

Tackling Fraud, Bribery & Corruption: Policy & Corporate Procedures

NHS England and NHS Improvement



Tackling Fraud, Bribery & Corruption: Policy & Corporate Procedures

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Where this policy references NHS Improvement, this refers to Monitor and/or the NHS Trust Development Authority

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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 & NHS Improvement 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
- 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 (SpHA) charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group. As a SpHA 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 & NHS Improvement that:
- 3.1.2 NHS England & NHS Improvement 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 and NHS Improvement will be carried out within three key principles for action, as set out in the Department of Health and Social Care (DHSC) Plan; the NHSCFA [Organisational Strategy](#) and the NHS England and NHS Improvement [Economic Crime Strategy](#) (ECS):
- Inform and involve;
 - Prevent and deter; and,
 - Hold to account;
- 3.1.5 Officers must report any suspicions of economic crime as soon as they become aware of them to an NHS England and NHS Improvement Counter Fraud Specialist or NHSCFA to ensure they are investigated appropriately and to maximise the chances of financial recovery, via:
- Contacting an NHS England and NHS Improvement Counter Fraud Specialist (contact details Appendix 4, or available on the [NHS England](#) and [NHS Improvement](#) 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 and NHS Improvement 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 that deliberate wrongdoing or potential fraud, or they are unsure, Officers are encouraged to seek the advice of the relevant NHS England and NHS Improvement Counter Fraud Specialist at the earliest possible stage.

3.1.9 All Officers should cooperate with NHS England and NHS Improvement'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;
- 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 NHS Improvement and/or any other parties who undertake business on behalf of, or representing NHS England or NHS Improvement. This includes (but is not restricted to) Board members, Executive Senior Managers, as well as consultants, vendors, contractors and secondees.

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

- National Teams;
- Regional Teams;
- All Commissioning Support Units (CSU);
- NHS Interim and Management Support;
- 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 NHS Improvement, or from hosted entities that are not covered by this document.

5. Roles & Responsibilities

5.1 Audit and Risk Assurance Committee (ARAC)

5.1.1 The NHS England and NHS Improvement ARACs 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 has overall responsibility for the funds entrusted to NHS England and NHS Improvement.

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

5.3.2 This ensures there is effective leadership and a high level of commitment to the tackling of economic crime within NHS England and NHS Improvement. Identifying a member of the board to oversee this work also helps NHS England and NHS Improvement 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.

5.4 NHS Counter Fraud Authority (NHSCFA)

- 5.4.1 In accordance with its case acceptance criteria NHSCFA will investigate cases of fraud that are not investigated by the NHS England and NHS Improvement Counter Fraud Team.
- 5.4.2 NHS England and NHS Improvement 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 and external audit play a key role in reviewing controls, identifying system weaknesses and ensuring NHS England and NHS Improvement complies with financial instructions.
- 5.5.2 The audit function is 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.
- 5.5.3 Any suspicions and/or allegations of economic crime should be reported to the NHS England and NHS Improvement Counter Fraud Team or NHSCFA as soon as they arise.
- 5.5.4 Internal and external audit should meet regularly with those responsible for work to tackle economic crime, to discuss liaison requirements and monitor joint working arrangements, ensuring they remain effective and fit for purpose.

5.6 The Corporate People Team (Human Resources)

- 5.6.1 NHS England and NHS Improvement managers are responsible for taking forward disciplinary proceedings against employees who have committed an offence; Human Resources 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.

- 5.6.2 Human Resources 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, Human Resources 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 Human Resources 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 Human Resources 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 and NHS Improvement Officers will work cooperatively with the NHS England and NHS Improvement 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 and NHS Improvement 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.

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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement'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 and NHS Improvement's policies and procedures, be aware of fraud, bribery and corruption (Economic Crime) risks and understand the importance of protecting NHS England and NHS Improvement 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 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 and NHS Improvement 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 and NHS Improvement Counter Fraud Specialist, or relevant NHSCFA investigator, as appropriate.
- 5.9.7 For details regarding responsibilities regarding the declaration of gifts and hospitality, refer to the Standards of Business Conduct.
- 5.9.8 For NHS England and NHS Improvement's expectations regarding the Values, Aims, Principles, Behaviours and Accountability, including the Nolan Principles of Public Life, refer to the Corporate Governance Framework.

6. Corporate Level Procedures

6.1 NHS England's Approach to Tackling Economic Crime

6.1.1 Strategic Governance

NHS England and NHS Improvement will ensure there is support for work to tackle Economic Crime at all levels with 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 and NHS Improvement.

6.1.2 Furthermore, NHS England and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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.

6.1.6 Hold to account

NHS England and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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 and NHS Improvement 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.
- 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 SharePoint page](#).

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 NHSCFA, 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 and NHS Improvement'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.

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

Appendix 1 Version Control Tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
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.

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 and NHS Improvement, 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 and NHS Improvement collectively as a two bodies.
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 and NHS Improvement as a whole. 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 and NHS Improvement appointed pursuant to paragraph 3 of Schedule A1 of the NHS Act 2006.
Chief Financial Officer	means the chief financial officer of NHS England and NHS Improvement.
Economic Crime	means fraud, bribery and corruption collectively.
Employee	means a person paid via the payroll of NHS England or NHS Improvement, or for whom NHS England or NHS Improvement 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.
NHS Improvement	means Monitor and NHS Trust Development Authority
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.

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

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.

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:

- ✓ **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. 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](#) and [NHS Improvement](#) intranet pages), 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

Appendix 4 Counter Fraud Team Contact Details

Central Team

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Choose an item.

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Or email the team at england.counter-fraud@nhs.net

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