



***North Hampshire
Clinical Commissioning Group***

**NORTH HAMPSHIRE
CLINICAL COMMISSIONING GROUP**

**LOCAL FRAUD AND CORRUPTION POLICY
HR/008/v2.00**

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| Subject and version number of document: | Local Fraud and Corruption Policy Final 2.00 |
| Serial Number: | HR/08/v2.00 |
| Operative date: | November 2015 |
| Author: | R Clarke, Head of Business Development, NHS North Hampshire CCG Richard.Clarke5@nhs.net |
| Links to other Policies: | Standard of Business Conduct Policy Contracts of Employment Register of Gifts and Hospitality Standing Financial Instructions (SFI) Public statement regarding counter fraud Whistleblowing Policy Sickness Absence Policy or Managing Attendance Policy Travel and Subsistence Rules and Guidance Payroll Over and Under Payments Policy |
| Review date: | This document will be reviewed after 12 months and then every two years thereafter. |
| For action by: | This policy applies to all directly and indirectly employed staff and other persons working within the CCG. |
| Policy statement: | All those who work in the CCG should be aware of, and act in accordance with the NHS values of: <ul style="list-style-type: none"> • Accountability • Probity • Openness |
| Responsibility for dissemination to new staff: | The Business Development function of the CCG will disseminate this policy in the first instance and then be published on the CCG's website at: http://www.northhampshireccg.nhs.uk/documents/ |
| Training Implications: | Staff will receive training on this policy on induction and through the course of mandatory training. |
| Further details and additional copies available from: | All CCG policies ratified by the Governing Body will be published at: http://www.northhampshireccg.nhs.uk/documents/ |
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1 Introduction

1.1 General

North Hampshire CCG is committed to reducing fraud, bribery and corruption within the NHS and will seek appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and where possible will seek to recover losses. This policy is supported and endorsed by senior management.

1.2 Aims and objectives

This policy will provide an explanation on what fraud, bribery and corruption is and will confirm the responsibilities of all employees to help prevent fraud, bribery and corruption. Information on the correct procedure to follow to report concerns or suspicions is included.

1.3 Scope

This Policy applies to all employees and contractors of North Hampshire CCG.

2 Definitions

2.1 NHS Protect

NHS Protect has responsibility for policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS. All investigations will be handled in accordance with NHS Protect guidance.

Anti-fraud and corruption work undertaken within the CCG is in accordance with the NHS Protect strategy; 'Tackling crime against the NHS: A strategic approach'.

2.2 Fraud

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.

Fraud is a criminal offence contrary to the Fraud Act 2006. Fraud by definition is an intentional and deliberate act; it is not possible to commit fraud accidentally.

Examples of fraud committed within the NHS include, but are not limited to:

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Employees or contractors suspected of:

- submitting false claims to payroll
- working for another employer during an NHS sickness absence
- falsifying qualifications, work history or references
- manipulating financial systems
- defrauding patients
- claiming for services not provided
- deliberately retaining or failing to report overpayments of salary

Patients suspected of:

- lying about their identity in order to obtain extra medication
- manipulating prescriptions
- lying about their UK residency to obtain chargeable treatment for free
- making false claims for travel reimbursement

External fraud can include:

- false invoices (deliberate duplicate invoicing, or invoices received for unordered goods and services)
- false requests to change supplier's banking or contact details (commonly known as 'mandate fraud' or 'account takeover fraud')

2.3 Bribery and corruption

The Bribery Act (2010) replaced legislation that was previously used to deal with individuals acting in a corrupt way. Under the new simplified legislation there are now just four offences relating to corrupt behaviour. These are:

- Offering a bribe

(The offering, promising or giving a bribe to another person to perform a relevant 'function or activity' improperly, or to reward a person for the improper performance of such a function or activity)

- Accepting a bribe
(Requesting, agreeing to receive or accepting a bribe to perform a function or activity improperly, irrespective of whether the recipient of the bribe requests or receives it directly or through a third party, and irrespective of whether it is for the recipient's benefit)
- Bribing a foreign public official
- Failure of a commercial organisation to prevent bribery"
(An NHS health body is considered a 'commercial organisation')

The organisation will demonstrate a 'zero tolerance' approach to individuals that are shown to have acted corruptly.

