


# Counter Fraud and Anti-Bribery Policy

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## Document Control

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## 1. Introduction

- 1.1 Central East ICB is committed to protecting NHS funds, assets, information, and reputation from fraud, bribery and corruption. These behaviours divert resources away from patient care and undermine public trust. We take a zero-tolerance approach:



suspected wrongdoing will be assessed promptly, investigated by trained specialists where appropriate, and sanctions and recovery pursued when wrongdoing is proven.

- 1.2 This policy supports the ICB’s governance and assurance arrangements by setting clear expectations, reporting routes and response actions. It also supports compliance with Government Functional Standard GovS 013: Counter Fraud and the NHS Counter Fraud Authority (NHSCFA) NHS requirements, which apply to all ICBs.

## 2. Purpose and Scope

2.1 This policy explains:

- What fraud, bribery and corruption are;
- How to recognise and report concerns;
- How Central East ICB will respond, including investigation, sanctions and recovery; and
- Who is responsible for what

### 2.2 Scope

This policy applies to all who work for, represent or do business with Central East ICB, including:

- Employees (permanent, temporary, fixed-term), secondees, interns, trainees;
- Board members and Committee members;
- Contractors, consultants, agency staff, suppliers, and partners;
- Anyone acting “for” or “on behalf of” the ICB; and
- Members of the public raising concerns about suspected NHS fraud affecting the ICB.

### 2.3 Relationship to other Policies

This policy should be read alongside: Freedom to Speak Up / Whistleblowing, Conflicts of Interest and Standards of Business Conduct, Standing Orders and Standing Financial Instructions, Procurement, Disciplinary, HR policies, and relevant Information Management & Technology / Information Security policies.

## 3. Definitions

### 3.1 Fraud

Fraud is when someone dishonestly makes a gain, causes a loss or risks a loss through:

- False representation (e.g., lying on a claim);
- Failing to disclose information where there is a legal duty to do so: or
- Abuse of position (e.g., using a trusted role to misuse funds).

Examples of NHS fraud can include false timesheets/expenses, procurement fraud, false invoices, misappropriation of assets, or false professional claims.

### 3.2 Bribery and Corruption

Bribery is offering, giving, requesting or accepting something of value to influence someone to act improperly (cash is not required, gifts, hospitality or favours can be bribes). Corruption is the misuse of a role for improper advantage.

The Bribery Act 2010 includes offences for bribing, being bribed, bribing foreign public officials, as well as a corporate offence for failure to prevent bribery where “adequate procedures” are not in place.

### 3.3 Economic Crime and Corporate Transparency Act 2023 (ECCTA) – Failure to Prevent Fraud

The ECCTA introduces a corporate offence where an organisation may be liable if an associated person commits fraud intending to benefit the organisation and the organisation and the organisation did not have reasonable fraud prevention procedures in place.

While the statutory offence applies to organisations meeting defined legislative thresholds, the fraud prevention principles are recognised as good practice and are applied by the ICB as part of its wider commitment to good governance and public accountability.

### 3.4 NHS Counter Fraud Authority (NHSCFA)

NHSCFA is the specialist body leading work to understand, prevent, and respond to fraud affecting the NHS, including standards and assurance activity.

## 4. Policy Statement

#### 4.1 Central East ICB:

- Has zero tolerance for fraud, bribery and corruption;
- Expects all staff and representatives to act with honesty, integrity and in line with public service values;
- Will ensure clear reporting routes, including for staff, contractors and the public;
- Will ensure concerns are assessed and (where appropriate) investigated by trained counter fraud professionals;
- Will seek sanctions (criminal, civil, disciplinary, regulatory) and recovery of losses where wrongdoing is proven; and
- Will protect those who raise reasonably held concerns in good faith from detriment, in line with whistleblowing protections.



Central East ICB will operate in line with GovS 013 / NHSCFA NHS Requirements, including having a board-level accountable lead, policy / response plan, risk assessment, reporting routes, trained investigators and training access.

