



NHS SCOTLAND
COUNTER FRAUD SERVICES

National Services Scotland

**PARTNERSHIP AGREEMENT
WITH HEALTH BOARDS**

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1. INTRODUCTION

1.1 Parties

1.1.1 This Partnership Agreement is between and among (1) NHS Scotland Health Boards, all Special Health Boards and Agencies, and all other bodies constituted pursuant to the National Health Service (Scotland) Act 1978 (as amended) (together referred to in this Partnership Agreement as “NHS Scotland” or “Health Boards”) and (2) NHS Scotland Counter Fraud Services (“CFS”), a part of the Common Services Agency (also known as “National Services Scotland” or “NSS”). Each Health Board has been issued with its own copy of this Partnership Agreement and, by their signature thereof, have indicated their agreement to its terms.

1.2 Functions of Partnership Agreement

1.2.1 This Partnership Agreement:

- explains the roles and responsibilities of the partners to this Agreement
- states the intention to promote an anti fraud culture within NHS Scotland
- clarifies the types of investigations CFS will undertake in partnership with Health Boards and their staff

1.2.2 The Partnership Agreement forms a key element of the Scottish Government’s determination to prevent and reduce fraud in Scotland. In January 2008, the Scottish Government published its strategy “[Strategy to Counter NHS Fraud in Scotland](#)” and this Agreement follows the principles and guidance set out in that document. In June 2015, the Scottish Government also published its strategy “[Protecting Public Resources in Scotland – A Strategic Approach to Fighting Fraud and Error](#)” which complements and supports the 2008 NHS strategy document.

1.3 Partnership Period

1.3.1 The Partnership Agreement will be effective from 1 April 2016 to 31 March 2019. This Agreement will be monitored by the CFS Steering Group. The remit of the Steering Group is outlined in Section 4.5 of this Agreement. The Group will receive regular reports from CFS, in consultation with Health Boards, on its progress. Any changes considered necessary to the Agreement will be again made in consultation with Health Boards.

1.4 Escalation Procedures

1.4.1 Any dispute arising out of this Partnership Agreement should be resolved, in the first instance, with the relevant CFS National Counter Fraud Manager (see Appendix I – CFS organisation chart). If this process is unsuccessful, the issue should be referred to the Head of Counter Fraud Services. If necessary, matters should then be escalated to the Director Practitioner & Counter Fraud Services and thereafter the Scottish Government Health and Social Care Directorate (SGHSCD).

2. BACKGROUND

- 2.1 The (then) Scottish Executive Health Department's February 2005 circular ([HDL \(2005\) 5](#)) advised of the extension of the role of CFS and noted that a Partnership Agreement had been established between Health Boards and CFS.
- 2.2 The (then) Scottish Government Health Directorate's (SGHD) May 2009 circular ([CEL 18 \(2009\)](#)) provided an update to the original Partnership Agreement.
- 2.3 The (then) Scottish Government Directorate for Health Finance and Information's April 2012 circular ([CEL 15 \(2012\)](#)) provided an update to the 2009 Partnership Agreement.
- 2.4 The CFS mission is to maximise health impact and financial impact to NHS Scotland by delivering a range of specialist anti-fraud solutions that will embed a culture where "financial crime" (fraud, forgery and uttering, embezzlement, theft, bribery (see Appendix II) and corruption or other irregularities), is considered unacceptable. This will be based on a "4 D" Strategy:
 - **Deter** – By raising awareness of the impact of financial crime and of the sanctions applied to those who commit such offences against NHS Scotland.
 - **Disable** – By improving NHS Scotland's long-term capability to prevent financial crime.
 - **Detect** – By improving sharing knowledge and intelligence about financial crime, enhanced data mining and a proactive approach to countering financial crime.
 - **Deal with** – By investigating the most serious and harmful threats and seeking to apply all relevant sanctions.
- 2.5 CFS provides a full, professional counter fraud service to all parts of NHS Scotland. It has the responsibility for investigating all NHS Scotland financial crime allegations, national Patient Exemption Checking, and promoting deterrence through Communications. Health Boards must seek advice from CFS at the earliest possible stage where allegations occur which may involve their own organisations. Working with the Counter Fraud Champions within Health Boards, CFS also provides a central resource to advise on, and support, the deterrence, disabling, detection, dealing with, reporting and recording of all instances of financial crime. CFS has the status of a Specialist Reporting Agency to the Crown Office and Procurator Fiscal Service. This means that CFS is empowered to report cases for prosecution on behalf of Health Boards, without recourse to any other Agency or Police Scotland.
- 2.6 Recognising the reality that it is only through access to information that the truth, or otherwise, of a suspicion of financial crime can be determined, CFS and the Health Boards agree to work together to attempt to overcome problems in accessing information, where appropriate, and in the greater interest of countering financial crime.

