

Anti-Fraud, Bribery and Corruption Policy

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# Introduction - Policy Objective

* 1. This policy must be read and followed in conjunction with the London Ambulance Service NHS Trust (LAS) Disciplinary Policy and Freedom to speak up; raising concerns (Whistleblowing) Policy.
  2. This document identifies the LAS policy and framework for dealing with fraud, bribery and corruption. It comprises three elements:-
     1. Anti-Fraud, Bribery and Corruption;
     2. What individuals should do if they suspect fraud; and
     3. Details of how fraud will be investigated in accordance with the Counter Fraud Manual published by the NHS Counter Fraud Authority (NHS CFA).
  3. It is a part of the corporate governance framework which governs the actions of the LAS and promotes public service values.
  4. The LAS is committed to reducing the level of fraud and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care. The LAS has a zero tolerance policy towards fraud and bribery. The LAS will always seek the appropriate sanctions and redress and explore all opportunities available should fraud, bribery or corruption occur.
  5. The overall aims of this policy are to:
     1. Improve the knowledge and understanding of everyone in the LAS, irrespective of their position, about the risk of fraud, bribery and corruption within the organisation and its unacceptability.
     2. Assist in promoting a climate of openness and a culture and environment where staffs feel able to raise concerns sensibly and responsibly.
     3. Set out the LAS’ responsibilities in terms of the deterrence, prevention, detection and investigation of fraud, bribery and corruption.
     4. Ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
        1. Criminal prosecution
        2. Civil proceedings
        3. Internal/external disciplinary action (including professional/regulatory bodies)
  6. The LAS as an organisation is committed to the seven principles of public life, set out in the Nolan Committee report. In essence these are:-

**Selflessness: -**  Decisions must be made solely in terms of public interest, not in order to gain personal financial or other benefits.

**Integrity: -** Members, Directors and staff should not place themselves under any obligation to third parties.

**Objectivity: -** In carrying out LAS business all appointments, contracts and recommendations must be made on merit.

**Accountability: -** Members, Directors and employees of the LAS are accountable for their decisions and actions.

**Openness: -** The LAS Board and Directors will be as open as possible on all decisions and action taken.

**Honesty: -** Directors and staff have a duty to declare any private interests which may impact on their LAS duties.

**Leadership: -** The LAS Board and Directors will support these principles by leadership and example.

* 1. The policy is supported by a detailed procedure as defined in the NHS Counter Fraud Manual issued by the NHS CFA.

# Demonstrating Commitment

* 1. The commitment of the LAS to probity and public service values includes
     1. the promotion of an ethical environment.
     2. the maintenance of an Audit Committee with clear terms of reference and unrestricted scope.
     3. the operation of a reward and remuneration committee.
     4. the use of clearly defined and documented policies.
     5. compliance with statutory financial reporting requirements.
     6. operation of an effective accounting and budgetary control system.
     7. an adequate and effective internal audit function.
     8. putting in place appropriate internal controls.
     9. holding regular public meetings.
     10. investigating all cases of alleged fraud and corruption.
     11. nomination of a Local Counter Fraud Specialist (LCFS).
     12. be as open as possible on all decisions and action taken.
  2. This commitment impacts on the day to day activities of Directors, staff and contractors through the operation and regular review of the following features:-

| **Activity** | **Review by Board** | **Responsible officer** |
| --- | --- | --- |
| Maintenance of Standing Financial Instructions. | Annual | Chief Finance Officer |
| Maintenance of Standing Orders | Annual | Company Secretary |
| Audit Committee/ Remuneration Committee | At least annual | Company Secretary |
| Decisions Reserved for Board | Annual | Chief Finance Officer/ Company Secretary |
| Scheme of Delegation | Annual | Chief Finance Officer/ Company Secretary |
| Maintenance of Register of Interests | - | Company Secretary |
| Maintenance of Register of Declarations of Gifts and Hospitality | - | Company Secretary |
| Issue of Standards of Business Conduct HSG (93)5 to all staff (within this HSG, the Bribery Act 2010 replaces the ‘Prevention of Corruption Acts ‘1889 - 1916’) | - | Chief Executive as nominated officer but may discharge their duties to an approved officer of a shared service provider. |
| Annual Declaration of Interests by all Board Members | - | Company Secretary |
| Undertaking adequate checks on the recruitment of staff (including temporary staff) | - | Director of People and Culture as nominated officer but duties may be discharged to an approved officer of a shared service provider. |
| Fraud Log | Quarterly via Audit Committee meetings | Chief Finance Officer |

* 1. In addition the Board tries to ensure that a risk and fraud awareness culture exists in the LAS.

# Scope and Definitions

* 1. This policy covers the Chairman, Chief Executive, Directors, Members and all employees of the LAS (including locum, bank and agency staff). It also applies to external stakeholders and any other parties who have a business relationship with LAS e.g. contractors, consultants, vendors as well as the volunteers, visitors and patients.
  2. This policy also covers all external persons with whom the LAS conducts business and all other organisations providing a service to the LAS, hereafter referred to as contractors.
  3. The policy is supported by additional guidance on:
     1. Whom to contact if fraud, bribery or corruption is suspected (Appendix 1)
     2. What to do if fraud, bribery or corruption is suspected (Appendix 2)
     3. the investigation of irregularities (available in a separate document).
  4. The approach the LAS will take in addressing fraud, bribery and corruption will be inclusive, professional, comprehensive, fair, balanced, cost effective and specialised.

# Accountabilities and Responsibilities

* 1. The LAS anti-fraud, bribery and corruption arrangements will be overseen by the Audit Committee who will agree the work plan for counter fraud activity each year.

**Chief Executive**

* 1. The Chief Executive has the overall responsibility for funds entrusted to the organisation as the accountable officer. This includes instances of fraud, bribery and corruption. The Chief Executive must ensure adequate policies and procedures are in place to protect the organisation and the public funds entrusted to it.

**Board**

* 1. The board and non-executive directors should provide clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work. The board will review the proactive management, control and the evaluation of counter fraud, bribery and corruption work. The board and non-executive directors will scrutinise NHS CFA assessment reports, where applicable, and ensure that the recommendations are fully actioned.

**Audit Committee**

* 1. The audit committee are responsible for seeking assurance that the LAS has adequate arrangements in place for countering fraud, bribery and corruption, and for compliance with NHS CFA requirements. This will include but is not limited to reports from the LCFS, the annual self-assessment submission to NHS CFA (Counter Fraud Functional Standard Return (CFFSR)), and from NHS CFA inspection reports. Actions resulting from counter fraud activity including NHS CFA quality assessment reports will be monitored. The committee is also responsible for approving the annual counter fraud work plan and the outcomes of all anti-fraud, bribery and corruption work within the LAS. Further information on the responsibilities of the audit committee can be found in the NHS Audit Committee Handbook 2018 which can be accessed online via <https://www.hfma.org.uk/publications?Type=Guide>

