

FRAUD, THEFT BRIBERY & CORUPTION

Fraud Standards

FRAUD, THEFT, BRIBERY & CORRUPTION POLICY & RESPONSE PLAN

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CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	
Consultation Process / Stakeholders:	Human Resources Forum Joint Policy Forum Counter Fraud Services
Distribution:	Senior Managers NHS Lanarkshire public website

CHANGE RECORD			
Date	Author	Change	Version No.
8/3/17	HOIA / FLO	Title to include bribery and corruption, update document to reflect bribery and corruption also NFI and Press release.	3
20/4/20	HOIA / FLO	Responsible Lead Executive Director changed to Director of HR / Director of Finance/ Counter Fraud Champion	5
7/3/23	HOIA / FLO	Update to Review date and version control; P6 para 1.2 change to telephone number; P6 para 1.5 Changing NHSL whistleblowing policy to National Whistleblowing standards; P7 para 4.4 remove rouge work at end of para; P9 para 7 remove the 4 in suggest; P9 para 7 second para remove s at end of external; P16 References change Whistleblowing to National Whistleblowing Standards;	6

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		<p>P16 References change Sickness Absence Policy to Once for Scotland Attendance Policy;</p> <p>P16 Reference add on Gifts & Hospitality Guidance.</p> <p>P 2 Index and section 4 change to sub numbering</p> <p>Updated heading at 4.8 and add introduction paragraph</p> <p>Moved section on misappropriation of medicines to annex</p> <p>Changed Audit Committee to Audit & Risk Committee</p> <p>Changed Chairman to Chair</p>	

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1. INTRODUCTION

This policy sets out how NHS Lanarkshire manages fraud, implications for the organisation as well as for staff, and procedures for dealing with cases or suspected cases of fraud.

2. AIM, PURPOSE AND OUTCOMES

The purpose of this document is to provide guidance to employees on the action which should be taken when fraud, theft, bribery or corruption are suspected. The misuse of public funds takes resources away from looking after people's health. NHS Lanarkshire strongly encourages anyone suspecting fraud to report it without delay.

Bribery is a criminal offence. NHS Lanarkshire does not and will not pay bribes or offer improper inducements to anyone for any purpose, nor do we or will we, accept bribes.

To use a third party as a conduit to channel bribes to others is also a criminal offence. We do not engage indirectly in, or otherwise encourage, bribery.

We are committed to the prevention, deterrence and detection of theft, fraud or bribery and corruption. We have zero tolerance towards these offences.

3. SCOPE

3.1 Who is the Policy intended to Benefit or Affect

This policy applies to all employees of NHS Lanarkshire and/or any other parties who undertake business on behalf of, or representing NHS Lanarkshire. This includes (but is not restricted to) Board members, Executive and Non-Executive Directors, as well as consultants, vendors, contractors.

Definitions

Theft is removing property belonging to NHS Lanarkshire, its staff or patients with the intention of permanently depriving the owner of its use, without their consent.

Fraud involves deliberate material misstatement or falsifying records, in making or accepting improper payments or acting in a manner not in the best interest of the Board for the purposes of personal gain.

Bribery is defined by the Bribery Act 2010 as 'an inducement or reward offered, promised or provided to gain personal, commercial, regulatory or contractual advantage'. It makes it an offence to offer, promise or give a bribe, request, agree to receive, or accept a bribe. The Act creates a separate offence of bribing a foreign public official with the intention of obtaining or retaining business or an advantage in the conduct of business. There is also a corporate offence under Section 7 of failure by an organisation to prevent bribery that is intended to obtain or retain business, or an advantage in the conduct of business, for the organisation, unless it can show it had in place adequate procedures designed to prevent bribery by or of persons associated with the organisation.

Individuals found guilty of these offences in a magistrate's court are liable to imprisonment for a maximum of 12 months or to a fine not exceeding £5,000 or to both; if convicted in a crown court, to imprisonment for a maximum term of ten years, or to an unlimited fine, or both.

Organisations are also liable for these fines and if guilty of an offence under section 7 are liable to an unlimited fine.

Either may involve employees of NHS Lanarkshire, suppliers/contractors or any third party. For simplicity this document will refer to all such offences as "fraud" except where the context indicates otherwise.