3. COMPLIANCE STATEMENT - UK/SCOTTISH LEGISLATION

- 3.1 All investigations undertaken by CFS will be conducted in compliance with relevant legislation including to the extent applicable the Criminal Procedure (Scotland) Act 1995, the Criminal Justice and Licensing (Scotland) Act 2010 the Regulation of Investigatory Powers Act 2000, the Regulation of Investigatory Powers (Scotland) Act 2000 ("RIP(S)A"), the Data Protection Act 1998 (the "1998 Act") and all relevant Codes of Practice, recognising the considerations of the Human Rights Act 1998.
- 3.2 The National Patient Exemption Checking Programme will comply with the National Health Service (Penalty Charge)(Scotland) Regulations 1999.
- 3.3 CFS will ensure that confidential and/or personal information obtained or created by the organisation, is dealt with appropriately and, where relevant, processed in accordance with the 1998 Act. NSS is registered as a Data Controller (as defined in the 1998 Act) on the Information Commissioner's Register of Data Controllers, which registration covers the work of CFS.
- 3.4 When acting as a Data Controller (as defined in the 1998 Act), CFS undertakes to:-
 - 3.4.1 comply with the obligations of a Data Controller under the 1998 Act (seventh principle).
 - 3.4.2 have in place appropriate technical and organisational measures to protect any personal data accessed, or processed, by CFS against unauthorised or unlawful processing and against accidental loss or destruction or damage, and in this regard, shall take all reasonable steps to ensure the reliability of its staff who may have access to personal data processed for Health Boards.
 - 3.4.3 only act on the instructions of Health Boards in relation to the processing of any personal data provided to CFS by them, on their behalf, or by their employees.
 - 3.4.4 to allow representatives from relevant Health Boards to access relevant premises owned, or controlled, by CFS on reasonable notice to inspect the procedures described at 3.3 above, and, on request from time to time, to prepare a report for Health Boards in relation to the current technical and organisational measures used by CFS to protect personal data processed for Health Boards.
- 3.5 CFS will ensure that it adheres to the principles of the 1998 Act including ensuring that data it processes as a Data Controller (as such term is defined in the 1998 Act) in relation to living individuals is:
 - 3.5.1 as accurate as possible, and retained for no longer than is necessary, in accordance with NSS Document & Retention Policy.
 - 3.5.2 held securely, in a publicly accountable manner and used only for the purpose of deterring, disabling, detecting and dealing with financial crime in relation to the health service and/or any relevant Codes of Practice.
- 3.6 CFS will follow the NSS Code of Practice on "Protecting Patient Confidentiality", adhering to the Caldicott Principles.

- 3.7 Both Health Boards and CFS are obliged to, and must comply with, the provisions of the Freedom of Information (Scotland) Act 2002 and all relevant Codes of Practice. Therefore all provisions of this Partnership Agreement shall be construed as being subject to, and shall not override, any Health Boards' or CFS' compliance obligations in relation to such Act.

