

Anti Fraud, Bribery and Corruption Policy

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Owner:	Andrew Bertram, Director of Finance
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Target audience:	All Trust staff
Relevant Regulations and Standards	See policy
Links to Organisational/Service Objectives, business plans or strategies	Supports the effective utilisation of NHS resources for patient care
Executive Summary This policy describes the Trust arrangements for dealing with suspected fraud, bribery and corruption in a consistent and proper manner.	

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This policy and procedures may evoke safeguarding adults concerns and as such please refer to the Safeguarding Adults Policy or contact the Trust Safeguarding Adults Team for guidance.

Version History Log

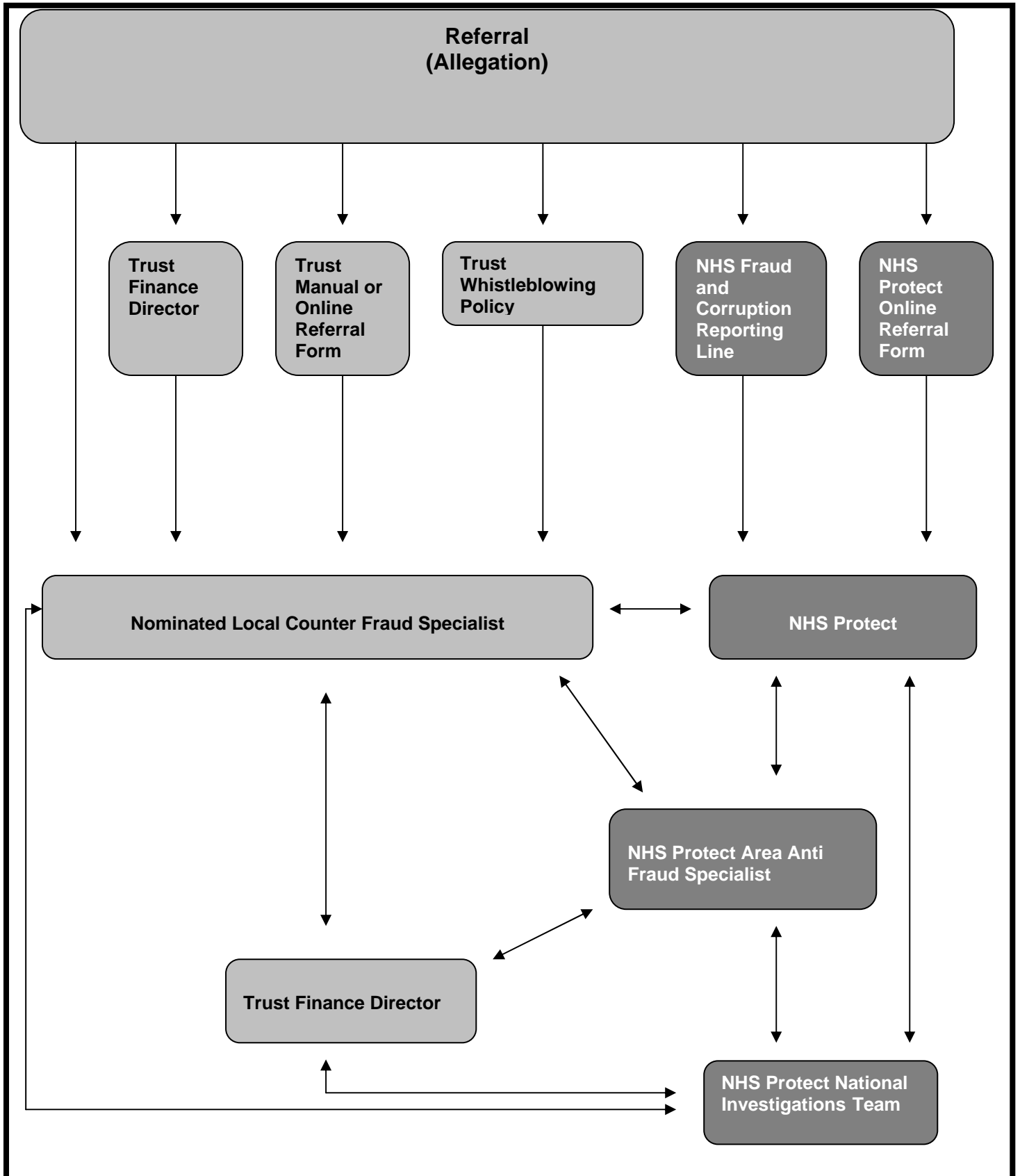
This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1.0	1996	P Grimshaw	Chief Internal Auditor	
2.0	February 2003	Steven Moss	Local Counter Fraud Specialist	Significant revision
3.0	June 2011	Steven Moss	Counter Fraud Manager	Significant revision to reflect requirements of the Development and Management of Policies Policy and operational changes.
4.0	June 2014	Steven Moss	Counter Fraud Manager	Redrafting of whole policy

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NHS Fraud, Bribery and Corruption Referral Flowchart



1 Introduction & Scope

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 are honest and professional and they find that fraud committed by a minority is wholly unacceptable as it ultimately leads to a reduction in the resources available for patient care.