It is essential that:

- Employees, or their family and friends must not profit in any way from their employment with the organisation apart from their salary and other entitlements.
- Employees must declare any interests, which may prejudice their requirement to act honestly and fairly at all times, in accordance with the CCG's Standards of Business Conduct Policy.
- Employees must be, and be seen to be honest and incorruptible in their dealings with colleagues, patients and other persons or organisations.
- Employees must declare all gifts and hospitality in accordance with the CCGs Standards of Business Conduct Policy.

3 Roles and responsibilities

3.1 Accountable Officer

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

3.2 Chief Finance Officer

The Chief Finance Officer (CFO) has powers to approve financial transactions across the organisation.

The CFO prepares documents and maintains detailed financial procedures and systems and applies the principles of separation of duties and internal checks to supplement those procedures and systems.

The CFO will report annually to the Board and, where applicable, the Council of Governors, 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 CCG's Annual Report.

The CFO 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.

3.3 Internal and external audit

The CCG have appointed internal and external auditors. The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Any suspicions of fraud, bribery or corruption identified by internal or external audit are referred to the Local Counter Fraud Specialist (LCFS).

3.4 Human resources

Where a suspected case of fraud or corruption affects an employee, the LCFS will liaise with the Human Resources (HR) Manager, as it is likely that, if proven, a breach of CCG Policy or an employee's conditions of employment may also have occurred.

Disciplinary investigations into matters relating to a fraud or corruption allegation are managed by the HR department and are conducted in accordance with employment law. The Local Counter Fraud Specialist will liaise with the Human Resources Manager as appropriate during the investigation process.

The CCG will seek to achieve all possible sanctions on a case of proven fraud, in accordance with the NHS Protect guidance document: 'Countering Fraud in the NHS: Applying Appropriate Sanctions Consistently'.

The Local Counter Fraud Specialist has agreed a working protocol with the HR Department to ensure closer working and achieving maximum sanctions where appropriate.

3.5 Local Counter Fraud Specialist (LCFS)

The LCFS is responsible for taking forward all anti-fraud work locally in accordance with national standards. The LCFS reports directly to the CFO.

The adherence to NHS Protect standards is important in ensuring that the organisation has appropriate anti-fraud, bribery and corruption arrangements in place. The LCFS will seek to achieve the highest standards possible in their work.

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

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

The LCFS is a qualified professional criminal investigator. All allegations of fraud will be investigated in accordance with relevant criminal legislation including: the Fraud Act 2006, the Theft Act 1968, the Police and Criminal Evidence Act 1984, the Criminal Procedure and Investigations Act 1996 and the Regulation of Investigatory Powers Act 2000. Allegations of corruption will be referred to the Area Anti-Fraud Specialist for investigation in accordance with all appropriate legislation including the Acts listed above and the Bribery Act 2010.

The LCFS will advise the Chief Financial Officer on appropriate methods of recovering money lost to fraud and corruption. Where appropriate the LCFS will make evidence available to the organisation for use during financial recovery procedures. A formal protocol has been agreed which determines how losses identified by the LCFS should be recovered.

3.6 Area Anti-Fraud Specialists

Area Anti-Fraud Specialists (AAFSs) are the frontline face of NHS Protect for all health bodies within their region.

The AAFS is responsible for the management and vetting of all local investigation case files, evidence and witness statements submitted for the consideration of prosecutions.

AAFSs ensure that local investigations are conducted within operational and legislative guidelines to the highest standards for all allegations of fraud in the NHS. They provide help, support, advice and guidance to CFOs, LCFSs, Audit Committees and other key stakeholders in their region.

The AAFS allocates, supervises and monitors fraud referrals and notifications to the LCFS, provides support as to the direction of ensuing investigations as required and oversees the LCFS's performance.

