



# Policy on Anti-Fraud, Bribery and Corruption and Response Plan

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2.8	December 2020	January 2021	Andy Wade (AFS)	Reflect changes and the newly appointed AFS
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## 1. Introduction

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS conduct themselves in an honest and professional manner and they believe that fraud, bribery, and corruption, committed by a minority, is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.

North West Ambulance Service NHS Trust (the 'Trust') is committed to reducing the level of fraud, bribery, and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. The Trust does not tolerate fraud, bribery or corruption and aims to eliminate all such activity as far as possible.

The Trust, at its most senior levels, wishes to encourage anyone having reasonable suspicions of fraud, bribery, or corruption to report them. For the purposes of this policy "reasonably held suspicions" shall mean any suspicions other than those which are totally groundless (and/or raised maliciously).

It is the Trust's policy that no employee will suffer in any way as a result of reporting these suspicions. This protection is given under the provisions of the Public Interest Disclosure Act, and other related legislation / regulations, which the Trust is obliged to comply with.

The Trust will take all necessary steps to counter fraud, bribery, and corruption in accordance with this policy, with the Government Functional Standard GovS 013: Counter Fraud (NHS Requirements), NHS contractual requirements and with regard to the policies, directions, instructions, and guidance as issued by the NHS Counter Fraud Authority (NHSCFA), as well as in accordance with relevant UK legislation.

The Trust will seek the appropriate disciplinary, regulatory, civil, and criminal sanctions [as well as referral to professional bodies, where appropriate] against fraudsters and where possible will attempt to recover losses.

Each Trust is required to appoint its own dedicated Anti-Fraud Specialist (AFS), also known as Local Counter Fraud Specialist (LCFS), who is accredited by the NHSCFA and accountable to them professionally for the completion of a range of preventative anti-fraud and corruption work, as well as for undertaking any necessary investigations. Locally, the AFS is accountable on a day-to-day basis to the Trust's Director of Finance and reports, periodically, to the Trust Audit Committee.

All instances where fraud, bribery and/or corruption is suspected are thoroughly investigated by suitable accredited personnel. Any investigations will be undertaken in accordance with the NHSCFA investigatory toolkit requirements.

[NB. For staff awareness, **theft issues** are usually dealt with by local security management (LSMS), not the AFS. However, the AFS will be mindful of any potential criminality identified during any investigation and will, with the agreement of the Director of Finance, notify the appropriate investigating authority].

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## 2. Purpose

The Trust is committed to taking all necessary steps to counter fraud, bribery, and corruption. The aim of this policy is to provide a guide for employees as to what fraud is in the NHS, to emphasise that it's everyone's responsibility is to prevent fraud, bribery, and corruption and to provide guidance on how to report it.

Tackling fraud in the NHS is guided by 2023-26 which details how the NHSCFA works collaboratively with the health sector to understand, find, and prevent fraud in the NHS. They have developed four strategic pillars of activity to facilitate this:

1. **Understand:** Understand how fraud, bribery and corruption affect the NHS.
2. **Prevent:** Ensure the NHS is equipped to take proactive action to prevent future losses from occurring.
3. **Respond:** Ensure the NHS is equipped to respond when a fraud occurs.
4. **Assure:** Provide assurance to key partners, stakeholders and the public that the overall response to fraud across the NHS is robust.).

This policy has been produced by the Trust's AFS, and is intended to provide a guide for all employees [regardless of position or employment status], contractors, consultants, vendors and other internal and external stakeholders who have a professional or business relationship with the Trust, on what fraud and corruption are in the NHS; what everyone's responsibility are to prevent fraud, bribery and corruption; and also how to report concerns and/or suspicions with the intention of reducing fraud to a minimum within the Trust.

This policy relates to all forms of fraud, bribery and corruption and is intended to provide direction and help to employees who may identify suspected fraud, corruption, or bribery. It provides a framework for responding to suspicions of fraud, bribery and corruption, advice, and information on various aspects of fraud, bribery and corruption and implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud, bribery, and corruption.

## 3. Definitions

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

NHSCFA also maintains a national **NHS Counter Fraud Strategy** which sets out the strategic approach and direction, key challenges and opportunities, and the priority areas identified for tackling fraud and corruption in the NHS. The Trust/CCG's local approach to tackling fraud and corruption, through the work of the Anti-Fraud Specialist, organisational resources, and the annual risk-assessed counter fraud work-plan, fully acknowledges and aligns itself to the priorities set out in the national strategy.