This document sets out the Trust's policy for dealing with detected or suspected fraud, bribery or corruption, and the avoidance of such activity as directed by NHS Protect and provides details of how Trust staff or members of the public can report concerns.

The Trust wishes to encourage anyone having suspicions of fraud, bribery and corruption to report them and no employee will suffer as a consequence of reporting reasonably held concerns.

This policy applies to all permanent, temporary and bank employees of the Trust, agency and locum workers, holders of honorary contracts, secondees to the Trust, contractors and any other parties who have a business relationship with the Trust.

2 Definitions / Terms used in policy

2.1 NHS Protect.

NHS Protect, formerly NHS CFSMS (Counter Fraud & Security Management Service), is a business unit of the NHS Business Services Authority. It has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS which it will discharge in accordance with its overarching strategy detailed in "*Tackling crime against the NHS: A strategic approach*".

NHS Protect sets the standards that NHS organisations have to follow when tackling crime across NHS funded services and assesses the effectiveness of the anti fraud, bribery and corruption activities undertaken by the organisation.

The Trust's Local Counter Fraud Specialists (LCFS) have undergone a NHS Protect training and accreditation process and are professionally accountable to them.

2.2 Fraud.

Fraud is defined as “*wrongful or criminal deception intended to result in financial or personal gain, causing the loss or risk of loss to another*”.

Prior to the introduction of The Fraud Act 2006 it was necessary to prove that a person had been deceived and for the fraud to have been successful under various legislative acts. Following its introduction the focus is now on dishonest behaviour and the intent to make a gain for themselves or another or to cause a loss to another or expose them to a risk of loss.

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

- a) Fraud by False Representation (section 2) – lying about something using any means, e.g. by words or actions on a timesheet or application form / CV.
- b) Fraud by Failing to Disclose Information (section 3) – not disclosing something when you are under a legal obligation to do so, e.g. failing to declare a conviction, disqualification or commercial interest when such information may have an impact on your NHS role, duties or obligation.
- c) Fraud by Abuse of Position (section 4) – where there is an expectation on the individual to safeguard the financial interest of another person or organisation, e.g. a carer abusing their access to patient monies, or an employee using commercially confidential NHS information to make a personal gain.

It should be noted that successful prosecutions under the Fraud Act 2006 may result in an unlimited fine and/or a potential custodial sentence of up to 10 years.

2.3 Bribery and Corruption.

Bribery is defined as “*The offering, giving, receiving, or soliciting of something of value for the purpose of influencing the action of an official in the discharge of his or her public or legal duties*”.

Corruption is defined as “*where someone is influenced by bribery, payment or benefit in kind to unreasonably use their position to give some advantage to themselves or to another*”.

On the 1st July 2011, the Bribery Act 2010 became law and introduced new offences in relation to bribery and corruption. The generic term “*corruption*” is accommodated

into this Act. The main offences are listed below and a person is guilty of an offence if either of the following applies:

Section 1 - Offences of bribing another person –

a) *Offers, promises or gives a financial or other advantage to another person, and*

(b) *Intends the advantage -*

(i) To induce a person to perform improperly a relevant function or activity, or

(ii) To reward a person for the improper performance of such a function or activity

(c) *Knows or believes that the acceptance of the advantage would itself constitute the improper performance of a relevant function or activity.”*

Section 2 Offences relating to being bribed –

(a) Request, agrees to receive or accepts a financial or other advantage and intending that, in consequence, a relevant function or activity should be performed improperly (whether by the recipient or another person)”

A simple example would include a candidate for a job offering the interviewer tickets to an event in order to secure the position. Under the Bribery Act 2010, two offences would be committed; one by the person offering the bribe and one by the person receiving the bribe.

Section 7 Failure of commercial organisations to prevent bribery – (The Corporate Offence)

(1) A relevant commercial organisation (a commercial organisation includes all NHS bodies), is guilty of an offence under this section if a person associated with it bribes another person intending –

(a) To obtain or retain business for the organisation or

(b) To obtain or retain an advantage in the conduct of business for the organisation.

Two simple examples of this would be:

i) Where an act of bribery has occurred, for a director, manager or officer of an organisation to ignore the act or acts of bribery within the organisation. Under the Bribery Act 2010, the corporate offence would have been committed.

ii) Where an act of bribery has occurred, it was subsequently established that the organisation employing the individual failed to have adequate procedures in place to identify and prevent the act of bribery by its employee. Again, under the Bribery Act 2010, the corporate offence would have been committed.