4. ROLES AND RESPONSIBILITIES

4.1 Health Boards

- 4.1.1 Accountable Officers remain responsible for countering financial crime within their Health Board.
- 4.1.2 Accountable Officers are required to have adequate arrangements in place for the deterrence, disabling, detection and dealing with financial crime. In line with central guidance, these arrangements should encompass robust systems of prevention and detection controls, to reduce the risk of financial crime and contribute to the promotion of an anti-fraud culture.
- 4.1.3 In October 2008 and March 2010, the (then) SGHD issued circulars [CEL 44 \(2008\)](#) and [CEL 10 \(2010\)](#) (see Appendix III) noting that all financial crime must be reported to CFS, regardless of who the suspect or victim is, whether the matter is to be/was prosecuted criminally, through civil action or by discipline, or whether the financial crime was actual or attempted. The Accountable Officer must ensure that systems are put in place to notify CFS of all reports of financial crime, so that complete records of financial crime against NHS Scotland are available (see Appendix III – Reporting).
- 4.1.4 The Accountable Officer should also use CFS to assist in the investigation of actual, and alleged, losses involving patients' funds where evidence exists of systematic financial crime.
- 4.1.5 The Scottish Government's Strategy asks Health Boards to appoint a senior executive or non-executive director to be a Counter Fraud Champion (CFC) to help with the process of changing attitudes to financial crime within organisations, where it is felt that further work needs to be done on this challenge.
- 4.1.6 Health Boards have nominated a senior officer as Fraud Liaison Officer (FLO). The FLO will liaise with CFS on all matters relating to NHS Scotland financial crime and will co-operate with proactive enquiries. The FLO will have a duty to report/receive, on the Health Board's behalf, all allegations of financial crime to/from CFS, and, subject to Section 6.4.3 of this Agreement, decide in partnership with CFS, whether the allegation will be taken forward for potential criminal prosecution, and/or as a disciplinary or civil case. (See SG circular [CEL 11 \(2013\)](#) for updated roles and responsibilities of CFCs and FLOs).
- 4.1.7 Responsibility for any necessary actions, based on findings and recommendations from CFS, lies with Health Boards.
- 4.1.8 The Health Boards' "Fraud Action Plan" will outline how financial crime will be addressed proactively. These should be reviewed and updated regularly.

- 4.1.9 It is expected that the FLO within Health Boards shall be the appropriate person to take responsibility for distributing all financial crime reports and other communications from CFS, to appropriate recipients within the Board. Depending on the circumstances, Boards may wish to nominate other persons to carry out this action, but such persons should be conversant with the necessary financial crime procedures, before doing so.

Public Interest Disclosure Act 1998

- 4.1.10 All Health Boards are required to provide a secure environment for staff, practitioners and patients to be able to report suspected financial crime. In this respect, method of communication for reporting (or in some cases referred to as a “whistleblowing policy”, should be clearly outlined to staff within the relevant Health Board’s Fraud Action Plan, intranet and staff leaflets. A useful reference point is the [Implementing and Reviewing Whistleblowing Arrangements in NHS Scotland PIN Policy](#).

- 4.1.11 Further information is also available on the [Public Concern at Work](#) website.

4.2 National Services Scotland (NSS) (as Managing Board)

- 4.2.1 Where NSS’ Practitioner Services (PS) identifies potential financial crime in another Health Board through the application of its internal control systems, it will simultaneously notify the Health Board and CFS and will assist with discussions to determine the best way forward in accordance with this Agreement.
- 4.2.2 All directed surveillance and CHIS (covert human intelligence sources) work is carried out under RIP(S)A, is subject to audit by the Office of the Surveillance Commissioner. The Surveillance Commissioner’s audit may be seen as assurance to Health Boards, and NSS, that CFS is conducting directed surveillance and carrying out CHIS appropriately. NSS will not be informed of any directed surveillance or CHIS activities pertaining to other Health Boards. However, the Chief Executive NSS will receive the Surveillance Commissioner’s audit reports, which directly affect CFS’s reasons for authorising surveillance, in respect of the proportionality and necessity of such authorisations and the performance of CFS in its tasks. CFS will be responsible to the Chief Executive NSS for any necessary action in respect of those reports.
- 4.2.3 The Service Auditor appointed to review the work done on behalf of NHS Scotland by PS, will carry out any necessary audit of CFS’s work in relation to patient exemption checking. The patient exemption checking work will provide assurance to Health Boards from NSS that the exemption financial crime work is being carried out according to the protocol forming part of this Agreement.
- 4.2.4 CFS undertakes quality assurance checks as per its standard operating procedures. Audit Scotland has a representative on the CFS Steering Group. The audit of CFS work is carried out by NSS Internal Audit.

