

Counter Fraud, Bribery and Corruption Policy

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2		Review to ensure ongoing compliance with national guidance and Standards for Commissioners
3		
4		
5		

CONTENTS

Section	Section Heading	Page no
1	Policy	4
2	Introduction	4
3	Purpose	4
4	Scope	4
5	Context	5
6	Definitions	5
7	Duties	6
8	Information management and technology	10
9	Sanction and redress	11
10	Ownership and Consultation	11
11	Ratification Details	11
12	Release Details	12
13	Review Arrangements	12
14	Process for Monitoring Compliance	12
15	Dissemination and Training	12
16	References	12
17	Associated Documentation	13
	Appendices	
Appendix 1	Reporting Fraud and or corruption	14
Appendix 2	What happens after an allegation is received	17

1 Policy

1.1 NHS Gloucestershire Clinical Commissioning Group (CCG) is fully committed to the public service values of accountability, probity and openness and recognises the need to actively reduce the risk of fraud, bribery and corruption. We aim to meet both the statutory requirements and good practice guidance with regard to prevention, detection and investigation by:

- Playing a full part in an integrated national programme of action to combat fraud, bribery and corruption in the NHS;
- Building on existing responsibilities locally.

1.2 The CCG Governing Body encourages anyone having reasonable suspicions of fraud, bribery or corruption to report them and it is the organisations policy that no employee will suffer in any way as a result of reporting such suspicions.

2 Introduction

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

2.2 All genuine suspicions of fraud, bribery and corruption can be reported to the Local Counter Fraud Specialist (LCFS) or through the free phone NHS Fraud and Corruption Reporting Line (FCRL). **See Appendix 1**

3 Purpose

3.1 This document aims to:

3.1.1 Improve knowledge and understanding concerning both the identification and reduction of fraud, bribery and corruption;

3.1.2 Assist in promoting a culture of openness and an environment where staff feel able to raise concerns;

3.1.3 Set out the responsibilities of key staff;

3.1.4 Set out the CCG's approach in relation to preventing, detecting, investigating and the application of appropriate sanctions.

3.1.5 Provide direction to help those who may need to raise concerns or who may identify potential risks that may make the CCG susceptible to fraud, bribery or corruption.

4 Scope

4.1 This policy will not detail precise prevention mechanisms however advice can be sought from the CCG's Local Counter Fraud Specialist should such advice be needed.

4.1.1 This policy applies to all employees of the CCG, regardless of position held, as well as patients, consultants, vendors, contractors, and/or any other parties who have a business relationship with the organisation. It will be brought to the attention of all employees and form part of the induction process for new staff.

5 Context

5.1 Paragraph 1.10 of NHS Counter Fraud Authority, Standards for Commissioners sets out the standards required for Commissioners' own anti-fraud, bribery and corruption arrangements.

6 Definitions

6.1 Fraud

6.1.1 Fraud is defined as a dishonest act (or a failure to act) made with the intention of making a financial gain or causing a financial loss (or risk of loss). The dishonest act does not need to be successful for fraud to be committed, as long as the intention exists. Neither does the financial gain have to be personal, but can be for the benefit of another. Where the intent is to cause a loss to the organisation, no gain by the perpetrator needs to be shown. Petty theft, without the distortion of financial statements or other records, will normally be dealt with by the organisation and reported to the Police when appropriate. However, where an employee abuses their position to misappropriate cash or other CCG income this may be considered to be fraud and dealt with under the remit of this policy.

6.1.2 The Fraud Act identifies the following offences:

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

6.2 Bribery and Corruption

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

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

Offence of bribing another person - is defined by section 1 of the act. It is also an offence for a person to offer, promise, or give a bribe to another person as an inducement for them improperly performing any duty. For example providing excess hospitality to a potential purchaser / commissioner of the organisation's services.

Offence of being bribed - is defined by section 2 of the act. It is an offence for a person:

- to request,
- agree to receive,
- accept a financial or other advantage as an inducement to, or as a reward for, the improper performance of any function or activity.

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

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

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

6.2.4 The NHS Counter Fraud Authority (NHSCFA) has the authority to lead on bribery and corruption investigations.

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

7 Duties

7.1 Accountable Officer

7.1.1 The Accountable Officer has the overall responsibility for funds entrusted to the CCG. The Accountable Officer must ensure adequate policies and procedures are in place to protect the CCG and the public funds entrusted to it from instances of fraud, bribery and corruption.

7.2 The Governing Body

7.2.1 The Governing Body takes overall responsibility for the effective design, implementation and operation of the anti-bribery and corruption initiatives. The Governing Body will ensure that senior management is aware of and accepts the initiatives, and that they are embedded in the corporate culture.