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3.2 Who are the Stakeholders

All staff, partner agencies i.e. North and South Lanarkshire Council, etc.
Anyone living or working in Lanarkshire using NHS Lanarkshire Services
Anyone who contracts with NHS Lanarkshire

4. PRINCIPAL CONTENT

4.1 Reporting Suspected frauds

4.1.1 The normal route would be for staff who suspect improper practices or criminal offences are occurring to inform their Head of Department. If the suspected improper practice involves the Head of Department, the report should be made to a more senior officer. Managers receiving notice of such offences must report them to the Head of Internal Audit / Fraud Liaison Officer.

4.1.2 If the staff member feels uneasy about reporting their suspicion to their Head of Department they could contact the Fraud Liaison Officer direct. The Fraud Liaison Officer is:

Mrs Morag Holmes
Head of Internal Audit/Fraud Liaison Officer
Email Morag.Holmes@lanarkshire.scot.nhs.uk
Tel No. (01698 752770)

4.1.3 Alternatively the suspicion could be communicated to Counter Fraud Services either through the Counter Fraud Service (CFS) Fraud Hot Line which is 0800 151628 or (anonymously, if desired) through the Counter Fraud Services Website on www.cfs.scot.nhs.uk.

4.1.4 Staff should not speak or write to representatives of the press, TV, radio, other third parties or use blogs or twitter to publicise details about a suspected fraud / theft. Not only could this give rise to an action for slander or libel but it runs the risk of alerting the potential fraudster and impeding any investigation.

4.1.5 Where staff wish to raise concerns about unprofessional behaviour or decisions, where fraud, theft or corruption are not suspected, they should do so by following the guidance contained in the National Whistleblowing Standards (these can be found by going to <https://workforce.nhs.scot/policies/whistleblowing-policy/>)

4.2 NHS Scotland Whistleblowing Standards, values & Public Interest Disclosure Act 1998

NHS Lanarkshire will maintain an honest and open culture and wishes to encourage anyone having suspicions of theft, fraud, bribery corruption or embezzlement to report them without delay. In accordance with the NHS Scotland Whistleblowing Standards NHS Lanarkshire will ensure that all members of staff can be confident that they will not suffer in any way as a result of reporting suspicions held in good faith i.e., suspicions other than those that are raised maliciously.

In addition, the Public Interest Disclosure Act protects workers who legitimately report wrong doing by employers or colleagues. The disclosure must be made in good faith and workers must have reasonable grounds to believe that criminal offences such as fraud or theft have occurred or are likely to occur. The disclosure must not be made for personal gain.

High standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. MEL 1994 80 'Corporate Governance in the NHS, issued in August 1994, sets out the following public service values:

Accountability: Everything done by those who work in the organisation must be able to stand the tests of parliamentary scrutiny, public judgments on propriety, and professional codes of conduct.

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

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Openness: The organisation's activities should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

All those who work in the organisation should be aware of, and act in accordance with, these values. In addition, NHS Lanarkshire will expect and encourage a culture of openness between NHS bodies and the sharing of information in relation to any fraud.

4.3 Preventing Fraud

- 4.3.1 It is the responsibility of the Chief Executive for NHS Lanarkshire, as Accountable Officer, to maintain adequate and effective internal controls which deter and facilitate detection of any fraud. The Accountable Officer may delegate responsibility to other managers as set out in the Scheme of Delegation.
- 4.3.2 NHS Lanarkshire already has procedures in place which reduce the likelihood of fraud/theft occurring. These include the Code of Corporate Governance, the Standing Orders, Standing Financial Instruction and accounting procedures, a system of internal control and a system of risk assessment. The Board has a payment verification system which concentrates on Family Health Service expenditure.
- 4.3.3 The role of Internal Audit is to evaluate these systems of control. It is not the responsibility of internal audit to detect fraud, but rather to identify weaknesses in systems that could potentially give rise to error or fraud.
- 4.3.4 The Director of Finance, as Fraud Champion, has an additional role to raise awareness of fraud and help create a culture where it is reported and eliminated.
- 4.3.5 NHS Lanarkshire can also call upon the resources of Counter Fraud Services who have a range of educational materials, can assist with fraud awareness events and, by organising national publicity of successful prosecutions, deter future frauds.

