



Shropshire Community Health

NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	Anti-Fraud, Bribery and Corruption Response Plan Policy & Strategy
Trust Ref No	1575
Local Ref (optional)	
Main points the document covers	The Policy lays down the Strategy and response plan which ensures Shropshire Community Health NHS Trust's (the Trust) commitment to reducing instances of fraud, bribery and corruption within the Trust to an absolute minimum
Who is the document aimed at?	All Trust Members of staff
Author	Alun Gordon, (former inhouse lead) and Darrell Davies, (MIAA- interim lead)
Approval process	
Approved by (Committee/Director)	Chief Finance Officer
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Lead Director	Sarah Lloyd, Director of Finance
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Who the policy will be distributed to	Distributed to all Trust staff
Method	<p>Electronically by datix circulation to Board Members and Executive Directors, Line Managers and available via the Trust staff-zone to all staff.</p> <p>The launch of the policy will be promoted by the Lead LCFS with executive support in the weekly noticeboard to ensure all staff are made aware of the policy.</p> <p>An evaluation awareness quiz will take place annually during fraud awareness month to test staff knowledge of the policy.</p>
Document Links	
Required by CQC	No
Required by NHLA	No
Other	Yes – NHS Counter Fraud Authority

Amendments History		
No	Date	Amendment
1	July 2021	New Policy to merge former separate anti-fraud policy, anti-bribery policy and anti-fraud strategy into one policy document covering an anti-fraud, bribery and Corruption Response Plan Policy & Strategy
2	July 2021	To include reference to the up dated NHS Counter Fraud Authority Strategy to reduce NHS Fraud from 2020 to 2023. (see pages 7 & 8)
3	July 2021	To include reference to the new role of Counter Fraud Champion
4	July 2021	To include reference to liaison with the Head of Communications (see page 16) and Local Security Management Specialist (see page 16)
5	September 2023	To include amendments required by the issue of the new NHS CFA national strategy covering the period 2023 to 2026 (See page 7&8)
6	January 2025	Update to reflect the requirements of the Economic Crime and Corporate Transparency Act 2023 and to update AFS contact details at appendix 2

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1 Introduction

1.1 General

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, is committed by a minority, and is wholly unacceptable, as it ultimately leads to a reduction in the resources, available for patient care.

Shropshire Community Health NHS Trust (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 reduce all such activity to an absolute minimum.

The Trust, at its most senior levels, wishes to encourage anyone having reasonable suspicions of fraud, bribery or corruption to report them to the Lead Local Counter Fraud Specialist, as per the summary guidance at appendix 2. 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 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 (financial recovery) and criminal sanctions [as well as referral to professional regulatory bodies, where appropriate] against fraudsters and where possible will attempt to recover losses.

Each Trust is required to nominate and appoint its own dedicated Lead Local Counter Fraud Specialist (Lead 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 criminal investigations. Locally, the Lead LCFS is accountable on a day-to-day basis to the Trust Director of Finance and also reports to the Trust Audit Committee and has access to the Audit Chair.

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

The contact details of the Lead LCFS are provided at appendix 2, along with summary guidance of how to report suspected fraud bribery and corruption.

1.2 Aims and Objectives

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 (appendix 2).

Tackling fraud in the NHS is guided by four strategic objectives (as detailed in the NHSCFA Strategy 2020-23):

- To lead and influence the NHS to find, prevent, and reduce fraud, recovering losses and putting money back into patient care
- To work with partners to reduce fraud loss in the NHS
- To support and empower its people to be the best in their roles and feel valued
- To effectively use its resources, identify and pursue opportunities for growth and innovation and reduce its operating costs.

1.3 Scope

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.

2 Definitions

2.1 NHS Counter Fraud Authority (NHSCFA) and Local Counter Fraud Strategy¹

The 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 to reduce NHS Fraud from 2023 to 2026. This sets out the strategic approach and direction, key challenges and opportunities, and the priority areas identified for tackling fraud and corruption in the NHS which has four aims (pillars of values) as follows:

- Understand
- Prevent
- Respond
- Assure

The Trust local approach has been to adopt and integrate the NHS CFA national Strategy and to supplement this locally to tackle fraud and corruption and has a number of strands to maintain the anti-fraud culture and to reduce the risk of fraud.