**Chief Finance Officer**

* 1. The Chief Finance Officer (CFO) is the responsible officer for fraud, bribery and corruption.
  2. The CFO is provided with powers to approve financial transactions initiated by directorates across the organisation.
  3. The CFO prepares, documents and maintains detailed financial procedures and systems and ensures that they incorporate the principles of separation of duties and internal checks to supplement those procedures and systems.
  4. The CFO will report annually to the Board on the adequacy of the internal financial control and risk management as part of the Board’s overall responsibility to prepare a statement of internal control for inclusion in the NHS body’s annual report.
  5. The responsibility for initiating an investigation into any fraudulent or corrupt activity against the LAS rests with the CFO, who will consult with and delegate any specific case to the LCFS or the NHS CFA as appropriate.
  6. Additionally, the CFO or the LCFS will, depending on the outcome of initial investigations, inform appropriate senior management of suspected cases of fraud, bribery and corruption, especially in cases where the loss may be above an agreed limit or where the incident may lead to adverse publicity.
  7. The CFO has responsibility for ensuring the following are notified, as appropriate, where concerns of fraud are identified: -
     1. NHS Counter Fraud Authority (NHS CFA)
     2. Nominated Local Counter Fraud Specialist (LCFS)
     3. Chief Executive.
     4. Audit Committee.
     5. Board of the LAS.
     6. Internal Audit.
     7. Nominated Officer of Shared Service Provider (if appropriate).
     8. Police.
     9. External Audit.
     10. Pension Agency.
     11. Department of Health and Social Security.
     12. NHSI (NHS Improvements)
  8. It is also the responsibility of the CFO to assess and quantify any loss arising and to instigate a process of recovery through civil proceedings, restitution or recovery via a claim on pension contributions.
  9. In addition the CFO will have responsibility for overseeing a register of reported frauds (Fraud Log) produced by the LCFS, and ensure that details contained within it are regularly reported to Audit Committee.

**Line Managers**

* 1. Managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under review. They have a responsibility to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the LAS from it. They are also responsible for the instigation of disciplinary action against staff who do not comply with policies and procedures.
  2. Managers must instil and encourage a zero-tolerance culture within their team with regards to criminal wrongdoing. The LCFS will proactively assist in this endeavour by undertaking work to raise fraud awareness and create deterrence effects.
  3. Managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively. The responsibility for the prevention and detection of fraud and corruption therefore primarily rests with managers but requires the co-operation of all employees. As part of that responsibility, managers need to::  
     1. To contact the LCFs as soon as they become aware of any concerns which may be related to suspected fraud, bribery or corruption. 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 LCFS and / or NHS CFA instead.
     2. Ensure that during recruitment of new staff, all appropriate pre-employment checks are carried out for all appointments, including temporary staff.
     3. Ensure that all staff are aware of and understand the requirements of this policy, other relevant policies and of the Standards of Business Conduct for NHS Staff HSG(93)5 (as amended by the Bribery Act 2010).
     4. Ensure all staff are aware of the need to declare gifts and hospitality that have a monetary value of £25 and over – refer to Standing Orders on The Pulse.
     5. To be aware of and seek guidance where appropriate on the links between this policy and other associated policies (see page 2 for links with other documents).
     6. Assess the types of risks involved in the operations for which they are responsible and contribute to the assessment of the risks and controls within their business area, which feeds into the LAS’ overall statements of accountability and internal control.
     7. Ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts), separation of duties wherever possible so that control of a key function is not invested in one individual, and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively.
     8. Identify financially sensitive posts.
     9. Ensure that controls are being complied with.
  4. Line managers should be alert to the possibility that unusual events or transactions could be symptoms of fraud, bribery and corruption. If they have any doubts, they must seek advice from the LCFS. The following are some examples of circumstances that may indicate fraud and should therefore put people on the alert:
     1. Altered documents (correcting fluid, different pen or handwriting)
     2. Claim form details not readily checkable
     3. Changes in normal patterns, of e.g. cash takings or travel claim details
     4. Text erratic or difficult to read or with details missing
     5. Delays in completion or submission of claim forms and the like
     6. Lack of vouchers or receipts in support of expense etc claims
     7. Staff seemingly living beyond their means
     8. Staff under constant financial or other stress
     9. Staff choosing not to take annual leave (and so preventing others becoming involved in their work), especially if solely responsible for a “risk” area
     10. Complaints from public or staff
     11. Always working late
     12. Refusal of promotion
     13. New staff not staying long
     14. Insistence on dealing with a particular individual

**Staff**

*For the purposes of this policy, ‘Employees’ includes the LAS staff, Board, Executive and Non-Executive Members (including Co-Opted Members) and Honorary Members to the Board.*

* 1. Employees are required to comply with the LAS policies and procedures and apply best practice to prevent fraud, bribery and corruption (for example in the areas of procurement, personal expenses and ethical business behaviour). Staff should be made aware of their own responsibilities in protecting the LAS from these crimes.
  2. Employees who are involved in or manage internal control systems should receive adequate training and support in order to carry out their responsibilities.
  3. Employees are expected to act in accordance with the standards laid down by their professional institutes, where applicable, and have a personal responsibility to ensure that they are familiar with them.
  4. 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:
     1. avoid acting in any way that might cause others to allege or suspect them of dishonesty;
     2. behave in a way that would not give cause for others to doubt that the LAS employees deal fairly and impartially with official matters; and
     3. be alert to the possibility that others might be attempting to deceive.
  5. All employees have a duty to ensure that public funds are safeguarded, whether they are involved with cash or payment systems, receipts or dealing with contractors or suppliers.
  6. All employees should be aware that fraud and bribery (of finances of the NHS or of patients in our care) will normally, dependent upon the circumstances of the case, be regarded as gross misconduct thus warranting summary dismissal without previous warnings. However, no such action will be taken before an investigation and a disciplinary hearing have taken place. Such actions may be in addition to the possibility of criminal prosecution.
  7. Employees will not request or receive a bribe from anybody, nor imply that such an act might be considered. This means that you will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to perform improperly your function or activities.
  8. The Standing Orders and Standing Financial Instructions place an obligation on all staff and Non-Executive Directors to act in accordance with best practice. In addition, all LAS staff and Non-Executive Directors must declare and register any interests that might potentially conflict with those of the LAS or the wider NHS.
  9. All budget holders have access to the Financial Procedures and Policy Manual to guide them in financial matters, and all Finance staff have a special responsibility to ensure that budget holders and their staff act responsibly in the use of their budgets.
  10. When an employee suspects that there has been fraud, bribery or corruption, they must report the matter to the nominated LCFS and/or NHS CFA.

**People and Culture**

* 1. People and Culture will liaise closely with Managers and the LCFS, from the outset, where an employee is suspected of being involved in fraud, bribery or corruption in accordance with agreed liaison protocols. Following the instigation of any investigation by the LCFS, People and Culture should be appraised by either the CFO or the LCFS to offer advice and assistance on relevant aspects of employment law and the instigation of the LAS Disciplinary Policy.
  2. People and Culture are responsible for ensuring the appropriate use of the LAS’s Disciplinary Procedure. The Director of People and Culture will advise those involved in the investigation in matters of employment law and in other procedural matters, such as disciplinary and complaints procedures, as requested. Close liaison between the LCFS and People and Culture will be essential to ensure that any parallel sanctions (i.e. criminal and disciplinary) are applied effectively and in a coordinated manner.
  3. Where an investigation results from an allegation that has been received outside of the approved route, the Director of People and Culture will be responsible for agreeing how and when to inform the source of the ‘allegation’ of the outcome of the investigation. This decision and all related correspondence should be documented and retained on file for an appropriate period. The individual(s) concerned should be reminded of the importance of reporting allegations via the LAS’s formal process and directed to the relevant guidance.
  4. People and Culture will take steps at the recruitment stage to establish, as far as possible, the previous record of potential employees as well as the veracity of required qualifications and memberships of professional bodies in terms of their propriety and integrity. In this regard, temporary and fixed term contract employees are treated in the same manner as permanent employees.

