

Counter Fraud Strategy and Policy.

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Version Control

Version 1 24/08/18 Policy created

Introduction

Southern Ultrasound is committed to maintaining the highest ethical standards and to carrying on its activities fairly, honestly, openly and in compliance with all applicable laws. As such, **Southern Ultrasound** is committed to reducing the level of fraud and corruption to an absolute minimum and keeping it at that level, freeing up our own, and public, resources for the development of services and better patient care.

The Fraud Act 2006 created the general offence of fraud and described the three ways in which an offence under the act may be committed

We are committed to tackling fraud, bribery and corruption within the NHS and in so doing will take appropriate measures as set out under NHS Protect's Key Principles of Strategic Governance; Inform and Involve; Prevent and Deter; and Hold to Account.

The purpose of this document is to set out the Company's policy in relation to Fraud. The policy applies to all employees, directors, agents, consultants, contractors and to any other people or bodies associated with **Southern Ultrasound**.

Statement

Fraud is a criminal offence and morally wrong. It exposes staff to the risk of prosecution, fines and imprisonment as well as endangering the Company's reputation.

Fraud will not be tolerated by **Southern Ultrasound** in any form and all members of staff and Associates (agents, consultants, contractors, service providers and external partner organisations) are required to uphold the highest standards of integrity in their dealings with or on behalf of the Company and to comply with all applicable laws of the UK.

Failure to do so will result in disciplinary and, where appropriate, legal action against the individuals/Company concerned.

Aims, Objectives and Scope

This policy relates to all forms of fraud and is intended to provide direction and guidance for employees on what fraud is, what everyone's responsibility is to prevent fraud, and how to report it.

Thus, the key aims of this policy are to:

- Improve the knowledge and understanding of individuals, irrespective of their position, about the risk of fraud, within the Company and the NHS and its unacceptability.
- Assist in promoting a climate of openness and an environment in which staff feel able to raise concerns responsibly and without fear of recrimination or reprisal.
- Set out the responsibilities of staff in terms of the deterrence, prevention, detection and investigation of fraud.
- Help ensure appropriate sanctions are considered during an investigation, which may include any or all of the following:
 - criminal prosecution
 - civil proceedings
 - internal disciplinary action
 - external / regulatory disciplinary action

Legislation

The Fraud Act of 2006 came into force on 15 January 2007 and provided, for the first time, for a general offence of fraud. The act does not define fraud, but instead sets out the three ways in which an offence under the Act may be committed, which are:

Fraud by false representation

A person is in breach of this section if he/she

- dishonestly makes a false representation; and
- intends, by making that representation
 - to make a gain for himself or another or
 - to cause loss to another or to expose another to a risk of loss.

A representation is false if it is untrue or misleading, and the person making it knows that it is, or might be, untrue or misleading.

Fraud by failing to disclose information

A person is in breach of this section if he/she

- dishonestly fails to disclose to another person information which he is under a legal duty to disclose; and
- intends, by failing to disclose the information
 - to make a gain for himself or another, or
 - to cause loss to another or to expose another to a risk of loss

Fraud by abuse of position

A person is in breach of this section if he/she

- occupies a position in which he/she is expected to safeguard, or not to act against, the financial interests of another person,
- dishonestly abuses that position, and
- intends, by means of the abuse of that position
 - to make a gain for himself or another or
 - to cause loss to another or to expose another to a risk of loss

A person may be regarded as having abused his position even if his conduct consists of an omission, rather than an act.

It should be noted that all offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause a gain or a loss. The fraud does not have to be successful, it is the intention behind the dishonest act (or omission) that is key.

NHS Protect

NHS Protect leads on work to identify and tackle crime, including Economic Crime, across the health service. The aim is to protect NHS staff and resources from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients and professionals. Ultimately, this helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.

Southern Ultrasound support NHS Protect and will assist it in any investigation of suspected Fraud related to the Company's staff or operations.