This has been achieved through the work of inhouse Counter Fraud organisational resources supported by an annual local risk-assessment of the fraud risks to inform a risk based annual counter fraud work-plan. This process fully acknowledges and aligns itself to the priorities set out in the national strategy and is set to comply with the requirements of the Government Functional Standard GovS 013: Counter Fraud (NHS Requirements).

This is achieved by informing and involving the organisation in acknowledging the local fraud risks, implementing preventative controls and pursuing offenders, if fraud occurs. This forms the local overarching local anti-fraud culture which is demonstrated in the table to integrate to the national strategy below:

¹ <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

Understand and Assure.	Prevent.	Respond.
<ul style="list-style-type: none"> • Identify local fraud risks and develop annual work plan to understand and to reduce future fraud risks. • Commit resources for proactive and reactive work. • Fraud Metrics and evaluations. E.g., Fraud month & E-learning quizzes • Assure Liaison protocols e.g., internal audit & counter fraud champion. • Compliance with NHS CFA Anti-fraud standards. • Assurance by progress reports to Audit Committee. 	<ul style="list-style-type: none"> • Raise Awareness • Recruitment pre-employment checks. • Appropriate fraud prevention controls within financial systems. • National & local Prevention checks & fraud alerts. • Standards of Business Conduct policy and staff declarations of interest monitoring. • Compliance with NHS CFA National proactive reviews. • Planned Local proactive reviews. • Prevent and deter liaison protocol e.g., Communications 	<ul style="list-style-type: none"> • Professional criminal/ civil investigation independent from line management • Collaboration with external bodies e.g., Police, CPS, NHS CFA • Respond liaison Protocols, e.g., Disciplinary/ HR and Freedom to speak up. • Disciplinary • Prosecution • Recovery • Regulatory

The above Trust strategy ensures that local fraud risks are assessed and an annual action plan is put in place to ensure that fraud risks are monitored to maintain pressure to keep fraud risks at the lowest possible level, in line with the risk appetite of the Trust. This in turn enables the Trust to comply with the requirements of Government Functional Standard GovS 013: Counter Fraud (NHS Requirements) and maintain the highest level of assurance to the Audit Committee and Trust Board on the local counter fraud arrangements that are in place.

2.2 Government Functional Standard GovS 013: Counter Fraud² (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. 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 Government Functional counter fraud standards.

The Local fraud strategy is set to ensure the local annual counter fraud work plan covers all the requirements of Government Functional counter standards, which are as shown below:-

- Component 1A &1B: Accountable individuals (Trust counter fraud arrangements)
- Component 2: Counter fraud bribery and corruption strategy
- Component 3: Fraud bribery and corruption risk assessment
- Component 4: Policy and response plan
- Component 5: Annual anti-fraud action plan
- Component 6: Outcome-based metrics
- Component 7: Reporting routes for staff, contractors and members of the public
- Component 8: Reporting identified loss
- Component 9: Access to trained investigators
- Component 10: Undertaking detection activity
- Component 11: Staff access to and completion of training
- Component 12: Policies and registers for gifts and hospitality and COI

2.3 Fraud³

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 a 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 Lead LCFS;

² <https://cfa.nhs.uk/government-functional-standard>

³ **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>

The offence of fraud can be committed in three ways:

- **Fraud by false representation (s.2)** – lying about something using any means, e.g. falsifying a CV or NHS job application form or sick/fit note
- **Fraud by failing to disclose (s.3)** – not saying something when you have a legal duty to do so, e.g. failing to declare paid or unpaid work elsewhere which conflicts NHS employment, failing to declare a conviction, disqualification or a commercial business 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 such as in the Trust Annual declaration of interest process.
- **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, staff of manager using their position to defraud patients (by stealing patient donations/gifts to the NHS) or an employee using commercially confidential NHS information to make a personal gain.