The AAFS ensures 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.

3.7 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 employees 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 employees who do not comply with policies and procedures.

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

Managers should act upon fraud prevention material received from the LCFS, AAFS or NHS Protect and ensure that it is processed promptly and its desired aims are met. They should ensure that such material is seen by all their staff.

Managers should be familiar with the document 'A Manager's Guide to Managing the Risk of Fraud' which can be viewed at **Appendix A**.

3.8 All employees

All employees are required to comply with the organisation's policies and procedures 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. Everyone must accept responsibility and play their part in helping protect the organisation from these crimes.

Employees who are involved in or manage internal control systems should receive adequate training and support 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 LCFS and/or to NHS Protect as explained below.

3.9 Information management and technology

Use of technology can be monitored. The fraudulent use of information technology will be reported by the Head of Information Security (or equivalent) to the LCFS who will consider whether offences have been committed contrary to the Computer Misuse Act 1990.

4 The response plan

4.1 Bribery and corruption

The organisation has conducted risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect the organisation.

Proportionate procedures have been put in place to mitigate identified risks. All employees are required to be aware of the requirements of the CCGs Standards of Business Conduct Policy which is available under the 'Human Resources' policies section of the Intranet.

4.2. Reporting fraud, bribery or corruption

If fraud, bribery or corruption is suspected, the concern should be reported, promptly, to the organisation's LCFS, **Alec Gaines** on 07733 226824, or at alec.gaines@nhs.net. All reports are treated in confidence.

The matter can also be reported to the CCG's CFO, **Pam Hobbs**, on 01256 705504 or at pam.hobbs@northhampshireccg.nhs.uk

If there is a concern that the LCFS or the CFO themselves may be implicated in suspected fraud, bribery or corruption the matter can be reported to NHS Protect using the NHS Fraud and Corruption Reporting Line on free-phone 0800 028 40 60 or by filling in an online form at www.reportnhsfraud.nhs.uk. These reporting lines can also be used as an alternative to internal reporting procedures if employees wish to remain anonymous.

All reports of fraud and corruption will be taken seriously and thoroughly investigated.

4.3 Sanctions and redress

The CCG will seek all appropriate sanctions to be applied against those that commit fraud or act corruptly. Consideration will be given to four separate forms of sanction action in accordance with the NHS Protect guidance document 'Countering Fraud in the NHS: Applying Appropriate Sanctions Consistently'.

- **Civil** - civil sanctions can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.
- **Criminal** - the LCFS will work in partnership with NHS Protect, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.
- **Disciplinary** - disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act.
- **Professional body disciplinary** - If warranted, employees or contractors may be reported to their professional body as a result of an investigation.

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

5 Review

5.1 Monitoring and auditing of policy effectiveness

The effectiveness of this Policy will be measured by the amount of contact with the LCFS, the number of concerns reported. Staff awareness of the policy will be tested as part of the regular fraud awareness staff survey.

Dissemination of the policy

This Policy will be disseminated by the CCG's Communication and Engagement Manager. Information regarding the policy is also included within mandatory fraud awareness training delivered by the LCFS to all new employees.

5.3 Review of the policy

The policy will be reviewed by the LCFS every two years, or earlier should organisational change or revised guidance require it.

6.0 Training implications

6.1 All employees need to be aware of this policy and their responsibilities with regard to fraud. This will be achieved by:

- This policy being made available to all staff via the organisation's intranet
- Fraud awareness training sessions will be provided by the Local Counter Fraud Specialist.
- All new employees will be made aware of the Counter Fraud policy at induction either through presentation by the LCFS or the induction literature which will be part of their induction packs.

