

DASO SafeGuard

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Edition: June 2010

THE NEWSLETTER OF THE DORSET AND SOMERSET COUNTER FRAUD AND SECURITY MANAGEMENT SERVICE



What does NHS fraud look like?

It is easy for the public and NHS workers to report suspected fraud against the NHS. But too many potential allies in the fight against fraud are still unsure whether to report their suspicions, because they are not certain what counts as fraud.

That is why Fraud Awareness Month (FAM) in June 2010 aims to help answer the basic question: what does NHS fraud look like?

Some examples of NHS frauds, committed by the dishonest minority, include:

by **health professionals**

Fraud by NHS professionals includes claiming for treatment or services not provided (e.g. Medicines Use Re-

views at pharmacies, dental treatment or optical services not carried out) and working elsewhere while on sick leave.

by **managers and staff**

Fraud by NHS managers and staff includes submitting fraudulent claims for grants and payments (e.g. false or inflated travel or subsistence claims, and fraudulent applications for funding and training).

by **contractors and suppliers**

Contractor and supplier fraud includes charging for items of a higher quality or greater quantity than those supplied, and using inappropriate tendering processes.

by **patients**

Patient fraud includes claiming for free or reduced cost treatment and services when not entitled, and using aliases to get prescription drugs.

Dermid McCausland, Managing Director of the NHS Counter Fraud Service, which coordinates FAM, says:

"As a rule of thumb, if somebody does something dishonest to gain a financial advantage, that is probably fraud. Generally, the term

'fraud' describes offences such as deception, forgery, and misrepresentation or concealment of facts. Fraudsters can be quite imaginative, and the size and diversity of the health service means a wide variety of types of fraud are detected."

McCausland continues: "Investigating fraud is a specialist job, but you don't have to be a fraud expert to pick up the phone and call our free, confidential NHS Fraud and Corruption Reporting Line 0800 028 40 60. The NHS Counter Fraud Service wants to hear from you

if you have any suspicions of fraud. If in doubt – make the call." From June there will be a new facility to report suspicions of NHS fraud online at:

www.reportnhsfraud.nhs.uk

Alternatively, those working with the NHS can raise any concerns

with the NHS Local Counter Fraud Specialist (LCFS) for their Trust (p.12). Defrauding money from the NHS deprives hospitals and patients of valuable equipment, staff and resources and costs the taxpayer more money to fund the NHS.

RED BOXES In this special edition keep a look out for the red boxes. These cases are real cases but to assist the reader, this time you will see some suggestions about what could have been done to prevent the fraud in the first place. Have you got these procedures in place where you work? If not why not take some steps to rectify the situation. Contact your LCFS for expert assistance (see P. 12 for contact details)

False Invoicing by NHS contractors and suppliers



Llama Ltd was onto a real money-spinner with the construction of a new hospital wing. This had been a crucial project for the company, and one which brought in much needed profit at a difficult time. But the profit it made was not just on the construction. When submitting invoices for payment during the contract, one of the smaller charges was accidentally duplicated – and, surprisingly, it was paid, with no questions asked. This small company

then went on to make more false claims, starting with exaggerated amounts and developing into claims for work that was never done. It was only when staff at the health body realised that they were 20% over budget and the work hadn't even been completed that a closer examination of the claims was carried out. The small family company went bankrupt as a result of the fraud.

What could have prevented this fraud?

Who was supervising the contractor's work and checking the invoiced payments were appropriate? Who audited the payments on behalf of the trust and how regularly was this done? These procedures would have minimised the opportunity for fraud and prevented the contractor from making false claims.

5 years jail for Leicester NHS bereavement adviser's £753k fraud

An NHS bereavement adviser, who stole hundreds of thousands of pounds from the estates of dead patients, has been jailed for five years at Leicester Crown Court (Friday 30th April). This follows an extensive investigation by the NHS Counter Fraud Service and Leicestershire Police Economic Crime Unit.