Note the above are just some examples of frauds that can be committed against the NHS and are not an exhaustive list. Further guidance on fraud types against the NHS are provided in the Trust E-learning and on the anti-fraud staff-zone intranet pages.

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.

The Economic Crime and Corporate Transparency Act 2023 aims to enhance data accuracy on company registers to combat economic crime and boost confidence in the UK economy. It introduces new objectives and powers for the Registrar of Companies, including ensuring document compliance, accurate register information, and preventing unlawful activities.

In respect of the NHS the act contains the Failure to Prevent Fraud Offence: This offence holds organisations to account if they profit from fraud committed by their employees. This will improve fraud prevention and protect victims. Under the new offence, an organisation will be liable where a specified fraud offence is committed by an employee or agent, for the organisation's benefit, and the organisation did not have reasonable fraud prevention procedures in place.

2.4 Bribery and Corruption⁴ (Staff expected probity to declare external interests)

The Trust adopts a 'zero tolerance' attitude towards bribery and corruption and does not, and will not, pay or accept bribes or offers of inducement to or from anyone, for any purpose.

The Bribery Act 2010 introduces a new 'corporate offence' [s.7] of the **failure of commercial organisations to prevent bribery**. The Department of Health Legal Service has stated that NHS Trusts are deemed to be 'relevant commercial organisations' to which the Act applies. As a result, an NHS Trust may be held liable (and punished with a potentially unlimited fine) when someone "associated" with it bribes another in order to get, keep or retain business for the organisation. However, the organisation will have a defence, and avoid prosecution, if it can show it had 'adequate procedures' in place designed to prevent bribery.

The Secretary of State has outlined six principles that are expected from commercial organisations (including the NHS) to reduce the risk of bribery occurring and are Proportionality, Top Level Commitment (from the Trust Board), Risk Assessments (annual), Due Diligence and Communication (including training management and staff).

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. This includes having in place a Code of Business Conduct, including Managing Conflicts of Interest Policy which can be found here; <https://www.shropscommunityhealth.nhs.uk/content/doclib/10295.pdf>

Also, an online declaration of interest form is required to be completed by staff annually. It is mandatory for all decision making staff whatever their banding and those Senior Staff (Band 7 or above and / or staff involved with procurement) to complete an annual entry on the Trust's Declarations of Interests/ gifts Register to declare interests/gifts or confirm that they have nothing to declare.

All Staff (Band 6 or below) must complete an annual entry on the Trust's Declarations of Interests/gifts Register only if you have an actual or a potential conflict of interest/gift to declare.

The form is on the datix system and a link to the form can be found here; https://web.datix.thirdparty.nhs.uk/Shropshire/live/index.php?form_id=3&module=RAM

⁴ [Economic Crime and Corporate Transparency Act 2023: Factsheets - GOV.UK](#)

⁵ <https://www.legislation.gov.uk/ukpga/2010/23/contents>

In addition, to above staff management should make themselves familiar you the seven Nolan Principles of Public Life, which are shown at Appendix 3

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.***

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 in order 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 and act with probity (complete honesty) when recording any gifts, hospitality or sponsorship and they should refer to the separate Trust Code of Business Conduct, including Managing Conflicts of Interest Policy covering:

- Acceptance of Gifts and Hospitality
- Declaration of Interests
- Sponsorship
- Paid and Unpaid work elsewhere

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.

3 Roles and Responsibilities

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 that those risks – however large or small – are identified and eliminated. Where you believe the opportunity for fraud, corruption or bribery exists, whether because of poor procedures or oversight, you should report it to the Lead LCFS or the NHS Fraud and Corruption Reporting Line and/or online Fraud Reporting Form. (Appendix 2)

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

3.1 Chief Executive

The Trust Chief Executive, as the organisations accountable officer, has overall responsibility for securing funds, assets and resources entrusted to it, including instances of fraud, bribery and corruption. It would be the Chief Executive as the responsible/ accountable officer for the Trust who would be prosecuted if the Trust failed to prevent bribery and corruption, under the Bribery Act 2010 'corporate offence' [s.7].

