

Trust Board Paper W

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 4 June 2015

**COMMITTEE:** Audit Committee

**CHAIR:** Mr R Moore, Non-Executive Director

**DATE OF MEETING:** 27 May 2015

This report is provided for the Trust Board's information in the absence of the formal Minutes, which will be submitted to the Trust Board on 2 July 2015.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- **Draft Statutory Accounts 2014-15** – please see separate briefing sheet (paper J).
- **Counter Fraud and Corruption Policy** – endorsed by the Audit Committee and recommended onto the Trust Board for formal approval (please see Appendix A – for the purpose of formal Trust Board approval).
- **Prevention of Bribery Policy** – endorsed by the Audit Committee and recommended onto the Trust Board for formal approval (please see Appendix B – for the purpose of formal Trust Board approval).
- **Draft Annual Quality Account 2014-15 and Statement of Director Responsibilities** – the Statement of Director Responsibilities in respect of the 2014/15 Quality Account was endorsed by the Audit Committee for onward recommendation to the Trust Board for formal approval.

**SPECIFIC DECISIONS:**

- None.

**DISCUSSION AND ASSURANCE:**

- **Matters Arising** – an update will be provided to the September 2015 meeting of the Audit Committee on the governance arrangements in relation to Empath and the development of the Private Patient Strategy.
- **Trust's Approach to Salary Overpayments** – a report was received and noted which outlined the processes in place and initiatives for minimising the risk of leavers continuing to be paid and / or accessing IT systems. The element of the ISA 260 work relating to payroll which was currently being undertaken by External Audit is due to be reported to the Audit Committee meeting in September 2015.
- **Internal Audit Review Reports:**
  - **Review of Overseas Patients** – a report detailing the findings of Internal Audit's 2014/15 review of Overseas Patients was received and noted. The actions arising from this review will be monitored at future Audit Committee meetings.
  - **Review of Quality Commitment** – a report detailing the findings of Internal Audit's

2014/15 review of the Quality Commitment was received and noted.

- **Referral to Treatment Review** – a report detailing the findings of Internal Audit’s 2014/15 review of Referral to Treatment was received and noted. A further update will be provided at the September 2015 Audit Committee meeting.
- **Staff Rostering Review** – a report detailing the findings of Internal Audit’s 2014/15 review of implementation of the e-rostering system was received and noted. Particular findings of this audit, in relation to project control issues and the current lack of an identified Executive Lead, required immediate action as follows: (1) the Director of Finance undertook to chase progress against the actions associated with the recommendations of the audit to ensure these had been implemented (2) the Chief Executive undertook to introduce a mechanism to actively track actions arising from reports of areas deemed of strategic / high importance (in addition to the system already in place for tracking overdue actions) (3) to invite Project Leads to attend future meetings of the Audit Committee to discuss such reports, where relevant and (4) **to highlight this specific internal audit report to the Trust Board at its meeting on 4 June 2015**, and
- **R & D Review** – a report detailing the findings of Internal Audit’s 2014/15 review of Research and Development was received and noted.
- **Internal Audit Progress Report** – a report detailing an update on progress made against the 2015/16 Internal Audit Risk Assessment and Plan was received and noted. Two specific actions were agreed: (1) to develop a means of tracking all audit related actions (whether arising from internal audits, external audits, reviews from the Counter Fraud Specialist or other audits/investigations) via one mechanism and (2) to commence a process of performance managing progress against the implementation of audit recommendations at future meetings of the Executive Performance Board.
- **Internal Audit Year-End Report and Head of Internal Audit Opinion 2014/15** – a report detailing Internal Audit’s annual audit opinion for 2014/15 was received and noted. The annual audit opinion was based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control. The Internal Audit opinion was as follows: there are weaknesses in the framework of governance, risk management and control which potentially put the achievement of organisational objectives at risk and / or there is non-compliance with control that may put the achievement of organisational objectives at risk. Improvements are required in those areas to enhance the adequacy and / or effectiveness of governance, risk management and control.
- **UHL Risk Report (incorporating the Strategic Risk Register / Board Assurance Framework) for the period ending 30 April 2015** – a report providing an update in relation to the development of the UHL 2015/16 BAF and assurance in relation to the effectiveness of risk management processes within UHL was received and noted. It was acknowledged that this was an iterative document which would be continually updated, and the need to agree further development of the way in which the Trust utilised the BAF was recognised.
- **Local Security Management Report** – a report providing an update on the progress of local actions to achieve compliance with the ‘NHS Protect’ security management standards was received and noted. It was agreed that progress would be reviewed again at the September 2015 meeting of the Audit Committee.
- **Counter Fraud Progress Report** – a report detailing progress against the 2015/16 Counter Fraud, Bribery and Corruption Work plan was received and noted.
- **Counter Fraud Annual Report 2014/15** – the Counter Fraud Annual Report for 2014/15, providing details of work undertaken as part of the 2014/15 Counter Fraud, Bribery and Corruption Work Plan was received and noted.
- **Review of the Trust’s Annual Self-Assessment Against NHS Protect’s Standards** – the Local Counter Fraud Specialist provided a verbal update on the anticipated outcome of the review of the Trust’s Annual Self-Assessment against NHS Protect’s Standards. This work, once finalised, would require signing off by the Director of Finance. An action plan to facilitate the tracking of progress against the identified actions is to be submitted to the Audit Committee in September 2015.
- **Discretionary Procurement Actions** – a report detailing discretionary procurement actions for the period March to April 2015, in line with the Trust’s Standing Orders, was received and noted.
- **Losses and Special Payments** – a report detailing losses and special payments for 2014/15 (as would also form part of the Annual Accounts 2014/15) was received and noted.