Yvette Adams, 46, of Tudor Drive, Oadby, Leicester, worked for University Hospitals Leicester as a Bereavement Adviser, but went outside her remit to involve herself in deceased patients' estates. This included suggesting to grieving families that she could relieve them of the bureaucratic burden of obtaining Grant of Probate, which gave her power to liquidate assets and accounts.

She made fraudulent applications to Leicester Registry Office in relation to seven patients who died intestate (without a will) some of whom, she claimed, had no traceable relatives. She also forged letters of authority from supposed distant relatives of deceased patients, sometimes inventing their names or using the names of her unwitting friends.

After the death of one patient, Adams amended their will to name herself as the executor, then wound up the £240,000 estate and retained the money. The intended beneficiaries who lost out included the charities The Red Cross, Age Concern, and Leicestershire and Rutland Organisation for the Relief of Suffering (LOROS), a hospice charity. The Red Cross investigated after being bequeathed £10,000 but not receiving it. Adams eventually paid them the money. LOROS were bequeathed £20,000 plus any residual value of the estate, but were not aware of it, and received nothing.

One family received much less for their relative's £260,000 estate than it was worth, as the adviser had diverted much of it to herself. She searched the house of the deceased patient (part of the normal role of a bereavement adviser), but only wrote a cursory letter to a relative whose old address she found there, and did not follow it up properly or inform the Treasury Solicitors to take up the search. Instead, Adams took over the relative's identity to forge a letter of authority to act on her behalf, to obtain the probate.

The relative had, in 2008, tried to get in touch with her uncle and was informed he had died in 2006. After making further enquiries at the hospital, she learned (not from Adams) that her uncle's estate had been a valuable one. At this point, in danger of being exposed, Adams paid £100,000 to the niece.

Her criminal activities emerged after she was challenged by colleagues and resigned suddenly during a meeting. In mitigation, Adams argued that the money she took would have gone to the state, and that she had better uses for it – for example she used some of the money to fund music festivals. But she also admitted obtaining a lifestyle she could not otherwise have afforded, including a £37,000 BMW she paid for in cash.

Adams had a portfolio of mortgaged properties including flats, and a narrowboat. These are all being sold, along with an antique organ, and the proceeds will be used to part-compensate the victims of her frauds. Police have recovered some assets already. A date has also been set for 6th August 2010 for confiscation proceedings to commence. Adams' assets are currently frozen.

Top NHS Pharmacist in fraud and drugs bust

Charles Butler, an MBE honoured pharmacist, was jailed by Southwark Crown Court after he pleaded guilty to fraud and deception charges. Butler submitted invoices totalling more than £148,000 over a six-and-a-half year period to cover the cost of employing a locum who did not exist. Butler was a consultant for the Parliamentary and Health Service Ombudsman and was made an MBE in 2006 for services to the NHS. He admitted to charges which included; obtaining property by deception, three counts each of illegally

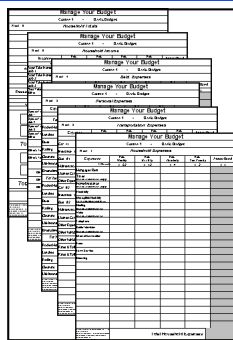
possessing class A and B drugs and five counts of possessing class C drugs. The charges followed a police raid on his London flat where they found evidence including Crystal Meth, Cocaine and the drug Rohypnol. Judge Michael Gledhill QC, passing sentence told Professor Butler, "You were in a high profile public position. You were employed on behalf of the public to provide expert advice over a number of years. Your claiming of expenses for employment of a non existent locum was a gross breach of trust." Butler

was sentenced to two and a half years in prison for dishonesty and six months for the drugs offences.

What could have prevented this fraud?

What auditing systems were in place at the health body? In this case, users of the payment system were under considerable time pressure, which meant that standard checks were rarely carried out. Who listened to patient complaints and was there a mechanism for following these up? The investigation revealed that patient concerns about not receiving the medicines listed on their prescriptions were never taken any further.

