



Somerset
Clinical Commissioning Group

Anti-fraud, bribery and corruption policy

July 2018

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1 Introduction

1.1 General

- 1.1.1 Somerset Clinical Commissioning Group is committed to preventing and reducing fraud, bribery and corruption in the National Health Service (NHS), and will seek the appropriate disciplinary, regulatory, civil and criminal sanctions against fraudsters and where possible will attempt to recover losses.
- 1.1.2 Somerset Clinical Commissioning Group wholly endorses the NHS Counter Fraud Authority (NHSCFA) strategy towards the elimination of any fraud within the NHS.
- 1.1.3 Somerset Clinical Commissioning Group wishes to encourage anyone that has reasonable suspicions of fraud to report them. All employees, patients and contractors can be confident that they will not suffer in any way as a result of reporting reasonably held suspicions of fraud. For these purposes "reasonably held suspicions" shall mean any suspicions other than those which are raised maliciously and found to be groundless.
- 1.1.4 Somerset Clinical Commissioning Group has approved a "Whistle blowing Policy" in accordance with the Public Interest Disclosure Act 1998. Under the terms of this Act, a member of staff is protected if they act reasonably and responsibly.
- 1.1.5 This policy is supported and endorsed by senior management.

1.2 Aims and objectives

- 1.2.1 This anti-fraud, bribery and corruption policy is intended to provide a guide on what fraud is in the NHS, and ensure that employees, patients and contractors are aware of the correct reporting requirements and the action the organisation will take to counter fraud, bribery and corruption.
- 1.2.2 The policy is also intended to ensure that fraud, bribery and corruption is recognised and reported by employees, patients and contractors who are aware of their responsibility to safeguard NHS funds.

1.3 Scope

- 1.3.1 This document is intended to provide direction and help to those officers and directors of Somerset Clinical Commissioning Group who become aware of fraud, bribery or corruption against the NHS. This document is not intended to provide direction on prevention of fraud.
- 1.3.2 The Policy will apply to all employees, contractors, consultants and other internal and external stakeholders.

2 Definitions

2.1 NHS Counter Fraud Authority (NHSCFA)

- 2.1.1 Crime against the NHS can seriously undermine its effectiveness and ability to deliver healthcare services. The NHSCFA 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. It also has a responsibility to ensure that any investigations are conducted in accordance with NHSCFA guidance.
- 2.1.2 For more information review the NHSCFA strategy: Leading the fight against NHS fraud: Organisational strategy 2017-2020. Available at: <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

2.2 Counter fraud standards¹

- 2.2.1 A requirement in the NHS standard contract is that providers of NHS services (that hold a Monitor's Licence or is an NHS Trust) must take the necessary action to comply with the NHSCFA's counter fraud standards. Others should have due regard to the standards. The contract places a requirement on providers to have policies, procedures and processes in place to combat fraud, corruption and bribery to ensure compliance with the standards. The NHSCFA carries out regular assessments of health organisations in line with the counter fraud standards.

2.3 Fraud²

- 2.3.1 Fraud is defined as: A dishonest act (or a failure to act) made with the intention of making a financial gain or causing a financial loss (or risk of loss).
- 2.3.2 The dishonest act does not need to be successful for fraud to be committed, as long as the intention exists. Neither does the financial gain have to be personal, but can be for the benefit of another. Where the intent is to cause a loss to the organisation, no gain by the perpetrator needs to be shown.
- 2.3.3 Petty theft, without the distortion of financial statements or other records, will not normally be dealt with by the Local Counter Fraud Specialist (LCFS) and should be reported to the Police. However, where an employee abuses their position to misappropriate cash or other income this may be considered to be fraud and dealt with under this policy.

¹ <https://cfa.nhs.uk/counter-fraud-standards>

² Fraud Act 2006 1-4 <https://www.legislation.gov.uk/ukpga/2006/35/contents> and Bribery Act 2010 <https://www.legislation.gov.uk/ukpga/2010/23/contents>