## 5. Roles and Responsibilities

### 5.1 All staff, workers and representatives

You must:

- Protect NHS assets (money, property, data, reputation);
- Complete required counter fraud training relevant to your role;
- Report concerns promptly via the routes in section 6;
- Not investigate yourself, not confront suspects, and not share details with unauthorised persons (including media).

### 5.2 Line Managers

Managers must maintain effective local controls (segregation of duties, checks, reconciliations, supervision), ensure staff awareness and training, and report any suspicion immediately without attempting to investigate.

### 5.3 ICB Board

The Board provides strategic leadership and supports a culture that prevents and deters economic crime, ensures robust investigation of concerns, and expects appropriate sanctions where wrongdoing is proven.

### 5.4 Audit and Risk Committee

Provides oversight by reviewing counter fraud arrangements, receiving updates on activity and investigations reporting, reviewing plans and assurances, and monitoring implementation of improvement actions and any NHSCFA assessment outcomes.

### 5.5 Chief Executive

Has overall responsibility for funds entrusted to the ICB and must ensure adequate policies and arrangements to protect public funds and enable proper response to suspected fraud and bribery.

### 5.6 Executive Director of Finance, Resources and Contracting – Accountable Officer (‘CFO’)

The CFO is responsible for ensuring appropriate counter fraud arrangements and compliance with GovS 013 NHS requirements, including reporting to the Board / Audit and Risk Committee and ensuring defined roles and accountabilities.

## 5.7 Local Counter Fraud Specialist (LCFS)

The LCFS leads local counter fraud work, supports prevention and awareness, assesses allegations, and conducts investigations in line with relevant standards and the NHS Counter Fraud Manual. The LCFS reports into the CFO for operational delivery and provides updates through agreed governance routes.

## 5.8 Human Resources (HR)

HR supports disciplinary processes where staff misconduct is suspected, works closely with the LCFS to manage parallel processes appropriately, and supports recruitment checks to reduce risk.

## 5.9 Internal and External Audit

Audit functions review controls and compliance and must refer any suspected fraud issues to the LCFS promptly. Liaison between audit and counter fraud functions should be maintained to strengthen prevention.

## 5.10 Information Management & Technology (IM&T) / Information Security

Where IT misuse or security concerns suggest fraud, the relevant information security/IT lead must contact the LCFS promptly.

## 5.11 NHS England / Primary Care Responsibilities (where applicable)

NHS England statutory guidance notes that ICBs must meet GovS 013 NHS requirements and describes the division of responsibilities for counter fraud in primary care (including NHS England's national accountability and investigative responsibility relating to contractors in delegated primary care). Central East ICB will operate in line with this statutory guidance and agreed local arrangements.

# 6. Processes and Procedures

## 6.1 How to Report a Concern (Staff, Contractors, Public)

Report as soon as possible via one of the following routes:

1. Local Counter Fraud Specialist (LCFS) – *Insert contact details*
2. Executive Director of Finance, Resources and Contracting (CFO) – *Insert contact details*
3. NHSCFA Reporting - online: <https://cfa.nhs.uk/reportfraud> or phone 0800 028 4060 (Crimestoppers-powered reporting line)
4. Freedom to Speak Up / Whistleblowing routes may also be used where relevant (and concerns should be passed to LCFS appropriately)

**Commented [LM1]:** Do we want Sarah's direct email or a generic finance one?

**Commented [JS2R1]:** NHSCFA good practice is for the Accountable Officer's/CFO's direct email



5. Independent advice (optional): Protect (formerly Public Concern at Work) provides confidential advice on raising concerns: 020 3117 2520.

If the concern may involve the LCFS or the CFO: report to the Chief Executive or Chair of the Audit and Risk Committee – *insert contact details of new Corp Gov email address*

## 6.2 What to do / What not to do (Quick Guide)

### Do

- Write down your concerns (who/what/when/where);
- Keep any evidence that might be lost (do not search or “collect” evidence beyond what you already have);
- Report promptly using the routes above.

### Do Not

- Confront the person you suspect;
- Attempt your own investigation;
- Discuss your suspicions with colleagues or external parties;
- Contact the media.