Expense Claims



Tommy was a happy man – after all, he had sufficient 'pocket money'

to fund a lifestyle of drinking, smoking cigars and holidaying abroad. Over several years, he had not been able to resist the temptation of falsely inflating his travel expense claims for petrol, which amounted to around £30,000 of NHS funds. His manager had-

n't checked these claims properly; he hadn't read the organisational guidance, dismissing it as too much paperwork as he was "too busy". Tommy thought "Why not? It's not hurting anybody" as he continued to enjoy his monthly bonus. But he got a bit too greedy and it was only when he went on to use the organisation's credit card for personal goods amounting to £6,000 that the full extent of his fraud was discovered. In court, he defended himself by saying it was "just too easy". Tommy was jailed for 15 months.

(Based on a real case) Don't let NHS fraudsters steal money meant for patient care.

What could have prevented this fraud?

Tommy's manager should have ensured that claims were made in accordance with organisational policy. Receipts should have been checked to make sure they were reasonable and related to the claim. Above all, the expenses system should have been clearly regulated and audited to eliminate the opportunity for fraud.

Fake Identity

When the call was made to the NHS Fraud and Corruption Reporting Line, the police were involved almost immediately. It was alleged that a local university student, Patrick, was not who he said he was. Patrick claimed to be a trainee nurse, with indefinite leave to remain in the country, to whom the NHS had paid almost £40,000 over two years in course tuition fees and bursary payments. A check on his passport with the UK Border Agency and the Zim-

babwean Government showed that it was forged. As there was no evidence of who he really was, he was quickly arrested. In court, Patrick pleaded guilty to fraud, received a prison sentence and was required to pay a fine.



What could have prevented this fraud?

There is guidance on checking identity documents on the NHS Employers website: www.nhsemployers.org This covers issues such as establishing whether an individual is entitled to work in the UK. Health bodies should, as a minimum, check personal details (full name, date and place of birth, and address) on identity documents. They should also be prepared to ask questions about any inconsistencies on applications, supporting documentation, educational certificates and references.

Falsifying Timesheets

Jake, who worked in the finance department of an NHS health body, was not sure whether to bring his concerns to the attention of his supervisor. He was almost certain that the timesheet he was processing could not be right. When he did talk to his manager, a quick enquiry established that Jake was correct – the name of the authorising nurse was wrongly spelt. It also turned out that the nurse claiming the payment had stopped working at the hospital four months earlier. A fraud investigation quickly established that

she was simply visiting the hospital once a week with photocopied claim forms and putting them into the finance department mail



tray on the reception desk. As a result, she had been paid £15,000 for work she did not do. The nurse was given a suspended prison sentence and required to

pay back the money.

What could have prevented this fraud?

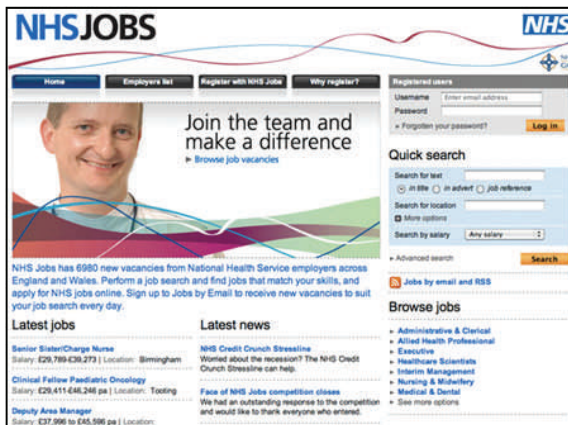
What were the timesheet authorisation procedures in the health body and who was checking that they were followed? In this case, there was too much reliance on a signature as conclusive proof of authorisation. The health body could also have checked the timesheets against rotas. There should have been a more secure method for submission, sequentially numbered forms and an audit system – authorisers should keep copies of timesheets and check them regularly against submitted claims.

Falsifying job applications

Jane had worked her way through the ranks of NHS management to become a

director, but her CV was a catalogue of lies. Over the course of several years, she exaggerated the extent of her academic achievements in a series of positions, claiming to hold postgraduate qualifications including a doctorate in a clinical specialty and membership of a professional body, when in fact she only held a degree. Jane's irresponsible actions could have put patient care at risk and prevented genuinely qualified applicants from obtaining those positions.