7.0 Contact information

| Position | Name | Telephone number | e-mail address / web address |
|-------------------------------------|-------------------|------------------|---|
| LCFS | Alec Gaines | 07733 226824 | alec.gaines@nhs.net |
| Chief Finance Officer | Pam Hobbs | 01256 705504 | Pam.hobbs@northhampshireccg.nhs.uk |
| Fraud and Corruption Reporting Line | NA | 0800 028 40 60 | www.reportnhsfraud.nhs.uk |
| Area Anti-Fraud Specialist | Nicole McLaughlin | 07715 369886 | nicole.McLaughlin@nhsprotect.gsi.gov.uk |

8.0 Useful links

Hampshire and Isle of Wight Fraud and Security Management Service

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www.nhsfraud.org

NHS Protect

<http://www.nhsbsa.nhs.uk/fraud>

APPENDIX A

A MANAGER'S GUIDE TO MANAGING THE RISK OF FRAUD

To: All Managers
CC: Internal Audit
External Audit
Risk Manager

Subject: Guidance on managerial action to reduce fraud risk

Author: Alec Gaines, Local Counter Fraud Specialist

Date: 21/07/2010 (revised 27/09/2012)

1.0 Background

1.1 Fraud is a significant problem within the NHS. Estimates have suggested annual losses of at least £260m nationally. The Local Counter Fraud Specialist (LCFS) is working continuously to create an 'anti-fraud culture' and to prevent, deter, detect and investigate fraud within the organisation.

1.2 While it is possible to reduce the risk of fraud it is impossible to eliminate that risk completely. It is essential that all employees remain vigilant and report any suspicions of fraud, confidentially to the LCFS.

1.3 This document highlights a number of basic actions that should be taken by every manager to ensure that any risk of fraud within their department is minimised. The table at the end of the document provides more detail of the most common types of fraud likely to affect the NHS, including the risks to an organisation and the action that should be taken to mitigate those risks. Managers should be mindful that the list is not exhaustive. Much of the advice is common sense, but the areas highlighted are those that are often identified as weak during counter fraud investigations.

2.0 Action to be taken

2.1 Managers should take action to ensure the following:

- They and their staff are familiar with and know where to find all appropriate rules and policies.
- Clear standards are set and enforced for all employees in areas which may be open to abuse, such as: timekeeping/recording of hours worked, sickness absence, making claims from finance or payroll, use of official resources etc.
- Clear standards are set and enforced for the completion of any document with a financial implication to the organisation, e.g. salary claim forms, expense claims, goods ordering forms, forms relating to the payment of invoices etc. The standards applied should include a requirement that forms should be completed in ink, legibly, accurately, and should not include overwriting, crossing out, alteration or the use of

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correction fluid. All forms with a financial implication should be appropriately signed and authorised, with names printed alongside the signature. All unused space on a financial document should be crossed through before authorisation. Forms that do not meet the required standard should be rejected and not authorised. Forms not meeting the required standard should be rejected by Finance/Payroll and returned to the authorising manager. If forms not meeting the required standard are continually received by Finance/Payroll from one authorising manager, the matter should be reported to the organisation's Chief Financial Officer.

2.2 Managers should be mindful of the following indicators which may give cause to suspect that fraud is being committed:

- Individuals that appear to lead a lifestyle which is inconsistent with their income levels
- Individuals that rarely take annual leave
- Individuals that are protective over particular areas of work, refusing to accept help, or to let others share responsibility or provide cover during an absence
- Individuals that frequently arrive for work early or stay late (possibly seeking privacy in which to carry out their actions)
- Individuals that demonstrate a weak sense of ethics may be equally willing to commit fraud
- A suspicion of other addictions (e.g. gambling, drugs or alcohol) which would require an increase in income to sustain

2.3 Any, or a combination of these MAY indicate fraud, however, it should be noted that these are indicators only and it would be inappropriate to prejudge any situation without full possession of the facts.