Therefore, 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 of 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 in order to carry out their responsibilities. Therefore, the Chief Executive and Director of Finance monitor compliance with this policy via the Lead LCFS who checks that all staff are regularly completing anti-fraud, bribery and corruption E-Learning mandatory training.

3.2 Trust Board / Governing Body

The Trust Board / Governing Body has a duty to provide adequate governance and oversight of the Trust to ensure that its funds, people and assets are adequately protected against criminal activity, including fraud, bribery and corruption.

The Trust Board / Governing Body provides clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work and have a counter fraud champion in place at a strategic level. They review the proactive management, control and the evaluation of local counter fraud, bribery and corruption work. The Board / Governing Body and non-executive directors scrutinise NHSCFA assessment reports, where applicable, and ensure that the recommendations are fully actioned.

3.3 Director of Finance

The Director of Finance (DoF) has the power to approve financial transactions initiated by 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 Trust Board / Governing Body 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 local counter fraud arrangements, liaising closely with the Lead LCFS.

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.

3.4 Audit Committee

The role of Audit Committee 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. Reference: NHS Audit Committee Handbook 2018 <https://www.hfma.org.uk/publications?Type=Guide>

The Lead LCFS has independent access to the Audit Committee Chair as required.

3.5 Internal and External Audit

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 Lead LCFS and this is covered further in a joint working protocol.

3.6 Human Resources

Human resources (HR) plays a role in relation to employees in suspected cases of fraud, bribery and corruption, including liaison with the Lead LCFS 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 Lead LCFS to ensure that appropriate parallel sanctions are applied (e.g. criminal, disciplinary, regulatory referral and financial recovery), in accordance with the NHSCFA Anti-Fraud Manual where fraud, bribery or corruption is proven against employees'. A joint working protocol is in place and details the liaison between HR/ appointed disciplinary investigating officers/ Lead LCFS .

3.7 Lead Counter Fraud Specialist (Lead LCFS)

The Lead LCFS is responsible for taking forward all anti-fraud work locally in accordance with the national functional counter fraud standards (NHS requirements), as well as the NHS Counter Fraud Strategy, and reports directly to the DoF and has independent access to the Audit Chair as required.

Adhering to NHSCFA functional counter fraud standards (NHS requirements) is important in ensuring that the organisation has appropriate local counter fraud, bribery and corruption arrangements in place and that the Lead LCFS will look to achieve the highest standards possible in their work.

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

The Lead LCFS will conduct annual risk assessments in relation to their work to prevent and reduce fraud, bribery and corruption to as possible to an absolute minimum.

The Lead LCFS has responsibility for investigating allegations of criminal fraud, bribery and corruption within the organisation.

3.8 Counter Fraud Champion

The Trust has an appointed Fraud Champion and their role and duties include:

- Undertake anti-fraud training as required by NHS CFA.
- To Support the Lead LCFS at a strategic level to promote awareness of fraud, bribery and corruption within the organisation, e.g. provide a blog to support fraud awareness month.
- Understanding the threat posed by fraud, bribery and corruption and,

- Understanding best practice on counter fraud.
- They do not have any remit to investigate allegations of fraud or corruption.

3.9 Freedom to Speak-Up Guardians ('Whistleblowing')

Speak-Up Guardian has a responsibility to report allegations they receive relating to fraud, bribery or corruption against the Trust to the Lead LCFS (whilst protecting the identity of the referrer, if necessary). The Lead LCFS will bring in a liaison protocol to formalise this relationship.

3.10 Managers

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 have completed the anti-fraud E-Learning training and 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, procedures and processes that results in fraud and/or financial loss.

Managers should report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the Lead LCFS immediately (see appendix 2). It is important that managers do not investigate any suspected financial crimes themselves. (see appendix 2).

Other responsibilities managers have include conducting risk assessments and mitigating identified risks, in consultation with the Lead LCFS.

3.11 All Employees

Employees are required to comply with the Trust policies, procedures and processes and apply best practice in order to prevent fraud, bribery and corruption (for example in the areas of procurement, personal expenses and ethical business behaviour by declaring external interests). 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 in order 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 Lead LCFS and/or to NHSCFA (see appendix 2).