Allegations about her bogus qualifications were made shortly after she took up her director's role. The NHS Counter Fraud Service investigated and was able to show evidence of false claims on her applications for her current and previous posts. Jane was sentenced to 12 weeks in prison.



What could have prevented this fraud?

The NHS Employment Check Standards outline the requirements for pre-employment checks in the NHS. Robust

checks on new applicants – before they begin employment – help to ensure that patient care is delivered by appropriately qualified staff and that fraudsters do not receive NHS wages through their dishonesty.

12 Months Imprisonment for Senior Manager

A senior manager who worked for 19 years within the NHS received a 12 month suspended sentence and ordered to perform 200 hours of unpaid community work for fraud, following an investigation by the NHS Counter Fraud Service.

Hasan Tahsin, former Head of Estates and Capital Projects at Mid Essex Hospital Services NHS Trust, fraudulently earned

£245,246 over five years as a result of making false claims about his credentials. Following an audit of senior managers' qualifications at the Trust, he was arrested and interviewed in May 2009. He admitted he did not possess the university qualifications and memberships of professional bodies which he had claimed on his application forms. These were essential criteria for the posts he attained at five different NHS trusts.

Tahsin, 54, of Romford, Essex, has held responsible positions within the NHS dating back to 1990. His claimed specialisms included estates management and project management.

He was charged with two offences of Obtaining a Pecuniary Advantage by Deception and three offences of Fraud by False Representation.

Investigating officer Alan McGill, of the NHS Counter Fraud Service, said: "It is regrettable that Tahsin managed to secure senior management posts within the NHS for so long. Such deceptions are the exception and the vast majority of NHS staff are of high integrity. This case demonstrates that when suspicions of fraud are brought to the attention of the NHS Counter Fraud Service, we will thoroughly investigate and, where fraud is found, will seek to prosecute."

IT Specialist Defrauds NHS of £57,000

An IT specialist who defrauded nearly £57,000 of public money when he worked at the NHS Purchasing and Supply Agency (PASA) was sentenced to one year in prison (Teesside Crown Court, Friday 26th March). He was also ordered to repay £25,000 to the Department of Health and costs were awarded against him. This concludes

an investigation by the NHS Counter Fraud Service. Neil Harker-Bell, a full time civil servant, earlier pleaded guilty to two counts of Fraud by Abuse of Position under Section Four of the



Fraud Act 2006.

Harker-Bell had worked in the financial accounting section at NHS PASA. In 2008 he manipulated the accounting system to make

payments totaling £56,960 into a bank account he controlled.

He was dismissed from his post as a result of the investigation.

Dermid McCausland, Managing Director of the NHS Counter Fraud Service, said: "This outcome is a reminder that fraud is sometimes committed by people in positions of considerable trust. The NHS Counter Fraud Service will thoroughly investigate all suspicions of fraud. Wherever appropriate, we will press for prosecution and the strongest sanctions."

Over-claiming Travel Costs

When NHS fraud investigators had collected up all the expense claim forms submitted by John, they had six full black sacks. At £25 a form, this had cost the health body £300,000 in fraudulent claims. Looking at it after the event, the fraud should have been obvious. John had been claiming that he visited his sick child 10 times a day, returning to his home 40 miles away each time. He handed in a travel expense claim every hour that the finance office was open. Knowledge of the weaknesses in the expenses system had spread by word of mouth – everyone knew it could be exploited, but John's deception was brazen. The easy part had been submitting the forms – they required no official stamp, they were photocopies so could be easily reproduced, and nobody checked any of the information on

them. When the health body called in the NHS Counter Fraud Service, investigators identified various points at which the fraud could have been stopped – but it had not occurred to anyone that it could happen. John was jailed for two years and the health body introduced a revised claims system. But this loss to vital NHS resources was preventable.

What could have prevented this fraud?

A system that pays out money on demand is an obvious target. One with no clear counter fraud measures is even more of a draw for fraudsters. In this case, there were no procedures or processes in place to check the accuracy of the claims, and no one auditing them. The forms themselves were a weakness in the system because they were photocopies. Forms produced for a specific purpose, incorporating counter fraud measures such as sequential serial numbers, are much harder to forge.