**Information Technology**

* 1. The Computer Misuse Act 1990 defines computer related fraud as private gain or benefit by:
     1. altering computer input in an unauthorised way;
     2. destroying, suppressing or stealing output;
     3. making unapproved changes to stored information; or
     4. amending or misusing programs (excluding virus infections).
  2. This includes private gain or benefit by inappropriate Internet or e-mail use or through unapproved access to a system or data, including the use of other people’s accounts.
  3. Where there is actual or suspected fraudulent use of information technology, this should be reported to the Information Security Manager or equivalent and the LCFS.
  4. The LCFS must be alerted in all cases where there is suspicion that IT is being used for fraudulent purposes.
  5. People and Culture must be alerted if there is a suspicion that an employee is involved.

**Local Counter Fraud Specialist**

* 1. The LAS Local Counter Fraud Specialist service is provided by RSM UK. The lead LCFS is Kirsty Clarke, who can be contacted on 020 3201 8054.
  2. The LCFS is responsible for taking forward all anti-fraud work locally in accordance with national standards and reports directly to the CFO. Adherence to the NHS CFA counter fraud requirements is important in ensuring that the organisation has appropriate counter fraud, bribery and corruption arrangements in place.
  3. The LCFS works with key colleagues and stakeholders to promote anti-fraud work and effectively respond to system weaknesses and investigate allegations of fraud, bribery and corruption. This will include the undertaking of risk assessments to identify fraud, bribery and corruption risks at the LAS.
  4. The role of the LCFS is to ensure that all cases of actual or suspected fraud and bribery are notified to the CFO and reported accordingly. Investigation of the majority of cases of alleged fraud within the LAS will be the responsibility of the LCFS. NHSCFA will only investigate cases which should not be dealt with by the LCFS. Following receipt of all referrals, NHSCFA will add any known information or intelligence and based on this case acceptance criteria determine if a case should be investigated by NHSCFA.
  5. The LCFS will update the CFO at all appropriate stages of the investigation and when/ if the police is required.
  6. The LCFS will:
     1. Ensure that the CFO is kept appraised of all cases.
     2. In consultation with the CFO and the NHS CFA ,report any case to the Police as necessary.
     3. Report the outcome of the investigation to the NHS CFA and CFO.
     4. Ensure appropriate liaison with People and Culture where necessary. People and Culture will be informed in all cases where a LAS employee is a suspect.
     5. Ensure that any system weaknesses identified as part of the investigation are followed through with management.

**Internal and External Audit**

* 1. The role of internal and external audit includes reviewing controls and systems and ensuring compliance with financial instructions. Internal and External auditors have a duty to pass on any suspicions of fraud, bribery or corruption to the LCFS.

# External parties

* 1. Those organisations undertaking work on behalf of the LAS are expected to maintain strong anti-fraud, bribery and corruption principles and have adequate controls in place to prevent fraud, bribery and corruption when handling public funds and dealing with customers on behalf of the LAS. Contractors and sub-contractors acting on the behalf of LAS are responsible through contractual arrangements put in in place during the tender process and through contracts, for compliance with the Bribery Act 2010.

# External communications

* 1. Individuals must not communicate with any member of the press, media or another third party about suspected fraud, bribery or corruption as this may seriously damage the investigation and any subsequent actions to be taken. Anyone who wishes to raise such issues should discuss the matter with the CFO.

# Counter Fraud Champion

* 1. Having a Fraud Champion is an essential part of the Government Functional Standard. The role of the Fraud Champion is to support and promote the fight against fraud at a strategic level, through supporting the LCFS in the work that they already do. Key responsibilities of the Counter Fraud Champion are:
     1. To understand the level of the Counter Fraud provision received by the Trust using resources available, including the annual Counter Fraud work plan and benchmarking information provided by NHSCFA.
     2. To understand the threat posed by fraud, bribery and corruption, through liaison with the LCFS and monitoring of the national intelligence provided as part of NHSCFA’s strategic intelligence assessment.
     3. To notify the LCFS as soon as possible if they become aware of any instances of suspected fraud, bribery or corruption or any system, procedural or control weaknesses which could present a fraud risk.

# Definitions

# NHS Counter Fraud Authority (NHSCFA)

* 1. The NHS CFA has the responsibility for the detection, investigation and prevention of fraud and economic crime within the NHS. Its aim is to lead the fight against fraud affecting the NHS and wider health service, by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

A copy of the NHS CFA Organisational Strategy 2020-2023 is available at <https://cfa.nhs.uk/resources/downloads/documents/corporate-publications/NHSCFA_Strategy_2020-23.pdf>

# Fraud

* 1. Any person who dishonestly makes a false representation to make a gain for himself or another or dishonestly fails to disclose to another person, information which he is under a legal duty to disclose, or commits fraud by abuse of position, including any offence as defined in the Fraud Act 2006.

# Fraud by false representation

* 1. A representation is defined as false if it is untrue or misleading and the person making it knows that it is, or might be, untrue or misleading. Representation can be stated by words or communicated by conduct i.e. written, spoken or by electronic means. Examples of fraud by false representation include falsifying time sheets or expense claims.

# Fraud by failing to disclose information

* 1. A fraud will have been committed if a person fails to declare information which he/she has a legal duty to disclose. There is a requirement that the person acts dishonestly and intends to make a gain for himself/herself, cause a loss to another or expose another to a risk of loss. An offence is committed under this section of the act where a job applicant fails to disclose a criminal conviction.

# Fraud by abuse of position

* 1. Fraud by abuse of position requires a person who is in a privileged position to act dishonestly by abusing the position held. The dishonest act must be with the intention of making a gain for himself / herself or another. Alternatively, it may be with the intention of causing a loss or risk of loss to another. The offence may be committed by omitting to make a declaration as well as by an act. An example covered by this section is where a person in a management position uses their knowledge and authority to divert approved payments into a bank account in their name.
  2. The introduction of the Fraud Act 2006 does not prevent the prosecution of offences under the various Theft Acts and Forgery and Counterfeiting Act, e.g. theft, counterfeiting and falsification of documents.

# Theft

* 1. A person is guilty of theft if he dishonestly appropriates property belonging to another with the intention of permanently depriving the other of it. The LCFS does not deal with theft cases – this would be the Local Security Management Specialist (LSMS). The police will be contacted promptly as soon as theft is identified and notified in accordance with the internal security management policy.

Bribery and Corruption

* 1. There is no specific definition within the Bribery Act 2010 of this term. The Act however does set out four offences of bribery from which a definition can be inferred as a financial or other type of advantage that is offered or requested intending to induce another person to perform improperly one of their functions in their position of trust or responsibility, or as a reward for improper performance. In essence, bribery is offering an incentive or reward to someone to do/for doing something that they would not normally do.
  2. There are four offences of bribery within the Bribery Act 2010:
  + Two general offences covering the offering, promising or giving of an advantage, and the requesting, agreeing to receive or accepting of an advantage;
  + A offence of bribery of a foreign public official to obtain or retain business or an advantage in the conduct of business;
  + An offence of failure by a commercial organisation to prevent a bribe being paid for or on its behalf.