7.2.2 The Governing Body will facilitate and co-operate with its LCFS and NHSCFA, giving them prompt access to CCG staff, workplaces and relevant documentation in relation to:

- Investigating alleged cases of fraud or corruption;
- Fraud Measurement;
- National or Local Proactive Exercises;
- Fraud Prevention Reviews / Instructions;
- Reporting arrangements;
- Publicity.

7.3. Chief Finance Officer

- 7.3.1 The Chief Finance Officer is responsible for ensuring that an adequate counter fraud provision is in place.
- 7.3.2 All anti-fraud, bribery and corruption work within the organisation is directed by the Chief Finance Officer. The Chief Finance Officer shall be responsible for operational matters such as authorising the investigation of alleged fraud, interviews under caution and the recovery or write-off of any sums lost to fraud.
- 7.3.3 The Chief Finance Officer will consider when to inform the Accountable Officer of active investigations. This may be particularly appropriate in cases where the potential loss is significant or where the incident may lead to adverse publicity.
- 7.3.4 A decision on whether to refer the matter to the Police (or another agency), seek Police assistance or to commence criminal proceedings will be made with the agreement of the Chief Finance Officer and the Local Counter Fraud Specialist.

7.4 Internal and External Auditors

- 7.4.1 The CCG's External Audit and Internal Auditors will report to the LCFS any system weaknesses detected in the course of their work that may allow fraud to take place.

7.5 Human Resources

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

7.6. Local Counter Fraud Specialist (LCFS)

- 7.6.1 The LCFS represents the CCG when dealing with fraud matters. The LCFS will conduct risk assessment activity so that the CCG's annual counter fraud action plan includes all necessary work in accordance with national standards to ensure appropriate anti-fraud, bribery and corruption arrangements are in place.
- 7.6.2 The LCFS will develop and deliver a comprehensive risk based anti-fraud work plan in compliance with all relevant standards for fraud, bribery and corruption. The anti-fraud work plan will address the following four areas:

Strategic Governance – Work relating to the organisation's strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.

Inform and Involve – Work in relation to raising awareness of fraud, bribery and corruption risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of such crime against the NHS.

Prevent and Deter – Work to discourage individuals who may be tempted to commit crimes against the NHS and ensuring opportunities for crime to occur are minimised.

Hold to Account - Work to detect and investigate crime, prosecuting those who have committed crimes and seeking redress.

- 7.6.3 The LCFS will work with key colleagues and stakeholders to promote anti-fraud work, apply effective preventative measures and investigate and seek redress in all allegations of fraud, bribery and corruption.
- 7.6.4 The LCFS has responsibility for undertaking fraud investigations but may take advice and guidance from the Chief Finance Officer.
- 7.6.5 Unless the Chief Finance Officer is implicated in an investigation, the LCFS will ensure that the Chief Finance Officer is informed about and kept updated on progress in all counter fraud activity.
- 7.6.6 In the event of an allegation involving the Chief Finance Officer or LCFS, all communication will be via the Accountable Officer and Chair of Audit Committee, alternatively, concerns should be reported directly to the NHS Fraud and Corruption reporting line (See appendix 1).
- 7.6.7 In the event of an allegation against the Chief Finance Officer and Accountable Officer, all communication will be via the CCG Clinical Chair, Chair of Audit Committee and NHS Counter Fraud Authority.
- 7.6.8 In the event of an allegation against the Chief Finance Officer, Accountable Officer and Clinical Chair, all communication will be via NHS Counter Fraud Authority.
- 7.6.9 The LCFS will log and update each referral on FIRST (the NHS Counter Fraud Authority case management system), investigate all allegations in a professional and ethical manner, and report to the Chief Finance Officer, NHS Counter Fraud Authority, Internal and External Auditors details of systems weaknesses which have allowed fraud to occur.
- 7.6.10 The LCFS will seek to recover assets lost as a result of fraud and apply for investigation costs when investigations are heard in court.
- 7.6.11 The LCFS will ensure that the nominated HR contact is kept apprised of all cases involving a member of staff and, under such circumstances, will involve the HR contact in agreements and decisions made.
- 7.6.12 The LCFS will be entitled to attend any Audit Committee meeting and have a right of access to all Audit Committee members and to the Clinical Chair and Accountable Officer of the CCG. The LCFS will provide formal written progress reports to the Audit Committee on all counter fraud activity undertaken within the CCG at least annually.

7.6.13 The LCFS will undertake local and national proactive exercises to determine whether the CCG has been subject to fraud and report to the Chief Finance Officer, NHS Counter Fraud Authority, Internal and External Auditors details of systems weaknesses identified during these exercises which have fraud-related implications or have identified system weakness.

7.6.14 The LCFS will proactively seek and report opportunities where counter fraud work (prevention, detection, investigation, sanction or redress) can be used within presentations or publicity to deter fraud and corruption.