- 2.3.4 The Fraud Act 2006 is the relevant legislation. The Act includes eight separate offences; those most applicable to the NHS and this policy are:
- 2.3.5 Fraud by false representation - is defined by Section 2 of the Act. A person may be guilty of an offence if he dishonestly makes a false representation, and intends, by making the representation to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, an employee claiming travel expenses for journeys they have not done.
- 2.3.6 Fraud by failing to disclose information - is defined by Section 3 of the Act. A person may be guilty of an offence if he dishonestly fails to disclose to another person information which he is under a legal duty to disclose, and intends, by failing to disclose the information to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, failing to disclose criminal convictions when asked to do so as part of the recruitment process, in order to obtain employment.
- 2.3.7 Fraud by abuse of position - is defined by Section 4 of the Act. A person may be guilty of an offence if he occupies a position in which he is expected to safeguard, or not to act against, the financial interests of another person, dishonestly abuses that position, and intends, by means of the abuse of that position to make a gain for himself or another, or to cause loss to another or to expose another to a risk of loss. For example, a manager creating ghost employee's and paying the salaries into his/her own bank account.
- 2.3.8 Possession of articles for use in fraud(s) - is defined by Section 6 of the Act. A person may be guilty of an offence if he has in his possession or under his control any article for use in the course of or in connection with any fraud. For example, using a false passport or other documentation to secure employment.
- 2.3.9 Making or supplying articles for use in fraud(s) - is defined by Section 7 of the Act. A person may be guilty of an offence if he makes, adapts, supplies or offers to supply any article knowing that it is designed or adapted for use in the course of or in connection with fraud, or intending it to be used to commit, or assist in the commission of, fraud. For example, producing a prescription in a patients name with the intention of obtaining drugs and retaining them for personal use, or supplying them to another.

2.4 Bribery and corruption³

- 2.4.1 The Bribery Act 2010 is the relevant legislation. The Act creates a number of criminal offences and those most applicable to the NHS and this policy are:
- 2.4.2 Offence of bribing another person - is defined by section 1 of the Act. It is an offence for a person to offer, promise, or give a financial or other advantage to another person as an inducement for, or as a reward for, them improperly performing any duty. For example, providing excess hospitality to a potential purchaser or commissioner of the organisation's services.
- 2.4.3 Offence of being bribed - is defined section 2 of the Act. It is an offence for a person to request, or agree to receive, or accept a financial or other advantage as an inducement to, or as a reward for, the improper performance of any function or activity. For example, where an employee who sells confidential information to a third party or provides preferential treatment to suppliers or patients for a fee.
- 2.4.4 Failure of a commercial organisation to prevent bribery — is defined within section 7 of the Act. If an individual bribes another person to obtain or retain business, or an advantage in the conduct of business for an organisation, then that organisation may also be guilty of an offence. For example if an NHS Trust fails to put adequate controls in place to prevent bribery and an employee offers a bribe to a commissioning Clinical Commissioning Group.
- 2.4.5 A "financial or other advantage" has a wide meaning and could include holidays or entertainment, contracts, non-monetary gifts and offers of employment etc.
- 2.4.6 A "relevant function or activity" covers "any function of a public nature; any activity connected with a business, trade or profession; any activity performed in the course of a person's employment; or any activity performed by or on behalf of a body of persons whether corporate or unincorporated".
- 2.4.7 The conditions attached are that the person performing the function should be expected to perform it in good faith or with impartiality, or that an element of trust attaches to that person's role.
- 2.4.8 Activity will be considered to be "improperly" performed when there is a breach of good faith, impartiality or a position of trust. The standard in deciding what would be expected is what a reasonable person in the UK might expect of a person in such a position.
- 2.4.9 Any concerns about bribery should be referred to the Local Counter Fraud Specialist.

³ <https://www.legislation.gov.uk/ukpga/2010/23/contents>

3 Roles and responsibilities

3.1 Governing Body

- 3.1.1 The Governing Body should take overall responsibility for the effective design, implementation and operation of the anti-bribery and corruption initiatives.
- 3.1.2 The Governing Body should provide clear and demonstrable support and strategic direction for counter fraud, bribery and corruption work. They should review the proactive management, control and the evaluation of counter fraud, bribery and corruption work.
- 3.1.3 The Governing Body should ensure that senior management is aware of and accepts the initiatives, and that they are embedded in the corporate culture.

3.2 Chief Financial Officer

- 3.2.1 The Chief Financial Officer (CFO) is provided with powers to approve financial transactions initiated by directorates across the organisation.
- 3.2.2 The CFO prepares, documents, and maintains detailed financial procedures and systems that incorporate the principles of separation of duties and internal checks to supplement those procedures and systems.
- 3.2.3 The CFO will report annually to the Governing Body and the Clinical Commissioning Group on the adequacy of internal financial control and risk management as part of the Governing Body's overall responsibility to prepare a statement of internal control for inclusion in the organisation's annual report.
- 3.2.4 All anti-fraud, bribery and corruption work within the organisation is directed by the CFO. The CFO shall be responsible for operational matters such as authorising the investigation of alleged fraud, interviews under caution and the recovery or write-off of any sums lost to fraud.