4.4 Responding to Fraud

- 4.4.1 Sections 7 to 16 sets out NHS Lanarkshire's Response plan to be followed when fraud is detected or reported.
- 4.4.2 As Accountable Officer, the Chief Executive has the responsibility for countering fraud in its broadest terms. The Chief Executive has delegated the responsibility for the general management of fraud cases to the Director of Finance / Counter Fraud Champion and Head of Internal Audit/Fraud Liaison Officer.
- 4.4.3 Responsibility for the day to day management of individual suspected frauds has been delegated to the Head of Internal Audit /Fraud Liaison Officer (FLO) This individual is responsible for informing third parties such as Counter Fraud Services, audit or the police when appropriate.
- 4.4.4 Counter Fraud Services are a division of National Services Scotland and have specialist expertise in conducting investigations to the standard required of a criminal trial and in liaising with other bodies in the criminal justice system. As soon as it becomes apparent that a potential criminal act may have taken place the Fraud Liaison Officer will contact Counter Fraud Services and act on their advice thereafter. All staff are under a duty to refrain from taking any direct action with regard to the enquiry without first consulting the Director of Finance / Counter Fraud Champion, Head of Internal Audit/Fraud Liaison Officer.
- 4.4.5 The Head of Internal Audit / Fraud Liaison Officer shall inform the Chief Executive, Director of Finance / Counter Fraud Champion, Board Chair and the Chair of the Audit & Risk Committee in cases where the loss may be above the delegated limit or where the incident may lead to adverse publicity. Where the incident is thought to be subject to either local or national controversy and publicity then the Board

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and the Scottish Government Health Directorates should be notified before the information is subjected to publicity

RESPONSE PLAN

4.5. Introduction

4.5.1 The following sections describe NHS Lanarkshire's intended response to a reported suspicion of fraud/theft. It is intended to provide procedures, which allow for evidence gathering and collation in a manner that will facilitate informed initial decision, while ensuring that evidence gathered will be admissible in any future criminal or civil action. Each situation is different; therefore, the guidance will need to be considered carefully in relation to the actual circumstance of each case before action is taken.

4.6 Reporting fraud

4.6.1 The Fraud Liaison Officer is the main point of contact for the reporting of any suspicion of fraud, theft bribery or corruption. For incidents involving any Executive Directors, the nominated officer shall be the Board Chair, contacted through the Head of Internal Audit / Fraud Liaison Officer.

4.6.2 The nominated officer will be aware of the process and procedure to be followed regarding concerns raised by staff. Any requests for anonymity shall be accepted and should not prejudice the investigation of any allegations. Confidentiality should be observed at all times.

4.6.3 All reported suspicions will be investigated as a matter of priority to prevent any further potential loss to NHS Lanarkshire.

4.6.4 The Head of Internal Audit / Fraud Liaison Officer shall maintain documentation of all incidents and on a quarterly basis update the Director of Finance / Counter Fraud Champion and the Audit & Risk Committee.

4.6.5 The Head of Internal Audit / Fraud Liaison Officer will consider the need to inform NHS Lanarkshire's Board, auditors, the police and Counter Fraud Services of the reported incident. In doing so they should take cognisance of the following guidance:

- the Director of Finance / Counter Fraud Champion and, Chief Executive should be informed and consulted at the first opportunity in all cases where the loss may exceed the delegated limit or where the incident may lead to adverse publicity.

- Counter Fraud Services should normally be informed immediately in all but the most trivial cases. It is essential that there is the earliest possible consultation with Counter Fraud Services. In any event, Counter Fraud Services should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.

- If a criminal act is suspected, particularly fraud or corruption, it is essential that there is the earliest possible consultation with Counter Fraud Services. In any event Counter Fraud Services should be contacted before any overt action is taken which may alert suspects and precipitate the destruction or removal of evidence. This includes taking action to stop a loss or tighten controls.

- At the stage of contacting Counter Fraud Services, the Head of Internal Audit / Fraud Liaison Officer should contact the Director of Human Resources or their nominated deputy to consider whether / when to initiate suspension of the employee pending an enquiry.

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4.7. National Fraud Initiative (NFI)

The National Fraud Initiative (NFI) in Scotland has been running since 2004 and is a counter – fraud exercise led by Audit Scotland. It uses computerised techniques to compare information about individuals held by different public bodies and on different financial systems to identify circumstances (matches) that might suggest the existence of fraud or error.

