

Tackling Fraud, Bribery & Corruption: Policy & Corporate Procedures

Tackling Fraud, Bribery & Corruption: Policy & Corporate Procedures

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1. Introduction

1.1 Fraud, Bribery & Corruption

1.1.1 All fraud, bribery and corruption (collectively referred to as economic crime) in the NHS is unacceptable and should not be tolerated. It affects the ability of the NHS to improve health outcomes for people in England, as resources are wrongfully diverted and cannot be used for their intended purpose.

1.1.2 NHS funds and resources should, therefore, be safeguarded against those minded to commit economic crime.

1.1.3 This policy aims to:

- Explain how NHS England intends to tackle economic crime;
- Provide guidance to Officers; and,
- Ensure Officers are able to recognise economic crime, and understand the correct reporting requirements.

1.2 Definitions of Economic Crime

1.2.1 Fraud

1.2.2 The Fraud Act 2006 created a criminal offence of fraud and defines three main ways of committing it:

- Fraud by false representation;
- Fraud by failing to disclose information; and,
- Fraud by abuse of position.

1.2.3 For fraud to occur the offenders conduct must be dishonest and their intention must be to make a gain, or cause a loss (or the risk of a loss) to another.

1.2.4 Fraud carries a maximum sentence of 10 years imprisonment.

1.2.5 Bribery and Corruption

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- 1.2.6 Bribery is generally defined as giving or offering someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so; or requesting, agreeing to receive or accepting the advantage offered.
- 1.2.7 The Bribery Act 2010 reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.
- 1.2.8 Bribery carries a maximum sentence of 10 years imprisonment and a fine.

2. NHS Counter Fraud Authority (formerly NHS Protect)

- 2.1.1 NHS Counter Fraud Authority (NHSCFA) is a special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group. As a special health authority focussed entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care (DHSC).

3. Policy Statement

- 3.1.1 It is the policy of NHS England that:
- 3.1.2 NHS England are committed to ensuring its resources are appropriately protected from fraud, bribery and corruption (collectively referred to as economic crime).
- 3.1.3 The Chief Financial Officer is ultimately responsible for overseeing and providing strategic management and support for work to tackle economic crime. The Director of Financial Control has day-to-day responsibility for providing oversight of the counter fraud function.
- 3.1.4 Activities to tackle economic crime within NHS England follow the management of counter fraud, bribery and corruption principles as detailed in the [Government Functional Standard – GovS013](#). This standard applies to the planning, delivery and

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management of the measures needed to counter fraud, bribery and corruption in government departments and their arm's length bodies.

3.1.5 Officers must report any suspicions of economic crime as soon as they become aware of them to an NHS England Counter Fraud Specialist or NHSCFA to ensure they are investigated appropriately and to maximise the chances of financial recovery, via:

- Contacting an NHS England Counter Fraud Specialist (contact details Appendix 4, or available on the [NHS England](#) intranet pages), or the team via england.counter-fraud@nhs.net
- the Crimestoppers powered NHS Fraud and Corruption Reporting Line: 0800 028 40 60
- filling in an online form at cfa.nhs.uk/reportfraud

3.1.6 The majority of allegations of economic crime will be investigated by the NHS England in-house team of Accredited Counter Fraud Specialists.

3.1.7 Depending on the particular details of the allegation, if necessary, some cases may also be investigated by NHSCFA, or historically may have been investigated by the Department of Health and Social Care (DHSC) Anti-Fraud Unit (AFU).

3.1.8 Under no circumstances should any Officer commence an investigation into suspected or alleged economic crime; a summary of what Officers should do with any concerns is included as Appendix 3. Routine verification of information or outliers according to normal processes is reasonable. However, where there is a concern of deliberate wrongdoing or potential fraud, or they are unsure, Officers are encouraged to seek the advice of the relevant NHS England Counter Fraud Specialist at the earliest possible stage.

3.1.9 All Officers should cooperate with NHS England's Counter Fraud Specialists, as well as NHSCFA and other bodies, to facilitate work to tackle economic crime involving the NHS by:

- Providing information and intelligence;

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- Facilitating investigations; complying with NHSCFA guidance and,
- Not revealing information about open investigations to unauthorised persons (including journalists).