**Government Functional Standard GovS 013: Counter Fraud (NHS Requirements).** A requirement in the NHS standard contract is that providers and commissioners of NHS services must take the necessary action to comply with the NHSCFA's counter fraud standards. Other's should have due regard

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to the standards. The contract places a requirement on providers / commissioners to have policies, procedures and processes in place to combat fraud, corruption and bribery to ensure compliance with the standards. The NHSCFA carries out regular assessments of health organisations in line with the counter fraud standards.

**Fraud:** The Fraud Act 2006 introduced an entirely new way of investigating and prosecuting fraud, which can relate to money, property, or other benefits of value. Previously, the word ‘fraud’ was an umbrella term used to cover a variety of criminal offences falling under various legislative acts. It is no longer necessary to prove that a person has been deceived, or for a fraud to be successful. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain either for themselves or another; to cause a loss to another; or expose another to a risk of loss.

There are several specific offences under the Fraud Act 2006; however, there are three primary ways in which it can be committed that are likely to be investigated by the AFS.

- **Fraud by false representation (s.2)** – lying about something using any means, e.g., falsifying a CV or NHS job application form.
- **Fraud by failing to disclose (s.3)** – not saying something when you have a legal duty to do so, e.g., failing to declare a conviction, disqualification, or commercial interest when such information may have an impact on your NHS role, duties, or obligation and where you are required to declare such information as part of a legal commitment to do so.

**Fraud by abuse of a position of trust (s.4)** – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation, e.g., a carer abusing their access to patients’ monies, or an employee using commercially confidential NHS information to make a personal gain.

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. Successful prosecutions under the Fraud Act 2006 may result in an unlimited fine and/or a potential custodial sentence of up to 10 years.

**Bribery and Corruption:** The Trust adopts a ‘zero tolerance’ attitude towards bribery and does not, and will not, pay or accept bribes or offers of inducement to or from anyone, for any purpose. The Trust is fully committed to the objective of preventing bribery and will ensure that adequate procedures, which are proportionate to our risks, are in place to prevent bribery.

The Bribery Act 2010 reformed the criminal law of bribery, making it a criminal offence to:

- Give, promise, or offer a bribe (s.1), and/or
- Request, agree to receive or accept a bribe (s.2).

Corruption is generally considered to be an “umbrella” term covering such various activities as bribery, corrupt preferential treatment, kickbacks, cronyism, theft, or embezzlement. Under the 2010 Act, however, bribery is now a series of specific offences.

Generally, bribery is defined as: ***an inducement or reward offered, promised, or provided to someone to perform their functions or activities improperly in order to gain a personal, commercial, regulatory and/or contractual advantage.***

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Examples of bribery in an NHS context could be a contractor attempting to influence a procurement decision-maker by giving them an extra benefit or gift as part of a tender exercise; or a medical or pharmaceutical company providing holidays or other excessive hospitality to a clinician to influence them to persuade their Trust to purchase that company's particular clinical supplies.

A bribe does not have to be in cash; it may be the awarding of a contract, the provision of gifts, hospitality, sponsorship, the promise of work or some other benefit. The persons making and receiving the bribe may be acting on behalf of others – under the Bribery Act 2010, all parties involved may be prosecuted for a bribery offence.

All staff are reminded to ensure that they are transparent in respect of recording any gifts, hospitality or sponsorship and they should refer to the separate Trust's policy, the 'Conflict of Interest Policy' covering:

- Acceptance of Gifts and Hospitality.
- Declaration of Interests.
- Sponsorship.

The Bribery Act 2010 applies to (and can be triggered by) everyone “associated” with this Trust who performs services for us, or on our behalf, or who provides us with goods. This includes those who work for and with us, such as employees, agents, subsidiaries, contractors, and suppliers (regardless of whether they are incorporated or not). The term ‘associated persons’ has an intentionally wide interpretation under the Bribery Act 2010.

Sanctions, following a successful prosecution, are similar to those of the Fraud Act 2006.

#### 4. Duties

Through our day-to-day work, we, i.e., all staff are in the best position to recognise any specific risks within our own areas of responsibility. We also have a duty to ensure those risks -however large or small – are identified and eliminated. Where you believe and opportunity for fraud, corruption or bribery exists, whether because of poor procedures or oversight, you should report it to the AFS or the NHS Fraud and Corruption reporting Line and/or online Fraud Reporting Form.

This section states the roles and responsibilities of employees and other relevant parties in reporting fraud or corruption.