- **Board and Board Committee Governance** – a report detailing proposed changes to the Trust Board and Board Committee reporting arrangements was received and noted. This item was also scheduled for discussion at the Trust Board meeting of 4 June 2015.
- **Quality Assurance Committee** – the Minutes of meetings of the Quality Assurance Committee held on 26 February 2015, 26 March 2015 and 30 April 2015 were received and noted;
- **Integrated Finance Performance and Investment Committee** - the Minutes of meetings of the Integrated Finance Performance and Investment Committee held on 26 February 2015, 26 March 2015 and 30 April 2015 were received and noted.
- **Charitable Funds Committee** - the Minutes of the Charitable Funds Committee meeting held on 2 April 2015 was received and noted.
- **Planning Letter and Scale of Fees for UHL 2015/16 External Audit Services** – the letter sent from External Audit to the Trust’s Chief Executive confirming the audit work and proposed fee for 2015/16 was received and noted.

**DATE OF NEXT COMMITTEE MEETING:** 3 September 2015.

Mr R Moore – Committee Chair

27 May 2015

<b>To:</b>	Audit Committee						
<b>From:</b>	DIRECTOR OF CORPORATE AND LEGAL AFFAIRS						
<b>Date:</b>	27 <sup>th</sup> May 2015						
<b>Title:</b>	<b>COUNTER FRAUD AND CORRUPTION POLICY</b>						
<b>Author/Responsible Director:</b>	Director of Corporate and Legal Affairs						
<b>Purpose of the report:</b>	To invite the Audit Committee to consider the attached Counter Fraud and Corruption Policy and recommend it to Trust Board for approval.						
<b>The report is provided to the Audit Committee for:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Decision <span style="float: right;">√</span></td> <td style="width: 50%; padding: 5px;">Discussion</td> </tr> <tr> <td style="padding: 5px;">Assurance</td> <td style="padding: 5px;">Endorsement</td> </tr> </table>			Decision <span style="float: right;">√</span>	Discussion	Assurance	Endorsement
Decision <span style="float: right;">√</span>	Discussion						
Assurance	Endorsement						
<b>Summary:</b>	The attached Policy has been prepared by the Assistant Director of Corporate and Legal Affairs (Head of Legal Services) in consultation with the Local Counter Fraud Specialist. It is intended that the attached Policy will supersede the Trust's existing Policy on Fraud.						
<b>Recommendations:</b>	To consider and approve the attached Counter Fraud and Corruption Policy and recommend it to the Trust Board for approval.						
<b>Strategic Risk Register:</b>	N/A	<b>Performance KPIs year to date:</b>	N/A				
<b>Resource implications (e.g. Financial, HR):</b>	As set out in the Counter Fraud Plan 2015/16.						
<b>Assurance implications:</b>	N/A						
<b>Patient and Public Involvement (PPI) implications:</b>	N/A						
<b>Equality impact:</b>	N/A						
<b>Information exempt from disclosure?</b>	N/A						
<b>Requirement for further review?</b>	N/A						

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO:           AUDIT COMMITTEE**

**DATE:                 27<sup>th</sup> MAY 2015**

**REPORT BY:         DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

**SUBJECT:             COUNTER FRAUD AND CORRUPTION POLICY**

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1.     Background

- 1.1    A new Counter Fraud and Corruption Policy is appended to this report for consideration by the Committee and onward recommendation to the Trust Board for approval.
- 1.2    The new Policy supersedes the Trust's existing Policy on Fraud (April 2011).
- 1.3    The new Policy has been prepared by the Assistant Director of Corporate and Legal Affairs (Head of Legal Services) in consultation with the Local Counter Fraud Specialist.

2.     Recommendations

- 2.1    The Audit Committee is invited to consider and approve the attached Counter Fraud and Corruption Policy and recommend it to the Trust Board for approval.

Stephen Ward  
Director of Corporate and Legal Affairs

21 May 2015

## Counter Fraud and Corruption Policy

<b>Approved By:</b>	Audit Committee/Trust Board
<b>Date Originally Approved:</b>	April 2010
<b>Trust Reference:</b>	TBC
<b>Version:</b>	2
<b>Supersedes:</b>	UHL Policy on Fraud (April 2010)
<b>Author / Originator(s):</b>	Steve Murray, Assistant Director of Corporate and Legal Affairs (Head of Legal Services)
<b>Name of Responsible Committee/Individual:</b>	Paul Traynor, Director of Finance
<b>Latest Approval Date</b>	4 June 2015
<b>Next Review Date:</b>	April 2018

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## **REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

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V1. This is the first version of this policy.

## **KEY WORDS**

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*Fraud, bribery, corruption, crime*

## **1 INTRODUCTION**

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University Hospitals of Leicester NHS Trust has zero tolerance to fraud, bribery and corruption within the organisation.

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

Any apparent fraud, bribery, corruption or financial irregularity will be investigated and disciplinary action, including reference to any relevant professional organisation, will be taken. Cases will be referred for formal investigation where there is prima facie evidence of a criminal offence. Where disciplinary action is taken, this will follow the Trust disciplinary policy.

Criminal and civil prosecutions from individuals found to have committed fraud, bribery or corruption will be pursued.

The seeking of financial redress and recovery of losses will always be considered in cases of fraud, bribery or corruption that are investigated by either the Local Counter Fraud Specialist (LCFS) or the NHS Protect National Investigation Team. Recovery of the loss caused by the perpetrator will always be sought.

Redress allows resources that are lost to fraud, bribery and corruption to be returned to the NHS for use as intended for the provision of high quality patient care and services.

All staff have a duty to protect the assets of the Trust and also to cooperate with any investigation and the Board recommends anyone having suspicions of fraud, bribery or corruption to report them. All reasonably held suspicions will be taken seriously.

We must all work together to be effective in reducing fraud, bribery and corruption to an absolute minimum.

The Trust recognises the potential impact on individuals who have been affected by fraud, bribery or corruption within their working environment, therefore support and advice will be made available.

For concerns which relate to fraud, bribery or corruption these should be reported through the provisions within this policy, rather than through the whistleblowing policy.

## **2 POLICY AIMS**

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This policy is intended to assist all staff within the Trust on countering fraud, bribery and corruption (collectively referred to within this policy as financial crime). It details the Trust's commitment to the proper use of public funds and outlines roles and responsibilities for the prevention of fraud, bribery and corruption within University Hospitals of Leicester NHS Trust, in addition to the approach to be taken regarding matters of suspected financial crime.