Roles and Responsibilities

The **Director(s)** have responsibility for overall Anti-Fraud Strategy of the Company, in line with the four principles recommended by the DH Counter Fraud Unit:

- **Inform and involve:** raise awareness of fraud, and work with staff and stakeholders to highlight those risks and the consequences of fraud.
- **Prevent and deter:** provide solutions to identified fraud risks, discourage individuals who may be tempted to commit fraud and ensure that opportunities for fraud to occur are minimised.
- **Investigate, sanction and seek redress:** investigate allegations of fraud thoroughly and to the highest professional standards, where appropriate seek the full range of civil, criminal and disciplinary sanctions and seek redress where possible.
- **Continuously review and hold to account:** fraud is constantly evolving and continuous re-evaluation and improvement is needed to ensure that we keep ahead of the problem.

The Information Governance Lead is the **Nominated Director** with responsibility for the implementation of Counter-Fraud measures and investigation in to suspected Fraud affecting the Company. They are also responsible for the development and review of this Policy and instigation of any required Audit or other procedures to identify Fraud.

The **Service Leads and Managers** are required to use their local knowledge and professional experience to minimise the opportunity for Fraud including, to review local procedures to identify weaknesses where fraud may occur, and recommend actions to tighten such openings.

As part of that responsibility, Service Leads and Managers need to:

- Ensure that all employees for whom they are accountable are made aware of the requirements of this policy
- Assess the types of risk involved in the operations for which they are responsible
- Ensure that adequate control measures are put in place to minimise the risks; including clear roles and responsibilities, supervisory checks & regular reviews.
- Ensure that internal controls are being complied with
- Contribute to the assessment of risks and controls within their service area

They have a responsibility to ensure that staff are aware of fraud and understand the importance of protecting the Company from it. They are also responsible for the enforcement of disciplinary action against staff who do not comply with policies and procedures and in assisting the Nominated Director with their investigations into Fraud where it is suspected

All instances of actual or suspected fraud or corruption which come to the attention of a manager must be reported immediately. It is appreciated that some employees will initially raise concerns with their manager. In such cases, managers must not attempt to investigate the allegation themselves; they have a clear responsibility to refer concerns to the Nominated Director, the Board of Directors and / or NHS Protect instead.

All Employees are required to comply with the Company's policies and procedures and apply best practice in order to prevent fraud, (for example in the areas of procurement, personal expenses and ethical business behaviour). Staff should be aware of their own responsibilities in protecting the Company and the NHS from these crimes.

Employees also have a duty to protect the assets of the organisation, including information, goodwill and property. This means, in addition to maintaining the normal standards of personal honesty and integrity, all employees should always:

- avoid acting in any way that might cause others to allege or suspect them of dishonesty
- behave in a way that would not give cause for others to doubt that employees deal fairly and impartially with official matters
- be alert to the possibility that others might be attempting to deceive.

Measures to prevent fraud

Southern Ultrasound shall take appropriate action to prevent Fraud;

Top Level Commitment:

The Company Directors will not tolerate Fraud and hereby advise all staff and those who do business with us or on our behalf that we will not tolerate Fraud

Risk Assessment & Due Diligence:

As part of our normal business activities, the Directors and Managers will assess the risk and opportunities of fraud in new and current ventures, and to take appropriate actions to minimise those risks and opportunities. This will include making an assessment of the trustworthiness of organisations and businesses to whom we contract

Communication:

We shall communicate our policies and procedures to staff and stakeholders, including publication of this policy on our website, to ensure there is no ambiguity in our commitment against bribery.

As part of our normal learning-needs assessment for staff, we shall consider the requirement for additional training related to Fraud protection

Monitoring and Review:

We shall monitor and review our approach to Anti-fraud and the related policies annually, and any time there is a change in legislation or perceived risk

Reporting fraud

If you suspect Fraud, you should inform the company's Nominated Director, either directly or through you Line Manager, as soon as possible -giving them as much detail as you are aware of. You should not investigate the matter or raise your suspicion with other parties, as to do so may hamper any further investigation.