In Profile**Barry Hards, Deputy Head of Service**

Barry Hards, Deputy Head of Dorset and Somerset Counter Fraud and Security Management Service

Barry has nearly 25 years experience of law enforcement and counter fraud work. He began his career as a uniformed Customs Officer at Dover docks, initially dealing with the customs clearance of import freight. He then joined a specialist Customs Team investigating import irregularities and fraud.

In the early 1990s Barry successfully applied for the Investigation Division of HM Customs & Excise and transferred to London, where he was appointed to a team dealing with major customs commercial fraud investigations.

Barry was frequently nominated as the UK representative at meetings of customs investigators hosted by the European Commission in Brussels. During this time Barry

participated in a number of EU sponsored investigation missions, the most significant being Bangladesh, where politically sensitive trade negotiations were on-going. Whilst the month-long mission was a success, Barry lost a stone in weight after contracting amoebic dysentery.

In 1996 Barry went on a Foreign Office sponsored mission to a UK dependant territory where the Governor had raised concerns over fraud and corruption issues within the Government and the Governor had requested that investigators be sent from the UK. Upon his return, Barry transferred to a drugs team specialising in the importation of class A drugs and was promoted to Senior Officer in 2000.

In June 2002 Barry joined the Dorset & Somerset Counter Fraud Service, becoming the Local Counter Fraud Specialist for all the Somerset health bodies. Since becoming an LCFS Barry has been responsible for a number of prosecutions at Crown Court and in 2004 was promoted to Deputy Head of Service.

Barry was recently invited to speak at NHS Counter Fraud Professionals conference, held in London on 2nd June. Barry chose as his topic the issue of working whilst sick cases (where staff go off from

their NHS job, claiming to be sick but are alleged to be working elsewhere) and in particular, the successes achieved at the Royal Bournemouth Hospital during 2008-9.

This followed the adoption of a strategy to reduce these type of cases. This included agreeing a protocol with the Trust's Human Resources Department, the review of related policies and procedures and the analysis of case data, which identified the staffing groups who should be targeted for fraud awareness training.

There were a number of positive outcomes from this work, not least a 75% reduction in these type of cases, but also improved levels of fraud awareness recorded amongst Trust staff and embedded working with the Human Resources Department.

Barry is LCFS for the Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust and a Certified Counter Fraud Specialist.

If you would like to speak with Barry, please see p.12 for his contact details.

Working Whilst 'off sick'

Nurse Mary was off sick from work, but she was not too ill to go to the local supermarket. It was what she did there that was the problem: she walked straight past the aisles of food and drink and into the back office, where she worked with a private GP as a locum nurse for the staff and management. In a year's absence because of a back-related medical issue, Mary had assisted with fitness tests for the Ministry of Defence, as well as working at a local private hospital. During all this time, she was receiv-

ing sick pay from her employer – effectively being paid twice. The health body not only paid Mary's salary but also had to pay for agency cover for her post. When Mary was confronted, she claimed she didn't know that she wasn't allowed to work elsewhere. But the judge didn't agree. Mary lost her job, gained a criminal conviction, had to appear before a professional disciplinary committee and was ordered to pay back the money she had stolen.

What could have prevented this fraud?

Mary's manager had not followed health body procedures for managing

long-term absences. These were based around concern for staff welfare and would also have identified that Mary did not really have a condition which made work impossible. When Mary began working at the health body, the sickness policy was not explained to her at induction – she hadn't been told specifically that she could not work elsewhere, even though it was plain that she could not. In this case, clear rules that were properly explained could have deterred a long-term fraud that squandered NHS resources.