The NFI allows public bodies to investigate these matches and, if fraud or error has taken place, to stop payments and attempt to recover the amounts involved. NHS Lanarkshire external auditors assess the arrangements that NHS Lanarkshire has put in place to prevent and detect fraud, including how the NFI exercise is approached on an annual basis.

4.8 Managing the internal formal investigation in line with the NHS Scotland Workforce Investigation Policy

Investigation should be carried out in line with the NHS Scotland Workforce Investigation Policy which may run concurrently with a CFS investigation. The way in which the internal investigation is conducted should take cognisance of the CFS investigation.

4.8.1 The manager overseeing the investigation (referred to hereafter as the “investigation manager”) should initially:

- Initiate a diary of events to record the progress of the investigation;
- If possible, determine the nature of the investigation i.e. whether fraud or another criminal offence. In practice it may not be obvious if a criminal event is believed to have occurred.
- If after initial Counter Fraud Services enquiries, it is determined that there are to be no criminal proceedings then a NHS Lanarkshire internal investigation may be more appropriate. In this instance, all information/evidence gathered by Counter Fraud Services will be passed to NHS Lanarkshire. The internal investigation will then be taken forward in line with employment legislation and the NHS Scotland Workforce Investigation policy.

4.8.2 The formal internal investigation to determine and report upon the facts, should also establish:

- The extent and scope of any potential loss;
- Whether any disciplinary action is needed;
- The criminal or non-criminal nature of the offence, if not yet established;
- What can be done to recover losses; and
- What may need to be done to improve internal controls to prevent recurrence. Where recovery of a loss to NHS Lanarkshire is likely to require a civil action, arising from any act (criminal or non-criminal), it will be necessary to seek legal advice through the Central Legal Office, which provides legal advice and services to NHS Scotland.

4.8.3 The report should form the basis of any internal disciplinary action taken. The conduct of internal disciplinary action will be assigned to the Director of Human Resources or their nominated deputy, who shall gather such evidence as necessary.

4.9 Disciplinary / dismissal procedures

4.9.1 Counter Fraud Services have a Memorandum of Understanding (MOU) with Human Resources and an Accord with staff side organisations. The undernoted guidance is in line with these documents and is available at www.cfs.scot.nhs.uk/hr.php

4.9.2 Consideration should be made in conjunction with Counter Fraud Services /Director of Human Resources or nominated deputy/Counter Fraud Champion/Head of Internal Audit / Fraud Liaison Officer on whether/when to suspend the employee(s) who are subject to any investigation, pending the results of the investigation. This should be carried out in line with NHS Scotland’s Conduct Policy.

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4.9.3 The NHS Scotland Conduct policy must be followed in any disciplinary action taken by NHS Lanarkshire against an employee (including dismissal). This may involve the investigation manager recommending a disciplinary hearing to consider the facts, consideration of the results of the investigation and making further recommendations on appropriate action to the employee's line manager.

4.9.4 Where the fraud involves a Family Health Services Practitioner, the Board should pass the matter over to the relevant professional body for action.

4.9.5 Where, following consultation between the organisation and the Counter Fraud Services, an investigation limited to disciplinary/civil recovery action appears appropriate the following sections outline the actions to be followed:

- Where the allegation is in respect of an employee, the Head of Internal Audit/Fraud Liaison Officer and Director of Finance / Counter Fraud Champion will inform the Director of Human Resources or their nominated deputy and discuss the appropriate course of action in relation to suspension of a suspected employee or redeployment of them on a temporary basis to another department/site.
- Where the allegation is in respect of a director, the Head of Internal Audit/Fraud Liaison Officer, Chair of the Audit & Risk Committee/Chair of the Organisation will involve the Director of Human Resources, where appropriate, in making any decision regarding suspension. When taking action to suspend an employee or director it is important to communicate the reason for taking the action.
- The person should be advised that they will receive full pay whilst on suspension, and should not return to the workplace nor contact their colleagues about the allegations until such time as allowed to do so by their employer.
- Where, however, due to the nature of the allegation, suspension is deemed inappropriate, e.g. it would alert the suspect and as such may lead to the destruction and removal of evidence, no action to inform the suspect that an investigation was taking place should be taken.