3.1.10 All appropriate steps to prevent, detect and investigate economic crime will be taken, including:

- Appointing qualified/professional personnel to operate in accordance with relevant legislation and relevant standards; and,
- Ensuring that appropriate measures are included in all financial governance and system controls to tackle economic crime.

3.1.11 All appropriate sanctions will be sought against those found to have committed economic crime, including criminal, civil and disciplinary sanctions. Where applicable, these may include but not be limited to:

- Criminal prosecution
- Recovery by means of contractual arrangements
- Recovery via agreement or via a civil court
- Recovery via accessing NHS, Civil Service or other pension funds
- Internal disciplinary sanctions
- Referral to a professional body such as the GMC, GPhC, GDC or GOC

4. Scope

4.1 Officers Within the Scope of this Document

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

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4.1.2 All Officers of NHS England, including hosted organisations, without exception, are within the scope of this document, including and without limitation:

- National and Regional Teams;
- All Commissioning Support Units (CSU);
- NHS Sustainable Development Unit;
- Strategic Clinical Networks;
- Healthcare Safety Investigations Branch (HSIB);
- Clinical Senates;
- Employees of NHS England under Health and Social Care Devolution arrangements, and
- NHS Leadership Academy

4.2 Officers Not Covered by this Document

4.2.1 There are no Officers of NHS England, or from hosted entities that are not covered by this document.

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5. Roles & Responsibilities

5.1 Audit and Risk Assurance Committee (ARAC)

5.1.1 The NHS England ARAC will:

- Require assurance that there are adequate arrangements in place for tackling economic crime;
- Approve and monitor progress against the Economic Crime Strategy
- Approve the counter fraud, bribery and corruption work plan;
- Review the outcomes of counter fraud, bribery and corruption work; and,
- Review the adequacy and effectiveness of policies and procedures, seeking reports and assurances from Officers as appropriate.

5.2 Chief Executive

5.2.1 The Chief Executive Officer has overall responsibility for the funds entrusted to NHS England.

5.2.2 As the Accounting Officer, the Chief Executive will ensure adequate policies and procedures are in place to protect NHS England from economic crime.

5.3 Chief Financial Officer

5.3.1 The Chief Financial Officer, as a member of the Board, is responsible for overseeing and providing strategic management and support for all work to tackle economic crime within NHS England.

5.3.2 This ensures there is effective leadership and a high level of commitment to the tackling of economic crime within NHS England. Identifying a member of the board to oversee this work also helps NHS England to focus on its key strategic priorities in the area of economic crime.

5.3.3 All counter fraud, bribery and corruption services (including for hosted bodies) are provided under arrangements proposed by the Chief Financial Officer and approved by the Audit and Risk Assurance Committees, on behalf of the Boards.

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5.4 NHS Counter Fraud Authority (NHSCFA)

- 5.4.1 In accordance with its case acceptance criteria NHSCFA may investigate cases of fraud that are not investigated by the NHS England Counter Fraud Team.
- 5.4.2 NHS England will provide access to and support for NHSCFA improvement activity and will fully engage with planning action as a result of that activity.

5.5 Internal & External Audit

- 5.5.1 Internal audit play a key role in reviewing controls, identifying system weaknesses and test compliance of NHS England financial instructions.
- 5.5.2 External audit have a specific role to conduct an independent examination and express an opinion, on the NHS England financial statements.
- 5.5.3 The audit functions are separate and distinct from work to tackle crime, but it is important that there are effective links between those responsible for the audit function and those responsible for tackling economic crime.
- 5.5.4 Any suspicions and/or allegations of economic crime should be reported to the NHS England Counter Fraud Team or NHSCFA as soon as they arise.
- 5.5.5 Internal and external audit should meet regularly with those responsible for work to tackle economic crime, to discuss and monitor liaison requirements with reference to the purpose of each function, ensuring they remain effective and fit for purpose.

5.6 The Human Resources and Organisation Development Team (HR&OD)

- 5.6.1 NHS England managers are responsible for taking forward disciplinary proceedings against employees who have committed an offence; HR&OD 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 and by different officers, but there needs to be close liaison between those investigating economic crime 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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5.6.2 HR&OD will, where appropriate, provide information to assist those responsible for dealing with economic crime with any proactive reviews undertaken in relation to detection or prevention activities. In addition, HR&OD will inform those responsible for investigating economic crime of any possible system weaknesses that could allow fraud, bribery or corruption to occur. This includes weaknesses discovered as any part of a HR&OD investigation that did not warrant the commencement of a criminal investigation.