4.3 Counter Fraud Services

- 4.3.1 CFS, in partnership with the Health Boards, will work proactively to be integral in embedding an anti-fraud culture into Scotland's Health Service and to deliver a health impact by reducing losses from financial crime. The aim of this work is for NHS Scotland staff, patients, primary care practitioners, contractors or suppliers and the wider public to have a knowledge of financial crime and its impact and to reinforce that financial crime against NHS Scotland is unacceptable.
- 4.3.2 CFS will provide support and facilitation for the CFCs in their work.
- 4.3.3 The role of CFS, in partnership with Health Boards, is to:
- undertake a campaign of financial crime deterrence and provide training and education in respect of countering fraud;
 - undertake the work necessary to disable financial crime;
 - proactively detect financial crime;
 - deal with alleged cases of financial crime by staff, patients, primary care practitioners, contractors or suppliers and to pursue vigorously all cases to a conclusion;
 - where necessary, undertake directed surveillance and covert human intelligence source management in relation to financial crime in accordance with RIP(S)A;
 - provide specialist advice to assist in the formulation of national and UK wide counter fraud policy, regulations and guidance;
 - assist in the recovery of resources fraudulently or corruptly obtained from NHS Scotland;
- 4.3.4 CFS shall provide reporting in accordance with section 7 of this Partnership Agreement.
- 4.3.5 Although CFS forms part of NSS and is accountable to the Chief Executive NSS for governance, Head of CFS has a professional responsibility to the Accountable Officer of Health Boards for the delivery of CFS' functions on their behalf, and the provision of subsequent advice. Information concerning work carried out on behalf of a client body may only be disclosed outwith the confines of CFS with the express permission of the relevant Health Board. The only exception is where disclosure is necessary to the SGHSCD, or other relevant, UK Statutory Bodies where they require such as part of policy, operational, or legal requirements. In particular, the Crown Office and Procurator Fiscal Service, police or appointed auditor may require such information. Where appropriate, CFS will inform the relevant Health Board when information has been disclosed. Head of CFS also has the right of access to the Director Health Finance, eHealth and Pharmaceuticals, SGHSCD in exceptional circumstances (e.g. those involving allegations against the most senior staff in a Health Board, or cases directly involving NSS).

4.4 Human Resources working with Counter Fraud Services

- 4.4.1 The roles and responsibilities of Health Board Human Resources functions and CFS are detailed in the Human Resources/CFS Memorandum of Understanding.

4.5 CFS Steering Group

4.5.1 The role of the CFS Steering Group is as a central focus for counter fraud operational practice within NHS Scotland. The Group is made up of representatives from:

a. SGHSCD

b. Health Boards; including a representative from DoFs Group, a representative from Directors of HR Group, Audit Scotland, CFCs, the Crown Office and Procurator Fiscal Service, the Royal Colleges (for clinical representation), Trade Unions (Staff Side) and CFS senior staff.

4.5.2 The remit of the CFS Steering Group is:

- to influence how CFS carry out their work by:-
 - agreeing matters of operational policy concerning the prevention and detection of financial crime by CFS and,
 - the drafting of an “annual plan” for CFS, directing it to areas of financial crime seen as priorities by NHS Scotland
- to act as a sounding board and as a source of professional advice/information by:-
 - raising any concerns from NHS Scotland regarding how CFS operate;
 - using members’ best efforts to assist CFS overcome any obstacles to providing an effective counter fraud service;
- providing the link into and from NHS Scotland to enable CFS to give information/clarification of their aims and activities to NHS Scotland; assist in raising the profile of CFS and proactively champion countering financial crime within the NHS Scotland
- to review and comment on CFS performance in respect of the quarterly and end-of-year report, on behalf of NHS Scotland

5. CONDUCT OF PROCEEDINGS – WORKING TOGETHER

5.1 After notification of an alleged financial crime, consultation will take place between the FLO, together with any appropriately nominated officers from the Health Board, (acting on behalf of the Accountable Officer), and CFS in order to determine who should undertake the investigation.

5.2 At all times, the “triple tracking” approach must be taken into account in discussions. Triple Tracking refers to the three main outcomes options (or combination of options) for dealing with fraud; pursuit of criminal, disciplinary and recovery sanctions. All investigations will be undertaken on behalf of the Accountable Officer, and formal communication and reporting structures and timetables will be established.

