

Changes in this version

Annual review revisions

1. Introduction

The NHS Counter Fraud Authority assessment is that vulnerability to fraud represents around £1.2346bn per annum across the NHS. The scale and complexity of the NHS makes it a target for fraud, particularly cyber-enabled fraud. In addition to financial fraud, the personal data that is held by the NHS is an attractive target.

NHSBT has been working to counter fraud for many years and remains vigilant, with a proportionate approach to fraud that is based on the assessment of risks particularly relevant to the organisation. NHSBT is primarily funded through charging its customers for the products and services it provides. The consequence of losses through fraudulent activity would therefore result in higher prices to its customers, who are primarily other NHS bodies, which are in turn funded by the taxpayer.

Fraud, bribery and corruption (collectively referred to as ‘economic crime’) is unacceptable and will not be tolerated. It affects the ability of the organisation to save and improve lives, as resources are wrongfully diverted and cannot be used for their intended purpose. NHSBT is committed to the prevention, identification, elimination and rigorous investigation of cases and ensuring that appropriate sanctions for redress are pursued, including the use of criminal and civil law to recover any losses, and the publication of cases. Moreover, acting with probity and transparency in everything we do enables us to reassure our donors, staff and stakeholders that public funds are properly safeguarded.

This policy should be read in conjunction with BLP1/1 [Conflicts of Interest Policy](#).

2. Policy Purpose

This policy aims to:

- explain how NHSBT addresses economic crime.
- provide guidance to staff; and
- ensure that staff can recognise economic crime and understand the correct reporting requirements.

It seeks to ensure that the organisation has robust procedures and processes in place to capture information on potential cases, that effective investigations are undertaken, that the recovery of any losses identified are maximised, that lessons are learnt, and preventative measures are taken. This policy also aims to protect the organisation, its decision-making and stewardship of public funds from any impropriety.

The policy uses as a source of reference documents and guidance published by [NHS England](#) and the [NHS Counter Fraud Authority](#), and addresses the requirements of [Government Functional Standard GovS 013: Counter Fraud](#), the [Fraud Act 2006](#) and the [Bribery Act 2010](#).

3. Scope of Application

This policy applies to all those employed by, or working on behalf of, NHSBT including:

- all employees, including executive, non-executive and associate directors;
- committee, sub-committee and advisory group members (who may not be directly employed or engaged by NHSBT);
- agency workers and contractors;
- volunteers; and
- suppliers.

For the purposes of this policy, the above groups are collectively referred to as 'staff'.

Policy statement and detail

4. Definitions of Economic Crime

4.1 Fraud

The Fraud Act 2006 created a criminal offence of fraud, and defines the three main types of fraud as follows:

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

For fraud to occur the offender's 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.

Fraud carries a maximum sentence of 10 years imprisonment.

Making a mistake is not fraud, since there is no initial dishonest conduct, or intention to gain or cause a loss through the mistake. However, knowingly concealing a mistake from which the individual or another will gain or suffer a loss, is fraud. Honesty is therefore always the best option, and staff will not suffer discrimination or victimisation for following the correct procedures, or for bringing a mistake to light (see section 5.9, below).

4.2 Bribery and Corruption

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.

The Bribery Act 2010 reformed the criminal law of bribery, making it easier to address this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, are exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

Bribery carries a maximum sentence of 10 years imprisonment and a fine.

This policy should be read in conjunction with BLP1/1 [Conflicts of Interest Policy](#).

5. Strategic Approach

5.1 Activities to address economic crime within NHSBT will follow the management of counter fraud bribery and corruption principles detailed in [Government Functional Standard GovS 013: Counter Fraud](#). This standard applies to the planning, delivery and management of the measures needed to counter fraud, bribery and corruption in government departments and their arm's length bodies.

5.2 NHSBT's response to the risks of fraud, bribery and corruption will be based on the NHS Counter Fraud Authority's four strategic pillars:

Understand – understand how fraud, bribery and corruption may affect the organisation

We will work to maintain and promote awareness of fraud, bribery and corruption risks across the organisation, and to ensure these are considered where there are changes to business processes or the external environment. We will continue to improve our communication channels through use of the intranet, emails, training sessions and events, to ensure reporting routes are understood. We will publicise the dangers of fraud and our success in tackling it, and will work to ensure that NHSBT culture means that fraud is not tolerated at any level. Where fraud is identified we will use the lessons learned to improve preventative controls and detective activity. We will work to build closer working relationships with business areas and identify key contacts. We will engage proactively with the Department of Health and Social Care Anti-Fraud Unit and the NHS Counter Fraud Authority, to understand emerging risks within the health sector, and to share learning. We will engage with the wider public sector response to fraud, particularly through the Cabinet Office National Fraud Initiative exercises, to maintain knowledge of risks that are common to all organisations.