3 Policy Statement

York Teaching Hospital NHS Foundation Trust (the Trust) is committed to reducing the level of fraud, bribery and corruption within the Trust and the wider NHS to an absolute minimum and aims to eliminate all such activity as far as possible. To meet this objective the Trust has adopted NHS Protect's national strategic approach to tackling all crime against the NHS which encompasses:

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

Operationally the Trust's Local Counter Fraud Specialist will produce an annual Counter Fraud Plan for activity which will reflect this strategic approach and which will be formally approved by the Finance Director and presented to the Audit Committee.

The Trust wishes to encourage anyone having suspicions of fraud, bribery and corruption to report them and no employee will suffer as a consequence of reporting reasonably held concerns.

All suspicions reported will be investigated by the Local Counter Fraud Specialist (LCFS) in accordance with the NHS Counter Fraud and Corruption Manual and where appropriate sanctions, which may include any or all of criminal prosecution, civil prosecution, internal or regulatory disciplinary action and financial redress will be sought.

This policy applies to all permanent, temporary and bank employees of the Trust, agency and locum workers, holders of honorary contracts, secondees to the Trust, contractors and any other parties who have a business relationship with the Trust.

4 Equality Analysis

In the development of this policy the Trust has considered evidence to ensure understanding of the actual / potential effects of our decisions on people covered by the equality duty. A copy of the analysis is attached at Appendix 1.

5 Accountability

Operational implementation, delivery and monitoring of the policy resides with Trust staff as a whole but there are a number of key roles and responsibilities placed on individuals to ensure effective implementation of this policy.

5.1 Roles and Responsibilities

This section states the roles and responsibilities of employees and other relevant parties in combating fraud, bribery and corruption and protecting the assets of the Trust.

Employees.

All employees of the Trust are expected to adhere to the policies and procedures of the Trust and to the Public Sector Values (Nolan Principles) and Staff must comply with the national guidance contained in HSG(93)5 “Standards of Business Conduct for NHS staff” and contained in the Trust policy Standards of Business Conduct. Reference must be made to the Standards of Business Conduct policy for further guidance.

All employees should also be aware of their responsibility to protect the Trust from crime, and in doing so protect the assets of the Trust, including information and goodwill, in addition to property. Where an employee suspects there has been fraud, bribery or corruption they must report the matter to the nominated LCFS or via one of the reporting channels referred to in NHS Fraud, Bribery and Corruption Referral Flowchart.

Under no circumstances should an employee attempt to investigate suspected or actual incidents of fraud, bribery or corruption themselves as this could jeopardise any potential criminal investigation and subsequent prosecution.

Chief Executive.

The Chief Executive has the overall responsibility for funds entrusted to the Trust as the Accountable Officer which includes the proper stewardship of public money and assets and therefore the prevention and detection of fraud, bribery and corruption. The Chief Executive must ensure adequate policies and procedures are in place to protect the Trust and the public funds entrusted to it and is also responsible Executive Director for implementation of the Trust's arrangements in respect of the Bribery Act.

The Chief Executive, as the Accountable Officer will report to the Board on the adequacy of internal control and risk management as part of the Board's overall responsibility to prepare a statement on internal control for inclusion in the Trust's annual report.

Finance Director.

The Finance Director is responsible for the implementation of the Trust's financial policies, co-ordinating any corrective action to further these policies, and the maintenance of an effective system of internal financial control including the preparation and documentation of detailed financial procedures and systems, which incorporate the principles of separation of duties and internal checks.

The Finance Director is responsible for ensuring that adequate counter fraud provision is made in the Trust and oversees the work of the LCFS and will discuss arrangements and any investigations undertaken.

The Finance Director, following discussion with the LCFS and liaison with NHS Protect, will, depending on the outcome of an investigation, authorise any prosecution.

Internal and External Audit.

The role of internal and external includes the review of internal controls and systems and the provision of an opinion and assurance on their adequacy and effectiveness.

Internal and External Audit have a duty to bring any incident or suspicion of fraud, bribery or corruption to the attention of the Trust's LCFS.

Human Resources.

Where an employee is suspected of being involved in fraud, bribery or corruption it is essential that the Director of Human Resources or nominated representatives and the LCFS liaise closely in order that any respective sanctions arising from any investigations (i.e. criminal and disciplinary) are applied effectively and in a co-ordinated manner.

The Director of Human Resources will be responsible for invoking all elements of the disciplinary process in respect of suspension from duty and / or dismissal. It will, however, be the responsibility of the LCFS at all times to investigate, interview or gather evidence associated with any suspected fraudulent activity. As far as is practically possible, the disciplinary process will only be invoked after discussions between the Director of Human Resources and the LCFS on the needs / merits of the case but it is recognised that there will be occasions when suspension of a member of staff is considered paramount.