5.6.3 Those responsible with dealing with economic crime should meet regularly with HR&OD to discuss liaison requirements and monitor joint working arrangements, ensuring they remain effective and fit for purpose.

5.7 Nominated and Accredited Local Counter Fraud Specialists

5.7.1 Nominated and accredited Local Counter Fraud Specialists (LCFSs) work within NHS commissioning and provider organisations to tackle economic crime in line with the key principles for action.

5.7.2 Nominated and accredited LCFSs will work with colleagues to promote their work, respond to identified system weaknesses and investigate allegations of fraud; and where appropriate bribery and corruption.

5.7.3 NHS England Officers will work cooperatively with the NHS England Counter Fraud Team and NHSCFA (where appropriate); to ensure that proactive and reactive work undertaken is effectively delivered.

5.7.4 Investigative work will usually be carried out by the NHS England Counter Fraud Team (in certain circumstances NHSCFA may investigate). This team comprises of directly employed nominated and accredited Counter Fraud Specialists, based both at Quarry House and at regional sites.

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5.8 Managers

- 5.8.1 All managers are responsible for ensuring that policies, procedures and processes within their work areas are adhered to and kept under review.
- 5.8.2 Managers should ensure that Officers in their teams are aware of fraud, bribery and corruption (economic crime) risks and understand the importance of protecting NHS England 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 economic crime.
- 5.8.3 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.
- 5.8.4 Managers should in no circumstances investigate suspicions or an allegation themselves. A summary of what Officers (including Managers) should do with any concerns is included as Appendix 3. Routine verification of information or outliers according to normal processes is reasonable. However, where there is a concern that deliberate wrongdoing or potential fraud may have taken place, or they are unsure, Officers (including Managers) are encouraged to seek the advice of the relevant NHS England Counter Fraud Specialist at the earliest possible stage.
- 5.8.5 Managers must ensure all staff complete the counter fraud training as part of NHS England `s Mandatory and Statutory Training (MaST) requirements.

5.9 All Officers

- 5.9.1 All Officers should carry out their duties with due regard for NHS England's policies and procedures, be aware of fraud, bribery and corruption (Economic Crime) risks and understand the importance of protecting NHS England against them.
- 5.9.2 All Officers must report any suspicions of fraud, bribery or corruption. A summary of what all officers should do with any concerns is included as Appendix 3.
- 5.9.3 Officers should not be afraid to report genuine suspicions of fraud, bribery or corruption. The Public Interest Disclosure Act 1998 protects Employees who have reasonable

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concerns. Officers will not suffer discrimination or victimisation for following the correct procedures.

- 5.9.4 Officers should complete their Counter Fraud MaST on an annual basis.
- 5.9.5 Officers should refer to the Whistleblowing Policy for details on how to report concerns that do not relate to economic crime. Any fraud, bribery or corruption concerns received through the Whistleblowing policies or by a Freedom to Speak Up Guardian, should be referred to the NHS England Counter Fraud Team as soon as possible.
- 5.9.6 Officers should not confirm or deny the existence of an ongoing fraud investigation to any unauthorised individual (including journalists) without seeking prior approval from the Counter Fraud Lead, relevant NHS England Counter Fraud Specialist, or relevant NHSCFA investigator, as appropriate.
- 5.9.7 For details regarding responsibilities in relation to the declaration of gifts and hospitality, refer to the Standards of Business Conduct Policy.

For NHS England's expectations regarding the Values, Aims, Principles, Behaviours and Accountability, including the Nolan Principles of Public Life, refer to the Corporate Assurance Framework.

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6. Corporate Level Procedures

6.1 NHS England's Approach to Tackling Economic Crime

6.1.1 Strategic Governance

NHS England will ensure there is support for work to tackle Economic Crime at all levels within the organisation. The Chief Financial Officer will have overall responsibility for overseeing and providing strategic management and support for the work, ensuring it is embedded across NHS England.

