1. Introduction - The Authority’s Strategy

One of the basic principles of the NHS is the proper use of public funds. It is therefore important that all staff working in the public sector are aware of the risk of fraud, corruption, theft, and other illegal acts involving dishonesty.

The Authority aims to reduce fraud to the absolute practical minimum and put in place arrangements to hold fraud at a minimum level permanently. This will enable the NHS to target more resources at providing better patient care. The Authority’s counter fraud approach will be professional, comprehensive, fair, balanced, cost effective, specialist and inclusive; the Authority’s aim is to involve all stakeholders in this approach.

The seven key objectives of the Authority’s strategy are:

- The creation of an anti-fraud culture;
- Maximum deterrence of fraud;
- Successful prevention of fraud which cannot be deterred;
- Prompt detection of fraud which cannot be prevented;
- Professional investigation of detected fraud;
- Effective sanctions, including legal action against people committing fraud;
- Effective methods for seeking redress in respect of money defrauded.

The ultimate aim of all counter fraud work is to support improved NHS services and ensure that fraud within the NHS is clearly seen as being unacceptable. Stopping the theft of public money by fraudsters who are committing criminal offences brings with it the bonus of being able to see that money deployed for the public good, as the taxpayer intended.

This paper sets out the Authority’s procedures for handling suspected cases of fraud and corruption, and gives instructions to staff and managers about what to do, and who to contact/notify, if there are any concerns. Awareness of, and involvement in, counter fraud work should be a general responsibility of all professionals, and the support of all staff is needed.

This Policy applies to all staff undertaking work for NHS Professionals. The Policy does not include theft and other criminal/illegal acts involving dishonesty or assault. This is covered in the Authority’s Security Policy (currently being prepared).

2. Public Service Values

The Codes of Conduct for NHS Boards and NHS Managers set out the key public service values. They state that high standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. These values are summarised as:

<table>
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<tr>
<th>Accountability</th>
<th>Everything done by those who work in the Authority must be able to stand the tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.</th>
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<tr>
<td>Probity</td>
<td>Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, staff, suppliers and customers.</td>
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<tr>
<td>Openness</td>
<td>The Authority’s activities should be sufficiently public and transparent to promote confidence between the Authority and its staff and the public.</td>
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All staff should be aware of, and act in accordance with, these values.
3. **The Authority’s Policy**

The Board is absolutely committed to maintaining an honest, open, non-discriminatory and well-intentioned atmosphere throughout the Authority. It is therefore committed to reducing fraud to the absolute practical minimum within the Authority, and to the rigorous investigation of any such cases. Where any acts of fraud or corruption are proven, the Authority will ensure that the culprits are appropriately dealt with, and will also take all appropriate steps to recover any losses in full.

The Board wishes to advise that it is the responsibility of all staff to report any reasonable suspicions of fraud or corruption. It is also the Board’s policy that an employee should not suffer as a result of reporting reasonably held suspicions, and there must be no unlawful discrimination on any grounds. Staff are encouraged to raise concerns under the Authority’s Whistle Blowing Policy.

4. **Local Counter Fraud Arrangements**

The NHS launched its “Countering Fraud” strategy in December 1998. This made it clear that all staff carrying out NHS counter fraud investigations must be trained and accredited to ensure that work is undertaken to common, high standards. The key features of this strategy were:

- NHS Counter Fraud & Security Management Service (CFSMS) – national policy body;
- Counter Fraud Service (CFS) – operational regional and specialist teams;
- Local Counter Fraud Specialists (LCFS), individuals trained in each NHS body.

Every NHS body is required to nominate an officer to fulfil the role of LCFS. The Director of Finance has overall responsibility for monitoring the counter fraud arrangements. The responsibility for individual investigations rests with the LCFS, whose role includes:

- Investigation of internal fraud at the Authority;
- Liaison with investigating LCFS staff at client trusts;
- Assisting the Regional and Specialist Teams on wider cases;
- Developing an anti-fraud culture throughout the Authority;
- Identifying potential fraud;
- Providing fraud awareness training to staff groups.

The Authority has nominated Central England Audit & Consultancy (CEAC), to fulfil the role of LCFS. The LCFS will liaise fully at all times with the Director of Finance and the Director of Human Resources or nominated representatives.

Investigations will be conducted in accordance with the NHS Counter Fraud & Corruption Manual. For confidentiality purposes, copies of this manual are only issued to the Director of Finance and the LCFS. Additionally, appropriate action may be taken in accordance with the Authority’s Disciplinary Policy.

5. **Action to be Taken by Staff Suspecting Fraud or Corruption**

Where a member of staff suspects that fraud or corruption has occurred, or is about to take place, it is important that they contact the appropriate person immediately. Details of how to do this are attached in Appendix 1 of this policy.