### 3 POLICY SCOPE

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This policy applies to all Trust Staff whenever they consider that they have, or may have, identified fraud. NHS Trust policies also apply to contractors who are working for the Trust.

This policy does not apply to issues of bribery which are covered in the Trust's Prevention of Bribery Policy and also does not apply to the accepting of gifts or hospitality which does not constitute bribery for which see the Trust's Code of Business Conduct for Trust Staff.

### 4 DEFINITIONS

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#### 4.1 **Fraud** involves dishonestly:

- Making a false representation; or
- Failing to disclose information; or
- Abusing a position held;

with the intention of making a gain for oneself or causing a loss to another.-

See Appendix 1 for common examples.

#### 4.2 **Other Fraud-related Offences**

The following offences are not contained in the Fraud Act 2006 but may nevertheless be used to prosecute in cases of fraud against University Hospitals of Leicester NHS Trust:

- Conspiracy to defraud
- Forgery & Counterfeiting
- Dishonestly retaining a wrongful credit
- Computer misuse

#### 4.3 **Bribery**

Bribery 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.

The Bribery Act 2010 replaces the fragmented and complex offences in common law and in the Prevention of Corruption Acts 1889-1916. There are two general offences of bribery within the Act:

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

The Act also introduced a new corporate offence of negligently failing by a company or limited liability partnership to prevent bribery being given or offered by an employee or agent on behalf of that organisation. University Hospitals of Leicester NHS Trust (in common with other NHS Provider bodies) falls under the definition of a 'company' for the purposes of the Act.

## **5 ROLES AND RESPONSIBILITIES**

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### **5.1 Chief Executive**

As the University Hospitals of Leicester NHS Trust Accountable Officer, the Chief Executive has overall responsibility for funds entrusted to the Trust. The Chief Executive must ensure that adequate policies and procedures are in place to protect the Trust and the funds it receives from fraud, bribery and corruption.

### **5.2 Director of Finance**

The Director of Finance has overall responsibility for ensuring that counter fraud, bribery and corruption arrangements are in place. A key element of these responsibilities is to ensure that there is counter fraud, bribery and corruption awareness across the organisation and that all suspected instances of financial crime are appropriately investigated.

### **5.3 Internal and External Audit**

The Trust internal and external auditors review and report on the adequacy of Trust controls and systems and ensure compliance with financial instructions. They have a duty to report any suspicions of fraud, bribery or corruption identified during the course of their work to the Trust LCFS.

### **5.4 Director of Human Resources/Director of Workforce and OD**

The Director of Human Resources has responsibility for the provision of advice, guidance and support to University Hospitals of Leicester NHS Trust managers and officers investigating disciplinary matters. All disciplinary matters which involve suspected fraud, bribery or corruption offences will also be subject to parallel criminal investigation by the Trust Counter Fraud Specialist. The Director of Human Resources/Director of Workforce and OD shall ensure that a liaison protocol is in place which details arrangements for the conduct of parallel disciplinary and criminal investigations.

### **5.5 Local Counter Fraud Specialist (LCFS)**

The LCFS is responsible for taking forward all counter fraud, bribery and corruption work within the Trust in accordance with NHS Protect Standards for Providers: Fraud, Bribery and Corruption and this policy. The LCFS reports to the Director of Finance and the Trust's Audit Committee.

The LCFS must be professionally trained and accredited to conduct counter fraud, bribery and corruption work. All criminal investigations undertaken by the LCFS are conducted in accordance with relevant legislation. Further Background information is contained in Appendix 2.

## 5.6 Managers

All University Hospitals of Leicester NHS Trust managers are responsible for ensuring compliance with Trust policies, procedures and processes applicable to their area of work, for applying controls to prevent financial crime and for identifying and reporting to the LCFS any identified weaknesses which might allow fraud, bribery or corruption to occur. Managers are also responsible for ensuring that staff are aware of what constitutes fraud, bribery and corruption within the NHS and that they understand the importance of protecting the Trust from it.

Managers must report any instances of actual or suspected fraud, bribery and corruption (in accordance with section 6.6 of this policy) immediately concerns are identified or brought to their attention and refrain from undertaking any investigations of financial crimes themselves.

## 5.7 Employees

It is the responsibility of all staff to ensure that they comply with this, and all other Trust policies and procedures relevant to their area of work and to ensure that they recognise fraud, bribery and corruption, which might occur within the organisation.

Fraud, bribery and corruption training is available to all staff through eLearning, completion of workbooks and face to face presentations. The eLearning module is available via eUHL. Face to face presentations can be arranged by contacting the LCFS on 0116 225 6122.

Countering fraud, bribery and corruption is the responsibility of all Trust staff. All individuals within the organisation are responsible for reporting any concerns regarding fraud, bribery and corruption immediately they arise (in accordance with section 6.6 of this policy).

## 6 POLICY STATEMENTS

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In accordance with Ministry of Justice guidance, University Hospitals of Leicester NHS Trust has undertaken a risk assessment to determine the extent to which bribery and corruption may affect the Trust. Proportionate procedures in place to mitigate the identified risk include the following requirements:

### 6.1 Interaction with the Code of Business Conduct Policy

- All staff must disclose their business interests, prior to commencement of employment with University Hospitals of Leicester NHS Trust
- All staff must declare hospitality (other than modest hospitality) received by or offered to them as University Hospitals of Leicester NHS Trust employees;
- All hospitality (other than extremely minor hospitality) provided by University Hospitals of Leicester NHS Trust staff to third parties must be declared; and
- Staff must not solicit personal gifts and must declare all gifts received (in excess of £25 in value).

Guidance regarding the above requirements can be found in the Trust Code of Business Conduct Policy.

## **6.2 Compliance with the NHS Protect Standards**

In compliance with NHS Protect Standards for Providers: Fraud, Bribery and Corruption, University Hospitals of Leicester NHS Trust) will minimise losses to financial crime through:

### **6.2.1 Creating a strong counter fraud, bribery and corruption culture**

All staff have a responsibility to protect our organisation and its resources. Trust staff, professionals, managers and policy makers, must work together to raise awareness of the Trust zero tolerance approach to fraud, bribery and corruption, to report concerns and enforce the message to any dishonest minority that such matters are not acceptable within the NHS and will be dealt with accordingly.