- 3.2.5 The CFO will inform the LCFS of any incidents where fraud, bribery or corruption is suspected within the organisation. Depending on the outcome of initial investigations, the CFO shall inform and consult the Accountable Officer and appropriate senior management in cases where there may be a material loss due to fraud, bribery or corruption, or where the incident may lead to adverse publicity.
- 3.2.6 A decision on whether to refer the matter to the Police (or another agency), seek Police assistance or to commence criminal proceedings will be made with the agreement of the CFO and the LCFS.

3.3 Audit Committees

- 3.3.1 The role of the Audit Committee is to review, approve and monitor the counter fraud workplan, receive regular updates on counter fraud activity, and review annual reports on counter fraud.
- 3.3.2 The Audit Committee provides direct access to, and liaison with, those responsible for counter fraud, and is also responsible for reviewing and implementing any NHSCFA quality assessment reports and recommendations.
- 3.3.2 For more information consider the NHS Audit Committee Handbook 2018 <https://www.hfma.org.uk/publications?Type=Guide>

3.4 Internal and external audit

- 3.4.1 The role of internal and external audit includes reviewing controls and systems and helping ensuring compliance with financial instructions. They have a duty to pass on any suspicions of fraud, bribery or corruption to the LCFS.

3.5 Human resources

- 3.5.1 Human Resources staff play a vital part in identifying and reporting incidents of suspected fraud, bribery and corruption.
- 3.5.2 Criminal and disciplinary processes have different purposes, different standards of proof, and are governed by different rules. As such, it would not be appropriate for one investigation to cover both criminal and disciplinary matters. However, a disciplinary enquiry can proceed in parallel with a criminal investigation as long as there is close co-operation between Human Resources staff, the organisation's investigating officer and the LCFS.

- 3.5.3 A criminal investigation seeks to establish the facts in relation to a suspected criminal offence. Investigators are bound by rules of evidence, including the Criminal Procedure and Investigations Act 1996 (CPIA) and the Police and Criminal Evidence Act 1984 (PACE) and Codes of Practice. Guilt in a criminal prosecution must be proved 'beyond reasonable doubt'.
- 3.5.4 The purpose of a disciplinary investigation is to establish the facts of the case, i.e. to ascertain whether there is a reasonable belief that the alleged misconduct has occurred; whether the employee has any explanation for the alleged misconduct; and whether there are any special circumstances to be taken into account. Disciplinary investigations and ensuing proceedings must adhere to the Advisory, Conciliation and Arbitration Services (ACAS) Code of Practice on Disciplinary and Grievance Procedures, as well as any local HR policies.
- 3.5.5 The NHSCFA approach to pursuing sanctions in cases of fraud, bribery and corruption is that the full range of possible sanctions – including criminal, civil, disciplinary and regulatory – should be considered at the earliest opportunity, and any or all of these may be pursued where and when appropriate. Guidance is available in Chapter 6 of the Anti-fraud manual: Seeking to apply sanctions where fraud, bribery or corruption is proven. The consistent use of an appropriate combination of investigative processes in each case demonstrates an organisation's commitment to take fraud, bribery and corruption seriously and ultimately contributes to the deterrence and prevention of such actions.
- 3.5.6 It is not unusual for the criminal and disciplinary processes to overlap. For example, an employee who is being investigated for suspected fraud may also be the subject of disciplinary proceedings by their employer arising out of the same set of circumstances.

3.6 Local Counter Fraud Specialist

- 3.6.1 The LCFS is responsible for tackling fraud, corruption and bribery affecting Somerset Clinical Commissioning Group, in accordance with national NHSCFA standards. The LCFS reports directly to the CFO and at least annually to the Audit Committee.
- 3.6.2 The LCFS will work with key colleagues and stakeholders to promote anti-fraud work, conduct risk assessments, and effectively respond to system weaknesses and investigate allegations of fraud and corruption.
- 3.6.3 The LCFS will ensure that the NHSCFA case management system, FIRST, is used to record all allegations of suspected fraud, bribery and corruption, and to provide information to inform national intelligence.

- 3.6.4 The LCFS will use FIRST to support and progress the investigation of fraud, bribery and corruption allegations, in line with NHSCFA guidance.
- 3.6.5 The LCFS will follow NHSCFA guidance, as set out in the NHS anti-fraud manual and current case acceptance criteria, in supporting the investigation of all allegations of fraud, bribery and corruption. The LCFS will ensure that relevant legislation, such as the Police and Criminal Evidence Act 1984 and the Criminal Procedure and Investigations Act 1996, is adhered to.
- 3.6.6 The LCFS will complete witness statements that satisfy the NHSCFA training model and best practice, and follow national guidelines approved by the Crown Prosecution Service.
- 3.6.7 The LCFS will ensure that interviews under caution are conducted following the NHSCFA training model, and in line with the National Occupational Standards (CJ201.2) and the Police and Criminal Evidence Act 1984.
- 3.6.8 The LCFS will develop and deliver a comprehensive risk based anti-fraud work plan in compliance with all relevant NHSCFA standards for fraud, bribery and corruption. The anti-fraud work plan will address the following four areas:

Strategic Governance – Work relating to the organisation’s strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.