The Nominated Director will make enquiries to establish whether or not there is any foundation to the suspicion that has been raised and will be responsible for ensuring appropriate actions are taken and the reporting to relevant authorities.

There will be no recriminations against staff that report reasonably held suspicions, and victimising or deterring staff from reporting concerns will be treated as a serious disciplinary matter. If, however, the allegations are found to be malicious, they will be considered for further investigation.

Southern Ultrasound wants all employees to feel confident that they can expose any wrong doing without risk to themselves. In accordance with the provisions of the Public Interest Disclosure Act 1998, the Company has a whistleblowing policy that complements this policy, as well as a code of business conduct.

If the suspected fraud relates to the Nominated Director or to Company Management, the matter should be reported to the Board of Directors or, if the fraud is in relation to NHS provision, to the NHS Counter Fraud Authority on freephone **0800 028 4060**, or complete the [online fraud reporting form](#). This provides an easily accessible route for the reporting of genuine suspicions of fraud within or affecting the NHS. It allows NHS staff who are unsure of internal reporting procedures to report their concerns in the strictest confidence. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

Investigations with Clinical Implications

When investigating suspicions of fraud, it is important to consider whether there may be any clinical or health and safety implications, which could have an adverse impact on the organisation. An example of this would be an individual who is working with patients or vulnerable people, and is suspected of using a false name/identity. In such cases, the overriding consideration must be one of patient care.

It must be appreciated that every case is different, and it is therefore impossible to produce definitive guidance to follow.

In such an instance, the Nominated Director is responsible for ensuring that the Board of Directors is informed of the potential risk at the earliest opportunity, and if relevant, NHS Counter Fraud and Client Management (eg where the fraud may have occurred in relation to services provided to an NHS client or their patient)

Any appropriate professional body may also be notified. It is essential that this happens, to ensure that the Board's decision can take account of the full consideration of the clinical and non-clinical risks facing the organisation.

To ensure that the investigation is not compromised however, it is vital that the number of people aware of the investigation is kept to an absolute minimum.

If in any doubt, advice will be sought from the Regional Counter Fraud Teams or the NHS Counter Fraud & Security Management Service's Legal Services Unit.

It may be appropriate or necessary for immediate action to be taken. All previously agreed parties should be involved in this process, and should be kept informed of any action taken and the outcomes.

Legislation

The Fraud Act of 2006

Related Policies

Southern Ultrasound' Fees and Charges Policy

Southern Ultrasound' Anti Bribery and Corruption Policy

Southern Ultrasound' Whistle-blowing policy

Distribution & Awareness Plan

All staff will be made aware of the policy as part of their induction training. If there are any significant changes to the plan that affect the way in which staff respond, these must be communicated to them.

A copy of the policy is available to all staff via their On-Line Policy and Procedure folder, and can be accessed 24/7 from any location with Web Access. A hard copy version is retained at all sites of operation and is available to view or download from the company's website.

Training Requirements

Training requirements as a result of this policy are assessed by the Board of Directors and implemented accordingly.

Staff training and awareness of this and associated policies is undertaken at induction and discussed as part of clinical appraisals.

Policy Approval & Review

This policy has been approved by the undersigned and will be reviewed annually and any time there is a change in legislation or recommendations

Policy Created: 24/08/18

Date of Last Review: V1 14/03/19

Kevin Rendell Director & IG Lead



Appendix 1 - Equality Impact Assessment

An Equality Impact Assessment has been performed on this policy and procedure. The EIA demonstrates the policy is robust; there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	▪ Race	No	
	▪ Ethnic origins (inc. gypsies and travellers)	No	
	▪ Nationality	No	
	▪ Gender	No	
	▪ Culture	No	
	▪ Religion or belief	No	
	▪ Sexual orientation including lesbian, gay and bisexual people	No	
	▪ Age	No	
	▪ Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the policy/guidance likely to be negative?	NA	
5.	If so can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	