- 5.3 Where preliminary investigations suggest that prima facie grounds exist for thinking that a criminal offence has been committed, the appropriate Procurator Fiscal must be notified without delay. Therefore, where such grounds exist, CFS will be under a duty to take the case forward and to report those facts of which it is made aware, on the Health Board's behalf, to the Procurator Fiscal. However, if the relevant Health Board can demonstrate, to the satisfaction of CFS, that it is not in the public interest to put a case forward for consideration by the Procurator Fiscal, then CFS may agree not to do so. In general, this will be on the grounds of low value and in all cases the Health Board must be prepared to justify such a decision to the Appointed Auditor, and CFS must also be satisfied that it can properly and adequately justify its decision if questioned by the Appointed Auditor.
- 5.4 Where CFS has been in contact with a Procurator Fiscal for an application for a search warrant, or Proceeds of Crime Act application etc., control of the case effectively passes to the Procurator Fiscal, who may demand a report on the outcome to be submitted, whether or not the Health Board or CFS wish it.
- 5.5 Where, following consultation between the FLO, other appropriate Health Board officers and CFS, it is determined that an investigation will be undertaken which may result in a referral of an employee for criminal proceedings, the matter will be investigated by CFS using all appropriate, legal methods, which may, if warranted, include surveillance.
- 5.6 Where it is agreed that no report will be made to the Procurator Fiscal, this will be discussed and agreed with the relevant Health Board, who may consider that disciplinary sanctions are appropriate, if not already commenced. (see Memorandum of Understanding with Human Resources - referred to at section 4.4 above).

6. COUNTER FRAUD OPERATIONAL REMIT

6.1 Prevention

- 6.1.1 CFS works with Health Boards to deter and disable financial crime as part of its mission to embed an anti-fraud culture within NHS Scotland and the wider Scottish public. This is with the aim of delivering a health impact by safeguarding NHS funds for patient care. Working in partnership with CFS, the Health Board FLO and CFC play vital and pivotal roles in achieving this mission.
- 6.1.2 CFS offers, facilitates, coordinates and delivers a comprehensive catalogue of prevention related initiatives as part of its annual Work Plan. Included in these proposals, CFS offers;
- Tailored presentation packages;
 - A portfolio of interactive anti-fraud workshops;
 - A range of staff engagement activities leading to roadshow events;
 - Generic and procurement specific fraud awareness eLearning packages;
 - A [CFS Website](#) providing counter fraud media clips and a confidential on-line fraud reporting facility;
 - A confidential dedicated hotline fraud reporting facility;

- Media relations to maximise publicity opportunities and monitor criminal and regulatory outcomes;
- A fraud proofing service to design out system weaknesses and loopholes from policies and procedures;
- A self assessment counter fraud checklist provide assurance on resilience and identify gaps;
- Intelligence alerts warning of the latest methods being used by fraudsters;
- Fraud Prevention Projects to actively seek out, identify, assess, and examine areas at risk from fraud.

6.2 Detection

6.2.1 CFS undertakes a range of initiatives that centre on the analysis, prioritisation and progression of fraud related allegations. CFS continues to develop an intelligence-led capability, working together across the public sector and external organisations to share information, identify risk and develop proactive, joined-up approaches to countering fraud. Detection work includes:

- Using a Fraud Risk Assessment Methodology to determine the top financial crime risks within NHS Scotland;
- Developing specific toolkits that allow cross-comparative and trend analysis of data to identify indicators that may reveal financial crime;
- Supporting Local Intelligence Networks (LINs) to promote the safer management and use of controlled drugs and to share relevant intelligence which helps to identify cases where action may need to be taken in respect of controlled drugs;
- Responsibility for checking patient exemption checking. Fraudulent claims for exemption from NHS charges are investigated and analysed by CFS.

6.3 Investigations

6.3.1 An agreed list of financial crime offences (See Appendix II) will be used to determine which cases should be referred to CFS for investigation.

6.3.2 Where CFS investigates a case on behalf of a Health Board, regular communications will be maintained throughout the investigation. At the conclusion, a final report outlining the criminal case will be issued. Where appropriate, a range of recommended sanctions will be included in the report. On occasions, CFS will also include counter fraud recommendations in reports. Health Boards have a responsibility to provide a timely management response to any recommendations made in the reports. In the case of criminal prosecution, a Standard Prosecution Report will be sent directly to the Procurator Fiscal by CFS on behalf of the Health Board. In any case where there is disagreement between the Health Board and CFS over the application of the full range of sanctions that may be recommended in the CFS report, then:

- the Health Board's Accountable Officer must submit his/her concerns to the SGHSCD Director of Finance, copying the letter to Head of CFS;
- CFS must submit its concerns to the Health Board's Accountable Officer, copying the letter to the SGHSCD Director of Finance.