The Trust's **Chief Executive**, as the organisations accountable officer, has the overall responsibility for securing funds, assets and resources entrusted to it, including 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. However, responsibility for the operation and maintenance of controls falls directly to line managers and requires the involvement of all Trust employees. The Trust therefore has a duty to ensure employees who are involved in or who are managing internal control systems receive adequate training and support to carry out their responsibilities. Therefore, the Chief Executive and Director of Finance will monitor and ensure compliance with this policy.

The **Trust Board** has a duty to provide adequate governance and oversight of the Trust to ensure that it's funds, people and assets are adequately protected against criminal activity, including fraud, bribery, and corruption.

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

The **Director of Finance (DoF)** has the power to approve financial transactions initiated by the directorates across the organisation.

They prepare, document, and maintain detailed financial procedures and systems and apply the principles of separation of duties and internal checks to supplement those procedures and systems.

The DoF will report annually to the Board on the adequacy of internal financial controls and risk management as part of the board’s overall responsibility to prepare a statement of internal control for inclusion in the annual report.

They also act as the Executive Lead for the organisation’s counter fraud arrangements, liaising closely with the Anti-Fraud Specialist.

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

The role of **Audit Committees** is in reviewing, approving, and monitoring counter fraud workplans, receiving regular updates on counter fraud activity, monitoring the implementation of action plans, providing direct access and liaison with those responsible for counter fraud, reviewing annual reports on counter fraud, and discuss NHSCFA quality assessment reports.

The role of **internal and external audit** includes reviewing controls and systems and ensuring compliance with financial instructions. They have a duty to pass on any suspicions of fraud, bribery, or corruption to the Anti-Fraud Specialist (AFS).

**Human resources (HR)** play a role in relation to employees in suspected cases of fraud, bribery, and corruption, including liaison with the AFS and the conduct of any investigation, and instigating the necessary disciplinary action against those who fail to comply with the policies, procedures, and processes. HR work with the AFS to ensure the appropriate parallel sanctions are applied (in accordance with the NHSCFA Anti-Fraud Manual) where fraud, bribery or corruption is proven against employees. Appropriate joint working protocols exist to detail this relationship.

The **Anti-Fraud Specialist (AFS)** is responsible for taking forward all anti-fraud work locally in accordance with national standards and reports directly to the DoF.

Adhering to NHSCFA fraud standards is important in ensuring that the organisation has appropriate counter fraud, bribery, and corruption arrangements in place and that the AFS will look to achieve that highest standard possible in their work.

The AFS will work with key colleagues and stakeholders to promote counter fraud work, apply preventative measures, and investigate allegations of fraud and corruption.

The AFS will conduct risk assessments in relation to their work to prevent fraud, bribery, and corruption.

The AFS has responsibility for investigating any allegations of fraud and corruption within the organisation.

Where a **Counter Fraud Champion** has been appointed, their role and duties include:

- Promoting awareness of fraud, bribery, and corruption within their organisation.

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- Understanding the threat posed by fraud, bribery, and corruption.
- Understanding the best practice on counter fraud.
- They do not have any remit to investigate allegations of fraud and corruption.

**Freedom to Speak-Up Guardians** have a responsibility to report allegations they receive relating to fraud or corruption against the organisation to the AFS (whilst protecting the identity of the referrer, if necessary).

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

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

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

Other responsibilities managers have include conducting risk assessments and mitigating identified risks.

**Employees** are required to comply with the organisation’s policies, procedures and processes and apply best practice to prevent fraud, bribery, and corruption (for example in areas or procurement, personal expenses, and ethical business behaviour). Staff should be aware of their own responsibilities in accordance with the organisation’s standards of behaviour and in protecting the organisation from these crimes.

Employees who are involved in or manage internal control systems should be adequately trained and supported to carry out their responsibilities.

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

The **Head of Information Security** (or equivalent) will contact the AFS immediately in all cases where there is suspicion that the Trust ICT (Information and Communications Technology) is being used for fraudulent purposes in accordance with the Computer Misuse Act 1990. Similarly, the Head of Information Security or equivalent will liaise closely with the AFS to ensure that a subject’s access (both physical and electronic) to Trust ICT resources is suspended or removed where an investigation identifies that it is appropriate to do so.

## 5. Policy information section – The Response Plan

### 5.1 Bribery and Corruption

The AFS undertakes an annual fraud and bribery risk assessment, in conjunction with the organisation conducting periodic assessments (in line with Ministry of Justice guidance) to assess how bribery and corruption may affect it. Proportionate procedures and measures have been put in place to mitigate identified risks.