The most effective deterrent will come from those of us within the NHS who value the service provided and disapprove of those who abuse the system through fraud, bribery, corruption and other dishonest acts. In addition, publicity surrounding counter fraud, bribery and corruption work will deter some who perpetrate or consider perpetrating related offences. University Hospitals of Leicester NHS Trust will publicise successful investigation outcomes both internally and externally as appropriate in order to aid the deterrent effect.

### **6.2.2 Proactively preventing and detecting fraud, bribery and corruption**

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

All staff must be aware of and comply with University Hospitals of Leicester NHS Trust Standing Financial Instructions (SFIs), Code of Business Conduct for Staff Policy, Employment Policies, and their related requirements to declare relevant information.

## **6.3 Conducting professional investigations of all instances of suspected fraud, bribery and corruption**

Criminal offences of fraud, bribery or corruption will be investigated in a professional, objective and timely manner by an accredited NHS LCFS. Parallel internal investigations may also be carried out by University Hospitals of Leicester NHS Trust managers (supported by the Human Resources Team) as part of disciplinary procedures. Such parallel investigations will be conducted in accordance with the agreed HR/LCFS liaison protocol.

## **6.4 Applying effective sanctions**

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

## **6.5 Seeking effective redress**

Redress allows resources that are lost to fraud, bribery and corruption to be returned to the NHS for use as intended for the provision of high quality patient care and services. The Trust will consider initiating civil recovery action if this is cost-effective and desirable for deterrence purposes. This could involve a number of options such as applying through the Small Claims Court and/or recovery through debt collection agencies. Each case will be discussed by LCFS with the Director of Finance to determine the most appropriate action.

## **6.6 Reporting Fraud, Bribery and Corruption**

If fraud, bribery or corruption is discovered or suspected it must immediately be reported directly to the LCFS, the Trust Director of Finance or NHS Protect. Contact details are as follows:

### **LCFS**

Matthew Curtis      Tel: 0116 225 6122  
Mobile: 07920 138329  
Email: [matthew.curtis1@nhs.net](mailto:matthew.curtis1@nhs.net)

### **Director of Finance & Business Services**

Paul Traynor      Tel: 0116 258 8557  
Mobile:  
Email: [paul.traynor@uhl-tr.nhs.uk](mailto:paul.traynor@uhl-tr.nhs.uk)

If there is a concern that the LCFS or the Director of Finance and Business Services is, themselves, implicated in suspected fraud, bribery or corruption then the concerns should be reported directly to NHS Protect.

### **NHS Protect**

Fraud and Corruption Reporting Line      Tel: 0800 028 40 60 (Freephone)  
Secure Website      [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

You do not have to tell us who you are when raising concerns under this policy however, this may make it more difficult for your concerns to be investigated.

## **6.7 Acting on Your Suspicions – The Dos and Don'ts**

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

### **DO**

- Note your concerns

Make an immediate note of your concerns – note all relevant details, such as the nature of your concerns, names, dates, times and 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 of available evidence and immediately advise the LCFS.

- Report your suspicions

Deal with the matter promptly – any delay may cause University Hospitals of Leicester NHS Trust to suffer further financial loss.

## **DON'T**

- Confront the suspect or convey your concerns to anyone other than the LCFS, Trust Director of Finance and Business Services or NHS Protect.
- Try to investigate the matter yourself

Never attempt to gather evidence yourself unless it is about to be destroyed or could be tampered with. Gathering evidence must be done in line with legal requirements in order for it to be useful. The LCFS will conduct any investigation in accordance with relevant legislation.

- Be afraid of raising your concerns

The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer any recrimination from the Trust as a result of voicing a reasonably held suspicion. The Trust will treat any matter raised with sensitivity and confidentiality.

- Do nothing

## **7 EDUCATION AND TRAINING REQUIREMENTS**

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The LCFS has produced an eLearning module for completion by all Trust staff. The module can be found on eUHL and every staff member should complete the module at least every three years.

Further eLearning modules are produced for specific staff groups (such as HR and budget holders) to provide role-specific information and these will be distributed to staff as determined by the LCFS and Director of Finance.

Additionally, fraud, bribery and corruption training is available to all staff through completion of workbooks and face to face presentations. Face to face presentations can be arranged by contacting the LCFS on 0116 225 6122.

## PROCESS FOR MONITORING COMPLIANCE

### 8.1 Monitoring

Monitoring and/or Audit				
Measurables	Lead Officer	Frequency	Reporting to	Action Plan/Monitoring
Delivery of Counter Fraud, Bribery and Corruption Plan	LCFS	Quarterly	Audit Committee	Audit Committee
Staff fraud, bribery and corruption survey	LCFS	Annually	Audit Committee	Audit Committee
Trust self-review against NHS Protect Provider standards	LCFS	Annually	Audit Committee	Audit Committee

## 9 EQUALITY IMPACT ASSESSMENT

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- 9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 10 LEGAL LIABILITY

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The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their CBU to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: Head of Legal Services on 0116 258 8960.

## **11 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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*Part of the Policy development should be to review other similar documents and published literature in order to ensure the Policy & Guidelines (P&G) Committee recommendations are based on latest evidence.*

*Policy documents should include details of any evidence used, this will be particularly relevant to clinical policies.*

*Any supporting Policies or Guidelines referred to in the P&G document should be 'signposted'.*

*Key supporting references should be cited in full and should include name of author, title of article / book and publisher / date of publication*

*Provide details of supporting references and the type of evidence used, as applicable.*

## **12 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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The policy will be reviewed in accordance with the requirements of the Policy and Guideline Committee and updated as necessary. It will be archived on SharePoint

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

**(This is not an exhaustive list; for other types of fraud, bribery or corruption offences please contact the LCFS for advice).**

**Employment:** Presenting forged certificates of qualification to obtain employment; claiming for overtime or shifts not worked; taking sick leave and undertaking unauthorised work for another organisation whilst in receipt of sick pay; claiming expenses (such as travel) when it has not been incurred; falsification of references for a job application; claiming time for college/training but not actually attending; knowingly failing to report and retaining salary or other payments not entitled to; non declaration of criminal convictions.