7.6.15 The LCFS will not have responsibility for or be in any way engaged in the management of security.

7.7 Managers

7.7.1 Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively, are adhered to and kept under constant review. The responsibility for the prevention and detection of fraud and corruption therefore primarily rests with managers but requires the co-operation of all employees.

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

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

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

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

control measures continue to operate effectively.

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

7.7.5 Managers who require any advice or guidance can contact the LCFS (see appendix 1).

7.8 All Staff

7.8.1 All staff have a duty to protect the assets of the organisation. Assets include buildings, equipment, monies, information and goodwill. All employees have a duty to ensure that public funds are safeguarded, whether or not they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.

7.8.2 All staff are required to adhere to all CCG policies and procedures.

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

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

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

7.8.5 All staff employed within the organisation have a right and a duty to bring to their manager's attention any matter which they consider to be damaging to the interests of patients, members of the public or other staff. However, where these concerns relate to potential fraud, corruption or bribery, the report should be made to the Local Counter Fraud Specialist (LCFS), the Chief Finance Officer or the NHS Fraud and Corruption Reporting Line (see appendix 1). It is not usually possible for informants to be made aware of the outcome of any investigation unless the matter is progressed criminally, in which case the proceedings will be in the public domain.

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

8. Information management and technology

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

1. Unauthorised access to computer material.
 2. Unauthorised access with intent to commit or facilitate commission of further offences.
 3. Unauthorised acts with intent to impair, or with recklessness as to impairing, operation of computer, etc.
- 8.2 Unauthorised access to computer material could include using another person's identifier (ID) and password without proper authority in order to use data or a program, or to alter, delete copy or move a program or data.
- 8.3 Unauthorised access with intent to commit or facilitate commission of further offences could include gaining unauthorised access to financial or administrative records with intent.
- 8.4 Unauthorised acts with intent to impair, or with recklessness as to impairing the operation of computer, could include: destroying another user's files; modifying system files; creation of a virus; changing clinical records; and deliberately generating information to cause a complete system malfunction.
- 8.5 The fraudulent use of information technology will be reported by the Chief Finance Officer.

9 Sanction and Redress

- 9.1 Where an objective investigation has found that fraud, bribery and corruption is present the organisation will seek to apply appropriate sanctions. This may include:
- **Criminal Prosecution** – The LCFS will work in partnership with NHS Counter Fraud Authority, the Police and/or the Crown Prosecution Service to bring a case to court against the alleged offender.
 - **Disciplinary** – Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent/illegal act. Fraud is defined in the NHS Gloucestershire Clinical Commissioning Group as gross misconduct. The disciplinary policy can be found on the organisations intranet site.
 - **Civil proceedings** – Civil sanctions will be applied against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.
 - **Professional body disciplinary** – If the organisation is aware during the course of an investigation that a Healthcare Professional is involved in fraud, bribery or corruption, there is a risk to patient safety or there is a significant risk to public funds a referral to the appropriate regulatory body will be made to consider whether fitness to practice procedures should be evoked.

10 Ownership and Consultation

- 10.1 Responsibility for the development, maintenance and review of this policy lies with the Chief Finance Officer who may delegate responsibility to the Local Counter Fraud Specialist.

11 Ratification Details

11.1 The policy requires approval by the Audit Committee.

12 Release Details

12.1 This document is a freely available public document without any restrictions of confidentiality.

12.2 It is located on the CCG's internet and intranet sites.

13 Review Arrangements

13.1 The LCFS will review the policy 3-yearly unless required more frequently due to changing legislation.

14 Process for Monitoring Compliance

14.1 The effectiveness of this policy will be reviewed via the Audit Committee who, at each meeting, will receive reports from the Local Counter Fraud Specialist on counter fraud activity within the organisation.

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

15 Dissemination and Training

15.1 Training related to the Counter Fraud Policy will form part of the organisations induction training.

15.2 The Local Counter Fraud Specialists will conduct an on-going series of fraud awareness presentations to staff groups to raise awareness of the policy requirements.

16 References

16.1 This policy should be read in conjunction with the following policies. Adherence to these policies is mandatory and is integral to ensuring that an anti-fraud and corruption culture is maintained.

- Response Plan for dealing with detected or suspected fraud
- Standing Orders
- Standing Financial Instructions
- Financial Procedures
- Organisation Policies relating to:
 - Standards of business conduct including gifts and hospitality and declarations of interest
 - Purchasing
 - Disciplinary Action
 - Whistleblowing/PIDA
 - Use of electronic communications
 - Use of mobile telephones and other mobile communications equipment

17 Associated Documentation

17.1 Appendix 1 - Reporting Fraud and or Corruption

17.2 Appendix 2 - What happens after an allegation is received?

APPENDIX 1

REPORTING FRAUD AND OR CORRUPTION

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

Staff concerned about how to raise their suspicion can receive independent and confidential advice from the NHS Fraud and Corruption Reporting Line, from the charity “Public Concern at Work” or from the charity “Public Concern at Work” or from the organisation’s whistleblower contact.