Prevent – wherever possible we will seek to prevent fraud from occurring in the first place

We will maintain and continuously improve control processes and reporting to enable the prevention and detection of fraud and will publicise our work to deter people from committing fraud against NHSBT.

Respond – when we know that fraud has occurred, we are equipped to react

We will ensure that our Local Counter Fraud Specialist has the support and time to maintain their skills, knowledge and working relationships with Department of Health and Social Care Anti-Fraud Unit and the NHS Counter Fraud Authority, to enable cases to be thoroughly and professionally investigated. Where appropriate, we will seek the civil, criminal and disciplinary sanctions, and redress for losses will be sought. Where appropriate we will work in partnership with the police and Action Fraud.

Assure – stakeholders will have confidence that our response to fraud is robust

We will report on counter fraud work and active cases at each Audit Risk and Governance Committee meeting. We will reassess the risks, controls and action plan annually, utilising lessons learned, and knowledge gained over the preceding year, and taking account of changes to the business and external environment.

5.3 The success of the strategy and policy will be measured by:

- reference to the ambitions and strategic objectives set out in the Counter Fraud Strategy;
- reference to achievement of the Counter Fraud Annual Action Plan;

- proportionate enhancement of compliance with [Government Functional Standard GovS 013: Counter Fraud](#);
- minimising losses arising from fraud, bribery or corruption.

6. Policy and Process

6.1 Staff must report any suspicions of economic crime as soon as they become aware of them to the Local Counter Fraud Specialist, or the NHS Counter Fraud Authority, to ensure they are investigated appropriately and to maximise the chances of recovering any losses, through the one of the following routes:

- Local Counter Fraud Specialist (for contact details see Appendix 2);
- the Crimestoppers powered NHS Fraud and Corruption Reporting Line: 0800 028 40 60; or
- filling in an online form at: <https://cfa.nhs.uk/report-fraud>

6.2 The majority of allegations of economic crime will be investigated by the NHSBT Local Counter Fraud Specialist. Depending on the details of the allegation, if necessary, some cases may also be investigated by NHS Counter Fraud Authority.

6.3 Under no circumstances should staff commence an investigation into suspected or alleged economic crime themselves; a summary of what staff should do with any concerns is included in Appendix 1. 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 if unsure, staff should seek the advice of the Local Counter Fraud Specialist at the earliest possible stage.

6.4 All staff should co-operate with Local Counter Fraud Specialist, as well as with the NHS Counter Fraud Authority and other bodies, to facilitate work to tackle economic crime by:

- providing information and intelligence;
- facilitating investigations;
- complying with guidance from the Local Counter Fraud Specialist and the NHS Counter Fraud Authority; and
- not revealing information about open investigations to any individual outside of those investigating the case, without seeking prior approval from the Local Counter Fraud Specialist.

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

- appointing accredited professional personnel to operate in accordance with relevant legislation and relevant standards; and
- ensuring that appropriate measures are included in financial governance and system controls to tackle economic crime.

6.6 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 pension funds;
- internal disciplinary sanctions;
- referral to a professional body.

7. Learning Lessons and Continuous Improvement

A key focus of any investigation is to identify lessons learned, and improvements that can be made to better prevent and detect similar cases in the future. These will be documented through the Fraud Cases Log and Annual Fraud Risk Assessment and will be reported through the regular Counter Fraud paper to the Audit, Risk and Governance Committee. Actions will be owned by the Local Counter Fraud Specialist and Subject Matter Expert for the particular area, and where necessary will be escalated to the relevant Director.

8. Roles and responsibilities

Roles and responsibilities within NHTSBT:

8.1 Board

The Board will review and approve the Anti-Fraud, Bribery and Corruption Policy.

8.2 Audit, Risk and Governance Committee

- requires assurance that there are adequate arrangements in place for tackling economic crime;
- approves and monitors progress against the Counter Fraud Strategy;
- approves and monitors progress against the Annual Counter Fraud Workplan;
- receives the Counter Fraud paper at each meeting of the committee, and reviews the outcomes of counter fraud activity; and
- reviews the adequacy and effectiveness of policies and procedures, seeking reports and assurances as appropriate.