Inform and Involve – Work in relation to raising awareness of fraud, bribery and corruption risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of such crime against the NHS.

Prevent and Deter – Work to discouraging individuals who may be tempted to commit crimes against the NHS and ensuring opportunities for crime to occur are minimised.

Hold to Account - Work to detect and investigate crime, prosecuting those who have committed crimes and seeking redress.

3.7 Managers

- 3.7.1 All managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review.
- 3.7.2 Managers have a responsibility to ensure that employees are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not comply with policies and procedures.
- 3.7.3 Any instances of actual or suspected fraud, bribery or corruption brought to the attention of a manager should be immediately reported to the LCFS or via the national Fraud and Corruption Reporting Line (FCRL).
- 3.7.4 The NHS FCRL can be contacted on 0800 028 40 60, or alternatively, fraud can be reported confidentially online at www.cfa.nhs.uk/reportfraud. These reporting methods are not intended to replace existing local reporting lines, rather to provide a way for those who feel unable to use them.
- 3.7.5 It is important that managers do not investigate any suspected financial crimes themselves.
- 3.7.6 Managers will promptly provide support and information to the LCFS to enable them to carry out their duties. In particular, managers and their staff will co-operate with, and participate in, activities at the request of NHSCFA and the LCFS, including the implementation of national anti-fraud, bribery and corruption measures. Managers will also ensure that employees adhere to guidance provided in intelligence alerts, bulletins and local warnings issued by NHSCFA and the LCFS.
- 3.7.7 Managers will proactively identify and report any system weaknesses that could facilitate fraud, bribery or corruption.

3.8 All employees

- 3.8.1 All employees are required to comply with the policies and procedures of Somerset Clinical Commissioning Group and apply best practice in order to prevent fraud, bribery and corruption. All employees have a responsibility to protect NHS resources from such crimes.
- 3.8.2 Employees who are involved in, or manage, internal control systems should ensure that they receive adequate training and support in order to carry out their responsibilities.
- 3.8.3 If an employee suspects that fraud, bribery or corruption has taken place, they should ensure it is reported to the LCFS and/or NHSCFA.

3.8.4 Under no circumstances should a member of staff speak or write (including email) to representatives of the press, TV, radio, or to another third party, about suspected fraud, bribery or corruption. The established lines of reporting concerns to either the CFO, LCFS or via the FCRL should be used and staff can be reassured that all allegations will be investigated.

3.9 Information management and technology

3.9.1 The Computer Misuse Act became law in 1990; the Act identifies three specific offences:

1. Unauthorised access to computer material.
2. Unauthorised access with intent to commit or facilitate commission of further offences.
3. Unauthorised acts with intent to impair, or with recklessness as to impairing, operation of computer, etc.

3.9.2 Unauthorised access to computer material could include using another person's identifier (ID) and password without proper authority in order to use data or a program, or to alter, delete, copy or move a program or data.

3.9.3 Unauthorised access with intent to commit or facilitate commission of further offences, could include gaining unauthorised access to financial or administrative records with intent.

3.9.4 Unauthorised acts with intent to impair, or with recklessness as to impairing the operation of computer, could include: destroying another user's files; modifying system files; creation of a virus; changing clinical records; and deliberately generating information to cause a complete system malfunction.

3.9.5 The fraudulent use of information technology will be reported to the Head of Information Security or to the LCFS.

4 The response plan

4.1 Bribery and corruption

4.1.1 Somerset Clinical Commissioning Group will conduct regular risk assessments in line with Ministry of Justice guidance⁴ to assess how bribery and corruption may affect the organisation, and ensure proportionate procedures are put in place to mitigate identified risks.

⁴ <https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>

4.1.2 Somerset Clinical Commissioning Group has a comprehensive Standards of Business Conduct Policy that outlines the procedures in relation to the declaration of interests, gifts and hospitality and sponsorship.

4.2. Reporting fraud, bribery or corruption

4.2.1 Any employee of Somerset Clinical Commissioning Group discovering or suspecting fraud, bribery or corruption should report the matter immediately to the LCFS or the CFO. All information received is treated in the strictest confidence. The contact details of the LCFS are available on the website.