A protocol between the LCFS and Human Resources has been produced and is in course of being adopted.

Local Counter Fraud Specialist.

The nominated LCFS is responsible for taking forward the anti fraud, bribery and corruption arrangements at the Trust. This will include the promotion of an anti fraud, bribery and corruption culture throughout the Trust, undertaking local and participating in national fraud prevention and detection initiatives and the investigation of suspicions of fraud reported or identified as the result of proactive actions. These activities will be undertaken in accordance with national standards as set by NHS Protect and the NHS Counter Fraud and Corruption Manual. Adherence to these operational and legislative requirements will ensure that activities are undertaken to the highest standards.

The LCFS is operationally accountable to the Finance Director and will provide a written report to the Finance Director and the Trust's Audit Committee at least annually. The annual report will reflect the work undertaken to deliver the agreed annual counter fraud plan which will have been developed to reflect both the NHS Protect's strategic approach and local risk assessments undertaken by the LCFS in

respect of fraud, bribery and corruption. Interim reports summarising work undertaken and referrals received / investigations in course will be produced.

The LCFS in carrying out his duties will liaise with key colleagues and stakeholders and particularly with the Trust's Human Resources Department.

Integral to these duties, the LCFS is responsible for undertaking investigations of allegations of fraud, bribery and corruption in accordance with the required standards and staff should on no account seek to investigate their suspicions once they have reported them in accordance with this policy.

Area Anti Fraud Specialists.

The Area Anti-Fraud Specialist is the regional local contact for NHS Protect to all NHS health bodies within their region. The Trust comes under the Northern and Yorkshire region. They are responsible for the management and vetting of all local investigation case papers and evidence and witness statements submitted for the consideration of prosecutions.

The Area Anti-Fraud Specialists ensure that local investigations are conducted within operational and legislative guidelines for all allegations of fraud in the NHS and provide help, support, advice and guidance to Directors of Finance, nominated LCFSs, Audit Committees and other key stakeholders in their region.

The Area Anti-Fraud Specialists allocate, supervise and monitor fraud referrals and notifications to the nominated LCFS and provide support as to the direction of ensuing investigations as required and oversee the nominated LCFS's performance.

The Area Anti-Fraud Specialists ensure that all information and intelligence gained from local investigative work is reported and escalated as appropriate at both local and national level so that fraud trends can be mapped and used to fraud-proof future policies and procedures.

Managers.

Managers must ensure that policies, procedures and processes within their areas of responsibility are adhered to and are kept up to date. They should be alert to the possibility that unusual events or transactions could be symptoms of fraud and corruption. If they have any doubts, they must seek advice from the nominated LCFS.

Managers have a responsibility to ensure that their staff have an awareness of fraud, bribery and corruption, the importance of protecting the Trust from it and for the enforcement of disciplinary action for staff who not comply with policies and procedures.

All instances of actual or suspected fraud, bribery and corruption which come to the attention of managers must be reported to the LCFS immediately. It is important that managers do not investigate any instance of actual or suspected fraud, bribery and corruption themselves.

Information Management and Technology.

The Computer Misuse Act 1990 legislates against the unauthorised access and modification of computer data for fraudulent purposes. Any suspicion of the use of the Trust's IMT for fraudulent purposes should be reported to the LCFS who will liaise closely with the Trust's Director – Systems and Network Services.

5.2 The Response Plan

Bribery and Corruption.

In response to the Bribery Act 2010 the Trust has put in place what it considers to be proportionate and adequate procedures to address the level of risk it may face.

The Trust's Standards of Business Conduct Policy provides guidance and details on staff responsibilities relating to conduct, particularly in relation to commercial sponsorship (including posts), gifts, honoraria and charitable donations and conflicts of interest and how to declare them. This policy and other relevant policies such as the Procurement Policy are available to staff on the Trust's Intranet and are soon to be available on its website.

5.3 Reporting fraud, bribery or corruption.

This section outlines the action to be taken if Fraud, Bribery or Corruption is discovered or suspected.

If an employee has any of the concerns referred to in this document, they must report it immediately either to the nominated LCFS or the Finance Director. The details of the Trust's LCFS are:

Name: Steven Moss

Email: Steven.Moss@York.NHS.UK

Phone: 01904 725145

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

If an employee feels unable, for any reason, to report the matter internally, or wishes to remain anonymous, they can call the:

NHS Fraud and Corruption Reporting Line on 0800 028 40 60 (M-F 8am – 6pm)

or alternatively report their concerns via the:

NHS Online Fraud Reporting Form www.reportnhsfraud.nhs.uk

All reports received will be treated in confidence and investigated. It is recognised that individuals may wish to raise concerns / suspicions that may be erroneous or unsubstantiated and the LCFS will conduct sufficient enquiries to establish whether or not there is any foundation to the suspicion raised. If allegations are found to be malicious they will be considered for further investigation to establish their source and if related to a Trust employee disciplinary action may be instigated.

