

**BARNSELY CLINICAL COMMISSIONING GROUP**

**FRAUD, BRIBERY  
AND  
CORRUPTION POLICY**

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## 1. POLICY STATEMENT

This document sets out the Barnsley Clinical Commissioning Group (referred to as 'the CCG') policy for suspected and detected fraud, bribery and corruption.

One of the basic principles of public sector organisations is the proper use of public funds. It is, therefore, important that all those who work in the public sector are aware of the risk of, and means of enforcing the arrangements against, fraud, corruption, bribery and other illegal acts involving dishonesty or damage to property.

The CCG requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The 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 any loss suffered as a result.

### STATEMENT OF THE CCG GOVERNING BODY:

***The Governing Body is committed to the elimination of fraud, bribery and corruption by ensuring there is a strong anti-fraud, bribery and corruption culture, proactive prevention through widespread awareness and rigorously investigating any such cases, and where proven, to ensure wrong doers are appropriately dealt with, which includes taking steps to recover assets lost as a result of fraud, bribery or corruption.***

***Any apparent fraud, bribery, corruption or financial irregularity will be rigorously investigated and all available sanctions (including criminal prosecution, disciplinary action and reference to any relevant professional organisation) will be pursued. Cases will be referred to an accredited NHS Counter Fraud Specialist (CFS) appointed by the CCG, for formal investigation wherever there is prima facie evidence of a criminal offence.***

***The seeking of financial redress and recovery of losses will always be considered in cases of fraud, corruption or bribery and recovery of the loss caused by the perpetrator will always be sought.***

***Redress allows resources that are lost to dishonest acts to be returned to the NHS for use as intended for the provision of high quality patient care and services.***

***All staff have a duty to protect the assets of the CCG, to comply with its policies and also to co-operate with any investigation and the Governing Body wishes to encourage anyone having suspicions of fraud, bribery or corruption to report them. All***

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***members of staff can, therefore, be confident that their reasonably held suspicions will be taken seriously.***

## **2. SCOPE OF THE POLICY**

This Policy is mandatory and applies to all staff whether permanent or temporary and whether employed directly or indirectly within any part of the CCG. For the avoidance of doubt this includes anybody employed via an agency, all bank staff, self-employed contractors and those employed on fixed term contracts.

**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.**

## **3. STANDARDS FOR COMMISSIONERS**

The Health and Social Care Act 2012 requires that CCGs put in place and maintain appropriate counter fraud arrangements, in order to meet the 2017/18 Standards for Commissioners: Fraud, Bribery and Corruption.

It is the responsibility of the CCG as a whole to ensure it meets the required standards. In order to demonstrate compliance, NHS Protect require CCGs to submit an annual self-review of anti-fraud, bribery and corruption activity undertaken within their organisations - this is achieved via the Self-Assessment Review Toolkit (SRT). Upon completion, the SRT provides a red, amber or green (RAG) rating for the organisation.

The NHS Protect Quality & Compliance Team (QCT) uses the completed SRT as a basis for selecting organisations for detailed assessment.

## **4. DEFINITIONS**

### **4.1 Fraud**

The Fraud Act 2006 came into force on the 15 January 2007 and introduced the general offence of fraud. This is broken into three key sections;

- Fraud by false representation
- Fraud by failing to disclose information
- Fraud by abuse of position

The Fraud Act also created new offences of;

- Possession and making or supplying articles for use in fraud
- Fraudulent trading (sole traders)
- Obtaining services dishonestly

### **4.2 Bribery/Corruption**

The Bribery Act 2010 replaced the Prevention of Corruption Acts 1889-1916 and created two general offences of bribery:

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- Offering or giving a bribe to induce someone to behave, or to reward someone for behaving, improperly and
- Requesting or accepting a bribe either in exchange for acting improperly, or where the request or acceptance is itself improper.

A new corporate offence was also introduced;

- Negligently failing by a company or limited liability partnership to prevent bribery being given or offered by an employee or agent on behalf of that organisation.

## **5. 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, corruption, bribery 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.

## **6. PROACTIVE PREVENTION & DETERRENCE**

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

All staff must be aware of and comply with the CCG Prime Financial Policies, the *Standards of Business Conduct, Managing Conflicts Of Interest, and the Acceptance of Gifts And Hospitality Policy* and the associated requirement to declare other interests.