**Patients Monies:** Falsifying patients' monies records to obtain cash and property.

**Pharmaceuticals:** Presentation of forged prescriptions; falsely presenting oneself as another to receive prescription items; receiving free prescriptions through fraudulently claiming entitlement to exemptions from a charge; Pharmacists substituting an expensive drug with a cheaper alternative and making claims for the more expensive one; writing prescriptions for own use.

**Procurement:** Price fixing or price hiking by suppliers; invoicing for products not supplied; over invoicing; supplying unsolicited goods or products.

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

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

**Health Tourism:** A foreign national travelling to the UK with the intention of receiving free healthcare treatment to which they know they are not entitled.

## **NHS Protect**

NHS Protect has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption in the NHS. The Trust is required to undertake counter fraud, bribery and corruption work in accordance with NHS Protect guidance and in support of the NHS Protect strategy, 'Tackling Crime Against the NHS: A Strategic Approach'. Further information regarding the role of NHS Protect can be found by visiting [www.nhsbsa.nhs.uk/fraud](http://www.nhsbsa.nhs.uk/fraud).

## **NHS Protect Anti-Crime Strategy**

NHS Protect supports the NHS and providers of NHS funded healthcare services to meet its commitments as set out in the NHS Constitution. In particular, it strives to ensure that care can be delivered and received in a safe and secure place and that precious and finite resources, provided by the taxpayer, are used effectively in delivering good quality healthcare.

NHS Protect has five strategic aims:

- To provide national leadership for all NHS anti-crime work by applying an approach that is strategic, coordinated, intelligence-led and evidence based.
- To work in partnership with the Department of Health, commissioners, providers and key stakeholders to coordinate the delivery of NHS Protect work and to take action against those who commit offences against the NHS.
- To establish a safe and secure environment that has systems and policies in place to: protect NHS staff from violence, harassment and abuse; safeguard NHS property and assets from theft, misappropriation or criminal damage; and protect resources from fraud, bribery and corruption.
- To lead, within a clear professional and ethical framework, investigations into serious, organised and/or complex financial irregularities and losses which give rise to suspicions of fraud, bribery or corruption.
- To quality assure the delivery of anti-crime work within stakeholders to ensure the highest standard is consistently applied.

## **NHS Protect Area Anti-Fraud Specialists (AAFS)**

Each region has an AAFS, who is responsible for the allocation of fraud referrals and notifications to LCFSs in their region. They also supervise and monitor fraud referrals and LCFS investigations to ensure that they are conducted within operational and legislative guidelines and to the highest standards. This includes reviewing investigation files which are to be submitted for consideration of prosecution.

AAFSs ensure that all information and intelligence gained from LCFS work is reported and escalated as appropriate at both local and national level so that financial crime trends can be mapped and used to fraud-proof future policies and procedures. They also provide help, support, advice and guidance to Directors of Finance, LCFSs, Audit Committees and other key stakeholders.

### **NHS Protect National Investigation Team (NIT)**

The National Investigation Team supports organisations' LCFSs by dealing with particularly complex investigations, cross boundary frauds, bribery or corruption and/or investigations which have national importance. The LCFS may refer matters to the National Investigation Team via their AAFS.

<b>To:</b>	Audit Committee						
<b>From:</b>	DIRECTOR OF CORPORATE AND LEGAL AFFAIRS						
<b>Date:</b>	27 <sup>th</sup> May 2015						
<b>Title:</b>	<b>PREVENTION OF BRIBERY POLICY</b>						
<b>Author/Responsible Director:</b>	Director of Corporate and Legal Affairs						
<b>Purpose of the report:</b>	To invite the Audit Committee to consider the attached Prevention of Bribery Policy and recommend it to Trust Board for approval.						
<b>The report is provided to the Audit Committee for:</b>	<table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 5px;">Decision <span style="float: right;">√</span></td> <td style="border: 1px solid black; padding: 5px;">Discussion</td> </tr> <tr> <td style="border: 1px solid black; padding: 5px;">Assurance</td> <td style="border: 1px solid black; padding: 5px;">Endorsement</td> </tr> </table>			Decision <span style="float: right;">√</span>	Discussion	Assurance	Endorsement
Decision <span style="float: right;">√</span>	Discussion						
Assurance	Endorsement						
<b>Summary:</b>	The attached Policy has been prepared by the Assistant Director of Corporate and Legal Affairs (Head of Legal Services) in consultation with the Local Counter Fraud Specialist. It is intended that the attached Policy will supersede the Trust's existing Policy on Prevention of Bribery.						
<b>Recommendations:</b>	To consider and approve the attached Prevention of Bribery Policy and recommend it to the Trust Board for approval.						
<b>Strategic Risk Register:</b>	N/A	<b>Performance KPIs year to date:</b>	N/A				
<b>Resource implications (e.g. Financial, HR):</b>	As set out in the Counter Fraud Plan 2015/16.						
<b>Assurance implications:</b>	N/A						
<b>Patient and Public Involvement (PPI) implications:</b>	N/A						
<b>Equality impact:</b>	N/A						
<b>Information exempt from disclosure?</b>	N/A						
<b>Requirement for further review?</b>	N/A						

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO:           AUDIT COMMITTEE**

**DATE:                 27<sup>th</sup> MAY 2015**

**REPORT BY:         DIRECTOR OF CORPORATE AND LEGAL AFFAIRS**

**SUBJECT:             PREVENTION OF BRIBERY POLICY**

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1.    Background

- 1.1   An updated Prevention of Bribery Policy is appended to this report for consideration by the Committee and onward recommendation to the Trust Board for approval.
- 1.2   The updated Policy supersedes the Trust's existing Policy on Prevention of Bribery (July 2011).
- 1.3   The new Policy has been prepared by the Assistant Director of Corporate and Legal Affairs (Head of Legal Services) in consultation with the Local Counter Fraud Specialist.