# Examples of Bribery

* 1. There are however no set types of bribery and there is huge variation in the types of scenarios and circumstances where bribery could occur. A non-exhaustive list of examples of where bribery could take place is as follows:
  2. Offering a bribe
  + You offer a potential client tickets to a major sporting event, but only if they agree to do business with the LAS.
  1. Receiving a bribe
  + A supplier gives your nephew a job but makes it clear that in return they expect you to use your influence in the LAS to ensure that it continues to do business with them.
  + Someone responsible for awarding an employment contract is offered gifts and/or hospitality by one of the candidates or someone linked to them to ensure that the job is offered to the candidate.
  + Someone responsible for booking bank or agency staff is offered lavish gifts and/or hospitality by an agency to ensure their agency staff are booked by the LAS.
  + Someone responsible for choosing suppliers (medical or non-medical) or awarding business contracts is offered gifts and/or hospitality by an existing/new supplier, contractor or business to ensure they are selected as a supplier.
  + Someone associated with the purchasing of drugs and/or the selection of approved drugs to the LAS Formulary is offered gifts, hospitality and/or paid expenses by a medical representative or drugs firm to ensure their drugs are purchased and/or added to the Formulary for prescribing by the LAS.
  + Someone associated with the prescribing of drugs is offered gifts and/or hospitality by a medical representative or drugs firms to ensure they prescribe their drugs.
  + Someone associated with the provision of training is offered gifts and/or hospitality by an external training company to ensure they are selected to provide training at the LAS.

# Financial Irregularity

* 1. This may include any of the above descriptions.
  2. These overview definitions are supported by more detailed narrative which can be found in the NHS Counter Fraud Manual. A copy is held by the CFO and the LCFS.
  3. Financial irregularity also covers the alleged misuse of the resources of the LAS or any resources which the LAS manage on behalf of others.

# Policy content

# Approach to Countering Fraud and Bribery

* 1. The LAS aligns counter fraud, bribery and corruption work to the NHS CFA counter fraud, bribery and corruption strategy, as outlined throughout this policy. As such, the annual counter fraud work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks.
  2. The creation of an anti-fraud culture requires the commitment of staff at all levels and in all areas of activity to be vigilant and to report matters that indicate fraudulent activity.
  3. The LAS will undertake risk assessments in line in line with Ministry of Justice guidance to assess how bribery may affect the organisation. This will be undertaken every three years, however this is not definitive, and circumstances may call for a risk assessment to be undertaken outside of this pattern, for example due to changes in legislation or a reported incident of bribery within the LAS. The risk assessment will be undertaken by a nominated officer such as the LCFS, who will report directly to the CFO.
  4. Proportionate procedures in place to mitigate the identified risk include the following:
     1. all staff must disclose their business interests, prior to commencement of employment with the LAS;
     2. all staff must disclose any new business interests immediately to the LAS;
     3. all staff must declare hospitality (other than modest hospitality) received by or offered to them as LAS employees;
     4. all hospitality (other than extremely minor hospitality) provided by LAS staff to third parties must be declared; and
     5. staff must not solicit personal gifts and must declare all gifts received (more than £25 in value).
  5. Guidance regarding the above requirements can be found in the Conflicts of Interest Policy. Staff must also comply with the LAS General Code of Conduct.
  6. All staff must be aware of and comply with the Standing Financial Instructions, Standing Orders, Scheme of Delegation, Conflicts of Interest Policy, Secondary Employment Policy, Disciplinary Policy and Freedom to speak up; raising concerns (Whistleblowing) Policy and their related requirement to declare relevant information.
  7. The LAS will refer to the Home Office’s bribery and corruption assessment template to assess their response to bribery and corruption

# Notification Requirements

* 1. Where an individual suspects that a theft, financial irregularity, fraud or corrupt act has taken place, they should inform either the LCFS or CFO immediately. Contact details can be found in Appendix 1. Any unfounded or malicious allegations will be subject to a full investigation and appropriate disciplinary action.
  2. Employees can also call the NHS Fraud and Corruption Reporting Line on Freephone 0800 028 40 60 or by filling in an online form at https://cfa.nhs.uk/reportfraud, as an alternative to internal reporting procedures. All information provided is treated in complete confidence and all calls are dealt with by experienced caller handlers.
  3. If it suspected that the LCFS or a member of the management team is implicated, reports should be made to the Chair of the Audit Committee or the Chief Executive. Where the alleged irregularity concerns the Chief Executive, the approach should be made to the Chairman of the LAS. Alternatively, you can contact NHS CFA directly.
  4. The CFO or the LCFS will have the matter investigated according to the procedure as set out in the NHS Counter Fraud Manual. Any information received will be treated as confidential. As soon as it appears that the matter may be dealt with under the LAS Disciplinary Policy, appropriate information will be passed to the People and Culture Department for consideration, and an investigation will be initiated as required. At this point, if appropriate, two investigations will be run in tandem.
  5. An employee may choose instead to contact the charity ‘Protect’ (formerly Public Concern at Work) on 020 3117 2520 who will offer the employee advice on how to proceed.
  6. The LAS wants all employees to feel confident that they can expose any wrongdoing without any risk to themselves. The LAS’ policy ensures there is full provision for staff to raise any concerns with others if they do not feel able to raise them with their line manager/management chain.
  7. To support the reporting of fraud using the NHS CFA fraud reporting process (as outlined above) all employees should be aware of NHS Improvement and NHS England’s: Freedom to speak up: raising concern’s (whistleblowing) policy for the NHS, April 2016 and NHS England’s Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017 . These all form the minimum standards for raising of concerns in the NHS for the benefit of all patients in England

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# Outline of investigation process

* 1. The LCFS will make enquiries to establish whether there is any foundation to the concern raised. If the allegations are found to be malicious, they will also be considered for further investigation as to their source. The initial investigation by the LCFS may result in one of the following outcomes:
  + No case to answer no evidence of fraud found;
  + No evidence of fraud found but system controls need to be strengthened;
  + No evidence of fraud found but matter needs to be referred to People and Culture for disciplinary sanction to be considered;
  + Reasonably held suspicion/information/evidence of suspected fraud received requiring criminal investigation.

# No case to answer

* 1. The LCFS will inform the CFO that no fraudulent action has been identified.

# No evidence of fraud found but system controls need to be strengthened

* 1. The LCFS will inform the CFO.
  2. A concluding report will be issued with recommendations to strengthen controls in identified areas of weakness. This report will be distributed in accordance with the requirements outlined in the NHS Counter Fraud Manual. The recommendations will be followed up by the LCFS as part of future fraud prevention work.
  3. In most cases any work that is undertaken to strengthen controls in identified areas of weakness should not involve the disclosure of personal information or information relating to why policies or systems are being changed.

# No evidence of fraud found but the referral is returned to People and Culture for potential disciplinary sanction to be considered

* 1. The LCFS will inform the CFO.
  2. If the LCFS does not find evidence of fraud but a breach of policy/procedures may have occurred, the LCFS will meet with a member of People and Culture to discuss the findings.
  3. All information sharing between the LCFS and People and Culture will be considered on a case by case basis with no routine or blanket information exchange. Each piece of information will be considered individually before deciding whether it can be shared. The type of information that it may be appropriate for the LCFS to share with People and Culture is material which belongs to the LAS or is freely available
  4. The LCFS will take no further part in any additional investigation undertaken by People and Culture regarding a suspected breach of procedures. A concluding report will be issued with recommendations to strengthen controls in identified areas of weakness. This report will be distributed in accordance with the requirements outlined in NHS Counter Fraud Manual. The recommendations will be followed up by the LCFS as part of future fraud prevention work.
  5. Requests for references for employees dismissed for reasons connected with fraud, financial irregularity, bribery or corruption must be dealt with by the Director of People and Culture or a delegated People and Culture officer.