Diverting Cash

When Mary, a GP practice manager, was given a pay rise amounting to an extra £45,000 per year, she wasn't surprised. After all, she was the one who had awarded it. Not that Mary was in need of the money. In the past seven years, she had siphoned off £9,500 from petty cash and taken £75,000 from the staff pension fund, going on expensive holidays and buying designer clothes. As a long-term member of the practice who had been there from the start, she was not just an employee, but also a close friend of the partners. It was only when NHS Pensions questioned why no payments had been received that the other managers realised some-



thing was wrong with the practice's cash flow. The NHS Counter Fraud Service was called and the case investigated. Mary's deception nearly destroyed the practice and cost its staff many months of anxiety and hard work to pay off the debts. Mary was sentenced to 18 months in prison.

What could have prevented this fraud?

Who was supervising Mary? What procedures were in place to audit her activities? Mary had the opportunity to commit this fraud because there was no one who supervised her or checked what she was doing. Clear policies and procedures would have made her fraudulent activity easier to identify.

Liverpool manager jailed for £110K theft from NHS

A Liverpool woman who stole cheques for six years from the hospital crèche she managed was sentenced at Liverpool Crown Court to 27 months imprisonment. The conviction follows an investigation by the NHS Counter Fraud Service (NHS CFS). Doreen Gregory, 64, from Liverpool, earlier pleaded guilty to one count of theft of £110,041. As Manager of The Royal Liverpool University NHS Trust (RLUHT) crèche, her duties included calculating and receiving payments from those users who paid for the service by monthly cheque. She instructed them to

leave the payee blank, then filled the cheques in herself, diverting them into personal bank accounts she controlled.

Pauline Smith, North West Operational Fraud Manager, NHS Counter Fraud Service, said:

"This manager held a steady and responsible job, but abused her position of trust to steal a large sum of NHS money over a long period. The NHS Counter Fraud Service will thoroughly investigate all suspicions of fraud against the National Health Service and wherever appropriate, we press for prosecution and strong

sanctions. NHS CFS recognises the firm support it has received from RLUHT during the investigation, and the Trust's clear determination to appropriately sanction those who defraud the NHS."

Anne Doran, divisional general manager for non-clinical support services at the Trust, said:

"We work closely with the NHS Counter Fraud Service. We take cases of fraud extremely seriously. We are pleased that this case has resulted in a conviction. Although such incidents are unusual, anyone who commits fraud undermines the hard work and dedication shown by other staff across our hospitals and the NHS as a whole."

Somerset Dental Nurse Fined £500

Elizabeth Edwards was employed by Somerset PCT as a Qualified Dental Nurse from March 2005. From 31st July 2008 it became a legal requirement for Dental Nurses to register with the General Dental Council (GDC) on the Dental Care Professionals Register. Edwards failed to register with the GDC and also failed to inform her employer of this fact and continued to practice as a Dental Nurse in breach of

The Dentist Act 1984. Edward's failure to register was discovered and she was suspended from her employment on 15th June 2009 and as the result of disciplinary proceedings she was dismissed for gross misconduct on 22nd Sept 2009.

Edwards was interviewed under caution by the LCFS and she maintained that she believed she was registered with the GDC despite having not paid the registration fee and having had no correspondence from the GDC confirming her registration.

Edwards, appeared at Taunton Crown Court and following advice from

prosecuting Counsel she was asked to enter a plea to a single charge of 'practicing illegally' contrary to the Dentist Act 1984.

She entered a plea of 'guilty' and was ordered to pay a fine of £500; failure to pay the fine will result in Edwards serving 14 days imprisonment. She was also ordered to pay £500 compensation to Somerset Primary Care Trust within 6 months.

The Judge described Edwards actions as an "offence of almost breathtaking stupidity".