6.4 Regulation of Investigatory Powers (Scotland) Act 2000 ("RIP(S)A")

- 6.4.1 The use of covert surveillance or covert human intelligence sources (CHIS) by public authorities in Scotland is strictly controlled by the provisions of RIP(S)A. The Common Services Agency is a named authority under RIP(S)A. Director of P&CFS and Head of CFS may authorise directed surveillance and the use of covert human intelligence sources in respect of activities affecting NHS Scotland. (See [HDL \(2003\) 30](#) Regulation of Investigatory Powers (Scotland) Act 2000), CEL 40 (2010) Regulation of Investigatory Powers (Scotland) Act 2000 and SSI 2014/339 the Regulation of Investigatory Powers (Authorisation of CHIS) (Scotland) Order 2014).
- 6.4.2 Pursuant to and in terms of [HDL \(2003\) 30](#) all cases of potential financial crime against NHS Scotland (as listed in Appendix II – Financial Crime Offences) must be referred to CFS. Where appropriate, CFS will authorise and conduct directed surveillance and the use of CHIS on behalf of Health Boards.
- 6.4.3 On advice from the Surveillance Commissioner and, on the grounds of the health and safety of its employees and its duty of care for any CHIS, should CFS require to use its powers under RIP(S)A, it will not inform the relevant Health Board until after the directed surveillance or covert human intelligence source work, has been completed. The exceptions would be where covert surveillance equipment requires to be installed or where CCTV is being utilised for the purpose of a specific investigation, in such a manner likely to result in the obtaining of private information about a person and otherwise than by way of an immediate response to events or circumstances, which would be done with the cooperation of the FLO.
- 6.4.4 Where Health Boards are considering the use of directed surveillance or the use of CHIS in cases which do not involve financial crime, but which fall within the remit of CFS in respect of public safety or the prevention of disorder, or for the purposes of protecting public health, then they should contact the appropriate public body as outlined in [HDL \(2003\) 30](#). This will normally be the relevant Police Force. However, CFS may be able to assist the relevant Health Board in certain instances (for example where there has been a theft of property).
- 6.4.5 CFS has a website to assist health boards, as well as allowing referrals to be made. Health Boards should consult their Data Protection Officer to ensure that all surveillance (including CCTV and monitoring of employee emails/internet usage) and other activities, is carried out in accordance with the 1998 Act and all relevant Codes of Practice.

7. REPORTING

- 7.1 CFS will issue a Quarterly Report to all Health Boards, summarising new and current cases and highlighting new types of financial crimes. Quarterly figures on Patient Exemption Checking will be included, as will reports on initiatives undertaken to promote and raise awareness of countering fraud. CFS will also produce an end-of-year review of its activities, which will summarise its year's work.
- 7.2 Health Boards will be kept fully informed, through their FLO, about individual investigations by regular updates and will be consulted regarding all major decisions. CFS will ensure, dependent on Health Board information, that the Enhanced Fraud Reporting requirements of [CEL 44 \(2008\)](#) and [CEL \(2010\) 10](#) are met.
- 7.3 Health Boards were required through [CEL 11 \(2013\)](#) to take a more proactive, measurable approach to counter fraud work. The reporting requirements of this circular were updated by SGHSCD Director of Finance letter dated 1 July 2015. Only one report needs to be completed and submitted at the end of each financial year.
- 7.4 CFS will produce a summary of output, with both numbers and percentages where appropriate, for:
- cases referred to Procurators Fiscal
 - cases referred to discipline/Tribunal/professional body
 - counter fraud recommendations
 - average time to complete case
 - value of recoveries
 - value of annualised savings from financial crime which has been identified and stopped
 - patient exemption claims checks completed
 - value of recoveries from patients
 - penalty charges issued
 - surcharges issued
 - counter fraud presentations delivered
 - counter fraud publicity leaflets issued
 - staff awareness questionnaire results
 - satisfaction questionnaire results
 - staff in Health Boards who take up the eLearning package
- 7.5 For detailed reporting timetables refer to Appendix III.

8. PERFORMANCE REVIEW MEETINGS

- 8.1 A timetable of annual Performance Review Meetings will be established between CFS and Health Board. The following key personnel should be present; Director of Finance, Fraud Liaison Officer, Counter Fraud Champion and Medical Director. Heath Boards may also wish to include other representatives from; Human Resources, Primary Care, Staff Side and Audit. At these meetings all aspects of CFS' performance will be reviewed.
- 8.2 An annual Customer Satisfaction Survey will also be undertaken to assess the level of satisfaction with the service provided by CFS. The findings of the survey will be disseminated to Boards and other interested parties.