Reasonably held suspicion/information/evidence of suspected fraud received requiring criminal investigation

* 1. The LCFS will liaise with the CFO and conduct an investigation in accordance with investigative legislation such as the Police and Criminal Evidence Act 1984 (PACE) and the Criminal Procedure and Investigations Act 1996 (CPIA). Instructions outlined in the NHS Counter Fraud Manual will be followed. Confidentiality will be respected during the course of the investigation.
  2. Criminal investigations will be undertaken in a timely and professional manner.
  3. Regular case meetings will be held so that the LCFS can keep the CFO and the designated People and Culture officer updated as the investigation progresses and discuss any potential sanctions that may be pursued.
  4. If parallel sanctions are being undertaken, the LCFS will meet regularly with the People and Culture investigating officer to share information where necessary and lawful to avoid any duplication of effort. An investigation plan setting out the requirements for the parallel sanctions will be established and maintained throughout the investigation process.

**Sanctions and redress**

* 1. In liaison with the Chief Finance Officer, People and Culture, and LCFS, the LAS will consider the following sanctions in cases where there is prima facie evidence of NHS fraud, bribery or corruption:
  + Criminal – A criminal sanction is pursued where evidence of offences has been obtained so that relevant punitive sanctions and redress can be sought. This sanction can only be pursued if agreed by the Chief Finance Officer and in their absence the Chief Executive. The LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court. Outcomes can range from a criminal conviction to fines and imprisonment.
  + Civil – Civil action can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs, which may involve action to freeze assets and recover losses. It is then the responsibility of the LAS to use the civil law to recover any losses.
  + Disciplinary – Disciplinary procedures are designed to test whether a person should be permitted to practice or continue their employment. Recovery should be considered whenever this action is pursued and the organisation has suffered a financial loss due to inappropriate actions. The disciplinary policy will be followed in these cases. Those conducting disciplinary hearings should never make an express or implied statement that criminal proceedings will not be undertaken. Dismissal of an employee need not wait until the conclusion of any simultaneous criminal sanction that the LCFS may be undertaking.
  + Action by a relevant regulatory body, if warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.
  1. Either one or a combination of these sanctions can be pursued. This will be assessed on a case-by-case basis. While multiple sanctions may be pursued at the same time in relation to the same incident, the processes involved should be run separately, to maintain their integrity and ensure that all decision making is impartial and independent. This is because the purposes, rules of evidence, standards of proof and outcomes for different types of sanction differ significantly.
  2. Each case will be considered individually on its own facts and merits; based on applying a consistent and thorough approach in all cases to ensure:
* the most effective investigations are undertaken, including the gathering and assessment of all relevant material which may form evidence of fraud, bribery, corruption, misconduct and/or unfitness to practise;
* the most appropriate sanction or combination of sanctions is sought where fraud, bribery, corruption or related misconduct is/are identified.
  1. The seeking of financial redress or recovery of losses will always be considered in cases of fraud or bribery that are investigated by the LCFS or NHS CFA where a loss is identified. Redress can take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the organisation and the offender to repay monies lost. The decisions for redress will be taken in the light of the circumstances of each case.
  2. Redress allows resources that are lost to fraud and bribery to be returned to the NHS for use as intended, for provision of high-quality patient care and services. Depending on the extent of the loss and the proceedings in the case, it may be suitable for the recovery of losses to be considered under Proceeds of Crime Act 2002 (POCA). This means that a person’s money or assets are taken away from them if it is believed that the person benefited from the crime.
  3. It could also include restraining assets during the investigation. When considering seeking redress recovery may also be sought from on-going salary payments or pensions.
  4. In some cases (taking into consideration all the facts of a case), it may be that the LAS, under guidance from the LCFS and with the approval of the CFO decides that no further recovery action is taken.
  5. In order to provide assurance that policies were adhered to, the CFO will maintain a record highlighting when recovery action was required and issued and when action taken. This will be reviewed and updated on a regular basis.

# Implementation Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IMPLEMENTATION PLAN** | | | | | |
| **Intended Audience** | | This policy applies to all staff | | | |
| **Dissemination** | | The policy is to be made available on The Pulse and the LAS Website | | | |
| **Communications** | | Staff will be informed about this policy through an announcement on the RIB | | | |
| **Training** | | Training is not considered necessary | | | |
| **Monitoring:** | | | | | |
| **Aspect to be monitored** | **Frequency of monitoring**  **AND**  **Tool used** | | **Individual/ team responsible for carrying out monitoring**  **AND**  **Committee/ group where results are reported** | **Committee/ group responsible for monitoring outcomes/ recommendations** | **How learning will take place** |
| Any activation of this policy will be discussed with the LCFS | Annually  Preparation of report in conjunction with LCFS | | Financial Controller to report findings to Audit Committee and Finance & Investment Committee | Audit Committee | Local bulletins;  Intranet pages within LAS;  Discussions with LCFS  Reports to Executive Committee |

# Competence (Education and Training)

* 1. The LCFS is responsible for ensuring that key members of the LAS staff are aware of this policy, its requirements and the LAS initiatives to counter fraud through on-going awareness training.
  2. Staff will be advised as part of the LAS induction training programme of the contents of this policy.
  3. All LAS staff, where possible, should be provided with information about this policy and the part they have to play in the LAS’ efforts to counter fraud, bribery and corruption.

# Monitoring Compliance

* 1. Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud. Arrangements might include reviewing system controls on an on-going basis and identifying weaknesses in processes. Where deficiencies are identified as a result of monitoring, the LAS will ensure that appropriate recommendations and action plans are developed and progress of the implementation of recommendations is tracked.
  2. As a result of reactive and proactive work completed throughout the financial year, closure reports are prepared and issued by the LCFS. System and procedural weaknesses are identified in each report and suggested recommendations for improvement are highlighted. The LAS, together with the LCFS will track the recommendations to ensure that they have been implemented.
  3. In addition, the Local Counter Fraud Specialist will submit an annual Counter Fraud Functional Standard Return (CFFSR) to the NHSCFA following agreement with the CFO. The LAS must mark themselves against each standard of the requirements as either Compliant (green), Partially Compliant (Amber) or Non-Compliant (Red). A work-plan is required to address all partial and non-compliant standards requirements which will be monitored by the Audit Committee. An assessment process may be conducted by NHSCFA Quality and Compliance which will evaluate the LAS’ effectiveness in dealing with the fraud, bribery and corruption risks it faces through one of four types of assessment: Full, Focused, Thematic or Triggered.
  4. The LAS will be monitoring the number of cases referred by managers and staff to measure the effectiveness of the policy

# Effectiveness and Reporting

# The LCFS will prepare reports for the Audit Committee on the reactive and proactive work being done with in the LAS.

# Policy Review

# This policy will be reviewed by the LCFS every two years or sooner depending on legislative changes.

# Equality Impact Assessment Statement:

* 1. London Ambulance Service (LAS) is committed to ensuring fair and accessible services for everyone who use the LAS our patients and our people who work for us. The Equality Act 2010 requires the LAS to take a proactive approach to equality and diversity.
  2. The general equality duty requires LAS to: eliminate unlawful discrimination, harassment and victimisation advance equality between all people foster good relations between communities, tackling prejudice and promoting understanding.
  3. This Policy has been written to deliver on this commitment and the general equality duty, by setting out how we will work towards creating a workplace where dignity and respect are the norm in the workplace. Where everything we do and say demonstrates Our Values and Behaviours, in order to actively tackle prejudice, recognise, acknowledge, accept and celebrate our differences.
  4. The Equality Impact Assessment demonstrates there is no detriment to any protected characteristic group.