The organisation also has a policy and procedure in place in relation to the completion of declarations of interest, declarations of secondary employment and the hospitality/gifts register. The relevant policy and

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procedures are accessible via <https://greenroom.nwas.nhs.uk/library/standards-of-business-conduct-policy-of-gifts-and-hospitality> and staff are required to comply with these arrangements. Instances of non-compliance may be referred to the AFS for further investigation.

The AFS has primary organisational responsibility for investigating allegations of fraud and corruption against or with the organisation.

## 5.2 Reporting Fraud, Bribery or Corruption

This section outlines the action to be taken if fraud, corruption, or bribery is discovered or suspected.

All genuine suspicions of fraud, bribery and corruption must be reported directly to the AFS – Andy Wade.

Email – [andrew.wade@miaa.nhs.uk](mailto:andrew.wade@miaa.nhs.uk)

Tel – 07824 104209

If the referrer believes that the Director of Finance or AFS is implicated, they should notify whichever party is not believed to be involved who will then inform the Chief Executive and Audit Committee Chairperson.

An employee can contact any executive or non-executive director of the Trust to discuss their concerns if they feel unable, for any reason, to report the matter to the AFS or Director of Finance.

Details of a suspected fraud, bribery and corruption may also be reported through the **NHS Fraud and Corruption Reporting Line** on **Freephone 0800 028 40 60**, (powered by ‘Crimestoppers 24/7’) or online at **<https://cfa.nhs.uk/reportfraud>** in addition to the AFS or the organisation’s Director of Finance.

The AFS and/or NHSCFA will undertake an investigation and seek to apply criminal and civil sanctions, where appropriate. Any investigation would follow our set investigative procedures.

Investigations may also include police involvement, where appropriate.

All NHS bodies including private providers, commissioners and trusts refer to the Home Office’s bribery and corruption assessment template to assess their response to bribery and corruption.

To support the reporting of fraud using the NHSCFA fraud reporting process (as outlined above), all employees should be aware of NHS England’s: Freedom to speak up: raising concern’s (whistleblowing) policy for the NHS, April 2016. This provides the minimum standard to help normalise the raising of concerns in the NHS for the benefit of all patients in England.

## 5.3 Disciplinary Action

Disciplinary procedures, in the context of fraud allegations, will be initiated where an employee is suspected of being directly involved in a fraudulent or illegal act, or where their negligent action has led to a fraud being perpetrated. The organisation’s disciplinary policy can be located <https://greenroom.nwas.nhs.uk/library/disciplinary-policy-and-procedure>.

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## 5.4 Sanctions and Redress

This section outlines the sanctions that can be applied and the redress that can be sought against individuals who commit fraud, bribery, and corruption against the organisation.

The Trust's approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, disciplinary, and regulatory – should be considered at the earliest opportunity and any or all of these may be pursued where and when appropriate. The consistent use of an appropriate combination of investigative processes in each case demonstrates this organisation's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.

Briefly, the types of sanction which the organisation may apply when a financial offence has occurred include:

**Civil** – civil sanctions can be taken against those who commit fraud, bribery, and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.

**Criminal** – The AFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.

**Disciplinary** – Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act, as per Section 4.3 of this policy.

**Professional Body Disciplinary** – If warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

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

## 5.5 Monitoring and auditing of policy effectiveness

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

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

## 5.6 Dissemination of the policy

This policy will be brought to the attention of all employees and will form part of the induction process for new staff.

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This policy will be disseminated Trust wide for all employees to understand and be made aware of via awareness presentations, the Trust's Bulletin's and on the Trust's Anti-Fraud intranet page <https://greenroom.nwas.nhs.uk/about-us/who-we-are/finance-directorate/finance-department/>

It is important that staff understand and are aware of this policy.

## 6. References

<https://cfa.nhs.uk/about-nhscfa/corporate-publications>

Fraud Act 2006 1-4 <https://www.legislation.gov.uk/ukpga/2006/35/contents> and Bribery Act 2010 <https://www.legislation.gov.uk/ukpga/2010/23/contents>

NHS Audit Committee handbook 2018 <https://www.hfma.org.uk/publications?Type=Guide>  
<https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

Home Office Bribery and corruption assessment template  
<https://www.gov.uk/government/publications/bribery-and-corruption-assessment-template>

NHS Improvement and NHS England's Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 [https://improvement.nhs.uk/documents/27/whistleblowing\\_policy\\_final.pdf](https://improvement.nhs.uk/documents/27/whistleblowing_policy_final.pdf)

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