6.1.2 Furthermore, NHS England will undertake the full range of work against economic crime.

6.1.3 Key Principles for Action

In order to tackle economic crime, NHS England will take a multi-faceted approach that is both proactive and reactive. This approach is set out in the following three key principles for action:

6.1.4 Inform and Involve

NHS England will ensure all its Officers understand what economic crime is, and their role in ensuring they follow the correct reporting procedures. This can take place through communications and promotions, such as awareness campaigns, newsletters and presentations.

6.1.5 Prevent and Deter

NHS England will remove opportunities for economic crime to occur, and discourage those individuals who may be tempted to commit these crimes. Successes will be publicised so that the risk and consequences of detection are clear to potential offenders. Those individuals who are not deterred should be prevented from committing crime by ensuring robust systems are in place.

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6.1.6 Hold to account

NHS England will ensure those who have committed economic crime against it are held to account for their actions. NHS England will ensure professionally trained specialists are in place to detect and investigate these offences, and will seek to apply the full range of sanctions to those found to have committed fraud, bribery or corruption, including criminal, civil and disciplinary sanctions (more detail regarding sanctions is provided in section 3.1.11). NHS England will also seek to recover all funds lost to economic crime.

6.1.7 Cabinet Office Functional Standard and Measuring Success

The Cabinet Office has developed Functional Standard GovS 013: Counter Fraud. The purpose of this government functional standard is to set the expectations for the management of fraud, bribery and corruption risk in government organisations. NHS England will implement these requirements in order to ensure its resources are protected from economic crime.

6.1.8 Having appropriate measures in place helps to protect NHS resources against crime and ensures they are used for their intended purpose, the delivery of patient care. It is the responsibility of NHS England as a whole to ensure it meets these standards. One or more departments or Officers may be responsible for implementing the Functional Standard.

6.1.9 NHS England will co-operate with the reporting and assurance programme associated with GovS 013 and will aim to continually enhance compliance with the Functional Standard.

7. Distribution & Implementation

7.1 Distribution Plan

7.1.1 This document will be made available to all Officers via the public websites and The Hub staff intranet.

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7.1.2 An article will be placed in the The Latest newsletter to notify all Officers of the release of this updated document.

7.1.3 A link to this document will be provided from the [Counter Fraud - Home \(sharepoint.com\)](#)

8. Monitoring

8.1 Compliance

8.1.1 Awareness of and compliance with the policies and procedures laid down in this document will be monitored by The Cabinet Office Functional Standard GovS013, as part of their quality assurance programme. Independent reviews may be conducted by both Internal and External Audit on a periodic basis.

8.1.2 The Chief Financial Officer, in conjunction with the Director of Financial Control, is responsible for the monitoring, revision and updating of this document.

8.2 Equality Impact Assessment

8.2.1 This document forms part of NHS England's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

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9. Associated & Reference Documentation

9.1 Associated Documents

- 9.1.1 Supporting attendance/attendance management policies
- 9.1.2 Business Travel and Expenses policies
- 9.1.3 Complaints Policy (NHS England)
- 9.1.4 Confidentiality Policy
- 9.1.5 Disciplinary policies
- 9.1.6 Salary Advances and Overpayment Expenses (NHS England)

9.2 Reference Documents

- 9.2.1 [Fraud Act 2006](#)
- 9.2.2 [Bribery Act 2010](#)
- 9.2.3 Standing Financial Instructions
- 9.2.4 Standards of Business Conduct
- 9.2.5 (Internal) Whistleblowing policies
- 9.2.6 Tackling Fraud, Bribery and Corruption: Economic Crime Strategy

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Appendix 1 Version Control Tracker

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V01.00	17-06-2013	Head of Assurance & Procurement	Approved	NHS England Audit Committee
V01.01	28-09-2015	Senior Finance Manager – Counter Fraud	Approved	Review and minor changes as per review date. NHS England Audit and Risk Assurance Committee
V01.02	22-09-2016	Counter Fraud Lead	Approved	Review and minor amendment. NHS England Audit and Risk Assurance Committee
V01.03	21-09-2017	Counter Fraud Lead	Approved	Review and minor amendment. NHS England Audit and Risk Assurance Committee
V01.04	03-07-2018	Counter Fraud Lead	Approved	Review and amendment. NHS England Audit and Risk Assurance Committee (Version was titled v3.1).
V01.05	01-04-2019	Counter Fraud Lead	Approved	Review and amendment to reflect the joint working arrangements between NHS England and NHS Improvement. Approval by NHS England & NHS Improvement Corporate Executive groups, with a view to being ratified by the respective Audit and Risk Assurance Committees.
V1.06	06-11-2019	Counter Fraud Lead	Approved	Review and amendment to further reflect joint working, updated Counter Fraud Specialist contact details and the Cabinet Office Functional Standard GovS 013: Counter Fraud.