# References

* 1. This policy has drawn on guidance from the NHS Counter Fraud Guidelines <https://cfa.nhs.uk/fraud-prevention/fraud-guidance>

# Additional information

# Any abuse or non-compliance with this policy or procedures will be subject to a full investigation and appropriate disciplinary action.

# Appendix 1

**Guidance to all LAS Staff (Including bank/temporary/agency) and Contractors**

|  |  |  |  |
| --- | --- | --- | --- |
| **What It Includes;** | | **What to do:** | |
| **FRAUD**  Any deliberate intention to make a gain for themselves or anyone else, or inflicting a loss (or a risk of loss) on another i.e. the NHS. This could be through the falsification of any records or documents or obtaining any service(s) and/or failing to disclose information. | | You must only discuss your suspicions or any information or evidence you have identified with either:  **Contact the Chief Finance Officer**  **Rakesh Patel**  rakesh.patel2@nhs.net  **or**  **Contact your Local Counter Fraud Specialist provided by RSM UK:**  **Kirsty Clarke**  Landline: 020 3201 8054  Email:  [kirsty.clarke@rsmuk.com](mailto:kirsty.clarke@rsmuk.com) / [kirsty.clarke8@nhs.net](mailto:kirsty.clarke8@nhs.net)  Alternatively, you can contact the confidential NHS Fraud and Corruption Reporting line (Powered by Crimestoppers) on 0800 028 40 60 or via [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk) | |
| **BRIBERY / CORRUPTION** Where someone is influenced by a payment or benefit in kind to unreasonably use their position to give some advantage to another. | |
| **DO’S AND DON’TS** | | | |
| **DO**  report fraud concerns to your LCFS | | **X DON’T**  be afraid to contact the LCFS for advice | |
| **DO**  report your concerns promptly | | **X** **DON’T**  confront an individual with your suspicions | |
| **DO**  keep any documentary evidence / notes | | **X** **DON’T**  investigate the matter yourself | |
| **DO**  remember that fraud and corruption can make victims of us all | | **X** **DON’T**  ignore it or do nothing! | |

**All reported fraud will be investigated by the LCFS and, if appropriate, the police or other agencies may be involved.**

# Appendix 2

# Fraud and Corruption Policy Guidance on Business Conduct – Checklist for staff

**Do:**

1. Make sure you understand the guidelines on standards of business conduct, and consult your line manager if you are not sure.
2. Make sure you are not in a position where your private interests and NHS duties may conflict.
3. Ensure that the LAS is aware of all other employment that you may undertake.
4. Declare to your employer any relevant interests. If in doubt, ask yourself:

a. am I, or might I be, in a position where I, (or my family/friends) could gain from the connection between my private interests and my employment?

b. do I have access to information which could influence purchasing decisions?

c. could my outside interest be in any way detrimental to the NHS or to patients’ interests?

d. do I have any other reasons to think I may be risking a conflict of interest?

If still unsure - **Declare it!**

1. Adhere to the ethical code of the Institute of Purchasing and Supply if you are involved in any way with the acquisition of goods and services.
2. Seek your employer’s permission before taking on outside work, if there is any question of it adversely affecting your NHS duties.
3. Obtain your employer’s permission before accepting any commercial sponsorship.

**Do not:**

1. Accept any personal gifts, inducements or any hospitality which has a monetary value of £25 or above without consulting with your line manager – refer to Standing Orders on *The Pulse*.
2. Abuse your past or present official position to obtain preferential rates for private deals.
3. Unfairly advantage one competitor over another or show favouritism in awarding contracts.
4. Misuse or make available official “commercial in confidence” information.

This checklist is extracted from HSG (93)5 Standards of Business Conduct for Staff (within this HSG, the Bribery Act 2010 replaces the ‘Prevention of Corruption Acts ‘1889 - 1916’), and can be found at Appendix 4 to this document but if you have any queries please raise these with the Company Secretary, the Chief Finance Officer or your Local Counter Fraud Specialist.

**Guidance for Declaring Other Employment**

All staff are required to consult with their line manager regarding other employment if they are considering taking on outside work or are already employed elsewhere. All such notifications and discussions will be kept confidential. The grievance procedure or preliminary interview with People and Culture is an option if you are unhappy with your manager’s decision.

It may be appropriate to address the following questions in discussions with your manager:

1. Is there likely to be a “business” conflict of interests, e.g. working for a local organisation with which LAS has dealings?
2. Is it possible that your secondary employment will interfere with your capacity to complete to your satisfaction, or your manager’s, your duties or responsibilities at LAS?

1. Will you, in the course of your secondary employment, use LAS’s equipment, stationery, lease cars or any other of LAS’s resources?
2. Will your secondary employment in any way be detrimental to LAS’s interests?

# Appendix 3

**Fraud, Bribery and Corruption Reporting Process**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Suspicion of fraud, bribery or corruption:** |  |  |
|  |  |  |  |  |  |
|  |  |  | **LCFS or Chief Finance Officer** |  |  |
|  |  |  |  |  |  |
| **No case to answer** |  |  | Meeting between Chief Finance Officer and LCFS to decide how to proceed and who to notify |  | **Case to answer** |
| LCFS to advise **People and Culture** and where lawful handover of any evidence obtained for **People and Culture** to use in an internal disciplinary investigation |  |  | LCFS and People and Culture to provide regular update to each other during investigation |  | **LCFS** to advise **People and Culture** and Chief Finance Officerif investigation reveals that the use of parallel sanctions may be appropriate in accordance with policy. Where appropriate **People and Culture** to carry out simultaneous internal investigation. |
|  |  |  |  |  |  |
| **People and Culture** to investigate |  | **LCFS** to investigate | | | |
|  |  |  | | | |
| **DISCIPLINARY** |  |  | **CIVIL** |  | **CRIMINAL** |
|  |  |  |  |  |  |
| People and Culture appoints Investigating Manager and follows disciplinary procedure |  |  | Consider County Court/Small Claims in consultation with Trust Solicitor |  | Prosecution file prepared by LCFS/NHS CFA |
|  |  |  |  |  |  |
|  |  |  | **REDRESS** |  |  |

# Appendix 4

**Fraud, Bribery and Corruption Referral Form**

**REPORT FRAUD TO THE LOCAL COUNTER FRAUD SPECIALIST**

**(Please use a separate referral form for each individual / company reported)**

**Please complete this form to the best of your knowledge. The information you provide will enable the Local Counter Fraud Specialist to evaluate the allegation to determine if this relates to NHS fraud/bribery/corruption and commence initial enquiries. Where you are not able to complete any part of this form, please insert ‘not known’.**