DEFINITIONS

FRAUD

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

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

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

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

BRIBERY

Bribery is defined by the Serious Fraud Office as giving or receiving something of value to influence a transaction.

CORRUPTION

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

WHO TO CONTACT

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

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

Your LCFS are:

Lee Sheridan, Rayna Kibble and Paul Kerrod 01452 318826

The Chief Finance officer can be contacted on 0300 421 1934

Staff, patients, visitors or the public may also contact the NHS Fraud and Corruption Reporting Line on 0800 028 4060 or by email www.reportnhsfraud.nhs.uk.

Staff, patients, visitors or the public may also contact the Counter Fraud email account; ghn-tr.fraudAccountMailbox@nhs.net

WHEN TO CONTACT

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

However, staff must not confront any individual that they suspect. Nor should staff contact the police directly. They must contact the LCFS or Chief Finance Officer.

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

WARNING SIGNS

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

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

ACTION TO BE TAKEN IF YOU DISCOVER OR SUSPECT FRAUD, BRIBERY AND OR CORRUPTION

FRAUD	To act or attempt to act intentionally and dishonestly to deprive another for example by misrepresentation or failure to disclose information, whether or not it is successful or whether there is a personal benefit to the perpetrator.	<p>These need to be reported IMMEDIATELY. You therefore must discuss your suspicions or what you have discovered with one of the following;</p> <ul style="list-style-type: none"> ○ LCFS on 01452 318826 ○ Counter Fraud email account ghn-tr.fraudAccountMailbox@nhs.net ○ Chief Finance Officer on 0300 421 1934 ○ The Fraud & Corruption Reporting Line on 0800 028 40 60 <p>The Fraud & Corruption Email account www.reportnhsfraud@nhs.uk</p>
BRIBERY	To give or receive dishonestly something of value to influence a transaction.	
CORRUPTION	The abuse of entrusted power for private gain, for example someone making a decision that benefits themselves rather than the organisation or its service users.	
THEFT	Includes any misappropriation, stealing, malicious damage, and actual or attempted break-in.	These need to be reported IMMEDIATELY to the Chief Finance Officer.

DOs & DON'Ts FOR FRAUD, BRIBERY AND CORRUPTION

If you are suspicious or have concerns

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

Further information can be found in the organisation's Counter Fraud Policy or by contacting the LCFS

APPENDIX 2

WHAT HAPPENS AFTER AN ALLEGATION IS RECEIVED?

First Steps

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

The Chief Finance Officer will immediately refer all allegations to the LCFS.

The LCFS will alert the Chief Finance officer of all allegations as they are received.

The LCFS will inform the HR Directorate of all allegations where the subject is a member of staff.

The LCFS will refer to NHS Counter Fraud Authority any case meeting the criteria for referral.

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

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

Scoping Meeting

Purpose of the meeting:

- To set the objectives for the investigation. Consideration must be given to achieve the best possible outcome for the organisation and NHS in line with the NHS Counter Fraud and Corruption Manual (2006) and the CCG's Disciplinary Policy & Procedures. The forum must therefore consider (in no particular order as each investigation could present different priorities) criminal, civil and disciplinary sanctions in line with the NHS Counter Fraud Authority document 'Applying Sanctions Appropriately'.
- To determine whether the subject should be told of the allegation and, in certain circumstances and in line with policy guidance on applying parallel sanctions, whether the subject should be suspended. Suspensions will only be applied if there is full agreement by those at the meeting having regard to the need to preserve and / or secure evidence and protect patients.

The Investigation

This will be conducted in accordance with the Manual, Applying Appropriate Sanctions Consistently and all other guidance issued by NHS Counter Fraud Authority. During their investigation, the LCFS will ensure that all activity is conducted, and any evidence or information is gathered, in accordance with PACE, CPIA and any other current appropriate legislation.

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

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

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

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

Applying Sanctions

This will be in accordance with the NHS Counter Fraud Authority document 'Applying Appropriate Sanctions Consistently' and the organisation's internal protocols on prosecution and financial recovery. If the decision is to pursue a criminal sanction, this will be via the Crown Prosecution Service (CPS).

If at any stage the decision is to refer all or part of the case to the CCG for consideration under disciplinary procedures, the LCFS will make available to HR and the line manager all appropriate documentation, including, when authority to do so has been granted, plain paper copies of witness statements. At the conclusion of disciplinary consideration, HR will inform the LCFS of the outcome so that FIRST, the Case Management System, can be updated.

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

After the Investigation

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