2.4 Further help and guidance can be obtained from your LCFS:

Mr Alec Gaines at:

01962 876655 or 07733 226824 or Alec.Gaines@hampshire.nhs.uk

Or on the counter fraud web pages:

www.hampshire.nhs.uk/fraud

Suspicions of fraud can also be reported via:

The National NHS Fraud and Corruption Reporting Hotline - 0800 028 4060

NHS Fraud Reporting Website - www.reportnhsfraud.nhs.uk

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| Type of fraud | Examples | Risks | Prevention Measures | Deterrence Measures | Detection Measures |
|---------------------------|--|--|--|---|--|
| Payroll fraud | Employees submitting false claims for: hours worked excess hours enhancements overtime travel claims bank work | Managers failing to conduct appropriate checks prior to authorisation Managers/payroll/finance accepting sub standard form completion standards Inadequate/unclear policies Managers/staff not fully understanding rules/policies Password security Forged documents/signatures | Managers carrying out appropriate checks Payroll aware of risks and checking/ reporting anomalies Risk management Internal Audit work Local Fraud Prevention Notices | High fraud awareness Circulation of relevant case studies Circulation of Fraud Matters Circulation of other fraud material, e.g. NHS Protect publicity News coverage of successful cases | Proactive Counter Fraud Work Internal Audit work Close liaison with Payroll Manager and staff National Fraud Initiative (Audit Commission data matching exercise) |
| Working while sick | Employees working for second employer while receiving sickness pay from the organisation | Managers failing to manage sickness absence appropriately Failure to conduct back to work interviews Failure to record sickness absence correctly Employees failing to report concerns | Correct application of Sickness Absence Policy Application of recommendations from Local Fraud Briefing Notice 02/2012-2013 Local Fraud Alerts | High fraud awareness Circulation of relevant case studies Circulation of Fraud Matters Circulation of other fraud material, e.g. NHS Protect publicity News coverage of successful cases | Publicity of local and national fraud reporting procedures National Fraud Initiative (Audit Commission data matching exercise) |
| Health tourism | Persons from abroad obtaining free NHS treatment | Failure of Admissions staff to check eligibility of all patients for NHS free treatment | Correct application of DOH regulations on treating persons from abroad Overseas patient manager | News publicity of successful cases | Liaison between Overseas Patient manager and LCFS Liaison between LCFS and UK Borders Agency |

| Type of fraud | Examples | Risks | Prevention Measures | Deterrence Measures | Detection Measures |
|------------------------------------|---|---|---|---|--|
| Internal fraud | <ul style="list-style-type: none"> Manipulation of internal systems Budget abuse Procurement fraud Abuse of Charitable Funds | <ul style="list-style-type: none"> Non segregation of duties Poor password security Inadequate management of internal financial systems Managers not understanding budget statements Failure to apply secure management checking processes Lack of appropriate management of charitable funds Employees dealing with donations inappropriately Lack of knowledge of SFI | <ul style="list-style-type: none"> Segregation of duties Employee and management training Risk Management Local Fraud Prevention Notices Recommendations from Internal Audit | <ul style="list-style-type: none"> High fraud awareness Circulation of relevant case studies Circulation of Fraud Matters Circulation of other fraud material, e.g. NHS Protect publicity News coverage of successful cases | <ul style="list-style-type: none"> Internal Audit work Local proactive detection work National proactive exercises |
| Employment propriety checks | <ul style="list-style-type: none"> Job applicants using false identity Job applicants declaring false qualifications or employment history Job applicants providing false references Job applicants failing to declare criminal convictions or previous disciplinary action | <ul style="list-style-type: none"> Employment of unsuitable or unqualified candidates Weak verification process | <ul style="list-style-type: none"> Correct application of HR recruitment procedures | <ul style="list-style-type: none"> High fraud awareness Circulation of relevant case studies Circulation of Fraud Matters Circulation of other fraud material, e.g. NHS Protect publicity News coverage of successful cases | <ul style="list-style-type: none"> Internal Audit work Regular LCFS liaison with HR LCFS liaison with UK Borders Agency re suspected false documents Local Fraud Alerts |