4.10 Gathering Evidence

4.10.1 The policy cannot cover all the complexities of gathering evidence. Each case must be treated according to the circumstances of the case taking professional advice as necessary.

Witnesses

4.10.2 If a witness to the event is prepared to give a written statement, it is best practice for an experienced member of staff to take a chronological record using the witness's own words. The witness should sign the statement only if satisfied that it is a true record of his or her own words.

4.10.3 At all stages of the investigation, any discussions or interviews should be documented and where feasible agreed with the interviewee.

4.10.4 Physical evidence should be identified and gathered together (impounded) in a secure place at the earliest opportunity. An inventory should be drawn up by the investigation officer and held with the evidence. Wherever possible, replacement or new document etc. should be put into use to prevent access to the evidence. If evidence consists of several items, for example a number of documents, each one should be tagged with a reference number corresponding to the written record.

Interview Procedures

4.10.5 Interviews with suspects should be avoided until the formal disciplinary hearing. The investigation officer should, wherever possible, gather documentary and third party evidence for the purposes of the

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report. If, however, an employee insists on making a statement it must be signed and dated and should include the following:

“I make this statement of my own free will; I understand that I need not say anything unless I wish to do so and that what I say may be given in evidence”.

4.10.6 Informal contact with Counter Fraud Services or the Police should be made at an early stage in the investigation to ensure that no actions are taken which could prejudice any future criminal case through the admissibility of evidence etc.

4.11 Disclosure of loss from fraud

4.11.1 Guidance on the referring of losses and special payments is provided in CEL 10 (2010). External Audit will review any loss as part of their statutory duties. Scottish Financial Return (SFR) 18.0 on Losses and Compensation Payments is submitted annually to the Audit & Risk Committee and will include all losses with appropriate description within the standard categories specified by the Scottish Government Health Directorates.

4.11.2 Management must take account of the permitted limits on writing off losses for “Category 2 Boards”, as outlined in circular CEL 10 (2010).

4.12 Police Involvement

It shall normally be the policy of NHS Lanarkshire that, wherever the criminal act of theft is suspected, the matter will be notified to the police as follows:

- During normal working hours, it will be the decision of the Head of Internal Audit / Fraud Liaison Officer as to the stage that the police are contacted.
- Out with normal working hours, the manager on duty in the area where a criminal act of theft is suspected may contact the police and is duty bound to inform the Head of Internal Audit / Fraud Liaison Officer at the earliest possible time.
- The Head of Internal Audit / Fraud Liaison Officer and investigating manager should informally notify the police of potential criminal acts, to seek advice on the handling of each investigation at an early stage in the investigation.

Formal notification of a suspected criminal act of theft will normally follow completion of the investigating manager’s report and formal disciplinary action. It is important that the internal report is carried out in a timely manner to avoid delaying the police investigation.

4.13 Press Releases

4.13.1 To avoid potentially damaging publicity to the NHS and/or the suspect, NHS Lanarkshire should consider at an early stage what should be released to the press considering the merits of giving facts of any suspected occurrence against the need to protect any continuing investigation. Advice should be sought from Counter Fraud services and, if felt necessary to avoid potential legal claims, the Central Legal Office.

4.13.2 Following any successful prosecution for fraud Counter Fraud Services and NHS Lanarkshire shall collaborate in a press release to maximise the deterrent impact

4.14 The Law and its Remedies

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Criminal law

4.14.1 NHS Lanarkshire shall refer all incidences of suspected fraud/criminal acts to Counter Fraud Services or the Police for decision by the Procurator Fiscal as to any prosecution.

Civil Law

4.14.2 NHS Lanarkshire shall refer all incidences of loss through proven fraud/criminal act to the Central Legal Office for opinion, as to potential recovery of loss via Civil Law action.

5. ROLES AND RESPONSIBILITIES

Audit & Risk Committee – The Audit & Risk Committee will:

- Require assurance that there are adequate arrangements in place for tackling Fraud within NHS Lanarkshire;
- Review the outcomes of anti-fraud, bribery and corruption work; and,
- Review the adequacy and effectiveness of policies and procedures, seeking reports and assurances from the fraud liaison officer as appropriate

Chief Executive

The Chief Executive has overall responsibility for the funds entrusted to NHS Lanarkshire. As the Accountable Officer, the Chief Executive will ensure adequate policies and procedures are in place to protect NHS Lanarkshire from Crime.