3.12 Information Management and Technology

The Head of Information Security (or equivalent) will contact the Lead LCFS immediately in all cases where there is suspicion that 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 Lead LCFS 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.

3.13 Head of Communication

The Head of Communication should agree a communication liaison protocol with the Lead LCFS with regard to potential media coverage both proactive and reactive and will facilitate media interviews regarding the Trusts views on any proven or suspected cases of fraud, bribery and corruption before, should the matter result in a criminal trial. The Head of Communication should support the Lead LCFS to communicate regular fraud alerts to the staff via the staff-zone noticeboard.

3.14 Security Management

The Lead LCFS will liaise with the Local Security Management Specialist (LSMS) and will report incidents of theft that come to his attention to security and likewise the LSMS should report to the Lead LCFS any incident that has potential for fraud, bribery or corruption issues or if there is a suspicion of theft that may involve fraud by a patient, contractor, supplier or employee.

[NB. For staff awareness, **theft issues** are usually dealt with by the LSMS, not the Lead LCFS. However, the Lead LCFS and LSMS will be mindful of any potential criminality identified in the course of any investigation and will, with the agreement of the Director of Finance, notify the appropriate investigating authority].

4 The Response Plan

4.1 Bribery and Corruption

The Lead LCFS undertakes an annual fraud and bribery risk assessment, in conjunction with the organisation conducting periodic assessments (in line with Ministry of Justice guidance⁶) to assess how Fraud, bribery and corruption may affect it. Proportionate procedures and measures have been put in place to mitigate identified risks.

⁶ <https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

The organisation also has a policy and procedure in place in relation to the completion of declarations of interest, declarations of Paid/ unpaid work elsewhere and the hospitality/gifts register. The relevant policy and procedures are on the staff-zone and datix and staff are required to comply with these arrangements. Instances of non-compliance may be referred to the Lead LCFS for further investigation by the Head of Governance.

The Lead LCFS has primary organisational responsibility for investigating allegations of criminal fraud, bribery and corruption against the Trust.

4.2. 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 Lead LCFS. The Lead LCFS contact details are shown at appendix 2.

If the referrer believes that the Director of Finance or Lead LCFS are 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 Lead LCFS 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 Lead LCFS or the Trust Director of Finance.

The Lead LCFS and/or NHSCFA will undertake an investigation and seek to apply criminal and civil sanctions, (Financial recovery) where appropriate. Any criminal investigation would follow the set investigative procedure in the NHS CFA anti fraud manual.

Investigations may also include police involvement, where appropriate. E.g. police powers of search or arrest are required.

All NHS bodies including private providers, commissioners and trusts may refer to the Home Office's bribery and corruption assessment template⁶ in order to assess their response to bribery and corruption.

⁷ [Home Office Bribery and corruption assessment template](https://www.gov.uk/government/publications/bribery-and-corruption-assessment-template)
<https://www.gov.uk/government/publications/bribery-and-corruption-assessment-template>

Whistleblowing (Freedom to Speak up)

To support the reporting of fraud using the NHSCFA fraud reporting process (as outlined above), all employees should be aware of our own Trust Freedom to speak up: raising concern's (whistleblowing) policy and NHS Improvement and NHS England's Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016⁷ and NHS England's Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017⁸. These form the minimum standard to help normalise the raising of concerns in the NHS for the benefit of all patients in England.

4.3 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. (e.g. a manager authorising payment of fraudulent claims or time without making the expected due diligence checks) The Trust's disciplinary policy can be located on staff-zone.

4.4 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 Trust.

The Trust approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, (financial recovery) internal disciplinary and regulatory. All 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.

⁷ 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

⁸ NHS England's Guidance Freedom to speak up in primary care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017 <https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>

Criminal – The Lead LCFS 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 on criminal conviction to fines, imprisonment or suspended sentences / community service. Defrauded funds may also be recovered under the proceeds of crime act.

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. The disciplinary sanction outcome can also require the employee repayment of defrauded monies in addition to the possible sanctions outlined in the policy.