8.3 Accounting Officer (Chief Executive)

As the Accounting Officer, the Chief Executive has overall responsibility for the funds entrusted to NHTSBT and will ensure adequate policies and procedures are in place to protect NHTSBT from economic crime.

8.4 Chief Financial Officer

The Chief Financial Officer is the Board level lead for anti-fraud, bribery and corruption, and is responsible for overseeing and providing strategic management and support for all work to tackle economic crime within NHTSBT.

8.5 Senior Finance Lead

Day-to-day support for the anti-fraud, bribery and corruption policy and controls is led by the Assistant Director – Financial Control and Operations, working in close conjunction with the Local Counter Fraud Specialist, on behalf of the Chief Financial Officer.

8.6 Local Counter Fraud Specialist

The Local Counter Fraud Specialist is the accredited lead for the prevention, detection and investigation of all economic crime within NHSBT. They work with subject matter experts within the organisation, and with external organisations such as the NHS Counter Fraud Authority, the Department of Health and Social Care Anti-Fraud Unit, Action Fraud and the police, to promote their work, respond to identified weaknesses and investigate allegations of fraud, bribery and corruption.

8.7 Subject Matter Experts

Subject matter experts within the organisation may be requested to support the Local Counter Fraud Specialist in their investigation of alleged cases of fraud, bribery and corruption, and their work to address any control weaknesses identified. The nature of advice from subject matter experts will depend on the alleged case under investigation, but typical examples might include Cyber, People, Finance, Commercial or Logistics. Subject matter experts will only be requested to become involved in a case where their specialist knowledge is essential to a thorough and effective investigation.

8.8 Line Managers

Line managers are responsible for ensuring that they are aware of, and understand, applicable policies, procedures and processes within their work areas, and that these are adhered to.

Line managers should ensure that staff in their teams, or working on their behalf, are aware of economic crime risks, and understand the importance of protecting NHSBT against them.

Line managers may also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures and commit economic crime. 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. Line managers should in no circumstances investigate suspicions or an allegation themselves. A summary of what all staff should do with any concerns is included in Appendix 1.

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, line managers are encouraged to seek the advice of the Local Counter Fraud Specialist at the earliest possible stage. Line managers ~~must~~ should ensure ~~all~~ employees, agency workers and contractors complete the counter fraud training, ~~as part of the mandatory training requirements~~ particularly those staff at Band 8a and above, and those fulfilling the role of budget holder.

8.9 Staff

All staff should carry out their duties with due regard for NHSBT's policies and procedures, be aware of economic crime risks, and understand the importance of protecting the organisation against them. All staff must report any suspicions of fraud, bribery or corruption; a summary of what all staff should do with any concerns is included in Appendix 1.

Staff should not be afraid to report genuine suspicions of fraud, bribery or corruption. The [Public Interest Disclosure Act 1998](#) protects employees who have reasonable concerns. Staff will not suffer discrimination or victimisation for following the correct procedures.

Employees, agency workers and contractors should complete the counter fraud [mandatory training, particularly those staff at Band 8a and above, and those fulfilling the role of budget holder](#). Staff 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 route or by a [Freedom to Speak Up Guardian](#), should be referred to the Local Counter Fraud Specialist as soon as possible.

To support the effective investigation of alleged cases of fraud, bribery or corruption, staff should not comment on the existence of an ongoing investigation to any individual outside of those investigating the case, without seeking prior approval from the Local Counter Fraud Specialist.

Roles and responsibilities of other bodies:

8.10 NHS Counter Fraud Authority

The NHS Counter Fraud Authority is responsible for identifying, investigating and preventing fraud and other economic crime across the whole of the NHS. It provides economic crime intelligence, guidance and support to NHS bodies, and may become involved in investigating large or complex cases. NHSBT works closely with the NHS Counter Fraud Authority, including using its case management system.

8.11 Department of Health and Social Care Anti-Fraud Unit

The Department of Health and Social Care (DHSC) Anti-Fraud Unit provides economic crime guidance and support to DHSC Arm's Length Bodies such as NHSBT, including regular Counter Fraud Liaison Group meetings to share knowledge and best practice. It also assesses NHSBT's strategy, policies and procedures for preventing, detecting and investigating economic crime, and progress towards compliance with [Government Functional Standard GovS 013: Counter Fraud](#)

8.12 Internal and External Audit

Internal audits play a key role in reviewing controls, identifying system weaknesses and testing compliance with NHSBT's standing financial instructions, and other delegations and requirements applicable to the organisation.