2.    Recommendations

- 2.1   The Audit Committee is invited to consider and approve the attached Prevention of Bribery Policy and recommend it to the Trust Board for approval.

Stephen Ward  
Director of Corporate and Legal Affairs

21 May 2015

## PREVENTION OF BRIBERY POLICY

<b>Approved By:</b>	Policy and Guideline Committee
<b>Date Originally Approved:</b>	July 2011
<b>Trust Reference:</b>	B35/2011
<b>Version:</b>	V2
<b>Supersedes:</b>	V1
<b>Author / Originator(s):</b>	Steve Murray, Assistant Director of Corporate & Legal Affairs
<b>Name of Responsible Committee/Individual:</b>	Paul Traynor, Director of Finance
<b>Latest Approval Date</b>	June 2015
<b>Next Review Date:</b>	June 2018

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### **REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

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V1 – approved by Policy and Guideline Committee in 2011

V2- amended to comply with Local Counter Fraud Specialist advice.

### **KEY WORDS**

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*Bribery, corrupt, corruption, fraud, Local Counter Fraud Specialist, crime, criminal.*

## 1 INTRODUCTION

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- 1.1 It is the Trust's policy to conduct all of our business in an honest and ethical manner. We take a zero-tolerance approach to bribery and corruption and are committed to acting professionally, fairly and with integrity in all our business dealings and relationships wherever we operate and implementing and enforcing effective systems to counter bribery.
- 1.2 We will uphold all laws relevant to countering bribery and corruption. However, we remain bound by the laws of the UK, including the Bribery Act 2010, in respect of our conduct both at home and abroad including our dealings with patients both at home and overseas.
- 1.3 Bribery and corruption are punishable for individuals by up to ten years' imprisonment and if we are found to have taken part in corruption we could face an unlimited fine, be excluded from tendering for public contracts and face damage to our reputation. We therefore take our legal responsibilities very seriously.

## 2 POLICY AIMS

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- 2.1 The aim of this policy is to:
  - 2.1.1 set out our responsibilities, and of those working for the Trust, in observing and upholding our position on bribery and corruption; and
  - 2.1.2 provide information and guidance to those working for the Trust on how to recognise and deal with bribery and corruption issues.

## 3 POLICY SCOPE

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- 3.1 This policy applies to all staff employed by UHL (including those on bank, agency or honorary contracts) when they are in dealing with any aspects of their role at UHL.
- 3.2 For the further avoidance of doubt this policy applies to all individuals working at all levels and grades, including senior managers, officers, directors, employees (whether permanent, fixed-term or temporary), consultants, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, Non-Executive Directors or any other person associated with us, or any company we may control or their employees, wherever located (collectively referred to as "**staff**" in this policy)

- 3.3 This policy does not extend to fraud (obtaining financial advantage by deception) which is covered by the UHL Counter Fraud and Corruption Policy. For further Guidance on accepting gifts or hospitality which do not amount to bribery please refer to the Code of Business Conduct for UHL Staff Policy.

## 4 DEFINITIONS

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- 4.1 **A bribe** is an inducement or reward offered, promised or provided in order to gain any commercial, contractual, regulatory or personal advantage.

### **Examples:**

#### **Offering a bribe**

You offer a commissioner tickets to a major sporting event, but only if they agree to renew their contract with us or agree to a particular financial settlement.

This would be an offence as you are making the offer to gain a commercial and contractual advantage. We may also be found to have committed an offence because the offer has been made to obtain business for us. It may also be an offence for the potential client to accept your offer.

#### **Receiving a bribe**

A drug company gives your nephew a job, but makes it clear that in return they expect you to use your influence in our organisation to ensure we continue to do business with them.

It is an offence for a supplier to make such an offer. It would be an offence for you to agree as you would be doing so to gain a personal advantage.

#### **Bribing a foreign official**

You offer to send a gift to a foreign official in the hope that this will speed up an administrative process, such as clearing important supplies through customs or the making of an EU grant.

The offence of bribing a foreign public official has been committed as soon as the offer is made. This is because it is made to gain a business advantage for us. We may also be found to have committed an offence.

- 4.2 In this policy, **“third party”** means any individual or organisation you come into contact with during the course of your work for us, and includes actual and potential patients (NHS or private), customers for non-clinical supplies made by the Trust, suppliers,

distributors, business contacts, agents, advisers, and government and public bodies, including their advisers, representatives and officials, politicians and political parties.

## **5 ROLES AND RESPONSIBILITIES**

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- 5.1 The Board of Directors has overall responsibility for ensuring this policy complies with our legal and ethical obligations, and that all those under our control comply with it.
- 5.2 The Director of Finance has primary and day-to-day responsibility for implementing this policy, and for monitoring its use and effectiveness and dealing with any queries on its interpretation.
- 5.3 Management at all levels are responsible for ensuring those reporting to them are made aware of and understand this policy and are given adequate and regular training on it and are responsible for reporting any instances of bribery to the Director of Finance and also the Local Counter Fraud Specialist.
- 5.4 All Staff must ensure that they have read, understand and comply with this policy. The prevention, detection and reporting of bribery and other forms of corruption are the responsibility of all those working for us or under our control. All staff are required to avoid any activity that might lead to, or suggest, a breach of this policy.
- 5.5 All staff must report concerns about breaches to this policy as per section 6.8 of this policy. 'Red flags' that may indicate malpractice are set out in Appendix A. If you need advice or guidance in relation to issues of gifts and hospitality and what is or isn't acceptable to the Trust you must notify your Line Manager, the Director of Corporate and Legal Affairs, or by using the procedure set out in the Whistleblowing Policy. If you have any concerns about activity you think may constitute bribery, then this should be reported to the Local Counter Fraud Specialist or other party identified within the Counter Fraud and Corruption Policy.
- 5.6 Any employee who breaches this policy will face disciplinary action, which could result in dismissal for gross misconduct. We reserve our right to terminate our contractual relationship or other relationship with any other persons if they breach this policy.

