	None	

	Does this Written Policy or Guidance impact on the following areas?	NOTES changes/additions/ further information or advice needed
HUMAN RIGHTS i.e. Fairness Respect Equality Dignity Autonomy	No	
SOCIAL DEPRIVATION / TACKLING HEALTH INEQUALITY	No	

ACTION

Have you identified any action that is required in addition to any changes made to the policy during policy development? Please note in brief below for reference

ACTION	LEAD	DEADLINE