Professional Body Disciplinary – If warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution by the Trust relevant Senior Officer

Financial Recovery - The Trust 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 or a proceeds of crime order.

5 Review

5.1 Monitoring and auditing of policy effectiveness- Fraud Reduction / Prevention

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 and annual fraud risk assessments, appropriate recommendations and action plans are developed and implemented.

5.2 Dissemination of the policy – Communication to the staff

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

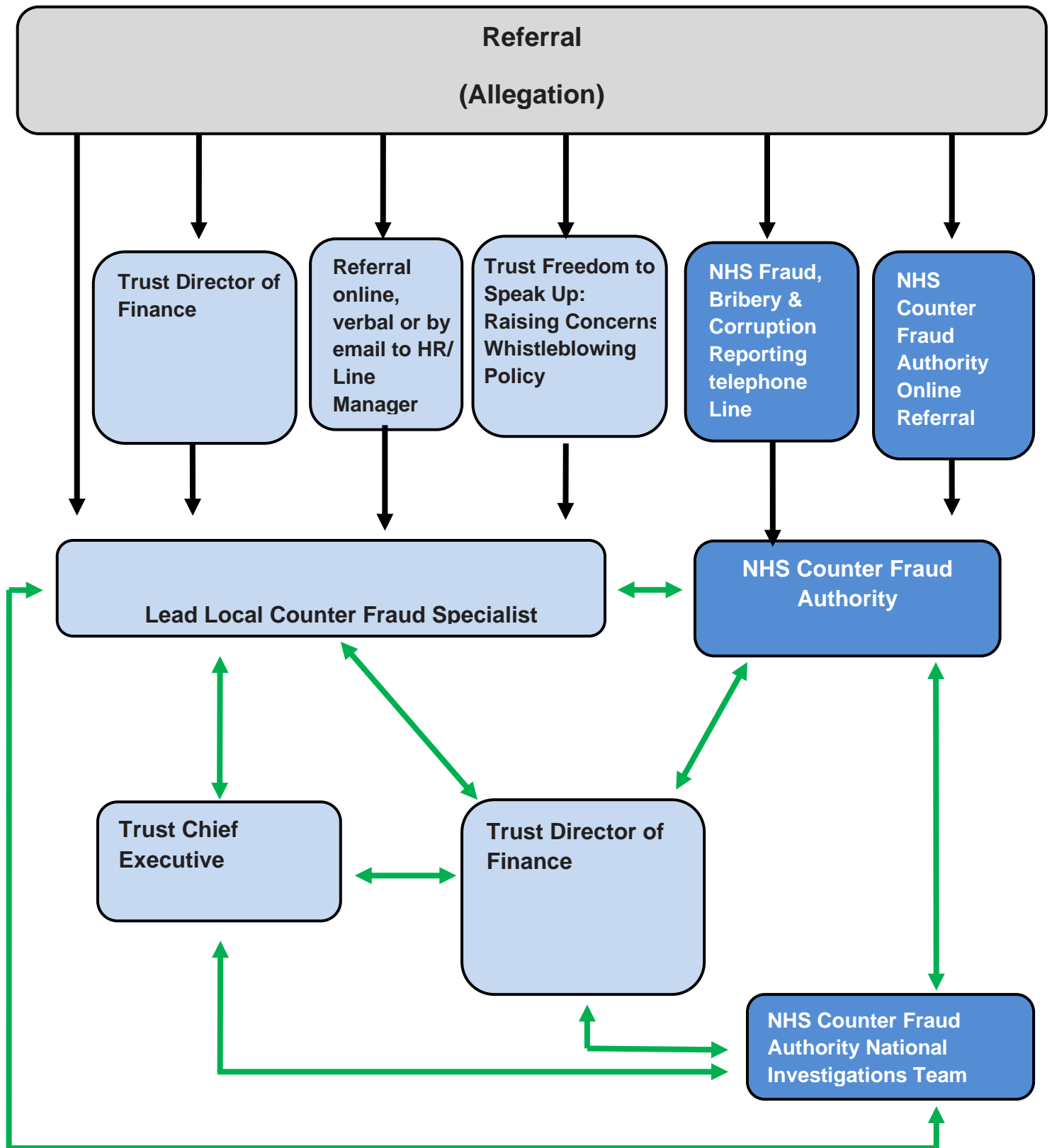
This policy will be promoted and disseminated Trust wide for all employees to understand and be made aware of via awareness presentations, the Trust weekly noticeboard and on the Trust Anti-Fraud Staff-zone intranet page <https://staffzone.shropcom.nhs.uk/smii/s00cont.asp?shid=33>