## **6. POLICY STATEMENTS, STANDARDS, PROCEDURES, PROCESSES**

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### **6.1 Gifts and hospitality**

6.1.1 This policy does not prohibit normal and appropriate hospitality (given and received) to or from third parties. If in doubt always seek advice from your line manager before accepting gifts and ensure compliance with the Code of Business Conduct for Trust Staff.

6.2 The **giving** of gifts and hospitality is permitted provided that the gift or hospitality:

6.2.1 is not made with the intention of influencing a third party to obtain or retain business or a business advantage, or to reward the provision or retention of business or a business advantage, or in explicit or implicit exchange for favours or benefits;

6.2.2 complies with local law;

6.2.3 given in our name, not in your name;

6.2.4 does not include cash or a cash equivalent (such as gift certificates or vouchers);

6.2.5 is appropriate in the circumstances and your Line Manager approves.

6.2.6 taking into account the reason for the gift, is of an appropriate type and value and given at an appropriate time;

6.2.7 is given openly, not secretly; and

6.2.8 complies with the Trust's requirements on gifts and hospitality as detailed in the UHL Code of Business Conduct for Staff Policy.

Gifts should not be offered to NHS staff, government officials or representatives, or politicians or political parties, without the prior approval of your manager **and** the Director of Finance.

6.3 The **receipt** of gifts and hospitality is permitted provided that the gift or hospitality:

6.3.1 is not made with the intention of influencing you to obtain or retain business or a business advantage for a third party, or to reward the provision or retention of business or a business advantage, or in explicit or implicit exchange for favours or benefits;

6.3.2 is offered to the Trust, not to you personally;

6.3.3 does not include cash or a cash equivalent (such as gift certificates or vouchers) where cash has been received and it is not possible to return or refuse it then it must be donated to charitable funds.

- 6.3.4 is appropriate in the circumstances;
- 6.3.5 taking into account the reason for the gift, is of an appropriate type and value and given at an appropriate time;
- 6.3.6 is given openly, not secretly; and
- 6.3.7 complies with the Trust's requirements on gifts and hospitality as detailed in the UHL Code of Business Conduct for Staff Policy
- 6.3.8 Gifts should not be accepted from NHS staff, government officials or representatives, or politicians or political parties, without the prior approval of your manager and notification to the Director of Corporate and Legal Affairs.
- 6.3.9 We appreciate that the practice of giving business gifts varies between countries and regions and what may be normal and acceptable in one region may not be in another. The test to be applied is whether in all the circumstances the gift or hospitality is reasonable and justifiable. The intention behind the gift should always be considered.

#### **6.4 What is not acceptable?**

It is not acceptable for you (or someone on your behalf) to:

- 6.4.1 give, promise to give, or offer, a payment, gift or hospitality with the expectation or hope that a business advantage will be received, or to reward a business advantage already given;
- 6.4.2 give, promise to give, or offer, a payment, gift or hospitality to a government official, agent or representative to "facilitate" or expedite a routine procedure;
- 6.4.3 accept payment from a third party that you know or suspect is offered with the expectation that it will obtain a business advantage for them;
- 6.4.4 accept a gift or hospitality from a third party if you know or suspect that it is offered or provided with an expectation that a business advantage will be provided by us in return;
- 6.4.5 threaten or retaliate against another worker who has refused to commit a bribery offence or who has raised concerns under this policy; or
- 6.4.6 engage in any activity that might lead to a breach of this policy.

## **6.5 Facilitation payments and kickbacks**

- 6.5.1 All Staff must not make, and must not accept, facilitation payments or “kickbacks” of any kind. Facilitation payments are typically small, unofficial payments made to secure or expedite a routine government action by a government official. They are not commonly paid in the UK, but are common in some other jurisdictions.
- 6.5.2 If you are asked to make a payment on our behalf, you should always be mindful of what the payment is for and whether the amount requested is proportionate to the goods or services provided. You should always ask for a receipt which details the reason for the payment. If you have any suspicions, concerns or queries regarding a payment, you should raise these with the Director of Finance.
- 6.5.3 Kickbacks are typically payments made in return for a business favour or advantage. All staff must avoid any activity that might lead to, or suggest, that a facilitation payment or kickback will be made or accepted by us.

## **6.6 Donations**

- 6.6.1 UHL funds must not be used to fund contributions to political parties. Save for Donations to the Trusts Charitable Funds no donation to charity must be offered or made without the prior approval of the Director of Finance.

## **6.7 Record-keeping**

- 6.7.1 Through the Finance Department the Trust will keep financial records and have appropriate internal controls in place which will evidence the business reason for making payments to third parties.
- 6.7.2 Except for nominal items all instances of hospitality or gifts accepted or offered (which do not raise concerns of Bribery), must be reported to the Director of Corporate and Legal Affairs for inclusion on the centrally held publicly available register. Line Manager approval is required to accept any gift or hospitality. For further details please see the Code for Business Conduct for Staff Policy.
- 6.7.3 You must ensure all expenses claims relating to hospitality, gifts or expenses incurred to third parties are recorded in accordance with our Code for Business Conduct for Staff Policy and specifically record the reason for the expenditure.
- 6.7.4 All accounts, invoices, memoranda and other documents and records relating to dealings with third parties, such as clients, suppliers and business contacts, should be prepared and maintained with strict accuracy and completeness. No accounts must be kept “off-book” to facilitate or conceal improper payments.