5.4 Disciplinary action.

Where a staff member is suspected of fraud, bribery or corruption or any other illegal act the Trust will determine on the appropriate disciplinary action, in accordance with its Disciplinary Policy and Procedure.

It should be noted that the duty to follow disciplinary procedures will not override the need for legal action to be taken (e.g. consideration of criminal action). Such action will be taken in consultation with HR and in accordance with agreed protocols and may include parallel sanctions involving criminal, civil recovery, internal and professional disciplinary proceedings.

6 Consultation, Assurance and Approval Process

6.1 Consultation Process

The Trust will involve stakeholders and service users in the development of its policies.

Consultation has taken place with the following stakeholders:

- Finance Director
- Director of Human Resources
- Head of Internal Audit
- Internal Audit Managers
- Audit Committee – passed to meeting for comment
- Risk & Legal Services

6.2 Quality Assurance Process

Following consultation with stakeholders and relevant consultative committees, this policy has been through quality assurance checks prior to being reviewed by the authorising committee to ensure it meets the NHSLA standards for the production of policy and equalities legislation and is compliant with the Development and Management of Policies policy.

6.3 Approval Process

The approval process for this policy complies with that detailed in section 3.3 of the Development and Management of Policies Policy with a check of contents being undertaken by the Virtual Policy Review Group. The approving body for this policy is the Trust's Audit Committee.

The Checklist for Review and Approval has been completed and is included as Appendix 2 and the completed Virtual Policy Review Group Checklist is included as Appendix 4.

7 Review and Revision Arrangements

On reviewing this policy, all stakeholders identified in section 6.1 will be consulted. The person responsible for review is:

- Local Counter Fraud Manager

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the Audit Committee.

8 Dissemination and Implementation

8.1 Dissemination

Once approved, this policy will be brought to the attention of all relevant staff working at and for York Teaching Hospital NHS Foundation Trust following the completed Plan for dissemination of the policy (See Appendix 3)

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

8.2 Implementation of Policies

Implementation of this policy will be communicated to staff by:

Publication of the Policy on the Trust's electronic portal, Staffroom and announcement in the Trust's Team Brief.

Periodic reminders will be issued to departmental and section heads regarding the policy inviting staff to arrange a counter fraud presentation or training with the LCFS.

9 Document Control including Archiving Arrangements

9.1 Register/Library of Policies

This policy will be stored on Staffroom, in the policies and procedures section and will be stored both in an alphabetical list as well as being accessible through the portal's search facility and by group. The register of policies will be maintained by the Healthcare Governance Directorate.

If members of staff want to print off a copy of a policy they should always do this using the version obtainable from Staffroom but must be aware that these are only valid on the day of printing and they must refer to the intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of

an intranet based system.

9.2 Archiving Arrangements

On review of this policy, archived copies of previous versions will be automatically held on the version history section of each policy document on Q-Pulse. The Healthcare Governance Directorate will retain archived copies of previous versions made available to them. Policy Authors are requested to ensure that the Policy Manager has copies of all previous versions of the document.

It is the responsibility of the Healthcare Governance Directorate to ensure that version history is maintained on Staffroom and Q-Pulse.

9.3 Process for Retrieving Archived Policies

To retrieve a former version of this policy from Q-Pulse, the Healthcare Governance Directorate should be contacted.

10 Monitoring Compliance and Effectiveness

This policy will be monitored for compliance with the minimum requirements outlined below.

10.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements of the NHSLA Risk Management Standards for Acute Trusts are met, the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
Level of policy awareness amongst staff	Dissemination of a counter fraud questionnaire to a sample of Trust staff.	LCFS	Annually	Finance Director / Audit Committee	LCFS	Finance Director / Audit Committee
Reporting on anti fraud, bribery and corruption activities.	Meeting with Finance Director.	LCFS	Quarterly	Finance Director	LCFS	Finance Director / Audit Committee
	Interim Fraud Update Report	LCFS	Half-yearly	Finance Director / Audit Committee.	LCFS	Finance Director / Audit Committee
	Annual Fraud Report	LCFS	Annually	Finance Director / Audit Committee	LCFS	Finance Director / Audit Committee

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
Proactive counter fraud activity.	Submission of activity data.	LCFS	Quarterly	NHS Protect	LCFS	NHS Protect

10.2 Standards/Key Performance Indicators

NHS Protect issues a document, the *Standards for providers – fraud, bribery and corruption* to LCFSs and Directors of Finance. The standards outline an organisation’s corporate responsibilities regarding counter fraud and the three key principles for action and it is against these standards that the effectiveness of this policy is assessed.