External audits have a specific role to conduct an independent examination and express an opinion on the published NHSBT annual report and accounts.

Although the work of internal and external audit is distinct from work to address economic crime, it is closely related and auditors will request information on material cases of economic crime, test statements made in the annual report and accounts and make recommendations on any control weaknesses that they identify as part of their work.

9. Training and awareness

- 9.1 This policy will be made available to all staff via the NHSBT intranet.
- 9.2 An article will be published on the intranet each time this policy is updated, to make staff aware of the release of the revised document.
- 9.3 A link to this policy will be provided from the Counter Fraud page of the intranet.
- 9.4 Staff ~~must~~ should complete the ~~mandatory~~ Counter Fraud training, particularly those staff at Band 8a and above, and those fulfilling the role of budget holder.

10. Reporting in relation to policy

The Local Counter Fraud Specialist will report to the Audit, Risk and Governance Committee at every meeting to provide assurance in relation to compliance with this policy, identifying any breaches and the action taken as a result.

11. Related legislation, standards, policies and procedures

- 11.1 [Government Functional Standard GovS 013: Counter Fraud](#)
- 11.2 [Fraud Act 2006](#)
- 11.3 [Bribery Act 2010](#)
- 11.4 [Public Interest Disclosure Act 1998](#)
- 11.5 NHSBT related policies:
 - a) [Conflicts of Interest Policy](#)
 - b) [Disciplinary Policy](#)
 - c) [Whistleblowing Policy](#)
 - d) [Freedom to Speak Up Guardian](#)

12. Policy Review and Compliance Monitoring

- 12.1 Compliance by staff with ~~mandatory~~ Counter Fraud training will be monitored through the ~~regular mandatory~~ training user statistics ~~compliance reporting process~~.
- 12.2 Compliance with [Government Functional Standard GovS 013: Counter Fraud](#) will be monitored through the assessments conducted by the DHSC Anti-Fraud Unit, and by internal audit as part of their work to ensure compliance with all Government Functional Standards.
- 12.3 Compliance with the agreed Counter Fraud Strategy and agreed actions, and in relation to the conduct and outcome of investigations, will be monitored by the Audit, Risk and Governance Committee, through the regular Counter Fraud paper submitted to each meeting.

12.4 Proactive and reactive counter fraud activity will seek to detect other potential breaches of this policy.

Element/Activity being monitored	Lead/roles	Reporting arrangements and frequency	Recommendations/actions
Policy review / Policy/process effectiveness	Senior Finance Lead	Audit, Risk and Governance Committee, annually, or sooner should there be material changes (see 'Recommendations/actions')	The policy will be reviewed subject to new or emerging fraud, bribery and corruption risks, or material changes to the external environment, pertinent legislation, government functional standards guidance and/or evolution in best practice.
Assurance on Compliance	Local Counter Fraud Specialist	Audit, Risk and Governance Committee Updated paper for each meeting	
Breaches	Local Counter Fraud Specialist	Audit, Risk and Governance Committee Updated paper for each meeting	Appropriate action will be taken

13. Version Control and RACI view

Version	Owner	Approved by and basis of changes	Approved Date	Effective Date	Date of Next Review
POL	Assistant Director – ARGC Financial Control & Operations		11/01/2024 30/01/2024	01/2024	01/2025
BLP11X/1X	Assistant Director – ARGC Financial Control & Operations		06/01/2025 21/01/2025	01/2025	01/2026
BLP11/2	Assistant Director – ARGC Financial Control & Operations		08/01/2026 03/02/2026	02/2026	02/2027
(R) Responsible	Assistant Director – Financial Control & Operations				
(A) Accountable	Chief Financial Officer				
(C) Consultees	Local Counter Fraud Specialist				
(I) Informed	Per Section 3 Scope of Application				

Appendix 1: What you do if you have concerns about fraud in NHSBT

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, payment, or a benefit-in-kind to influence an individual to use their position in an unreasonable way to help gain advantage for another.

DO:

- ✓ **Note your concerns**
Record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.
- ✓ **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. NHSBT's Local Counter Fraud Specialist will 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.

Appendix 2: Who to contact to report suspected fraud, bribery or corruption

NHSBT Local Counter Fraud Specialist

Maxine Spivey

 maxine.spivey@nhsbt.nhs.uk

 07471 148010

The NHS Fraud and Corruption Reporting Line

 0800 028 40 60

NHS Counter Fraud Authority

 <https://cfa.nhs.uk/report-fraud>