Director of Finance / Fraud Champion – The Director of Finance, as a member of the Board, is responsible for overseeing and providing strategic management and support for all work to tackle Fraud within NHS Lanarkshire. This ensures there are effective leadership and a high level of commitment to the tackling of Fraud within NHS Lanarkshire. Identifying a member of the board to oversee this work also helps NHS Lanarkshire to focus on its key strategic priorities in the area of Fraud.

Counter Fraud Services - CFS will work cooperatively with NHS Lanarkshire and contractors appointed by NHS Lanarkshire, to ensure proactive work is conducted raising awareness of Fraud and the correct reporting routes. CFS will also work cooperatively with NHS Lanarkshire and contractors appointed by NHS Lanarkshire to ensure work is conducted to prevent, deter and detect Fraud within and against NHS Lanarkshire. In accordance with its case acceptance criteria, CFS will investigate cases of fraud and if felt more appropriate will pass back to NHS Lanarkshire for investigation. All cases of bribery and corruption will be investigated by CFS.

Fraud Liaison Officer - The FLO is the organisations link with CFS. They use their skills and knowledge to provide support, advice and guidance and preliminary investigation work to the organisation. A key part of their role is to ensure local investigations are carried out within legislative guidelines and to the highest standard.

Internal & External Audit - Internal and external audit play a key role in reviewing controls, identifying system weaknesses and ensuring NHS Lanarkshire complies with standing financial instructions and other appropriate regulations and guidance.

External audit meets annually with the FLO to monitor and provide assurance that the arrangements are working and ensure they remain effective and fit for purpose.

Human Resources - NHS Lanarkshire managers are responsible for taking forward disciplinary proceedings against employees who have committed an offence. Human Resources provide advice regarding this process. It is not unusual for criminal and disciplinary processes to overlap. In the case of parallel criminal and disciplinary processes, these should be conducted separately, but there needs to be close liaison between CFS and those progressing disciplinary proceedings since one process may impact on the other. This may include the sharing of information where lawful and at the appropriate time.

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Managers - All managers are responsible for ensuring that policies, procedures and processes within their work areas are adhered to and kept under review. Managers should ensure that Officers in their teams are aware of fraud, bribery and corruption risks and understand the importance of protecting NHS Lanarkshire against them. Managers may also be responsible for the enforcement of disciplinary action for Employees who do not comply with policies and procedures and commit Fraud. If a manager suspects, or is made aware, that someone in their team or a third party may be committing fraud, bribery or corruption, they must immediately report their suspicions. Managers should in no circumstances investigate suspicions or allegations themselves.

NHS Lanarkshire staff – to observe the law in relation to fraud; using this policy and supporting documents to report any incidences or alleged incidences of wrong doing to the fraud liaison officer or counter fraud services.

6. RESOURCE

Education/training

Staff will require to be updated on any changes to the legislation.

RESOURCE IMPLICATIONS

It is not possible to quantify the financial or resource implications until such times as an incident is identified.

7. COMMUNICATION PLAN

The policy will be available on NHS Lanarkshire's public facing website.

The Audit & Risk Committee will be made aware of this as the endorsing committee.

This policy should also be listed in other appropriate policies as and when they are updated to ensure staff are referred back to additional policies that may be of use to them i.e.

- Standing Financial Instructions
- NHSL Information Security Policy - Fraud
- NHS Scotland Whistleblowing Standards

Communications department will be employed to help with raising awareness of the policy with staff and members of the public and any partner agencies

8. QUALITY IMPROVEMENT – Monitoring and Review

The policy will be reviewed every 3 years with the Audit & Risk Committee or when there are substantial changes to the regulations / law.

Feedback will be sought.

All incidences are monitored through the Audit & Risk Committee

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EDIA

(tick box)

This policy and procedure applies equally to all employees within NHS Lanarkshire irrespective of gender, age, race, sexual orientation, marital status, transgender status, ethnic origin, disability, religious belief and position in the organisation.

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10. Summary or Frequently Asked Questions (FAQs)

- 1 What is the difference between theft, fraud and bribery?

Theft is the taking of something that does not belong to you, fraud is gaining a benefit by false representation and bribery is an inducement offered to gain advantage.