*There will be no recriminations against staff that report reasonably held suspicions, and victimising or deterring staff from reporting concerns will be treated as a serious disciplinary matter.*

Equally however, abuse of the process by raising malicious allegations will also be regarded as a disciplinary matter. Any contravention of this policy should be reported to the Chief Executive or the Chair of the Authority’s Audit Committee.

6. **Investigations with Clinical Implications**

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

In such an instance, the LCFS is responsible for ensuring that the Director of Finance is informed of the potential risk at the earliest opportunity. The Director of Finance or designated deputy will decide which of his/her senior colleagues, should be informed and consulted with before reaching a decision. Any appropriate professional body may also be notified. It is essential that this happens, to ensure that the Director of Finance’s decision can take account of the full consideration of the clinical and non-clinical risks facing the organisation. To ensure that the investigation is not compromised however, it is vital that the number of people aware of the investigation is kept to an absolute minimum. If in any doubt, advice will be sought from the Regional Counter Fraud Teams or the NHS Counter Fraud & Security Management Service’s Legal Services Unit.

It may be appropriate or necessary for immediate action to be taken. All previously agreed parties should be involved in this process, and should be kept informed of any action taken and the outcomes. Any decision to contact or suspend the individual(s) under suspicion must involve the Director of Finance, Director of Human Resources and LCFS.

**Under no circumstances will issues of fraud take priority over patient care.**

7. **Associated Documents**
This policy should be read in conjunction with the Authority’s Standing Financial Instructions (SFIs), Whistle Blowing Policy, Disciplinary Policy and Security Policy (*currently being prepared*).
# APPENDIX 1

## Action to take if you discover or suspect FRAUD or CORRUPTION

<table>
<thead>
<tr>
<th>FRAUD</th>
<th>CORRUPTION</th>
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<td>Any deliberate intent to deprive an employer of money or goods through the falsification of any records or documents (e.g. submission of false invoices, inflated time records or travel claims, the use of orders to obtain goods for personal use). In accordance with the NHS Counter Fraud Charter with UNISON (see below), this definition is intended to clarify the crucial distinction between deliberate fraud and unintentional error, removing wherever possible any confusion or ambiguity.</td>
<td>Where someone is influenced by bribery, payment or benefit in kind to unreasonably use his or her position to give some advantage to another.</td>
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| This must be reported IMMEDIATELY to:  
  - Local Counter Fraud Specialist (LCFS) on 01296 611247 or 07779 031126  
  - Director of Finance (DoF) on 0207 887 7179 | You should discuss your concerns, or what you have discovered, with either of the following:  
  - Local Counter Fraud Specialist (as above);  
  - Director of Finance (as above). |
| Where appropriate, the DoF will notify the Chief Executive and Director of Human Resources. | Where appropriate, the DoF/LCFS will notify the Chief Executive and Director of Human Resources. |

### NHS National Fraud Hotline: Alternatively, issues may also be reported (confidentially if necessary) on the National Fraud Hotline on 0800 028 40 60. However, this action should be followed as a last resort, as we would prefer you to report the matter internally first.

### NHS Counter Fraud Charter with UNISON: trade union members are reminded of the NHS Counter Fraud and Security Management Service/UNISON Charter “Countering Fraud in the NHS”.

Individuals who are subject to an investigation have a right to legal representation, and this can be obtained through their trade union, solicitor, citizens advice bureau or any other legal adviser.

### FRAUD DO’s & DON’T’S

- **DO** tell someone if you have concerns (as above) – confidentiality will be respected.
- **DO** be persistent if you cannot get through to the LCFS first time.
- **DO** keep or copy any document that may arouse suspicions (solely for use in any subsequent investigation).
- **DO NOT** be afraid to ring the LCFS for advice.
- **DO NOT** confront an individual with your suspicions.
- **DO NOT** discuss the matter with anyone else.
- **DO NOT** contact the police – notify the Director of Finance or the LCFS.
- **DO NOT** suspend any member of staff before taking advice from Human Resources, the Director of Finance and the LCFS.

*If you suspect theft or any other irregularity, or any other criminal/illegal acts involving dishonesty or assault, please contact the Authority’s Local Security Management Specialist.*
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<thead>
<tr>
<th>Description</th>
<th>Details</th>
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<tbody>
<tr>
<td>Executive sponsor of the policy</td>
<td>Jeff Lynch</td>
</tr>
<tr>
<td>Author of the policy</td>
<td>Janet Martin</td>
</tr>
<tr>
<td>Version and date of that version</td>
<td>22 August 2005</td>
</tr>
<tr>
<td>Date approved by the Executive Team</td>
<td>05 September 2005</td>
</tr>
<tr>
<td>Date ratified by the Board</td>
<td>13 September 2005</td>
</tr>
<tr>
<td>Policy number</td>
<td>NP 008</td>
</tr>
<tr>
<td>Date (month and year) when the policy should be reviewed, which should be</td>
<td>December 2006</td>
</tr>
<tr>
<td>no more than 3 years after formal approval</td>
<td></td>
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