## **7. 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 Human Resources (HR) staff and/or CCG managers as part of disciplinary

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procedures. Parallel criminal and disciplinary investigations may be undertaken in accordance with the agreed liaison protocol.

## **8. EFFECTIVE SANCTIONS**

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

## **9. SEEKING REDRESS**

The CCG will consider initiating civil recovery action if this is cost-effective and desirable for deterrence purposes. This could involve a number of options such as making an application to the Small Claims Court and/or recovery through debt collection agencies. Each case will be discussed with the Chief Finance Officer in order to determine the most appropriate action.

## **10. REPORTING SUSPICIONS**

All concerns or suspicions relating to fraud, bribery or corruption must be reported to the CCG's nominated Counter Fraud Specialist using the contact details found on the CCG's intranet [via this link](#), or using the referral form attached at Appendix 1 to this policy. Concerns may also be brought to the attention of the Chief Finance Officer, or reported via the NHS Protect Fraud and Corruption Line, 0800 028 40 60.

## **11. ACTING ON YOUR SUSPICIONS – DOs & DON'Ts**

If you suspect fraud, bribery or corruption within the workplace, there are a few simple guidelines that should be followed:

### 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 CCG appointed CFS, or Chief Finance Officer.
- Deal with the matter promptly, if you feel your concerns are warranted – any delay may cause the CCG to suffer further financial loss.

### DON'T

- Do nothing.
- Be afraid of raising your concerns – you will not suffer any recrimination from the CCG as a result of voicing a reasonably held suspicion. The CCG will treat any matter you raise sensitively and confidentially.

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- 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 CCG appointed NHS accredited CFS is trained in handling investigations in accordance with the NHS Protect Anti-Fraud Manual.
- Convey your suspicions to anyone other than the CFS, Chief Finance Officer or NHS Protect

## **12. TRAINING REQUIREMENTS**

The CFS will promote fraud, bribery and corruption awareness through the delivery of face to face presentations, 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).

## **13. COUNTER FRAUD REVIEW OF CCG POLICIES**

All CCG policies which are produced, revised or reviewed should be provided to the CFS prior to implementation to allow for 'fraud proofing' of the policy. It is for the CFS to judge whether 'fraud proofing' is required in respect of any given policy and recommendations made by the CFS should be used to ensure all policies minimise the risk of fraud, bribery or corruption.

## **14. MONITORING / AUDITING ARRANGEMENTS**

The effectiveness and accuracy of this policy will be reviewed on an annual basis by the Chief Finance Officer and the CCG appointed CFS.

**Examples of frauds** which are prevalent in the NHS are provided at Appendix 2. These examples are provided in order to give an insight into the breadth of risk of fraud to the organisation.

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APPENDIX 1  
REFERRAL FORM

**REFERRAL FROM:** *(Note: This referral may be made anonymously if preferred, 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	<input type="text"/>
ORGANISATION/PROFESSION	<input type="text"/>
ADDRESS	<input type="text"/>
TEL.NO	<input type="text"/>

**THE ALLEGED FRAUD, BRIBERY OR CORRUPTION RELATES TO:**

NAME	<input type="text"/>
ADDRESS	<input type="text"/>
DATE OF BIRTH	<input type="text"/>

***Suspicion***

***Please provide details***

***Possible useful contacts***

***Please attach any available evidence or additional information.***

**Signed..... Date.....**

*The CCG appointed Counter Fraud Specialist will acknowledge the referral immediately on receipt unless it is made anonymously.*

Please return this form, marked private and confidential to:  
360 Assurance Counter Fraud Service, Oak House, Moorhead Way, Bramley, Rotherham S66 1YY

## Common examples of Fraud, Bribery and Corruption offences occurring within 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.

**Continuing Care:** Providers charging for 'additional services' which are not required/delivered.

**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.

**NHS Equipment:** Obtaining or misuse of NHS equipment or goods for private purposes.

**Bribery:** Kickbacks to staff responsible for procurement if they purchase from a particular supplier. Patients making informal payments to healthcare practitioners in order to receive treatment more quickly.

**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.