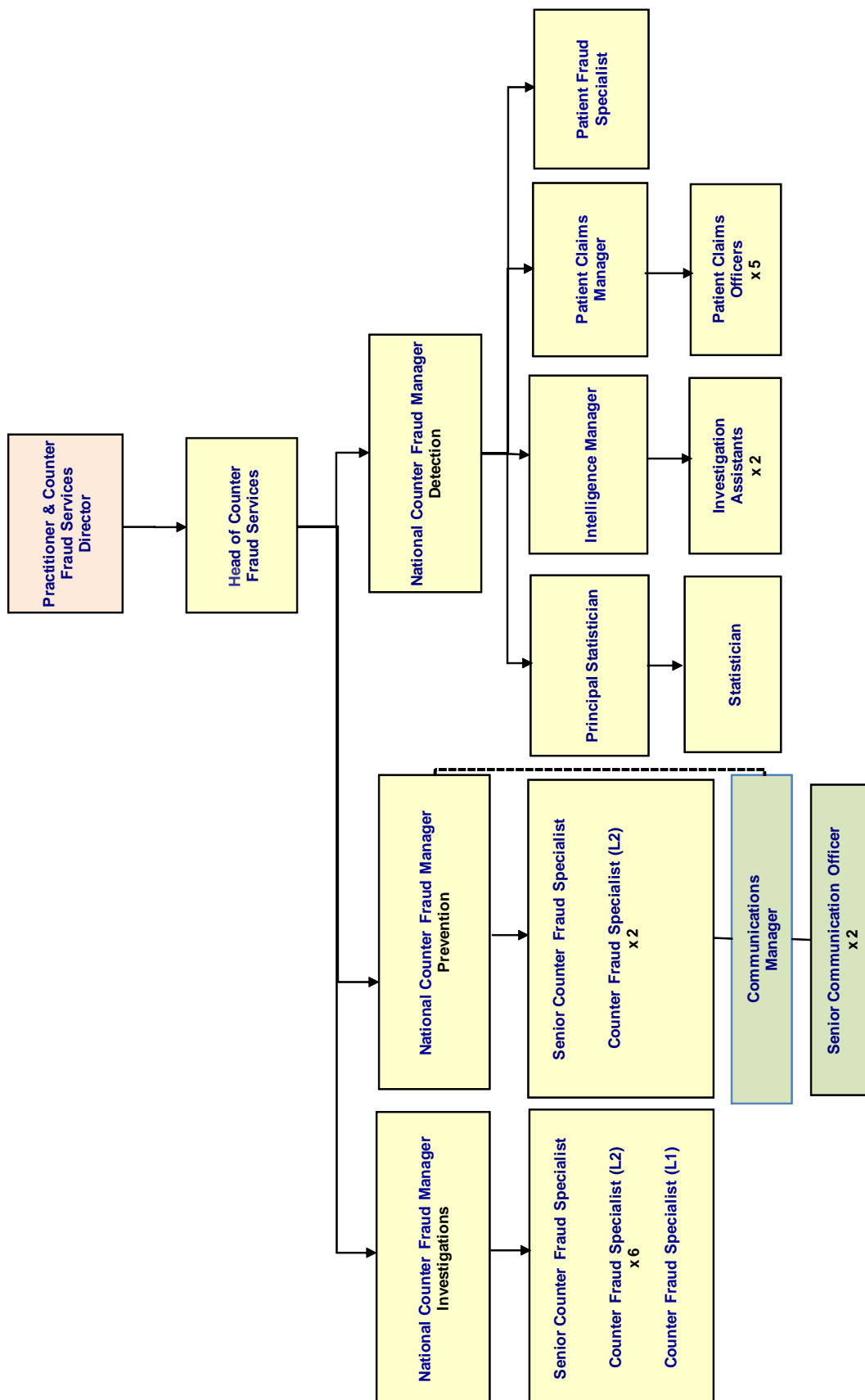
The terms of this Partnership Agreement are agreed below by [•] **[insert name of signing body]**

.....