NHS Protect introduced a Self Review Tool (SRT) which enables the organisation to produce a summary of the anti-fraud, bribery and corruption work it conducted over the previous financial year. Organisations are required to complete the SRT annually and return it with the annual report to NHS Protect.

The SRT requires the organisation to review compliance with the standards under each area of activity and allocate a level of compliance:

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Green – Organisation meets the standard
Amber – Organisation partially meets the standard
Red – Organisation does not meet the standard

Once a level of compliance is completed against each standard an overall rating is awarded against each area of activity based on weightings allocated against the standards by NHS Protect. In addition to providing an opinion of the level of compliance against each standard, the organisation is also required to document what evidence, guidance and supporting documentation the organisation holds to support the opinion.

Following submission, the NHS Protect's Quality and Compliance team select submissions from a number of organisations and undertake a review and evaluation of the submission and supporting evidence to validate the reported outcomes. Where deficiencies are identified, these will be addressed with the LCFS and Head of Internal Audit by the Finance Director and / or the Audit Committee.

11 Training

All new starters will receive details of counter fraud, bribery and corruption arrangements in the staff induction package.

An On-Line E-Learning Fraud Awareness package is available for staff which details how to report suspicions of fraud, what fraud is and who can investigate frauds and is mandatory for budget holders.

The provision of a series of Controlling Risk and Deterring Fraud Workshops for managers and supervisors in conjunction with Internal Audit which are mandatory for Band 6 staff and above.

Any training requirements identified within this policy that are of a 'Corporate Statutory or Mandatory nature will be outlined in the Statutory/Mandatory Training Brochure. This can be accessed via the link on Staff Room, the Q:\York Hospital Trust\Mandatory Training or the organisation's online learning platform.

If this training is deemed to be Statutory or Mandatory and is not identified within the Statutory/Mandatory Training Brochure then application must be made by the Policy Author to the Corporate Learning and Development Team to have it added.

These training requirements are used to develop the customised profiles that can be viewed by learners when they access their personal online learning account. It is then the learner's responsibility to undertake this learning with the support of their line manager and the line manager's responsibility to review this at annual KSF appraisal.

The Corporate Statutory and Mandatory Training Identification Policy and Procedure document describes the processes relating to the identification, review, delivery and monitoring of statutory and mandatory training including non-attendance.

12 Trust Associated Documentation

This policy should be read in conjunction with reference to the following Trust policies and regulations:

- York Teaching Hospital NHS Foundation Trust Standing Orders and Standing Financial Instructions.

- York Teaching Hospital NHS Foundation Trust Standards of Business Conduct Policy.
- York Teaching Hospital NHS Foundation Trust Whistleblowing Policy and Procedure.
- York Teaching Hospital NHS Foundation Trust Disciplinary Policy and Procedure.
- York Teaching Hospital NHS Foundation Trust Sickness Absence Policy

13 External References

[Fraud Act 2006](#)

[Bribery Act 2010](#)

[NHS Protect – Tackling crime against the NHS – A strategic approach](#)

14 Appendices

- Appendix 1: Equality Analysis**
- Appendix 2: Checklist for Review and Approval**
- Appendix 3: Implementation Plan**
- Appendix 4: Virtual Policy Review Group Checklist**
- Appendix 5: CFS1 NHS Fraud, Bribery and Corruption Referral Form**
- Appendix 6 Desktop guide**

Appendix 1 Equality Analysis

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy	
1.	<p>What are the intended outcomes of this work?</p> <p>That staff have a clear guidance on and understanding of their responsibilities in relation any incidence of fraud, bribery and corruption.</p>
2	<p>Who will be affected?</p> <p>All staff and other parties who have a business relationship with the Trust.</p>
3	<p>What evidence have you considered?</p> <p>Legislation including</p> <ul style="list-style-type: none"> • Fraud Act 2006 • Bribery Act 2010 <p>Financial Audits including</p> <ul style="list-style-type: none"> • Payroll, • Non Pay Expenditure, • Income Cash and Bank, • Financial Ledger. <p>HR Audits including</p> <ul style="list-style-type: none"> • Sickness absence, • Recruitment checks • E-Rostering <p><u>NHS policy requirements / guidance.</u></p> <p>NHS Protect guidance including</p> <ul style="list-style-type: none"> • Prevention and Detection of Invoice Fraud. • Guidance for NHS organisations on the secure management of patients' property • Guidance on implanting the overseas visitors hospital charging regulations