- 2 If I am reporting fraud can I stay anonymous?

Yes, there is no requirement to provide your name; you can report your concerns to the FLO, CFS or Crimestoppers who will observe your right to anonymity.

- 3 If the fraud is in the area, I work will I be involved?

This is dependent on the nature of the fraud but there is a possibility you could be interviewed and require to provide a statement.

11. REFERENCES

Bribery Act 2010

Standing Financial Instructions

Standards of Business Conduct

Code of Corporate Governance

National Whistleblowing Standards– Safely raising concerns about risk, malpractice or wrong doing at work

Once for Scotland Attendance Policy

Overpayments money owed policy

Effective Management of employee conduct policy and procedures

Fraud Standards – Fraud, Theft, Bribery and Corruption Policy and response plan

Gifts & Hospitality Guidance

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ANNEX 1 – Misappropriation of Medicines

Response Plan and Form for Misappropriation of Medicines

1. Background and purpose

Probity is one of the three public service values, which underpin the work of the NHS. There is a requirement for absolute honesty when dealing with the assets of the NHS. Medicines are one such asset.

Treating patients with medicines is the most common health care intervention and medicines are used throughout the NHS. Healthcare staff who have access to medicines are given access for the purpose of patient care in accordance with their individual professional role. The majority of healthcare staff discharge this responsibility without incident.

However, the opportunity to exploit this privilege is omnipresent and experience confirms that individual staff have removed medicines that belong to the NHS, or to patients, for their own personal use. While not a common occurrence, the increasing problem of drug misuse and dependence within the wider population increases the risk of this occurring.

The purpose of this annex, which comes from the Code of Practice for the Management of Medicines, is to ensure that all healthcare staff understand the implications associated with the misappropriation of medicines for personal use, or for other purposes.

2. Scope

All staff including all healthcare practitioners employed by NHS Lanarkshire (includes doctors, nurses, pharmacists, other healthcare staff and all support staff).

Includes all medicines:

- Medicines stored in pharmacy departments;
- Medicines stored in wards and departments;
- Medicines in transit.
- Medicines belonging to patients;
- Medicines being processed for destruction.

While the policy does not directly apply to staff employed within the independent contracted services, the principles associated with the level of honesty required by staff, who have access to medicines, and other NHS resources, are equally applicable.

3. Policy statement

Medicines belong to the NHS or to named individual patients and misappropriation, for personal or other purposes, is theft.

Theft of medicines constitutes gross misconduct and will be managed according to the employee conduct policy of NHS Lanarkshire

Where misappropriation of medicines is suspected the police and the relevant professional body will be informed.

Misappropriation of medicines subject to the Misuse of Drugs Act 1971 exposes staff to prosecution under the Act.

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4. Responsibilities

The Chief Pharmacist is responsible for establishing a safe, secure and workable system for the procurement, ordering, receipt, storage and distribution of medicines. The Hospital Head of Pharmacy is responsible for ensuring the security of medicines within a designated pharmacy department.

The appointed registered nurse/midwife with continuing responsibility for a ward or department is responsible for the security of stock of all medicinal products in that ward or department and is responsible for ensuring that procedures are followed correctly and that the security of medicines is maintained. The registered nurse/midwife in charge may delegate some of the duties but remains responsible for all aspects of security of medicines on the ward or department. Where there is no nurse in the area, the recognised manager will take responsibility.

The registered nurse/midwife in charge must notify the Hospital Pharmacy Manager and appropriate senior registered nurse/midwife manager of any discrepancies detected in ward medicines procedures.

The Accountable Officer for Controlled Drugs is responsible for all aspects of the safe and secure management of controlled drugs. This includes ensuring that safe systems are in place for the management and use of controlled drugs, monitoring and auditing the management systems and investigation of concerns and incidents related to controlled drugs.

The Fraud Liaison Officer (FLO) is responsible for developing links with NHS Scotland Counter Fraud Services. Working with the Chief Pharmacist, the FLO will support and review the development of systems to minimise the likelihood of fraud.

5. Guidance regarding misappropriation of medicines

Misappropriation is most commonly associated with opiate containing analgesics and with benzodiazepines; however, any medicine is susceptible to theft.