**Kirsty Clarke**

Landline: 020 3201 8054

Email: [kirsty.clarke@rsmuk.com](mailto:kirsty.clarke@rsmuk.com) or [kirsty.clarke8@nhs.net](mailto:kirsty.clarke8@nhs.net)

**Any information provided will be treated in the strictest confidence.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION A** | | | |
| **To whom does the alleged fraud relate to?**  **Please delete as appropriate?** | | | |
| **Patient**  **Please complete Section B, C Part 1 & 3** | Yes / No | **Trust Staff or Trust GP Practice staff**  **Please complete Section B and C (in Full)** | Yes / No  Please state which. |
| **Member of the Public**  **Please complete Section B, C Part 1 & 3** | Yes / No | **Company or Supplier**  **Please complete Section B, C and D** | Yes / No |

|  |  |
| --- | --- |
| **SECTION B** | |
| **Reporting Person (s) Contact Details**  **(This is so we can then get in touch with you to discuss your concerns, however, this is not mandatory)** | |
| **Name** |  |
| **Organisation and Department** |  |
| **Site address:** |  |
| **How can we get in touch with you?** | **(Please do provide a telephone number and email address)** |

| **SECTION C** | |
| --- | --- |
| **Person the alleged fraud relates to**  ***Please complete as much information as known.*** | |
| **PART 1** | |
| **Name** |  |
| **Address** |  |
| **Date of birth** |  |
| **Telephone number and e-mail address** |  |
| **Period of fraud. Is the fraud still occurring?** |  |
| **PART 2** | |
| **For Trust staff or GP Practice staff, please complete:** | |
| **Where they work?** | **(Organisation, Department and Site)** |
| **Job role** |  |
| **Full time / Part time** | **(including hours and shifts if known, and if relevant to allegation)** |
| **PART 3** | |
| **Please provide information and concerns of fraud** | |
| **Suspicion / allegation** |  |
| **Estimated value of fraud** |  |
| **Are there any witnesses or people who can provide additional details?** | **(Please give names and contact details and any relevant information)** |
| **Is there any evidence you have or are aware of that you believe can support the allegation?** | **(Please provide details)** |

|  |  |
| --- | --- |
| **SECTION D** | |
| **Company the alleged fraud relates to**  ***Please complete as much information as known*** | |
| **PART 1** | |
| **Company name** |  |
| **Company number and registered address** |  |
| **Services supplied by company to the Trust** |  |
| **Trust Site address services/works supplied at:** |  |
| **Company telephone number and e-mail address** |  |
| **Director name** | **(Please also complete Section C, Part 1)** |
| **Members or persons working for the company related to the allegation** | **(Please also complete Section C, Part 1)** |

|  |  |
| --- | --- |
| **PART 2** | |
| **Please provide information of concerns of fraud** | |
| **Suspicion / allegation** |  |
| **Are there any witnesses or people who can provide additional details?** | **(Please give names and contact details and any relevant information)** |
| **Is there any evidence you have, or you believe can support the allegation?** | **(Please provide details)** |

Please send/attach any available information that supports your suspicion.

**The Local Counter Fraud Specialist will undertake to acknowledge receipt of this referral direct to you within 2 working days unless otherwise requested.**