	<p>YTHFT Finance policies including</p> <ul style="list-style-type: none"> • Travel and Subsistence claims, • Standing Financial Instructions, • Reservation of Powers and Scheme of Delegation, • Recovery of overpayments policy, • Procurement policy. • Treasury Management Policy <p>YTHFT HR policies including</p> <ul style="list-style-type: none"> • Sickness absence policy, • Recruitment and retention policy, • Time owing policy, • Working time regulations, • Paternity/Maternity leave policies, • Disclosure and Barring Scheme policy. • Whistle Blowing Policy • Annual Leave and Bank Holiday Policy • Rostering Policy <p>Other YTHFT Policies but not restricted to:-</p> <ul style="list-style-type: none"> • Positive identification of patients. • Data Protection Policy • Fundraising Policy • Intellectual Property Policy • Internet and Email (Acceptable Use Protocol)
a	<p>Disability</p> <p>This policy is inclusive. This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.</p>
b	<p>Sex</p> <p>This policy is inclusive.</p>
c	<p>Race</p> <p>This policy is inclusive. This policy is available in alternative formats on request to the author of the policy.</p>
d	<p>Age</p>

	This policy is inclusive.	
e	Gender Reassignment This policy is inclusive.	
f	Sexual Orientation This policy is inclusive.	
g	Religion or Belief This policy is inclusive.	
h	Pregnancy and Maternity. This policy is inclusive.	
i	Carers This policy is inclusive.	
j	Other Identified Groups This policy is inclusive.	
4.	Engagement and Involvement	
a.	Was this work subject to consultation?	Yes
b.	How have you engaged stakeholders in constructing the policy	See 'd' below
c.	If so, how have you engaged stakeholders in constructing the policy	See 'd' below
d.	<p>For each engagement activity, please state who was involved, how they were engaged and key outputs</p> <p>Consultation has taken place with the following stakeholders:</p> <ul style="list-style-type: none"> • Finance Director • Director of Human Resources • Head of Internal Audit • Internal Audit Managers • Audit Committee – passed to meeting for comment • Risk & Legal Services • Virtual Policy Review Group 	

	All of the above were contacted for comments and feedback regarding the policy which has subsequently been included in the final policy.	
5.	Consultation Outcome	
	<i>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups</i>	
a	Eliminate discrimination, harassment and victimisation	No impact I.e. neutral, does not promote or impact adversely.
b	Advance Equality of Opportunity	No impact I.e. neutral, does not promote or impact adversely.
c	Promote Good Relations Between Groups	No impact I.e. neutral, does not promote or impact adversely.
d	What is the overall impact?	No impact I.e. neutral, does not promote or impact adversely.
	Name of the Person who carried out this assessment: Steven Moss	
	Date Assessment Completed	
	Name of responsible Director: Andrew Bertram	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 Checklist for Review and Approval

Authors need to be confident that their policy meets all of the criteria identified below before submitting this to the appropriate committee(s) for consideration and approval.

	Title of document being reviewed:	Yes/No	Comments
1.	Development and Management of Policies		
	Is the title clear and unambiguous and meets the requirements of page 3 of the Development and Management of Policies Policy?	Yes	
	Is it clear whether the document is a policy, procedure or protocol?	Yes	
	Does the style and format of the policy meet the requirements of section 3.4 of the Development and Management of Policies Policy?	Yes	
	Does the policy contain a list of definitions of terms used?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?		
	Are individuals involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with all relevant stakeholders and users?		
4.	Content		
	Is the document linked to a strategy?	Yes	
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
	Does it meet all of the requirements of external agencies/bodies where applicable?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	

	Title of document being reviewed:	Yes/No	Comments
	Are supporting references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
	Are all associated documents listed and updated?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have the staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Does the dissemination plan identify how this will be done and is it clear?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
	Does the policy detail what evidence will be collated to demonstrate compliance with it?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation, evidencing, monitoring and review of the documentation?	Yes	

Policy Owner's Approval

If you are happy to approve this document, please sign and date it and forward to

Anti Fraud, Bribery and Corruption Policy
Version no 4.0 Insert Issue date XX

the chair of the committee/group where it will receive final approval. (This can be completed electronically with an electronic signature)			
Name	Andrew Bertram	Date	October 2014
Signature	<i>A Bertram</i>		
Committee Approval			
If the Chair or Vice Chair of the committee is happy to approve this document, please sign and date here and enter the name of the committee/group. The Policy Author will contact the secretary/administrator of the committee/group to obtain a signed copy of this checklist. The Policy Author will then submit this together with the approved policy (ensuring the “draft” watermark is removed) to the Policy Manager for logging and publication.			
Name	P Crowley	Date	November 2014
Signature	<i>P Crowley</i>		
Committee/ Group title	Executive Board		
For Policy Manager’s use only			
Is there a signed and completed Checklist for Review and Approval accompanying the policy?		Y	
Is the policy logged on Qpulse?		Y	
Has the old version of the policy been archived? (if applicable)		Y	
Has the policy been published on Staffroom?		Y	
Author notified that policy has been published?		Y	