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

5.3 Review of the policy

This policy will be reviewed by Lead LCFS on a three-yearly basis or earlier should a change in legislation, best practice or other change in circumstance dictate and revisions to the policy will require the approval of the Director of Finance/ Audit Committee.

Appendix 1 NHS Fraud, Bribery and Corruption Referral Flowchart



Appendix 2 Staff Guide to report suspected fraud - Lead LCFS contact details

Guide for HR/ Management and Staff

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

BRIBERY or CORRUPTION involves offering, promising or giving a payment or benefit-in-kind in order to influence others to use their position in an improper way to gain an advantage.

If you suspect fraud, bribery or corruption may be occurring in our Trust or the NHS generally:

DO	DO NOT
<ul style="list-style-type: none"> • Note your concerns Record details such as the nature of your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes. • Retain evidence Retain any evidence that could be destroyed, or make a note and advise your Lead LCFS. • Report concerns Confidentiality will be respected – delays may lead to further financial loss. 	<ul style="list-style-type: none"> • Do not confront the suspect or convey concerns to anyone other than those authorised, as listed below. Never attempt to question a suspect yourself; this could alert a fraudster or lead to an innocent person being unjustly accused. • Do not try to investigate. Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must be done in line with legal requirements in order for it to be useful. Your Lead LCFS will conduct an investigation in accordance with legislation. • Do not be afraid of raising your concerns. The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures. • Do not do nothing!

If you suspect that fraud against the Trust or across the NHS has occurred you can report it to:

Your nominated Anti- Fraud Specialist are **Darrell Davies (Tel: 077852 86381) & Paul Kay (Tel: 07990 082328)**, who can be contacted by email at: Darrell.davies@miaa.nhs.uk or paul.kay@miaa.nhs.uk

If you would like further information about the NHS Counter Fraud Authority, please visit <https://cfa.nhs.uk/home>

You can also contact the Director of Finance Sarah Lloyd by email at: sarah.lloyd31@nhs.net

The NHS Fraud and Corruption Reporting
Line: **0800 028 40 60**

Online at: www.reportnhsfraud.nhs.uk

Guide for all Executives, Managers and Staff

The Nolan Committee was set up in 1994 to examine concerns about standards of conduct of all holders of public office. The committee published the **Seven Nolan Principles of Public Life**. Below are taken from *First Report of the Committee on Standards in Public Life in 1995*, which are:

1. Selflessness

The Trust should take decisions solely in terms of the public interest. **Decisions are not to be made in order to gain financial or other material benefits** for the members of the Trust, their family, or their friends.

2. Accountability

Everything done by those who work at the Trust must be able **to stand the tests of parliamentary scrutiny**, public judgements on property, **and professional codes of conduct**.

3. Probity

Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, employees, suppliers and customers.

4. Openness (transparency)

The **Trust's actions should be sufficiently public** and **transparent** to promote confidence between the Trust and its stakeholders.

5. Objectivity

In carrying out business, including making appointments, awarding contracts, or recommending individuals for rewards and benefits, **the Trust should make choices on merit**.

6. Honesty

Members of the Trust have a duty **to declare any private interests** relating to their duties and take steps to resolve any conflicts arising in a way that protects the public interest.

7. Leadership

Members of the Trust should promote and support these principles **by leadership and example**.

It is expected that Non-Executive/Executive Directors, Managers and staff at all levels **will lead by example** in acting with the **utmost integrity** and ensuring adherence to all relevant regulations, policies and procedures.