## 6.3 Police Involvement

- Do not contact the police about suspected fraud/bribery unless advised through the CFO/LCFS route, to avoid undermining investigations.
- If there is immediate risk to safety or a crime in progress, call 999; for non-urgent immediate threats you may use 101, consistent with local guidance.

## 6.4 How the ICB Responds (Assessment and Investigation)

- The LCFS will assess the allegation and propose next steps to the CFO, including preliminary enquiries and whether a full investigation is warranted.
- Investigations will be carried out by trained counter fraud specialists and recorded appropriately, with relevant legal and procedural requirements considered (e.g., evidence handling, confidentiality, data protection).
- The LCFS will provide reports and recommendations to the CFO, and agreed reporting will be provided through governance routes (e.g., Audit and Risk Committee).

**Commented [JS3]:** CFO retains authority to determine how allegations are dealt with, taking advice from LCFS, HR, legal, etc.

## 6.5 Sanctions and Recovery (What happens if wrongdoing is proven)

Central East ICB may pursue one or more of the following, depending on the case:

- Criminal (working with NHSCFA/police/CPS where relevant);
- Civil recovery of losses (including interest/costs), including recovery via agreements or court where necessary;
- Disciplinary action for staff (including potential summary dismissal for gross misconduct, subject to due process);
- Regulatory/professional referral where applicable (e.g., professional bodies).



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Central East ICB will seek to recover losses wherever possible, using appropriate routes (including confiscation/compensation where relevant, and repayment agreements), and will support learning to prevent recurrence.

### 6.6 Gifts, Hospitality, Sponsorship and Conflicts of Interest

Gifts and hospitality must never be used to influence decisions. All staff must comply with the ICB's Conflicts of Interest and Standards of Business Conduct policy and declare gifts/hospitality/other relevant interests in line with local thresholds and procedures.

### 6.7 Training and Awareness

- All staff must have access to counter fraud awareness training appropriate to their role.
- Training is provided for new starters and through mandatory training programmes/portals.

## 7. Statutory and National Guidance

7.1 This policy has been developed with reference to the following statutory and national guidance:

- NHS England: Integrated care boards counter fraud statutory guidance (July 2022)
- NHS Counter Fraud Authority (NHSCFA): NHS Requirements under Government Functional Standard 013
- Cabinet Office: Government Functional Standard GovS 013: Counter Fraud
- Fraud Act 2006
- Bribery Act 2010
- Public Interest Disclosure Act 1998 (whistleblowing protections referenced within local policies)
- Economic Crime and Corporate Transparency Act 2023 (failure to prevent fraud) and associated guidance (where in scope / as good practice)
- NHSCFA Strategy 2023–26

## 8. Stakeholder Engagement Record

8.1 The following stakeholders were engaged in the development / review. of this policy:

<b>Role/Group</b>	<b>Date of Engagement</b>	<b>Summary of Feedback</b>
BDO Counter Fraud provider	23.3.2026	Minor comments incorporated

## Accessibility Statement

This policy is available in alternative formats upon request, including large print, Braille and translated versions, to ensure accessibility for all staff and stakeholders.

## Implementation Plan

**Development and Consultation:** Central East ICB CFO and LCFS to lead; governance, HR, procurement and audit input; record engagement in section 8.

**Dissemination:** Publish on intranet and external website (where appropriate). Communicate through staff briefings and manager cascade.

**Training:** Provide awareness training for new starters and refresher/must-do training as per mandatory training programme and role requirements.

**Monitoring:** LCFS to monitor referrals, themes, learning outcomes; CFO to ensure reporting to Audit and Risk; complete annual NHSCFA returns/self-assessment as required.

**Review:** Review at least every 2 years, or earlier following significant legislative/guidance/organisational change or lessons learned.