Appendix 3 Plan for the dissemination of a policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Anti Fraud, Bribery and Corruption Policy
Date finalised:	November 2014
Previous document in use?	Yes
Dissemination lead	Steven Moss
Which Strategy does it relate to?	Counter Fraud Strategy
If yes, in what format and where?	Annual Counter Fraud Plan
Proposed action to retrieve out of date copies of the document:	Healthcare Governance Directorate will hold archive

To be disseminated to:	1) All staff	2)
Method of dissemination	Team Brief and Staffroom electronic portal	
who will do it?	LCFS	
and when?	Following approval	
Format (i.e. paper or electronic)	Electronic	

Dissemination Record

Date put on register / library	1 December 2014
Review date	See front cover
Disseminated to	As above
Format (i.e. paper or electronic)	Electronic
Date Disseminated	As above
No. of Copies Sent	As above
Contact Details / Comments	LCFS

Appendix 4

Virtual Policy Review Group Checklist

All policy/procedure authors are required to complete the table below, entering ticks or text in the relevant box and to be open and honest about any implications. Failure to identify implications may lead to the document approval process being delayed.

Policy Title: ...Anti Fraud, Bribery and Corruption Policy.....

Policy Author ..Steven Moss..... **Policy Owner** ...Andrew Bertram.....

Date of submission to VPRG

	Yes	No	Not Sure	N/A	Comments
CLaD Does the policy/procedural document require staff to be formally trained?	X				Budget Holder / Band 6s
Would the training be classified as Statutory/Mandatory and is this already included in the Statutory/Mandatory Training Brochure?	X				
Does training require the learner to access statutory or mandatory learning material/content on line?	X				

	Yes	No	Not Sure	N/A	Comments
Procurement Will the introduction of the document incur additional costs associated with equipment, disposables, maintenance agreements etc?		X			
What is the likely additional cost associated with the above?				X	
Information Technology Will the introduction of the document require an increase in computer hardware?		X			
Are there any software, IT training or software license requirements associated with the document's introduction? If so, what are the estimated costs associated with this?		X			
Information Governance Are there any information governance issues associated with the introduction of the document?		X			
HR Will there be any impact on staffing levels or any other HR related issues? (If so give details)		X			

	Yes	No	Not Sure	N/A	Comments
Estates and Facilities Will there be any significant impact on Estates and Facilities associated with the introduction of the document? (If so, give details)		X			
Communications Will the introduction of the document require significant communications team input?		X			
Risk and Legal Are there risks associated with the introduction of this document?		X			
Are there any legal implications associated with the introduction of this document?	X				Compliance with the Data Protection Act
Will the introduction of the document require the production of significant additional or new patient information?		X			
Occupational Health Will the introduction of the document have any potential implications on the OH department?		X			
Health and Safety/Security Will the introduction of the document have any significant health and safety or security implications for the Trust?		X			
Corporate Will the introduction of the document		X			

	Yes	No	Not Sure	N/A	Comments
have any corporate governance implications for the Trust not covered above?					
<p>Finance Are there any changes from the proposed document which have a financial impact?</p> <p>If you answered yes to the above question, please provide detail.</p>		X			
<p>Does the document require any change in financial processes or arrangements? (e.g. Payroll, Invoicing, Payments etc)</p> <p>If you answered yes to the above question, please provide detail.</p>		X			

If you answered yes to the first question, has a business case been submitted? Enter details alongside relevant entry

Submitted and Approved
(Include Business case No.)

Being written (Please provide planned timeframes for submission)

Saving being Declared

None of the above (Please give a brief explanation of the reasons why a business case has not been submitted or savings declared)

CFS1 NHS Fraud, Bribery and Corruption Referral Form

If you wish to report a potential fraud, bribery or corruption please print out and complete this form, and post it to the **Local Counter Fraud Specialist, York Teaching Hospital NHS Foundation Trust, Internal Audit, Park House, Bridge Lane, Wigginton Road, York, YO31 8ZZ**

YOUR DETAILS

It is not necessary to provide your contact details; however it is possible that more information may be required in order for any investigation to take place. All reported incidents will be investigated, and where appropriate the offenders prosecuted. As a result the Police may also be contacted. All concerns will be treated sensitively and in the strictest confidence. You will not suffer any recriminations as a result of raising a reasonable and justified suspicion.

Your Name:

Address:

Telephone:

E-mail:

SUSPECT DETAILS

Name:

Description:

FRAUD, BRIBERY OR CORRUPTION DETAILS

Location:

Details:
(Please attach any available information)

(please continue on a separate piece of paper and attach if necessary)

Signed:

Dated:

The Trust Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral within 5 working days unless otherwise requested.