4.2.2 If an employee is concerned that the LCFS or the CFO themselves may be implicated in suspected fraud, bribery or corruption, the matter should be reported to the Chief Financial Officer.

4.2.3 Suspicions of fraud, bribery and corruption can also be reported using the NHS FCRL on freephone 0800 028 40 60 or by filling in an online form at www.cfa.nhs.uk/reportfraud, as an alternative to internal reporting procedures and if staff wish to remain anonymous.

4.2.4 A guide has been included in the appendix of this policy (Annex A), to provide a reminder of the key contacts and a checklist of the actions to follow if fraud, bribery and/or corruption, is discovered or suspected. Managers are encouraged to copy this to staff and to place it on staff notice boards.

4.2.5 All reports of fraud, bribery and corruption, however they are reported, will be taken seriously and thoroughly investigated in accordance with NHSCFA guidance and relevant legislation.

4.2.6 To support the reporting of fraud using the NHSCFA fraud reporting process 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 2016⁵, and NHS England's Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017⁶. These form the minimum standard to help normalise the raising of concerns in the NHS for the benefit of all patients in England.

⁵ NHS Improvement and NHS England's Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 <https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/>

⁶ NHS England; 's Guidance Freedom to speak up in primary care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017 <https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>

4.3 Disciplinary action

- 4.3.1 Disciplinary procedures may be initiated where an employee is suspected of being involved in a fraudulent or illegal act, or where their negligent action has led to a fraud being perpetrated.
- 4.3.2 Fraud is defined in the Somerset Clinical Commissioning Group as gross misconduct. The disciplinary policy can be found on the Somerset Clinical Commissioning Group website.

4.4 Sanctions and redress

- 4.4.1 In line with Chapter 6 in the NHS Anti-fraud manual: Seeking to apply sanctions where fraud, bribery or corruption is proven, Somerset Clinical Commissioning Group will consider the following sanctions when a financial offence has occurred:

Civil – civil sanctions 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.

Criminal –the LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.

Disciplinary - disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act.

Professional body disciplinary – if warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

- 4.4.2 Somerset Clinical Commissioning Group will seek financial redress whenever possible to recover losses to fraud, bribery and corruption. This 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.

5 Review

5.1 Monitoring and auditing of policy effectiveness

- 5.1.1 Somerset Clinical Commissioning Group and the LCFS will monitor the effectiveness of this policy to ensure that it remains appropriate and continues to provide clear direction and help to those officers and directors of Somerset Clinical Commissioning Group who become aware of fraud, bribery or corruption against the NHS.

5.1.2 Where deficiencies are identified as a result of monitoring, the LCFS will make appropriate recommendations for improvement. These will be considered by the CFO and the Audit Committee.

5.2 Dissemination of the policy

5.2.1 This policy will be accessible to all staff on the Somerset Clinical Commissioning Group website.

5.2.2 All employees should be reminded of the existence and scope of this policy at least annually.

5.3 Review of the policy

5.3.1 This policy will be reviewed annually by the LCFS in conjunction the CFO and senior management and in accordance with relevant guidance, best practice and legislation.

5.4 Associated Internal Policies and Procedures

- Anti-Bribery Statement
- Disciplinary Policy
- Whistle-blowing Policy
- Somerset Clinical Commissioning Group Constitution (incorporating the Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies)

PREVENTING FRAUD, BRIBERY & CORRUPTION

FRAUD is the 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.

BRIBERY & CORRUPTION is the deliberate use of payment or 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 the nature of 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 advise your Local Counter Fraud Specialist.

- **Report your suspicions**

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

DO NOT

- **Confront the suspect or raise concerns to anyone other than those authorised**

Never attempt to question a suspect yourself; this could alert a fraudster or lead to an innocent person being unjustly accused.

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

Never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must be done in line with legal requirements in order for it to be useful. Your Local Counter Fraud Specialist can conduct an investigation 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.

If you suspect that fraud against the NHS has taken place, you must report it immediately, by:

- contacting the Local Counter Fraud Specialist
- telephoning the freephone NHS Fraud and Corruption Reporting Line, or
- contacting the Director of Finance.

NHS Fraud, Bribery and Corruption Reporting Line:

0800 028 40 60

All calls will be treated in confidence and investigated by professionally trained staff.

www.reportnhsfraud.nhs.uk

Details of your Local Counter Fraud Specialist can be found on the Somerset Clinical Commissioning Group's intranet in the Counter Fraud pages

If you would like further information about the NHS Counter Fraud Authority, please visit <https://www.cfa.nhs.uk/>