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V1.07	16-09-2020	Counter Fraud Lead	Approved	Review and amendment to reflect distinct roles of Internal and External Audit (section 5.5). Also, team details in Appendix 4 updated.
V1.08	30/06/2022	Counter Fraud Specialist (Central Lead)		Review and amendment in light of NHSEI merger to reflect organisation name of NHSE. Update team details in Appendix 4

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Appendix 2 Definitions

Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this document shall have the same meaning as set out in the National Health Service Act 2006 and the Health & Social Care Act 2012 or in any secondary legislation made under the National Health Service Act 2006 and the Health & Social Care Act 2012 and the following defined terms shall have the specific meanings given to them below:

Accounting Officer	means the person responsible and accountable for resources within the control of NHS England, in accordance with the requirements of the HM Treasury guidance Managing Public Money. Under paragraph 15 of Schedule A1 of the NHS Act 2006 the Accounting Officer for NHS England is the Chief Executive.
Board	means the Chair, Executive Members and Non-executive Members of NHS England
Chair	means the persons appointed by the Secretary of State for Health under paragraph 2(1) of Schedule A1 of the NHS Act 2006, to lead the Board and to ensure that it successfully discharges its overall responsibility for NHS England. The expression “the Chair” shall be deemed to include the Vice-chair if the Chair is absent from the meeting or is otherwise unavailable.
Chief Executive	means the chief executive of NHS England appointed pursuant to paragraph 3 of Schedule A1 of the NHS Act 2006.
Chief Financial Officer	means the chief financial officer of NHS England.
Economic Crime	means fraud, bribery and corruption collectively.
Employee	means a person paid via the payroll of NHS England, or for whom NHS England has responsibility for making payroll arrangements, but excluding Non-executive Members.
Executive Member	means a Member of the Board who is appointed under paragraph 3 of Schedule A1 of the NHS Act 2006.
Member	means a Non-Executive Member or Executive Member of the Board as the context permits. Member in relation to the Board does not include its Chair.
NHS England	means NHS Commissioning Board.
Non-executive Member	means a Member of the Board who is appointed under paragraph 2(1)(a) and 2(1)(b) of Schedule A1 of the NHS Act 2006.

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Officer means an Employee of NHS England, or any other person holding a paid appointment or office with NHS England.

Secretary of State for Health means the UK Cabinet Minister responsible for the Department of Health.

Vice-chair means the Non-executive Member appointed by the Board to take on the Chair's duties if the Chair is absent for any reason.

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Appendix 3 What you do if you have concerns about fraud in the NHS

FRAUD is the dishonest intent to obtain a financial gain from, or cause a financial loss to, a person or party through false representation, failing to disclose information or abuse of position.

CORRUPTION is the deliberate use of bribery or payment of benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another.

DO:

ü **Note your concerns**

Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.

ü **Retain evidence**

Retain any evidence that may be destroyed, or make a note and report your concerns.

✓ **Report your suspicion**

Confidentiality will be respected – delays may lead to further financial loss.

DO NOT:

✗ **Confront the suspect or tell your colleagues**

Never attempt to question a suspect yourself; this could alert a fraudster or accuse an innocent person. Report your suspicions

✗ **Try to investigate, or contact the police directly**

Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must take into account legal procedures in order for it to be useful. NHS England's nominated Counter Fraud Specialists conduct investigations in accordance with legislation.

✗ **Be afraid of raising your concerns**

The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

How to report a suspected fraud taking place in the NHS

- ✉ Contacting an NHS England Counter Fraud Specialist (available Appendix 4, on the [NHS England](#) intranet page), or the team via england.counter-fraud@nhs.net
- ☎ The NHS Fraud and Corruption Reporting Line on **0800 028 40 60**
- 💻 Online at cfa.nhs.uk/reportfraud

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Appendix 4 Counter Fraud Team Contact Details

Central Team

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