| Type of fraud | Examples | Risks | Prevention Measures | Deterrence Measures | Detection Measures |
|------------------------------|---|--|---|---|---|
| Overpayment of salary | Employee failing to report obvious overpayment of salary (technically theft but dealt with by LCFS) | Lack of overpayment policy, or appropriate paragraphs in contract of employment Financial loss Cost of recovery Negative publicity Manager's lack of understanding budget statements | Management of overpayments by Payroll Manager Local Counter Fraud overpayment project Local Counter Fraud Briefing Notice 02-2012/2013 LCFS can investigate obvious unreported overpayments as theft cases Paragraph added to contract of employment stating that overpayments must be repaid | High fraud awareness Circulation of relevant case studies Circulation of Fraud Matters Circulation of other fraud material, e.g. NHS Protect publicity News coverage of successful cases | Internal Audit work Regular LCFS liaison with Payroll Manager Managers conducting regular budget checks |
| Corruption | Individuals awarding contracts to companies with which they hold a financial or personal interest Acceptance of gifts in return for contacts | Significant financial risk Not achieving value for money Corporate liability if someone working for the organisation offers a bribe in the course of their duties | Organisation's tendering rules contained within SFI Register of interests Gifts and Hospitality Register Bribery Act material provided by NHS Protect and LCFS | High fraud awareness Circulation of relevant case studies Circulation of Fraud Matters Circulation of other fraud material, e.g. NHS Protect publicity News coverage of successful cases | Internal Audit work Local Fraud Detection Exercises National Proactive Exercises |

| Type of fraud | Examples | Risks | Prevention Measures | Deterrence Measures | Detection Measures |
|---|---|--|--|--|--|
| NHS employees undertaking private work in NHS time | Clinicians and other staff undertaking private work in NHS time using NHS resources Individuals using NHS time to run private businesses | Loss of resource and staff time | Correct application of organisation's Standards of Business Policy Appropriate management of clinicians and other staff | High fraud awareness Circulation of relevant case studies Circulation of Fraud Matters Circulation of other fraud material, e.g. NHS Protect publicity News coverage of successful cases | Internal Audit work Local Fraud Detection Exercises National Proactive Exercises Appropriate management of clinicians and other staff |
| Patient fraud | False claims for reimbursement of travel expenses Theft and forgery of prescriptions to obtain inappropriate drugs | Failure to verify expense claims, check receipts etc. Poor prescription security Lack of awareness of Pharmacy staff | Robust checking procedures Application of NHS guidance on best practice re prescription security Electronic prescribing Awareness of Pharmacy staff | News publicity of successful cases | Internal Audit work Awareness of Finance and Cashiers staff Awareness of Pharmacy staff |

Part 1 – Equality & Diversity Pre-Assessment Checklist

You will need to complete this impact assessment for all new policies etc. You will only need to complete this assessment for policy reviews where the policy has been fundamentally changed or where an assessment has not been previously completed.

The Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

| | |
|--|---|
| Policy/procedure/function | Anti-Fraud Bribery and Corruption |
| Date of assessment: | 01/12/2015 |
| Name and job title of person completing the assessment: | Alec Gaines, Local Counter Fraud Specialist |
| Department: | Counter Fraud |
| Intended equality outcomes: | |

| | |
|---|--|
| Who was involved in the consultation of this document? | Richard Clarke, Head of Business Development & Emergency/Business Continuity Planning Lead Debbie Broughall, Business Development Manager |
|---|--|

Please describe the positive and any potential negative impact of the policy on service users or staff. Please refer to section 4, item 3 of the guidance document. In the case of negative impact, please indicate any measures planned to mitigate against this by completing stage 2. Supporting Information can be found by following the link: www.legislation.gov.uk/ukpga/2010/15/contents

| Protected Characteristic | Positive impact | Negative impact |
|---------------------------------|------------------------|------------------------|
| Race | None | None |
| Sex | None | None |
| Sexual Orientation | None | None |

| Protected Characteristic | Positive impact | Negative impact |
|---|------------------------|------------------------|
| Disability | None | None |
| Religion or Belief | None | None |
| Gender Reassignment | None | None |
| Pregnancy & Maternity | None | None |
| Marriage & Civil Partnership | None | None |
| Age | None | None |
| Other | None | None |