The increased security of medicines subject to the Misuse of Drugs Act 1971 and its associated Regulations, (prescribing and record keeping requirements, secure storage, and daily stock reconciliation) make the misappropriation of controlled drugs difficult, but not impossible.

6. Where misappropriation of medicines is suspected

Where staff suspect that medicines are being misappropriated, they should raise the matter, in confidence, with the responsible officer in their area. The responsible officer should seek advice from the senior pharmacist from the hospital pharmacy department that supplies their medicines.

Where staff suspect the responsible officer may be involved, they should report any concerns to a more senior officer.

In all cases of suspected misappropriation, full information must be recorded using the template provided within Appendix 1 to Annex 1.

The Senior Hospital Pharmacist must report all cases of suspected medicines misappropriation to the Chief Pharmacist or the Accountable Officer if the medicines involved are controlled drugs.

The Senior Manager/responsible officer leading the investigation into the suspected misappropriation will liaise with the FLO and agree a course of action commensurate with the circumstances presented, which may include referring the matter to Counter Fraud Services.

FRAUD, THEFT BRIBERY & CORUPTION

7. Incident Review

The Senior Manager/responsible officer and FLO will agree a course of action, which may include the setting up of an incident review panel.

Incident review panels will be small and normally comprise a Senior Pharmacist, the responsible officer and a more Senior Manager in the area under consideration. Where appropriate the panel will include a nomination from HR. The HR representative will advise regarding staff governance and ensure that all employee conduct policies are applied fairly and equitably.

The outcome of the review panel will be documented and any lessons learned will be forwarded on a regular basis to the improvement & Quality Committee.

Uncontrolled when printed

FRAUD, THEFT BRIBERY & CORUPTION

Suspected misappropriation of Medicines Record Form

STATUS	CONFIDENTIAL	RESTRICTED
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SOURCE OF INFORMATION			
NAME		JOB TITLE	
TELEPHONE		EMAIL	
PERSON NOTIFIED		DATE	Time

2 location of Investigation

Premises where issue identified	Hospital	
	A&E	
	Clinic	
	Pharmacy	
	Theatre	
	Ward	
	Primary Care	
	Community Pharmacy	
	GP Out of Hours	
	GP Practice	
	Dental Practice	
	Addiction Services	
	Community Clinic	
	Care Home	
	Prison	
Network Information		
Other		
Address		
Telephone number		
Email Address		
Responsible person in location		

FRAUD, THEFT BRIBERY & CORUPTION

Suspected misappropriation of Medicines Record

STATUS	CONFIDENTIAL	RESTRICTED
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Type of Issue	
Prescribing Errors –record via DATIX -	
Administration Error - record via DATIX	
Suspected inappropriate Prescribing	
Inappropriate Destruction	
Dispensing / Supply Error – record via DATIX as above and use suspected inappropriate supply etc.	
CD Register Discrepancy	
Suspected Inappropriate Supply / Dispensing	
Unexplained Loss	
Other	

Description of Issue	

FRAUD, THEFT BRIBERY & CORUPTION

Suspected misappropriation of Medicines Record

STATUS	CONFIDENTIAL	RESTRICTED
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Reported To	Name	Yes/ No	Date Reported
Role			
Accountable Officer			
Line Manager /+ head of Pharmacy			
Named Person in Charge of Medicine Security – who is this wd manager / Head of Pharmacy			
Fraud Liaison Officer			
Counter Fraud Champion			
Counter Fraud Services			
Police			
Medical Director			
Nurse Director			
Finance Director			
Chief Executive			

Actions Taken and Update Reports	Date

Investigator			
Person Investigation		Job Title	

FRAUD, THEFT BRIBERY & CORUPTION

Suspected misappropriation of Medicines Record

STATUS	CONFIDENTIAL	RESTRICTED
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Outcome			
No evidence found to merit further action		Update to SOPs	
Update to NHSL Audit & Risk Committee		Communication to practitioners	
NHS Disciplinary proceedings		Referral to NHS Counter Fraud Services	
Referral to Professional Reference Committee (specify)		Referral to Professional Regulatory Body (specify)	
Referral to police		Referral to medicines group	
Referral to clinical incident reporting procedures		Referral to other (specify)	

Status	Date
Open	
Closed	

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Appendix 1

Procedures for dealing with allegations of fraud/other irregularities