## 6.8 How to raise a concern

- 6.8.1 You are encouraged to raise concerns about any issue or suspicion of malpractice at the earliest possible stage. A list of possible red flags that may arise can be found in Appendix A. If you need advice or guidance in relation to issues of gifts and hospitality and what is or isn't acceptable to the Trust then you can contact your Line Manager, the Director of Corporate and Legal Affairs or refer to the procedure set out in the Whistleblowing Policy..
- 6.8.2 If you have any concerns about activity you think may constitute bribery, please report this via one of the routes set out below and in the Counter Fraud and Corruption Policy:

### LCFS

Matthew Curtis      Tel: 0116 225 6122  
Mobile: 07920 138329  
Email: [matthew.curtis1@nhs.net](mailto:matthew.curtis1@nhs.net)

### Director of Finance

Paul Traynor      Tel: 0116 258 8557  
Mobile:  
Email: [paul.traynor@uhl-tr.nhs.uk](mailto:paul.traynor@uhl-tr.nhs.uk)

If there is a concern that the LCFS or the Director of Finance and Business Services is, themselves, implicated in suspected fraud, bribery or corruption then the concerns should be reported directly to NHS Protect.

### NHS Protect

Fraud and Corruption Reporting Line Tel: 0800 028 40 60 (Freephone)  
Secure Website [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

You do not have to tell us who you are when raising concerns under this policy however, this may make it more difficult for your concerns to be investigated.

## 6.9 What to do if you are a victim of bribery or corruption

- 6.9.1 It is important that you tell the Director of Finance or the Local Counter Fraud Specialist as soon as possible if you are offered a bribe by a third party, are asked to make one, suspect that this may happen in the future, or believe that you are a victim of another form of unlawful activity.

## 6.10 Protection

- 6.10.1 Staff who refuse to accept or offer a bribe, or those who raise concerns or report another's wrongdoing, are sometimes worried about possible repercussions. We aim to encourage openness and will support anyone who raises genuine concerns in good faith under this policy, even if they turn out to be mistaken.

6.10.2 The Trust is committed to ensuring no one suffers any detrimental treatment as a result of refusing to take part in bribery or corruption, or because of reporting in good faith their suspicion that an actual or potential bribery or other corruption offence has taken place, or may take place in the future. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If you believe that you have suffered any such treatment, you should inform the Director of Finance immediately. If the matter is not remedied, and you are an employee, you should raise it formally using our Dignity at Work Policy, [A1/2003](#).

6.10.3 We have identified that the following, in particular, are potential risks for our business:

6.10.3.1 inducements offered to staff to take particular care of specific patients;

6.10.3.2 inducements offered by suppliers to secure business from the Trust or improve the terms offered by the Trust;

6.10.3.3 inducements offered by commissioners to reach agreement on terms beneficial to the commissioner;

6.10.3.4 inducements offered to clinicians and pharmacists to secure their influence in prescribing or purchasing medical supplies.

6.10.4. To address those risks we have:

6.10.4.1 issued this policy to staff to clarify, and remind them of, their obligations;

## **7. EDUCATION AND TRAINING REQUIREMENTS**

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7.1 Training on this policy will form part of the induction process for all new staff. All existing staff will receive regular, relevant training on how to implement and adhere to this policy. This training will be delivered by the Line Manager for the staff member in question.

7.2 Our zero-tolerance approach to bribery and corruption must be communicated to all suppliers, contractors and business partners at the outset of our business relationship with them and as appropriate thereafter.

## **8. PROCESS FOR MONITORING COMPLIANCE**

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8.1 The Director of Finance will monitor the effectiveness and review the implementation of this policy, regularly considering its suitability, adequacy and effectiveness annually. Any improvements identified will be made as soon as possible. Internal control systems

and procedures will be subject to regular audits to provide assurance that they are effective in countering bribery and corruption.

8.2 All staff are responsible for the success of this policy and should ensure they use it to disclose any suspected danger or wrongdoing.

8.3 This policy does not form part of any employee's contract of employment and it may be amended at any time.

Element to be monitored	Lead	Method	Frequency	Reporting arrangements
Incident Reports	DoF	Audit	Annual	Audit Committee
LCFS Referrals	LCFS	FIRST	Quarterly	Audit Committee

## 9 EQUALITY IMPACT ASSESSMENT

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9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 10 LEGAL LIABILITY

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The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their CMG to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: Head of Legal Services on 0116 258 8960.

## **11 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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*Code of Business Conduct for Staff Policy*

*Counter Fraud and Corruption Policy*

## **12 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- 12.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.
- 12.2 This document will be reviewed every 3 years, or sooner in response to reported risks or incidences

The following is a list of possible red flags that may arise during the course of your working for us and which may raise concerns under various anti-bribery and anti-corruption laws. The list is not intended to be exhaustive and is for illustrative purposes only.

If you encounter any of these red flags while working for us, you must report them promptly as per section 6.8 of the Prevention of Bribery Policy:

- 1.1 you become aware that a third party engages in, or has been accused of engaging in, improper business practices;
- 1.2 you learn that a third party has a reputation for paying bribes, or requiring that bribes are paid to them, or has a reputation for having a “special relationship” with foreign government officials;
- 1.3 a third party insists on receiving a commission or fee payment before committing to sign up to a contract with us, or carrying out a government function or process for us;
- 1.4 a third party requests payment in cash and/or refuses to sign a formal commission or fee agreement, or to provide an invoice or receipt for a payment made;
- 1.5 a third party requests that payment is made to a country or geographic location different from where the third party resides or conducts business;
- 1.6 a third party requests an unexpected additional fee or commission to “facilitate” a service;
- 1.7 a third party demands lavish entertainment or gifts before commencing or continuing contractual negotiations or provision of services;
- 1.8 a third party requests that a payment is made to “overlook” potential legal violations;
- 1.9 a third party requests that you provide employment or some other advantage to a friend or relative;
- 1.10 you receive an invoice from a third party that appears to be non-standard or customised;

- 1.11 a third party insists on the use of side letters or refuses to put agreed terms in writing;
- 1.12 you notice that we have been invoiced for a commission or fee payment that appears large given the service stated to have been provided;
- 1.13 a third party requests or requires the use of an agent, intermediary, consultant, distributor or supplier that is not typically used by or known to us;
- 1.14 you are offered an unusually generous gift or offered lavish hospitality by a third party;
- 1.15 someone asks you to sign something to confirm that a proposed gift or other benefit is not a bribe, prohibited by the Trust's policies or unlawful; or
- 1.16 you are offered a gift or hospitality that contravenes the Trust's code of business conduct for staff.