Making Contact - Security



Paddy Baker, Head of Service

Tel: 01202 854429

Mob: 07801 852298

Paddy.Baker@dorset-pct.nhs.uk



Barry Hards, Deputy Head of Service

Tel: 01202 854480

Mob: 07867 526292

Barry.Hards@dorset-pct.nhs.uk



Will Smith, LSMS Team Leader

Tel: 01202 851223

Mob: 07768 605225

Will.Smith@dorset-pct.nhs.uk

LSMS for: NHS Dorset & NHS SW SHA



Tracey Edwards, LSMS

Tel: 01460 260204

Mob: 07769881562

Tracey.Edwards@somerset.nhs.uk

LSMS for: NHS Somerset



Roger Ringham, LSMS

Tel: 01225 831483

Mob: 07766 602691

Roger.Ringham@NHS.net

LSMS for: NHS BANES & NHS Swindon



John Rawlings, LSMS

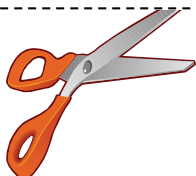
Tel: 01373 828209

Mob: 07766 775944

John.Rawlings@NHS.net

LSMS for: NHS Wiltshire

Why not cut out and keep your LSMS contact details for ease



Incident reports

In security management we believe that NHS staff should work in a safe and secure environment. Working in partnership with staff, unions, managers, contractors, the Police and the Crown Prosecution Service we endeavour to make sure those who cause any disruptive behaviour are held to account for their behaviour. Violence towards staff has a direct impact on other patients, staff morale and the community perceptions. We seek your co-operation in making sure all security breaches are reported accurately so that your Trust has a true record of the scale of these breaches and their impact on the service the NHS delivers to patients.

Counter Terrorism

Have you ever heard of Project Argus Health? This is a National Counter Terrorism Security Office (NaCTSO) initiative, exploring ways to help staff in preventing, handling and recovering from a terrorist attack. Please speak to your LSMS who can arrange a presentation at your area of work. Those who have attended gave positive feedback. Delegates were presented with a simulated terrorist attack, which highlighted the importance of being prepared and having the necessary plans in place to help safeguard healthcare staff, customers and business assets.

Please be assured that all calls to your LSMS are treated in the strictest of confidence

Please note change of numbers in Somerset



Paddy Baker, Head of Service

Tel: 01202 854429

Mob: 07801 852298

Paddy.Baker@dorset-pct.nhs.uk



Aimee Newton, Somerset Team Leader

Tel: 01460 260205

Mob: 07867 526312

Aimee.Newton@somerset.nhs.uk

LCFS for: Yeovil Hospital NHS Foundation Trust



Barry Hards, Deputy Head of Service

Tel: 01202 854480

Mob: 07867 526292

Barry.Hards@dorset-pct.nhs.uk

LCFS for: Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust



Hugh Webb, Somerset LCFS

Tel: 01460 260206

Mob: 07919 542473

Hugh.Webb@somerset.nhs.uk

LCFS for: NHS Bath and North East Somerset & Taunton and Somerset NHS Foundation Trust



Steve Plant, Dorset LCFS

Tel: 01202 851228

Mob: 07768 144050

Steve.Plant@dorset-pct.nhs.uk

LCFS for: NHS Bournemouth and Poole & Poole Hospital NHS Foundation Trust



Andy Knight, Somerset LCFS

Tel: 01460 260202

Mob: 07920 295097

Andy.Knight@somerset.nhs.uk

LCFS for: NHS Somerset NHS South West



Patrick Kelly, Dorset LCFS

Tel: 01202 854404

Mob: 07919 597752

Patrick.Kelly@dorset-pct.nhs.uk

LCFS for: Dorset Healthcare NHS Foundation Trust and NHS Dorset



Chris Cronk, Somerset LCFS

Tel: 01460 260203

Mob: 07827 309637

Chris.Cronk@somerset.nhs.uk

LCFS for: Somerset Partnership NHS Foundation Trust



Mandy Hobbs, Dorset LCFS

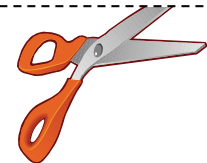
Tel: 01202 854404

Mob: 07824 864143

Mandy.Hobbs@dorset-pct.nhs.uk

LCFS for: Yeovil Hospital NHS Foundation Trust

Why not cut out and keep your LCFS contact details for ease



Please be assured that all calls to your LCFS are treated in the strictest of confidence

Quality Management Certification

The team at the Dorset and Somerset Counter Fraud and Security Management Service are extremely proud to have achieved certification by the British Standards Institution (BSI) for

Quality Management. Certification allows the service to display the BSI kite-mark and we are the first dedicated Counter Fraud and Security Management Service to attain this certification.