Signed on behalf of [Health Board]

Date:

CFS ORGANISATION CHART



1. LIST OF FINANCIAL CRIME OFFENCES

1.1 Depending on the nature of business and the products or services provided, NHS employees may have the opportunity to commit financial crime. There are numerous types of financial crime that can be perpetrated by staff and some examples are given below. This list is not exhaustive.

- **Dishonest action by staff to obtain a benefit** e.g. sick pay fraud, false expenses, false overtime, embezzlement of cash or goods and procurement fraud.
- **Account fraud** e.g. fraudulent account transfer to employee account, fraudulent account transfer to third party account and fraudulent account withdrawal.
- **Employment application fraud** e.g. false qualifications, false references or use of false identity.
- **Unlawfully obtaining or disclosure of personal data** e.g. fraudulent use of customer/payroll data, modification of customer payment instructions and contravention of IT security policy with intent to facilitate the commission of a criminal offence.
- **Unlawfully obtaining or disclosure of commercial data** e.g. contravention of IT security policy with intent to facilitate the commission of a criminal offence.

1.2 The remit of CFS relates to financial crime including theft, dishonesty, deception and/or manipulation of documents/records where there is a loss to NHS Scotland property or funds. The following is a list of offences which, following the consultation process between Health Board FLO and CFS, CFS may investigate:

- **Fraud** (A false pretence – a false pretence by word of mouth, writing or conduct, and
An inducement - induce someone to pay over monies/hand over goods, and
A practical result - that the cheat designed had been successful to the extent of gaining benefit of advantage, or of prejudicing, or tending to prejudice, the interests of another person)
- **Embezzlement** (is the felonious appropriation of property (i.e. a thing or things belonging to someone) that has been entrusted to the accused with certain powers of management or control)
- **Forgery and uttering** (is the making and publishing of a writing feloniously intended to represent and pass for the genuine writing of another person. Uttering means the tendering or presenting of a document)
- **Bribery and Corruption** The Bribery Act 2010 makes it a criminal offence to take part in 'active' or 'passive' bribery or to fail to prevent bribery in an organisation:
 - Active bribery (section 1 of the Act) makes it an offence for a person to offer, give or promise to give a financial or other advantage to another

individual in exchange for improperly performing a relevant function or activity.

- Passive Bribery (section 2 of the Act) makes it an offence for a person to request, accept or agree to accept a financial or other advantage in exchange for improperly performing a relevant function or activity.
 - Corporate offence (section 7 of the Act) states that an organisation may be liable if it fails to have adequate procedures in place to prevent bribery.
- **Theft** (the felonious taking or appropriating of property without the consent of the rightful owner or other lawful authority) of NHS property or funds with a high value or where a series of thefts has been identified.

In exceptional circumstances, or in the interest of NHS Scotland, but always as directed by the relevant Accountable Officer, CFS may investigate the alleged commission of any of the financial crime offences where there is no direct loss to NHS Scotland funds or property but the loss is in connection with the delivery of services under the National Health Services (Scotland) Act 1978.

Reports provided by CFS

Period of Reporting	Report Content	Data Used to Produce Report
Monthly	Intelligence cases and operations update	On-going summary of intelligence cases and operations
Quarterly	<p>Patient Exemption Checking System – cumulative quarterly report commencing with the quarter ending June</p> <p>Cumulative quarterly referral, intelligence case and, operation report commencing with the quarter ending June</p>	<p>A count of all cases processed through PECS in the reporting quarter including all carried forward cases from the previous quarter</p> <p>A summary of all referrals, intelligence cases and operations processed in the reporting quarter, including intelligence alerts issued</p>
Annually	<p>Patient Exemption Checking System – report for period April to March</p> <p>End of Year - Annual referral, intelligence case and operation report for period April to March</p>	<p>PECS cases processed during the financial year including cases recommended for write off with the reason and the cheque for recoveries</p> <p>A summary of all prevention, detection and investigation work carried out</p>

Reports provided by Boards to CFS

Health Boards are required to provide CFS with reports as follows:

- Quarterly Enhanced Reporting as per [CEL 44 \(2008\)](#) and [CEL \(2010\) 10](#).
- Completion of an annual summary of the Audit Committee's actions in relation to financial crime as per [CEL 11 \(2013\)](#) (as amended by SGHSCD Director of Finance letter dated 1 July 2015).