# Appendix 5

# STANDARDS OF BUSINESS CONDUCT

# FOR LONDON AMBULANCE SERVICE NHS TRUST

1. **INTR****ODUCTION**
   1. These guidelines are produced in the light of the challenges that staff face in the new and more commercially oriented environment of Trust status, and are intended by the Trust to reinforce the guiding principles set out in the Codes of Conduct and Accountability in the NHS published by the Appointments Commission April 2004 for NHS Boards. Should there be any conflict between these principles and EL(94) 40 the latter will take precedence.
   2. In promoting and safeguarding the reputation and standing of the London Ambulance Service NHS Trust (the Trust) with local communities, with customers and suppliers, with patients and with the media, it is Trust policy that the professional and social conduct of staff should reflect the highest possible standard of personal integrity and that the business affairs of the Trust are conducted in a moral, honest manner and in full compliance with all the applicable laws and Trust Standing Orders.
2. **RESPONS****IBILITY OF THE TRUST BOARD**
   1. The Trust Board is responsible for bringing these guidelines to the attention of all LAS staff and for introducing procedures to ensure that they are implemented.
3. **RESPON****SIBILITY OF LAS DIRECTORS**
   1. All LAS Directors have a responsibility to uphold these guidelines and to act primarily at all times, in the interest of the Trust as a whole.
4. **RESP****ONSIBILITY OF LAS STAFF**
   1. It is the responsibility of Trust staff to ensure that they do not place themselves in a position where their private interests and the Trust duties conflict. This primary responsibility applies to all Trust staff.
5. **GUIDING PRINCIPLE I****N CONDUCT OF PUBLIC BUSINESS**
   1. It is important that the Trust, along with all public sector bodies, must be seen to be impartial and honest in the conduct of its business and that its staff should remain above suspicion. It is an offence under the Bribery Act 2010 for a member of staff corruptly to accept any inducement or reward for doing, or refraining from doing, anything in his or her official capacity, or corruptly showing favour, or disfavour, in the handling of contracts.
   2. Note: Staff should be aware that a breach of the provisions of the Bribery Act 2010 renders them liable to prosecution and may lead to loss of their employment and superannuation rights in the Trust. Failure to adhere to the Business Conduct Policy may result in disciplinary action if it is proved that the employee has failed to declare a relevant interest, or has abused his/her official position or knowledge, for the purpose of self-benefit or the benefit of family, friends or those others with whom the employee has a relationship as defined in paragraph 33.3 of these Standing Orders.
6. **PRINC****IPLES OF CONDUCT WITHIN THE TRUST**
   1. Trust staff are expected to give the highest possible standard of service to the public and to provide appropriate advice to Directors of the Trust and to fellow employees. In particular Trust staff are required to:
      1. ensure that the interests of patients remain paramount at all times;
      2. be impartial and honest in their conduct of official business; and
      3. use the public monies entrusted to them in a responsible and lawful manner to the best of advantage of the Trust, always ensuring value for money and avoiding legal challenge to the authority.
      4. It is also the responsibility of Trust staff to ensure that they do not:
         * abuse their official position for personal gain or to benefit their family or friends; and
         * seek to advantage or further their private business or other interests in the course of their official duties.
   2. Wherever Trust staff have private or personal interests in any matter they have to deal with at work, they must not let these interests influence how they act on behalf of the Trust. Interest may be financial interests but non-financial interest can be just as important. Kinship; friendship; membership of an association, society or trusteeship and any other kinds of relationships can sometimes influence the judgement of Directors and employees of the Trust, or may be thought to do so. A good test is for staff to ask themselves whether others could possibly think the interest be close enough or of such a nature as to give rise to any suspicion. In such cases the member of staff must disclose the interest to the Chief Executive through his or her Director.
7. **DECLAR****ATION OF INTEREST**
   1. The Trust Board must be advised of all cases where a member of staff or his/her close relative, partner or associate has a controlling, or significant, or financial interest in a business, or any other activity, which may compete for a contract to supply goods or services to the Trust.
   2. All Trust staff are required to declare such interests either when they are appointed or on acquisition of the interest, in order that it may be known to the Trust and in no way promoted to the detriment of the Trust or to the patients served by the Trust.
   3. A Register of Interests shall be maintained by the Trust Secretary to whom all declarations must be submitted in writing. This Register shall be made available for inspection by all Trust Directors, by the public, and by contractors.
   4. In determining what needs to be declared all Trust staff should:
      1. ensure that they understand these guidelines and consult their line managers if further clarification is required;
      2. ensure that they are not in a position where their private interest and their Trust duties conflict;
      3. declare to the Trust Board any relevant interests; if in doubt they should ask themselves:
      4. am I, or might I be, in a position where I or my family or associates might gain from the connection between my private interests and my employment with the Trust?
      5. do I have access to information which could influence purchasing decisions?
      6. could my outside interest be in any way detrimental to the Trust or to patients’ interests?
      7. do I have any reason to think that I may be risking a conflict of interest?
   5. If still unsure - **declare it!**
8. **PREFERE****NTIAL TREATMENT IN PRIVATE TRANSACTIONS**
   1. Individual staff must not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the Trust. (This does not apply to any arrangements negotiated with companies on behalf of the Trust, or by recognised staff organisations, on behalf of all staff - for example LAS staff benefit schemes).
9. **OTHER** **EMPLOYMENT**
   1. It is a condition of employment that Trust staff do not undertake any other employment, paid or unpaid, which conflicts with the requirements of their Trust post or be detrimental to it. Staff wishing to take up any employment must provide full details and seek prior written authority from the Director of People and Culture. The Trust will be responsible for judging whether the interests of patients or of the Trust could be harmed e.g.:
      1. full-time ambulance staff who undertake driving duties outside their employment;
      2. employees associated with or working for private transport organisations; or
      3. employees undertaking alternative employment.
   2. If written approval is given to a member of staff to undertake any other employment the Director of People and Culture will ensure that this is recorded in the Register of Staff Engaged on Other Employment held in his/her department.
10. **ACCEP****TANCE OF GIFTS AND HOSPITALITY**
    1. All gifts, payments or any other contribution made whether in cash or in kind, shall be documented, regularly reviewed, and properly accounted for on the books of the Trust. Courtesy gifts and hospitality must not be given or received in return for services provided or to obtain or retain business but shall be handled openly and unconditionally as a gesture of esteem and goodwill only. Gifts and hospitality shall always be of symbolic value, appropriate and proportionate in the circumstances, and consistent with local customs and practices. They shall not be made in cash. Please refer to the LAS Gifts and Hospitality Policy for more information.
    2. National Health Service regulations prohibit staff from soliciting gifts or hospitality from organisations, suppliers or individuals with whom they are brought into contact in the course of their work.
    3. As a general rule all offers of gifts and hospitality should be refused except where such a refusal would cause offence but acceptance must be limited to items similar to those set out below:
    4. Casual gifts offered by contractors and others, for example:
       1. at Christmas time (articles of low intrinsic value (up to £25) such as pens, calendars, diaries etc.) or
       2. small items of low value (up to £25) such as desk furniture and tankards received at the conclusion of an official visit or conference or seminar. These items may not be connected with the performance of duties so as to constitute an offence under the Bribery Act 2010. Items of this nature do not need to be declared.
       3. Staff must not, however, accept any money gifts or consideration where such acceptance could be deemed to influence or to have influenced their business conduct. Any member of staff who is unsure whether or not to accept a gift must consult their line manager or the appropriate Director. The Chief Executive will consult the Chairman in respect of gifts offered to him.
       4. Tokens of gratitude from patients or their relatives must be politely but firmly declined. If, however, patients insist on crews accepting such gratuities, these must be reported to their line manager who will make arrangements for charity allocation.
       5. Registers of Gifts Offered and Accepted shall be maintained by the Trust Secretary and all details of gifts offered and accepted must be submitted to him/her on a monthly basis. This will be reported to the Audit Committee.
       6. Employees should only accept offers of hospitality if there is a genuine need to impart information or represent the Trust and that the Trust will benefit from such hospitality.
       7. Modest hospitality may be accepted provided that it is normal and reasonable in the circumstances, for example, lunches in the course of working visits. In accepting hospitality, however, staff must not place themselves in a position where acceptance might be deemed by others to have influenced them in making a business decision. Offers to attend purely social or sporting functions should be accepted only when these are part of the life of the community served by the Trust or it is in the Trust's interest to attend for the execution of its business or its operational activity or where the Trust should be seen to be represented. Attendance at such events must be approved in advance by the relevant Director or by the Chief Executive for Directors and by the Chairman for such requests made by the Chief Executive. They should be properly authorised and then recorded by the Trust Secretary.
       8. The frequency and type of hospitality accepted must not be significantly greater than the Trust would be likely to provide in return.
       9. Offers of hospitality involving the provision of transport or overnight accommodation must only be accepted after approval from the appropriate Director or Chief Executive. If in doubt about the acceptance of hospitality, staff must seek advice from their line manager or appropriate Director, or in the case of the Chief Executive, the Chairman.
       10. Registers of Hospitality Offered and Accepted shall be maintained by the Trust Secretary.
       11. On an annual basis the Trust Secretary will remind all staff of the Trust’s policy regarding the acceptance of gifts and hospitality.
11. **CO****MMERCIAL SPONSORSHIP OR ATTENDANCE AT COURSES AND CONFERENCES**
    1. Acceptance by employees of hospitality through attendance at relevant conferences and courses is acceptable, but only where it is clear that the hospitality is corporate rather than personal and where the employee seeks permission in advance and the Trust is satisfied that acceptance will not compromise purchasing decisions in any way. On occasions where it is considered necessary for staff advising on the purchase of equipment in operation in other parts of the country, or, exceptionally, overseas, to attend courses and conferences the Trust may consider meeting the costs so as to avoid jeopardising the integrity of subsequent purchasing decisions.
12. **COMM****ERCIAL SPONSORSHIP OF POSTS - LINKED DEALS**
    1. If a company offers to sponsor a post for the Trust either wholly or partially, it should be made clear that the sponsorship can have no effect on purchasing decisions within the Trust. Where such sponsorship is accepted, purchasing decisions must be monitored by the Company Secretary to ensure that they are not being influenced by the sponsorship arrangement.
    2. Under no circumstances should the Trust agree to Linked Deals whereby sponsorship is linked to the purchase of particular products or to supply from a particular source.
13. **“COM****MERCIAL IN-CONFIDENCE”**
    1. Staff must not make public internal information of a “commercial in-confidence” nature, particularly if its disclosure would prejudice the principle of a purchasing system based on fair competition. This principle applies whether private competitors or other NHS providers are concerned, and whether or not disclosure is prompted by the expectation of personal gain. The term “commercial in-confidence” should not be taken to include information about service delivery and activity levels, which should be publicly available. Nor should it inhibit, for example, the exchange of data for medical purposes subject to the normal rules governing patient confidentiality and data protection. In all circumstances the overriding consideration must be the best interest of patients.
14. **COMPLAIN****TS ABOUT BREACHES OF THE CODE**
    1. Any staff complaints about breaches of the guidelines on Standards of Business Conduct, maladministration or other concerns of an ethical nature should be taken up initially, through line management. Should that be inappropriate or non-productive then the matter should be referred up to Director and, if necessary, to Board level. Any report or suspicion of fraud or bribery will be referred by the Chief Finance Officer to the LCFS for further investigation, or in cases where the Chief Finance Officer is alleged to be involved a report will be made direct from the delegated responsible board member. Please refer to the Fraud Act 2006 and Bribery Act 2010.