**Equality, Diversity, and Privacy:** Complete/refresh EIA and DPIA screening (appendices).

**Associated Documents:** As listed in section 2.3

**References:** As listed in section 7

## Appendix 1: Equality Impact Assessment

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: [agcsu.equalities@nhs.net](mailto:agcsu.equalities@nhs.net)

<b>Name of Policy:</b>	Counter Fraud and Anti-Bribery Policy
<b>Date of assessment:</b>	23-03-2026
<b>Screening undertaken by:</b>	Head of Corporate Governance

Protected characteristic and inclusion health groups.	Could the policy create a disadvantage for some groups in application or access?  (Give brief summary)	If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified?  If not, please detail additional actions that could help.  If this is not possible, please explain why
<p>Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination:</p> <p><a href="https://www.equalityhumanrights.com/en/equality-act/protected-characteristics">https://www.equalityhumanrights.com/en/equality-act/protected-characteristics</a></p>	No	

A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).

**Disability**

A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

No

**Gender reassignment**

The process of transitioning from one gender to another.

No

**Marriage and civil partnership**

Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.

No

**Pregnancy and maternity**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

No

**Race**

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship) ethnic or national origins.

No

**Religion or belief**

Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or

No

the way you live for it to be included in the definition.

**Sex**

A man or a woman.

No

**Sexual orientation**

Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.

No

**Carers**

Individuals within the ICB which may have carer responsibilities.

No

**Please summarise the improvements which this policy offers compared to the previous version or position.**

None

**Has potential disadvantage for some groups been identified which require mitigation?**

No



## Appendix 2: Data Protection Impact Assessment

Screening questions to determine if a full DPIA is required. Guidance on handling personal and sensitive data.

Data protection is the fair and proper use of information about people. Before completing this form, please refer to the Data Protection Impact Assessment (DPIA) Guidance in the Information Governance (IG) section on the staff Intranet or contact the Data Protection Officer for support via **(insert email address once confirmed)**

A DPIA is a process to help you identify and minimise the data protection risks. You must do a DPIA for processing that is likely to result in a high risk to individuals. You can use our screening checklist below to help you decide when to do one. If you have answered 'Yes' to any of the 10 screening questions, you must then carry out a full DPIA using the Stage 2 form, which is also available on the Intranet in the IG section.

<b>Name of Policy:</b>	Counter Fraud and Anti-Bribery Policy
<b>Date of assessment:</b>	23-3-2026
<b>Screening undertaken by:</b>	Head of Corporate Governance

### Stage 1 – DPIA form

please answer 'Yes' or 'No'

<b>1. Will the policy result in the processing of personal identifiable information / data?</b> This includes information about living or deceased individuals, including their name, address postcode, email address, telephone number, payroll number etc.	No
<b>2. Will the policy result in the processing of sensitive information / data?</b> This includes for living or deceased individuals, including their physical health, mental health, sexuality, sexual orientation, religious belief, National Insurance No., political interest etc.	No
<b>3. Will the policy involve the sharing of identifiers which are unique to an individual or household?</b> e.g., Hospital Number, NHS Number, National Insurance Number, Payroll Number etc.	No
<b>4. Will the policy result in the processing of pseudonymised information by organisations who have the key / ability to reidentify the information?</b> <b>Pseudonymised data</b> - where all identifiers have been removed and replaced with alternative identifiers that do not identify any individual. Re-identification can only be achieved with knowledge of the re-identification key. <b>Anonymised data</b> - data where all identifiers have been removed and data left does not identify any patients. Re-identification is remotely possible, but very unlikely.	No
<b>5. Will the policy result in organisations or people having access to information they do not currently have access to?</b>	No
<b>6. Will the policy result in an organisation using information it already holds or has access to, but for a different purpose?</b>	No
<b>7. Does the policy result in the use of technology which might be perceived as being privacy intruding?</b> e.g., biometrics, facial recognition, CCTV, audio recording etc.	No
<b>8. Will the policy result in decisions being made or action being taken against individuals in ways which could have a significant impact on them?</b>	No



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Including profiling and automated decision making. (This is automated processing of personal data to evaluate certain things about an individual i.e., diagnosis and then making a decision solely by automated means - without any human involvement)	
<b>9. Will the policy result in the collection of additional information about individuals in addition to what is already collected / held?</b>	No
<b>10. Will the policy require individuals to be contacted in ways which they may not be aware of and may find intrusive? e.g., personal email, text message etc.</b>	No

